Briefing paper to Australian Governments
from ASH Australia and the SmokeFree Australia coalition
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The case for 100% smokefree gambling areas

Background:

There are two compelling reasons for 100% smokefree policies to apply to all gambling areas in Australia:

- For the general health of employees and patrons in such settings; and
- As a significant harm reduction measure to reduce problem gambling.

Reform is urgently needed to end exemptions that allow smoking and secondhand smoke exposure to harm the health of patrons and staff working in gambling rooms and areas in casinos, pubs and clubs.

Continued exemptions to the smokefree public places laws for gaming areas casinos, hotels and clubs conflict with OHS laws, the NOHSC Guidance Note[1] and Australia's commitment to the Framework Convention on Tobacco Control (Article 8).[2]

Managers of gambling venues are fully aware of the health risks for staff caused by tobacco smoke but are fearful that separating smoking from gambling may have an adverse economic impact on gambling profits in the short term.

Problem Gambling groups support smokefree gambling venues as a measure to reduce problem gambling and to provide a healthier environment for both patrons and staff.

Exemptions

The two categories of exemptions are:

1. **"High Roller", "Premium" and "Private" gaming rooms**
   - Three jurisdictions (ACT, SA and Tas) have ended these exemptions; but 4 retain them (NSW, Qld, Vic and WA). NT still permits smoking in totally enclosed areas, but is currently reviewing its position.
   - The Queensland government has indicated its willingness to seek via the Australian Health Ministers' Advisory Council (AHMAC) an agreed end-date from all remaining jurisdictions, but to date there has been no agreement. Agreement from gaming ministers may be necessary.

[1] www.ascc.gov.au/ascc/NewsEvents/MediaReleases/2003/NOHSCreleasesguidancenotetohelpcombatpassivesmokinginAustralianworkplaces.htm

[2] Refer FCTC Article 8 guidelines at www.who.int/fctc/cop/art%208%20guidelines_english.pdf

2. **Gambling and smoking in "outdoor" areas of casino, pubs and clubs**

In NSW, smoking is still permitted in many "outdoor" / "unenclosed" gaming areas, which can be as much as 75% enclosed. This lags well behind best-practice legislation in Queensland, Victoria, Tasmania, ACT and SA which have banned gaming machines from all such areas.

The NSW government promised in October 2004 that gaming machines would not be permitted in smoking areas, but this was then reversed without notice or consultation with affected employees. Some pictures in the NSW Health Department 2008 licensed venue air quality survey (below) illustrate how machines have been moved into smoking areas that are mostly enclosed.

Rationale for ending exemptions

1. **Medical evidence on health harm from passive smoking** [3]

- There is massive and clear-cut independent research evidence that Second-Hand (tobacco) Smoke (SHS) is harmful to health. There have been at least 19 major reviews of the medical and scientific literature supporting this conclusion. In Australia, the National Health and Medical Research published their report only after extensive challenge by the tobacco industry (NHMRC, 1997). Other key reports by expert bodies include The International Agency for Research on Cancer, a Branch of the World Health Organisation, (IARC, 2002) and the US Environmental Protection Agency (1992). SHS is listed as a proven human carcinogen in the many reports – some components listed as "Class A" (i.e. among the most carcinogenic substances known).
- There is no "safe" level of exposure to SHS (US Surgeon-General's Report; WHO).
- Much research shows increasing risk of heart/vascular disease, cancers, strokes, chronic respiratory disease and other harm is associated with even typical low-level exposure, especially when repeated – as is the case with many employees and regular patrons; and not just in totally enclosed areas but in partly enclosed and unenclosed areas.
- More specific information on occupational exposure of members of the Liquor, Hospitality, and Miscellaneous Workers Union in Victoria who worked in hospitality settings is reported by Cameron, Wakefield, Trotter and Inglis (2003). The survey was carried out in September 2001, prior to smoke free gambling legislation being introduced in that state. A majority (57%) of workers in the hospitality division reported exposure, compared to 6-18% of workers in other divisions. Moreover, 25% of the hospitality workers indicated they were exposed for more than 7.5 hours on a typical working day, compared to 0-4% of other workers.
- A NSW Health Air Quality survey[4] of 40 random NSW licensed venues in 2008 showed not just some but *most* smoking-permitted areas have "poor" air quality constituting public and workplace health hazard. Thousands of workers in such areas are still denied proper protection under OHS laws. At particular risk are bar and food service workers, cleaners, machine maintenance technicians, musicians and other entertainers, employees and contractors. SHS also threatens the health of regular patrons, especially problem gamblers.
- Latest international employee harm study says hospitality workers are at increased risk of cardiovascular harm from SHS in outdoor smoking areas of licensed venues. The study of air quality in 25 Toronto bars shows significant smoke exposure leading to "a health hazard for non-smoking bar workers, especially if they work full shifts on a patio". The

