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To whom it may concern

## Re: Legislative Council Inquiry Into The Public Health Amendment (Tobacco Free Generation) Bill 2014

I am pleased to provide this response to the above Inquiry on behalf of the National Stroke Foundation (NSF). For any queries on this submission please contact Cathy Craw on ccraw@strokefoundation.com.au.

As a member of the Tasmanian Chronic Disease Prevention Alliance (TCDPA), the NSF fully supports and endorses the move towards a tobacco free generation in Tasmania. Smoking is a known risk factor that can cause strokes.<sup>1,2</sup> Smokers are four times more likely to have a stroke compared with non-smokers.<sup>3</sup> This risk is particularly elevated in younger people.<sup>2</sup> Non-smokers living with smokers are also more likely to suffer a stroke.<sup>3</sup>

The NSF supports TCDPA's statement:

"The Tasmanian Chronic Disease Prevention Alliance continues to encourage the Tasmanian Government to set targets for smoking prevalence in Tasmania and continue to invest in present successful evidence-based strategies as set out in the Tasmanian Tobacco Action Plan, and provide support of the proposed Tobacco Free Generation Bill as one of a number of emerging options that could be considered in the next suite of tobacco control strategies."

## Background to chronic disease

Heart, stroke, kidney disease and diabetes contribute significantly to burden of disease of Tasmanians and the economic implications of this are escalating<sup>4</sup>. Tasmania has the highest prevalence of heart and vascular disease in Australia and these conditions continue to kill more Tasmanians per year than any other disease group. In 2011/12, there were 114,000 Tasmanians living with heart and vascular diseases<sup>5</sup> and over 22,775 Tasmanians living with type 2 diabetes<sup>6</sup>. In addition to this, 1 in 6 Tasmanians have diagnosed kidney disease<sup>7</sup>.

<sup>5</sup> ABS. (2013).

<sup>&</sup>lt;sup>1</sup> Aldoori M I and Rahman S H. <u>Smoking and stroke: a causative role</u>. BMJ 1998; 317; 962-963.

 <sup>&</sup>lt;sup>2</sup> U.S. Department of Health and Human Services. The Health Consequences of Smoking: A report of the Surgeon General.
U.S. Department of Health and Human Services, Centres for Disease Control and Prevention, National Centre for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004. <a href="https://www.cdc.gov/tobacco/sgr/sgr/2004/index.htm">www.cdc.gov/tobacco/sgr/sgr/2004/index.htm</a>
<sup>3</sup> Bonita R, Duncan J, Truelsen T, Jackson R T, and Beaglehole R. Passive smoking as well as active smoking increases the

risk of acute stroke. Tob. Control 1999; 8; 156-160. <u>http://www.ncbi.nlm.nih.gov/pubmed/10478399</u> <sup>4</sup>Taylor, R. (2013). *State of Public Health.* Hobart: Department of Health and Human Services

http://www.abs.gov.au/AUSSTATS/subscriber.nsf/log?openagent&43640do001\_20112012\_tasmania.xls&4364.0.55.001&Data Cubes&E1236E2882E56A1CA257B820017A805&0&2011-12&07.06.2013&Latest

<sup>&</sup>lt;sup>6</sup> NDSS. (2013). http://www.ndss.com.au/. Retrieved from National Diabetes Services Scheme.

<sup>&</sup>lt;sup>7</sup> Kidney Health. (2013). http://www.kidney.org.au/

In addition to those Tasmanians with established disease, there are a large proportion of Tasmanians who are at high risk of developing a heart attack, stroke, kidney disease and diabetes. The Australian Health Survey of 2011-12, showed that, 30.4% of Tasmanians have recorded high blood pressure, 39.4% of Tasmanians have recorded high cholesterol, 21.7% of Tasmanians are smoking, 69.4% of Tasmanians are sedentary or only exercise at low levels and 64.7% of Tasmanians are overweight or obese<sup>8</sup>. There are also estimated to be 10,000 Tasmanians living with diabetes but as yet undiagnosed and 45,000 with pre-diabetes<sup>9</sup>.

Significantly the majority of Australian adults over 25 years of age have at least one modifiable risk factor with, 64% having three or more modifiable risk factors<sup>10</sup>. Over 20% of adult workers are classified as being at high risk of type 2 diabetes using the Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK).

## Conclusion

The chronic disease burden in Tasmania is growing. Research shows that early intervention to stop chronic conditions from developing, in particular those that are preventable, is the most effective way to lower the incidence of cardiovascular, diabetes and kidney disease; the most costly chronic diseases in Tasmania.

The NSF supports the move to prevent non-smokers from being able to purchase and obtain cigarettes and other tobacco products.

<sup>&</sup>lt;sup>8</sup> Australian Health Survey. (2013). *http://www.abs.gov.au/australianhealthsurvey* 

<sup>&</sup>lt;sup>9</sup> Diabetes Australia, 2013

<sup>&</sup>lt;sup>10</sup> AIHW 2011. Health determinants, the key to preventing chronic disease. Cat No. PHE 157. Canberra:AIHW