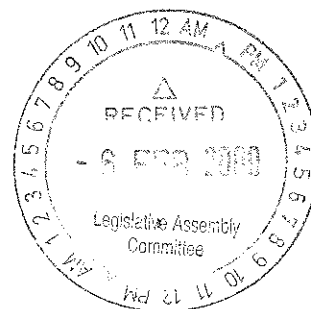




6 February 2009

The Principal Research Officer
Education and Health Standing Committee
Legislative Assembly
Parliament House
Perth WA 6000



Dear Sir

Inquiry into the Tobacco Products Control Amendment Bill 2008

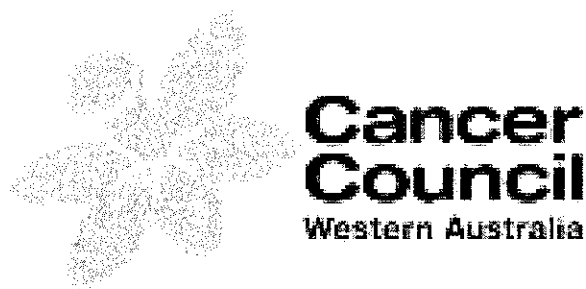
Please find enclosed the Cancer Council Western Australia's response to the Education and Health Standing Committee's call for written submissions to the Inquiry into the Tobacco Products Control Amendment Bill 2008.

The Cancer Council is pleased to have been offered the opportunity to comment on the Bill, which promotes a raft of measures that we believe will yield significant public health and economic benefits in years to come.

If you require clarification of comments or matters raised in our submission, please contact Denise Sullivan, Director Tobacco Programs, on 9212 4369 (or email to: dsullivan@cancerwa.asn.au).

Yours sincerely


Susan Rooney
Chief Executive Officer



Submission to the
Education and Health Standing Committee
Inquiry into the Tobacco Products Control Amendment Bill 2008

For inquiries

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Position	Director, Tobacco Programs
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1. Support of the Bill

Established in 1958, the Cancer Council Western Australia has grown into a leading cancer charity in this State, with a proud history of advocacy and action on cancer issues. The organisation aims to minimise the effect of cancer on our community through advocacy, research and education, and importantly provides people affected by cancer with support to enhance their quality of life. Much of this work is made possible through funds donated by the community and time given to programs and events through our committed volunteer network.

The Cancer Council WA supports the Tobacco Products Control Amendment Bill 2008. The Bill promotes a raft of measures that we believe will yield significant public health and economic benefits in years to come. What is more, we are in no doubt that they will be warmly welcomed by the majority of West Australians.

Our submission outlines evidence for measures proposed in the Bill, makes clear the public health and economic benefits for the State, addresses concerns about monitoring and enforcement of the legislation, and provides results of recent surveys commissioned by the Cancer Council WA demonstrating high-levels of public approval and acceptance of the measures – even among smokers.

2. Adequacy of the proposed actions in the Bill

Tremendous progress has been made in reducing harms caused by tobacco in Western Australia. Today, more people are living longer and healthier lives because they quit smoking or never started, and pressures on the health system are less than they would have been if smoking had remained unchecked. Even so, tobacco still poses a major threat to public health.

Almost 300,000 adults smoke daily or occasionally, and each year an estimated 9,000 children start. There has been little change in the high rates of smoking among Aboriginal and Torres Strait Islander peoples, people with mental illness or prison inmates. Misconceptions about the harms caused by smoking and benefits of quitting prevail. Huge increases in health care costs are also predicted in the coming years with tobacco-caused diseases a major contributor.

A report released by the Cancer Council WA in 2008 shows that the cost of smoking borne by Western Australia is a massive \$2.4 billion per year – more than half the yearly cost of running the entire state health system.¹

Eminent health economists, Professors David Collins and Helen Lapsley, were commissioned by the Cancer Council WA to estimate the social costs of smoking in Western Australia in 2004/2005 and the social benefits of public policy

¹ Collins DJ, Lapsley HM. The social costs of smoking in Western Australia in 2004/05 and the social benefits of public policy measures to reduce smoking prevalence. Perth: The Cancer Council Western Australia, 2008.

measures to reduce the prevalence of smoking to five per cent or less over the next 10 to 15 years.

Their study provides the most up-to-date estimate of the costs of smoking to individuals, businesses and governments, its impact on health care and productivity. In addition, estimates are provided for the costs of fires, passive smoking and, for the first time, ambulance services attributable to smoking. The study also builds on the findings of earlier studies providing an even more accurate estimate of the true costs of tobacco to the West Australian community.

This most recent study found that in Western Australia in 2004/05¹:

- There were 1,256 deaths and 67,370 bed-days attributed to tobacco, with hospital costs of \$59.8 million.
- The above figures include 11 deaths and 6,750 hospital bed-days caused by passive smoking, with hospital costs of \$5.9 million attributed to passive smoking.
- Over 96% of all hospital costs arising from passive smoking were attributable to patients in the 0 to 14 age group.
- Lost productivity in the workforce and the household sector is estimated to be almost \$400 million.
- The costs of smoking-caused fires are estimated to be \$16 million.
- Of the total social costs of smoking, 31.3% are tangible and 68.7% intangible. The latter costs arise from loss of life, and pain and suffering. The only intangible cost it was possible to estimate for the purposes of this study was loss of life, estimated at \$1,641.5 million.
- Individuals bore about 54% of the total tangible costs (\$833.4 million), businesses about 41% (\$629.9 million) and governments about 5% (\$75.6 million). The tangible costs of smoking include premature death, sickness, absenteeism and health care.

Alarming, the study also found that the real social costs of tobacco use, after adjusting for inflation, increased by 25% during the period 1998/99 to 2004/05. While the prevalence of smoking in WA continues to fall and deaths from smoking are declining, the lagged effects of smoking on the population and workforce have meant that the overall costs continue to rise.¹ The authors of the study make clear the real costs of smoking should eventually fall considerably – assuming that smoking continues to decline. However, the latter is dependent on the commitment of governments and the wider community to measures for discouraging the uptake and use of tobacco, as well as exposure to tobacco smoke.

The study estimates if the prevalence of smoking in Western Australia was reduced to five per cent over the next 15 years, the social benefits would amount to \$938 million or \$5,600 for every person prevented from smoking.¹

What is more a redoubling of efforts to reduce the prevalence of smoking has the potential to produce a more immediate return on investment for the State. Under the National Partnership Agreement on Preventive Health, states and territories stand to gain additional Commonwealth funding subject to implementation of agreed programs and achievement of performance benchmarks set out in the Agreement. Under the Agreement, states and territories have committed to:

(g) a reduction in state baseline for proportion of adults smoking daily commensurate with a two percentage point reduction in smoking from 2007 national baseline by 2011; 3.5 percentage point reduction from 2007 national baseline by 2013.²

A recent report commissioned by the Australian Institute of Health and Welfare projects that total health and residential aged care expenditure will increase by 189% in the period 2003 to 2033 from \$85 billion to \$246 billion—an increase of \$161 billion. This is an increase from 9.3% of gross domestic product (GDP) in 2002–03 to 12.4% in 2032–33.³ This report further reinforces the need for governments to do all that is possible to keep people well and take the pressure off an overstretched hospital system and not least State and Federal budgets.

The public health and economic benefits from reducing the use of tobacco are without doubt. The Department of Health estimates that tobacco control measures introduced since the mid-1980s over a 20-year period have helped avert 876 deaths, 22,527 hospitalisations and \$116 million in hospital costs.⁴ Gains made to date, however, are likely to dissipate rapidly in the absence of sustained action. Measures proposed in this Bill represent a positive and reasonable response to an important and intractable public health issue and will prevent future illness and costs.

