

The Secretary, Attn.Matthew Andrews  
Health Select Committee,  
Parliament Buildings  
Wellington

November 2001

## Submission

To the Health Select Committee

On the:

**Supplementary Order Paper, Smokefree Environments (Enhanced Protection) Amendment and the Smokefree Environments (Enhanced protection) Amendment Bill**

### 1. Introduction

1.1. This submission has been compiled by the Smokefree Coalition which is a coalition of 27 health and consumer groups with a common goal of a smokefree New Zealand. Our membership is listed below in the footer and includes the National Heart Foundation, Cancer Society of New Zealand, the Asthma and Respiratory Foundation, Te Hotu Manawa Māori, the Public Health Association and the New Zealand Medical Association.

The Smokefree Coalition is an evidence-based organisation. We have derived our responses to the legislative proposals based on available evidence published in reputable peer-reviewed journals. We will provide evidence on request for any claims made in this submission.

The Smokefree Coalition has considerable collective experience in tobacco control and on Smokefree environments issues in particular. This submission represents the collective views of the members of the Coalition. However, some of its member organisations will also submit the perspective of their particular group, concentrating on their specialist area of public health impact.

1.2. We wish to appear before the Select Committee and can be contacted as below:

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The Smokefree Coalition includes: Asthma & Respiratory Foundation of NZ (Inc), ASH (NZ), Cancer Society of NZ, Cardiac Society of Aust and NZ, Consumers Institute, Diabetes New Zealand, Foundation for Alcohol and Drug Education, Health Action (Nelson), Health NZ, Health Promotion Forum, National Heart Foundation of NZ, National Smokefree Workers Network, NZ Cot Death Association, NZ Dental Association, NZ Drug Foundation, NZ Medical Association, Paediatric Society, Public Health Assoc of NZ, Royal NZ College of General Practitioners, Royal Australasian College of Physicians, Stroke Foundation of NZ, Te Hotu Manawa Maori, Pacific Island Heartbeat, Thoracic Society of Australia & NZ (NZ Branch)

## Summary of Recommendations

- 1. That the provision for employers to permit smoking in shared airspace, including tea-rooms, with consent of occupants, be removed.**
- 2. That there is no provision for smoking rooms on school premises.**
- 3. That all workplaces are required to be smokefree with no exceptions**
  - That all indoor workplaces be made totally smokefree from 1 January 2003
  - Any new law should provide for eventual totally smokefree indoor premises if not immediate.
  - That the requirement for smoking rooms on licensed premises be removed
- 4. That all indoor public places should be smokefree by law.**
- 5. That the following criteria are used to guide retailers in the provision of tobacco products:**
  - Tobacco products should not be visible
    - from outside the place,
    - from point of sale
    - within sight of children's products
  - Customers should not be able to access tobacco products themselves
  - 'Tobacconist' needs redefining to avoid dairies calling themselves tobacconists.
  - Tobacconists should be licensed
- 6. That self-service vending machines be banned. Any vending machines should be operated from behind the bar.**
- 7. That prohibition of supply to minors be extended to parents guardians, spouses or partners.**
- 8. That the Amendment to the Smokefree Environments Act 1990, include provisions for brand licensing.**
- 9. That mock, toy and confectionery cigarettes are banned under this legislation.**

## 2. Background – principles which have informed this submission.

The following principles have guided this submission

**i) Secondhand tobacco smoke causes death and a variety of diseases.**

It is estimated to be responsible for around 400 deaths in New Zealand each year. An estimated 145 of these deaths are attributable to exposure to secondhand smoke in the workplace.<sup>1</sup> Exposure to other people's tobacco smoke is responsible for over 3,700 hospital admissions for heart attacks, strokes and other illnesses; 27,000 GP consultations and 14,000 episodes of childhood asthma.<sup>2</sup> Māori adults and children are almost twice as likely to be exposed to secondhand smoke than non-Māori adults and children.<sup>3</sup>

**ii) All workers have the right to protection from second-hand smoke.**

Office and shop workers have been protected from secondhand smoke since 1990. However, 'blue collar' workers, including those in the hospitality industry, are not protected by law. This is not fair or equitable.

