



Environmental tobacco smoke: public opinions and behaviour in 2000-01

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Abstract

Objective

To measure public opinion and behaviour in Victoria in relation to environmental tobacco smoke (ETS) in public places and the home.

Design

Telephone survey of randomly sampled Victorians conducted in November 2000 ($n=2000$) and November 2001 ($n=2000$).

Results

In 2001, respondents indicated a high level of support for complete smoking restrictions in restaurants (62%), bars (42%) and gaming venues (51%). There has been a marked increase in recent years. Approval for legislation to ban smoking in these venues is also high: for restaurants 84%, bars 63%, nightclubs 63% and gaming venues 74%. Many adults and children are still exposed to ETS. Adult exposure occurs mostly in social venues where smoking is not restricted (that is, bars, nightclubs and pubs). Many people are concerned about the health effects of exposure to ETS (77%) and avoid smoky places (59%). The proportion of respondents with smokefree homes has steadily increased up until the last two years, 2000–2001. In 2001, 51% of respondents did not smoke in the presence of children, 46% always smoked outside the home and 65% discouraged visitors from smoking in their home.

Conclusions

Smokefree policies enjoy high and increasing levels of public support, even among smokers. Smokefree policies that would ban smoking in bars, gambling venues and nightclubs would be likely to be well received by the majority of Victorians.

Introduction

The detrimental health effects of active smoking have been known for decades, but it was not until the mid-1980s that major reviews concluded that passive smoking or exposure to environmental tobacco smoke (ETS) was harmful to non-smokers. Two key reports were published in 1986. The US Surgeon General's report for that year found that passive smoking caused disease in non-smokers and that children whose parents smoked were more likely to suffer respiratory problems than those with non-smoking parents (USDHHS 1986). It also concluded that simply separating smokers and non-smokers in the same space did not eliminate exposure to ETS, although it might reduce it. The National Health and Medical Research Council in Australia also published a report in 1987 which concluded that passive smoking increased the risks of some diseases in children and adults, particularly respiratory diseases and disorders (NHMRC 1987). In the early 1990s, the US Environmental Protection Agency published a report which classified ETS as an environmental carcinogen (USEPA 1992).

As well as these scientific reports indicating that passive smoking is harmful, there has been a series of legal decisions in Australia which has generated publicity and awareness. In one major case, the Tobacco Institute of Australia, a lobbying organisation representing tobacco companies, was taken to court over claims made in newspaper advertisements in 1986 that 'there is little evidence and nothing which proves scientifically that cigarette smoking causes disease in non-smokers'. In February 1991, the Federal Court of Australia ruled that this claim was misleading, and that passive smoking causes lung cancer, asthma attacks and respiratory disease in children (TCCNSW 2001). This decision was upheld under appeal in December 1992.

In May 1992, Liesel Scholem received a damages pay-out for disease caused by exposure to ETS in the workplace (TCCNSW 2001). This was the first time such a pay-out had been made after a jury decision – previous damages payments had resulted from out-of-court settlements.

Two recent landmark cases relate to exposure to ETS in hospitality venues. In 2000, Andrea Bowles, an asthma sufferer, was awarded damages because she suffered an attack while seated in the non-smoking section of a restaurant which was adjacent to the smoking section. The magistrate found the restaurant liable for breach of contract, negligence and occupiers liability, and awarded the patron damages for pain and suffering, loss of income and medical expenses, as well as costs against the restaurant. The outcome of the case received substantial media coverage and brought into question the practice of allowing smoking in hospitality venues. In the following year,

Marlene Sharp, a former barmaid at a RSL club, who had never smoked, was awarded damages after the jury agreed that her throat cancer was caused by passive smoking at work (Crawford & Videnieks 2001). This case also received much media coverage and highlighted the health risk faced by many hospitality workers.

In recent years, there has also been a dramatic change in the social context of smoking in Victoria. Many public places, such as shopping centres, workplaces, restaurants and cafés have introduced restrictions, and in some cases total bans, on smoking. In 2000, the Victorian Government introduced a raft of new reforms in the *Tobacco (Amendment) Act 2000*, which included the introduction of smokefree dining from July 1, 2001.

There have also been changes in people's smoking in private locations. In 1989, 27% of people reported that they discouraged their visitors from smoking; by 1997 this had risen to 53% (Borland et al. 1999). There was also a change in the proportion of smokers who said they did not smoke when they were around children, from 14% in 1989 to 33% in 1996 (Borland et al. 1999).

Quit Victoria has worked consistently to increase public awareness and understanding of the health risks associated with exposure to ETS. Quit has a role in advocating for legislation to protect people from ETS by supporting measures to make smokefree public places and workplaces the norm. Such objectives are achieved through programs to assist in the creation of smokefree environments, and the dissemination of results of scientific reports, legal decisions and research as they become available. This is achieved through both paid and unpaid media.

This chapter examines population survey data on attitudes and experiences relating to ETS as it affects both smokers and non-smokers. The key issues are public opinion on the introduction of smoking bans in public places, individual experience of exposure to tobacco smoke, smoking bans in the home and consideration of children's exposure to ETS.