3. Display of tobacco products (Section 22)

Pack displays have become a significant form of promotion of tobacco in the retail environment.⁵ Tobacco displays in shops normalise smoking and can predispose children to smoke.^{6,7} Whilst changes to legislation in Western Australia prohibiting point-of-sale advertising of tobacco has been welcomed by

² Council of Australian Governments. National Partnership Agreement on Preventative Health. December 2008.

³ Goss J. Projection of Australian health care expenditure by disease, 2003 to 2033. Cat. no. HWE 43. Canberra: AIHW, 2008.

⁴ The Cancer Council Western Australia. The progress of tobacco control in Western Australia: achievements, challenges and hopes for the future. Perth: Cancer Council WA, 2008.

⁵ Ministerial Council on Drug Strategy. National tobacco strategy, 2004-2009: the strategy. Canberra: Commonwealth of Australia; 2005.

⁶ Harper T. Why the tobacco industry fears point of sale display bans. *Tob Control* 2006;15:270–271.

⁷ Wakefield M, Germain D, Durkin S, Henriksen L. An experimental study of effects on schoolchildren of exposure to point of sale cigarette advertising and pack displays. *Health Educ Res* 2006;21(3):338–47.

public health advocates, it still allows the display of tobacco products though limits to 1m³ apply for most retail outlets. In 2005, a study commissioned by the Cancer Council Western Australia audited tobacco point-of-sale advertising and promotion in 66 retail outlets selling tobacco products inside or in close proximity to the 10 largest shopping centres in Perth, Western Australia. The audit identified retail activities that undermined the intentions of legislation restricting tobacco advertising and promotion: displaying cigarette packs and cartons to look like posters (i.e., 'power-walls'); displaying cigarette packs adjacent to products that children or adolescents were likely to buy (e.g., confectioneries, youth magazines, toys); arranging tobacco displays in such way that pack health warnings were either fully or partially obscured; and stacking packs to display the cigarette brand names on the lid only.⁸ Legislation requiring storage of tobacco products out of sight would serve to disrupt use of pack displays as an indirect marketing tool and remove a highly conspicuous inducement to smokers and recent quitters to smoke. The tobacco industry and retail groups expect such a ban will mean a reduction in consumption of tobacco: a desirable public health outcome.⁶

Furthermore, it is a move the public would support. The 2007 National Drug Strategy Household Survey found that 78% of West Australians aged 14 years or older support or strongly support bans on point-of-sale advertising and display of tobacco products: an increase in support since the 2004 survey (2004: 72%).^{9,10} A more recent survey commissioned by the Cancer Council WA found that 77% of non-smokers (57% of smokers) favour a ban on display of tobacco products, and 72% of non-smokers (62% of smokers) perceive such a ban would help reduce smoking in the community.¹¹ Support for reducing the visibility of tobacco products in retail outlets was also echoed in surveys of West Australian Parliamentarians conducted in 2005 and 2008 with 87% and 93% of those surveyed in favour respectively.¹²

4. Use of tobacco products in cars with children (Section 106A)

Laws prohibiting smoking in vehicles carrying children have been successfully introduced in two Australian states, with progress on legislation being made, or intentions to introduce or consider legislation announced, in almost every other state and territory. Similar laws have also been adopted in parts of Canada and the United States, as well as in South Africa and Puerto Rico.¹³

⁸ Jalleh G, Donovan RJ, Stewart S, Sullivan D. Selling or Promotion? *Tob Control* 2005;14:430.

⁹ Australian Institute of Health and Welfare. 2007 National Drug Strategy Household Survey: State and territory supplement. Drug statistics series no. 21. Cat. no. PHE 102. Canberra: AIHW, 2008.

¹⁰ Australian Institute of Health and Welfare. 2004 National Drug Strategy Household Survey: State and territory supplement. Drug statistics series no. 21. Cat. No. PHE 61. Canberra: AIHW, 2005.

¹¹ Dunning J, Deng J. Bubblewrap campaign evaluation. Perth: TNS Social Research, 2008. Unpublished report to the Cancer Council WA.

¹² Cancer Council Western Australia. Unpublished data.

¹³ DeRosenroll M, Cunningham R. Laws banning smoking in vehicles carrying children – international overview. August 2007. Unpublished report by the Canadian Cancer Society.

While there is ongoing need for education to address mistaken beliefs among some parents about the hazards of second-hand smoke for children, there are clear limits to what can be achieved through educational approaches alone. Children continue to be reliant on parents and carers to voluntarily adopt smoking restrictions to protect them from second-hand smoke.

Smoking in vehicles raises the concentration of second-hand smoke in the vehicle to alarming levels, with levels of small particles well above outdoor air standards and comparable to levels found in bars that allow smoking.^{14,15,16,17}

The confined space of a car increases exposure to tobacco smoke and opening windows does not help reduce the risk. Unlike other environments, children can't escape from cars when their parents are smoking. Being exposed to second-hand smoke as a child may lead to respiratory problems later in life. Evidence shows that exposure to smoking in cars increases the risk of asthma in children by 50 per cent, and can cause asthma in children who haven't had it before and trigger attacks for those with the condition.¹⁸

Scientific proof of the effects of second-hand smoke on non-smokers together with strong community support for bans on smoking in cars carrying children has culminated in a world-wide campaign; *I love my smoke-free childhood*.¹⁹ Spear-headed by the International Union Against Cancer (UICC), the campaign promotes smoke-free environments for children. The UICC, of which the Cancer Council WA is a member, endorses bans on smoking cars in which children are passengers.

Public health efforts in Western Australia would be significantly boosted if there were legislation in place prohibiting smoking in private vehicles carrying children. Ultimately the Cancer Council WA would like to see smoking banned in cars entirely, much like use of mobile phones, given not only the health but known risks to road safety.

A 2003 review of the literature on driver distraction by the Accident Research Centre based at Monash University found that there are several international studies that show smoking while driving increases the risk of being involved in

¹⁴ Edwards R, Wilson N, Pierse N. Highly hazardous air quality associated with smoking in cars: New Zealand pilot study. *N Z Med J* 2006;119(1244):U2294.

¹⁵ Sendzik T, Fong GT, Travers MJ, Hyland A. An experimental investigation of tobacco smoke pollution in cars. Special Report. Toronto: Ontario Tobacco Research Unit, March 2008.

¹⁶ Ott W, Klepeis N, Switzer P. Air change rates of motor vehicles and in-vehicle pollutant concentrations from secondhand smoke. *Journal of Exposure Science and Environmental Epidemiology* 2007;1-14.

¹⁷ Rees VW, Connolly GN. Measuring air quality to protect children from secondhand smoke in cars. *Am J Prev Med* 2006; 31(5):363-368.

¹⁸ Sly PD, Devereill M, Kusel MM, Holt PG. Exposure to environmental tobacco smoke in cars increases the risk of persistent wheeze in adolescents. *MJA* 2007;186(6):322.