**iii) Workers in the hospitality industry are the most vulnerable to the harmful effects of second-hand smoke of any occupation.**

There are an estimated 6,500 hospitality workers in New Zealand who are exposed to unacceptable levels of secondhand smoke on a daily basis<sup>4</sup>. Through exposure to other peoples' tobacco smoke, these workers are exposed to cancer-causing and toxic chemical emissions, which are banned in other industries. Research has shown that hospitality workers in premises which permitted customer smoking had a higher prevalence of respiratory and irritation symptoms than workers in smokefree workplaces<sup>5</sup>. Exposure could be as much as six times higher than for other workplaces.<sup>6</sup> (See Appendix for a list of chemicals inhaled by bar workers)<sup>7</sup>

**iv) Ventilation is not a remedy for the elimination of health risks from tobacco smoke**

New Zealand's ventilation standards are designed for comfort levels, not safety.<sup>8 9</sup>

In New Zealand there is no regulatory authority which enforces the indoor air quality standard.

Engineering solutions can only reduce exposure to environmental tobacco smoke, not eliminate it. It has been estimated that a ventilation rate the strength of a tornado would be needed to eliminate the health risks.<sup>10 11</sup>

Studies show that ventilation systems are usually not well maintained<sup>12</sup>, making them even less likely to be effective. Many venues turn off their ventilation systems in the winter because of discomfort to patrons.

Air filtration or air ionising equipment is not effective in removing invisible and highly toxic gases, although they do remove visible particles<sup>13</sup>. The devices clog up quickly and require high levels of maintenance which is rarely given.

Expert advice by the Ministry of Health and World Health Organisation states that ventilation is not effective for protecting people from secondhand smoke.

<sup>14 15</sup>

v) **Smoking bans in overseas jurisdictions have not resulted in loss of profits in the hospitality and tourist industries.**

Bar sales increased in California after smokefree laws.<sup>16</sup> Fifteen US studies based on tax revenues show no decrease in profit from smokefree laws. Only studies commissioned by the tobacco industry, all of which are based on interviews with hospitality venue owners and not on tax receipts, say that sales fall after smokefree laws.<sup>17</sup>

vi) **Children and young people are impressionable, emulate adult behaviour and therefore should be protected from undue influence.**

Adult role modelling is known to be an important factor in students' decision to smoke.<sup>18</sup>

vii) **The state has a duty to protect its citizens from known toxins by legislation.**

### 3. Our submission:

This submission will focus on clauses we wish to reinforce or to which we recommend changes. It will therefore not comment on every legislative proposal.

We strongly support the general intention of the Smokefree Environments (Enhanced Protection) Amendment Bill and Supplementary Order Paper (both hereafter referred to as the Amendment), to strengthen the protection of people from secondhand smoke and to deter young people from smoking. However we believe that the opportunity should not be lost to make the legislation strong, workable and protective of the health of the majority of the population.

The Amendment as proposed is inadequate in the following main areas:

- **It still does not offer protection to *all* workers.** While there are workplace exemptions and compromises such as smoking rooms, there will be groups of workers in New Zealand who are not offered the necessary protection by the law. This is not just.
- **Proposals for smoking rooms in hospitality venues should be removed.** They would put employees at risk of ill-health and employers at risk of litigation.
- **Provision must be signalled for hospitality venues to be totally smokefree, at least sometime in the future.** Without a “sunset clause”, smoking rooms would be here to stay.
- **Proposals for smoking rooms in schools should be removed.** They would undermine the growing dedicated smokefree schools programme and give mixed messages to the children.
- **It still does not clarify the position for Clubs.** We believe that the current law does require clubs to be smokefree where the public have access, but confusion about interpretation of the law has meant a low compliance rate. Clubs are workplaces and should not be exempt.
- **It still does not include all public places.** Shopping malls, theatre foyers and similar indoor public places should be smokefree and therefore included in the legislation.

- **It still allows tobacco companies to advertise their products at point of sale with large displays.** This is contrary to the spirit of the existing Act which has banned tobacco advertising.

We therefore make the following points in more detail:

#### **4. Clause 2 Interpretation.**

- 4.1. The Smokefree Coalition strongly supports clarification of “common air space”, as defined in the legislation, to include air shared through a mechanical ventilation system. This would close a loophole in the 1990 Act which did not protect people from secondhand smoke disseminated through a ventilation system or air conditioning unit.
- 4.2. The definition of ‘school’ should include premises used to provide tertiary education. We see no logical reason for excluding staff and students of tertiary institutions from protection from secondhand smoke.
- 4.3. The Smokefree Coalition supports the inclusion of herbal smoking products into the Smokefree Environments legislation
- 4.4. Additional definition required.

