

# VicHealth Submission to the Next Steps Tobacco Reforms

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**Confidential** ✓ No

Please indicate if you are (*please delete what is not applicable*):

- ✓ A professional association or non-government organisation
- ✓ A health group or organisation
- ✓ A health or medical professional

**Additional comments included?** ✓ Yes (please attach)

## Executive Summary

As the peak health promotion authority in Victoria, and as an organisation inextricably linked to the prevention of tobacco-related disease, the Victorian Health Promotion Foundation (VicHealth) welcomes the opportunity to comment on the Victorian Government's Next Steps Tobacco Reform (2004).

As social norms regarding tobacco have adapted in recent years, the original Tobacco Act of 1987 has seen several amendments (*The Tobacco (Amendment) Act 2000*, *The Tobacco (Further Amendment) Act 2001*, and *The Tobacco (Miscellaneous Amendments) Act 2002*). VicHealth believes this reform is the opportunity to make more sustainable and comprehensive changes to the Tobacco Act. We believe the proposed changes provide too many exemptions and are responding to current issues without giving due consideration to the concerns which will likely emerge in the future.

Key issues raised in this submission are as follows:

- An *enclosed space* should be defined as one where **either** upwards or sideways air is restricted.
- Workplaces must include temporary places of work and include temporary workers, as per the Occupational Health and Safety Act (1985).workplace definition.
- High-roller rooms and TAB areas in Casinos should not be exempt from the prohibition.
- Smoke free public places should include *al fresco* dining areas; all public transport stations, stops or terminals; schools; children's playgrounds; beaches; all sporting complexes/events; underage festivals/events; as well as state and national parks.
- All forms of tobacco advertising should be banned with the exception of factual information displaying price and product information only at the point of sale.
- Retailers selling tobacco products should be licensed and governed by the Drugs, Poisons and Controlled Substances Act of 1981 (Victoria).

VicHealth believes these inclusions are needed to ensure greater compliance with a comprehensive Tobacco Act for Victoria.

## 1. VicHealth and The Tobacco Act (1987)

In 1987 the Tobacco Act was passed and the Victorian Health Promotion Foundation (VicHealth) was established. This Act set the standard for international best practice by banning outdoor tobacco advertising and using a small portion of cigarette taxes to fund anti-smoking campaigns and replace tobacco sponsorship of sport and the arts.

VicHealth became one of the major sponsors of the Victorian Smoking and Health Program (Quit), and continues to fund and support them today. The work of Quit in smoking and tobacco is strengthened through the relationship with VicHealth that ensures an on-going commitment to tobacco control through sustainable funding and knowledge sharing. VicHealth also established and provides funding for the VicHealth Centre for Tobacco Control (VCTC).

Over the past 17 years VicHealth has funded a range of tobacco control research, community based programs and sponsorships. VicHealth is represented on the Quit Steering Committee, along with the Cancer Council, Quit, VCTC, National Heart Foundation and DHS, providing leadership and strategic advice on the development of the program.

VicHealth focuses much of its health promotion efforts on improving social, economic, cultural and physical environments for better health. As such, VicHealth supports a comprehensive tobacco control legislation in Victoria to improve the health of smokers and non-smokers alike (For further detail on VicHealth, see [www.vichealth.vic.gov.au](http://www.vichealth.vic.gov.au)).

While smoking rates have declined over the last 20 years, VicHealth recognises that there is still much to do in the way of reducing environmental tobacco smoke (ETS) and challenging social norms on smoking. ETS poses a significant risk to health. As a carcinogen and risk factor for cardiovascular and respiratory diseases, the World Health Organisation (WHO) acknowledges that there is no evidence for a safe exposure level to ETS<sup>1</sup>

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<sup>1</sup> World Health Organisation 2000 Policies to reduce exposure to environmental tobacco smoke: Report on a WHO Working Group meeting, Lisbon.

