

# Be Smoke Free Townsville

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## 1. Introduction

### 1.1 Project Title

# Be Smoke Free Townsville

### 1.2 Aim

To decrease exposure to environmental tobacco smoke (EST) in the community through the recognition and encouragement of local businesses, workplaces and organisations to become 100% smoke free.

### 1.3 Principles

- People have the right to participate in the life of the community without the risks to their health from exposure to ETS
- A non-smoking environment is a healthier environment

### 1.4 Objectives

- Recognition of smoke free initiatives developed and implemented by local businesses, workplaces and organisations
- Increase community awareness about the benefits of smoke free environments (through partnerships with media organisations)
- Increase the number of smoke free local businesses, workplaces and organisations

### 1.5 Setting

Townsville is a vibrant city with a regional population of approximately 146,000. Townsville is located approximately 1500 km north of Brisbane (Queensland's capital city) by road, or one and a half hours by air travel (Townsville City Council 2005a).

Townsville provides the northern link for State and Federal Governments, as well as for private enterprise in primary and secondary industries, mining, commerce, retail, and community and cultural services. Townsville boasts around 320 days of sunshine a year with average temperatures of 31 degrees in summer and 25 degrees in winter (Bureau of Meteorology 2005).

Widely regarded as the capital of North Queensland it is ideally placed as a base for exploration of the wonders of the Great Barrier Reef or the relaxed and picturesque Magnetic Island. Townsville is a haven for tourist with 1,052,550 people visiting the region last year. 88% of these (922,000) were domestic and 12% (130,550) were international visitors (Tourism Queensland 2004).

In the Townsville region there are approximately 11,000 businesses with the majority of these being; agriculture, forestry and fishing (22%), retail (15.7%), property and business (10.4%), construction (10.1%) and wholesale trade (6.4%) (Office of Economic and Statistical Research 2004).

In 2001 there were approximately 90,000 people employed in the region with the majority being in; retail trade (14.9%), health and community services (9.6%), government administration and defence (9.5%) and manufacturing (9.1%) (Office of Economic and Statistical Research 2004).



## 2. Background/context

### 2.1 Smoking Prevalence

#### 2.1.1 National

17.4% or almost 3 million Australians smoke daily with a further 530,000 weekly or less than weekly smokers. In Australia there are more male (18.6%) daily smokers than female (16.3%) daily smokers (Australian Institute of Health and Welfare 2005).

The greatest rate of daily smoking occurs in the Northern Territory (27.3%) followed by Tasmania (21.5%) and Queensland (19.8%). Western Australian has the lowest rate of daily smoking at 15.5% (Australian Institute of Health and Welfare 2005).

The rate of daily smokers in Australia has been decreasing since 1993 (25%). In the last three years Australia's daily smoking rate has decreased by 2.1% (Australian Institute of Health and Welfare 2005).

### **2.1.2 State**

19.8% or 620,000 Queenslanders smoke daily (Australian Institute of Health and Welfare 2005). Queensland smokers follow national trends with more male (21.5%) daily smokers than female daily smokers (18.1%) (Australian Institute of Health and Welfare 2005).

In the last three years Queensland's daily smoking rate has decreased from 21.1% to 19.8% with a decrease of 1.3% not matched by the national decrease of 2.1% (Australian Institute of Health and Welfare 2005).

The Queensland Cancer Fund suggest that the rising calls to the Quit Line number since the start of the new tobacco laws at the beginning of 2005 suggest the trend in smoking rates is likely to accelerate as each new phase of the laws is implemented (2005 Queensland Cancer Fund).

### **2.1.3 Local**

A recent study in Townsville by Devine (2005) found 14% of respondents were smokers and the median number of cigarettes smoked per day was 15. 33.5% of respondents reported being non smokers (Devine 2005). This study was designed to establish baseline data of physical activity in Townsville and respondents may not be representative of the Townsville population.

If Townsville followed the state trend it is estimated that 19,389 residents would be daily smokers (based on total population of 97,923 (Australian Bureau of Statistics 2004 ) and Queensland daily smoking rates of 19.8% (Australian Institute of Health and Welfare 2005).

However, the Townsville region has a higher percentage of Aboriginal and Torres Strait Islander people (5.1%) which is higher than for Queensland (3.1%) and Australia as a whole (2.2%) (King 2003).

Recent studies indicate that smoking is more common among Indigenous people than among non-indigenous people (Australian Bureau of Statistics 1994)(Queensland Health 2004). The 1994 National Aboriginal and Torres Strait Islander Survey estimated 56% of Indigenous males and 48% Indigenous females smoke (Australian Bureau of Statistics 1994). In 2002, about half 49% of Australia's indigenous population aged 15 years or over smoked on a daily basis (Australian Bureau of Statistics 2005).

The Townsville region also has a higher percentage of young people (aged between 20 and 29 years)(8.25%) than Australia (6.8%) and Queensland (6.8%) (King 2003). The majority of daily smokers in Australia (23.5%) and Queensland (30%) also fall into this age category (Australian Institute of Health and Welfare 2005).

This data suggests that due to the Indigenous population and higher percentage of young people the Townsville region would have a higher percentage of daily smokers than the Queensland rate of 19.8%.

## **2.2 Health Impacts of Tobacco Smoking**

Tobacco smoking is the risk factor causing the greatest burden of disease in Australia; it is responsible for about 12% of the total burden of disease in males and 7% in females (Mathers et al. 1999).

Smoking increases the risk of lung cancer, cardiovascular disease, chronic obstructive pulmonary disease and several other conditions (Queensland Health 2003). The largest number of tobacco related deaths are caused by cancer (including lung cancer, oesophageal cancer, oropharyngeal cancer, bladder cancer and pancreatic cancer), followed by ischaemic heart disease and chronic obstructive pulmonary disease, stroke, atherosclerosis and pneumonia (Ridolfo and Stevenson 2001).

In addition to the crippling effects of chronic obstructive lung disease and stroke, disabilities exacerbated by smoking include reduced mobility from arthritis, vision and hearing loss, loss of fertility and impotence (Department of Health and Ageing 2005).

Long term smokers suffer more disease and disability before they die at younger ages, the life expectancy of a heavy smoker is a little more than seven years shorter than that of a never smoker (Brønnum-Hansen and Juel 2001). On average smokers suffer reduced quality of life for a greater number of years than non smokers (Brønnum-Hansen and Juel 2001)(Doll et al. 2004).