¹⁹ http://www.worldcancercampaign.org/index.php?option=com_content&task=view&id=129&Itemid=388

motor accidents. The review concludes that "it is clear that smoking while driving is a hazard." One study cited connects it with over 2,000 accidents a year.²⁰

There is now an impressive literature on the relationship between smoking and injury with Wen et al.'s paper the definitive work on the issue.²¹

Australian studies have consistently found strong support among non-smokers and smokers for bans on smoking in cars carrying children. In 2006, surveys commissioned by the Queensland Cancer Council and Quit Victoria found broad community support for bans on smoking in cars where children under the age of 18 years are present with 80% of Queenslanders (68% of smokers) and 92% of Victorians (88% of smokers) favouring bans.^{22,23} In the same year, a survey commissioned by the Cancer Council Western Australia found strong support among West Australians for banning smoking in vehicles when children under 18 are present with 87% of non-smokers and 80% of smokers in favour of a ban.²⁴

Research commissioned by the Cancer Council WA to inform development of its smoke-free home and car campaign conducted in 2007 shows the majority of West Australians, including smokers, support bans on smoking in private vehicles carrying children and this support has continued to grow over successive waves of the campaign (87% and 86% waves 1 and 2 post-campaign vs. 80% pre-campaign [$p=.061$]).²⁵

A more recent survey commissioned by the Cancer Council WA found that 88% of non-smokers (80% of smokers) favour a ban on smoking in cars carrying children, and 82% of non-smokers (74% of smokers) perceive such a ban would help reduce smoking in the community.¹¹ Support for the measure was also reflected in a survey of West Australian Parliamentarians conducted in 2008 with 88% of those surveyed in favour.¹²

A ban on smoking in cars when children are present is most likely to be readily enforced by police who are already engaged in protecting drivers, their passengers and other road users - for instance, by enforcing bans on use of mobile phones when driving and requirements to wear a seatbelt. Enforcing bans on smoking could be an extension of this role.

²⁰ Young KL, Regan MA, Hammer M. Driver distraction: a review of the literature. Melbourne: Monash University Accident Research Centre, November 2003.

²¹ Wen CP, Tsai SP, Cheng TY, Chan HT, Chung WS, Chen CJ. Excess injury mortality among smokers: a neglected tobacco hazard. *Tobacco Control* 2005 June; 14 Supplement 1:i28-32.

²² Queensland Cancer Council. Call for smoking in cars with children to be banned [press release]. Brisbane: Queensland Cancer Council, 2007 Oct 29.

²³ Quit Victoria. Quit Victoria calls for state-wide ban on smoking in cars with children, with new data showing overwhelming community support [press release]. Melbourne: Quit Victoria, 2007 Jul 25.

²⁴ Jalleh G, Donovan RJ, Stewart S, Sullivan D. Is there public support for banning smoking in motor vehicles? *Tob Control* 2006;15:71.

²⁵ Carter O, Donovan R & Jalleh G. Evaluation of the *Make Smoking History* campaign: *Smoke Free Home and Car* (Waves 17 & 18). Perth: CBRCC, April 2007. Unpublished report to the Cancer Council WA.

The enforcement data demonstrates that in South Australia and Tasmania, where laws have been adopted, demand on resources has not been overly onerous. Concerns raised by Tasmanian Police prior to the law's introduction were addressed via an MOU with the Department of Health and Human Services which clearly highlighted that enforcement was to be opportunistic and not through routine compliance checks.

5. Use of tobacco products in outdoor areas (Sections 106B, C and D)

In Western Australia and elsewhere, the evidence on the adverse health effects of second-hand smoke has resulted in legislation restricting smoking in enclosed public places and most workplaces.²⁶ The progressive expansion of restrictions on where people may smoke has had added benefits: increasing public awareness of the health harms of second-hand smoke, reducing the exposure of non-smokers to tobacco smoke and encouraging smokers to reduce their consumption of tobacco or quit.²⁶

Today most people don't smoke, are well aware of the harms caused by tobacco smoke and are accustomed to smoke-free environments. Not surprisingly, the community is demanding more public spaces be smoke-free recognising that even smoking outdoors can cause annoyance and irritation and sometimes even health problems when people are close together.

Regular second-hand smoke exposure in indoor areas has been established as a cause of serious disease including cancer. Exposure levels indoors have been well characterised. Evidence is now emerging that shows second-hand smoke levels outdoors can approximate those that are known to cause serious diseases after regular indoor exposure.^{27,28,29}

In outdoor sporting stadia, the concentration of smokers and their sardine-can proximity to others can result in significant prolonged second-hand smoke exposure over many hours. In addition, many people find it unpleasant to sit beside a smoker for many hours, and the banning of smoking in sporting stadia is also a way of preventing a public nuisance, even before health risks are considered.³⁰

²⁶ Ministerial Council on Drug Strategy. National tobacco strategy, 2004-2009: the strategy. Canberra: Commonwealth of Australia; 2005.

²⁷ California Environmental Protection Agency, Office of Environmental Health Hazard Assessment. Proposed identification of environmental tobacco smoke as a toxic air contaminant. Sacramento, California: EPA, 2005.

²⁸ Cains T, Cannata S, Poulos R, Ferson MJ, Stewart BW. Designated "no smoking" areas provide from partial to no protection from environmental tobacco smoke. *Tobacco Control* 2004;13:17-22.

²⁹ National Health and Medical Research Council (NHMRC), *The Health Effects of Passive Smoking—A Scientific Information Paper*. Commonwealth of Australia. Canberra, November 1997.

³⁰ Chapman S. Going too far? Exploring the limits of smoking regulations. Debate at William Mitchell School of Law, St Paul Minnesota.

Research has shown that outdoor tobacco smoke can be high during periods of smoking in locations where persons are near active smokers, and that it is possible for outdoor tobacco smoke to present a nuisance or hazard under certain conditions. A non-smoker sitting a few feet downwind from a smouldering cigarette is likely to be exposed to substantial levels of contaminated air for brief periods of time.³¹

Situations where outdoor tobacco smoke levels might be high include eating dinner with a smokers on an outdoor patio, sitting at a table next to a smoker at a sidewalk café, sitting next to a smoker on a park bench, or standing near a smoker outside a building.³¹

Discarded cigarette butts are also a danger to small children who may ingest the butts as might wildlife that frequent many popular outdoor recreational settings. Cigarette butts are one of the most pervasive types of litter. In 2006, a national audit of litter found that cigarette butts accounted for 53% of the litter stream in Western Australia.³²

Carelessly discarded cigarette butts pose an additional and significant fire risk for this State causing more than 600 bushfires in 2006-07.³³ Collins and Lapsley in their review of the social costs of smoking in Western Australia for the period 2004-05 estimated that fires caused by cigarettes cost in excess of \$16 million.¹ This is a highly conservative estimate, as it excludes valuations of public property damage, such as national parks, loss of animals, and of amenity while bushland regenerates.¹ Furthermore, estimates on the health and societal costs of fires caused by smoking, do not take into account the emotional distress and financial hardship endured by burns victims and their families, as well as risks taken by fire and emergency services staff in responding to fire emergencies and the trauma they too experience.³⁴

Globally a number of governments and local communities have banned smoking in a range of outdoor settings for reasons other than inherent attributable health risks of exposure to second-hand smoke. Key reasons cited are reducing fire risk and litter and protecting the public from nuisance.³⁵

The Cancer Council WA strongly believes that current legislation should be amended to cover outdoor eating and drinking areas, beaches, parks, sporting

³¹ Klepeis NE, Ott WR, Switzer P. Real-time measurement of outdoor tobacco smoke particles. *Journal of the Air & Waste Management Association*, Vol. 57, May 2007, pp.522-534.

³² McGregor Tan Research. *Keep Australia Beautiful national litter index: Western Australia*. Frewville, South Australia: McGregor Tan Research, 2006.

³³ Fire and Emergency Services Authority of Western Australia. *Annual report 2006-2007*. Perth: FESA, 2007.

³⁴ Chapman S, Balmain A. *Reduced-ignition propensity cigarettes: a review of policy relevant information*. Prepared for the Commonwealth Department of Health and Ageing, March 2004.

³⁵ Bloch M, Shopland D. Outdoor smoking bans: more than meets the eye. *Tobacco Control* 2000; 9:99.

arenas (includes outdoor swimming pools), children's playgrounds, transport waiting areas, outdoor markets and entertainment venues.

Less smoking outdoors will reduce exposure to second-hand smoke, as well as one of the most common types of litter found in Australia, and will in the longer-term better protect and promote public health in this State.

