



Reducing harms from smoking in Yarra: Background Paper

FOREWORD

In March 2011, Council resolved to take action to reduce the harms relating to smoking. The resolution (see Appendix A) included action to:

- immediately display stickers in playgrounds advising against smoking (see Appendix A for full text and copy of signage), and
- undertake community consultation into proposals to ban smoking in selected outdoor public places including:
 - playgrounds
 - parks
 - entrances to Council buildings
 - Council events, and
 - outdoor dining areas.

The resolution also calls for a report back to Council in the last quarter of 2011, following consultation with the community about how to reduce smoking related harms, the level of community support for bans, and impacts of a ban on smoking in certain public places.

Due to the complexity of the issue of reducing harms from smoking, a range of consultation activities took place from April – September 2011. Activities included an online discussion forum, stakeholder workshops, stakeholder surveys, engagement of business and health sectors, playground signage, and face to face meetings. (See Appendix C for summary of consultation outcomes). This consultation process has generated ideas, feedback and information on locally appropriate recommendations for Council to consider.

The purpose of this background paper is to provide an overview of the current issues relating to reducing health related harms linked to smoking in Yarra, and to provide a context for developing a local approach to reducing smoking related health harms. The paper and consultation is primarily considering smoking from a health perspective rather than a public nuisance, or environmental issue. This position has been taken as it links with the direction of Council's [Health Plan 2009 – 2013](#) which identifies reducing the harms related to tobacco as a priority area.



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PART A – INTRODUCTION TO SMOKING

1. Health impacts of smoking

There is a large amount of evidence that concludes that smoking is detrimental to the health of smokers and the people around them.

Harms to smokers

According to the Australian Institute of Health and Welfareⁱ, tobacco is the single most preventable cause of ill health and death in Australia and is estimated to be responsible for 7.8% of the burden of disease among Australians. Quit Victoriaⁱⁱ claims smoking harms nearly every organ in the body, reduces general health and can lead to fatal diseases. They also claim half of all lifetime smokers will die because of their smoking from diseases including:

- heart disease, heart attack and stroke
- cancer of the lung, mouth, nose, throat, oesophagus, pancreas, kidney, liver, bladder, bowel, ovary, cervix, bone marrow and stomach
- lung diseases such as chronic obstructive pulmonary disease (COPD), which includes chronic bronchitis and emphysema.

Pregnant women who smoke have an additional increased risk of miscarriage, stillbirth, premature birth, low birth weight, complications during birth, and sudden infant death syndrome (SIDS) once the baby is born.ⁱⁱⁱ

Harms from passive smoking

Passive smoking is the term used to describe when a person inhales other people's tobacco smoke. This second-hand smoke contains dangerous compounds, making passive smoking a serious health risk to both smokers and non-smokers^{iv}. While active smokers are at greater risk of disease or death due to smoking than non-smokers are from exposure to secondhand smoke, there is evidence that indicates breathing in even small amounts of this smoke can be harmful to a person's health^v. The degree of harm varies from possible eye and throat irritations, to death, depending on the frequency and level of exposure. For example, daily exposure in an enclosed space is associated with higher levels of harm, than infrequent exposure experienced from walking past a smoker in an outdoor environment.

The State Government of Victoria^{vi} states that passive smoking is dangerous to everyone, but children, pregnant women and partners of smokers are most vulnerable. Health risks for children include increased risk of sudden infant death syndrome (SIDS or cot death); respiratory illnesses (eg bronchitis and pneumonia); asthma; colds, coughs, (middle ear infections), and meningococcal disease. Lungs function and growth can also be affected. Health risks for people who have never smoked, but who live with partners who smoke, are at increased risk of a range of tobacco-related diseases, similar to those smokers experience, for example, a 20 to 30 per cent higher risk of developing lung cancer.

It is estimated that in the financial year 2004–05, 113 adults and 28 infants in Australia died from diseases caused by second-hand smoke in the home^{vii}. However, there is little research investigating the harms associated with second-hand smoke in outdoor spaces.

Denormalisation and take-up of smoking

The mean age of initiation for tobacco use in Australia is 16 years^{viii}, and it can be assumed some of those who try smoking at this age become regular ongoing smokers. This age of initiation suggests that actions to prevent take up should be aimed at young people, which may result in lower rates of smokers in years to come. Quit Victoria^{ix} reports that non-smoking people, including young people, are taking up smoking every day and they believe witnessing smoking as a 'normal' behaviour is contributing to this. 'Denormalising', (as it is referred), is considered by some health professionals as an important measure in reducing smoking rates. A key argument for the banning of smoking in outdoor areas such as children's playgrounds relies on this theory.

Passive Smoking Legislation in Victoria

There is a large evidence base supporting the health detriment that can be experienced from passive smoking, although these findings apply to indoor passive smoking, not outdoor. As will be discussed later in this paper, there is legislation that restricts smoking in areas where passive smoking may adversely affect the health of others - this is currently applicable to indoor areas only (eg workplaces, some cars, dining areas). It is possible the State or Commonwealth Governments may extend these bans to include outdoor public spaces in the



future, if evidence for outdoor passive smoking is as plentiful and conclusive as the research that exists for indoor passive smoking.

2. Smoking in Australia

How many people smoke?

The 2010 National Drug Strategy Household Survey Report (ADSHSR)^x provides a reliable and current source of data around rates of smoking in Australia. The report shows:

- 15.1% of the Australian population over the age of 14 are daily smokers (which equates to around 3.3 million people)
- 18.1% had used tobacco in the previous 12 months
- 24.1% of the population are ex-smokers, and
- 57.8% have never smoked.

These results show that smoking rates are declining, and the amount of people who have never smoked is increasing, as can be seen in the ADSHSR table below. Despite this reduction, tobacco is still one of the most commonly used, available and acceptable drugs in Australia and contributes to more hospitalisations and deaths than alcohol and illicit drugs combined.^{xi}

Table 3.1: Tobacco smoking status, people aged 14 years or older, 1991 to 2010 (per cent)

Smoking status	1991	1993	1995	1998	2001	2004	2007	2010
Daily	24.3	25.0	23.8	21.8	19.4	17.5	16.6	15.1
Weekly	2.8	2.3	1.6	1.8	1.8	1.6	1.3	1.5
Less than weekly	2.4	1.8	1.8	1.3	2.0	1.6	1.5	1.4
Ex-smokers ^(a)	21.4	21.7	20.2	25.9	26.2	26.4	25.1	24.1
Never smoked ^(b)	49.0	49.1	52.6	49.2	50.6	52.9	55.4	57.8

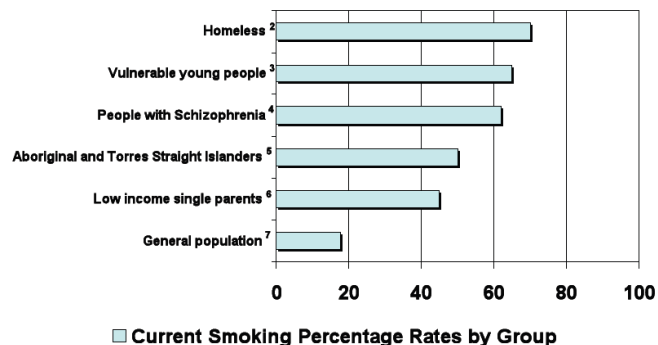
(a) Smoked at least 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life, and reports no longer smoking.

(b) Never smoked 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco.

Note: Some trend data were updated in 2010 and may not match data presented in previous reports.