Quitting smoking leads to a marked and rapid fall in the risk of heart, stroke and vascular disease. The risk of a coronary event or stroke among former smokers has been reported to approach that of people who have never smoked within two to five years of quitting (Queensland Health 2004). Stopping smoking earlier is associated with greater benefit (Doll et al. 2004).

### **2.2.1 Environmental Tobacco Smoke (ETS)**

Environmental tobacco smoke (ETS) consists of exhaled mainstream and side stream smoke (Ridolfo and Stevenson 2001). ETS causes disease in non smokers, it contains all the same toxic components as mainstream tobacco smoke, in somewhat different relative amounts (World Health Organization 2002). Studies demonstrate that tobacco specific carcinogens can be found in the blood and urine of non-smokers exposed to ETS (Hackshaw et al. 1997).

ETS causes lower respiratory illness in children and lung cancer in adults and contributes to asthma in children (National Health and Medical Research Council 1997). ETS may also cause coronary heart disease in adults (National Health and Medical Research Council 1997). Pregnant mothers who smoke are likely to impose adverse health effects on their unborn children for example through low birth weights or sudden infant death syndrome (Collins and Lapsley 2002)(Ridolfo and Stevenson 2001).

### **2.2.2 Death, Illness and Hospitalisations**

In 1998 an estimated 19,019 people died in Australia as a result of tobacco smoking, including 48 men and 80 women who died due to ETS (Ridolfo and Stevenson 2001).

There were 142,525 hospital separations (1,968 due to ETS) and 940,444 hospital patient days (7,116 due to ETS) in Australia for the same period (Ridolfo and Stevenson 2001).

It is estimated that ETS contributes to the symptoms of asthma in 46,500 Australian children each year and causes lower respiratory illness in 16,300 Australian children (National Health and Medical Research Council 1997). ETS also causes around 12 new cases of lung cancer each year in adult Australians and may also cause 77 deaths a year due to coronary heart disease (National Health and Medical Research Council 1997).

In 2001 an estimated 3,377 people died in Queensland as a result of tobacco smoking (Queensland Health 2003). This represents 19% of all male deaths and 10% of all female deaths in Queensland (Queensland Health 2003).

During the 2001/2002 financial year it was estimated that 30,246 hospital separations in Queensland were caused by smoking. This represents 3.6% and 1.6% of all hospitalisations for males and females respectively (Queensland Health 2003).

### **2.3 Economic Cost of Tobacco Smoking**

Tobacco use accounts for more than 60% of the total estimated economic costs associated with illicit and licit drug use in Australia (Collins and Lapsley 2002). The estimated economic cost of tobacco use to the Australian community is \$21 billion per year (Collins and Lapsley 2002).

Tobacco smoking contributes to significant illness and disease, injury, workplace concerns, fire and property damage, violence, crime, breakdowns in families and relationships, utilises hospital, emergency, nursing home, pharmaceutical and medical resources and is a contributor to poverty (Collins and Lapsley 1996)(Collins and Lapsley 2002)(Department of Health and Ageing 2005).

The gross cost in Australia of treating the proportion of major diseases attributable to smoking is estimated to have totalled \$2.25 billion in 1998-99 (Collins and Lapsley 2002). In 2001/02 it was estimated that 168,115 hospital bed days in Queensland were directly attributed to smoking related conditions, at a cost of \$137.8 million (Queensland Health 2003).

#### **2.3.1 Cost to Business**

The total smoking related financial burden on the Queensland community is estimated at \$2.2 billion annually, this includes health care costs, loss of productivity through sickness and absenteeism and the impact of premature death (Queensland Health 2003).

Smoking reduces the productivity of the paid workforce through absenteeism. Smokers who become ill may require significant time off work for medical treatment. Tobacco related illnesses also reduce productivity on the job. The total cost to Australian business in 1998-99 from production losses in the paid workforce due to tobacco use was estimated over \$2 billion (Collins and Lapsley 2002). Smoking related absenteeism is estimated to be costing Australian businesses more than \$1.5 billion per annum (Collins

and Lapsley 2002).

Recent media articles reference a study completed by recruitment firm Talent2. The study of 1100 Australian workers revealed 71% believe smokers should make up the time spent on smoking breaks and believed it was unprofessional to smoke at work, blue collar workers were more likely to take smoke breaks with 67% taking between three and four breaks a day (Sunday Mail - Queensland 2005) (National Nine News 2005).

### **2.3.2 Economic Benefit of Tobacco Control**

Economists have valued the savings associated with avoided deaths and related declines in illness and disability due to reduced tobacco use in Australia over the last thirty years at \$86 billion. They estimate that \$2 has been saved on health care for every \$1 spent on tobacco control programs to date. This economic benefit exceeds expenditure by at least 50 to 1, demonstrating every cent spent on tobacco control is more than returned in savings on health care costs (Department of Health and Ageing 2005).

There is much evidence supporting that smoke free policies have no negative economic impact. A review of approximately 100 studies from Canada, United Kingdom, United States, Australia, New Zealand, South Africa, Spain and Hong Kong, failed to find a negative impact on bar and restaurant business (Smoke Free Europe partnership 2005).

There may in be further positive economic benefits of smoke free policies in employment and tourism.

In New York after legislation came into place banning smoking in all workplaces, business receipts from restaurants and bars increased by 8.7% and employment rose with 10,600 new jobs (Smoke Free Europe partnership 2005).

In Ireland a smoking ban in all indoor public places occurred in March 2004. The number of employees in the hospitality sector at the end of 2004 exceeded those employed in 2002 by 0.6%. Ireland also experienced a 3.2% increase in visitors in 2004 when compared to 2003 (Smoke Free Europe partnership 2005).

## **2.4 Supportive Environments**

### **2.4.1 Workplaces**

#### **Prevalence of Restrictions and Exposure to ETS**

Around one quarter of workers still report that only partial or no restrictions apply to smoking in their workplace and 34% of people report exposure to tobacco smoke where they work (Letcher and Borland 2003).

Many Queenslanders work in areas where smoking is not restricted. 15% of workers are confined to premises where smoking is allowed anywhere anytime, and a further 22% work in areas where smoking is only partially restricted (Queensland Health 1993 in Queensland Health 2000).

It has been found that smoking restriction varied across different indoor workplace types. Schools, open plan offices and shop/supermarket workers reported the highest proportion of workplaces with total smoking bans, while hotel, club gaming venue and bar workers experienced the lowest levels of total smoking bans in 2003 (Germain and Findley 2004).