The definition of ‘employee’ should include work performed by volunteers. We are aware that a significant number of Clubs have volunteer staff and the current definition of employees only covers those employed under a contract of service.

## **PART 1 Smokefree Indoor Environments**

### **5. Clause 5A Employers may permit smoking with consent of occupants**

**All workers have the right to be protected from the harmful effects of second-hand smoke. This means that all workplaces should be smokefree without exception.**

We have strong concerns with the proposal to allow smoking in a workplace with consent of all occupants, for the following reasons:

- i) Small workplaces may not reflect the 75% non-smoking rate of the general population. If a non-smoking employee is in the minority in the workplace, it can be difficult for them to oppose the wishes of their smoking colleagues. Some may even feel intimidated where the manager/supervisor is not supportive of their position.
- ii) When a new appointment to the staff is made, the new staff member may be expected to comply with the smoking policy developed by the previous staff.
- iii) A law which protects **all** staff in **all** workplaces would take the responsibility away from non-smoking staff to ‘stand up to’ their smoking colleagues

#### **Recommendation:**

**That the provision for employers to permit smoking in shared airspace, including tea-rooms, with consent of occupants, be removed.**

**6. Clause 7A and 7B Smoking prohibited at schools and pre-school institutions and other places while young people are educated or cared for**

**We strongly support the intention of these proposals to protect young people from being influenced by adult smoking.**

However, we believe that:

**6.1. Provision needs to be made for off-site education and extended learning opportunities.** For example, school camps and trips should also be smokefree by law.

**6.2. Schools should be smokefree 24 hours a day, 7 days a week, inside and outside.** We strongly object to the proposals to allow smoking in a “building or enclosed area” as described in Subsection (2) for the following reasons:

- i) The provision of a smoking room in these proposals normalises smoking for adults, sending a message to children that smoking is an ‘OK’ adult activity.
- ii) Children would see the hypocrisy of being taught the smokefree message in the health curriculum but provision being made for teachers to smoke at school. The proposal would clearly be in conflict with the Drug and Alcohol Guidelines to schools for best practice.
- iii) Smoking rooms would undermine the dedicated smokefree schools programme under which 62% of New Zealand schools are now totally smokefree.
- iv) Smoking rooms would be an unnecessary expense for schools which might feel obliged to make the provision in spite of the fact that the money would be better spent on educating their children. A cheaper option would be to provide Nicotine Replacement Therapy (patches or gum) to teachers who cannot get through the day without a “nicotine fix”.
- v) Boards of Trustees should, as good employers, provide safe working environments. Smoking rooms can actually increase harm to smokers by concentrating the toxins in the smoke into a small area. Ventilation is not an adequate solution and the expulsion of smoky air into the school grounds would also be unacceptable.

**6.3.** Concerns have been expressed that if smoking rooms are not provided then teachers will congregate around the school gates smoking. Experience has shown that in schools which have gone smokefree, some smoking teachers have protested by smoking outside the school gates for a short period. However, the protest does not last and many have taken the decision to quit smoking altogether.

**Recommendation:**

**That there is no provision for smoking rooms on school premises.**

**7. Clauses 12 to 13C Licensed premises**

**The Smokefree Coalition believes proposals set out in the Amendment to protect workers and others in licensed premises are weak and unworkable for the following reasons:**

### 7.1. Evidence for the harm from secondhand smoke is now irrefutable.

Short-term harm - In a 1999 survey of 471 workers from the service industry in Wellington, 54% reported irritation of their throat or lungs<sup>19</sup>. Studies have shown that smokefree working environments bring immediate health benefits (especially respiratory improvement and improved lung function) from the time of implementation, even to smokers<sup>20</sup>. Workers exposed to secondhand smoke at work are also at risk of fatal asthma attacks and spontaneous abortion.

Long-term harm – Over long periods of exposure, workers are at risk of heart disease, lung cancer, acute stroke, respiratory illnesses, nasal sinus cancer and for pregnant workers, the risk of low birth weight babies.