## PART A – WORKPLACES AND LICENSED PREMISES ISSUES FOR DISCUSSION

### A.1. You may wish to comment on the definition of ‘enclosed’.

VicHealth supports the Victorian Government’s proposal to prohibit smoking in all enclosed workplaces and licensed premises by July 2007. Evidence suggests that voluntary arrangements are not sufficient to reduce ETS. Laws and regulations are the only way to provide protection to non-smokers<sup>2</sup>.

VicHealth considers an area to be “**enclosed**” if the **upward movement of air OR the sideways movement of air is restricted**<sup>3</sup>. This means that an enclosed area is one which:

*Has any sort of overhead covering* by any roof or awning (including permanent and temporary), such that it restricts the **upward** movement of air

OR

*Has 40% or more of its perimeter* closed in by walls or side partitions (including permanent and temporary including windows, fences, gates or plants), such that it restricts the **sideways** movement of air.

Many countries (eg New Zealand, Ireland, Norway, as well as parts of Canada and the US) have all instituted legislation banning smoking in pubs, restaurants, bars and nightclubs<sup>4</sup>. Experiences of these countries should be sought to help in defining “enclosed areas” and to assist in planning and implementing the reform.

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<sup>2</sup> World Health Organisation 2000 *Policies to reduce exposure to environmental tobacco smoke: Report on a WHO Working Group meeting*, Lisbon.

<sup>3</sup> QUIT 2004 *Response to the Victorian Government's Next Steps Tobacco Reform*

<sup>4</sup> The Cancer Council Victoria 2004 *A Summary of Australian and International Legislation on smoking in Public Places* [www.cancervic.org.au](http://www.cancervic.org.au)

**A.2. You may wish to comment on whether you think the definition of ‘enclosed’ should include workplaces and licensed premises that are enclosed by tents, awnings, marquees and other similar materials that are not solid structures.**

Yes. There is no scientific basis for exempting temporary, non-solid structures. These enclosures still restrict air flow upwards and sideways, thereby exposing people to the risks associated with ETS. The prohibition should apply to tents, marquees, awnings, perspex partitions, and roll-down plastic walls. If an area is only temporarily enclosed or covered, signs can easily be displayed or removed as appropriate. This will have implications for courtyards, beer gardens, and balconies. For example, stadium balconies with overhead coverage would be designated as smoke-free areas, due to the restriction of upwards airflow. A balcony with no overhead coverage and glass non-permeable surrounds would also be deemed a smoke free zone.

It is important that the legislation is **consistently** applied to all solid and non-solid structures.

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**A.3. You may wish to comment on whether you think that a workplace should include places where work is undertaken on a voluntary basis.**

Yes. The ban should apply to all enclosed workplaces to ensure protection for all workers; be they voluntary or paid employees. There is no scientific basis for exempting voluntary staff. They are exposed to ETS in the same ways as paid staff. Australians are volunteering more of their time than they did five years ago, with over a third of adults volunteering at least once a year<sup>5</sup>. It would be nonsensical to exclude volunteering from this legislation, potentially discouraging future volunteers. Volunteering Australia is working to “*ensure that volunteers have legal status and are afforded protection through every piece of legislation and public policy that affects them and their work*”<sup>6</sup>.

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**A.4. You may wish to comment on whether you think that a workplace should include temporary workplaces.**

VicHealth sees no reason to exclude temporary workplaces from the prohibition. Some workers may exclusively work in temporary workplaces, such as building sites. In line with the Victorian Occupational Health and Safety Act (1985)<sup>7</sup>, **workplace** for these purposes should be defined as “*any place, whether or not in a building or structure, where employees or self-employed persons work*”.

VicHealth acknowledges **two exceptions** to this workplace definition. These include:

- Persons working in their own private home in circumstances where no person comes into that home for work-related purposes.
- Persons working in a vehicle in circumstances where no other person is in that vehicle for work-related purposes.