Indoor workers were more likely than workers in other environments to be protected by a total smoking ban, while outdoor workers were the least likely to be protected by total bans (Germain and Findley 2004) (Letcher and Borland 2003).

It is also believed that small businesses are less likely to have smoking bans however reliable data in this area is lacking (VicHealth 2002).

### **Policy Support**

82.3 % of Australians and 79.7% of Queenslanders support banning smoking in the workplace (Australian Institute of Health and Welfare 2005).

Findings of research on attitudes towards workplace smoking bans is that people become more accepting of them once they are introduced and that total smoking bans seem to become an accepted part of the work environment following their implementation (VicHealth 2002).

Studies have found that workplaces with total smoking bans have a high level of compliance with no workers in these settings indicating exposure to ETS at work (Cameron et al. 2003).

### **Evidence of Effectiveness**

The introduction of restrictions on smoking at work undoubtedly leads to lower cigarette consumptions during the working day, so reducing the health hazards of ETS (Reid et al. 1992). Restrictions on smoking at work may reinforce the effects of other interventions and help to establish non smoking at the social norm in the long term (Reid et al. 1992). Total smoking bans in workplaces may stimulate regular smokers to quit, smokers may feel more pressure to quit if there is limited opportunity to smoke, or if the environment is not conducive to smoking. This is supported by previous research examining change in smoking behaviour following workplace smoking bans (Borland et al. 1991)(Brownson et al. 2002).

Workplace smoking restrictions are associated with higher rates of cessation attempts, lower rates of relapse in smokers who attempt to quit and higher rates of light smoking among daily smokers (Farkas et al. 1999) and reduced exposure to ETS.

Smoke free policies reduce the prevalence and intensity of smoking (Farrelly et al. 1999). These policies have been found to be an effective tool for reducing smoking among a cross section of populations including ethnic/racial minorities, less educated people and across various industries (Farrelly et al. 1999).

Totally smoke free workplaces have about twice the effect on consumption and prevalence as policies that allowed smoking in some areas (Fichtenberg and Glantz 2002) (Farrelly et al. 1999). Smoke free workplaces reduce prevalence of smoking as well as consumption which reduces total cigarette consumption by 29% (Fichtenberg

and Glantz 2002).

Workplace bans on smoking have led to smokers leaving the workplace to smoke. One study in Victoria and South Australia found that smokers reported consuming on average of over five cigarettes per day during work breaks and 39% reported leaving work outside formal work breaks (VicHealth 2002).

## **2.4.2 Hospitality Based Workplaces**

### **Prevalence of Restrictions and Exposure to ETS**

In a study of Australian Liquor, Hospitality and Miscellaneous Workers Union found that 54% of members were employed in workplaces that did not completely ban smoking and 34% reported being exposed to ETS during their typical working day (Cameron et al. 2003). Compared with other workers, hospitality workers reported working in environments that had more permissive smoking policies (Cameron et al. 2003). In the same study 56% of workers said they were exposed to ETS during a typical working day compared with between 6% and 18% of other workers. 78% of all worker expressed concern about exposure to ETS (Cameron et al. 2003).

The same study of Australian Liquor, Hospitality and Miscellaneous Workers Union found that 73% of members were bothered by other people's tobacco smoke, 3% had left a job due to a smoky environment, 5% has avoided employment due to a smoky environment, 19% had raised concerns about passive smoking in the workplace from which 54% received a negative or neutral reaction from their employer (Cameron et al. 2003).

### **Policy Support**

68.1% of Australians and 65.7% of Queenslanders support banning smoking in pubs and clubs (Australian Institute of Health and Welfare 2005).

Between 91% and 97% of Victorians, Western Australians and South Australians including restaurant patrons support smoking bans in restaurants (VicHealth 2002).

Between 61% and 91% of Victorians, Western Australians, South Australians and New South Wales residents want smoking banned or restricted in public bars, hotels, pubs, licensed premises, gaming and gambling clubs (VicHealth 2002).

One 1998 study found that 67.2% of Australians and 64.7% of Queenslanders always or sometimes avoid places where they may be exposed to other people's tobacco smoke (Australian Institute of Health and Welfare 2000).

Licata et al. found an increased willingness to provide smoking information to staff and to implement smoke free areas was evident (Licata et al. 2002). This willingness may indicate a response among restaurants to either the growing community awareness of the risks of exposure to ETS (Mullins and Borland 1995) (Schofield and Edwards 1995), to the effects of the intervention, or to other factors such as the introduction of legislation (Licata et al. 2002).

Some employers are concerned that smoking restrictions would be bad for business but

there is evidence that this would not be so. In fact restricting smoking may make good business sense (Queensland Health 2000) as demonstrated by the above statistics supporting smoking bans. This data also consistent with surveys of the public in the United States and Australia which show that, faced with a ban on smoking in restaurants, smokers intend to dine out less frequently and non smokers intend to dine out more often, so that there is an overall increase in restaurant patronage (Jones et al. 1999)(Biener and Siegel 1997).

### **Perceived Barriers**

Australian research has confirmed the results of studies elsewhere, in finding considerable public support for smoke free dining. However, restaurateurs in the past have grossly under estimated this level of support (Schofield et al. 1993).

Customers are much more likely than owners to think that smoke free areas should be provided. Owners appeared to be unaware of customers' views about smoke free areas in restaurants (Schofield et al. 1993). Where bans or restrictions are not provided, it requires that people assert their preferences for a smoke free environment, which many are not disposed to do (Mullins and Borland 1995).

Nearly two thirds of restaurant patrons who want to dine in a smoke free area report they make this known, at least some of the time. However many people never ask for smoke free areas, or do so only some times (Mullins and Borland 1995).

A loss in business has been identified as a key barrier to smoke free policies in restaurants. The experience from the mouths of most restaurateurs who had introduced a policy was that this simply does not happen (Jones et al. 1999) (Crémieux and Ouellette 2001). Most reported no change or an increase in business, which they attributed to the policy (Jones et al 1999). As mentioned previously in some cases with the introduction on smoking bans smokers intend to dine out less frequently and non smokers intend to dine out more often, so that there is an overall increase in restaurant patronage (Jones et al. 1999)(Biener and Siegel 1997).

These self reported data complement findings of studies of more objective taxable sales data which demonstrate no adverse economic impact on restaurants after smoking restrictions were implemented (Jones et al. 1999).

