PART 3:

Smoking Ban in Public Places

I shall now address the issue of the ban on smoking in public places.

2 The Government has always viewed smoking as a serious health issue. We have put in place measures to discourage smoking and protect non-smokers against the harmful effects of second-hand smoke.

3 These measures have been effective in bringing down the proportion of smokers in the population. Currently, only 14% of our population are smokers, down from 18% in 1992. This decrease is particularly significant for males. Among males aged 18-69, the proportion of smokers has decreased from 33% to 24%. However, we see a worrying trend of young females picking up smoking. Over the same period, the proportion of smokers among females aged 18-24 almost tripled from 2.8% to 8.2%, in contrast to a reduction from 29% to 24% for males in the same age group! We must continue to act decisively against smoking and in particular, make extra effort to stop the young from picking up the habit. The Minister for Finance has already announced an increase in excise duty on cigarettes to discourage smoking. In parallel, my Ministry is reviewing the ban on smoking in public places.

4 The Government introduced the ban on smoking way back in 1970, initially in public buses, cinemas and theatres. This was progressively extended to many other public areas including lifts [1973], amusement centres [1982], fast-food outlets [1988], air-conditioned restaurants [1989], air-conditioned barbershops and hair dressing salons [1992], air-conditioned workplaces [1994], queues in public places [1995] and air-conditioned shops [1997]. The reason I am reiterating these is to demonstrate that the Government has committed itself to increasingly protect non-smokers from the effects of smoking.

5 The ban on smoking was not always welcomed by smokers and businesses. Smokers were inconvenienced and businesses could be affected. But businesses adapted. The Government had to press on, because we know we have a duty to protect the health of our non-smokers.

6 Second-hand smoke is not something to be taken lightly. It has at least twice the nicotine and tar as the smoke inhaled by the smoker. The United States Environmental Protection Agency (US EPA) has classified second-hand smoke (environmental tobacco smoke) as a “Group A” carcinogen, along with substances such as arsenic and asbestos. This classification is reserved for substances that are known to cause cancer in humans. In fact, second-hand smoke is a toxic cocktail consisting of over 4,000 chemical compounds; 200 of which are known to be poisonous, and more than 50 have been identified as carcinogens.

7 People with allergies and asthma are particularly sensitive to second-hand smoke. It aggravates
their medical condition. Even healthy people are not spared. Second-hand smoke can cause eye, nose and throat irritations as well as headaches, nausea, coughing and wheezing.

8 Second-hand smoke is especially harmful for babies and young children. Infants and young children exposed to second-hand smoke are more likely to suffer chronic respiratory illnesses and impaired lung function as well as experience more frequent occurrences of chronic coughs, phlegm and wheezing.

9 And the body of evidence on the health hazards posed by second-hand smoke is increasing. A 2002 landmark study by the International Agency for Research on Cancer (IARC) of the World Health Organization (WHO) has concluded that there is clear scientific evidence of an increased risk of lung cancer in non-smokers exposed to second-hand smoke. This increased risk is estimated at 20% in women and 30% in men who live with a smoker. The danger is higher in entertainment outlets. In fact, a study in the Journal of the American Medical Association has shown that the level of second-hand smoke in pubs and bars can be up to 450% higher than in homes with at least one smoker.

10 Mdm Cynthia Phua has asked if we will extend the ban on smoking to even more public areas in the future. In view of the dangers posed by second-hand smoke, my answer to Mdm Phua’s question is “Yes”. I am therefore announcing that the Government intends to further extend the ban on smoking in a number of public areas.

11 Today, the ban on smoking in public swimming complexes, open air stadia and community clubs is enforced as a house rule. My Ministry will officially extend the ban on smoking to public swimming complexes, open air stadia and community clubs by 1 Oct 2005.

12 Currently, smoking is also banned in queues as it is difficult for non-smokers in queues to avoid second-hand smoke. For the same reason, we will be extending the ban to bus shelters, bus interchanges and public toilets by 1 Oct 2005.

13 My Ministry also plans to extend the ban on smoking to entertainment outlets such as pubs, bars, discos, nightclubs and KTV lounges. In the case of entertainment outlets, it is difficult for patrons to avoid second-hand smoke as these are enclosed areas with limited air circulation. Many countries have begun to recognize the threat of second-hand smoke in entertainment outlets as a potential health hazard. California was one of the first to ban smoking in pubs and clubs. The Republic of Ireland imposed the ban in early 2004: pub-owners will now be fined if their customers are caught smoking indoors. The UK government has unveiled a White Paper proposing a ban on smoking in most pubs in England by 2008. A number of other countries are also following suit.

14 We have been conducting public consultations on the issue. Results of consultations conducted so far indicate strong public support for a complete or partial ban on smoking in entertainment outlets. A Health Promotion Board survey conducted in Dec 2004 showed that 69% of those surveyed supported a ban on smoking in at least one of the entertainment outlets. In NEA’s own online survey conducted in Feb 2005, more than 80% [83%] of respondents were in favour of imposing some form of ban on smoking in entertainment outlets.

15 My Ministry recognizes the concerns of operators who fear that a ban on smoking could affect patronage and result in a drop in business income. NEA will be consulting operators and trade associations to address their concerns and explore measures to mitigate any possible business impact before the ban is announced later this year.
16 I now turn to hawker centres and coffee shops. These are frequently patronized by families, including young children. At times, patrons could find it difficult to avoid second-hand smoke from an adjacent table. 63% of those surveyed by the Health Promotion Board supported a ban on smoking in hawker centres and coffee shops. NEA’s survey indicated more than 90% of respondents supported some form of ban on smoking in hawker centres and coffee shops.

17 On the other hand, patrons may not be affected if the natural ventilation in these venues is sufficient to remove the smoke quickly. In fact, among those who supported the ban on smoking in hawker centres and coffee shops in NEA’s survey, close to a third indicated their preference for a partial ban, for example in the form of a smoking corner, as a first step.

18 NEA will consult the relevant business associations on extending the smoking ban to hawker centres and coffee shops. A decision on the ban on smoking in hawker centres and coffee shops will be made by the end of this year after all the consultations have been completed.

19 My Ministry will continue to review the list of public places as and when necessary so as to better protect the health of our population from the threat of second-hand smoke. The public also recognizes the risks posed by second-hand smoke. In the long-run, my Ministry’s intent is to do away with the need for an exhaustive list and move towards allowing smoking only in private premises, wide open spaces and designated smoking areas.