Submission 10

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS RACS

Patron H.R.H The Prince of Wales

Queensland State Committee
Royal Australasian College of Surgeons
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Research Director
Health and Ambulance Services Committee
Parliament House
Brisbane Qld 4000

RE: Tobacco and other Smoking Products (Smoke-free Places) Amendment Bill 2015

Thank you for extending us the opportunity to comment on the Tobacco and other Smoking Products (Smoke-free Places) Amendment Bill 2015.

As the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand, the Royal Australasian College of Surgeons (RACS) is committed to taking informed and principled positions on issues of public health at both state and federal level.

The College actively advocates for measures to reduce the rate of smoking and has developed a *Cessation of Smoking Position Paper* and an Information Sheet for patients. RACS believes a combination of measures such as consistent legislation restricting smoking and cessation advice for those who smoke is the most effective way to address smoking rates. Evidence suggests that limitations on the sale and supply of tobacco as well as exposure have all been shown to be effective methods of reducing tobacco's harm to society.

Tobacco use is known to cause certain cancers and increase the risk of other diseases and congenital abnormalities. Surgical outcomes are consistently poorer for smokers than non-smokers, with patients who smoke experiencing longer recovery times, increased – risk of wound infection, and significantly increased risk for myocardial infarction and stroke.

Smokers also have a higher post-surgery mortality rate than non-smokers.[1] Smoking cessation is therefore advised to reduce the incidence and severity of disease s linked with tobacco smoking. In many cases there is evidence that smoking cessation prior to surgery also lowers the risk of postoperative wound infection, wound healing problems, respiratory complications and admissions to intensive care.[2]

Patients may already be aware of many of the general risks associated with smoking, but may not be aware of the specific risks related to surgery. Advice on cessation that is delivered at the time a patient is booked for a surgical procedure has been associated with a higher likelihood of a patient attempting to stop.[3] Smoking cessation up to 24 hours prior to surgery has been shown to benefit patients with these benefits increasing the earlier a patient ceases smoking.[4] Cessation should therefore be encouraged at the earliest possible opportunity.

IMPLICATIONS FOR PUBLIC HEALTH

While smoking places a great burden on the health of the individual, equally significant is the costs it places on those exposed to second-hand smoke (passive smoking), the health system and the community more broadly.

It is estimated that the social and economic costs associated with smoking are upwards of $31 billion every year in Australia[5] and $1.7 billion every year in New Zealand,[6] making it one of the greatest strains on the health budgets of national, state and territory governments.

Although these costs are partially offset by strict taxation regimes, the burden of human suffering caused by the consumption of tobacco in Australia and New Zealand cannot be quantified.

Following this information and with respect to the proposed changes to the *Tobacco and other Smoking Products (Smoke-free Places) Amendment Bill 2015,* the College would give its full support to the update of the legislation and widening of restrictions for consistency and clarification. The College would also like to suggest the following:

- Any revenue generated from the new restrictions is re-invested into smoking cessation programs such as Quit.

On behalf of RACS, we again thank you for extending us with the opportunity to provide comment on this important area of public policy.

Yours Sincerely,

Owen Ung

Chair, Queensland State Committee

1. Turan, A et al. Smoking and perioperative outcomes. *Anaesthesiology*. 2011; 114 (4): 837.

2. Lindstrom , D et al . Effects of a perioperative smoking cessation intervention on postoperative complications: a randomised trial. *Ann Surg* 2008 Nov 248(5): 739 - 45.

3. Webb, A et al. Printed quit - pack sent to surgical patients at time of waiting list placement improved perioperative quitting. *ANZ Journal of Surgery*. 2014 84 (9): 660 - 662.

4. Australian and New Zealand College of Anaesthetists, "*Guidelines on Smoking as Related to the Perioperative Period – Background Paper*" (2014).

5. Collins, D & Lapsley, H 2007. *The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05* – Summary Version. Canberra: Australian Government, Department of Health and Ageing.

6. O'Dea D et al 2007. *Report on Tobacco Taxation in New Zealand*. Wellington: The Smokefree Coalition and Action on Smoking and Health.