Subject:	Cessation of Smoking	Ref. No.	REL-GOV-031

1. INTRODUCTION

In Australia[1] and New Zealand[2] tobacco smoking is one of the leading preventable causes of premature disease and death. Smokers also have a higher risk than non-smokers of experiencing adverse perioperative events.

2. SMOKING AND TOBACCO CONTROL IN AUSTRALIA AND NEW ZEALAND

Australia and New Zealand are both members to the World Health Organisation (WHO) Framework Convention on Tobacco Control. This convention requires signatories to implement measures to reduce tobacco consumption. Both countries have taken significant steps to meet their obligations under the Convention by initiating a range of measures aimed at reducing the consumption of cigarettes.

Australian Context

Traditionally, the Australian Government has been successful at reducing smoking rates through pricing mechanisms, advertising restrictions, and public health advertising campaigns. In 2012, Australia became the first country in the world to introduce plain packaging laws, ending one of the last available advertising platforms available to tobacco companies. Alongside yearly excise increases, plain packaging has proven to be an effective form of tobacco control despite protest to the contrary from the tobacco industry.[3]

Most other areas of tobacco control policy in Australia fall under the responsibility of state and territory governments who have all progressively taken steps to reduce the harmful effects of tobacco exposure. This policy environment has meant that inconsistencies in legislation exist between laws across jurisdictions, including; smoking in cars with children, limitations on smoking in public areas, and smoking in outdoor dining venues.

Similarly, discrepancies exist between Australian capital city councils, with some city councils outlining strong measures and restrictions to reduce smoking in their CBD precincts, while other city councils have opted for more relaxed policies.

In 2012, the National Tobacco Strategy 2012 – 2018 (NTS) was signed by the Commonwealth and all state and territory governments, with the overarching goal to reduce the smoking rate from 15.1% of the population in 2012 to 10% by 2018. The NTS sets out a national framework for all levels of government and non-government, detailing nine priority areas for action. A number of other policy frameworks also exist that help support reductions in smoking among the population, including the *Closing the Gap.*

New Zealand Context

In New Zealand, tobacco is regulated by the Smoke-free Environments Act 1990. The Act controls the marketing, advertising, and promotion of tobacco products and limits the sale of tobacco to persons 18 years and older. All licensed premises and workplaces are required by law to be smoke-free, as are all buildings and grounds of schools and early childhood centres. Smoking is permitted in other public areas; however local councils can designate parks, hospitals, universities, and stadiums as smoke-free. While smoking in cars and at private residential addresses is not currently restricted, mass-media campaigns have been run by the NZ government to discourage this behaviour, particularly when children are present.

In March 2011, the New Zealand Government committed to the goal of becoming smoke free by 2025, defined as a smoking prevalence of less than 5% across all populations. For New Zealand to achieve this goal, it is estimated that more than 40,000 smokers need to quit successfully every year with no new smokers starting.

Cessation, regulation, and public support generally summarise the three strategies being employed to reach this target, and since 2011 smoking rates have rapidly reduced. However, the proportion of Māori and Pacific Islander smokers is still considerably higher than the population of New Zealand as a whole and proving to be much less responsive to current anti-tobacco measures.

Like Australia, New Zealand has consistently removed many of the traditional marketing platforms available to tobacco companies over a long period of time. Unlike Australia however, New Zealand does not legislate for plain packaging, nor does it ban smoking in cars with children. In February 2014, an amendment Bill restricting the sale of cigarettes to plain packages was considered by the New Zealand government and passed to the Health Select Committee. At present, there has been no further progress with the Bill.

3. IMPLICATIONS FOR SURGERY

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.[4] Smoking cessation is therefore advised to reduce the incidence and severity of diseases 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.[5]

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. [6] 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.[7] Cessation should therefore be encouraged at the earliest possible opportunity.

In New Zealand and Australia, public hospitals have widely promoted smoke free policies and smoking cessation strategies. In both countries, all new patients are required to fill out a smoking questionnaire with smokers given brief cessation advice and a Quit-pack. The Quit-pack, along with its associated contact phone number and website, provides information on smoking cessation including counselling options available and other cessation options such as nicotine patches and gums.

In Australia, the practice is to use “AAR”:[8]

> **A=Ask** patients about their smoking status. This reinforces the message that tobacco use is a significant issue.
>
> **A=Advise** patients of specific perioperative risks and the risks of cancer and cardio-respiratory disease
>
> **R=Refer** the patient to counselling and evidence based cessation treatment.

In New Zealand, the practice is to use “ABC”:[9]

> **A=Ask** all people about their smoking status and document this.
>
> **B=**Provide **Brief** advice to stop smoking to all people who smoke, regardless of their desire or motivation to quit.
>
> **C=**Make an offer of, and refer to or provide, evidence based **Cessation** treatment.