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<sup>5</sup> Volunteering Australia. *Snapshot 2004: Volunteering Report Card* [www.volunteeringaustralia.org](http://www.volunteeringaustralia.org)

<sup>6</sup> Volunteering Australia. *Snapshot 2004: Volunteering Report Card* [www.volunteeringaustralia.org](http://www.volunteeringaustralia.org)

<sup>7</sup> Victorian WorkCover Authority *Victorian Occupational Health and Safety Act* (1985) [www.workcover.vic.gov.au](http://www.workcover.vic.gov.au)

A.5. You may wish to comment on what areas you consider to be a person's private living space, which you think should not fall within the definition of a workplace. Some possible examples are outlined below.

- **Domestic/residential premises** – except for areas of these premises where a business operates and where non-residents are present (for example home offices).
- **Multi-unit residential accommodation** – except for the common areas of the accommodation such as hallways and dining rooms (for example serviced apartments).
- **Personal living areas such as bedrooms and private bathrooms of:**
  - **Places providing accommodation for a fee (for example a motel);**
  - **Residential care facility (for example nursing homes);**
  - **Detention centres; or**
  - **Prisons.**

### **Residential Facilities**

Personal living areas of nursing homes, detention centres, rehabilitation units, prisons and multi-unit accommodation should each be considered as workplaces for the purposes of the proposed reforms. Staff working in these facilities require the same protection from ETS as staff working in non-residential workplaces.

There are two exceptions that VicHealth considers appropriate for this prohibition:

- where the personal living area is deemed to be an **enclosed** space where staff, carers or other residents are not exposed to ETS during their daily routines.
- palliative care residents wishing to smoke should be allowed to do so, in a non-enclosed area, where staff and other residents are not exposed to ETS.

It is recognised that prisons may pose a difficult setting to implement proposed reforms due to the high rate of smoking amongst inmates.<sup>8</sup> However, smoking restrictions have been successfully implemented in US correctional facilities, alongside cessation programmes<sup>9</sup>. Of 51 prison systems instituting smoking restrictions, only two reported increased violence, while only 20% reported increased inmate to inmate tensions.

VicHealth believes that staff at correctional centres require the same protection from ETS as employees at other workplaces. Again there are potential liability issues that threaten future governments if staff and non-smoking inmates are not fully protected.

It is acknowledged that prisons will require a staged approach to implementation, coupled with additional cessation services to facilitate quitting. It will require consultation with relevant stakeholders to enable a more detailed analysis of the issues and to enable appropriate planning of strategies.

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<sup>8</sup> Quit Victoria 2001 *Submission to the Victorian Health Promotion Foundation*, VicHealth

<sup>9</sup> Patrick and Marsh, Current tobacco policies in US adult male prisons, *Soc Sci J*, 2001: 38: 27-37

## Further Comments:

### A comprehensive and sustainable legislation

Victoria needs to adopt a comprehensive and sustainable approach to tobacco reform in workplaces. The current *Tobacco Act* has had numerous amendments<sup>10-11</sup> in recent years and a comprehensive approach will avoid further reviews in upcoming years. The proposed reforms are tackling current issues, but are not addressing potential emerging issues (eg future outdoor air quality when smokers are smoking in relatively confined outside areas). VicHealth believes the proposed reforms provide exemptions that weaken the overall intent of the proposed legislation. Exemptions should be avoided to maximise compliance and general acceptance, and to minimise confusion.

### A consistent national approach

VicHealth believes a clear, unambiguous definition of “**enclosed**” areas is required. This will avoid confusion for the general public and facilitate acceptance. It is VicHealth’s view that Victoria should adopt a definition in keeping (where possible) with other states to enable a consistent approach throughout Australia. This will allow for ease of implementation for “chain” establishments that may have premises located in various states, as well as establish greater momentum for new social norms.

