

Healthway's Position on Tobacco Control

Healthway was established under the Tobacco Control Act in Western Australia (1990), the principal aim of which was to actively discourage smoking. The enabling legislation has now been replaced with the Tobacco Products Control Act 2006 which perpetuates the establishment of the Foundation and its Board of Management.

Tobacco Smoking is still the leading preventable cause of death and disease in the community. This fact, coupled with Healthway's basis in tobacco control legislation, means that tobacco smoking control is identified as a high priority for Healthway in the 2004-2007 Strategic Plan.

Tobacco control receives more Healthway funding for health promotion projects, research and sponsorship than any other health issue. Healthway's commitment to this area complements a range of other government and non-government organisations involved in tobacco smoking control research, projects, sponsorships, policy, advocacy and other initiatives that contribute to a comprehensive approach to tobacco control in Western Australia.

The Issue:

Tobacco smoking kills 19,000 people each year in Australia and is responsible for more than 14,000 admissions to hospital and 1,500 deaths each year in Western Australia.

One half of all smokers will die prematurely due to smoking, and one half of these will die in middle age.¹ Diseases caused by tobacco smoking account for around one-third of all leading causes of death, including at least 20% of deaths from heart disease, blood vessel disease and cancer.

There is no safe level of smoking and even 'light smokers' who consume up to four cigarettes per day have three times the long-term risk of dying of cardiovascular disease or lung cancer. Smoking is also associated with blindness, asthma, male and female fertility

problems, impotence, miscarriage, stillbirth, low birth-weight and death in infancy, osteoporosis, peptic ulcer and back pain, as well as higher rates of post-operative complications.

People who stop smoking, even well into middle age, avoid most of their subsequent risk of lung cancer, and stopping before middle age avoids more than 90% of the risk attributable to tobacco.

In Western Australia, the prevalence of smoking has halved in recent decades from 32% in 1984 to 15.5% in 2004. Smoking among women decreased from 28% in 1984 to 14% in 2004. Male smoking decreased from 36% in 1984 to 17% in 2004.² However, the prevalence of smoking is higher among some population groups including Indigenous people, among whom an estimated 50% smoke daily. Smoking is also high among low socio-economic groups, people from culturally and linguistically diverse (CALD) backgrounds, people living outside the metropolitan area, other disadvantaged groups and young adults. Smoking among pregnant women also remains high in some sections of the community.

Encouragingly, 75% of current smokers have attempted to reduce their smoking in the past 12 months and nearly one third (32.5%) say they have successfully cut down the number of cigarettes smoked.³

More than 90% of smokers began as teenagers and the younger a smoker is when they begin; the greater the likelihood that they become a heavy and life-long smoker. It is therefore vital to maintain the emphasis on preventing the uptake of smoking among young people. The most recent data on smoking among young people in WA show that approximately 32% of Western Australian school students aged 12 to 17 years of age had ever tried smoking.⁴

In recent years there have been some encouraging trends in teenage smoking in Western Australia. In 2005, 6% of 12 to 17 year olds had smoked in the week before the survey compared with 10% in 2002 and 18% in 1996.

Regular smoking dropped among 16-17 year-olds from 27% in 1996 to less than 10% in 2005, and among 12-15 year olds the prevalence dropped by two thirds from 16% in 1996 to 5% in 2005.⁴

Second hand smoke increases the risk of cancer, cardiovascular disease, bronchitis, pneumonia, and irritation of the upper respiratory tract, as well as increasing the frequency and severity of asthma. It is a risk factor for new cases of asthma in children and Sudden Infant Death Syndrome in babies.

The 'irritant' effects of exposure to second hand smoke on the eyes, nose, throat and airway passages are well known. Even very short term exposure to second hand smoke can be detrimental to the cardiovascular system. Any smoking in public places also sends a message to children that smoking is a socially acceptable behaviour.

Healthway's Position:

Healthway supports the comprehensive approach to tobacco control recommended in the World Health Organisation Framework Convention on Tobacco Control⁵ (ratified by the Australian Government in 2004), the VicHealth

Centre for Tobacco Control report Tobacco Control A Blue Chip Investment in Public Health,⁶ and the National Tobacco Strategy 2004-2009.⁷

In particular, Healthway supports:

- Preventing the uptake of tobacco use in non-smokers, especially children and young people;
- Encouraging and supporting smokers to stop smoking;
- Reducing the exposure of users and non-users, particularly children, to tobacco smoke;
- The elimination of second hand smoke in indoor and outdoor public places;
- Discouraging smoking in other enclosed places such as the home or car;
- De-normalisation of tobacco smoking by creating environments where smoking does not occur.
- Efforts to expose the dealings and intentions of the tobacco industry.
- Addressing tobacco use and its effects within priority target groups; and
- Legislating and regulating the content, manufacture, supply, packaging, promotion, sale and price of tobacco products.

Healthway will:

- Contribute to improving the health of all West Australians by supporting current tobacco control initiatives and pro-actively funding new research and evidence-based health projects that will complement and enhance current activities, and contribute to the development and application of a systematically tested and evaluated evidence base.
- Focus on participation of and engagement with population groups most at risk from tobacco smoking e.g. children and youth, low income and education groups, Indigenous populations, CALD groups, pregnant women, and rural and remote groups.
- Encourage and support broader community engagement, building strategic alliances with sectors, settings and organisations that have the potential to make a substantial contribution to tobacco control.
- Promote and support the expansion of smoke-free environments, including public areas.
- Ensure that all organisations in receipt of Healthway funding of \$20,000 or more develop and implement policies on tobacco control.
- Maximise funding by building sustainability into projects where appropriate.
- Strengthen the capacity of individuals and groups to address tobacco control issues.

- Ensure that all organisations in receipt of Healthway funding maintain all indoor areas as permanently smoke-free, and encourage and assist organisations to make outdoor seated and viewing areas under their control permanently smoke-free.
- Ensure that all organisations in receipt of Healthway funding do not sell tobacco products.
- Ensure that all organisations in receipt of Healthway funding declare that they are not receiving any support from tobacco companies or their affiliates.
- Maintain advocacy for tobacco control initiatives.
- Encourage collaboration among all organisations working in tobacco control to reduce duplication and encourage co-operation.

In particular, Healthway's sponsorship program will promote the following tobacco control messages in partnership with appropriate health agencies:

- Smarter Than Smoking
- SmokeFree WA

References

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4. ASSAD Smoking Report 2005. Health Department of Western Australia, Drug and Alcohol Office: March 2007.
5. World Health Organisation, Framework Convention on Tobacco Control. <http://www.who.int/tobacco/framework/en/>
6. VicHealth Centre for Tobacco Control , Tobacco Control: A Blue Chip Investment in Public Health, The Cancer Council of Victoria, Melbourne (2003).
7. Ministerial Council on Drug Strategy. Australian National Tobacco Strategy 2004-2009. Government of Australia 2004. <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/phd-pub-tobacco-tobccstrat2-cnt.htm>

April 2007