The findings for these issues from population surveys in 2000 and 2001 are presented, and changes over time are also discussed where such data are available. A separate chapter in this volume (Chapter 14) presents data relating to workplace smoking restrictions and the changes that have occurred over time in workplaces.

Method

The annual population surveys are commissioned from a large market research company which interviews a representative sample of 2000 Victorians by telephone each year. The questions, designed by the Centre for Behavioural Research in Cancer, are asked in an eight-minute interview conducted on weekends and weeknights during November.

Readers should be aware of some method changes if making comparisons with previous years. Since 1998, annual surveys have been conducted by telephone rather than the face-to-face method used in previous years, and since 1997 the standard tobacco use question (AIHW 1999) has been used rather than the self-definition question that was used in previous years.

In this chapter, the categories of smoking status used for analysis are slightly different from those reported in Chapter 1 of this volume. The difference is that irregular smokers – those who smoke less than weekly – are included in the smoker category, rather than being presented separately. The reason for including irregular smokers in the smoker category is that behaviour and beliefs that relate to ETS are likely to be more influenced by whether or not a person smokes at all than by how frequently they smoke. For example, many ‘less than weekly’ smokers are probably smoking in some type of social context, so may be less inclined to support the restriction of smoking in restaurants and cafés than former or never-smokers. They are also unlikely to be bothered by ETS as much as someone who does not smoke at all. We believe that, in considering issues related to ETS, anyone who smokes at all should be regarded as a smoker.

In order to distinguish between the smoking classifications used here and those used in previous volumes of *Quit Evaluation Studies*, we have adopted the labels ‘tobacco smoker’ and ‘former smoker’, rather than ‘current smoker’ and ‘ex-smoker’. In previous volumes that reported on data using the original self-definition measure of smoking status, the terms ‘smoker’ or ‘current smoker’ referred to self-identified smokers, and very irregular, low-level smokers may not have adopted this label. In this chapter the ‘tobacco smoker’ category consists of those who smoke daily, weekly or less than weekly. The ‘former smoker’ category consists of anyone who has smoked at least 100 cigarettes or an equivalent amount of tobacco in their lifetime, irrespective of whether they have ever smoked daily. Anyone who has smoked less than 100 cigarettes is classified as a ‘never-smoker’.

Sample

Given this change in categorisation, the proportions of respondents in smoking status categories in this chapter differ slightly from those presented in other chapters. In 2000, 21.2% ($n=422$) of respondents were classified as ‘tobacco smokers’, while in 2001 it was 22.3% ($n=445$) – a combination of 19.8% and 20.8% current regular smokers respectively, and 1.4% and 1.5% ‘less than weekly’ smokers.

Recent surveys have been restricted to a sample of those aged 18 or over, whereas until 1997, 16- and 17-year-olds were included. Therefore, when data from 1998 and 1999 have been compared with earlier data, the earlier data have been re-analysed to exclude the 16- to 17-year-olds for the purposes of comparability. For this reason, data cited from previous years may not precisely match that cited in previous volumes of *Quit Evaluation Studies*, but changes have been minimal and have not made any meaningful difference to earlier findings.

Statistical analysis

A comparison of the sample socio-demographic characteristics with the Australian Bureau of Statistics estimates of the Victorian population (ABS 2000) revealed that women and older people were over-represented. To adjust for this, the data were weighted by age and sex according to the population census data for each respective year. This procedure has not been conducted in analyses reported in previous *Quit Evaluation Studies*.

To test for the significance of relationships between variables, a number of statistical procedures has been used, including logistic regression analysis. In this report, details of statistical tests of significance are not usually included in the text. Where relationships between variables are reported, the probability level of significance was less than 0.01, indicating a less than 1 in 100 probability that the effect was caused by chance. Where appropriate, measures of association are reported.

In order to look at demographic differences in the data, age has been divided into three categories: 18–29 years, 30–49 years, and 50 years and over. Respondents have been classified by occupational status as upper white collar, lower white collar, upper blue collar, or lower blue collar. The occupational status refers to the main breadwinner in the household and only respondents who reported an employed main breadwinner were included for this classification.

Respondents' educational attainment was classified as not completed secondary school (Year 11 or less); completed Year 12, trade or diploma; and university degree. Respondents were asked how many people aged 16 or over, and how many children aged less than 16 lived in the household.

Results

Public opinion on smoking in public places

Since 1995, questions have been asked to determine how Victorians feel about the introduction of smoking restrictions in public places. Respondents were asked which of three statements best described their views on smoking in a number of public places. The options they were given were: not allow smoking at all, allow smoking in special areas and allow smoking anywhere. The locations people were asked about from 1997 to 2001 were restaurants and cafés, public bars and gambling areas. Figure 1 indicates that public opinion has increased markedly in favour of complete smoking restrictions in a range of venues.

