



HEALTH AND AMBULANCE SERVICES COMMITTEE

Members present:

Ms L Linard MP (Chair)
Ms RM Bates MP
Mr SL Dickson MP
Mr AD Harper MP
Mr JP Kelly MP
Dr CAC Rowan MP

Staff present:

Ms A Honeyman (Research Director)
Ms E Booth (Principal Research Officer)
Ms K Shalders (Acting Executive Assistant)

PUBLIC HEARING—INQUIRY INTO THE TOBACCO AND OTHER SMOKING PRODUCTS (SMOKE-FREE PLACES) AMENDMENT BILL

TRANSCRIPT OF PROCEEDINGS

TUESDAY, 15 DECEMBER 2015

Brisbane

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Committee met at 9.30 am

Ferguson, Mr Robert, Senior Adviser, Environmental and Public Health, Local Government Association of Queensland

CHAIR: Ladies and gentlemen, thank you for your attendance today. Before we start I ask that all phones be switched to silent or turned off. I now declare this public hearing of the Health and Ambulance Services Committee open. I would like to acknowledge the traditional owners of the land upon which we meet today and acknowledge their elders past, present and emerging.

My name is Leanne Linard; I am the chair of the committee and the member for Nudgee. Joining us on the phone are the deputy chair Ros Bates, the member for Mudgeeraba and also Steve Dickson, the member for Buderim. With me here today are: Mr Joe Kelly, the member for Greenslopes; Mr Aaron Harper, the member for Thuringowa; and Dr Christian Rowan, the member for Moggill. Today we are hearing evidence on two bills: the Tobacco and Other Smoking Products (Smoke-free Places) Amendment Bill and the Health Legislation Amendment Bill 2015. The committee will move immediately from one hearing to the next. There are a few procedural matters before we start. The committee is a statutory parliamentary committee and as such represents the parliament. It is an all-party committee which takes a nonpartisan approach to inquiries. The proceedings today are governed by the standing rules and orders of the Legislative Assembly. The hearing is being broadcast on the parliament's website and will be transcribed; a transcript will be available soon.

We will start this morning with the hearing on the Tobacco and Other Smoking Products (Smoke-free Places) Amendment Bill. The bill proposes to amend the Tobacco and Other Smoking Products Act to create more smoke-free public places across Queensland and to prohibit the sale of smoking products from temporary retail outlets. The committee understands the bill will extend smoking bans in public places, provide for smoking to be banned at prescribed national parks and outdoor government precincts, empower local government to make laws banning smoking at any outdoor public place not covered by state smoking laws and prohibit the sale of smoking products from temporary retail outlets. The committee must report to the parliament on the bill by 15 February 2016.

I would now like to welcome our first witness, Mr Robert Ferguson, senior adviser on environmental and public health with the Local Government Association of Queensland. Thank you very much for coming and agreeing to give evidence today. For the record, if you or any witness appearing today are not able to answer a question, you may take it on notice. The secretariat will be in touch about the timing for providing responses after the briefing. Welcome, Robert; would you like to make an opening statement?

Mr Ferguson: Thank you, Madam Chair. My name is Robert Ferguson, senior adviser, environmental and public health at the Local Government Association of Queensland. The LGAQ welcomes the opportunity to provide feedback to the Health and Ambulance Services Committee on the Tobacco and Other Smoking Products (Smoke-free Places) Amendment Bill 2015. The LGAQ supports strategies that contribute to the reduction of health costs associated with smoking related illnesses. The LGAQ appreciates the bill, through the introduction of additional smoke-free places, makes a significant contribution as one key element in the multistrategy approach needed to address this serious health concern.

The LGAQ has received comments from a number of local governments, including councils that are actively engaged in current compliance activities in relation to smoke-free places. The LGAQ's submission supports the introduction of flexible and discretionary powers for councils to take enforcement action and welcomes the amendments to the bill that empower local councils to make laws banning smoking at any outdoor public place not covered by state smoking laws. The LGAQ also supports the amendment that does not impose a duty on a local government to enforce the relevant provision of smoke-free places. Regardless of local governments' ability to use discretionary powers, it must be noted that the proposed bill may raise community expectations to provide a new unfunded regulatory service and for local councils to actively monitor complaint-driven hotspot

locations. Councils have expressed that this could be a resource-intensive exercise, especially around public transport waiting areas and skate parks, which are logistically challenging for local governments to regulate. The majority of Queensland's 77 local governments do not have the resources to enforce this legislation. The creation of more smoke-free places in the proposed bill introduces a significant number of new locations that have not previously been smoke free. This introduces a range of new challenges in education and changing the behaviours of members of the public. Public transport waiting points, skate parks, underage sporting events and government precincts are all uniquely different with a range of compliance conditions specific to each particular smoke-free place.