Other barriers include expected high costs because of infrastructure costs and decreased productivity. It has been found that none of these have actually been observed suggests that policy makers should discount industry claims that smoking regulations impose undue economic hardship (Crémieux and Ouellette 2001).

Findings are similar to those of previous studies with respect to anticipated affects of smoke free policies on patronage of hospitality venues. Proprietors of nightclubs and pubs also can expect little change to attendances also, as the decrease in attendance by daily smokers would be balanced by an increase in attendance by non-daily smokers and by non-smokers (Philpot et al. 1999). Substantial numbers of non smokers may be currently avoiding these venues, deterred by the smoke filled atmosphere and concerns about passive smoking (Philpot et al. 1999).

## **Evidence of Effectiveness**

It has been shown that the adoption of smoke free policies in hospitality venues could prompt many non-daily smokers to decrease their cigarette consumption. Were this to occur it would have direct and indirect benefits for their health preventing damage that even light smoking may do to health, and also by eliminating the possibility that they will progress to heavier levels of consumption (Philpot et al. 1999). These positive outcomes would be additional to the elimination of exposure to environmental tobacco smoke among staff and members of the public who visit these establishments (Philpot et al. 1999).

The introduction of smoke free dining has been shown to reduce exposure to ETS and associated respiratory symptoms among staff (Brauer and Mannetje 1998).

While a proportion of social smokers might progressively decrease their cigarette consumption solely on the basis of current negative social attitudes towards smoking, it seems that adoption of smoke free policies would accelerate this process (Philpot et al. 1999).

Overall 11.5% of current smokers predict that they would quit entirely were comprehensive smoke free policies to be introduced in the hospitality industry. Our survey indicates that this very significant gain for public health would be achieved without any negative impact on the patronage of pubs, nightclubs and restaurants (Philpot et al. 1999).

## **Smoke Free Guides**

Quit in Victoria have periodically updated a guide to smoke free dining since 1992, and non government organisations in several states have been successful in lobbying to have independently published dining guides providing information on smoking restrictions (VicHealth 2002).

Macaskill found in a restaurant health promotion program in Canada the most preferred methods of local restaurant recognition were media coverage, an awards ceremony with local dignitaries, a dining guide, advertising, certificates and promotional materials eg. door decals (Macaskill et al. 2000).

The Queensland Cancer Fund (Queensland Cancer Fund 2005a) and The Non Smokers' Movement of Australia (Non Smokers' Movement of Australia 2005) promote smoke free premises including pubs and clubs on their websites.

An eating out guide is produced in Townsville on an annual basis (Taste – Your Guide to North Queensland's finest restaurants) and weekly reviews of places to eat out and entertainment venues are printed in weekly in the Townsville Bulletin. Neither the eating out guide or the weekly reviews include any information on smoking at the mentioned premises.

### **2.4.3 Other Public Places**

#### **Sporting Clubs, Arts/Entertainment Venues, Sponsored Events**

Surveys of patrons at sporting and arts events provide further evidence of increasing public support for smoking bans in public places (Department of Health and Ageing 2005).

In 2001, 64% of adults reported being exposed to someone else's tobacco smoke in a public place in the last two weeks (Miller and Kriven 2002 in Department Health and Ageing 2005).

77% of patrons to Victorian Amateur Turf Club venues (which are 100% smoke free) support banning smoking in enclosed areas and indicated that the restrictions would not keep them from attending race meets (VicHealth 2002).

Quit and VicHealth have worked with the Victorian Amateur Association which has seen the number of clubs adopting a smoke free policy increase from 6% to 85%. Many clubs thought initially the smoking bans would hurt business as the bar area is the major source of revenue however clubs have found that people are more comfortable sharing the club's facilities (VicHealth 2002).

A study conducted in Western Australia indicated that 84% of entertainment venues had policies on smoking and 67% were smoke free (VicHealth 2002). Only 36% of private venues without a 100% smoke free policy believed that going smoke free would have either a beneficial or neutral financial impact (VicHealth 2002).

A 1999 study found 75% of patrons surveyed at four live music venues in Victoria supported having smoke free nights, including 50% of smokers (VicHealth 2002). A survey conducted in 2000 found 79% of patrons at four live music venues preferred either partial or total smoking restrictions in New South Wales (VicHealth 2002).

### **2.4.4 Smoke Free Areas versus 100% Smoke Free**

"No smoking" areas do not provide complete protection from ETS. Some reduction in exposure is evident, and separate rooms are in some respect an improvement upon simply delineating a "no smoking area" in a smoking room, in some instances no reduction was evident (Cains et al. 2004). Accordingly such areas cannot be characterised as smoke free and patrons occupying these areas do not achieve the protection from ETS they would experience were smoking not to occur on the premises (Cains et al. 2004).

Results suggest that regulations to permit licensed clubs, taverns, and casinos to permit patrons to smoke in certain parts of the premises if smoking is barred in other parts, must be regarded as ineffective in protecting individuals at risk of passive smoking (Cains et al. 2004). The evidence presently available indicates that banning smoking on the premises is the only viable option to prevent exposure to ETS (Cains et al. 2004).

Finally, recovery of damages as a result of a failure to prevent exposure to ETS is now recognised (Cains et al. 2004). The present report would suggest that designation of "no

smoking" in certain arbitrary areas cannot be raised as an adequate response to the hazard presented by passive smoking (Cains et al. 2004).

## **2.5 Promotion of Smoke Free Messages**

There is some evidence that coverage of smoking in the news media can be influential in promoting smoking cessation (Chapman and Dominello 2001). Reid et al identified unpaid media publicity as the main cause of the 30% decline in smoking prevalence among British males (Reid et al. 1992).

## **2.6. National Response**

### **2.6.1 Planning**

The National Tobacco Strategy 2004-2009 is one of a series of strategies that together form the National Drug Strategy 2004-2009 (Department of Health and Ageing 2005).

The National Tobacco Strategy 2004-2009 is a statement of our resolve as federal, state and territory governments to work together and in collaboration with non government agencies on a long term, comprehensive, evidence based and coordinated national plan to reduce the real misery and wasted human potential caused by tobacco smoking in Australia (Department of Health and Ageing 2005).

The objectives of the Strategy are; across all social groups: to prevent uptake of smoking; to encourage and assist as many smokers as possible to quit as soon as possible; to eliminate harmful exposure to tobacco smoke among non smokers; and where feasible, to reduce harm associated with continuing use of and dependence on tobacco and nicotine (Department of Health and Ageing 2005).

