

## A SMOKE-FREE AUSTRALIA - BUT WHEN?

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Evidence of the harms of passive smoking is clear. It is a cause of serious health conditions, including lung cancer and heart disease and the only effective means of eliminating the problem is to eliminate it at the source.

Despite this clear message, those most exposed to passive smoking in the workplace (employees working in bars and nightclubs) are least protected from laws and policies banning smoking in the workplace<sup>1,2</sup>.

Passive smoking, or breathing in the tobacco smoke from a burning cigarette or the smoke exhaled by a smoker, exposes individuals to carcinogens and toxic chemicals. As a result, passive smoking puts non-smokers at risk of developing a range of diseases and illnesses<sup>4</sup>.

In adults:

- heart disease;
- lung cancer; and/or
- irritation of the eyes and nose.

In children:

- sudden infant death syndrome (SIDS) or cot death;
- lower birthweight (where the mother was exposed to environmental tobacco smoke or ETS);
- bronchitis, pneumonia and other lung/airways infections;
- asthma and worsening of asthma in children who already have this disease;
- middle ear disease (otitis media or 'glue ear'); and/or
- respiratory symptoms (coughing, wheezing).

Exposure to ETS has also been linked to other adverse health effects.

In adults:

- nasal sinus cancer;
- cervical cancer;
- miscarriages; and
- stroke<sup>6</sup>.

In children:

- adverse effects on cognition and behaviour (affecting learning and awareness);
- decreased lung function (ie. they cannot breathe with as much force or capacity as they would otherwise);
- worsening of cystic fibrosis;
- meningococcal disease<sup>7</sup>; and
- lung complications during and after surgery.<sup>8,9</sup>

The US Centre for Disease Control and Prevention recently warned that people at risk of heart disease should avoid exposure to other people's tobacco smoke because it increases the risk of fatal and non-fatal coronary heart disease in smokers by around 30%. The amount of exposure can also seem disproportionate to the risk. For example, for a non-smoker who lives with a smoker the risk is increased to one third of that associated with actively smoking 20 cigarettes per day.<sup>10</sup>

In addition, teenagers exposed to smokefree environments are likely to decrease smoking.<sup>11</sup>

### Impact on Hospitality Staff

Bar workers are typically exposed to concentrations of environmental tobacco smoke of up to four to six times higher than in other workplaces<sup>12</sup>.

Both bar and restaurant workers have a higher risk of lung cancer compared to the general population, partly due to tobacco smoke exposure in their workplace<sup>13</sup>.

Workers in the hospitality industry are more likely to suffer from respiratory and irritation symptoms such as wheezing, coughing, sore eyes and sore throats<sup>14</sup>. Importantly, research also shows that when smoking is banned in indoor venues, the health of bar staff improves, even in smokers<sup>15</sup>.

Despite the weight of evidence that chronicles the harms of passive smoking, hospitality workers working in the venues that have highest levels of tobacco smoke<sup>16</sup> are those least likely to be protected.<sup>17</sup>

For example, Victorian employees who report working in smokefree workplaces increased from 17% in 1998 to 69% in 2001<sup>18</sup> and a recent study found that 56% of hospitality workers in Victoria reported being exposed to ETS during a typical workday.<sup>19</sup>

Progress towards a complete legislative ban on smoking in all workplaces has been slow. Smoke-free bar laws have been passed in just two states/territories. Smoking will be banned in licensed venues from December 2006 in the Australian Capital Territory and from October 2007 in South Australia.

Progress has been frustrated by opposition from tobacco and hospitality groups, concerns over the economic impact of these policies, whether such laws would be supported by the community and attempts to promote alternative methods to reduce exposure to passive smoking. In fact these concerns are almost entirely without foundation.

### Tobacco Industry

The tobacco industry has fought extensively to oppose the introduction of smoke-free laws and policies, probably motivated by the reduced tobacco consumption and reduced profits that inevitably follow the introduction of smoke-free policies.<sup>20</sup>

A Philip Morris assessment of smoke-free laws found that total prohibition of smoking in the workplace strongly affects industry sales: "Smokers facing these restrictions consume 11-15% less than average and quit at a rate that is 84% higher than average. Milder workplace restrictions, such as smoking only in designated areas, have much less impact on quitting rate and very little effect on consumption."<sup>21</sup>

In a review of 26 studies on the impact of smoke-free workplaces on smoking behaviour, researchers found that a

100% smoke-free workplace reduced smoking prevalence by 4% and average daily consumption among smokers by 29% relative to workers subject to minimal or no restrictions.<sup>22</sup>

Smoke-free bars represent lost opportunities for the tobacco industry, as 70% of smokers report smoking more in bars and nightclubs. These smokers are also more likely to be under 30 years of age<sup>23</sup>. This "next generation of tobacco industry customers" is a key target for concerted tobacco industry marketing strategies in bars and nightclubs, following bans on most forms of traditional tobacco advertising<sup>24</sup>. The combination of alcohol and minimal restrictions on smoking present an ideal marketing environment for the tobacco industry.