The LGAQ's submission also raises the need to give further consideration to the considerable infrastructure that currently exists in many local government precincts which would need to be removed or relocated to address the potential confusion created by its presence in these precincts. An example of this would be the existence of cigarette butt bins located in public transport waiting points and adjacent to government buildings. The LGAQ's submission also highlights the importance of developing a comprehensive education and awareness strategy to complement legislative changes and deliver clear and consistent messages to guide behavioural change across Queensland. The LGAQ urges the committee to recommend the development of a funded comprehensive community education and awareness strategy and a subsidy program to fund the removal or relocation of existing council infrastructure in these precincts.

CHAIR: I will open it up to the committee for questions. In the absence of the deputy chair, I will hand over to Dr Rowan.

Dr ROWAN: Thanks very much for your presentation this morning. In relation to the funded comprehensive education and community awareness program, can you elaborate a bit more on what you would like to see within that and how that could assist local government?

Mr Ferguson: Thank you for that question. I think that with the introduction of any new legislation there is a period of time where education is critical at a level where you need to engage with the community. In this particular circumstance there are a lot of very unique specific conditions that are being identified, and I will give you an example. At a public transport waiting point if you are within five metres, you are committing an offence by smoking. If you are walking through that transport waiting point and you are smoking, you are not committing an offence. If you are in a queue 10 or 20 metres away, you could be committing an offence. If you are leaning over an adjoining property within five metres at a residential commercial property and you are smoking, you are not committing an offence. So there are a range of strategies, and I think at the end of the day local government is keen to take enforcement action, but I think it is around education. I think more importantly it is about achieving behavioural change. We can rely on the goodwill of people, and I think the goodwill is there, but it is about educating the community and finding a way which teaches them good behaviours. That is where I think that is critical, and that needs to be done I suppose at a Queensland level.

Dr ROWAN: Just following on from that, if we move beyond education and return to enforcement, you mentioned that local government does not have the resources to enforce the legislation. Does the LGAQ have any idea how much it would potentially cost local governments to enforce compliance?

Mr Ferguson: That is a very good question. Once you introduce the significant number of new locations that have been identified in this legislation—and I will go back to the public transport waiting points—if you look at the sheer volume of them I believe, for example, Logan City Council has over 1,200; I think Ipswich has about 1,000; I am not going to begin to calculate the number in Brisbane, but there are significant a number. Obviously councils take compliance action quite often based on complaints and will go and identify those hotspot locations, but it would be quite significant to go and look at that enforcement.

Mr KELLY: Thank you for your presentation, Mr Ferguson. You do have compliance officers at the present time though and enforcement officers in most councils; is that correct?

Mr Ferguson: That is correct, yes.

Mr KELLY: Do they have any responsibilities in relation to enforcing smoking related legislation?

Mr Ferguson: Across Queensland local governments do take varying approaches to the problem with regard to smoking. No doubt the committee is aware there are a range of strategies: whether you offer warnings to people; you may choose to offer zero value pins; prescribed infringement notices; or you may decide to issue the full penalty. There are a range of strategies

across councils depending upon the issues that they do encounter. There are challenges with that obviously with regard to taking compliance action, and obtaining evidence and dealing with minors around skate parks are a few of the challenges that local government officers face. I have a lot of confidence in the officers that are out there, they are doing the best possible job and they have the public interest at heart, but it can be quite taxing and challenging for those officers to get that positive outcome. In saying that, most people are quite responsive after being given a direction, and they are quite accommodating and will respond positively.

Mr HARPER: Thanks very much, Mr Ferguson. Just picking up on that point, I agree that it is quite challenging. Our council officers around our skate parks up in Townsville have had some issues with chroming. I think there is good public sentiment out there to remove smoking from that environment, but I think they are already challenged now in trying to address that particular issue with minors. You make some good points about the ongoing cost. With the LGAQ, they meet regularly. Do they have strategies on how they can move forward with this to get broad support regardless of the cost? I understand where you are coming from, but has the LGAQ had any other discussions in moving forward on how they can address this?