By the end of the Strategy it is expected that there will be positive changes in fourteen outcome indicators. Outcome indicator number 11 is for reduced exposure for non-smokers, fewer people exposed to tobacco smoke at places they work and as they go about everyday life (Department of Health and Ageing 2005).

Australia is a member of the Western Pacific Region of the WHO and as a Contracting Party to the Framework Convention on Tobacco Control (FCTC) committed to the Western Pacific Region Tobacco Free Initiative and the Regional Action Plan 2005-2009 (Western Pacific Region World Health Organization 2005)(??).

The Western Pacific Region World Health Organization Tobacco Free Initiative has also developed a manual designed to expand tobacco free sports at nation, international and regional levels (Western Pacific Region World Health Organization 2005a).

## **2.6.2 Legislation**

### **Tobacco Advertising Prohibition Act 1992**

Under the National Tobacco Strategy the Department of Health and Ageing is reviewing the Tobacco Advertising Prohibition Act 1992.

### **Tobacco Health Warnings**

Tobacco products sold in Australia from 1 March 2006 will be required to display new health warnings as the Australian Government has approved new graphic health warnings which will provide smokers with information on an expanded range of health effects in a new, colour graphic format and encourage them to quit. The new health warnings were introduced as new regulations made under the Trade Practices Act 1974 (Department of Health and Ageing 2005a).

Some of the new requirements include; 14 rotational health warnings to cover 30% of the front and 90% of the back of the back with graphics to appear on the front and back and inclusion of the national Quitline telephone number and website address (Department of Health and Ageing 2005a).

## **2.6.3 Taxation**

As from 2003 the excise paid per stick on a cigarette containing 0.8 grams of tobacco is 21.524 cents per stick. Tobacco products containing more than 0.8 grams of tobacco are charged excise at the weight based rate of \$269.05 per kilogram. These rates are subject to an increase in line with the Consumer Price Index (Department of Health and Ageing 2005a).

## **2.6.4 Action**

### **WHO Framework Convention on Tobacco Control**

The World Health Organisation's Framework Convention on Tobacco Control (FCTC) entered into force on 27 February 2005 becoming binding international law for the first 40 Contracting Parties to the Convention. The Australian Government formally ratified the FCTC on 27 October 2004 becoming the 34<sup>th</sup> Contracting Party to the Convention (Department of Health and Ageing 2005).

The objective of the FCTC is to protect present and future generations from the health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke. Provisions in the Convention set international standards on: tobacco price and tax increase; tobacco advertising and sponsorship; regulation of tobacco products; tobacco product disclosure; packaging and labelling; education, communication, training and public awareness, cessation measures; illicit trade; sales to minors; support for economically viable alternatives; liability issues; and scientific and technical operation and exchange of information (Department of Health and Ageing 2005a).

## **Cigarette Ingredient Disclosure**

Under the National Tobacco Strategy Key Strategy 5: Regulating Tobacco the Commonwealth Government has taken action to obtain disclosure of ingredients, including additives, to tobacco products.

The Department of Health and Ageing has negotiated a Voluntary Agreement for the Disclosure of the Ingredients of Cigarettes with Philip Morris Limited, British American Tobacco Australia Limited and Imperial Tobacco Australia Limited (Department of Health and Ageing 2005a).

Under the Agreement the companies provide annual reports to the Government regarding the ingredients of cigarettes. This data is posted on the Departmental website (Department of Health and Ageing 2005a).

## **Resources**

The Department of Health and Ageing supplies a range of resources on it's website on Tobacco for the use of Health Professionals these resources include Fact Sheets, National Drug Strategy Household Surveys, Statistics on drug use in Australia and legislative information.

## **Education**

A National Expert Advisory Committee on Tobacco was established in August 1999 and the National Tobacco Campaign was launch in 2000. The campaign utilises seven television commercials, radio, internet site ([www.quitnow.info.au](http://www.quitnow.info.au)), print and outdoor advertising public relations, a non-English strategy and service provider strategy. The upgrade of the national Quitline telephone support service has occurred in conjunction with the campaign (Department of Health and Ageing 2005a).

## **Other Control Initiatives**

Other tobacco control initiatives led by the Commonwealth Department of Health and Ageing include;

1. National Best Practice Model for Reducing Access to Tobacco by Young People
2. Licensing of Tobacco Retailers and Wholesalers - Desirability and Best Practice Arrangements
3. Research into portrayal of smoking in the media
4. The development of data on the economic costs of drug abuse
5. The development of tobacco related morbidity and mortality data
6. Bans on smoking in all Commonwealth government buildings; aircraft, buses and coaches registered under the Federal Interstate Registration scheme and airports under the Federal Airports Corporation

## **2.7 State Response**

### **2.7.1 Planning**

The Queensland State first ever strategic plan for addressing tobacco issues - Towards a Smoke-free Future The Queensland Tobacco Action Plan 2000/01 to 2003/04 (Queensland Health 2000).

Based on the National Framework it has 36 actions which together aim to reduce youth smoking, support smokers to quit, address smoking among Indigenous people and reduce exposure to passive smoking (Queensland Health 2000).

Strategies to be promoted and implemented over the four years include raising awareness of the dangers of smoking among indigenous communities through an events sponsorship program; group based quit programs; brief quit smoking interventions; a specialist quit smoking program for pregnant indigenous women; assisting workplaces and community venues to address smoking issues including providing smoke free areas, limiting smoke breaks and providing on-site help for smokers wanting to quit; and training for health workers (Queensland Health 2000).

The Queensland Tobacco Action Plan includes six key action areas.

Key Action Area 1: Strengthening Community Action for Tobacco Control

Key Action Area 2: Promoting Cessation of Tobacco Use

Key Action Area 3: Reducing Availability and Supply of Tobacco

Key Action Area 4: Reducing Tobacco Promotion

Key Action Area 5: Regulating Tobacco

Key Action Area 6: Reducing Exposure to Environmental Tobacco Smoke (ETS)

The Queensland Tobacco Action Plan is the Queensland component of an integrated national approach to tobacco under the umbrella of the National Tobacco Strategy.

### **2.7.2 Legislation**

The Queensland Government has introduced the nation's toughest anti-smoking laws in the Tobacco and Other Smoking Products Act 1998.