Vulnerable/ over represented groups?

Research shows a person's smoking status varies by their social characteristic/ situation, such as employment, socio-economic and education. Higher than average rates of smoking are reported for Aboriginal people, people experiencing mental illness, people without employment, vulnerable young people and low income single parents, as is represented below.^{xii}



This supports the theory that smoking is claimed to be 'undoubtedly one of the major markers of and contributors to social disadvantage in Australia' with higher rates of smoking being one of the major drivers of poorer health status in economically disadvantaged areas and groups.^{xiii} The relationship between smoking and disadvantage is reciprocal and reinforces disadvantage, and groups facing multiple disadvantages are more likely to start smoking, smoke more heavily and smoke for longer (more years).^{xiv}



What is the cost of smoking in Australia?

In 2006, the Victorian Department of Human Services commissioned the report 'Counting the costs of tobacco and the benefits of reducing smoking prevalence in Victoria'.^{xv} The report estimated the tangible cost of tobacco use in Australia was estimated to be \$12.0 billion in 2004–05. It also concluded that there is great benefit in running smoking cessation programs, given they yield high rates of return.

What is motivating Australians to quit smoking?

Although commonly recognised as a difficult thing to do, quitting smoking immediately improves a person's health- their body begins to repair the damage done, and passive smoking related harms are reduced for those around them^{xvi}. This makes promoting cessation of smoking beneficial not only to reduce potential harms, but to 'undo' damage already done.

The table below^{xvii} identifies reasons Australians gave for quitting and shows that costs, fitness, knowledge of health effects, anti smoking advertising, and requests from family members/ friends are highly identified reasons. This suggests current actions and legislative restrictions (see section 4) are helping reduce smoking in Australia, but more work can be done particularly for vulnerable groups.

Table 3.14: Factors that motivated change to smoking behaviour, smokers aged 14 years or older who reported a change in behaviour, by sex, 2010 (per cent)

Factor	Males			Females			Persons	
	2007	2010		2007	2010		2007	2010
Health warnings on cigarette packets	19.1	15.4	↓	19.7	15.1	↓	19.4	15.2
Government TV, press or radio ads	15.6	13.0		15.5	14.1		15.5	13.6
Tobacco Information Line	0.4	*1.2		1.1	*0.8		0.7	1.0
QUIT line	2.2	1.8		2.7	1.5	↓	2.4	1.6
I wanted to get fit	29.5	28.4		25.1	21.3	↓	27.4	25.0
I was pregnant or planning to start a family	2.7	2.1		11.3	8.8		6.8	5.4
I think it was affecting my health or fitness	45.7	46.8		44.2	41.7		45.0	44.3
My doctor advised me to give up	14.8	15.2		12.8	14.7		13.9	15.0
Family or friends asked me to quit	25.6	26.8		24.4	26.7		25.0	26.8
I was worried it was affecting the health of those around me	21.3	16.6	↓	21.4	18.5		21.4	17.5
It was costing too much	34.5	42.1	↑	37.2	46.2	↑	35.8	44.1
Smoking restrictions in public areas	13.2	10.5		14.2	12.0		13.7	11.2
Smoking restrictions in the work place	9.2	8.7		6.0	5.2		7.7	7.0
Information on an internet website	n.a.	*1.2		n.a.	*0.5		n.a.	*0.8
Pamphlets or brochures on how to quit	n.a.	2.3		n.a.	1.6		n.a.	2.0
Other	11.8	9.8		13.1	11.5		12.4	10.6

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

Notes

1. Base is recent smokers who reported making changes to smoking behaviour.
2. Respondents could select more than one response.

3. Smoking in Yarra

It has been reported that 19.9% of Yarra's population (aged 18+) smoke compared to the 19.1% Victorian average^{xviii}. There is a lack of local data that conclusively identifies who in Yarra smokes, although it is possible the smoking rates could be linked to the:

- high number of visitors to the area (for pubs, restaurants, cafes, shops, services and significant sites)
- high number of adult residents (approximately 87% of the population is aged 18+)^{xix}
- high number of resident groups/ people experiencing socio-economic disadvantage according to the Australian Bureau of Statistics' Socio-Economic Index for Areas (SEIFA) data^{xx}. (10% of the Yarra population is classified as very disadvantaged, far greater than the average 1% for Melbourne).

Given the associated health impacts of smoking, action to reduce the harms relating to smoking are on Council's agenda and have been identified as a priority.



PART B – WHAT IS CURRENTLY BEING DONE

4. What is the Government doing to reduce health harms caused by smoking?

(a) Federal Government

The Commonwealth Government's actions to reduce the harms caused by smoking are highlighted in the following section.

Framework Convention on Tobacco Control: In 2004, the Commonwealth Government became a signatory to the World Health Organisation's **Framework Convention on Tobacco Control** (WHO FCTC). The WHO FCTC is an evidence-based treaty that reaffirms the right of all people to the highest standard of health and was developed in response to the worldwide tobacco epidemic. It was adopted by the World Health Assembly on 21 May 2003, entered into force on 27 February 2005 and has since become one of the most rapidly and widely embraced treaties in United Nations history.

The Convention represents a milestone for the promotion of public health and provides new legal dimensions for international health cooperation. More can be found [here](#).

The obligations Australia has agreed to meet are to:

- Protect public health policies from commercial and other vested interests of the tobacco industry
- Adopt price and tax measures to reduce the demand for tobacco
- Protect people from exposure to tobacco smoke
- Regulate the contents of tobacco products
- Regulate tobacco product disclosures
- Regulate the packaging and labelling of tobacco products
- Warn people about the dangers of tobacco
- Ban tobacco advertising, promotion and sponsorship
- Offer people help to end their addictions to tobacco
- Control the illicit trade in tobacco products
- Ban sales to and by minors.

Federal Government Smoking Legislation: Tobacco control is addressed in a number of Federal Government Acts and Legislation, including

- *Smoking and Tobacco Products Advertisements (Prohibition) Act 1989*
- *Tobacco Advertising Prohibition Act 1992*
- *Trade Practices (Consumer Product Information Standards) (Tobacco) Regulations 2004.*

To summarise, legislation:

- bans tobacco advertising in published and broadcast media
- restricts the acknowledgement of tobacco company sponsorship for marketing purposes
- only permits point of sale advertising in shops providing it (a) is within the boundaries of the shop, (b) not affixed to an outside wall, window or door of the shop, and (c) faces the inside of the shop if placed on a window
- requires health warnings on all retail packages of tobacco products
- prohibits smoking in Commonwealth workplaces, aircraft, airports, interstate trains and federally registered motor coaches
- applies excise duty on all tobacco products.

Since 2007, the Federal Government has:

- invested funds with states and territories over six years in the National Partnership Agreement on Preventive Health, including funds for national anti-smoking social marketing campaigns
- provided funds for targeted anti-smoking social marketing campaigns for high-risk and hard to reach groups
- invested funds to reinvigorate the National Tobacco Strategy



- invested funds to tackle Indigenous smoking through the COAG Closing the Gap in Indigenous Health National Partnership and the Indigenous Tobacco Control Initiative
- continued to subsidise 'stop smoking' supports through the Pharmaceutical Benefits Scheme

and, most recently, in May 2011 declared plain packaging for tobacco products will be required from 1 July 2012.^{xxi}

(b) State Government

The Victorian State government also acts to reduce the harms caused by smoking and is said to be a world leader in tackling the avoidable illness and death that result from tobacco smoke^{xxii}.