### 7.2. The Occupational Safety and Health Service of New Zealand (OSH) recognises that:

*“Secondhand smoke is a significant occupational hazard, capable of causing serious harm and death. This hazard is particularly relevant in cafés, bars, casinos and other hospitality venues.”<sup>21</sup>*

We do not see any justice in protecting some workers from the toxic effects of tobacco smoke and not others.

#### **Recommendation:**

**That all workplaces are required to be smokefree with no exceptions**

### 7.3. **The Smokefree Coalition recommends that, for the protection of all workers, all indoor workplaces be totally smokefree, including hospitality venues, from 1 January 2003.**

Not only do we consider 5 years of no increased protection for hospitality workers unacceptable, it is also unacceptable that no provision has been made to phase in the requirement for **completely smokefree indoor licensed premises**.

If Parliament decides that 1 January 2003 would be too soon for some hospitality venues, then we would **recommend that restaurants, as defined by the Amendment, become totally smokefree from 1 January 2003 and “licensed premises” become totally smokefree from 1 January 2004 for the following reasons:**

- i) Public support for totally smokefree restaurants has increased from 54% in 2000 to 61% in 2001 according to a recent NBR-Compaq poll. There would be little resistance from either the restaurant industry or the public for restaurants, cafés and other dining areas to be completely smokefree almost immediately.
- ii) Although public support for smoking restrictions of some kind in bars and pubs is strong (79%)<sup>22</sup> a 2 year phase-in period for them to go completely smokefree would give time for further public acceptance. This approach worked very well in California.(see Appendix for Australian experience<sup>23</sup>)

**7.4. The Smokefree Coalition would not support the requirement for the provision of smoking rooms for those premises which continue to permit smoking, for the following reasons:**

- i) Smoking rooms will increase the health risks to those staff who are required to work in them. The concentration of smokers would be higher in such rooms than is currently the case. Ventilation may increase comfort levels but it cannot remove the majority of the toxins (see iv below and Appendix for evidence).
- ii) Smoking rooms will be an additional hazard to non-smokers who socialise with smokers. Smoking rooms would therefore increase risks to non-smokers, particularly to young people who are the most likely to socialise in large mixed groups.
- iii) Smoking rooms would also increase the health risks to smokers themselves
- iv) Ventilation systems reduce discomfort but do not eliminate the risks for the following reasons:
  - Existing air quality standards (NZS 4303) are based on comfort levels and not on elimination of health risks from tobacco smoke
  - Ventilation systems and air cleaning devices currently available cannot adequately control tobacco smoke.<sup>24 25</sup> Mechanical ventilation systems require impractical amounts of outdoor air for dilution and area exhaust ventilation. Air filtration devices promoted by the Hospitality Association of New Zealand (HANZ) remove only the particulate matter from the air. The hazardous gases remain.
  - Even the limited benefit of ventilation and air cleaning systems will degrade over time due to poor maintenance
  - There is no regulatory authority with the resources to routinely inspect and enforce the existing indoor air quality standard, NZS 4303.
  - OSH states in its policy on second-hand smoke :

*“..there is evidence that ventilation and/or filtration cannot resolve the significant health risks associated with exposure to second-hand smoke.”*
- v) The establishment of smoking rooms will reduce the likelihood that licensed premises will ever be completely smokefree because of the investment made by businesses. Smoking rooms would continue to send the message that smoking is an accepted and acceptable part of the social scene.
- vi) The increased hazard posed by smoking rooms would leave employers more vulnerable to legal action by staff for breaches under the Health and Safety in Employment Act. There have been a number of successful litigations in Australia and the United States where second-hand smoke has caused a particular condition in an employee and the employer has been held liable.

## Industry Arguments

Concerns have been raised by HANZ and others about making hospitality venues totally smokefree. The arguments they use against such legislation are easily refuted by the evidence:

- i) The opposition view is that businesses will suffer financially and staff will need to be laid off. There is now a huge body of research published in peer-reviewed journals which shows otherwise. These studies have been based on aggregate tax receipts and show there is either no change or an increase in revenue. They show that smokefree laws do not adversely affect, and may increase tourist business; that restaurant or bar sales do not go down; that jobs are not lost and may increase and that overall patronage may increase. Studies commissioned by the tobacco industry are based on personal interviews with hospitality patrons and are not verified by tax receipts. Very few, if any, have been peer reviewed. (See appendix for summary of studies - Scollo<sup>26</sup>).
- ii) The opposition view says that ventilation or air cleaning systems provide an adequate response to second-hand smoke. (See 5.3.4 above for the counter arguments.)
- iii) The opposition view says that increased enforcement will be required and that "smoke police" would be needed. Experience shows that smokefree environments are self-policing. Smokefree laws empower non-smokers to ask people to comply. Compliance with bans overseas is high and increases over time.