In 2008, the Cancer Council WA surveyed over 400 West Australians to gauge their support for a range of policy measures for reducing use of tobacco.

Public backing for a ban on smoking in alfresco dining areas was very high. The survey found 85% of non-smokers (39% of smokers) favoured a ban, and 85% of non-smokers (65% of smokers) perceive such a ban would help reduce smoking in the community.¹¹ Surveys of West Australian Parliamentarians conducted in 2005 and 2008 show 84% and 85% of those surveyed in favour respectively.¹²

A ban on smoking in popular outdoor public spaces such as playgrounds, beaches and parklands also received strong support with 81% of non-smokers (33% of smokers) in favour and 83% of non-smokers (67% of smokers) perceiving such a ban would help reduce smoking in the community.¹¹ A survey of West Australian Parliamentarians conducted in 2008 show 84% of those surveyed in favour.¹²

Responsibility for compliance with legislation prohibiting smoking in select outdoor areas should rest with the proprietor or manager of that place, with the task of monitoring of compliance and enforcement of the legislation vested in authorities currently responsible for tobacco control legislation.

The Cancer Council WA is firmly of the view that the legislation will be largely self-enforcing given the strong community demand for more public spaces to be smoke-free. We accept that there will be a period of adjustment as the public and proprietors or managers of public places become fully aware of their obligations and the places to which the legislation applies.

We are mindful too of obstacles that various stakeholders may raise, namely the potential for abuse from disgruntled patrons asked to refrain from smoking, and concerns of local government about workloads and the timeliness of responses to complaints especially for remote and sparsely populated communities. Past experience shows, however, that patrons are accepting of bans on smoking where there is clarity about where and when they may smoke and where bans are applied uniformly across like settings. Similarly, monitoring and enforcement of legislation, when supported by a majority of the community, can be accommodated within existing duties and resources. This is also more likely where there is adequate support for training and education, and back-up in dealing with the rare recalcitrant proprietor or manager of a venue who chooses to flout legislation.

It should be noted that in Queensland, where bans on smoking in certain outdoor spaces has been in place since 1 July 2005, there has been broad acceptance of the legislation and compliance overall has been good. Indeed, the Minister for Health has received a number of letters from members of the public calling for extension of the existing bans to cover other outdoor areas.³⁶

Other matters for consideration

In planning for implementation of legislation, it is important that adequate funding and resources are made available for public education about the legislation. It is very apparent to the Cancer Council Western Australia through its research and dealings with smokers especially that while they may not always welcome restrictions on their smoking, they are more accepting of it when there is clarity about where and when they apply.

The tobacco industry and associated industry groups will no doubt express concerns about community acceptance of measures proposed in the Bill and likely economic impacts on small business and government. It should be noted:

- Community support and acceptance of further restrictions on the promotion of tobacco products and smoking in public places is exceptionally strong – with reasonable support among those who smoke.
- Dire warnings of economic ruin predicted by industry groups are generally unfounded: reductions in the consumption of tobacco have most impact on the tobacco industry. Ex-smokers will continue to spend, but on other consumer products.
- Potential costs to business to ensure tobacco products are not visible to the public are not likely to be high and, based on past experience in Western Australia and other states, will most probably be picked up by the tobacco companies.

Appendix 1: Background briefing papers on bans on smoking in cars, outdoor spaces and display of tobacco products

Appendix 2: Tables summarising key results of Cancer Council Western Australia surveys of community and political support of tobacco control policies

Appendix 3: Smoke-free WA – Questions and Answers

³⁶ Queensland Health. 2007 Review of smoke-free laws – discussion paper. Brisbane: Queensland Health, 2007.

Appendix 1

Background briefing papers on bans on smoking in cars, outdoor spaces and display of tobacco products

SMOKE-FREE CARS BACKGROUNDER

February 2009

Summary

Laws prohibiting smoking in vehicles carrying children have been successfully introduced in two Australian states, with progress on legislation being made, or intentions to introduce or consider legislation announced, in almost every other state and territory. Similar laws have also been adopted in parts of Canada and the United States, as well as in South Africa and Puerto Rico.¹

Australian studies have consistently found strong support among smokers and non-smokers for bans on smoking in cars carrying children:

- 2006 Queensland Cancer Council survey of 1,026 Queenslanders: 80% of respondents (including 68% of smokers) supported a ban on smoking in cars where children under 18 are present.²
- 2006 Cancer Council Victoria survey: 92% of respondents (88% of smokers; 91% of ex-smokers; 94% of never-smokers) said smoking should not be allowed in cars carrying children.³
- Cancer Council Western Australia surveys in 2006, 2007 and 2008 have consistently shown strong support for bans on smoking in cars carrying children (giving responses of 'strongly in favour' and 'in favour'): in November 2006, 80% of smokers and 89% of non-smokers supported bans;⁴ in 2007 three separate surveys found support to be high among smokers at 84%, 87% and 86%;⁵ in 2008, 80% of smokers and 88% of non-smokers supported bans.⁶ Note that support was high across the three years, but peaked in 2007 (among smokers) when the Cancer Council Western Australia aired campaigns about smoke-free homes and cars.

The enforcement data below demonstrates that in South Australia and Tasmania, where laws have been adopted, demand on resources has not been overly onerous. Concerns raised by Tasmanian Police prior to the law's introduction were addressed via an MOU with the Department of Health and Human Services which clearly highlighted that enforcement was to be opportunistic and not through routine compliance checks.⁷

Australian States and Territories

Note: Applicable age refers to age under which a passenger will be for bans to be in effect, e.g. '16' means ban applies in cars carrying children under 16.

State/Territory	Date law in force or to be introduced	Applicable age	Fines and enforcement
South Australia	31 May 2007	16	On-the-spot fines of \$75; maximum penalty \$200. From 31 May 2007 - 31 May 2008: 125 on-the-spot fines and 38 cautions issued. Numbers have continued in similar fashion, though no data made available. ⁸
Tasmania	1 January 2008; enforcement from 1 April 2008	18	Enforced by Dept of Health and Tasmanian Police. Initial concerns of the latter were accounted for

			via MOU which reinforced that enforcement should be opportunistic. 2008 figures: 15 infringement notices, 30 cautions and 8 complaints (for which 6 written warnings from the Director Public Health were issued). ⁷
New South Wales	Assented 20 November 2008; not yet in force.	16	\$250 on-the-spot fine. Driver is liable if a passenger smoking with a child present.
Queensland	Intentions announced 26 May 2008. Legislation being progressed.	16	\$150 on-the-spot fine for any adult smoking in vehicle.
Victoria	Announced December 2008, introduction 1 January 2010	18	To be determined.
Australian Capital Territory	Consultations underway; submissions due 27 February 2009.	Options being considered: • 16 • Any passengers • Total ban whilst driving	To be determined.
Northern Territory	Not in place.		

International (Canadian Cancer Society¹)

Other Jurisdictions	Date law in force	Applicable age
Canada - Provinces/Territories		
• Nova Scotia	1 April 2008	19
• Yukon Territory	15 May 2008	18
• British Columbia	To be set	16
• Ontario	21 January 2009	16
Canada - Municipalities		
• Wolfville, Nova Scotia	1 June 2008	19
• Surrey, British Columbia	31 July 2008	19
• Okotoks, Alberta	1 September 2008	16
U.S. - States		
• Arkansas	21 July 2006	If car seat required
• Louisiana	15 August 2006	13
• California	1 January 2008	18
• Maine	1 September 2008	16
U.S. - Municipalities		
• Bangor, Maine	18 January 2007	18
• Keyport, New Jersey	26 April 2007	18
• Rockland County, N.Y.	21 June 2007	18

• West Long Branch Borough, N.J.	9 June 2007	18
South Africa	To be set	12
Puerto Rico (U.S. Commonwealth in Caribbean)	2 March 2007	13

References

¹ Canadian Cancer Society. Laws banning smoking in vehicles carrying children: international overview. Unpublished document September 2008. Canadian Cancer Society; 2008.