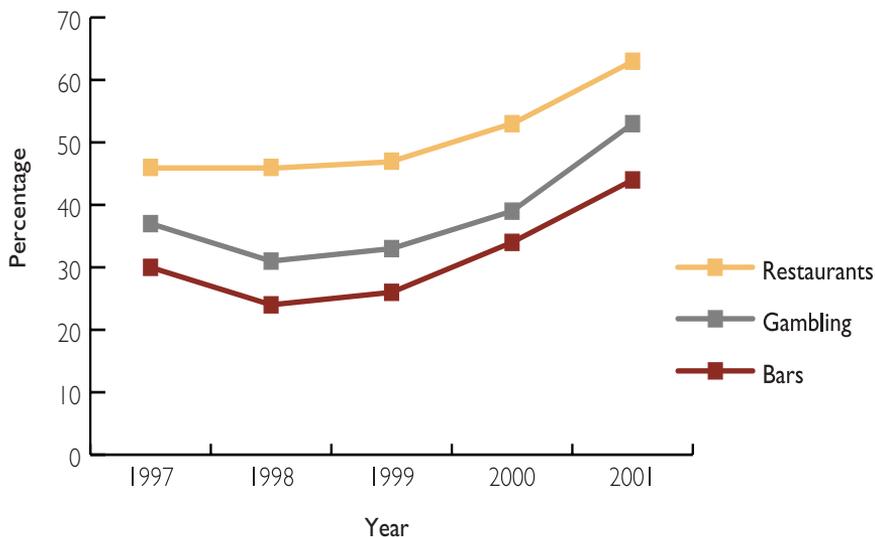


Figure 1 Percentage of respondents indicating that smoking should not be allowed at all in various venues

In recent years, more specific questions have been asked about government bans on smoking in public places. The survey conducted in November 2001 followed the introduction of the new law on July 1, 2001 banning smoking in restaurants, and so respondents were asked if they agreed or disagreed with this law. Information was also collected on public response to the idea of the government banning smoking in hotels and licensed bars, nightclubs and gambling venues.

Smoking in restaurants

Respondents to the Victorian population surveys have been asked over the years about their beliefs concerning smoking in restaurants. In early surveys (1985 and 1988) they were simply asked whether they believed smokefree areas should be provided in restaurants and cafés. It is interesting to note that, in the 1980s, respondents were not even presented with the option of saying that restaurants and cafés should become totally smokefree, but were only able to suggest they would like smokefree areas to be provided. A question about the level of restriction they would like to see applied in restaurants was introduced in 1990 and asked again in 1991. These questions have not been repeated since then, because by 1991 only 3% of respondents believed smoking should be allowed in restaurants without any restriction at all. After 1991, a more personalised question was introduced: respondents were asked where they would prefer to sit in a restaurant or café if smokefree areas were provided, rather than simply asked whether smokefree areas should be provided. By 1996, 71% of respondents said they would prefer to sit in a non-smoking area, 17% either did not mind or could not say and only 12% said they would prefer to sit where smoking was allowed. Further detail about seating preference and requests for smokefree seating over time can be found in Trotter and Mullins (1998). In 1997, a question about smoking restrictions in restaurants was reintroduced, as part of the series of questions on smoking restrictions in public places described above.

As can be seen from the data in Table 1, in 1997, 1998 and 1999 respondents were fairly evenly split between not allowing smoking in restaurants and cafés at all and allowing it in special areas. In the years 1997 to 1999, public opinion remained steady, whereas in the years 2000 and 2001 there was a dramatic increase in the proportion of people supporting a total ban on smoking. Overall, between 1999 and 2001, the proportion of Victorians who supported totally banning smoking in restaurants changed from less than half to nearly two-thirds (1999 47%, 95% CI: 45%–49%; 2001 63%, 95% CI: 61%–65%).

Table 2 presents the data by smoking status of the respondent for 2001 only. Not surprisingly, it was those who had never smoked and those who had

given up smoking who were most likely to support total bans, but it is also notable that three out of 10 smokers supported a total ban. There was very little support for allowing smoking freely – even among smokers, only 5% believed that smoking should be allowed everywhere in restaurants and cafés.

Table 1 Views on restricting smoking in restaurants and cafés, 1997–2001

Response*	1997 (n=2372) %	1998 (n=2000) %	1999 (n=1985) %	2000 (n=2000) %	2001 (n=2000) %
Not allow smoking at all	46	46	47	53	63
Allow smoking in special areas	50	49	49	45	34
Allow smoking anywhere	4	4	5	2	2

*‘Can’t say’ not presented as <1%.
Data are unweighted.
Due to rounding not all columns sum to 100.

Table 2 Views on smoking in restaurants and cafés by smoking status, 2001

Response*	Total (n=1994) %	Tobacco smokers (n=445) %	Former smokers (n=635) %	Never- smokers (n=914) %
Not allow smoking at all	62	30	64	76
Allow smoking in special areas	36	65	34	22
Allow smoking anywhere	2	5	2	1

*‘Can’t say’ not presented as <1%.
Due to rounding not all columns sum to 100.