### Outdoor air quality

Studies have shown that outdoor air concentrations of nicotine are directly related to the available space and number of smokers. One study has shown that concentrations of Environmental Tobacco Smoke (ETS) *can* be as high in outdoor areas, as it is in homes where one person smokes<sup>12</sup>. The concentration of outdoor ETS will be likely to increase when the proposed changes are implemented, and will require close monitoring in the future.

### Smoke drift

Smoke drift from outdoor areas can render indoor smoke-free areas ineffective if the indoor and outdoor areas are adjoined with temporary barriers such as large windows and sliding or french doors that can be opened to join the two areas. In such cases, smoking should be permitted only beyond a “minimum distance” from entrances, windows, and doors.

### No exemptions for Casino High Roller Rooms, TAB areas

VicHealth believes there is no reason to exempt high roller rooms from the proposed legislative changes. Under the Occupational Health and Safety Act (1985 –Vic) “elitist” high-roller rooms should be treated no differently to any other workplace<sup>13</sup>, and employees should be respected with the same entitlements to a safe and healthy workplace. Queensland has proposed removal of this exemption and the Victorian government risks being seen by the public as overly influenced by the gambling industry, as well as risking future litigation claims. VicHealth is concerned about the omission of TAB areas of the casino from the proposed reforms and would like to reiterate that there is no reason for staff and patrons in these areas to be exposed to the detrimental affects of ETS.

### AI fresco dining

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<sup>10</sup> Victorian Department for Human Services *The Tobacco (Amendment) Act 2000*, [www.health.vic.gov.au](http://www.health.vic.gov.au)

<sup>11</sup> Victorian Department for Human Services *The Tobacco (Miscellaneous Amendments) Act 2002* [www.health.vic.gov.au](http://www.health.vic.gov.au)

<sup>12</sup> California Environment Protection Agency Air Resources Board- Proposed identification of Environmental Tobacco Smoke as a Toxic Air Contaminant 2004 [www.calepa.ca.gov](http://www.calepa.ca.gov)

<sup>13</sup> Victorian WorkCover Authority *Victorian Occupational Health and Safety Act* (1985) [www.workcover.vic.gov.au](http://www.workcover.vic.gov.au)

VicHealth is concerned that the proposed reforms are not addressing *al fresco* dining. With smoking banned from indoor eating areas, there is a higher concentration of ETS in *al fresco* dining areas. This is particularly of concern for non-smoking customers, diners with respiratory issues and for staff who are regularly working in these areas. Smokers have adapted to previous changes to indoor dining, and will continue to adapt if *al fresco* dining is prohibited.

Queensland's review of the *Tobacco and Other Smoking Products Act 1998*<sup>14</sup> stipulates a proposed ban of smoking in *al fresco* dining areas. This is supported by many groups with several restaurants already implementing smoke-free *al fresco* dining<sup>15</sup>. Queensland's approach is sensible and comprehensive. VicHealth strongly urges Victoria to keep up with Queensland and adopt a consistent smoke-free approach for dining – inside and out.

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<sup>14</sup> Queensland Department of Health 1998 The *Tobacco and Other Smoking Products Act 1998* (Queensland) [www.legislation.qld.gov.au](http://www.legislation.qld.gov.au)

<sup>15</sup> Heart Foundation 2004 *Submission Queensland Government Discussion Paper Response: Tobacco and Other Smoking Products Act 1998* [www.heartfoundation.com.au](http://www.heartfoundation.com.au)



## PART B – TRAIN STATIONS ISSUES FOR DISCUSSION

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### **B.1 The Victorian Government is proposing to prohibit smoking in covered areas of train station platforms, do you have any comments regarding this proposal?**

VicHealth agrees with the proposed reform to ban smoking in covered areas of train platforms, but believes a more comprehensive approach should be taken. The ban should apply to all areas of train stations, and should additionally apply to other public transport stops/stations including tram stops, bus stops, park 'n' ride facilities, taxi ranks and ferry terminals. This is based on the premise that:

- Whilst waiting for any form of public transport (not just trains), people are required to queue in groups or crowds, often on a regular basis, thus repeatedly exposing them to ETS.
- Public Transport stations/stops are used as a place for experimentation by young people and an opportunity to witness “repeated” smoking patterns. Smoke-free stations will protect young people from this exposure and limit opportunities for peer-group smoking<sup>16</sup>.