² The Cancer Council Queensland. Community attitudes, knowledge and behaviours towards passive smoking in private settings in Queensland. The Cancer Council Queensland; 2007.

³ Quit Victoria. Quit Victoria calls for state-wide ban on smoking in cars with children, with new data showing overwhelming community support. Media release, 25 July 2007. Available from: <http://www.quit.org.au/media.asp?ContentID=23263>.

⁴ Carter O, Jalleh G, Donovan R. Evaluation of the Make Smoking History campaign: Echo (wave 16). Perth: Centre for Behavioural Research in Cancer Control (CBRCC); 2006. Unpublished report to the Cancer Council WA.

⁵ Carter O, Donovan R, Jalleh G. Evaluation of the Make Smoking History campaign: Smoke Free Home and Car (waves 17 & 18). Perth: Centre for Behavioural Research in Cancer Control (CBRCC); 2007. Unpublished report to the Cancer Council WA.

⁶ Dunning J, Deng J. 'Bubblewrap' campaign evaluation. Perth: TNS Social Research; 2008. Unpublished report to the Cancer Council WA.

⁷ Brkic M (Department of Health and Human Services). Personal communication.

⁸ Cottrell J, Drug & Alcohol Services SA. Personal communication.

SMOKE-FREE OUTDOOR PLACES BACKGROUNDER

February 2009

Summary

Bans on smoking in enclosed public places have meant that West Australians have become accustomed to enjoying smoke-free air. Non-smokers and smokers alike are supportive of smoke-free environments, as highlighted in research data presented in other attachments to this submission. Furthermore, qualitative research undertaken by the Cancer Council Western Australia in 2008 found that smokers, whilst not overjoyed at the concept of banning smoking in all outdoor public spaces, saw such a move as inevitable;¹ a response suggesting they would be likely to accept such a change.

As a consequence of enclosed public places becoming smoke-free, there is now more smoke outside – in eating areas, doorways and other outdoor areas where the health and well-being of everyone nearby is impacted.² It is part of a natural progression to extend restrictions further. Smoke-free outdoor spaces are becoming more common in Australia and overseas. In Australia, Queensland has been a leader in protecting non-smokers from exposure to second-hand smoke with laws in place for some time banning smoking in a range of outdoor areas, while Tasmania also has some legislated outdoor bans in place.

A 2007 discussion paper³ informing a review of smoke-free laws in Queensland (see table for summary) confirmed that compliance rates have been high:

- Since commencement of the first instalment of the laws in 2005, over 125,000 inspections of outdoor places had been conducted, finding around 88% of sites compliant with the smoke-free outdoor provisions.
- The smoking bans for outdoor eating or drinking places were viewed as largely successful, with a 98% compliance rate from over 1,000 inspections. A number of possible breaches had been reported which indicates a supportive general public who patronise those venues.
- Compliance rates for no smoking near building entrances were very high on opportunistic inspection at 99.8%. The number of possible breaches reported (over 50% of all reported breaches) again indicates that members of the public felt compelled to get behind the bans and report what they saw as potential breaches.
- Very few possible breaches were reported for patrolled beaches, outdoor swimming areas or major sporting stadia.

The discussion paper³ also highlights 2006 research⁴ which found that only 9% of Queensland respondents^a said they were visiting outdoor eating or drinking places less often, while 30% said they were visiting more often since the July 2006 laws were introduced: a net gain of 20%.

Since July 2006, Queensland's Minister for Health had also received a number of letters expressing support for further extension of the State's smoke-free laws, suggestions including Brisbane's Queen Street Mall, all public transport waiting points (e.g. bus stops, ferry wharves) and extension of the ban on smoking near building entrances.³

^a Telephone survey; sample comprised people living in Queensland, aged 18 and above; sample size of 500 (21% smokers, 79% non-smokers).

The Queensland paper³ did highlight the problematic nature of Designated Outdoor Smoking Areas (DOSAs), an option available to premises with a general or club liquor licence. A DOSA must comprise no than 50% of the total outdoor liquor licensed area and must not allow food consumption, offer food or drink service, or make entertainment or gaming machines available. People may only drink or smoke within the DOSA. There has been industry confusion about definitions of "outdoor" and "enclosed" places, affecting DOSA location and thus exposure. Concerns have also been raised by health groups and community members about smoke-drift from DOSAs into the surrounding outdoor and enclosed areas, thus continuing to expose others to cigarette smoke.

Overall, experience shows that the vast majority of smokers are respectful of the rights of others and policies or laws that restrict where and when they may smoke. The provision of DOSAs seems unnecessary, gives license to smoke and makes smoking more visible in the community fuelling misconceptions about the prevalence of smoking, particularly among the young, and undermining the efforts of smokers or recent quitters to quit or stay stopped.⁵ The Cancer Council Western Australia counsels against provision for DOSAs under this State's legislation.

Where state-wide legislation is not in place some local government authorities have taken decisive action. A number of local councils around Australia, particularly in New South Wales and more recently Western Australia, have enacted local bylaws, or have announced plans to do so, requiring certain outdoors areas to be smoke-free. In Western Australia, councils to introduce bylaws covering outdoor areas include:

- City of Rockingham: implemented by-laws banning smoking in alfresco dining areas since July 2008;
- City of Fremantle: implemented by-laws banning smoking in alfresco dining areas since August 2008;
- City of Vincent: implemented bans on smoking in alfresco dining areas since January 2009;
- City of Cockburn: implemented bans on smoking in playgrounds, beaches, sporting facilities and bus stops since August 2008;
- City of Joondalup: banned smoking on beaches since January 2008 and has also announced bans on smoking in alfresco dining areas, to take effect early 2009.
- City of Perth: Announced bans on smoking in alfresco dining areas, to take effect July 2009.
- City of Geraldton-Greenough: Announced likely bans on smoking in alfresco dining areas, policy currently open for public comment until 09 January 2009.

Cities of Armadale, Mandurah, Stirling, Subiaco and South Perth are also currently considering various outdoor smoking bans.

Smoke-Free Outdoor Areas: Leading Australian States

State/Territory	Areas that smoking restriction applies
Queensland	Between flags on a patrolled beach; Certain artificial beaches between sunrise and sunset; Specified major sports stadia; Within 10 metres of children's outdoor playground equipment ordinarily open to the public; Within 4 metres of a non-residential building entrance; Outdoor eating and drinking areas where food or drink is provided as part of a business (first State to legislate; introduced July 2006). ⁶
Tasmania	Within 3 metres of entrances and exits to non-domestic buildings; Within 10 metres of the air intake for ventilation equipment to a non-domestic building; At least 50% of outdoor dining areas; Outdoor areas on licensed premises such as bars, clubs and nightclubs, except in 'Outdoor Smoking Areas' (non-serviced areas that either have no roof, or have a roof but their perimeter does not comprise more than 50% walls or windows); Reserved seating areas of outdoor sporting or cultural venues. ^{7,8}

International

Other Jurisdictions	
US	Current 4 January 2009: Smoke-free beach laws: 76 municipalities; Smoke-free outdoor dining laws: 149 municipalities; Smoke-free parks laws: 399 municipalities. ⁹
South Korea	Outdoor subway platforms. ³
South Africa	Outdoor sports stadia. ³
Japan	Some local level legal restrictions on outdoor smoking in designated portions of urban centres. ³

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POINT-OF-SALE OUT OF SIGHT BACKGROUNDER February 2009

Summary

As other forms of advertising have been closed off through legislation, the tobacco industry has increasingly focused its marketing efforts on product displays and pack design. As the National Preventative Health Taskforce highlights in its 2008 technical report on tobacco,¹ product displays help to normalise smoking, contributing to the perception that cigarettes are widely and easily available and that smoking is commonplace. Given their prominence, such displays can lead to young people overestimating how many of their own peers, as well as adults, actually smoke. Believing prevalence to be higher than it is and cigarettes to be readily available are identified predictors of smoking initiation.