Recent Tobacco Control Legislation in Victoria: On 1 March 2006, smoking was declared prohibited in all enclosed workplaces (workplaces of paid staff and volunteers), through the Victorian Workplace Laws 2006, under the *Tobacco Act 1987*.

In August 2008, a public consultation to hear community views on the next steps for tobacco control in Victoria was conducted. The consultation found substantial support for legislative reforms, particularly those which protect children from the dangers of environmental tobacco smoke and which reduced the likelihood of youth smoking initiation.

In December 2008 the Victorian Tobacco Control Strategy 2008-2013 was released. The strategy, which is currently being implemented, aims to:

- reduce smoking among adults by 20 per cent
- reduce smoking among pregnant women by 50 per cent
- reduce smoking among Aboriginal and other high prevalence groups by at least 20 per cent.

This Strategy, in conjunction with the *Tobacco Amendment (Protection of Children) Act 2009*, hopes to achieve these targets by:

- banning point of sale displays in retail outlets (effective 1 January 2011)
- banning smoking in cars carrying children under 18 years of age (effective 1 January 2010)
- banning the sale of cigarettes from temporary outlets (effective 1 January 2010)
- providing the Minister with the power to ban youth-orientated tobacco products and packages (effective 1 January 2010)
- banning smoking on Government school grounds (effective 1 July 2009)
- making amendments to penalties and enforcement provisions including:
 - amending the definition of 'occupier' (the definition of 'occupier' was amended to include occupiers who appear to be in control of the area even if not physically present. For example, the owner or manager of a workplace is no longer able to escape liability for allowing smoking to take place, simply by absenting themselves from the premises)
 - power for the Secretary of the Department of Health to request the names and addresses of persons supplied with tobacco in an electronic format
 - increasing the maximum infringement penalties for a number of offences, and specific provisions for higher 'body corporate' offences.

The State government also provides funding to local councils to undertake smoking education and enforcement activities, through Public and Environmental Health responsibilities.

(c) Local Government

According to the *Local Government Act 1989*, the primary objective of a Council is to 'endeavour to achieve the best outcomes for the local community' and in achieving this objective, must have regard to improving 'the overall quality of life of people in the local community.'^{xxiii} Further, the *Public Health and Wellbeing Act 2008*^{xxiv} defines the role of a Council 'to seek to protect, improve and promote public health and wellbeing.'

Given the affect tobacco can have on the health, wellbeing and quality of life of individuals and local communities, it is appropriate for Councils to consider the impact of tobacco in their municipality. While local Councils do not have any specific statutory requirements outlined in the *Tobacco Act 1987*, they do have the powers to enforce its provisions, and as such, play a key role in education and enforcement in relation to tobacco control.



According to the Municipal Association of Victoria (MAV), Victorian councils contribute to reducing the harms related to smoking in numerous ways, including:

- as one of the regulators of the Victorian Governments anti-smoking legislation (eg Council staff visiting workplaces, tobacco retailers, licensed premises and eating establishments to ensure relevant legislation is being observed, and if not, issue infringement notices)
- as a community educator about the negative effects of smoking
- representing the views of their local communities (which may be diverse) to State and Federal Governments
- initiating local laws or policies banning smoking in areas not covered by state legislation (as supported by the *Local Government Act 1989*)
- incorporating smoking prevention strategies into their Municipal Public Health and Wellbeing Plans and other council plans, and
- as an employer of many people.^{xxv}

The MAV, after consulting with Victorian Councils, is currently advocating to the Victorian Government for a state-wide outdoor smoking framework to be developed to guide councils. There has been no definitive response from the State Government as of yet, however tobacco control is one of 9 identified intervention areas of the *Victorian Public Health and Wellbeing Plan 2011 - 2015*. Any future funding and new community initiatives from this plan are likely to focus around the identified intervention areas, which will enhance the activities being undertaken as part of Councils Health Plan.

(d) Yarra City Councils current role / response

Yarra City Council is committed to improving the health and wellbeing of its residents and is already actively taking measures to reduce the harms related to tobacco use.

Yarra City Councils documents

- **Council Plan 2009 – 2013:** Yarra's Council Plan identifies one of its five Strategic Objectives as 'Serving Yarra's Community- providing human services that meet the needs of a wide range of residents to maintain their health and wellbeing'.
- **Health Plan 2009- 2013:** Every Victorian Council is required under the *Public Health and Wellbeing Act 2008* to produce a Municipal Public Health Plan. The purpose of this document is to identify and respond to relevant local health issues and dangers, and enable the local community to achieve maximum health and wellbeing. Yarra's *Health Plan 2009 – 2013*, as it is known, is based on the need to address the social determinants of health in order to improve health and wellbeing. This model of health explains that health and wellbeing is affected by the social, political and physical environment a person is exposed to, not just their genetic makeup. The *Health Plan 2009-2013* identifies four priorities areas for action. One of these priorities is 'Reducing the harm from alcohol, tobacco and other drugs'. Some activities Council will undertake to address this priority area include:
 - monitoring statistics and impacts of tobacco use
 - promoting social alternatives to the use of tobacco
 - gaining a greater understanding of the gendered impacts of tobacco by considering gender disaggregated data
 - promoting Council as a positive organisational role model through providing a smoke free workplace
 - advocating to and working with other levels of government to influence larger issues such as the extent of cultural acceptance of smoking
 - adopting partnership approaches to tackling these issues.

The Health Plan is currently in its second year of implementation, and additional activities and initiatives to reduce the harms related to smoking may be initiated between now and 2013.

Yarra City Council actions

A variety of work areas within Council already contribute to reducing the health harms relating to tobacco use in the community. These include:



- **Public Health Unit** - Council Officers regulate the sale of tobacco to minors (inspect tobacco retailers, investigate complaints, test purchasing, and run education programs in partnership with retailers), conduct tobacco education and enforcement with retailers, eating establishments, and licenced premises (including vending machines and outdoor dining and drinking areas) and follow up workplace smoking complaints.
- **Maternal and Child Health (MCH) Nurses** - MCH nurses have undergone training to equip them to discuss smoking with new parents. If a member of the family smokes, the nurses provide education and strategies to reduce the impact of smoking on their newly born baby. For those who express interest in quitting, support, referrals and assistance is offered. MCH nurses continue to support families to reduce the impact of smoking on their children for the duration of their contact. In 2009/10 MCH nurses in Yarra discussed the impact of smoking with 911 families, resulting in 46 referrals to QUIT and as at July 2011, 336 interventions resulting in 22 referrals to QUIT.
- **Yarra Leisure Services** - Smoking is banned at Yarra Leisure centres, including the outdoor pool at Fitzroy, the undercover area of the Pro Shop at Burnley Golf Course and entrances to Collingwood, Fitzroy and Richmond Recreation Centres.
- **Occupational Health and Safety** – In regards to Yarra City Council as a workplace, the Occupational Health and Safety area enforce, educate and promote laws that ban smoking in the workplace. They also aim to eliminate environmental tobacco smoke (ETS) in the workplace by designating smoking areas that minimise the possibility of ETS drifting into doors and windows. In addition, staff who smoke are periodically supported to participate in subsidised Quit programs.

Yarra City Council's advocacy

Yarra City Council responded to the MAV submission for a state-wide outdoor smoking framework for local Councils to be developed (see section 4). The response stated any agreement between local government and the State Government on a policy towards smoking needs to:

- respect local approaches to dealing with health priorities
- understand the health determinants as to why people smoke and ensure these inform local responses to reduce smoking
- anticipate and reduce the likely negative impacts of introducing bans on smoking in specific places, and
- introduce funding for local responses to reduce smoking.