Smoking cessation programs have been shown to be an effective means of achieving short and long-term cessation. In practice, the level and quality of smoking cessation advice that is delivered can vary considerably. [10] Factors such as how busy a clinic is or the relevance of

smoking to the consultation may influence whether advice is given. Private hospitals are also less likely to actively promote smoking cessation, as it is not mandatory to assess the smoking status of patients. It is therefore important that hospitals, health services and medical clinics have the necessary processes in place to ensure that patients are advised of the benefits of smoking cessation.

4. 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[11] and $1.7 billion every year in New Zealand,[12] 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.

In the past two decades, the percentage of Australians and New Zealanders that use tobacco has steadily decreased due to growing restrictions on the sale and supply of tobacco. Increasing excise, limiting exposure to advertising, and facilitating the cessation of smoking have all been shown to be effective methods of reducing tobacco's harm to society.

5. RECOMMENDATIONS

In order to reduce the impact that tobacco has on surgical outcomes, and more broadly public health, RACS supports the New Zealand Government's efforts to reduce smoking prevalence to 5% by 2025, and the Australian Government's plan to reduce smoking to 10% by 2018.

To achieve these targets, RACS recommends and supports:

Nationally consistent legislation across Australia

RACS encourages national consistency, across Australia and advocates for all jurisdictions to adopt policies equivalent to the state and/or territories where the strongest legislation exists.

Introduction of plain packaging for cigarettes in New Zealand

RACS strongly supports the introduction of plain packaging laws in New Zealand to further limit the impact of tobacco advertising.

Advocating the New Zealand Government to legislate against smoking in cars with children

RACS supports the advocacy efforts of like-minded organisations in their efforts to lobby the New Zealand Government to legislate against the use of tobacco in cars with children.

Reduce smoking uptake and inequalities in smoking rates

RACS supports the Australian and New Zealand governments in their efforts to conduct targeted approaches aimed at assisting populations with a high prevalence of smoking to quit and to reduce overall health inequalities.

City Council Advocacy

RACS supports City Councils who have been vigilant in reducing exposure to cigarette smoke, and encourages those city councils with more relaxed policies to adopt stronger measures.

Cessation Advice

RACS aims to continue highlighting to patients the added risk of complications during and after surgery that are faced by smokers and promotes the use of information outlining benefits of quitting prior to surgery.

RACS encourages surgeons in both public and private practice to undertake a smoking assessment with their patients, provide brief advice on smoking cessation and offer patients appropriate information and Quit-packs. Information and resources relating to smoking cessation and Quit-packs should be highly visible to patients.

Advice on smoking cessation should be delivered as early as possible prior to a procedure so that patients have the opportunity to receive the greatest benefit from cessation.

Greater scrutiny on political donations and reducing the influence of the tobacco lobby

RACS encourages all political parties to introduce self-imposed bans on political donations from the tobacco lobby and the introduction of formal legislation preventing tobacco companies from making such donations.

Continual taxation rises:

RACS encourages governments to continue using taxation as a mechanism to reduce the smoking rate.

E-Cigarettes

RACS supports further research into the effectiveness of e-cigarettes as a cessation method and their long-term health implications.

Approver Governance and Advocacy Committee
Authoriser Council

[1] Australian Institute of Health and Welfare (AIHW). Australia's Health 2014. 2014; Canberra, AIHW, 170
[2] New Zealand Ministry of Health. Tobacco Trends 2006: Monitoring tobacco use in New Zealand. 2006; Wellington, Ministry of Health.
[3] Wakefield, M et al. Australian adult smokers' responses to plain packaging with larger graphic health warnings 1 year after implementation: results from a national cross-sectional tracking survey. *Tob Control*. 2015; 24: ii17. See also: *Tob Control.* 2015; **24**: ii1-ii100.
[4] Turan, A et al. Smoking and perioperative outcomes. *Anaesthesiology.* 2011; **114** (4): 837.
[5] Lindstrom, D et al. Effects of a perioperative smoking cessation intervention on postoperative complications: a randomized trial. *Ann Surg* 2008 Nov 248(5): 739-45.
[6] 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.
[7] Australian and New Zealand College of Anaesthetists, "Guidelines on Smoking as Related to the Perioperative Period – Background Paper" (2014).
[8] ANZCA, Guidelines on Smoking as Related to the Perioperative Period (2014) at 6.
[9] New Zealand Ministry of Health, Implementing the ABC Approach for Smoking Cessation – Framework and work programme (February 2009) at 2.
[10] Above n6 at 663.
[11] 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. at 3.
[12] O'Dea D et al 2007. *Report on Tobacco Taxation in New Zealand.* Wellington: The Smokefree Coalition and Action on Smoking and Health. at 5.