[3] *Summary of evidence with references at www.ashaust.org.au/SF'03/health.htm and www.ashaust.org.au/SF'03/partly.htm*

[4] *See media release at www.ashaust.org.au/SF'03/releases/080815.htm and the preliminary survey presentation with pictures of current smoking/gambling areas at www.ashaust.org.au/ppts/AirQualNSW0805.ppt*

study points to increased risk of potentially fatal cardiovascular injury. The authors conclude: "Complete smoking bans including outdoor workspaces are needed to adequately protect hospitality workers from secondhand smoke." [5]

- To summarise, there is good evidence that workers and customers are likely to be exposed to SHS in many gambling areas, and that workers in these settings have much higher rates of exposure than any other sector of the workforce.

2. **Financial impact of combined smoking and gambling**
   The combined impact of smoking and gambling can cause a heavy health and financial burden, particularly on lower SES families. [6]

3. **Smoking associated with problem gambling**
   People who gamble are more often smokers, and those who are classified as problem gamblers are much more likely to be smokers. Evidence on this issue comes from both Australian and overseas studies. For example, A US study by Shaffer, Venderbilt, and Hall (1999) with casino employees found problem gambling was associated with a wide range of other health problem behaviours, including hazardous alcohol consumption and smoking. Petry and Oncken (2002) studied a group of 383 consecutive admissions to a US gambling treatment program. Two thirds of this group (66%) were daily smokers. Even though all were referred for treatment of a gambling problem, daily smokers had higher scores on a measure of gambling addiction, gambled more, had higher craving for gambling, and lower perceived ability to control their gambling.

   A large study in South Australia confirms the relationship between gambling and smoking. Taylor et al (2001) survey a community sample of 6,045 on their frequency of gambling. Problem gambling was assessed by the 21-item South Oaks Gambling Screen. Problem gamblers were identified by their scores on this measure and/or self-description of their gambling on a 10-point scale of 1(not a problem) to 10(a serious problem). Table 1 sets out the relationship between gambling and smoking status.

   Table 1

   Smoking prevalence among different groups classified by gambling status

	N	% smokers
Whole sample	6,045	20.0%
Frequent gamblers	1,097	29.4%
Problem gamblers	123	60.2%

4. **Australian commitments under international law**
   The Australian Government has international treaty commitments arising from ratification of the WHO Framework Convention on Tobacco Control (FCTC)[7] – committing all levels of government to protect people from SHS with 100% smokefree legislation and no exemptions (Article 8). Note that definitions specify that no working or public area of any enclosure should permit smoking, and that no section of the workforce or public should be exempted for any revenue or other reason.

5. **Inconsistency with other Australian jurisdictions**
   Relevant laws and regulations differing between states and territories contribute to health inequities across the country. All jurisdictions should aim to reach best-practice legislative standards. [8]

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[5] *Zhang B et al in Preventive Medicine (2009) doi:10.1016/j.ypmed.2009.06.024*
… and see more health evidence at www.ashaust.org.au/SF'03/health.htm

[6] *Refer www.ashaust.org.au/SF'03/economic.htm*

[7] *FCTC at www.who.int/tobacco/framework/WHO_FCTC_english.pdf - Articles 8*

[8] *Refer jurisdictions chart with links to legislation at www.ashaust.org.au/SF'03/law.htm*

6. **Strong public support for smokefree environments**
   The 2007 *National Drug Strategy Household Survey* of almost 25,000 Australians aged 12 and over showed very strong and increasing public support: 82% now support banning smoking in the workplace, and 77% support banning smoking in pubs and clubs.[9]