5. Who else is attempting to reduce the harms related to smoking?

There are a large number of community and non-government organisations taking action to reduce harms related to smoking. These include large-scale programs dedicated to smoking cessation, such as [Quit Victoria](#), and smaller programs, such as smoking cessation/ reduction counselling, run by community health centres and organisations. In Yarra numerous organisations run smoking cessation/ reduction programs. The following are three examples:

- **North Yarra Community Health (NYCH)** – ‘smoking cessation activities’
NYCH play an important role in secondary and tertiary tobacco harm prevention offering smoking cessation programs, nicotine replacement therapy, drug and alcohol counselling, support from Doctors, and access to exercise and activity programs to keep clients focused on their health.
- **Mental Illness Fellowship Victoria** – ‘Talking about Tobacco’
Talking about Tobacco is a free, 10 week group smoking cessation program for people living with a mental illness. The group meets weekly to discuss a different topic including triggers to smoking, coping with withdrawal and nicotine replacement therapy. The program provides people experiencing difficulties with their mental health with the tools they need to reduce smoking at their own pace, with essential support and strategies in place.



- Victorian Aboriginal Health Service – ‘Tobacco Action’
Tobacco Action is a federally funded program aiming to reduce rates of smoking in the Aboriginal and Torres Strait Islander Communities. A dedicated worker works onsite and as outreach to assist individuals who wish to quit, or reduce the amount they smoke. This is achieved via workshops and targeted programs (eg youth, mothers), awareness raising (eg financial impact, success stories, education), workplace policies (eg ceasing cigarette sharing between on-duty staff members and clients, smoke free environments) and individual support and counselling.



PART C – WHAT ELSE COULD BE DONE

6. Why are we talking about this now?

Heart Foundation and Quit Victoria campaign

Recently, Quit Victoria and Heart Foundation Victoria have collaboratively called on local councils to introduce smoke free policies in outdoor areas. Proposed areas include children's playgrounds, outdoor dining areas, sporting facilities and council run/ sponsored events. The intended outcomes of introducing bans in outdoor areas include reducing harms related to second hand tobacco smoke, and denormalising smoking by making it less visible and less socially acceptable.

A [resource](#) kit was supplied to local governments in late 2010 to assist with the development and implementation of a smoke free outdoor policy.

Following this campaign, Council carried a Notice of Motion to *'Investigate a local law for prohibition of smoking in confines of Playgrounds at Council Reserves.'* The notice included a request for a report back to Council in the last quarter of 2011 on the community consultation and possible other outdoor areas becoming smoke free. See Appendix A for full text.

The Health Plan 2009 – 2013

Yarra City Council is in its second year of implementing the Council's municipal public health plan, or the 'Health Plan' as it is known. There are 4 priority areas identified in the plan, with priority area 2 being 'Reducing harms from alcohol, tobacco and other drugs'. The activities being undertaken around reducing harms relating to smoking seek to respond to this priority area.

7. What are other Victorian local governments doing?

Several Victorian local governments have taken steps to reduce the harms relating to smoking in their municipalities. A summary of actions for the 9 of the 79 Victorian local governments who have implemented smoke free areas is below.

LGA	Summary of Policy
Baw Baw Shire Council	Have developed a draft Smoke Free Outdoor Areas Policy. This will be applied as a 12 month trial, commencing on 1 August 2011. Areas where smoking is not allowed include: <ul style="list-style-type: none"> • central activity districts • sports grounds • playgrounds, kindergarten entrances and near mobile library • Council facilities entrances • outdoor dining areas • taxi ranks and bus stops.
Monash City Council	Introduced Local Law 3A, banning smoking in playgrounds in 2007. Have commenced development of a new Local Law (effective from 1 October 2011) to extend a ban on smoking: <ul style="list-style-type: none"> • at Council-owned swimming pools • adjacent to designated buildings at sporting and recreational reserves • on designated Council-owned or managed land, buildings and facilities • at Council sponsored events.
Frankston City Council	Following a trial from November 2010, Council have banned smoking in designated high pedestrian traffic areas of Frankston's city centre. Commencing formal processes to seek further community support for the future ban of outdoor smoking in: playgrounds; botanical gardens; natural reserves; and



	upon application, entrances and exit points of Pre-schools, Primary and Secondary Schools. Recently reversed bans in outdoor dining areas in smoke free zones.
Surf Coast Shire	Have a smoke free beaches policy
Hobsons Bay City Council	Have a smoke free beaches policy and playgrounds
Port Phillip City Council	Have a smoke free beaches policy
Moonee Valley City Council	Have had a ban on smoking at children's playgrounds since 2008
Manningham City Council	Have a ban on smoking at children's playgrounds
Moreland City Council	Have had a ban on smoking at children's playgrounds since 2009

8. Yarra City Council new actions:

Yarra Council is currently reviewing the evidence, arguments for, and community opinions on smoking bans in outdoor areas and other strategies to determine the best, most appropriate approach in reducing the harms relating to smoking for the Yarra community.

To enable this, Council undertook an extensive 6-month community consultation process. This is consistent with Councils commitment to community consultation, as featured in the [Council Plan](#) and [Community Engagement and Consultation Policy](#). The focus of the consultation was to work with the community to develop options appropriate and effective in reducing the harms from smoking in Yarra. Council encouraged participation from a wide range of stakeholders, including local businesses, health and community professionals, the resident population, and special interest groups. Key questions of interest were around options to reduce smoking in the municipality, and thoughts on the impact of proposed bans.

The consultation was conducted as an activity under the Health Plan 2009 - 2013 and will inform how the priority area of 'Reducing harm from alcohol, tobacco and other drugs' will be implemented in subsequent years of the Plan.

Key features of this 6 month consultation included:

- an [online discussion forum](#)
- this Background Consultation Paper, developed over the course of the consultation
- meetings with community groups, trader associations, health and wellbeing services
- stakeholder forums
- stakeholder surveys



Figure 1: Stages of the Smoking Consultation Project, 2011



PART D – THE WAY FORWARD FOR YARRA

9. What does Yarra need to consider?

(a) Key issues in Yarra

In deciding on future actions to reduce the harms relating to tobacco, the following key issues relevant to Yarra need to be considered:

Groups experiencing socio-economic disadvantage

As discussed in section 2 there is a link between disadvantage and smoking, with higher rates of smoking prevalent in disadvantaged groups. Yarra is home to many socio-economically disadvantaged groups, including people experiencing homelessness, disability, mental illness, unemployment and/or low incomes. While there is no local evidence to show who the smokers in Yarra are, if they belong to these disadvantaged groups, a major concern for Council is that these are the groups who have the least resources and capacity to stop smoking and are the most at risk of being socially 'excluded' by proposed bans. Council also acknowledges that a ban on smoking in public places may have consequences that outweigh health benefits related to passive smoking in outdoor areas, including further excluding socially disconnected people, moving smokers to areas with fewer facilities or community amenities, and encouraging smoking in private (enclosed) spaces.