Mr Ferguson: Thank you once again for another wonderful question. The LGAQ does have a very strong, positive relationship working with state government departments. We do have the Partners in Government Agreement, and it is a positive step towards working with the state government to try to find the best solutions to these challenges. So in saying that, yes, there are funding challenges and there might be enforcement challenges along the way, but we do have open dialogue and we do have a good rapport with working across different government departments, so I feel confident that we can sit down and have a meaningful conversation and try to resolve some of these challenges for local government.

CHAIR: I mentioned earlier the absence of the deputy chair, and I meant on the panel. She is on the phone and I am hoping they can hear everything, so I am going to throw to Ros and then Steve in case they have any questions. Ros, can you hear us? She may be on mute. I will just ask Steve whether he has any questions while Ros might be taking the phone off mute. We may have lost them; we have lost them before. We will try and get them back.

While we get those two members back, with regard to your consultation with the different councils I note that a lot of the statistics show there is a higher incidence of smoking in regional areas. Do you find those regional councils are supportive of the proposals that we would move towards more consistency across the state in regional versus metro? We have received some submissions directly from councils and I understand we will receive your submission soon, but could you give us feedback with regard to that, please.

Mr Ferguson: Thank you for the question. I am sure no doubt the committee is aware that Queensland is a very diverse place and we have very unique circumstances across Queensland and at different local council settings. There are challenges not only in South-East Queensland and regional centres, but I suppose the challenge is how to find the most appropriate solutions in these particular precincts and in these local government areas. I would not want to make assumptions on behalf of smaller councils, but being in a smaller community issuing infringement notices may be a little more challenging in a smaller environment. Other councils, for example in tourist areas across Queensland, may have some challenges around issuing infringement notices in a tourist area with the implications of recouping those fines given the very itinerant nature of people they will be issuing infringements to. So there are a range of different strategies across those communities, but I would not want to speak on behalf of those smaller councils about those actual problems.

CHAIR: Is there general support across councils for a consistent approach and attitude towards trying to provide smoke-free places for people in areas where people congregate, whether it is malls? I understand that public transport waiting spots can be quite different in regional areas. Obviously, they are not of the nature that we have in the Brisbane City Council. But is there an approach to or an attitude of, 'We need to provide smoke-free places to people who are not smokers?'

Mr Ferguson: The respondents who have come back to the LGAQ have been supportive of this legislation and, across Queensland, having an approach to this significant health related problem. The challenge is around—

CHAIR: The resources.

Mr Ferguson: The resourcing and rolling out a strategy that effectively covers Queensland. But I think the case-by-case example, having the discretion for local governments to have a range of approaches, gives them that ability to be a little flexible in how they respond to those challenges.

CHAIR: Approaches to compliance.

Mr Ferguson: Approaches to compliance.

CHAIR: Ros, as deputy chair, did you have anything that you wanted to ask?

Ms BATES: No, I did not thanks, Leanne.

CHAIR: Steve? Did you?

Mr DICKSON: Yes, I do. I have three questions. We still have Robert there?

CHAIR: Yes, Robert is still there.

Mr DICKSON: Fantastic. Robert, I have three questions. The first is how will local government implement the policies once this new legislation is put in place? How are you going to go about policing these issues—looking after our beaches and our skate parks and the other areas?

Mr Ferguson: Thank you for that question. The challenge for local government and, I suppose, the ability for local governments to choose their own enforcement strategy is probably the answer that I would be giving you. To have the discretion to take compliance action and issue a range of different strategies—warning infringements, zero PINs as opposed to fines—councils are primarily guided by the provision of good research data, community based complaints and, in most circumstances, respond to community complaints. They would be responding to identified hot-spot locations and be looking at taking an approach where they would be attending these sites at a particular time and date. It would be very dependent on individual circumstances. No doubt, individual councils have locations that they would be more encouraged to regulate.

Mr DICKSON: Robert, thank you. I understand that it is going to be very difficult for councils to implement. My second question carries on from a question asked by one of my colleagues earlier. Has local government done a cost analysis for the implementation of these new laws?

Mr Ferguson: Thank you for that question, too. The LGAQ does not have that information on the individual costs associated with councils. I am aware that some councils have done some preliminary costs in regard to resourcing, the removal of infrastructure, but I cannot speak for those individual councils.