There was an effect for age and education independent of smoking status. Fewer younger respondents (18–29 years) supported not permitting smoking at all (52%), compared with both the middle (30–49 years) (61%) and oldest (50+ years) (69%) age groups. University-educated respondents were more likely to support not allowing smoking at all (70%) than those with Year 11 or less (59%) or Year 12 or a trade (57%).

In 2001, respondents were reminded, ‘On July 1 this year, the Victorian Government introduced a law that bans smoking in restaurants’ and were asked, ‘Do you agree with this law, disagree, or have no strong view either way?’ Table 3 shows a high level of agreement with the law to ban smoking in restaurants. There was a notably high level of agreement among smokers, with only 17% disagreeing with the law.

Table 3 Views on the introduction of legislation to ban smoking in dining areas by smoking status, 2001

Response*	Total (n=1995) %	Tobacco smokers (n=445) %	Former smokers (n=636) %	Never- smokers (n=914) %
Agree	84	70	85	91
Disagree	8	17	8	3
No strong view	8	12	8	5

*'Can't say' not presented as <1%.

Due to rounding not all columns sum to 100.

There was also an effect of age and education independent of smoking status. Fewer younger respondents said they agreed (79%), compared with both the middle (84%) and oldest (89%) age groups. University-educated respondents were more likely to agree (90%) than those with Year 11 or less (83%) or Year 12 or a trade (81%).

Smoking in bars

In 2001, 44% of respondents believed that smoking should not be allowed at all in public bars. This is a significant increase from opinions reported in 2000 (2000 34%, 95% CI: 32%–36%; 2001 44%, 95% CI: 42%–46%). Table 4 shows a steady increase in support for not allowing smoking in bars from 1999 through to 2001.

Table 4 Views on restricting smoking in bars, 1997–2001

Response	1997 (n=2300) %	1998 (n=2000) %	1999 (n=2001) %	2000 (n=2000) %	2001 (n=2000) %
Not allow smoking at all	30	24	26	34	44
Allow smoking in special areas	49	45	44	44	36
Allow smoking anywhere	20	24	28	19	18
Can't say	2	7	3	3	3

Data are unweighted.

Due to rounding not all columns sum to 100.

Table 5 shows respondents' views on smoking in bars by smoking status. As would be expected, tobacco smokers were the most likely to maintain that smoking should be allowed freely, and those who had never smoked were the most likely to say that smoking should be completely banned. It is interesting to note that, even so, only 44% of the tobacco smokers supported

allowing smoking freely, with the rest believing that some level of restriction was appropriate.

Table 5 Views on smoking in bars by smoking status, 2001

Response	Total (n=1994) %	Tobacco smokers (n=444) %	Former smokers (n=636) %	Never- smokers (n=914) %
Not allow smoking at all	42	13	45	54
Allow smoking in special areas	37	42	36	35
Allow smoking anywhere	20	44	18	9
Can't say	2	2	1	3

Due to rounding not all columns sum to 100.

There was an effect for age and education independent of smoking status. Support for not allowing smoking at all in bars was lowest among young people (26%), compared with the middle (40%) and oldest (54%) age groups. University-educated respondents were more likely to support not allowing smoking at all (47%) than those with Year 11 or less (41%) or Year 12 or a trade (37%).

To gauge public response to the idea of the government banning smoking in hotels and licensed bars, respondents were asked, 'Would you approve or disapprove of the government banning smoking in hotel bars and licensed bars?' In 2000, 57% of respondents said that they approved of the government banning smoking in bars and this rose to 63% in 2001 (2000 57%, 95% CI: 54%–59%; 2001 63%, 95% CI: 61%–65%). As Table 6 shows, only 25% of respondents overall disapproved of bans in bars and disapproval was highest among smokers (56%). However, it is notable that one-third of smokers approved of bans in bars.

Table 6 Approval of introducing smoking bans in bars by smoking status, 2001

Response	Total (n=1995) %	Tobacco smokers (n=445) %	Former smokers (n=635) %	Never- smokers (n=915) %
Approve	63	33	63	78
Neither	11	9	14	9
Disapprove	25	56	23	12
Can't say	1	2	0	1

Due to rounding not all columns sum to 100.

There was an effect for age and education independent of smoking status. Approval of bans in bars was lowest among young people (53%), compared with both the middle (63%) and oldest (69%) age groups. University-educated respondents were more likely to approve of bans in bars (72%) than those with Year 11 or less (59%) or Year 12 or a trade (56%).

In order to gauge the likely effect of bans on patronage, respondents were asked, 'If there was a total ban on smoking in hotels and licensed bars, would you be likely to go more often, less often, or would it make no difference to you?' Table 7 shows that the net effect is likely to be an increase in patronage. For the large majority (75%) it would make no difference. Although 28% of smokers said they would be likely to go less often, this potential decrease in attendance is more than counterbalanced by the proportion of former and never-smokers, representing a much larger proportion of the population, who reported they would go more often.