A number of studies have clearly demonstrated the impact of point-of-sale displays on young people and adults. Key Australian studies include:

- A 2003 telephone survey^a found that 90% of adult smokers never use point-of-sale displays to decide on brand of cigarettes to buy. As the authors noted, this finding was contrary to tobacco industry assertions that such displays are used to inform adults about alternative brands. They also highlighted other research that had found in-store tobacco displays to be influential on youth perceptions, likelihood of experimentation and choice of brand.²
- A 2003/4 study found that children who viewed cigarette displays^b believed it would be easier to purchase tobacco from such outlets and tended to recall displayed cigarette brands more often than respondents who saw no cigarettes.³
- A 2006 telephone survey of adults^c found that cigarette displays at point-of-sale act as cues to smoke, even among those not explicitly intending to buy cigarettes and those trying to avoid smoking.⁴

Claims that a ban on product displays will hurt retailers financially by interfering with brand choice are in conflict with research that demonstrates the vast majority of adult smokers do not make purchasing decisions using displays. Furthermore, any reduction in spending on tobacco (through reduced prevalence) is likely to be offset by spending on other consumables. A New South Wales study⁵ found that the economic effects of reducing tobacco prevalence by 25% in that state would significantly reduce output, employment and profits only in the tobacco industry, while there would be very little overall impact on aggregate New South Wales output or employment. In fact, the study also suggested that a reduction in smoking could be a significant step towards reducing the impact of poverty in New South Wales.

^a Sample of 3,001 adults, 449 of whom were regular smokers of manufactured cigarettes.

^b Sample of 605 ninth-grade students randomly allocated to view a photograph of a typical convenience store point-of-sale to show either cigarette advertising and pack displays, pack displays only or no cigarettes.

^c Sample included 2,996 adults, including 526 smokers of factory-made cigarettes and 67 recent quitters.

Australian States and Territories - Summary of Action

State/Territory	Status and Dates	Details
Tasmania	Legislation passed. Provision in force from February 2011.	Ban on retail displays at point-of-sale with exemptions for specialist tobacconists. ⁶ First state to legislate.
New South Wales	Assented 20 November 2008; not yet in force.	Ban on retail displays at point-of-sale: compliance period 6 months for large chain stores, 12 months for small retailers, 4 years for specialist tobacconists (12 months to ensure products not visible from outside store). ⁷
Victoria	Government has announced intention to legislate. Introduction 1 January 2011. ⁸	Ban on retail displays at point-of-sale with exemptions for specialist tobacconists.
Australian Capital Territory	Legislation passed. Provision in force from 1 January 2010 for general tobacconists and 1 January 2011 for specialist tobacconists. ⁹	Point-of-sale displays prohibited.
Northern Territory	Government has announced intention to legislate. Introduction from January 2010. ¹⁰	Ban on display of tobacco products at point-of-sale.
Queensland	Not in place.	
South Australia	Not in place.	

International Jurisdictions - Summary of Action(National Preventative Health Taskforce¹ other than where indicated)

Country/Jurisdiction	Year introduced / Details
<i>Display of tobacco products prohibited</i>	
Iceland	2001
Thailand	2005
British Virgin Isles	2007
Ireland	2008
Canada (12 provinces)	Various
<i>National display ban announced or being considered</i>	
Canada	Government has consulted on introducing regulations for a national display ban.
New Zealand	Plans to introduce ban in 2009.
Norway	Plans to introduce ban in 2009. ¹¹
Scotland	Plans to introduce bans in 2010 announced. ¹²
England	Introduction of display bans announced: 2011 for big supermarkets, 2013 for corner shops. ¹³

Wales	Introduction of display bans announced: 2011 for big supermarkets, 2013 for corner shops. ¹³
Northern Ireland	Announced 4 February 2009 that Health Minister plans to bring a proposal before the Assembly to have tobacco products stored under the counter. ¹⁴

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Appendix 2

Tables summarising key results of Cancer Council Western Australia surveys of community and political support of tobacco control policies

Community support for tobacco control policies.

In 2005 and 2008, the Cancer Council Western Australia commissioned a number of different surveys to gauge the level of support from the community and their elected state parliament representatives for a number of possible tobacco control measures that included an end to smoking in a range of popular outdoor settings, as well as the display of tobacco products.

The overall response to the measures was extremely positive, not just among smokers and non-smokers, but also State Members of Parliament in Western Australia (Tables 1 and 2). Tables 3 and 4 show the results for all response categories. It is clear that the community has positive attitudes towards these measures, with only a small minority of people responding strongly against any of the policies.

Table 1. Western Australian's attitudes towards proposed anti-tobacco policies: % in favour (% against)

	Community survey: 2008*		MP survey	
	Non-smokers	Smokers	2005	2008
	N=204 %	N=204 %	N=45 %	N=26 %
Prohibiting smoking in cars carrying children	88 (4)	80 (10)	---	88 (8)
Making sporting stadiums smoke-free with no exceptions	87 (4)	57 (28)	89 (6)	93 (4)
Making outdoor alfresco dining areas smoke-free with no exceptions	85 (7)	39 (48)	84 (13)	85 (8)
Putting tobacco products under the counter at shops, out of public view**	77 (8)	57 (17)	87 (4)	93 (4)
Prohibiting smoking in popular outdoor public spaces such as playgrounds, beaches and parklands	81 (10)	33 (53)	---	84 (12)

* Community Survey 2008 sample composition: 25-54 year olds; 51% males; 70% metropolitan residents.

** Wording in MP survey: "Reducing the visibility of tobacco products in retail outlets".

Table 2. Western Australian's perceived impact of proposed anti-tobacco policies: % a lot/a little impact (% no impact)

	Community survey: 2008*	
	Non-smokers N=204 %	Smokers N=204 %
Prohibiting smoking in cars carrying children	82 (14)	74 (20)
Making sporting stadiums smoke-free with no exceptions	81 (13)	69 (24)
Making outdoor alfresco dining areas smoke-free with no exceptions	85 (10)	65 (28)
Putting tobacco products under the counter at shops, out of public view	72 (24)	62 (33)
Prohibiting smoking in popular outdoor public spaces such as playgrounds, beaches and parklands	83 (13)	67 (26)

* Community Survey 2008 sample composition: 25-54 year olds; 51% males; 70% metropolitan residents.

Table 3. Western Australian attitudes towards proposed anti-tobacco policies: Non-smokers (n=204)

	% Strongly in favour	% In favour	% No opinion	% Against	% Strongly against
Prohibiting smoking in cars carrying children	76	12	8	4	1
Making sporting stadiums smoke-free with no exceptions	66	21	9	3	1
Making outdoor alfresco dining areas smoke-free with no exceptions	68	17	8	6	2
Putting tobacco products under the counter at shops, out of public view	54	23	15	6	2
Prohibiting smoking in popular outdoor public spaces such as playgrounds, beaches and parklands	57	24	9	7	3

* Community Survey 2008 sample composition: 25-54 year olds; 51% males; 70% metropolitan residents.

