



## Heart Foundation

# Submission on smoke-free outdoor eating and drinking

Smoke-free outdoor eating and drinking areas are good for  
employees, customers and business

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To:

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# Heart Foundation

The Heart Foundation has been an independent charity for over 50 years and our purpose is to reduce premature death and suffering from heart, stroke and blood vessel disease in Australia. We achieve this by funding world-class research, supporting health professionals and promoting health in the community.

Smoking is a major cause of heart attack, stroke and peripheral vascular disease and is the largest single preventable cause of death in Australia, killing over 15,000 Australians a year. We promote a reduction in smoking as a leading priority in the promotion of cardiovascular health.

## Summary

The Heart Foundation welcomes the opportunity to contribute comments on the Government's Discussion Paper regarding enforcing smoke-free outdoor eating and drinking areas under S.52 of the *Tobacco Product Regulations Act 1997*.

The Heart Foundation supports this proposal to make outdoor areas, used for consuming food and drink available onsite, smoke-free. In addition:

- We seek a commitment to bring forward implementation.
- We seek a commitment for full implementation by 2016.

In fact, we support all evidence-based initiatives that work towards achieving the South Australian Strategic Plan Target: 80 Smoking: *Reduce the smoking rate to 10% of the population and halve the smoking rate of Aboriginal South Australians by 2018*. Making outdoor eating and drinking areas smoke-free will protect children and adults from the harmful effects of second-hand smoke, and from tobacco promotion.

We support

- The use of Regulation to make outdoor eating and drinking areas smoke-free
- 100% smoke-free areas where food and drink are served
- Clearly signposted smoking areas in discreet locations, where children are excluded
- All initiatives that protect the public, including workers, from second-hand smoke

We do not support

- A weak compromise that allows a percentage of outdoor areas to be smoke-free
- Smoking in any area that requires staffing
- Piecemeal or voluntary approaches – new regulation must apply to *all* eating and drinking venues.

## Evidence

Smoke-free outdoor areas will not only protect people from second-hand smoke but for children, who no longer have to witness large numbers of smokers, it will de-normalise smoking so they are less likely to start in the first place.

Smoky alfresco areas subject thousands of patrons - including children and hospitality staff in their workplaces - to repeated, unwanted doses of highly toxic, carcinogenic airborne contaminants. In the past few years beer gardens and outdoor eating areas have become the new smoking sections – unpleasant for non-smokers, and children. Families are often deterred from visiting pub gardens or dining outdoors in case those on adjacent tables light up.

There is evidence to suggest that smoking restrictions support smokers who are trying to quit as well as reduce their overall cigarette consumption. Many smokers who have tried to quit reported that a trigger to relapse was seeing someone smoking (54%) or smelling cigarette smoke (40%).<sup>2</sup>

When smoking was banned in all outdoor dining and drinking areas throughout Queensland in 2006, a review found 22 per cent of smokers had attempted to quit because of the new laws. 27% of ex-smokers reported that the new tobacco laws had helped them remain non-smokers.<sup>3</sup>

There is new evidence measuring how smoking affects air quality in outdoor locations such as alfresco cafes.<sup>4-7</sup> A study which measured cigarette smoke levels in a variety of outdoor locations showed that a person sitting near a smoker in an outdoor area could be exposed to levels of cigarette smoke similar to those of someone sitting in an indoor tavern where smoking is allowed while, in busy alfresco areas with numerous smokers present, non-smokers may be exposed to a considerable amount of second-hand smoke. A Perth study demonstrated that even in outdoor well-ventilated areas, second hand smoke levels can be high enough to be a health risk to others nearby.<sup>8</sup>

## High level of public support

There have been many national and local surveys of public opinion on smoke-free public places and workplaces. Recent surveys confirm that the vast majority prefer smoke-free policies:

- Nationally, Drug Strategy Household Survey (2007) of almost 25,000 Australians aged 12+ showed 82% support for 100% smoke-free workplaces, indoors and out.
- State-based and local surveys – such as shown in discussion paper 3.3 - consistently show similar and increasing public support for 100% smoke-free outdoor dining.