Table 7 Likelihood of going to bars if there was a total ban on smoking in bars by smoking status, 2001

Response*	Total (n=1994) %	Tobacco smokers (n=445) %	Former smokers (n=636) %	Never- smokers (n=913) %
More often	18	3	17	27
Less often	7	28	1	1
No difference	75	69	82	72

*'Can't say' not presented as <1%.

Smoking in nightclubs

To gauge public response to the idea of the government banning smoking in nightclubs, respondents were asked, 'Would you approve or disapprove of the government banning smoking in nightclubs?' In 2000, 54% of respondents said that they approved of the government banning smoking in nightclubs, and this rose to 63% in 2001 (2000 54%, 95% CI: 52%–57%; 2001 63%, 95% CI: 60%–65%) (Table 8). Only 21% of respondents disapproved of bans in nightclubs, with disapproval highest among smokers (45%). However, it is notable that just over one-third of smokers approved of bans in nightclubs.

There was an effect for age and education independent of smoking status. Approval of bans in nightclubs was lowest among young people (53%) compared with both the middle (63%) and oldest (68%) age groups. University-

educated respondents were more likely to approve of bans in nightclubs (72%) than those with Year 11 or less (59%) or Year 12 or a trade (51%).

Table 8 Approval of introducing smoking bans in nightclubs by smoking status, 2001

Response	Total (n=1995) %	Tobacco smokers (n=445) %	Former smokers (n=636) %	Never- smokers (n=914) %
Approve	63	35	63	76
Neither	14	16	17	10
Disapprove	21	45	17	11
Can't say	3	4	3	3

Due to rounding not all columns sum to 100.

To indicate the likely effect of bans on patronage, respondents were asked, 'If there was a total ban on smoking in nightclubs, would you be likely to go more often, less often, or would it make no difference to you?' Table 9 shows that the net effect is likely to be an increase in patronage. For the large majority (87%) it would make no difference, and 9% would go more often.

Table 9 Likelihood of going to nightclubs if there was a total ban on smoking there by smoking status, 2001

Response*	Total (n=1995) %	Tobacco smokers (n=445) %	Former smokers (n=636) %	Never- smokers (n=914) %
More often	9	2	8	14
Less often	4	14	0	0
No difference	87	83	92	85

*'Can't say' not presented as <1%.

Due to rounding not all columns sum to 100.

Smoking in gambling areas

By 2001, 53% of respondents believed that smoking should be completely banned in gambling areas, which was a significant increase from opinions reported in 2000 and earlier (2000 39%, 95% CI: 37%–41%; 2001 53%, 95% CI: 51%–55%). Table 10 shows increasing support for total smoking bans in gambling areas from 1997 to 2001, with a substantial increase occurring between 2000 and 2001.

Table 10 Views on restricting smoking in gambling areas, 1997–2001

Response	1997 (n=2300) %	1998 (n=2000) %	1999 (n=2001) %	2000 (n=2000) %	2001 (n=2000) %
Not allow smoking at all	37	31	33	39	53
Allow smoking in special areas	50	47	45	44	32
Allow smoking anywhere	12	15	18	13	12
Can't say	2	7	3	4	4

Data are unweighted.

Due to rounding not all columns sum to 100.

Table 11 shows views on smoking in gambling areas by smoking status in 2001. Most people indicated that smoking should not be allowed at all (51%). Not surprisingly, tobacco smokers were least likely to favour total bans (22%), and most likely to favour allowing unrestricted smoking (31%).

Table 11 Views on smoking in gambling areas by smoking status, 2001

Response	Total (n=1996) %	Tobacco smokers (n=445) %	Former smokers (n=636) %	Never- smokers (n=915) %
Not allow smoking at all	51	22	54	63
Allow smoking in special areas	32	42	33	27
Allow smoking anywhere	13	31	10	7
Can't say	4	4	4	3

Due to rounding not all columns sum to 100.

Independent of smoking status, total bans were less popular with the youngest age group (36%) compared with the middle (47%) and oldest (64%) age groups.

To gauge public response to the idea of the government banning smoking in gambling areas, respondents were asked, 'Would you approve or disapprove of the government banning smoking in gambling areas?' In 2000, 66% of respondents said that they approved of the government banning smoking in gambling areas, and this rose to 74% in 2001 (2000 66%, 95% CI: 64%–68%; 2001 74%, 95% CI: 72%–76%). As Table 12 shows, only 13% of respondents disapproved of bans in bars and disapproval was highest among smokers (25%). However, it is notable that over one-half of smokers approved of bans in gambling areas.

Table 12 Approval of introducing bans in gambling venues by smoking status, 2001

Response	Total (n=1996) %	Tobacco smokers (n=444) %	Former smokers (n=637) %	Never- smokers (n=915) %
Approve	74	53	73	85
Neither	12	19	13	8
Disapprove	13	25	13	6
Can't say	1	3	1	1

There was an effect for education independent of smoking status: university-educated respondents were more likely to approve of bans (81%) than those with Year 11 or less (72%) or Year 12 or a trade (70%).