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<sup>16</sup> Winstanley M, Woodward S, Walker N. *Tobacco in Australia: Facts and Issues*. Melbourne: Victorian Smoking and Health Program, 1995.

## **PART C – PREVENTING YOUTH SMOKING, UNDERAGE 'MUSIC/DANCE' EVENTS ISSUES FOR DISCUSSION**

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**C.1. You may wish to comment on how you think an 'underage music/dance event' should be defined. A possible example is a music/dance event that is 'specifically marketed' at people under 18 years of age.**

VicHealth supports the prohibition of smoking at events specifically marketed towards people under 18 years.

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**C.2. You may wish to comment on what you think should be considered to be a 'music/dance' event.**

The prohibition should not be limited to underage music or dance events. It should include any event specifically marketed towards young people such as sporting events, arts festivals, theatre, fund-raising events, community festivals & celebrations, fashion shows or other product promotions/launches.

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**C.3. It is proposed that a smoking ban at underage 'music/dance' events will apply to outdoor events and outdoor areas. You may wish to make comments about this aspect including any implications resulting from this.**

The prohibition should apply to both indoor and outdoor events. The reasons for this are two-fold. When there are large crowds gathered, airflow is restricted upwards and sideways, thus exposing people to ETS. Secondly, it ensures a consistent anti-smoking message is conveyed to young people and further reduces opportunity for experimentation<sup>17</sup>.

**Do you have further comments about the proposed smoking ban at underage music/dance events? (Please enter your comments here)**

Sale of tobacco products and all tobacco promotion should be prohibited at these events.

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<sup>17</sup> Winstanley M, Woodward S, Walker N. *Tobacco in Australia: Facts and Issues*. Melbourne: Victorian Smoking and Health Program, 1995.

## PART D – PREVENTING YOUTH SMOKING, TOBACCO ADVERTISING AND MARKETING

### D.1. You may wish to make comments about what type of advertising ‘buzz marketing’ should capture.

Currently, “buzz” marketing occurs in forms such as staged conversations at parties, commissioned street graffiti, websites, and video programs. Buzz marketing has developed in response to previous legislative restrictions, which over the last decade has banned mainstream approaches to advertising. The term may change and the strategies may evolve as the tobacco industry adapts to new technologies and opportunities. Unless a comprehensive prohibition on all tobacco advertising and promotion is in place, tobacco companies will continue to find loopholes to redirect their advertising efforts.<sup>18</sup> A British American Tobacco document (1987) demonstrates the adaptability of the industry:

*“Advertising is the lifeblood of successful cigarette marketing” and that merchandising and promotions, sponsorship and trademark diversification “all contribute to brand image and therefore should consistently project the same image...the role and importance of these ‘other’ media is growing as advertising restrictions increase.”<sup>19</sup>*

VicHealth believes the reform should prohibit **ALL** tobacco product advertising except for factual information on product price and description (permitted only at retail outlets where products are sold). In particular, free give-aways (cigarette and non-cigarette) should be prohibited. The US Federal Trade Commission Cigarette Report for 2002 (issued 2004) highlights the extent to which Tobacco Companies utilise this strategy:

*“The [cigarette] companies spent \$1.06 billion in 2002 on retail value added involving free cigarettes, accounting for 8.5 percent of all advertising and promotion expenditures. They also spent \$24.7 million on retail value added involving free non-cigarette items<sup>20</sup>”.*

Victoria should be consistent with that of the Commonwealth’s *Tobacco Advertising Prohibition Act (1992)*<sup>21</sup>. Tobacco advertising should define material that gives “publicity to, or otherwise promotes smoking” as per the Commonwealth Act. It should prohibit the use of:

- Colours and colour schemes
- Audible messages (as in section 9(1)(a) of Commonwealth Act)
- Communication of any type, any image or any message

As an overarching legislation, it needs to be broad enough to apply to new emerging advertising and marketing methods.

