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Heart Foundation submission on smoking and tobacco use at further education facilities

The Heart Foundation welcomes the opportunity to provide comment on the Education, Tourism and Small Business Committee (ETSBC) inquiry into smoking and tobacco use at universities, technical and further education facilities, and registered training organisations.

Our goal is for the next generation of Queenslanders to be smoke-free. We congratulate the Parliament of Queensland for its bipartisan support for smoke-free reforms and the proposed legislative reforms before Parliament.

Heart Foundation recommendation to this inquiry:

That the Queensland Government amend the Tobacco and Other Smoking Products Act 1998 to ensure that all universities, technical and further education facilities and registered training organisations become smoke-free.

In this submission we will address the terms of reference, provide evidence on the health effects of smoking and the need for a comprehensive approach to implementation:

1. What arrangements currently apply that limit smoking at these facilities?
2. The impact of smoking on staff, students and campus users
3. The capacity for improved laws and regulations at these facilities to reduce smoking
4. Evidence on the health effects of smoking and passive smoking
5. Comprehensive implementation, monitoring and enforcement

1. What arrangements currently apply that limit smoking at these facilities?

Current arrangements around further education facilities mean that they are subject to state and federal laws that cover smoking and the supply of tobacco products. These include smoke-free indoor places and outdoor dining areas, no smoking within four metres of building entrances and so on.

Some universities and further education facilities have voluntary smoke-free policies, but we recommend that legislation be amended to make these precincts completely smoke-free so that all staff, students and campus users are protected from smoking throughout Queensland.

Exposure to smoking is harmful to people whatever setting they are in, whether it is a staff member, student or visitor to a further education facility. These facilities should be treated in the same way as schools and hospitals, and be completely smoke-free.

2. The impact of smoking on staff, students and campus users

Amending legislation to make all further education facilities smoke-free will bring consistency to all education facilities and workplaces in Queensland. With the current and newly proposed tobacco

laws for smoke-free early childhood education facilities, schools, hospitals, workplaces and aged care facilities; all Queenslanders will be able to earn and learn in smoke-free environments throughout their life course, from child care to school to further education and workplaces.

People at greater risk of harm from passive smoking are children and young people because they have smaller airways and less developed immune systems compared to adults. Also at risk are pregnant women, the elderly, people with cardiovascular disease, diabetes, asthma and lung disease. Further education facilities have all of these people in attendance on a daily basis.

Students at further education facilities are particularly vulnerable because this is a critical time for smoking initiation. During these early adult years, smoking behaviours become established. We need to protect people at this vulnerable stage of their development when they are susceptible to peer pressure and environmental influences.

Smoking initiation starts for a few in the early school years with just under 3% of males and just over 3% of females aged 12-15 years smoking. By 16-17 years, this has grown to 11.6% for males and 8.9% for females¹.

By the time many people are attending further education facilities, their smoking behaviour is becoming more established. By 18-24 years, just over 12% of males and 9% of females are daily smokers, compared to 14% in the general adult population¹. These rates grow exponentially as people reach the 25-34 year age group when 28% of males and nearly 17% of females are smoking daily¹. By 25-34 years of age, we have nearly a third of our young male population heading towards a future of smoking-related illness and death.

3. The capacity for improved laws and regulations at these facilities to reduce smoking

One way that our community can protect susceptible individuals is by providing them with a safe and supportive environment in which to say no to smoking. If smoking is banned at further education facilities, there will be less pressure to smoke and a normalising of not smoking. This will in turn support reduced smoking rates.

Recently published evidence demonstrates that comprehensive smoke-free policies achieved a 4.7% reduction in smoking rates in Australia over a thirteen year period².

The same study found that along with comprehensive smoke-free policies, the large tax increase in April 2010 and plain packaging, were all associated with a clear and statistically significant reduction in smoking prevalence in Australia. Smoking bans have also been linked to lower hospitalisations for heart attacks and lung disease³.

Legislators can be confident that smoke-free policies are an effective method of reducing smoking prevalence.

Reducing access to places where people can smoke provides a supportive environment for all people and reduces their exposure to second hand smoke. It also assists smokers to quit by creating non-smoking social norms and discouraging smoking by making it harder to smoke in public places⁴.

