Australian Dental Association Tasmanian Branch

Centre for Rural Health at University of Tasmania

Submission to the Legislative Council Tasmania

Inquiry into the Public Health Amendment (Tobacco Free Generation Bill) 2014

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ABOUT THE AUSTRALIAN DENTAL ASSOCIATION TASMANIA BRANCH THE CENTRE FOR RURAL HEALTH AT THE UNIVERSITY OF TASMANIA

The Australian Dental Association Tasmanian Branch is the peak Tasmanian professional body representing the vast majority of Tasmania's registered dentists. ADA members work in both the public and private sectors.

The primary objectives of the Australian Dental Association Tasmanian Branch are to encourage the improvement of the oral and general health of the public; to advance and promote the ethics, art and science of dentistry and to support members of the Association in enhancing their ability to provide safe, high quality professional oral healthcare.

The Centre for Rural Health is a research-focused academic unit uniquely positioned within an island state. We support the clinical placement of undergraduate students by maintaining a network of learning and accommodation sites across 16 rural and remote communities in Tasmania. The Centre delivers continuing education to working health care professionals and, through flexible teaching arrangements, offers a range of graduate programs in health informatics to students in Tasmania and elsewhere.

The Australian Dental Association Tasmanian Branch and the Centre for Rural Health wholeheartedly support the Public Health Amendment (Tobacco Free Generation Bill) 2014 as a practical and workable way of reducing the prevalence of smoking in Tasmania.

Thank you for the opportunity to submit to the Legislative Council Inquiry into the Public Health Amendment (Tobacco Free Generation Bill) 2014. We would be happy to present verbal evidence to the Legislative Council Inquiry.

THE IMPORTANCE OF ORAL HEALTH

Oral Health is fundamental to overall health and quality of life. Poor oral health can disrupt speech, sleep and productivity, erode self-esteem, psychological and social wellbeing, and impact relationships and general quality of life (Kramer et al. 2013, Gerritsen et al. 2010).

The prevalence and recurrences of these impacts constitutes a silent epidemic. Expenditure on dentistry in Australia was $8.3 billion in 2011-12 or 7.5% of total health funding (AIHW, 2014). Oral disease is one of the four most expensive Australian preventable chronic diseases.

More and more links are being found between oral and general health. Examples include coronary heart risk (Hujoel et al. 2000) rheumatoid arthritis (Mercado et al. 2000), and diabetes mellitus (Khader et al. 2006), pre-term/low weight births (Kothiwale & Gandhi, 2013) and obstructive pulmonary disease (Scannapeico, 2014).

ORAL HEALTH IN TASMANIA

Tasmania has poor adult oral health. Tasmanians are more likely to have an inadequate dentition (fewer than 21 teeth) than their mainland counterparts (Roberts-Thomson and Do, 2007). Tasmania is more decentralized, has an older population, lower socioeconomic status (ABS, 2011), and a higher proportion of people eligible for public dental care than mainland Australia (ABS, 2011). Tasmanians from rural areas live in a different physical environment, are more likely to be poorer, older, and less educated (ABS, 2011), have poorer oral health (Crocombe et al. 2010) and suffer from poorer access to dental care than their metropolitan counterparts (AIHW, 2008), all of which contribute to poor oral health outcomes.

Oral cancers are aggressive neoplasms arising from the external lip, oral cavity and oropharynx occurring predominantly amongst consumers of tobacco and alcoholic products. Of the people diagnosed with cancer in Australia, 2-3% had oral cancer, but in Tasmania 3.5% had oral cancer (Hogan et al. 2005).

SMOKING AND THE ORAL HEALTH OF TASMANIANS

Smoking is a major risk factor for periodontitis (US Surgeon General's Report 2004, Borrell & Papapanou 2005). The smoking effect on periodontitis occurs in both initiation of periodontitis and the progression of periodontitis (Borrell & Papapanou, 2005). In Australia, the population attributable fraction of smoking for moderate-severe periodontitis was 32% (equivalent to 700,000 adults) (Do et al. 2008). The effect of smoking on periodontitis was significant after adjusting for other potential risk factors, such as sex, age, and dental insurance status. As a higher proportion of Tasmanians smoke than mainland Australians, the amount of gum disease attributable directly to smoking is higher. **Over a third of periodontitis cases in Tasmania could be prevented if smoking was effectively targeted.** To achieve this, anti-smoking legislation is needed to prevent the uptake of smoking.