However, we do agree with HANZ that there needs to be a level playing field and would therefore reiterate the need for all hospitality venues to be totally smokefree without exception. This would include clubs:

- 7.5 Clubs which have paid workers and are open to the public are covered by the smokefree provisions in the current Act but compliance is low through misunderstanding. Any amendment of the law should clarify and strengthen the requirement for clubs to be smokefree where there are paid or unpaid workers

Sports Clubs should have very strict controls on smoking, not only to protect paid and unpaid workers, but because they are family friendly environments where children are a normal part of the social scene. The World Health Organisation will be recognising the importance of smokefree sport in next year's World Smokefree Day, the theme of which will be "Tobacco-free Sport".

### Recommendations:

- **That all workplaces are required to be smokefree with no exceptions**
- **That all indoor workplaces be made totally smokefree from 1 January 2003**
- **Any new law should provide for eventual totally smokefree indoor premises if not immediate. In this case, a phase-in period be provided which requires restaurants, as defined by the Amendment, to become totally smokefree from 1 January 2003 and "licensed premises", including casinos, to become totally smokefree from 1 January 2004. During this phase-in period, the 50% provision would apply**
- **That the requirement for smoking rooms be removed**

## 8. Clause 17 Enforcement / Fines

Fines need to be increased. Fines proposed are the same as in the 1990 Act. For these offences to be taken seriously, we believe that fines need to be substantially increased.

## 9. Addition – All Indoor Public Places should be smokefree

Any indoor environments where the public gather at any time should be smokefree. The proposals in the Amendment do not include shopping malls, theatre, concert hall, cinema and hotel foyers, or community halls where the public gather for activities such as Housie. We also believe that Parliament, as the House of Representatives, should be leading by example and therefore should be completely Smokefree by law.

### **Recommendation:**

**That all indoor public places should be smokefree by law.**

## **PART II Tobacco Products Control**

### *Promotion and Advertising*

## **10. Clause 23A Compliant Product Display**

Tobacco product displays are currently used to promote tobacco products at point of sale. Some of these displays are large and make a mockery of laws against tobacco promotion. The provisions in the Amendment for tobacco product display would result in very few changes for the better, for the following reasons:

- i) A display of 100 packages or 40 cartons would result in a very large tobacco promotion at point of sale. Currently, a display of 40 packages at a supermarket check-out would be normal
- ii) Any display at point of sale encourages opportunistic purchase of tobacco products. Agee\* (1997) concluded "*It is clear from numerous studies that bringing a product from the shelf to the forefront, particularly checkout counters, increases the sales of the product.*" (see Appendix for the Agee report<sup>27</sup>). While the provision of purchase opportunities at point of sale still exist, very little is to be gained by tinkering with numbers.

### **Recommendation:**

**That the following criteria are used to guide retailers in the provision of tobacco products:**

The exposure of tobacco products for sale inside a retailer's place of business complies with this section if and only if

- i) no tobacco product is visible from outside the place, and

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\* At the time of writing this report, Tom Agee was Senior Lecturer, Marketing Dept, University of Auckland

- ii) no tobacco product is visible from point of sale unless the place of business is a tobacconist's shop
- iii) no tobacco product is within sight of children's products (as defined by the Supplementary Order Paper)
- iv) customers cannot access the product themselves
- v) that "tobacconist" is redefined to require tobacco sales of 75% of the gross revenue.

We acknowledge the right of the retailer to display a price list which should be no larger than an A4 page and should include a health warning in both English and Maori.