Tobacco companies have collaborated extensively with hospitality groups in Australia and the United States to block smoke-free laws.<sup>25,26</sup> In Australia, the tobacco industry has sponsored the Australian Hotels Association (AHA), collaborated with them to lobby against smoke-free laws in Tasmania<sup>27</sup> and the Australian Capital Territory<sup>28</sup> and attempted to develop a code of practice to promote the "sensible use of tobacco products in our hotels" through ventilation and partial smoking bans. The AHA and the tobacco industry adopted this approach despite the findings of an AHA survey that the most frequently nominated complaint about hotels by Melbourne bar patrons was that these venues were too smoky and a survey by Philip Morris that identified 42.9% of respondents would go to hotels more often if they went smoke-free, while only 10.6% said they would go less often.<sup>30</sup>

### Community Support for Smoke-free Laws

Other studies have confirmed the popularity of smoke-free laws. For example, following the introduction of smoke-free restaurant legislation in Victoria in July 2001, support for the laws among smokers, rose from 53% three months before the legislation, to 76% in April 2002. The percentage of smokers who disagreed with the legislation decreased from 33% to 13% during this time<sup>31</sup>.

While the public was experiencing these new smoke-free dining laws, support for smoke-free bar laws increased from 57 per cent in 2000<sup>32</sup> to 72% in 2002<sup>33</sup>.

### The Economics of Smoke-free Laws

Given the popularity of smoke-free laws and policies it is not surprising that a comprehensive review of 97 Australian and international studies on the economic impact of smoke-free policies in the hospitality industry concluded all of the best designed studies report either no impact or a positive impact of smoke-free restaurant and bar laws on sales or employment. Those that did report a negative impact were supported by the tobacco industry.<sup>34</sup> Some of the longest-standing smoke-free laws are in California, where restaurants have been smoke-free since 1995 and bars since 1998. These smoke-free laws have been positive for business.<sup>35</sup> This accords with the views of one Philip Morris executive who said "the economic arguments often used by the industry to scare off smoking ban activity were no longer working, if indeed they ever did. These arguments simply had no credibility with the public, which isn't surprising, when you consider that our dire predictions in the past rarely came true".<sup>36</sup>

Despite this, the tobacco industry has attempted to influence the debate by claiming smoke-free environments would have a negative impact on Australian hotels and restaurants. The tobacco industry has actively collaborated with hospitality groups in Tasmania<sup>37</sup>, Victoria<sup>38</sup> and the ACT<sup>39</sup> to oppose smoke-free laws.

They have used claims that smoke-free legislation banning smoking in restaurants in Tasmania "led to a dramatic reduction in income for some hospitality operators". These statements were based on an AHA-sponsored survey conducted four weeks after the implementation of smoke-free legislation affecting restaurants and some bar areas, asking hotel operators of their impressions of sales and their views on reasons for apparent changes. There is an obvious limitation on impressions as opposed to independently collected, audited (or subject to audit) statements of sales to government authorities.<sup>40</sup>

The impact of smoke-free policies on venues with electronic gambling machines is less clear, with some suggestion that smoke-free policies in such venues may impact on heavy gamblers, forcing them to take a break from gambling.<sup>41</sup> Further studies are needed to determine if smoke-free policies in such venues lead to sustained reductions in revenue.

### Elimination

The only effective means of eliminating exposure to passive smoking is eliminating the source of the exposure – ensuring all indoor environments are smoke-free.

The Western Australian and New South Wales state governments convened taskforces to investigate passive smoking and commissioned specialists to report on the effects of ventilation. The report for NSW by Broadbent and Wesley notes that<sup>42</sup>: "Filters used in general ventilation applications are inefficient or ineffective at removing tobacco smoke particles; the gaseous phase is not filtered at all. As with all ventilation codes, standards were established on the basis of acceptable odour levels for various building occupancies. The Australian standard is not a health standard".

Ventilation does not provide an adequate solution to deal with environmental tobacco smoke. There is no practicable level of ventilation that adequately protects people from the health risks of passive smoking. In short, humans may be able to identify smoke-free boundaries, but cigarette smoke does not. The cheapest and most effective option is to ban smoking in enclosed areas.

The National Occupational Health and Safety Commission (NOHSC) states that all atmospheric contaminants in work environments capable of causing ill health should be controlled or eliminated. As early as 1990 the NOHSC resolved, due to the health risks of passive smoking, that a working environment free of tobacco smoke should be the objective for all Australian workplaces<sup>43</sup>. In November 2002, NOHSC adopted a position statement on ETS within the workplace, recommending that "ETS be eliminated from all Australian workplaces as soon as possible, as there is no safe level of exposure to ETS."<sup>44</sup> In October 2003, NOSH released a guidance note to provide information on how to ensure that no one in the workplace is exposed to environmental tobacco smoke.<sup>45</sup>

Further delays in implementing complete bans on smoking in indoor work environments are not acceptable.

Comprehensive smoke-free laws, including bars, have been passed in Norway, Sweden, Ireland, New Zealand (effective from December 2004), at least 45 Canadian municipalities<sup>46</sup> and six states in the US.

Similarly, the sky did not fall in when smoke-free laws and policies were enacted on public transport, planes, cinemas and most workplaces in Australia.

Australian governments need to act decisively to enact legislation to make all indoor workplaces smoke-free.

The substantial benefits to non-smokers and smokers alike are compelling reasons to act.

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