It has been long established that tobacco smoking and alcohol consumption are aetiological factors in the development of oral cancer. Up to 75% of intraoral cancers in Western countries have been attributed to these habits (Sugerman & Savage, 1999). The higher rate or oral cancer in Tasmania compared to mainland Australia is linked to greater tobacco and alcohol consumption. A synergistic effect of smoking and alcohol consumption in the development of oral cancer has been suggested in a number of reports (Rich & Radden, 1984). The Holman Clinic at the Royal Hobart Hospital offers various treatment combinations of radiotherapy, chemotherapy and surgery, individualized for patients. Of more than 100 patients treated at the Holman Clinic between 1996 and 2002, over 90% were smokers, and about 40% had died by 2005 (Hogan et al. 2005).

PREVENTION OF SMOKING

The Australian Dental Association Tasmanian Branch encourages dentists to educate people about how smoking is linked with poor gum health (Do et al. 2008), and how smoking and excessive alcohol intake are risk factors for oral cancer (AIHW, 2004) because it is first step towards healthy behaviour. However, it has been shown that dental education alone does not change habits (Kay & Locker, 1995).

The oral disease risk factors (such as smoking and excessive alcohol intake) are also risk factors for obesity, diabetes, cancers, heart disease and respiratory diseases (Rogers, 2011, Vanobbergen et al. 2010, Sheiham & Watt, 2012, Espinoza et al. 2013). Hence, effective and innovative community-based oral health promotion interventions need to be encouraged. The Public Health Amendment (Tobacco Free Generation Bill) 2014 is an innovative oral and general health promotion intervention.

The International Conference on Public Health Priorities (2013) held in New Delhi declared "To advance the world towards realization of our collective vision, we strongly recommend...adoption of policies to prohibit the sale of tobacco to all persons born after 2000, to ensure tobacco free millennium generations", suggesting that incremental illegalisation of tobacco sales was a practical idea to prevent the uptake of the addiction.

THE PUBLIC HEALTH AMENDMENT (TOBACCO FREE GENERATION BILL) 2014

The Public Health Amendment (Tobacco Free Generation Bill) 2014 has "practicality" and "workability":

- As the smokers age, they look older than non-smokers (teeth stained, skin wrinkles, bags under eyes, psoriasis, thinning and greying hair, scarring, tooth loss, warts, etc.). Hence, a simple system is needed for cigarette sellers to know the age of the cigarette buyer. Under the Tobacco Free Generation Bill, people purchasing cigarettes simply have to carry and present a current ID, such as a driver's licence, as young people may already be asked to do when purchasing alcohol.
- The effect on the profit margins of cigarette sellers will be minor as they will only lose a very small percentage of cigarette buyers each year. This will give cigarette retailers literally a generation to adjust to lower cigarette sales.
- It will remove the incentives for young people to take up smoking, 88% of which are either "my friends smoked" or "smoking made me look cool" (Oh et al. 2010). If your friends don't smoke, you will look "uncool" if you smoke.
- It will remove what Imperial Tobacco's internal documents (http://legacy.library.ucsf.edu/tid/jyj51f00) call the "badge of coming of age" effect where smoking is seen as what adults do. The Public Health Amendment (Tobacco Free Generation Bill) 2014 should be combined with education in schools about the harmful effects of smoking and a promotion campaign in the media showing smoking to be "uncool" and unattractive to the opposite sex.
- Now is the time to act when the marketing of the legislation to young potential smokers can be is along the lines that "smoking is so last century".
- An illicit trade in tobacco will not occur because few post-2000 Tasmanians are already addicted to cigarettes (the median age of uptake is 16+, and addiction typically takes some time after initiation to take hold). There will therefore be little demand for cigarettes from denied addicts. Such denied addicts as may occur will still be allowed to obtain cigarettes from their friends under the legislation, or even purchase online. Meanwhile, the inability to make simple retail purchases will act as an incentive to quit.
- After the introduction of plain packaging of cigarettes there was "no evidence in Australia of increased use of two categories of manufactured cigarettes likely to be contraband, no increase in purchase from informal sellers and no increased use of unbranded illicit 'chop-chop' tobacco" (Scollo et al. 2015). This is despite the fact, as

noted by WHO Director-General Dr Margaret Chan, that "The tobacco industry is implicit in illicit trade, and smuggling is a business strategy for the industry."

CONCLUSION

This Bill will allow the incremental reduction in smoking, starting with our younger generation, that in the long run will make smoking a socially ~~an~~ unacceptable addiction in Tasmania, thereby reducing the flow-on effects of poor oral health, poor general health, and early death. Tasmania has the unique opportunity to lead the world with this innovative legislation.

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