The Victorian Act should also remove the exemption of “non-branded tobacco advertising at point of sale”. In addition, the definition of tobacco products needs to be broadened to include cigarette papers, as per the Commonwealth Act.

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<sup>18</sup> M Assunta and S Chapman The tobacco industry’s accounts of refining indirect tobacco advertising in Malaysia *Tobacco Control* 2004; 13 (Suppl 2): ii63-ii70.

<sup>19</sup> Speakman J, Cigarette advertising: “Getting the message across” 25 September 1987. British American Tobacco. Bates No.301621741/1754. [http://tobaccodocuments.org/health\\_canada/R2458\\_0.pdf](http://tobaccodocuments.org/health_canada/R2458_0.pdf) in Assunta, Chapman 2004 ii 64

<sup>20</sup> The US Federal Trade Commission Cigarette Report For 2002 Issued 2004 <http://www.ftc.gov/reports/cigarette/041022cigaretterpt.pdf>

<sup>21</sup> Australian Government Department of Health and Ageing *Commonwealth’s Tobacco Advertising Prohibition Act (1992)* [www.health.gov.au](http://www.health.gov.au)

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**Do you have further comments about the proposals to ban non-branded tobacco advertising and buzz marketing?**

VicHealth is concerned about the positioning of cigarettes in retail outlets. In most cases cigarettes occupy the most valued position in the store: behind the cash register or sales point. This maximises their accessibility and profile. They are often located near confectionery items, providing a false sense of their potential danger. VicHealth believes the legislation should impose restrictions on the location of tobacco products within stores, such that they are out of sight to the customer. QUIT phone line signage should be displayed at all retailers licensed\* (see part E.1) to sell cigarettes.

It is also of concern to VicHealth that sales people under the age of 18 often have the responsibility of selling cigarettes. VicHealth urges the government to consider this issue further when considering the sale of cigarettes to minors.

# **PART E – PREVENTING YOUTH SMOKING, CIGARETTE SALES TO MINORS**

## **ISSUES FOR DISCUSSION**

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**E.1. The Victorian Government is proposing stronger laws to enforce the ban on cigarette sales to minors. Do you have any comments regarding these proposals?**

### **A Licence to Sell Cigarettes**

Enforcing the ban on cigarette sales to minors has proven to be difficult with the current system, and will continue to be so, unless tobacco sales are licensed. In the same way that alcohol retailers are licensed, tobacco retailers require licensing.

There is adequate evidence to argue that the nicotine in tobacco is an addictive drug<sup>22</sup> warranting governance under the *Drugs, Poisons and Controlled Substances Act* of 1981 (Victoria)<sup>23</sup>. This act includes prescription medicines, household and industrial chemicals as well as drugs of addiction. Under this Act, the Department of Human Services issues licences which limit the manufacture, distribution and use of drugs and poisons to those people who are properly trained and equipped. It also ensures that labelling and packaging of drugs and poisons meets standards intended to protect the public from harm.

Licensing provides a structured mechanism for increasing retailers' compliance with legislation, it facilitates the monitoring process and reinforces that tobacco is a serious product requiring due diligence and care in its handling and sales.

### **Defining "Due Diligence"**

If a staff member of a licensed premise sells cigarettes to minors, a manager's only defence is if he or she has shown "due diligence" in training that staff member. For the purposes of the legislation, "due diligence" requires a clear definition. In order to demonstrate "due diligence", a manager must have evidence of information provided to the staff member and a signed declaration from that staff member accepting their roles and responsibilities. Penalties will apply to retailers in breach of the legislation.