Community acceptance of outdoor smoking bans in South Australia has been demonstrated in a number of public places including:

- Adelaide Zoo
- Hindmarsh Stadium
- Adelaide Oval (smoking permitted in designated areas only)
- University of Adelaide (all buildings and facilities, all outdoor areas, including gardens, sporting grounds and car parks at the University's campuses)
- All SA Health hospital and health services grounds – including gardens and entrance ways

## Australian jurisdictions

Smokefree public dining areas are the norm in Australia. Best-practice smoke-free drinking and dining legislation is found in Tasmania and ACT; Queensland and NT ban smoking in at least staffed areas; WA makes unlicensed venues 100% smoke-free but still permits smoking in 50% of licensed venues' outdoor areas; NSW has a deadline of 2015 for smoke-free fixed-seat outdoor dining areas, but no deadline for public drinking areas. Victoria is yet to legislate for either outdoor drinking or dining areas.

We do not support fixed-seat outdoor dining area such as implemented in NSW. This would require additional expense to the venue, in order to allow patrons to continue smoking in outdoor areas.

We do not support complex requirements for the amenity of the designated smoke-free areas, such as implemented in Queensland.

## **Impact on trade and employment**

Strong worldwide evidence shows smoke-free venues both reduce exposure and benefit trade.

Numerous research studies worldwide have examined impacts of smoke-free policies on hospitality trade. In Canada and parts of the US where regulations have been in force for several years, 18 independent peer-reviewed economic studies have found smoke-free laws have a neutral to positive revenue impact. There is no independent objective evidence of any harm to dining trade or adverse impact on jobs from smoke-free policies, either in Australia or overseas. High quality studies report no impact or a positive impact of smoke-free restaurant and bar laws on sales or employment.<sup>9</sup>

84% of the SA community are non-smokers.<sup>10</sup> People are rightly concerned for their children's health - most families are deterred from outdoor dining areas by tobacco smoke and would be attracted by a smoke-free policy.<sup>11</sup> It is much more likely that venues will benefit from smoke-free operation than suffer any adverse impact.

Costs of converting to the new rules can be minimised by either going 100% smoke-free or by re-designating existing outdoor areas. These costs would be outweighed over time by improved employee health and productivity, reduced risk of health harm litigation by staff and patrons, and of fires or other damage caused by smoking materials.

Despite this, the tobacco industry may seek to mislead governments and businesses with unsupported claims of “serious unforeseen consequences” of smoke-free dining – as the industry has with other tobacco reforms such as banning retail displays or plain packaging. We have already seen that such consequences have failed to materialise. Responsible governments have resisted this scaremongering and adopted smoke-free policies.

## **Parallel cuts Tobacco/Smoking funding**

In parallel, the Heart Foundation remains very concerned and disappointed over the decision to remove \$1.3million from the promotional advertising budget, targeted to reduce the uptake and continuance of smoking. We believe this decision has the potential to significantly reverse the reducing smoking rate trend, which has been one of the major achievements of the Labor government over the previous decade.

Early evidence of the negative impact is the significant reduction in calls to the state funded Quit line, down from 800 per month prior to the budget cuts, to approximately 430 for October.

When we extrapolate the numbers who convert to cessation of smoking, we estimate approximately 2840 persons per year who are now arguably at risk of continuation of smoking! The financial consequences in terms of lost productivity and health spend for this number

quickly erodes any immediate cost savings on the bottom line of the health budget. Indeed it could be that in real dollar terms there is an increased cost to the health system and the State.

We are fearful that smoking rates will at best flatten and at worst, increase as a result of this decision, a decision which is inconsistent with the governments history in this area and is inconsistent with the recent activity in the licensing and selling to minors.

In light of the above and on the basis of efficacy, we strongly urge the government to re-examine the evidence and reinstate the funding to previous levels.

In relation to the proposed amendments to s52 of the Tobacco Products Regulation Act 1997, we appreciate that the consultation period ends this week and that you must receive the necessary findings before moving forward on this important initiative.

The above matters are important features of a health policy framework and any reduction or delay in the delivery or quality of these activities is not acceptable or responsible.

## References

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