Table 13 Likelihood of going to play poker machines if there was a total ban on smoking in gambling venues by smoking status, 2001

Response	Total (n=1994) %	Tobacco smokers (n=445) %	Former smokers (n=636) %	Never- smokers (n=913) %
More often	9	2	11	12
Less often	3	13	0	0
No difference	88	86	89	88

Due to rounding not all columns sum to 100.

To explore the likely effect of bans on patronage, respondents were asked, 'If there was a total ban on smoking in gambling areas, would you be likely to go more often, less often, or would it make no difference to you?' Table 13 shows that the net effect is likely to be an increase in patronage. For the large majority (88%) it would make no difference, and 9% would go more often.

Exposure to ETS

Respondents were asked questions about their experience of exposure to ETS, to assess the extent to which smokers and non-smokers may be bothered or concerned by ETS and actively avoid places where they might be exposed to tobacco smoke.

Reaction of non-smokers to ETS

In 2000, new questions were introduced to gauge people’s experience of exposure of ETS. Non-smokers were asked:

- ‘Do you have a health problem, however minor, that is aggravated by tobacco smoke?’
- ‘Are you concerned about the potentially harmful effects to your health from exposure to tobacco smoke?’
- ‘Do you find that exposure to tobacco smoke in the air irritates your eyes, nose or throat?’
- ‘Do you dislike tobacco smoke around you when you are eating?’
- ‘Do you dislike the smell of tobacco smoke in your hair and on your clothes?’

The first two questions were repeated in 2001.

Table 14 shows that most people dislike smoke around them when they are eating (83%) and dislike the smell of smoke in their hair or on their clothes (83%). Notably, 77% of respondents reported being concerned about the harmful effects of ETS on their health and 32% said that they had a health problem that was aggravated by tobacco smoke. No significant socio-demographic relationships were found with these variables.

Table 14 Experience of exposure to tobacco smoke

Response	Aggravate health problem (n=3133)	Concerned about harm (n=3133)	Irritates eyes, nose & throat* (n=1578)	Dislike when eating* (n=1578)	Dislike smell* (n=1578)
Yes, a lot	32**	49	46	83	83
Yes, a little		28	34	10	10
No, not sure	68	23	21	7	7

*Only asked in 2000.

**Response option was ‘Yes’.

Bothered by smoke

The first question asked in a series of questions related to ETS exposure was, ‘Thinking back over the last 48 hours, have you been to any places where people have been smoking near you?’ Those who said they had been exposed were then asked, ‘Would you say you found the smoke enjoyable on the

whole; did not bother you; bothered you slightly; or bothered you a lot?’ These questions were asked in 2000 and 2001. The results were very similar for both years and were combined for analysis.

Independent of smoking status, it was found that more men (55%) than women (45%) said that they had been exposed to others’ smoke in the last 48 hours, and more of the youngest age group (18–29 years) said they had been exposed to smoke (61%) than people aged 30–49 years (52%) or those aged 50 years and over (40%). Respondents were asked where they had been exposed, and could nominate up to 10 locations. No one named more than four locations. The most common locations for exposure to passive smoke were bars/nightclubs/pubs (12%), the workplace (10%), cafés/restaurants (7%), someone else’s home (6%), and their own home (4%). This is quite a different picture to that reported in the last *Quit Evaluation Studies*, which referred to 1998 and 1999 (Mullins, Trotter & Letcher 2000). In those years the most common locations for exposure to passive smoke were bars/nightclubs/pubs (22%), cafés/restaurants (21%), work (14%), own home (12%), and someone else’s home (11%). The change in reported exposure in cafés and restaurants would be expected because of the introduction of a law in Victoria in 2001 to restrict smoking in dining places. However, there has also been a decline in reported exposure in bars/nightclubs/pubs, own home and someone else’s home. This suggests that self-imposed smoking restrictions or avoidance of smoking may have become more common with the introduction of smokefree laws in some venues.

Most respondents reported that they were slightly bothered (39%) or bothered a lot (34%) by recent exposure to other people’s smoke. There were very few respondents who found such exposure enjoyable (1%), while 26% said that they were not bothered by it.

All respondents, including smokers, were asked the same question about how bothered they were by other people’s cigarette smoke ‘in general’, with the same response options provided (Table 15).

It was not unexpected that smokers were the group most likely to report that they were not bothered by other people’s smoke, but less predictable was the finding that over one-quarter of smokers said that they were slightly bothered, and almost 10% said that they were bothered ‘a lot’. Apparently, even among smokers, very few find an encounter with others’ smoke enjoyable. Among those who never smoked, most (54%) were bothered ‘a lot’. Only 12% were not at all bothered by exposure to other people’s smoke. Almost three-quarters of all respondents (73%) were bothered to some extent by exposure to others’ smoke.

Table 15 Feelings about exposure to other people's smoke in general by smoking status, 2000–2001

Response	Total (n=3986) %	Tobacco smokers (n=809) %	Former smokers (n=1302) %	Never- smokers (n=1875) %
Enjoyable	1	1	1	0
Not bothered	26	61	23	12
Slightly bothered	33	29	34	34
Bothered a lot	40	8	41	54
Can't say	1	1	1	0

Due to rounding not all columns sum to 100.