### **Vending Machines**

Cigarette vending machines should be banned without exception in all licensed premises. Their sales cannot be monitored and they act as a form of tobacco advertising. The suggestion of displaying machines within the line of sight of a bar will not ensure controlled access to cigarettes and provides an inconsistent message to patrons. Cigarettes should only be sold behind the counter where Photo ID can be assessed by staff.

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<sup>22</sup> Royal College of Physicians *Nicotine Addiction in Britain. A report of the Tobacco Advisory Group of the Royal College of Physicians*, February 2000.

<sup>23</sup> Department of Human Services 1981 *Drugs, Poisons and Controlled Substances Act 1981* Drugs, [www.dms.dpc.vic.gov.au](http://www.dms.dpc.vic.gov.au)

## Further Comments

### Smoke-Free Schools

The Victorian Government has had guidelines recommending smoke-free schools<sup>24</sup> and school grounds for several years and recognises the important role schools have to play in modelling healthy behaviours. However, schools have experienced difficulty in gaining whole-of-school commitment when adopting smoke-free environments because these guidelines aren't enforceable legislation. Schools should be highlighted as a smoke-free workplace in the proposed reform.

VicHealth would encourage the Department of Human Services to work with Department of Employment, Education and Training, as well as the Catholic and Private Education Sector to enforce smoke-free legislation in schools. This is particularly important in secondary schools because of adolescent behaviour and the predisposition towards risk-taking behaviour.

### Children's playgrounds

Smoking behaviour around children normalises their perception of smoking activity.<sup>25</sup> Children's play areas should be a designated smoke-free area. A suitable radius (of no less than 5 metres) from the centre of the play area should form the designated smoke-free zone. NSW has already seen several councils implement smoke-free play areas. Signage has been put in place to inform people and a fine is imposed for breach<sup>26</sup>.

### Beaches

VicHealth supports the prohibition of smoking in all outdoor public spaces where large groups of people gather. Smoking on beaches is problematic for several reasons. Environmental tobacco smoke in open spaces can cause discomfort for those people with respiratory problems (whether in an enclosed space or not). Secondly, beaches are places where families with young children often visit; and as such, should be deemed a smoke-free public place. Thirdly, cigarette butts are a major contributor to environmental damage on beaches<sup>27</sup>.

Smoke-free beaches have already been introduced in a number of local council areas throughout Sydney, NSW<sup>28</sup>.

### Any sporting centre or event

Sporting events and centres are public places where people gather in close proximity. Sport and recreation centres, swimming centres, and major sporting events should all be smoke free as mandated through legislation, not self-regulation.

### National and State Forest Parks

VicHealth believes that State and National Parks should also be included in the proposed reforms. These parks serve to protect native flora and fauna and as such should be smoke-free. Smoking poses a bushfire hazard in these parks, as well as contributes to unnecessary litter. In addition, State and National Parks are also places where people seek out "clean air" and the presence of ETS undermine this.

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<sup>24</sup> State of Victoria (Department of Education & Training) 2002 *Smoke-free Schools, Tobacco Prevention and Management Guidelines for Victorian Schools* [www.sofweb.vic.edu.au](http://www.sofweb.vic.edu.au)

<sup>25</sup> Department of Health And Social Services Northern Ireland 1998 *Report of the Scientific Committee on Tobacco and Health Part Four: Smoking and Young People*

<sup>26</sup> Heart Foundation 2004 *Submission Queensland Government Discussion Paper Response: Tobacco and Other Smoking Products Act 1998* [www.heartfoundation.com.au](http://www.heartfoundation.com.au)

<sup>27</sup> Victorian Litter Action Alliance 2002 Cigarette Butt Litter Prevention Kit [www.litter.vic.gov.au](http://www.litter.vic.gov.au)

<sup>28</sup> Heart Foundation 2004 *Submission Queensland Government Discussion Paper Response: Tobacco and Other Smoking Products Act 1998* [www.heartfoundation.com.au](http://www.heartfoundation.com.au)