Groups that Council needs to give particular consideration to, include:

- **Aboriginal community** (smoking rates of 50%). There are many Aboriginal services located in Yarra, and several locations that are traditional meeting places for this community. Initial consultation with this community has indicated they share cigarettes as a cultural engagement tool – a reason to engage in a conversation. This engagement allows for social connectedness between Aboriginal people, and Aboriginal people and service providers. Initiatives to reduce smoking, eg bans, need to take into account the use of public places which may be culturally significant sites used by this community and the effects of disallowing smoking in those locations.
- **People with a mental illness** (smoking rates of 60-80%). Many health and support services for people with a mental illness are located in the Yarra. Considerations of people who access these services, or are being encouraged to access these services need to be taken into account to ensure a ban would not discourage smokers from accessing services.
- **Unemployed people** (smoking rates of 30%). Many services for unemployed people are in Yarra. Smokers seeking access to employment services or job opportunities in Yarra will need to be considered to ensure they are not discouraged from accessing services.
- **Low-income single parents** (smoking rates of 40+%). Many low-income single parents live in Yarra. Consequences of banning smoking in public places such as parks and playgrounds may impact on this vulnerable group, through discouraging them to utilise public space and amenities for leisure, social connectedness or fitness. An additional outcome could also be that single parents smoke in their residence, which puts those around them at risk of the proven harms associated with passive smoking (see section 1).

Contest for, and community use of public space in Yarra

Inner-city municipalities are experiencing an increasing 'contest' for fixed public space. Yarra's growing resident population and thriving activity centres lead to competing ideas around the use of public space, and smoking in these public places is no exception. There is great demand on Council to maintain and create new and existing public spaces, and many conflicting ideas over what should be done with the space that exists.

Banning residents and visitor from utilising public spaces due to certain (legal) behaviours is something Council will need to consider and assess if it fits with their larger council views, values and commitment to the community. If the evidence suggests passive smoking outdoors is proven to pose a large health risk, this may persuade the outcome, however, if council deems the current evidence base as insufficient, it is more likely smoking in public places (in the context of contest for space) will be viewed from a 'nuisance' point of view rather than a health one.



As a result of residential areas in close proximity to each other and to activity centres, smoking also presents as a problem for non-smoking residents when they experience environmental tobacco smoke drift from outdoor smoking areas (eg of hotels, cafes), or from neighbouring residences. Striving for a balance in a community made up of many different groups and situations is, at times, a difficult task and one Council is often looked upon to 'solve' and take responsibility for. A consistent message of Council's plans and strategies is to encourage diversity and increase a culture of tolerance and consideration. Future directions in reducing the harms from smoking will also need to consider this.

Yarra's diverse socio-economic population

Yarra has a diverse socio-economic population, including residents with the second highest median wage in Victorian, and also residents who live in public housing. Yarra has not always been this way though. The municipality was traditionally home to very working class suburbs, including Collingwood, Fitzroy and Richmond. High-rise public housing was built in the 1960s and 1970s and Victoria's largest public housing population currently live in Yarra. In the 1980's, inner-city living became more popular and low house prices resulted in gentrification (when wealthy people acquire property in lower income areas). Public housing dwellings have not kept pace with population growth since the 1990s, and consequently the allocation of housing has been prioritised to the most disadvantaged. Low socio-economic status is associated with both public housing residents and smokers, suggesting a possible contributing factor to Yarra's smoking rates.

Yarra's diverse socio-economic population also links to contest for space, as conflicting needs and wants within the community makes the issue of reducing harms related to smoking difficult as different sub populations respond differently with solutions and concerns.

Reasons people smoke

Individuals start and continue smoking for numerous reasons, including physical addiction (to nicotine), for perceived stress relief, improving social bonding and popularity, alleviate boredom, seeing it as a normal behaviour, for enjoyment, to experiment or as a coping mechanism. Each smoker may have a different reason/s for smoking, and they may or may not be interested in, ready to, or supported in quitting at the same time. This, combined with the many reasons people smoke, needs to be considered in community harm reducing activities. For example, focussing on smoking cessation programs alone will not address smoking related harms experienced by smokers who are not able/ready/interested in quitting at that time. Given the lack of local data around smoking in Yarra (such as reasons people smoke, and the number of people interest in/capability of quitting at present), Yarra needs to determine what action/s will be most effective in reducing harms related to smoking. Future action for Council could be in data collection and evaluation of effective actions.

(b) Banning smoking in Yarra's outdoor spaces

One option to reduce the harms related to smoking in Yarra is for Council to introduce a by-law, or a ban, on smoking in certain outdoor areas. The Council resolution stipulated community consultation was to take place to determine opinions on a proposed ban.

Would it work in Yarra? Smoke free environments have shown to be effective in reducing non-smokers exposure to second hand smoke, and also helpful in encouraging more quitting attempts and increasing the chances of quitting successes.^{xxvi}

Banning smoking in outdoor areas is one option presented to Council for consideration. This may be in part due to the successes of State-wide and local bans on smoking in *indoor* areas, however, reasons indoor bans have been successful include the area for non-smoking is obvious, well supervised and the rules/ boundaries commonly understood. These characteristics are unlikely to apply to outdoor areas (such as playgrounds and outside venues) as they are unlikely to be as actively supervised, and the areas where smoking is banned not as clearly defined. Yarra Council has experienced situations consistent with this, including when a ban on dogs in playgrounds was introduced. Park users were conflicted over interpretation and enforcement of the ban, the areas were not always supervised by Council staff, and the boundaries were not clearly defined (as this is not necessarily easy to convey in outdoor space). If a ban was to be introduced, these factors around interpretation and enforcement would need to be considered by Council. In addition, preliminary findings from evaluation of [Local Law 8](#) suggest that the banning of public drinking had little effect on behaviour change, and enforcement was difficult. Council will need to consider these findings in the context of passing future bans.

In addition, bans may just succeed in displacing smokers away from one area to another. Yarra's activity centres feature a mix of retail, offices, cafes, restaurants, bars and residences. Conceivably, smokers who move from an outdoor dining area will then be smoking: outside a business that does not have a dining area; into residential areas; into side streets (noise and passive smoke); or their smoke will just blow into dining areas if



they have not moved far enough away. Smoking in private homes may also increase, which posers a greater risk to the health of the smoker and other people present, due the associated environmental tobacco smoke being confined indoors (see section 1 for information about passive smoking).

Is it consistent with existing legislation and Council plans? The argument put forward by advocates of smoking bans in public outdoor places is about stigmatising (de-normalising) smoking. Stigmatising is inconsistent with the Victorian *Public Health and Wellbeing Act 2008* where the principles are clearly about harm reduction and 'strengthening the capacity of people to improve their health'. It is also inconsistent with Councils values of tolerance, diversity and making Yarra more liveable for the whole community, as outlined in the current Council Plan. There is an additional concern that stigmatising smoking is likely to further alienate the most vulnerable communities, discourage them from using community services and diminish their mental health as a result of lower social connectedness. Yarra City Council has many policies and strategies focused on making public services and spaces more inclusive to encourage greater participation and to reduce discrimination - both of which improve the health of vulnerable groups.

Is there evidence that outdoor smoking bans reduce the harms related to smoking? A minimal amount of research has been published as to the health effects of passive smoking outdoors, and the breadth of impacts that may arise from bans on smoking in outdoor areas. Due to this small evidence base, Council will need to consider the available research findings and assess if they provide a strong enough evidence base to justify a ban on smoking in outdoor areas because of health reasons.

