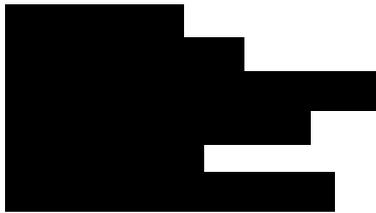




**From the President**

30 June 2016



Via Email: [Redacted]

Dear [Redacted]

**Draft Smoke-free Environment Regulation 2016**

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to provide its feedback on the draft *Smoke-free Environment Regulation 2016*.

The RACP is a diverse organisation responsible for training, educating and representing over 23,000 physicians and paediatricians across Australia and New Zealand, including public health physicians, thoracic specialists, oncologists and addiction medicine physicians.

The RACP continues to be a strong advocate for the introduction of policies and legislative measures that contribute to further reducing the prevalence and uptake of smoking as well as the exposure to second-hand smoke with the aim of Australia becoming a 'smoke-free' society.

Public health measures are working; this is evidenced by the decrease in the daily smoking rates which has halved over the period between 1991 and 2013. However, despite this progress, an estimated 15,000 Australians still die every year as a result of smoking-related illnesses, demonstrating that there is a great deal of work yet to be done.<sup>1,2</sup>

Given that no level of exposure to second-hand smoke is free of risk, our view is that the proposed draft Smoke-free Environment Regulation 2016 does not go far enough. As it stands, the current draft regulation continues to define indoor areas as public places where "the total area of the ceiling and wall surfaces (the total actual enclosed area of the public place) is more than 75 per cent of its total notional ceiling and wall area". The threshold of 75

<sup>1</sup> Australian Institute for Health and Welfare. National Drug Strategy Household Survey detailed report: 2013. Canberra: 2014 Cat. no. PHE 183.

<sup>2</sup> Australian Government, Department of Health. Tobacco Control: Key Facts and Figures, <http://www.health.gov.au/internet/main/publishing.nsf/Content/tobacco-kff#footnotes>. Accessed 1 June, 2016.

percent is inappropriate and detrimental to public health as it effectively allows smoking in public places that are essentially indoor areas. In addition, we believe this definition is confusing for both the public and business owners.

To effectively reduce exposure to tobacco and smoke, the RACP advocates that **all** indoor areas as well as **all** outdoor dining and drinking areas should be smoke-free and that this should be reflected in the revised Smoke-free Environment Regulation 2016. These stricter regulatory measures would not only further protect non-smokers from harmful second-hand smoke exposure, it would also have beneficial impacts for current and past smokers.<sup>3</sup> Smoke-free public places assist past smokers in avoiding relapse, provide an incentive for current smokers to quit and reduce consumption from current smokers.

These measures would also reduce the current confusion around the definition of indoor and outdoor areas in the Smoke-free Environment Regulation, thereby making its effective implementation and enforcement more straight forward.

Should you require any further information regarding this response, please contact [REDACTED] Senior Policy Officer, on [REDACTED]

Yours sincerely

Dr Catherine Yelland PSM

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<sup>3</sup> International Agency for Research on Cancer. Evaluating the effectiveness of smoke-free policies. Handbooks of cancer prevention, tobacco control, vol. 13. Lyon, France: IARC, 2009, p.260. Available online: <http://www.iarc.fr/en/publications/pdfs-online/prev/handbook13/handbook13.pdf>