Queensland's current tobacco laws include as below (Queensland Health 2005);

- no smoking in most indoor public places
- tobacco vending machines must be located in a bar or poker machine areas only
- no tobacco sales to children under the age of 18 years of age
- mandatory training for employees who sell tobacco
- mandatory no smoking and Quit smoking signs
- restrictions on how tobacco products can be displayed at retail outlets
- no tobacco advertising or competitions

New laws from 01 January 2004;

- no smoking when standing within 4 meters of an entrance to a non residential building
- no smoking within 10 meters of public children's play equipment
- no smoking in any Major Sports Facilities Authority stadiums (none of these exist within Townsville)
- no smoking between the flags at patrolled beaches
- no smoking at artificial beaches including the Rockpool in Townsville
- at least one third of the whole enclosed area of a liquor licensed premises must be no smoking
- at least one third of all poker machines at liquor licensed premises must be no smoking

New laws from 30 September 2005;

- at least two thirds of the whole enclosed area of a liquor licensed premises must be no smoking
- at least two thirds of all poker machines at liquor licensed premises must be no smoking
- only one tobacco product display at each retail outlet, the maximum size of this display to be 1 square metre for general retailers and 3 square metres for tobacconists, cigarette cartons cannot be on display
- children must not falsely represent their age for the purpose of being sold cigarettes and other tobacco products
- tobacco vending machines must be located within 1 metre of poker machines

New laws from 01 July 2006;

- the whole enclosed area of liquor licensed premises must be no smoking
- all poker machines at liquor licensed premises must be no smoking
- non enclosed eating and drinking places where food or drink is provided as part of a business, must be no smoking

Pubs, clubs and casinos may set aside designated outdoor smoking areas where smoking and drinking can occur, these areas must be under the control of a Smoking Management Plan for the venue.

### **2.7.3 Action**

#### **Tropical Public Health Unit - Environmental Health**

Environmental Health officers from the Tropical Public Health Unit enforce Queensland's tobacco laws. There are 80 Environmental Health Officers across Queensland. Police Officers also have powers to address tobacco sales to minors (Queensland Health 2005a).

#### **Tropical Public Health Unit - Health Promotion**

The Tropical Public Health Unit in Health Promotion has several programs aimed at addressing tobacco consumption within Indigenous communities in North Queensland including those listed below.

## **Smokecheck**

Smokecheck is a program that has the purpose of training Aboriginal and Torres Strait Islander health staff of a primary health care service to undertake brief tobacco interventions as part of their routine clinical care of Aboriginal, Torres Strait Islander and South Sea Islander clients (Tropical Public Health Unit 2005).

## **Smoke Rings**

Smoke Rings is a group based smoking awareness program targeting Indigenous people who are contemplating changing their smoking behaviour or have decided to quit. The program consists of five 2 hour sessions conducted by a facilitator and is conducted in the workplace or in the wider community (Tropical Public Health Unit 2005).

## **Workplace Smoke Free Policy Guide**

The Workplace Smoke Free Policy Guide assists Indigenous organisations to address smoking in and around their workplace. The guide focuses on the provision of smoke free areas, limiting smoke breaks and providing support to staff wanting to address their smoking behaviour (Tropical Public Health Unit 2005).

Through the process of developing a smoke free workplace policy, employees can develop an increased awareness of the dangers of smoking and can consider their own intention to quit (Tropical Public Health Unit 2005).

This program includes the How to Make Your Workplace Smoke-free manual including workbook, sample policy and frequently asked questions (Tropical Public Health Unit 2005). This manual has been specifically designed for Indigenous organisations.

## **Indigenous Smoke Free Project**

The Indigenous Smoke Free project includes policy initiatives, community education and awareness campaigns, training and education of health staff and increased access to cessation techniques (Tropical Public Health Unit 2005).

The project aims to examine the impact of a multi-intervention anti-tobacco strategy within North Queensland Aboriginal and Torres Strait Islander communities (Tropical Public Health Unit 2005).

## **Event Support Program (ESP)**

ESP is an Aboriginal and Torres Strait Islander community awareness strategy that is designed to prompt communities to think about healthy lifestyles with a focus on reducing cigarette smoking. Organisations can apply for grants to assist in funding their event and in return are provided with promotional merchandise containing anti tobacco messages (Tropical Public Health Unit 2005).

## **Smokin' - No Way**

Smokin' - No Way is a resource for teachers of year 6-7 Aboriginal and Torres Strait Islander students. The resource is designed to prevent the uptake of smoking by young

people (Tropical Public Health Unit 2005).

## **2.8 Local Response**

### **2.8.1 Planning**

The Townsville Healthy City Plan contains four themes; Healthy Lifestyles, Healthy Environments, Healthy Communities and Healthy Partnerships. Each theme contains its own issues, objectives and strategies. The theme of Healthy Lifestyles contains Issue 1.1 Substance Abuse with the objective to increase the level substance abuse prevention education in substance abuse, including drug, tobacco and alcohol and includes Strategy 1.1.1.

This proposal is based on the relevant sections of Strategy 1.1.1.

Develop and enhance existing local partnerships to implement strategies and policies in relation to smoking:-

- Advocate for a higher level of support for the 'Towards a Smoke-free Future Queensland Tobacco Action Plan 2000/2001 to 2003/2004'
- Collaboratively coordinate 'World No Tobacco Day' event and prioritise implementation of the Tobacco Action Plan
- Implement 'Freshstart' courses in the workplace
- Advocate for smoke free venues
- Reduce the public's exposure to media messages and images that influence people to start smoking
- Collaborate with the Tobacco Action Group

### **2.8.2 Action**

The Townsville Healthy City Advisory Committee oversees the implementation of the Townsville Healthy City Plan. The Townsville Healthy City Advisory Committee at its meeting held on 19 April 2005 considered the report prepared on behalf of the Director Environmental Services, with the comments by Professor Richard Hays on his suggestion for a positive approach to encourage better management by restaurants and venues in relation to the State Government's ban on smoking in public places and restaurants by providing a community award, similar to other food industry awards. Following discussion the Committee agreed that the Townsville City Council Sustainable Development Committee be requested to direct that:

The Director Environmental Services investigate the implantation of a 'Healthy City' Award by the nomination of restaurants or venues that manage the non smoking bans well, and provide a healthy environment for diners and patrons.

The Committee's decision was adopted by the Townsville City Council Sustainable Development Committee at its meeting held on 23 May 2005.

The Townsville City Council through the Healthy Cities process is currently drafting a Health Promoting Events Guide. The Guide focuses on the areas of sun safety, healthy food options, save behaviours, recycling, physical activity, healthy communities and smoke free. The Guide is targeted at event organisers and it is envisaged that it will become policy within Townsville City Council and Healthy City stakeholder

organisations.