Table 4. Western Australian's attitudes towards proposed anti-tobacco policies: Smokers (n=204)

	% Strongly in favour	% In favour	% No opinion	% Against	% Strongly against
Prohibiting smoking in cars carrying children	61	19	10	6	4
Making sporting stadiums smoke-free with no exceptions	38	20	15	17	10
Making outdoor alfresco dining areas smoke-free with no exceptions	28	11	13	30	18
Putting tobacco products under the counter at shops, out of public view	32	25	27	10	6
Prohibiting smoking in popular outdoor public spaces such as playgrounds, beaches and parklands	18	15	14	32	21

* Community Survey 2008 sample composition: 25-54 year olds; 51% males; 70% metropolitan residents.

Appendix 3

Smoke-free WA – Questions and Answers

Smoke-Free WA - Questions & Answers

The Cancer Council Western Australia together with 10 of Western Australia's leading health groups believes it's time we made a smoke-free WA a reality.

What are we calling for?

We are calling on the State Government to extend current bans on smoking to include popular outdoor settings and cars carrying children under the age of 18.

Specifically, the health groups are recommending smoking be prohibited:

- In any outdoor eating or drinking area where food or drink is provided as part of a business;
- Between the flags of patrolled beaches (or within the perimeters of outdoor swimming pools, natural or artificial);
- Within the boundaries of recreational parks and reserves;
- Within the boundaries of sporting arenas;
- Within 10 metres of children's playground equipment ordinarily open to the public;
- At transport waiting areas (e.g. taxi stands, railway platforms, bus stops);
- In outdoor market areas;
- Within the grounds of publicly or privately owned venues used for entertainment that the public, or a section of the public, is entitled to use; or is open to, or is being used by the public, or a section of the public, whether on payment of money, by virtue of membership of a club or other body, or otherwise (e.g. outdoor film festivals or concerts held in publicly or privately owned parks and other properties)¹;
- Within a minimum 5 metres of entrances to non-residential buildings and a minimum of 10 metres of ventilation ducts; and
- In private motor vehicles in which children under the age of 18 years are passengers.

Why do we need to extend smoking bans? Aren't the current bans enough?

There is very good evidence to support extension of smoking bans, not least of which is the significant health harms from exposure to second-hand smoke, with infants and children particularly vulnerable.

Most people don't smoke, are well aware of the harms caused by smoking and are accustomed to most public places being smoke-free.^{2, 3}

A smoke-free environment is the only way to fully protect non-smokers from the dangers of second-hand smoke. Strategies such as separating smokers from non-smokers, cleaning the air, and ventilating buildings cannot eliminate exposure of non-smokers to second-hand smoke.⁴

Evidence of the harms caused by smoking and second-hand smoke continues to mount. And while smokers often feel frustrated by limitations on where and when they can smoke, most are accepting of these respecting the rights of others around them to breathe clean air.²

What is passive smoking?

Passive smoking describes the inhalation of other people's tobacco smoke or "second-hand smoke".⁵

While second-hand smoke has been referred to as environmental tobacco smoke (ETS) in the past, the term second-hand smoke better captures the involuntary nature of the exposure: most non-smokers do not want to breathe tobacco smoke.⁴

Second-hand smoke comprises side-stream smoke (the smoke released from the burning end of a cigarette) and exhaled mainstream smoke (the smoke exhaled by the smoker).⁴

There is still a low level of awareness and misconceptions about the health harms of second-hand smoke exposure, including the common misconception that only visible smoke is harmful.

Is passive smoking harmful?

Second-hand smoke has been designated as a known human carcinogen (cancer-causing agent).⁴

Second-hand smoke contains more than 50 cancer-causing chemicals. When non-smokers are exposed to second-hand smoke, they inhale many of the same cancer-causing chemicals that smokers inhale.⁴ Therefore, non-smokers exposed to second-hand smoke are at risk of contracting the same diseases as active smokers, as they are also breathing in the chemicals known to cause cancer.

Scientific evidence indicates that there is no risk-free level of exposure to second-hand smoke. Breathing even a little second-hand smoke can be harmful to a person's health.⁴

What are the health effects of passive smoking? How does second-hand smoke affect others?

Passive smoking is a cause of premature death and disease in children and in adults who do not smoke. Even small amounts of exposure to tobacco smoke can be harmful to people's health.⁴

Major reviews of the evidence on health effects of exposure to second-hand smoke by a number of eminent and authoritative scientific bodies conclude that passive smoking causes the following diseases and conditions:^{4,6,7}

- *In adults:* heart disease; lung cancer; irritation of the eyes and nose.
- *In children:* Sudden Infant Death Syndrome (SIDS or cot death); lower birth- weight babies (where the mother was exposed to second-hand smoke); bronchitis, pneumonia and other lung/airway infections; asthma exacerbation; middle ear disease (otitis media or 'glue ear'); respiratory symptoms (e.g. coughing, wheezing).

There is mounting evidence to suggest that exposure to second-hand smoke may also contribute to the following adverse health effects:⁴

- *In adults:* breast cancer; nasal sinus cancer; stroke; acute and chronic respiratory symptoms; adult onset of asthma; worsening of asthma control; chronic obstructive pulmonary disease; pre-term delivery.
- *In children:* brain cancer and lymphomas; decreased lung function (i.e. they cannot breathe with as much force or capacity as they would otherwise); onset of asthma; childhood cancer (where there is prenatal and postnatal exposure to second-hand smoke).

Who is at greatest risk? What about children and people with existing chronic health conditions?

Infants and children are especially vulnerable to second hand smoke, particularly if smoking takes place in areas like the car. Some smokers mistakenly believe that winding down car windows or blowing smoke away from a child will protect against its harmful effects.

Children accompanying a smoking parent or guardian may experience substantial outdoor tobacco smoke exposure.⁸

Short term outdoor tobacco smoke exposures might be life threatening for high risk persons – that is because the human cardiovascular system is very sensitive to second-hand smoke.⁸

Studies show a decreased chance of heart attack when a ban on smoking was in place, suggesting an increased risk associated with second-hand smoke exposure for persons at increased risk of coronary heart disease or with known coronary artery disease.⁸

But it's outside! – Surely the smoke isn't a problem outside?

Regular second-hand smoke exposure in indoor areas has been established as a cause of serious disease including cancer. Exposure levels indoors have been well characterised. Evidence is now emerging that shows second-hand smoke levels outdoors can approximate those that are known to cause serious diseases after regular indoor exposure.^{6,9,10}

In outdoor sporting stadia, the concentration of smokers and their sardine-can proximity to others can result in significant prolonged second-hand smoke exposure over many hours. In addition, many people find it unpleasant to sit beside a smoker for many hours, and the banning of smoking in sporting stadia is also a way of preventing a public nuisance, even before health risks are considered.¹¹

Research has shown that outdoor tobacco smoke can be high during periods of smoking in locations where persons are near active smokers, and that it is possible for outdoor tobacco smoke to present a nuisance or hazard under certain conditions. A non-smoker sitting a few feet downwind from a smouldering cigarette is likely to be exposed to substantial levels of contaminated air for brief periods of time.⁸

Situations where outdoor tobacco smoke levels might be high include eating dinner with a smokers on an outdoor patio, sitting at a table next to a smoker at a sidewalk café, sitting next to a smoker on a park bench, or standing near a smoker outside a building.⁸

As well as health reasons, a ban on smoking in outdoor areas decreases risk of fires, will help to control cigarette butt litter, and protect residents from nuisances.¹²

The Environmental Protection Agency Air Resources Board (ARB) of the State of California measured air concentration of nicotine adjacent to outdoor smoking areas in five locations – an airport, a college campus, a public building, and an amusement park. The study found that even in areas that are completely outdoors, it is possible to attain substantial exposures to second-hand smoke.⁶

In another study, levels of second-hand smoke in indoor and outdoor areas of a cruise ship at sea were measured. It was found that outdoor smoking areas were contaminated with second-hand smoke to nearly the same extent as a popular smoking-permitted casino on the ship.¹³

In another study conducted in the City of Copenhagen in Denmark, levels of second-hand smoke reached significant levels outdoors in different parts of the city where smokers gathered to smoke.¹⁴

Does the public support smoke-free outdoors?

