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Heart Foundation submission on "Strengthening SA's tobacco control legislation"

The Heart Foundation SA welcomes SA Health's strategy to regularly review and tighten tobacco control legislation in South Australia.

The magnitude of the harm caused by tobacco clearly justifies the need for the strongest regulations possible - tobacco is the single largest preventable cause of premature death, disease and disability in Australia.

Smokers are three times more likely to suffer sudden cardiac death than non-smokers. Even smoking a few cigarettes a day dramatically increases the risk of dying of heart disease or developing a cardiovascular condition that significantly reduces the quality of life. Exposure to second hand smoke is another important risk factor contributing to heart disease, increasing a person's risk by 30%.[1]-[2]

Unlike smoking's permanent effect on cancer risk, the risk of smoking on heart disease can be substantially reduced over time by giving up. After one year, the risk of a heart attack or stroke is reduced by half, and in 5 to 15 years the risk of stroke and coronary heart disease returns to that of people who have never smoked.

However, tobacco is highly addictive. Even though we know that stopping smoking after a heart disease diagnosis can reduce the risk of dying by 35% - more than by taking any medication – only half of smokers are able to quit long term after a heart attack or heart surgery.[3]-[4]

Australia is leading the world in tobacco control and, as a consequence, smoking levels are at a historic low. However, there is no room for complacency as these trends could easily be reversed. We know that thousands of young people still start smoking every year, people are still being exposed to second hand smoke despite increases in the number of legislated smoke-free areas, and that disadvantaged Australians are disproportionately affected by the dangers of tobacco. There is also

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[1] Office of Environmental Health Hazard Assessment and California Air Resources Board. Health effects of exposure to environmental tobacco smoke. 2005.
[2] US Department of Health and Human Services. The health consequences of involuntary exposure to tobacco smoke: A report of the Surgeon General. Atlanta, Georgia: 2006.
[3] Van Berkel TF, et al. Impact of smoking cessation and smoking interventions in patients with coronary heart disease. Eur Heart J 1999; 20: 1773-1782.
[4] Gjeilo KH, Stenseth R et al. Patterns of smoking behaviour in patients following cardiac surgery. A prospective study. Scand Cardiovasc J 2010; 44: 295-300.

an urgent need to combat the tobacco industry's continuing efforts to promote the sale of cigarettes.

Our responses below reflect the serious health impacts of tobacco. We address the four issues and recommendations considered in the review by Dr Reynolds[5]. We have also included our reasons for the response that we have given.

Issue 1: Strengthening smoke-free outdoor dining legislation (report recommendation 32)

We support **Option (a)** for amendment to the regulations to strengthen the smoke-free outdoor dining laws.

Why?
Extending the definition of "outdoor dining areas" will ensure that dining and smoking do not occur together. All owners or occupiers must then ensure that an outdoor dining area is smoke-free. Patrons should not be expected to be aware of the regulations, but staff need to be sufficiently trained and able to inform patrons where they inadvertently smoke in such an outdoor dining area or eat in a designated smoking area.

Issue 2: Further increasing penalties for breaches of the legislation (report recommendation 14 and 39) by businesses or corporations

The Heart Foundation supports significantly increasing penalties for:

- Selling or supplying tobacco products (including e-cigarettes) to children
- Business promotions to attract smokers
- Promoting tobacco products (including e-cigarettes) through competitions and reward schemes.

The Heart Foundation supports giving the courts power to cancel a license if a business or corporation is found guilty of selling or supplying to children.

Why?

We would suggest that three breaches which must have the most serious consequences are:

- Sales to children
- Sales of illicit tobacco
- Selling without a license.

The penalties need to be sufficiently high to make breaches a disincentive but also to reflect the true cost of smoking to the health system. Prohibition around selling to children is one of South Australia's earliest tobacco laws and if properly enforced, can help prevent young people from being introduced to tobacco and e-cigarettes at an early age.

License fees and penalties should be high enough to recover the full costs of administering, educating and enforcing the retailer laws.

A comprehensive and visible monitoring and enforcement scheme needs to accompany these penalty changes, so that there a realistic threat of a compliance check. The World Health Organization's Framework Convention on Tobacco Control

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[5] Dr Chris Reynolds. 2017. Report of the Administrative Review of the Tobacco Products Regulation Act 1997.

recommends robust enforcement efforts to inspect retailers at sufficient frequency to deter violations, and where appropriate cancel the right to sell tobacco and e-cigarette products.[6]

Issue 3: Enhancing the licensing scheme

The Heart Foundation supports reducing the number of licences, and placing criteria around reducing the density of retailers by geographic area such as near schools and in areas of high disadvantage/low SES.

The Heart Foundation supports the introduction of a wholesaler license.

Why?
We should be aiming to reduce the number of retail outlets selling cigarettes and ensure that those remaining, sell only to people legally able to purchase tobacco products.

SA has an estimated 2700 tobacco sales outlets for an adult population of around 1.28 million with 12.8% of these daily smokers. We don't need one tobacco outlet for every 475 adults and we don't need these concentrated in areas of disadvantage.

Australian evidence shows a strong relationship between area SES and tobacco outlet density. Suburbs and towns with a very low Index of Relative Socio-economic Disadvantage (IRSAD) had more than 4 times the number of tobacco outlets compared with those with a very high IRSAD.

It has been suggested that a wholesaler licensing scheme would be best served if wholesalers provided authorities with information as to whom they supply their tobacco products. The advantage of this approach is that it improves authorities' access to information and does so at a relatively low compliance and administration cost.[7] Again, the penalties need to be sufficiently high to make breaches a disincentive.

Issue 4: Establishing smoke-free areas around children's educational facilities and child care centres (report recommendation 40)

The Heart Foundation supports a ban on smoking within ten metres of children's education and child care centres.

Other public areas for children where bans on smoking could be implemented include under beach jetties, public swimming pools and at major sports facilities.

Why?
Reducing the social acceptability of smoking is a critical strategy to prevent children smoking.

Smoke-free environments de-normalise smoking, reduce the number of cigarettes consumed by those who continue to smoke, and support people who are making attempts to quit smoking. Making the entry and boundary area of children's

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[6] Burton, Walsberger and Williams. 2017. Slapped with a fine or a slap on the wrist? Enforcing tobacco licensing legislation.
[7] Commonwealth dept of health and ageing. 2002, Licensing of Tobacco Retailers and Wholesalers Desirability and Best Practice Arrangements.

educational facilities smoke-free is appropriate. We agree that 10m is consistent with other exclusion zones and would reduce the amount of smoke that a young child may be exposed to.

However, we do not want to see the creation of designated smoking areas for staff within educational facilities - given teachers are important role models of appropriate health behaviour for students.

Any other comments?

We would be supportive of all of the recommendations from Dr Reynolds report to be implemented over time.

We would be pleased to meet with you to discuss the Heart Foundation's position on any of these issues further. Please do not hesitate to contact us for more information.

I give permission for our submission to be quoted or published online.

Regards

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