## **2.9 Role of Non Government Organisations**

The Queensland Cancer Fund with the Queensland Public Health Forum held a Queensland Tobacco Control Symposium on Thursday 14 July 2005 on topics including; Epidemiology of Smoking, Community Initiatives and Campaigns, Women and Smoking - Behavioural Research and Initiatives, Clinical Research and the Economics of Tobacco Control.

The Queensland Cancer Fund produces support material for tobacco control including information for Workplaces and Sporting Clubs on becoming smoke free including a Planning a Smoke Free Sports Event Kit, information sheets on how to become a smoke free workplace and answers to commonly asked questions. The Queensland Cancer Fund also provides various brochures, booklets, posters, information sheets and stickers on tobacco control.

The Queensland Cancer Fund produces free Quit Kits which provides handy hints and information on how to quit smoking.

The Queensland Cancer Fund hosts the Freshstart program. Freshstart consists of eight group session run over four weeks and helps people give up smoking for good.

The Queensland Cancer Fund has the resources available to the community including; Quit Kits, Stickers, Brochures, Information sheets, booklets and posters on a range of subjects including Smoking and Pregnancy and Smoking and Surgery.

## **2.10 Networks**

The need for a local Tobacco Network Group has been identified from the Queensland Health - Towards a Smoke-Free Future: Queensland Tobacco Action Plan 2000/2001 to 2003/2004.

The Townsville Thuringowa Tobacco Network met for the first time on 22 April 2005. The aim of the Network is to raise awareness and to reduce the incidence of smoking in the Townsville/Thuringowa area through a wide range of educational, health promotion, prevention, environmental and enforcement incentives.

Objectives of the Network include;

- To investigate current tobacco control initiatives currently available in the Townsville/Thuringowa area and to promote/distribute these amongst local networks.
- To investigate local community needs for the development and implementation of tobacco control initiatives.
- To develop and implement tobacco control community initiatives.
- To collate and distribute services surrounding tobacco control issues through local networks
- To investigate possible children and youth initiatives to reduce the uptake of tobacco smoking amongst this target group.
- To investigate the environmental issues of tobacco smoking and developing ways to address these issues.
- To promote and educate the local community of enforcement issues to raise

- awareness of tobacco control initiatives.
- Promote and develop tobacco control activities around important dates in example World No Tobacco Day.
- To investigate the possibility of developing media releases of current research of tobacco smoking related issues.
- To investigate the possibility of holding forums around tobacco control initiatives etc.

Member organisations of the Network include;

Queensland Health - Alcohol Tobacco and Other Drugs Service  
 Queensland Cancer Fund  
 Queensland Health - Tropical Public Health Unit - Environmental Health  
 Queensland Health - Tropical Public Health Unit - Health Promotion  
 Queensland Health - Townsville Health Service District (Cardiac Education Unit and Oral Health Unit)  
 Townsville City Council - Environmental Health Services  
 Thuringowa City Council  
 Salvation Army - Recovery Services

## **2.11 Townsville: Have Your Say**

Townsville: Have Your Say is a community consultation process. It enables hundreds of Townsville residents to make a real contribution to the running of the city and to policies that shape lives (Townsville City Council 2005).

Townsville: Have Your Say is based on a large group of people (approximately 800) who provide comment and feedback on a wide range of topics through workshops, discussion groups, telephone interviews or written surveys. Young people, older citizens, employed and unemployed, people from differing cultural backgrounds - anyone who lives in Townsville is invited and encouraged to have a say (Townsville City Council 2005).

## **3. Project Management**

Lead Agencies for Be Smoke Free Townsville include the Townsville City Council - Environmental Health Services, Queensland Health - Alcohol Tobacco and Other Drugs Service and the Queensland Cancer Fund.

The reference group for Be Smoke Free Townsville is the Townsville Thuringowa Tobacco Network Group.

Other Stakeholders for the Be Smoke Free Townsville include;

- Townsville Chamber of Commerce
- Townsville Enterprise
- Townsville Business Women's Network
- Restaurant and Caterers - North Queensland
- Department of Industrial Relations - Workplace Health and Safety - Queensland
- Sporting Organisations
- Entertainment venues

The Townsville Healthy City Advisory Committee will oversee the development and implementation of Be Smoke Free Townsville. Lead Agencies will report on progress in implementing Be Smoke Free Townsville at each Townsville Healthy City Advisory Committee meeting.

Issues for the Lead Agencies to report on include

- New developments
- Workplaces with smoke free policies
- Recommendations on awarding awards
- Difficulties and barriers experienced

#### **4. Project Activities**

Be Smoke Free Townsville is a local response drawing on State, National and International research, experiences, resources and expertise.

Be Smoke Free Townsville promotes and supports existing programs and legislative measures. This program puts Tobacco Smoking on the agenda and makes it a priority in Townsville.

## 4.1 Project Schedule

## **4.2 Stage One - Consultation**

The Townsville: Have Your Say process will be used to gauge the Townsville community's perception of tobacco control and smoke free environments, this will also incorporate an awareness raising component.

Focus groups from the Other Stakeholders will be held to determine best approaches in advertising and promotional material. Promotional material is to be trialled to determine what is most popular and what will be used by local businesses, workplaces and organisations. Examples of promotional material include posters, window stickers, calendars, point of sale material, table signs, and alternative signage. The theme/branding of Be Smoke Free Townsville will be trialled also.

Following consultation with Townsville: Have Your Say and focus group testing with Other Stakeholders, the Lead Agencies along with the Townsville Thuringowa Tobacco Network and Townsville Healthy City Advisory Committee will confirm consultation and focus group results and review the Be Smoke Free Townsville proposal as necessary.

## **4.3 Stage Two - Preparation**

Material would be developed to support local businesses, workplaces and organisations to become 100% smoke free. This material would be based on existing information however targeting for this audience and designed to form a package.

This material would also include information on a voluntary, self nomination based awards system. The awards system would recognise the local businesses, workplaces and organisations who did decide to become smoke free. It is also acknowledged that many premises such as indoor food premises will have to become smoke free due to the legislation.

The awards will help promote the new legislation and will bring positive rewards for those who are complying. The awards system also rewards those local businesses, workplaces and organisations who go above what is required by legislation. Promotions associated with the awards and Be Smoke Free Townsville will raise awareness of tobacco control not only to the local businesses, workplaces and organisations but also to members of the community, broader corporate community and tourists visiting Townsville.