7. **Other problems in maintaining the status quo**

- OHS Act undermined, WorkCover compromised: OHS laws should protect workers in their workplaces, overriding other laws. But some jurisdictions' work safety authorities have adopted a practice of "managing" SHS by permitting smoking in some working areas leads to inconsistent treatment of different workplaces, and anomaly of highly toxic SHS permitted while less hazardous substances eliminated. These authorities are often seen by workers as selectively failing to protect them from this toxic hazard in their workplace.
- Disability discrimination: People suffering from heart, respiratory or other relevant underlying health conditions (est. 10% of population) are discriminated against in both access and employment in smoky working areas because of SHS health hazards.
- Contribution to social inequity: Employees most affected by SHS likely to be from lower SES groups, with higher smoking prevalence contributing to further health inequalities.
- Health costs: To government/taxpayers (health), businesses (illness, productivity loss, insurance), individuals. Tobacco burden to Australia'seconomy is conservatively estimated at $31.1b pa.[10]
- Inadequacy of complaint-based system: Fails to protect many workers – often low-skilled, low-security employees who are fearful of being sacked, losing shifts or options.
- Public/preventive health strategies undermined: Current workplace loopholes undermine smoking reduction measures. Workplace/social smoking is more likely to result in higher smoking rates and higher relapse rates. Latest (unpublished) research from Cancer Institute NSW suggests that "binge smoking" by young women is strongly associated with alcohol consumption and social settings.
- Undue influence of vested interests: Delays and weakness in laws to separate gambling and smoking have been influenced by pressure from tobacco interest groups. The tobacco industry has been reported as providing resources to create smoking areas and financial incentives if tobacco vending machines are installed in licensed venues. The tobacco and gambling industries work together to increase profits from smoking gamblers – as confirmed by a Tattersalls-commissioned psychology report describing the "trance-inducing ritual" of simultaneous gaming and smoking. In other words, problem gamblers are being exploited as more likely to gamble if they can smoke at the same time.

Benefits of 100% smokefree policies

Ending smoking exemptions in workplaces can save lives, health and costs associated with smoking; protect workers from preventable harm; support Commonwealth initiatives under the Preventive Health Taskforce plan to reduce chronic diseases; decrease discrimination against people with disabilities; ensure fulfilment of international legal obligations; allow work safety authorities to consistently enforce OHS laws; and potentially reduce problem gambling.

Smokefree policies improve health of workers

Evidence has consistently demonstrated that smokefree policies decrease number of short-term respiratory symptoms as well as reducing risk of more serious disease. For example, Eisner, Smith and Blanc (1998) found introduction of smokefree laws in Californian bars reduced prevalence of respiratory and sensory irritation symptoms and increased pulmonary function in bartenders. In Australia, Victorian study by Wakefield *et al* (2003) showed low to zero workplace exposure associated with decreased frequency of wheeze in chest, frequent cough, phlegm, sore

[9] *NDS survey at www.aihw.gov.au/publications/index.cfm/title/10579 - Table 4.1, p.41*

[10] *Collins & Lapsley, National Drug Strategy report at www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/mono64*

eyes, and sore throat in hospitality and other workers; study of casino workers at Burswood WA found workers in non-smoking areas had better lung function and fewer respiratory symptoms than those in smoking areas (Musk, Divitini & deKlerk, 1999).

Longitudinal studies over several decades would be needed to establish conclusively the impact of smoke free workplace policies on mortality from cancer and cardiovascular disease, but there are strong grounds for expecting that this too would be the case.

Reducing risk of expensive legal actions

Long-term SHS exposure has been accepted by courts as having caused cancers: in NSW, the laryngeal cancer of Marlene Sharp, non-smoking bar worker who successfully sued her employer in 2001 for compensation after years of SHS exposure – and was awarded $466,000 compensation. In SA 1995-2003, at least 13 Workcover claims for SHS-related workplace injury (Hospitality Smoke Free Taskforce, 2003); then the noted 2005 case of barworker Phil Edge who received an undisclosed payout after suffering tongue cancer from his smoky workplace.[11] An increase in litigation can be expected in future years as awareness of the health effects of SHS spreads amongst workers and the public.

Benefit to smokers

Even smokers benefit from smoke free policies. Following extension of smokefree workplace areas, research shows the overall amount smoked during working days has declined, and that moves towards smokefree workplaces has been the trigger for many people to stop smoking altogether. The combined effect of these two factors produces a 29% decrease in overall tobacco consumption (Fichtenberg & Glantz, 2002).

RECOMMENDATIONS

1. End all smokefree public places exemptions for "high roller", "premium" and "private" gaming rooms at Star City Casino, seeking agreement with other jurisdictions on early end-date.
2. All working areas of licensed venues, including gambling areas, should be 100% smokefree, consistent with FCTC commitments and OHS law. No-one should be permitted to work in any area, however enclosed or otherwise, where smoking is permitted.
3. Any remaining smoking-permitted areas should be completely separated from any working or other non-smoking or area. There should be effective separation of smoking from non-smoking areas – similar to best practice in Queensland including non-permeable walls and buffer zones.

SmokeFree Australia coalition for safe workplaces *www.ashaust.org.au/SF'03*

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

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[11] *See SmokeFree Australia media release 21/11/05 at www.ashaust.org.au/SF%2703/releases/051121.htm*