Avoidance of smoky places

Extra questions were introduced in 1998, and asked in subsequent years, to determine whether people were making an attempt to avoid being in situations which were likely to be smoky. Respondents were first asked the general question, 'When you go out, do you try to avoid places that are likely to be smoky, when you can?' They were then asked more specifically, 'In the past year, have you ever decided not to go somewhere because it would be too smoky?' Those who indicated that they had decided not to go somewhere were then asked where they had decided not to go. These questions were asked in 2000 and 2001. The results were very similar for both years and were combined for analysis.

More than half of the respondents (59%) said that they tried to avoid smoky places. Not surprisingly, there was an effect for smoking status, with those who had never smoked most likely to report they avoided smoky places (73%) followed by former smokers (60%). However, nearly one quarter of the tobacco smokers (23%) also reported that they had tried to avoid smoke.

There were more women (63%) than men (54%) who tried to avoid a smoky place, and fewer young people (41%) than middle-aged (60%) or older people (67%). University-educated respondents were more likely to avoid smoke (67%) than those with Year 11 or less (54%) or those with Year 12 or a trade (58%). Upper white collar workers were more likely to try to avoid smoke (64%) than any other occupational group (all between 43% and 59%).

Those who said that other people's smoke bothered them a lot were most likely to try to avoid smoky places (86%). Over half of those who said they were slightly bothered (55%) also indicated that they tried to avoid smoky

places. In addition, of those who said they were bothered a lot by smoke in general, 57% reported that they had not been to any places within the last 48 hours where people were smoking near them. This may demonstrate behaviour to avoid smoky situations.

Almost one-third of respondents (31%) reported that they had specifically decided not to go to a particular place in the past year because of the level of smoke they anticipated experiencing there. Tobacco smokers were not so likely to have decided this (12%), but a large proportion of former smokers (33%) and never-smokers (39%) said that they had avoided going to a place because of smoke. Reported avoidance of smoky places was more common among women (34%) than men (29%); those aged 30–49 years (34%) than the youngest group (28%); the university-educated (42%) than those with Year 11 or less (24%); and upper white collar (41%) than the other occupational groups (21%–35%).

The 1200 people who indicated that they had avoided a specific smoky place were then asked where it was that they had decided not to go. Bars/nightclubs/pubs were the most commonly named places (52%), followed by restaurants/cafés (26%). The casino (6%) and gambling venues (7%) were also named. No other place was named by more than 4% of these respondents.

Restrictions on smoking in the home

Smoking in the presence of children

In 1989, 1992, 1994, 1996 and 1998–2001, respondents were asked if their smoking consumption was influenced by being in the presence of children. Tobacco smokers were asked, ‘When you’re with children, do you smoke more than normally, less than normally, about the same amount, or not at all?’ Table 16 presents this information over time.

Table 16 Percentage of smokers reporting smoking in the presence of children, by year

Response	1989 (n=633)	1992 (n=589)	1994 (n=598)	1996 (n=554)	1998 (n=427)	1999 (n=446)	2000 (n=410)	2001 (n=432)
Smoke more	1	2	1	1	1	1	0	1
About the same	31	22	22	19	14	10	11	11
Smoke less	50	51	45	44	37	36	41	35
Don't smoke at all	13	23	29	33	46	51	46	51
Can't say	4	3	3	3	3	2	3	2

Data are unweighted.

Due to rounding not all columns sum to 100.

From 1989 to 2001 the proportion of smokers who said that they did not smoke at all if they were around children increased from 13% (95% CI 11%–16%) to 51% (95% CI 47%–56%). This change was attributable to declines in both the proportion who said they smoked about the same in the presence of children and the proportion who said they smoked less around children. However, most of the change had occurred by 1999.

The data also indicated that smokers living in households with children aged under 16 years were less likely to stop smoking when children were around than smokers in households with no children (see Table 17). Smokers with children in the house were more likely to reduce their consumption but were less likely to not smoke at all – probably because it is harder for them to reduce the amount of time they spend with children.

Table 17 Smoking behaviour when around children by whether there are children living in household, 2000–2001

Response	No children under 16 years (n=489)	Children under 16 years (n=303)	Total (n=792)
Smoke more	0	1	1
No effect	9	17	12
Smoke less	35	48	40
Don't smoke	56	33	48

Due to rounding not all columns sum to 100.

Smoking inside or outside

Each year since 1995, respondents have been asked how many regular smokers there are in their households, and, if there are any, where they smoked while at home. Thus, respondents could answer questions about their own behaviour, about the behaviour of others in the household, or on behalf of both themselves and others. They were presented with five options from which to choose: always smoke inside, usually smoke inside, sometimes smoke inside and sometimes smoke outside, usually smoke outside, always smoke outside. Table 18 presents this information by year.