The material that is developed would form a package including

- Information on tobacco smoking and ETS, facts and statistics including
  - How smoking and EST effects the body
  - Costs associated with smoking
  - Demand for smoke free environments
- Support material for developing workplace smoke free policy including
  - Reasons for and benefits of having a workplace smoke free policy
  - Example workplace smoke free policy
  - Policy development timeline
- Information on cessation and support services available
  - Quit Line

- Freshstart or similar Smoking Cessation Course
- Nicotine Replacement Therapy
- Mentoring
- Ideas on implementing a workplace smoke free policy and supporting staff
- Guidelines and self nomination forms for awards

This material would be printed and available from Environmental Health Services at Townsville City Council and available Townsville City Council and Queensland Health - Alcohol Tobacco and Other Drugs Service websites.

#### **4.4 Stage Three - Promotion**

Campaigning, awareness raising would occur continuously starting from September. This campaigning and awareness raising would begin when Townsville: Have Your Say is used and consultation with Other Stakeholders. While consulting these groups they would gain a greater understanding of the issue and gain a greater understanding of the Be Smoke Free Townsville program.

A media release would commence the campaign at the launch to make local businesses, workplaces, organisations and the community aware of Be Smoke Free Townsville and the awards process. Paid advertising in peak written media would feature in November, December, January, February and March.

Public speaking engagements to promote the program would occur at meetings and social engagements of the Other Stakeholder group including peak industry groups.

Food premises would receive information regarding Be Smoke Free Townsville in the monthly Food For Thought Newsletter that is produced by Townsville City Council and is sent to all registered food businesses including manufacturers, take aways, caterers, restaurants and bars.

Through campaigning, awareness raising and advertising all local businesses, workplaces and organisations would be encouraged to participate in Be Smoke Free Townsville and self nominates for a Be Smoke Free Townsville award. Assistance in becoming smoke free and entering the awards would be provided by Queensland Health - Alcohol Tobacco and Other Drug Service and Townsville City Council - Environmental Health.

Nominations for Be Smoke Free Townsville awards first round will close March 2006. Once a nomination is made Queensland Health - Alcohol Tobacco and Other Drug Service and Townsville City Council - Environmental Health would visit each nominee and assess their workplace against the following criteria in the Gold, Silver and Bronze categories.

##### **Gold**

The aim of the Gold Award is to recognise local businesses, workplaces and organisations that go above and beyond what is required by legislation, they actively promote smoke free policies and support their staff to be smoke free, they may also actively promote Be Smoke Free Townsville and support World No Tobacco Day. Gold Award winners will receive a plaque. Gold Award winners may have;

- Premises 100% smoke free
- Comprehensive written and actively implemented smoke free policy developed in partnership with staff members and management
- Staff orientation on policy
- Staff cessation support provided for example access to Freshstart Course, Quit Line and Quit Packs
- Promote being smoke free for example to promote Be Smoke Free Townsville to visitors, clients and customers
- Smoke free signage displayed
- Do not sell any tobacco products
- Staff not permitted to smoke during unscheduled breaks
- Support World No Tobacco Day

#### Silver

The aim of the Silver Award is to recognise local businesses, workplaces and organisations that are smoke free, which actively promote smoke free policies and offer some support to staff to be smoke free. Silver Award winners will receive a framed certificate. Silver Award winner may have;

- Premises 100% smoke free
- Verbal or written smoke free policy
- Staff orientation on policy
- Staff cessation supported for example access to Quit Line and Quit Packs
- Smoke free signage displayed

#### Bronze

The aim of the Bronze Award is to recognise local businesses, workplaces and organisations that are smoke free and are in the first stages of implementing smoke free policies. Bronze Award winners will receive a laminated certificate. Bronze award winners may have;

- Premises 100% smoke free
- Written or verbal smoke free policy
- Cessation information provided for example Quit Packs

All local businesses, workplaces and organisations that receive an award will also receive a full Be Smoke Free Townsville promotional kit which may include posters, window stickers, calendars, point of sale material, table signs, and alternative signage. These promotional items will only be distributed to award winners so that the image of Be Smoke Free Townsville is only associated with 100% smoke free premises.

Award winners will be promoted on the Townsville City Council and Queensland Health, Alcohol Tobacco and Other Drugs Service websites and potentially mentioned in a post award media release.

It is envisaged that food premises and entertainment venues that participate and receive an award will be recognised as 100% smoke free in existing eating out guides and media reviews.

Promotional material regarding Be Smoke Free Townsville will also feature in prominent tourist publications advising that the Be Smoke Free Townsville logo is associated with

premises that are 100% Smoke Free.

#### **4.6 Stage Four - Awards**

The Be Smoke Free Townsville awards are completely voluntary and requires local businesses, workplaces and organisations to self nominate. Nomination forms and a supporting information package would be available via the Townsville City Council and Queensland Health - Alcohol Tobacco and Other Drugs Service website and via the mail from Townsville City Council.

Assistance with filling out the self nomination form, enquiries and assistance with becoming smoke free would be provided by Townsville City Council and Queensland Health - Alcohol Tobacco and Other Drugs Service.

The self nomination forms will be required to be sent in March 2006. After the Lead Agencies have received the nomination forms they will visit and assess each local business, workplace and organisation and determine if they are eligible for an award and if so the category of the award.

Once assessments are complete those who receive an award will receive their plaque/framed certificate/laminated certificate and promotional package. It is envisaged an award ceremony of some kind would be held to commemorate the event.

#### **4.7 Stage Five - Second Round**

It is envisaged that the Be Smoke Free Townsville awards will be assessed after one year or two rounds to determine the length of the program.

### **5. Evaluation**

Be Smoke Free Townsville will be assessed through process evaluation. Data will be collected on:

- Number of enquiries regarding the program and awards
- Number of information sheets/Be Smoke Free Townsville packages sent out
- Number of applications received
- Number of awards given
- Number of media events (paid and unpaid)
- Number of promotional events and speaking engagements
- Number of smoke free initiatives developed and implemented by local businesses, workplaces and organisations
- Number of smoke free local businesses, workplaces and organisations.

Devine (2005) conducted a study to determine the baseline of physical activity in the Townsville City Council area in November and December 2004. The study incorporated a component to determine the number of smokers, median number of cigarettes smoked per day and the number of former smokers in Townsville.

A follow up study will be conducted in 2007 to quantify any behaviour change.

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