Our recommendation is to amend the *Tobacco and Other Smoking Products Act 1998* to ensure that all further education facilities are captured. The current proposed amendments in the *Tobacco and Other Smoking Products (Smoke-free Places) Amendment Bill 2015* will capture many government further education facilities by prescribing government precincts in regulation. However, a more comprehensive approach is to include all the private facilities and entities not registered in Queensland.

Smoke-free legislation is good public health policy that normalises a smoke-free environment.

Bans on smoking at further education facilities would also support the public health goal of postponing the initiation of smoking. The later a person starts to smoke, the greater the chances of reducing the negative effects from smoking. They will either choose to never start smoking, or if they do, they will start later and be exposed for fewer years. Smoke-free environments throughout the course of a person's life will support this goal.

International students stand to benefit greatly from exposure to smoke-free environments while in Australia, something they are less likely to experience in their countries of origin. They in turn will be able to influence their countries to bring in more smoke-free education and legislation to support people to quit.

In an international student's own words told to our Chief Health Officer Queensland, he said that "the best thing he gained out of his three years in Australia on a campus was to quit smoking. He said it was so supported and he could do it in a good environment, and he felt so much better for that. So he was quite grateful⁵".

Queensland needs further smoking reforms because we still have the second highest rate of smoking in Australia, next to the Northern Territory. We also have the most regionalised population in Australia, and smoking prevalence is greater in the regions compared to urban areas. In major cities 12.9% of people are daily smokers, while in regions it is 15%, increasing to nearly 21% in very remote areas¹.

Community expectation for smoke-free areas is high and will be welcomed. We know that as far back as 2007, 87% of Queenslanders who responded to public consultation, indicated that further outdoor smoking reforms were required⁶.

4. Evidence on the health effects of smoking and passive smoking

Smoking is a major cause of heart attack, stroke and peripheral vascular disease and is the largest single preventable cause of death. It also causes lung cancer and many other cancers. Smoking causes one in seven deaths in Queensland with 3,700 Queenslanders dying every year from smoking¹, equal to around 10 large aircraft crashes a year. 10% of these deaths are estimated to be the result of second hand smoke⁷.

Exposure to second hand smoke is dangerous to all those exposed. Those at greater risk of harm are children, young people, pregnant women, elderly people, people with cardiovascular disease, including hypertension (high blood pressure), diabetes, asthma, lung cancer and lung diseases. Passive smoking causes coronary heart disease and lung cancer in non-smokers^{8,9}.

5. Comprehensive implementation, monitoring and enforcement

To support the smooth implementation of this new legislation, as well as the existing tobacco laws, it's recommended that supportive policies, education, monitoring and enforcement be considered and acted upon. Any extra resources needed by the Department of Health need to be allocated.

A comprehensive approach to further education facilities going smoke-free would include:

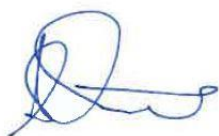
- Legislation that requires all campuses to be smoke-free to five metres past the boundary; to be consistent with Queensland schools and hospitals;
- Education about the new smoke-free legislation and policies; which could include smoke-free ambassadors as used by the Australian Catholic University which went smoke-free on 1 July 2015;
- Support for people to quit smoking through information and messages, referral to the Quitline and access to quit programs for on campus staff, students and volunteers;

- Some signage would be useful initially to support the implementation of the new laws;
- Prohibit the sale or any promotion of tobacco on campus; and
- Ensure the facility does not accept funding or sponsorship from the tobacco industry.

The need for monitoring and enforcement at further education facilities should however be minimal due to high community support for smoke-free environments. Experience from previous tobacco law reforms shows that people welcome smoke-free laws and adapt to new ones with minimal disruption.

If you would like further information please contact us. The Heart Foundation is available for further consultation and to appear as a witness as needed.

Yours sincerely



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References

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- ⁴ US Department of Health and Human Services (2012). *Preventing Tobacco Use Among Youth and Young Adults: Chapter 4*. Social, Environmental, Cognitive, and Genetic Influences on the Use of Tobacco Among Youth. A report of the Surgeon General National, Centers for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, Atlanta, Georgia.
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- ⁹ US Department of Health and Human Services (2014). *The Health Consequences of Smoking – 50 Years of Progress*. A report of the Surgeon General, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, Atlanta, Georgia.