## **11. Clause 29A      Restriction on use of automatic vending machines**

### **We support restrictions on automatic vending machines to reduce impulse buying especially by young people.**

Since the 1997 Amendment to the Act, vending machines have been required to be positioned in restricted areas. The ASH fourth form surveys covering 1992 to 1997, have shown that vending machines are a significant source of cigarettes for teenagers (21.3%)<sup>28</sup>. This has been verified by the Hutt Valley Health Public Health Service study conducted in June 2001 which involved using a 16 year old to purchase cigarettes from vending machines in restricted areas. Eighteen purchases were made from 20 attempts. In each case the teenager requested change to use in the vending machine and no questions were asked. The two failures were not because restrictions were placed on the youth but because the vending machine was not functioning. Clearly the current requirement for vending machines to be confined to restricted areas is not working.

We would support a ban on self-service vending machines. Vending machines should be operated by the person behind the counter or bar. This would ensure that people cannot independently access the cigarettes without first having their ID checked.

#### **Recommendation**

**That self-service vending machines be banned. Any vending machines should be operated from behind the bar.**

### *Sale and Labelling*

## **12. Clause 30AA      Prohibiting the supply of tobacco or herbal smoking products to minors**

The Smokefree Coalition supports this new provision but does not accept that parents, guardians, spouses or partners of the person under 18 should be exempt from the penalties under this clause. The 2000 ASH survey showed that between 14 and 18.5% of the cigarettes fourth formers smoke are obtained from parents and that 28% of Maori girls who smoke, get them from parents.

## **Recommendation**

**That prohibition of supply to minors be extended to parents, guardians, spouses or partners.**

### **13. Clause 30AB Repeat offences of sales to minors**

We support this new provision to deter sales to minors. We note that this clause may make more sense in a context of retailer licensing. Licences could be revoked for non-compliance or repeat offences.

If subsection 3 of this clause restricting withdrawal of sales to less than 3 months, is enacted, there should be a stated provision for enforcement.

### *Testing Reports and Returns*

### **14. Clauses 33, 34, 35 Testing, returns and reporting requirements**

The Smokefree Coalition supports the proposed changes to these sections of the Act. We believe that the Ministry of Health should know which additives are in which brands, the level of harmful constituents and additives in the tobacco and in the smoke by brand, in order to regulate those levels. Consumers also have a right to know the levels of each particular toxin by brand.

However, the legislation does not allow for controls on new brands and cigarettes coming into the country. Currently the industry controls which brands come in on a commercial basis. There are no controls on new brands based on their potential for harm. For example, the legislation cannot prevent cigarettes like Eclipse, which heat rather than burn the tobacco, from coming into the country, when little is known about their potential for harm.

The Smokefree Coalition believes that there should be a requirement to licence each brand as a means of placing restrictions on the type and contents of new products.

## **Recommendation**

**That the Amendment to the Smokefree Environments Act 1990, include provisions for brand licensing.**

### **15. Clause 36 (6) Mock or toy cigarettes**

#### **Mock and toy cigarettes should be banned.**

We note that a penalty is proposed for the sale of mock or toy cigarettes without the corresponding clause prohibiting such sales. There is evidence which suggests that such devices engage children and encourage them to smoke.<sup>29</sup> Common sense would tell us, that products which teach children how to smoke, would encourage them to become smokers later.

It is clear that tobacco manufacturers know of the benefits of confectionery and toy cigarettes to their future sales. Klein and St Clair<sup>30</sup> recently reviewed tobacco industry documents "*which describe co-operation between the manufacturers of tobacco and candy cigarettes, ineffectual trademark*

*enforcement, evidence that candy cigarettes may promote smoking, suppression of unfavourable findings from research sponsored by the confectionery industry and successful attempts to avoid legislation or regulation.”*

Candy cigarettes are restricted or banned in Canada, United Kingdom, Finland, Norway, Australia, Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates.

**Recommendation:**

**That mock, toy and confectionery cigarettes are banned under this legislation.**

*Miscellaneous Provisions*

**16. Clause 39      Regulations**

The Smokefree Coalition strongly supports enabling legislation for regulation-making powers as proposed. We would also recommend that the legislation enables the limiting of the levels of constituents and additives in tobacco and in tobacco smoke.

**Part 2A Powers of Enforcement Officers**

**17. Clauses 41 A,B,C,D,E,F**

The Smokefree Coalition supports proposals to strengthen the powers of the Ministry of Health enforcement officers who currently have few powers under the Act. We believe that to effectively administer and monitor compliance, they need powers of entry, inspection and to require a person to give identifying information.