Would it support behaviour change and a social model of health? In order to reduce harm to themselves and others, smokers need to change their behaviour (ie quit or reduce the amount they smoke). Research has demonstrated that initiatives that engage people and develop solutions that address their needs have proved to be effective at encouraging behaviour change. A ban may not provide the support smokers need to quit or reduce the amount they smoke, and therefore may not result in the desired behaviour change. Further, a social model of health understands that there are many complex and inter-related social issues that can lead to disadvantage, including alcohol and other drugs, family violence, mental health, homelessness, lack of appropriate housing, and cultural experiences and values. To keep within a social model of health, smoking needs to be considered in the context of addressing these broader issues, particularly as we know that smoking is less about individual choice and more a consequence of disadvantage. By focusing on the social determinants of health and improving people's access to housing, employment, etc, and providing a supporting environment/ community, there is greater opportunity for disadvantaged individuals to successfully quit smoking.

(c) Other questions Yarra City Council needs to consider

- Is it acceptable to isolate a behaviour if it results in isolation of the person?
- Would a ban actually isolate people?
- If a ban was introduced, where, realistically can people smoke?
- Do Yarra smokers spend time in the areas a ban is proposed for (eg, children's playground – how do we know it's a problem)?
- If a ban is introduced, is it possible to implement targeted programs for smokers who are at risk of isolation (as a result of the ban) and link them into support services? Would this be successful?
- How easy is it to communicate and enforce a ban?
- Do the smokers of Yarra want (or have the capability) to quit smoking?
- Other than smokers, who are the groups who are experiencing the harms related to passive smoking, and what are these harms. Is it possible to work with these groups to identify solutions
- Who are the main public groups objecting to smoking in Yarra? Is this for health reasons or nuisance reasons?
- People are choosing to be in Yarra and knowledge / research of the municipality will suggest smoking rates may be more prevalent due to the diverse community and working class history. Is it reasonable to expect an area to change to suit 'new comers' and visitors, or should there be more onus on the individual to understand the characteristics of the area they are moving to / visiting?
- The need to assess the cost and difficulty in alleviating the risk, and if this risk is justified enough
- Would a ban of smoking in outdoor areas reduce the harms relating to smoking?
- Is a ban punishing those with an addiction rather than supporting them to manage it?
- Is a ban in outdoor areas showing a higher level of support for pro-social activities than 'anti-social', but legal activities?



10. What has the consultation shown so far?

Council has undertaken extensive consultation on local solutions to reduce the harms related to smoking. In order to reach the broad population as well as targeted stakeholders a range of consultation methods were implemented, as outlined in section 8.

A summary of consultation outcomes from each stakeholder includes the:

- **resident population (broad community):** very mixed support of a ban as an appropriate action for Council, many opinions on smell and nuisance of secondary smoke, playgrounds were expressed as an agreeable location for banning smoking, other locations were mixed.
- **business sector:** unsupportive of any ban and not convinced of economic benefits, concerned about Council over-regulation and its impact on local economy.
- **health sector:** information provided about what else Council could do to support smoking cessation in Yarra, some concerns about impacts on bans on indigenous community and people with a mental illness who may be further isolated. Health services who participated in the consultation were encouraging of Council to do more to support smoking cessation in Yarra.
- **internal (Council staff):** concerns about enforcement of ban, how this would happen, new workplace smoking policy outlines designated smoking areas.

See Appendix C for full summary.

11. Where to from here?

This paper draws out local solutions to reduce harms from smoking in Yarra through evidence, data and summary of extensive consultation.

The identified local solutions that address the needs of the Yarra community will be considered by Council and then taken back to the community and stakeholders for further input.

Recommendations will be responsive to the nature of the Yarra community bearing in mind the population groups most at risk from smoking, the cultural landscape of Yarra and the resources and skills of the numerous community agencies and organisations operating in Yarra.

The result of this investigation into reducing the harms from smoking in Yarra will inform how the priority area of 'Reducing harm from alcohol, tobacco and other drugs' in the *Health Plan 2009 - 2013* will be implemented in subsequent years of the Plan and beyond.



Appendix A - Council Resolution full text:

ACTION MEMO 072-11	DATE:	17 March 2011
	MEETING DATE	15 March 2011

Director:	Director Community Programs / Director Infrastructure Services
Branch Manager:	Manager Community Planning and Advocacy / Manager Recreation and Open Space

Does this action require a further report to Council? ☐ Yes ☐ No

12.2 Notice of Motion No 6 of 2011 - Local Law for Prohibition of Smoking in Confining of Playgrounds at Council Reserves

COUNCIL RESOLUTION

Moved: Councillor Clarke

Seconded: Councillor Fristacky

1. That Council:

- (a) request a report back to Council in the last quarter of 2011:
 - (i) the outcome of a community consultation on a proposal for mechanisms including the possibility of a local law to prohibit smoking:
 - within the confines of a playground located within a Council owned or managed reserve;
 - within sporting and recreation facilities located within a Council owned or managed property, including: sporting pavilions, swimming and leisure centres, parks and/or reserves and/or recreation grounds (beyond the confines of playgrounds);
 - within the confines of entrances of Council owned or managed facilities or buildings including but not limited to: infant welfare centres, senior citizens centres, libraries, youth centres, public halls and meeting rooms,
 - within the confines of any Council run or sponsored events;
 - within the confines of outdoor dining areas; and
 - (ii) costs of signage options for Council owned playgrounds; and
- (b) where practicable and as soon as possible, display stickers in Council owned playgrounds, advising people against smoking.

CARRIED

Appendix B - Signage installed at selected Yarra playgrounds

Please consider the health of
children and adults by not
smoking near this playground.

Council is working to reduce
the harm of smoking in Yarra.

HAVE YOUR SAY AT:

[www.yarracity.vic.gov.au/
consultation](http://www.yarracity.vic.gov.au/consultation)

INQUIRIES:

Yarra Council on 9205 5555.



Yarra City Council
PO Box 168, Richmond VIC 3121
T 03 9205 5555 F 03 8417 6666
E info@yarracity.vic.gov.au W www.yarracity.vic.gov.au



Appendix C - Consultation outcomes summary:.

The consultation period for the Health Plan activity '**Options to Reduce the harm from Smoking in Yarra**' was 17 April 2011 – 30 September, following a Council decision in March 2011 to seek community and stakeholder views including engagement of local businesses and health and community services. The following outcomes are summarised under the different methods used:

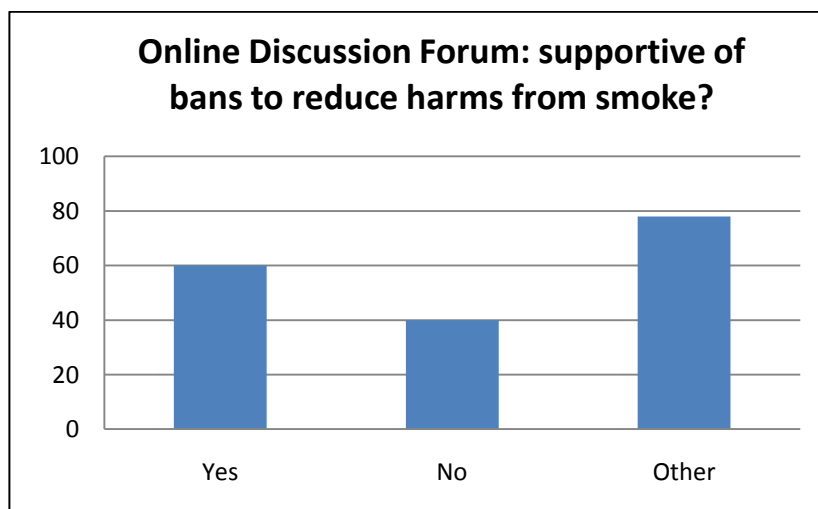
Playground signage: 20 signs were installed across 17 selected playgrounds across Yarra. These ask for consideration to not smoke in the area. Text includes a message on Council seeking feedback from the community about decreasing harms from smoking.