Between 1995 and 2001, the proportion of respondents reporting household smoker(s) ‘always’ smoke outside more than doubled, from 20% to 46%. There may be many influences on where smokers choose to smoke, such as the weather and the presence of children (Mullins, Scollo & Borland 1994). The respondents who stated that the household smoker(s) ‘usually’ smoke outside are probably trying to keep their homes relatively smokefree, except

when they rationalise smoking inside – such as when the weather is particularly inclement. However, the only people who are genuinely maintaining a smokefree home are the ones who say the smoker(s) ‘always’ smoke outside.

Table 18 Household smoking habits by year

Response*	1995 (n=884) %	1996 (n=796) %	1997 (n=851) %	1998 (n=661) %	1999 (n=729) %	2000 (n=696) %	2001 (n=672) %
Always inside	29	17	16	16	9	10	7
Usually inside	10	10	8	9	9	9	10
Sometimes in, sometimes out	30	33	34	20	26	25	27
Usually outside	10	14	14	16	13	11	9
Always outside	20	22	27	37	43	46	46

*‘Can’t say’ not reported as <1%, but included in the denominator.

Data are unweighted.

Due to rounding not all columns sum to 100.

In a combined analysis of 2000 and 2001 data, a relationship between education and going outside to smoke was found. Respondents with lower levels of education were less likely to report always smoking outside (42%) than respondents with high levels of education (51%).

Discouraging visitors from smoking

Respondents to the Victorian population survey have been asked in various surveys since 1989 if they discourage visitors from smoking in their household. Due to the small number of people who said they discouraged visitors ‘sometimes’, that it ‘depended on the situation’, or that ‘there was no such situation’, these respondents have been combined into one category.

As the data in Table 19 indicate, there has been a steady increase in the proportion of respondents who said that they discouraged visitors from smoking in their homes. In 1989, only 27% of respondents said they discouraged visitors from smoking and by 2001 this had risen to 65%. This is a dramatic change in behaviour to have occurred over a decade.

Table 19 Visitors discouraged from smoking in home by year

Response	1989 (n=2229) %	1991 (n=2347) %	1992 (n=2282) %	1994 (n=2388) %	1995 (n=2380) %	1996 (n=2282) %	1997 (n=2300) %	1998 (n=2015) %	1999 (n=1987) %	2000 (n=2000) %	2001 (n=2000) %
Discouraged	27	34	41	48	48	50	53	57	61	66	65
Not discouraged	67	60	53	47	46	38	39	27	27	24	24
Sometimes/depends/ no such situation*	6	7	6	6	6	12	8	16	12	11	11

*Includes those who couldn't say.

Data are unweighted.

Due to rounding not all columns sum to 100.

Discussion

Public opinion on smoking restrictions in public places is currently of interest to tobacco control advocates and governments considering clean indoor air legislation. In Victoria, there has been a steady increase in support for complete smoking restrictions in restaurants, bars and gaming venues. There was a marked increase from 2000 to 2001, which is probably related to the introduction of a new law in Victoria on July 1, 2001 that banned smoking in dining areas.

In 2001, the level of support for complete smoking restrictions was as high as 63% for restaurants, 51% for gaming venues and 44% for bars. Support was even higher for bans if they were the result of government regulations – 84% for restaurants, 74% for gaming venues, 63% for bars and 63% for nightclubs. As would be expected, smokers were less supportive of restrictions than former and never-smokers; however, there was a particularly high level of support from smokers for government bans in restaurants (70%). Independent of smoking status, support for restrictions was lower among respondents aged under 30 years and among those with lower levels of education.

Half of the respondents reported being exposed to environmental tobacco smoke in the last 48 hours – these respondents were more likely to be male and younger. The places where exposure most often occurred were bars/nightclubs/pubs (12%) and the workplace (10%). This is notably different to the results reported in 1998 and 1999, when the most common locations were bars/nightclubs/pubs (22%) and café/restaurants (21%) (Mullins, Trotter & Letcher 2000). A reduction in exposure in restaurants would be expected because of the introduction of smokefree dining laws. The concurrent reduction in exposure in bars/nightclubs/pubs, however, suggests either a greater avoidance of these places or an increase in self-regulated smoking restrictions.

Almost one-third of respondents said they had avoided going to a particular place in the last year because it was too smoky – the places most often avoided were bars/nightclubs/pubs. It is not surprising that so many people choose to avoid smoky places, given that 32% report having a health problem that is aggravated by tobacco smoke and 77% of respondents are concerned about the harmful effects of ETS on their health.

A large proportion of children are still exposed to ETS. Almost half of the smokers surveyed reported smoking in the presence of children. While this proportion had been steadily decreasing, it has stalled in the last few years. This trend is consistent with our findings on trends in maintaining smokefree homes. The proportion of households with smokers where smoking occurs outside and the proportion of respondents who discourage visitors from smoking have steadily increased each year until 2000 and 2001, since when it has remained at constant levels.

Overall, the results indicate strong levels of concern regarding ETS exposure and its health effects, and there is increasing public support for smoking restrictions in public places.

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