Supplementary Submission

No 1b

INQUIRY INTO TOBACCO SMOKING IN NEW SOUTH WALES

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Theme:

Summary

Additional Submission to NSW Parliamentary Select Committee on Tobacco Smoking
April 3, 2006

SmokeFree Australia

coalition for safe clean workplaces *(see weblink: www.ashaust.org.au/SF'03)*

Liquor, Hospitality and Miscellaneous Workers' Union; Musicians' Union of Australia; Media, Entertainment and Arts Alliance; Australian Council of Trade Unions; Action on Smoking and Health Australia; The Cancer Council Australia; National Heart Foundation of Australia; Australian Council on Smoking and Health; Non-Smokers' Movement of Australia; Australian Medical Association; Asthma and Allergy Research Institute

RESPONSE TO AUSTRALIAN HOTELS ASSOCIATION

This submission is in response to comments made to the Committee on March 27, 2006 by Mr John Thorpe and Mr David Cass of the Australian Hotels Association (NSW).

The SmokeFree Australia coalition notes that the AHA has lobbied strongly for several years to delay, frustrate, weaken and undermine smokefree licensed venues laws. In the course of this campaign, the AHA has frequently put forward - to its own members, to the NSW Government, to Members of Parliament and via the media – information that is inaccurate or lacking credible substantiation. Some of the assertions made on March 27 continue this history and should not pass without comment:

AHA assertion 1: **Ventilation and other mechanical air control can "effectively" or "extremely" effectively, reduce secondhand smoke in licensed venues.**

This is a long-standing furphy, refuted by all available independent research evidence. *See "A Killer on the Loose", UK compilation of worldwide research at www.ash.org.uk/html/workplace/pdfs/killer.pdf Note section 5.1, pp. 15-16, "Why ventilation is not an adequate solution", including striking data from tests in Toronto, Canada, and Delaware, US.*

See also position paper from the American Society of Heating, Refrigeration and Air-conditioning Engineers (ASHRAE) concludes that "the only means of effectively eliminating health risk associated with indoor exposure is to ban smoking activity." www.ashaust.org.au/SF'03/files/ASHRAE0506.htm

AHA assertion 2: **60% of hotel employees are smokers.**

This is unsubstantiated and unsourced. We can find no credible evidence of it.

AHA assertion 3: **ETS is no more a health problem in licensed venues than in other workplaces.**

The AHA claims this is based on superannuation fund records – but such records would not normally contain data allowing such a claim to be made. In fact, the Repace study (2003) estimates, based on staffing levels and meticulous smoke measurement research by Prof Bernard Stewart and others, that at least 73 NSW barworkers die per year as a direct result of exposure to secondhand smoke in their workplaces – 59 of them non-smokers. This would make secondhand smoke exposure the largest single cause of workplace-related death in NSW. *See the report at www.cancercouncil.com.au/editorial.asp?pageid=1020*

AHA assertion 4: **A majority (and in some areas up to 80%) of pub patrons are smokers.**

This is unsubstantiated and we can find no credible evidence of it. All independent research studies on this issue in the last ten years have concluded smoking levels among pub patrons are only slightly higher than in the general community. For example, in November 2003 The Cancer Council NSW pointed to research indicating 77.9 per cent of regular pub-goers do not smoke, up from 57 per cent 10 years ago.

AHA assertion 5: **A majority of patrons are reacting negatively to smoke bans.**

This is unsubstantiated and is refuted by the available research evidence. *See public opinion studies at www.ashaust.org.au/SF'03/support.htm The most recent study was Stollznow, June 2005 at www.ashaust.org.au/pdfs/PfizerPoll0506.pdf - showing that a large majority of Australians want faster and tighter bans in licensed venues; that 65% feel the smoke bans are too slow, and 64% say it's "unacceptable" for up to 75%-enclosed rooms to be called "outdoor" and allow smoking. In NSW (unpublished), this figure was 73%.*

AHA assertion 6: **Smoke bans do not reduce the incidence of smoking, and they encourage smoking in other areas where children are present.**

This is refuted by the large preponderance of worldwide evidence. See studies and reports from several countries, including NSW, at www.ashaust.org.au/SF'03/effective.htm. Only one study, a recent ANU study based on US data drawn from situations not comparable with Australia (higher smoking rates, less awareness of passive impact on children), has supported the AHA claim. Typically, the AHA has given credence only to this one aberrant study.

AHA assertion 7: **Young people will resist smoking bans and possibly cause civil unrest.**

This has not happened to any significant degree anywhere in the world - acceptance and high compliance have been the rule. In opinion surveys, young people tend to support smoking restrictions more strongly than older age groups. *For example, Adelaide Advertiser (Oct 2003) – support for immediate licensed venue smoking ban highest (95%) among the 18-24 age group (general support 72%).*

AHA assertion 8: **There will be revenue losses from smoke bans and job losses of at least 10%, amounting to 40,000 lost jobs.**

We have not seen any independent source for this. Similar predictions were made by hospitality industry organisations about job losses in both New York and the Irish Republic – neither has experienced job losses. Hundreds of studies and reports worldwide, based on objective data, have established that smoking bans do not harm the hospitality trade. *See studies at www.ashaust.org.au/SF'03/economic.htm*

The tobacco industry has sought to scare proprietors with claims of lost business, working this message through hospitality organisations including the AHA. *See Dearlove study (2002) at www.tobaccoscam.ucsf.edu/pdf/9.4-DearloveHospitality.pdf*

FURTHER INFORMATION:

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