Online Discussion Forum:

- Live from 17th April to 4th October (5.5 months).
- During this time there were **3564 site visits**, 6287 page views, 1616 unique visitors, **224 comments** from 65 of the registered users, across 4 topics.
- Most participants aged 36 – 55 (59 registered users), whereas only 12 registered are aged 18 – 35.
- Most participants and comments came from Richmond residents (42n users, 111n comments), followed by Fitzroy North (11n users, 32n comments)

Note: Demographic data is only collected on registered users, others can view and read the comments and download documents without registering.

- Very mixed response, polar opinions under each topic and robust discussion between respondents.



- The above table is a summary of registered users; 60n provided comments supportive of Council introducing a ban on smoking in specified outdoor areas, 40n provided comments not supporting Council to introduce a ban, and the majority (78n) provided mixed comments not relating to a ban, but included alternative suggestions to reducing harm from smoking.
- Qualitative data, a challenge to summarise but provides several themes including:
 - Respondents who express support of actions to reduce smoking or impacts of smoking for variety of reasons; danger to health, smelly, nuisance, inconsiderate smokers, litter, can't enjoy dining in outdoor areas where there are smokers
 - Responses not supportive include; not Councils role, enough is being done, cigarettes are legal, not enough evidence, waste of Council resources.
 - Responses not related to Council introducing a ban include: supportive of Council efforts (non-specific), smokers are inconsiderate, education programs, encourage health and fitness activities (community gym memberships), provide evidence of dangers, provide evidence its good for business, let businesses decide their own action, should be state legislation, provide designated smoking areas, prefer smoke free areas but happy to put up with, its part of inner city living, support enforcement in playgrounds.



Submissions from the general public:

- Email (30n) and telephone (4n) 'submissions' from the general public have been received and include similar sentiments to the online discussion forum including;
- The majority of submissions were in response to media or other promotion regarding Council's proposal to seek community views on introducing bans on smoking in specified outdoor areas. 16n expressed support and 14n were not supportive of Council introducing a ban. 4n additional comments were provided regarding litter, signage and education approaches. The submission from North Yarra Community Health is summarised in the Health Sector table below.

Of the **212** responses (online forum and submissions), 35.9% were supportive of a ban and several spaces were specifically mentioned; Outdoor dining (10n), playgrounds/where children congregate (5n), and parks/public transport areas. 24.9% were not supportive of Council introducing a ban, specific mention was made of outdoor dining areas (11n) but agreement of bans in playgrounds was mentioned several times. The majority of responses; 39.2%, did not indicate support or opposition for a ban, but provided comments on other issues, or offered alternate solutions, as summarised above.

Community forums 6th July, Moon Lantern Festival 17th Sept:

- The Fitzroy Library community forum in July attracted 2 attendee's (on a stormy night in July at Fitzroy Library). One attendee was very supportive of any bans, the other was concerned about impacts on homeless.
- A Council stall at the Moon Lantern Festival at the North Richmond housing estate, attracted public housing tenants as well as residents from private households in the local area. 4 vietnamese, 3 chinese (mandarin), 1 Timorese, 2 indigenous, 5 anglo, comments were written. Further conversations were had and Council's Health Plan priority intention explained. Comments included:
 - Ban the sale of cigarettes (make it illegal)
 - Supportive of a ban on smoking in public areas, for fresh air and good health (8n)
 - No smoking in beer gardens
 - I don't like smoking but its not a big problem
 - People should be allowed to because its tradition. Council shouldn't ban it outdoors
 - Should be up to the individual to try and give up. If people want to smoke they will anyway (even if banned)
 - to get support to quit, there should be face to face outreach, will work better than a ban (personal support)
 - encourage people to quit, however don't ban it from outdoor public areas

Business Forum 24th August:

The Business forum had 10 participants with rich information gathered. Independently facilitated, hosted by Cr Geoff Barbour as co-Chair of Health Plan Advisory Committee. This was one opportunity to engage the business community on concerns, impacts and local solutions, when considering options to reduce smoking in the municipality. **10 attendee's** ranging from pub, bar and café operators as well as Yarra-based home businesses interested in the issue:

Discussion around 3 Questions...

1) How should Council best work with business on solutions to reduce the harms from smoking

Summary:

- Allowing them to make their own choices, so they can work with customers they have and who they want to attract
- A lot of the advertising is about Quit... educate smokers about respectfulness (about where and how to smoke and consider non-smokers enjoyment of outdoor spaces)
- Education campaigns seem to be working on young people. Its what state and federal government do
- There are 2 demographics; younger social smokers who would find it easier to quit, and older, long term addicted smokers who may never intend to give up

2): if smoke free was introduced, what are the challenges?

Summary:

- What if businesses try and accommodate Council legislation by increasing or changing infrastructure, at expense - and then State or Federal legislation over-rides that. Is Council going out too early?
- There is a no mans land that can't be enforced. People will smoke there, moving the problem to area that isn't controlled. Venues clean up butts from their boundaries – other footpath areas litter is a major problem
- Conflict issues; Business owner telling patrons what to do in outdoor/public areas is problematic



- It would be a challenge to make customers feel welcome (if they smoke but can't smoke there anymore)
- Footpath trading permit should be reduced if they can no longer cater for smokers

3) What are the opportunities?

Summary:

- If you have the money to set your business up as smoke free, you're at an advantage to other venues who are struggling. Opportunity to grow your customer base (if you have the money to accommodate)?
- There is an opportunity for City of Yarra to be a leader of other municipality's... come up with alternative options (not a ban). Ban is a dirty word
- There is an opportunity through education and helping socially disconnected people
- Opportunity to help smokers be more responsible, rather than all about Quit campaign and banning campaign
- If it's a health issue, you're going to have a better health outcome if you work with current smokers and help them
- Economic opportunity for business, if Council support through the footpath trading permit system. Those that want no smoking tables, they get a reduced permit fee, as opposed to those that don't want smoke free permits. Let businesses make a decision from their hip pocket... an incentive approach, rather than "smoking" permits going up

Business Survey (14 – 30 September):

Following feedback from attendee's at the Business forum and Yarra Liquor Licensee's forum, a survey was distributed to an email distribution list and hard copies distributed at Liquor Licensee forum meeting. 3n responses were received, all from "pub" owners.

Comments included:

- None would implement their own smoke free initiatives. Happy with status quo, feel it would discourage patrons, don't want to give more reason for people not to visit.
- No perceived benefits to smoke free areas; Let customers choose what spaces they visit (smoking or non-smoking), its already non-smoking inside.
- Council can work best with businesses by; leaving them alone, not Council's role, or businesses responsibility, strong State Government to do that, more important things to worry about.
- Stop over governing, let market forces decide, forcing smokers outside was the correct solution to passive smoking, to believe people will quit smoking because they can't do so outside their favourite café or pub just doesn't make sense, focus on initiatives that will encourage people, encourage public transport and create nicer environments.
- Changing attitudes to smoking is driven by education, not bans. Making people feel unwelcome in our city is bad for business and bad for the city, stop imposing restrictions and taxes.

Traditional communication/promotion methods: media releases, public website, advertorials, Yarra news articles, business e-news bulletin, Yarra Matters Panel email notifications.