## References

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- <sup>1</sup> Woodward A, Laugesen M. *Deaths in New Zealand attributable to secondhand smoke*. Wellington, New Zealand Ministry of Health 2000.
- <sup>2</sup> Woodward A, Laugesen M. *Morbidity attributable to secondhand smoke cigarette smoke*. Wellington, New Zealand Ministry of Health 2001.
- <sup>3</sup> Thomson G, O’Dea D, Wilson N, et al. (2000). *The effects of tobacco tax increases on Maori and low income families*. Wellington, Dept of Public Health, Wellington Sch of Med 2000, pp 9-10
- <sup>4</sup> Jones S and Love C. *Survey of the knowledge attitudes and perceptions about second-hand smoke of bar, café and restaurant workers in the Wellington area*: Wellington School of Medicine, February 2000
- <sup>5</sup> Bates M et al. *Assessment of exposures of New Zealand hospitality workers to environmental tobacco smoke*. Report to the Ministry of Health Mar 2001
- <sup>6</sup> Siegel M. *Involuntary smoking in the restaurant workplace*. JAMA, 1993, Vol 270, 490-3.
- <sup>7</sup> Physicians for a Smokefree Canada. *Secondhand smoke*. Sept 1999 p.9
- <sup>8</sup> NSW Passive Smoking Taskforce Report. Sydney, 1997 p43. (New Zealand standards are very similar, both being based on the US standard)
- <sup>9</sup> Report of West Australian Taskforce on Passive Smoking in Public Places. Perth, 1997, pp. 27-30
- <sup>10</sup> Repace JL, Lowrey AH. *An enforceable indoor air quality standard for environmental tobacco smoke in the workplace*. Risk Analysis, 1993; Vol 13: No 4
- <sup>11</sup> Broadbent C, Wesley S. *Ventilation issues and risks from exposure to environmental tobacco smoke (ETS)*. Report commissioned by the NSW Passive Smoking Taskforce Aug 1996, p7
- <sup>12</sup> As for 8 above
- <sup>13</sup> Roy P. *Control of Environmental tobacco smoke in New Zealand bars and restaurants*. Report to the Smokefree Coalition June 2001
- <sup>14</sup> Ministry of Health. *Secondhand smoke and the hospitality industry*. Drug Policy Update 2001; pp. 4-5
- <sup>15</sup> WHO. *Policies to reduce exposure to environmental tobacco smoke*. Copenhagen, WHO, 2000, p4.
- <sup>16</sup> Glantz S. *Effect of Smokefree bar law on bar revenues in California*. Tobacco Control 2000; 9(1): 111-112
- <sup>17</sup> Scollo M, Lal A. *Summary of studies assessing the impact of smoking restrictions on the hospitality industry*. VicHealth Centre for Tobacco Control, Melbourne, 2001
- <sup>18</sup> The New Zealand Education Gazette (Dept of Education 1998)
- <sup>19</sup> As for 4 above
- <sup>20</sup> Eisner M et al, *Bartenders’ respiratory health after establishment of smokefree bars and taverns*. JAMA, Vol 280, No. 22, Dec 9 1998.
- <sup>21</sup> Occupational Safety and Health policy on second-hand smoke
- <sup>22</sup> NRB survey for the Ministry of Health. *Attitudes toward environmental tobacco smoke*. 1999
- <sup>23</sup> Thomson G. *Secondhand smoke arguments and experience in Australia. The relevance of the Australian experience for New Zealand health advocates*. Report for Smokefree Coalition, ATA and ASH Feb 28 2001
- <sup>24</sup> Brown SK, *Indoor Air Quality*, CSIRO Environment Australia Technical Paper Series (Atmosphere)
- <sup>25</sup> American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) which sets the standards on which New Zealand standards are based, has stated that it cannot design a ventilation system which can adequately accommodate tobacco smoke.
- <sup>26</sup> As for 17 above.
- <sup>27</sup> Agee T. *Evaluation of tobacco point-of-sale material as advertising*. Report to the Ministry of Health 27 April 1998

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<sup>28</sup> Laugesen M, Scragg R. *Changes in cigarette purchasing by fourth from students in New Zealand 1992-1997.* NZMed J 1999; 112: 379-83

<sup>29</sup> Klein JD, St Clair S. *Do candy cigarettes encourage young people to smoke?* BMJ 2000;321: 362-365 (5 August)

<sup>30</sup> Ibid.