Under West Australian legislation, smoking is prohibited in all enclosed public places. All indoor venues such as cafes and restaurants, pubs and night clubs, sporting clubs, shopping centres, theatres, airports and cinemas are required to be smoke-free. The only exception to this legislation is the Burswood Casino's International Gaming Room.¹⁵

Thanks to bans on smoking in indoor areas, West Australians have become accustomed to smoke-free air. As a result, there is now more smoke outside – in eating areas, doorways and other outdoor areas where the health and well-being of everyone nearby is impacted.¹⁶

The National Drug Household Survey conducted in 2004 found that, when it came to working or socialising with smokers, 90% of non-smokers and 67% of smokers thought non-smokers might develop health problems from passive smoking.²

The vast majority of West Australians don't want to be subjected to second-hand smoke, so the public is demanding that outdoor areas where people gather be smoke-free.¹⁷

In 2008, the Cancer Council WA surveyed over 400 Western Australian's to gauge the level of support from the community for a number of possible tobacco control measures.

Public backing for a ban on smoking in alfresco dining areas was very high. The results indicated very strong support amongst non-smokers (85% in favour) and moderate support from smokers (39% in favour). 85% of non-smokers and 65% of smokers perceive that such a ban would help reduce smoking in the community.¹⁸ Surveys of West Australian Parliamentarians conducted in 2005 and 2008 show 84% and 85% of those surveyed in favour respectively.¹⁹

A ban on smoking in outdoor sporting stadiums also received strong support from both non-smokers and smokers, with 87% and 57% providing a positive response.¹⁸ A survey of West Australian Parliamentarians conducted in 2005 and 2008 show 89% and 93% of those surveyed in favour respectively.¹⁹

Bans on smoking in popular outdoor public spaces such as playgrounds, beaches and parklands also received strong support with 81% of non-smokers (33% of smokers) in favour and 83% of non-smokers (67% of smokers) perceiving such a ban would help reduce smoking in the community.¹⁸ A survey of West Australian Parliamentarians conducted in 2008 show 84% of those surveyed in favour.¹⁹

Furthermore, qualitative research undertaken by the Cancer Council Western Australia in 2008 found that smokers, whilst not overjoyed at the concept of banning smoking in all outdoor public spaces, saw such a move as inevitable;²⁰ a response suggesting they would be likely to accept such a change.

Support for a ban on smoking in cars carrying children (those less than 18 years of age) as passengers has also been measured by the Cancer Council WA. 88% of non-smokers and 80% of smokers favour a ban on smoking in cars carrying children, and 82% of non-smokers (74% of smokers) perceive such a ban would help reduce smoking in the community.¹⁸ Support for the measure was also reflected in a survey of West Australian Parliamentarians conducted in 2008 with 88% of those surveyed in favour.¹⁹

Local Government leading the way in Western Australia

In Western Australia, there are a number of forerunners of this campaign - those local councils that have taken positive steps to ensure the health and well-being of the community by reducing exposure to second-hand smoke.²¹

Local councils to introduce by-laws covering smoking in outdoor areas include:

- City of Rockingham: implemented by-laws banning smoking in alfresco dining areas since July 2008;
- City of Fremantle: implemented by-laws banning smoking in alfresco dining areas since August 2008;
- City of Vincent: implemented bans on smoking in alfresco dining areas since January 2009;
- City of Cockburn: implemented bans on smoking in playgrounds, beaches, sporting facilities and bus stops since August 2008;
- City of Joondalup: banned smoking on beaches since January 2008 and has also announced bans on smoking in alfresco dining areas, to take effect early 2009;
- City of Perth: Announced bans on smoking in alfresco dining areas, to take effect July 2009;
- City of Geraldton-Greenough: Announced likely bans on smoking in alfresco dining areas, policy currently open for public comment until 09 January 2009.

Cities of Armadale, Mandurah, Stirling, Subiaco and South Perth are also currently considering various outdoor smoking bans.

What about outdoor smoking restrictions in other States and Territories?

Outdoor smoking restrictions are becoming more prevalent nationally and internationally.

In Australia, Queensland has the strongest regulations, prohibiting smoking at:²²

- outdoor areas of specific major sports stadia;
- patrolled beaches (between the flags) and specific artificial beaches;
- within 10 metres of children's playground equipment ordinarily open to the public;
- within 4 metres of a non-residential building entrance
- outdoor eating and drinking areas where food or drink is provided as part of a business

In Tasmania, smoke-free areas include:

- any area of an outdoor sporting or cultural venue containing reserved seating;
- within 3 metres of a non-domestic building entrance;
- at least 50 per cent of outdoor dining areas.²³

A number of local councils in New South Wales have moved to enact outdoor smoking bans. As an example, Manly, Mosman and Warringah councils have long standing smoking bans at beaches, within 10 metres of all children's play areas and within 10 metres of all council properties.²⁴

Local councils in other States also have established outdoor smoking bans in a range of settings.

In the United States, smoking has been banned at parks, beaches, automatic teller machines, theatre lines, open-air restaurants and other outdoor locations by many municipalities.²⁵ Go to <http://www.no-smoke.org/goingsmokefree.php> for further information on those cities and states protected by smoke-free laws.

How will the proposed bans be enforced?

Enforcement of the proposed bans would obviously need to be carefully worked through prior to its introduction.

Monitoring and enforcement of legislation, when supported by a majority of the community, can be accommodated within existing duties and resources.

For example, a ban on smoking in cars when children are present is most likely to be readily enforced by police who are already engaged in protecting drivers, their passengers and other road users - for instance, by enforcing bans on use of mobile phones when driving and requirements to wear a seatbelt. Enforcing bans on smoking could be an extension of this role.

Enforcement data from South Australia and Tasmania, where bans on smoking in cars carrying children are in place, show that the demand on resources has not been overly onerous. Concerns raised by Tasmanian Police prior to the law's introduction were

addressed via an MOU with the Department of Health and Human Services which clearly highlighted that enforcement was to be opportunistic and not through routine compliance checks.²⁶

Past experience also shows that patrons are accepting of bans on smoking where there is clarity about where and when they may smoke and where bans are applied uniformly across like settings. Therefore, we believe that legislation banning smoking in outdoor areas would be largely self-enforcing given the strong community demand for more public spaces to be smoke-free.

A 2007 discussion paper²⁷ informing a review of smoke-free laws in Queensland confirmed that compliance rates have been high:

- Since commencement of the first instalment of the laws in 2005, over 125,000 inspections of outdoor places had been conducted, finding around 88% of sites compliant with the smoke-free outdoor provisions.
- The smoking bans for outdoor eating or drinking places were viewed as largely successful, with a 98% compliance rate from over 1,000 inspections. A number of possible breaches had been reported which indicates a supportive general public who patronise those venues.
- Compliance rates for no smoking near building entrances were very high on opportunistic inspection at 99.8%. The number of possible breaches reported (over 50% of all reported breaches) again indicates that members of the public felt compelled to get behind the bans and report what they saw as potential breaches.
- Very few possible breaches were reported for patrolled beaches, outdoor swimming areas or major sporting stadia.

Why not just ban tobacco altogether?

Banning the sale of tobacco outright is not as straightforward as it might sound.

There are still many thousands of people in WA addicted to tobacco and to introduce an outright ban at this time just isn't feasible. At this stage, it is much better to help people make the decision to quit and then support them to do so.

However, if the prevalence of smoking continues to drop it is envisaged that there will come a time when use of tobacco will be so low and the community so intolerant of smoking; the retail sale of tobacco will no longer be seen as a viable commercial activity.²⁸

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