Face to Face meetings with key stakeholder groups (detail in table below):

Business Sector:

- Business Advisory Group (may & august)
- Swan, Bridge, Victoria and Smith Traders Associations (june/july/Sept)
- Liquor Licensee Forum (June & Sept)

Health and Community Sector:

- Yarra Aboriginal Services Network (YASN): (June)
- Housing and Homelessness Network: (July)
- Yarra Mental Health Alliance: (August)
- Yarra Drug and Health Forum (Sept)
- Disability Advisory Network (Sept)
- Victorian Aboriginal Health Service (Oct)

Local Government Sector:

- MAV, Local Government Alcohol & Other Drugs Forum (June)
- Consultation and Research Special Interest Group (LGPro) (August)

Business Sector (detail):

Business Advisory Group	-ideas provided about businesses that enforce their own smoke free areas such as MCG and Kangan Institute of Tafe
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<p>Traders Assoc meetings</p> <ul style="list-style-type: none"> -Bridge Street -Swan Street -Smith Street -Victoria Street 	<p><i>-questioned what the resources are for Council to implement and enforce smoke free areas</i></p> <p><i>-some business's may be supportive, others not (depending on their customers).</i></p> <p><i>-business's should be supported to implement their own initiatives, make it incentive driven and economically viable, rather than compliance/enforcement.</i></p> <p><i>- if smoke free areas are introduced by local governments and not state government. Customers would get confused to what areas are smoke free.</i></p> <p><i>-some business operators have expressed that they are a soft/ or easy target for compliance. Enforcement officers can check on business locations, whereas individuals can get away with it.</i></p> <p><i>-provide designated smoking areas, with bins, seats etc. Separate smokers from non-smokers.</i></p>
<p>Liquor Licence Forum</p>	<p><i>-Economic impact on business's who have already dealt with State Government legislated "smoke free indoor spaces". Many business's built spaces accommodating smokers.</i></p> <p><i>-regulation/enforcement is an issue (is it on the individual or the business if someone is smoking in a banned area?)</i></p> <p><i>-competition across municipal boundaries was raised as a concern. Customers will go to a municipality or precinct with more freedom.</i></p> <p><i>-viewed as not the role of Council, enough is being done by state and federal to reduce smoking</i></p>
<p>Online Forum Topic specifically for Businesses</p>	<p><i>-Renewed Yarra Accord want to receive copy of recommendation report (FHS 8th Nov, can be distributed to Accord members prior to 16th November, final report then goes to Council 22nd November).</i></p> <p><i>-there are limited opportunities to override state legislation, moving smokers on from the front of venues (ie footpaths) won't work</i></p> <p><i>-don't want a continuation of the nanny state</i></p> <p><i>-LL8 is an example of where the demarcation of where it applies is confusing.</i></p> <p>○ <i>"As a local business, would you implement your own smoke free initiatives? Do you think smoke free outdoor dining and smoke free outdoor shopping precincts would encourage or discourage patrons?" has 5 comments: enough has been done to decrease health impacts, not Councils role, shouldn't be made Council by Council (to much competition attracting patrons from other LGA's/Venues where there is no ban).</i></p>

Health and Community Services (detail):

Group	Summary:
<p>Health Plan advisory Committee</p>	<p><i>-Keen for linkage to health plan</i></p> <p><i>-Encourage open engagement of health sector</i></p>
<p>Quit Victoria and Heart Foundation Victoria</p>	<p><i>-Keen for local governments to introduce smoke free outdoor areas and regulate through a local law</i></p> <p><i>-Believe de-normalising smoking is an effective method of further reducing smoking</i></p> <p><i>-current survey results show a decrease in smoking rates, particularly aged 18 to 29yo's. Price of Cigarettes and anti-smoking television ads cited as the strongest influences on people who decide to stop smoking (Age article, 2nd Sept).</i></p> <p><i>-Further analysis of Peak Body data will continue and be promoted to stakeholders and added to recommendation report.</i></p>
<p>Yarra Aboriginal Services Network</p>	<p><i>-raised issue of smoking a social interaction for indigenous community and people who work with them</i></p> <p><i>-perceived that smoking reduces stress (of people working in complex environments)</i></p> <p><i>-bans on behaviours such as drinking or smoking in outdoor areas impact on Parkies and homeless the most</i></p>



Housing and Homlessness Network	-Questioned how a ban would be enforced? Hard to define boundaries in outdoor areas? <i>-hard to inform people of new laws or smoke free areas if their housing is tenuous or changes.</i>
Mens Shed (Collingwood Estate) informal discussion	-since flats have been refurbished people not smoking inside them (want to keep them clean). Now gather in public areas to smoke and its more social. The Shed also provides information about how to access programs to quit and healthy living.
Yarra Mental Health Network	-concern that a ban will further marginalise people who already have complex issues <i>- data shows people with a mental illness are twice as likely to smoke and smoke more heavily than the general population.</i> - majority of interventions use a combination of medication and educational and cognitive-behavioral approaches to smoking cessation (this is where resources should be directed).
North Yarra Community Health	Submission recommended actions Council could support in reducing the harms from smoking. These included: <ul style="list-style-type: none"> • ban smoking around children (schools, playgrounds, playgroups, homes, cars). • Implement highly localised advertising and social marketing, encouraging quitting and promoting availability of support programs • Council subsidize NRT programs • Increased health education and support to the community • Encourage young people to participate in activities that build sense of community and reduce risk-taking behaviour.
Disability Advisory Committee	Some members for a ban, and some against a ban. No clear/united position.
Victorian Aboriginal Health Service	Example of commonwealth funded program to 'close the gap' on indigenous health. A range of interventions offered by Tobacco Action Worker including; smoke free workplace policies, quit programs, counselling and mentoring. Smoking recognised as biggest health issue, and major expense (purchase of cigarettes and dealing with health complications).
Mental health fellowship	Mental health and Tobacco project, an example of hands on, appropriate approach to supporting smokers with a mental illness.

Health Sector Workshop and survey:

A workshop was planned for 29th September. The purpose was to reflect on consultation to date and develop recommendations for local health approach to reduce the impact of smoking in Yarra. This workshop was cancelled due to very low numbers.

A survey was distributed 30 September – 10 October in place of a workshop. This survey had 2 responses that were not involved in smoking cessation programs, but indicated support for bans in areas where children are present.

The Consultation Officer and Health Promotion Officer organised several meetings and telephone interviews with health services that offer a range of tobacco control and smoking cessation programs to provide examples of non-government activities.



Internal consultation:

Waste Minimisation	Lisa Coffa's feedback: enforcement and resourcing issues in decreasing litter from smokers. -provision of enviropoles has increased across the municipality.
Festivals/Events	Sandra's feedback: Would have a fight on your hands to enforce it, especially at cultural events such as Johnston Street fiesta.
Financial Counselling Service	Margi's feedback: smokers discuss their budgets with her. She acknowledges addiction is more complex than just eliminating cigarettes from your budget with the intention of not buying them. Too hard to give up, so she advsies them to leave it in the budget.
Economic Development	Helen Ruddell's feedback: Work with businesses on their input to the consultation. What responsibilities they may take, supported to implement their own, based on what they know of their customer base. Economic impacts on businesses has been great. Incentive rather than penalty.
Local Laws and Regulatory Services	Russell; would be extremely difficult to enforce. Don't have the resources needed to enforce a ban.
Public Health Unit Staff Consultative Committee Communications Unit	Information on what Council already does in tobacco control, OH&S and promotion: Mark Hoyne Frank Rog Ainslie Gowan



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