Mr DICKSON: Robert, would it be possible for you to come back with that information at a later date for us, please?

Mr Ferguson: I can endeavour to get that information from councils or at least get a number of councils to provide a guide to the committee on those figures, if you like.

Mr DICKSON: That would be fantastic. My last question is relating to the number of prosecutions that council officers have implemented since smoking legislation has been in place prior to this new legislation. I heard you speak earlier about the council officers already policing these areas. So how many prosecutions have occurred across Queensland? You will not have that, I am sure, but if you could come back to us with some numbers, that would be fantastic.

Mr Ferguson: I can do that. It is a challenge for local governments. One council in South-East Queensland takes compliance action for smoking in a particular precinct. Currently, on the information that I have, 60 per cent of these fines end up with SPER to try to recoup the payment of those fines.

Mr DICKSON: Robert, thank you so much for coming along today. I am sure I will get to see you again in the near future.

Mr Ferguson: Thank you very much.

CHAIR: Robert, thank you very much for coming and answering our questions. The secretariat will be in contact with you about those questions.

DURHAM, Ms Alison, Advocacy Manager, Heart Foundation

CHAIR: Welcome, Alison.

Ms Durham: Thank you.

CHAIR: Thank you very much for your submission on the bill. Would you like to make an opening statement before we open the panel to questions?

Ms Durham: I would. Thank you very much. I am the advocacy manager of the Heart Foundation in Queensland. Thank you very much for the opportunity to appear here and give our comments on the legislation. We are absolutely delighted at the Heart Foundation to see that the government has brought in these further reforms to smoke-free legislation. We are really pleased to see that there is bipartisan support across the parliament—that the opposition brought in a bill earlier in the year. We are delighted, because the parliament seems to be very keen to do some smoking reform and we believe that that should happen.

There is new evidence to support these smoke-free laws that have just come in and I included it in our submission for your reference. That can make us confident that the smoke-free laws will have an impact on smoking consumption. We have over a 13-year period in Australia some data that showed reduced prevalence by 4.5 per cent over 13 years. That is adding to the evidence that we already have that smoke-free places are a really excellent public health initiative. So the committee can be confident that it is supported by evidence.

Queensland has a proud record, as you know, of bringing in innovative tobacco control measures. Many of the reforms that are currently being suggested in Queensland are bringing us into line with other jurisdictions but, equally, the government precinct innovation will bring us ahead and lead the way in Australia. So that is a really positive move. It has strong support from health groups. The AMAQ supports this bill, the Cancer Council Queensland, who are here today, obviously, support it and the Heart Foundation strongly supports it. Community support is high. People want these smoke-free areas and we do not think that enforcement is going to be a very big issue. We were really pleased to hear that the Local Government Association support this as well.

One thing that we would like to see included in the legislation is that tertiary institutions are added as smoke-free the same as early childhood services, schools and aged-care facilities. You would be aware that that is already being considered by another committee but I just wanted to put on record that we would recommend that, if at all possible, could be added in this bill.

Also, we think that the four-metre to five-metre buffer is an excellent innovation. We recommend that around outdoor eating and drinking areas there could be a five-metre buffer added to the legislation. At the moment, people can stand near those outdoor eating and drinking areas, reach in and get their drink and stand on the footpath. An extra metre would at least limit that to some extent.

My last comment is that we are seeking a recommendation that the Department of Health regularly and openly reports on the compliance and enforcement data around the tobacco laws. We have had trouble getting that data. The Chief Health Officer tabled some at the last inquiry before you, which was great and we really welcome those figures. Just like other states, we would like to see Queensland's data openly available. Thank you. I look forward to your questions.

CHAIR: Thank you very much for that opening statement, Alison. I will pass first to my colleague the member for Moggill.

Dr ROWAN: Thank you very much, Alison, again for your presentation on behalf of the Heart Foundation. Is there anything else that the Heart Foundation would like to see at the point of sale from a cigarette perspective?

Ms Durham: We are pleased to see the hookah change in this legislation. That was great. We are really pleased to see those temporary pop-up outlets being prohibited. That is absolutely excellent to stop that access by young people at music festivals and that sort of thing. There are some other ones like the vending machines in pubs and clubs where they are still available. To the Heart Foundation, it is completely unnecessary to have access to vending machines that sell cigarettes. That one just seems like a no-brainer. So they are probably the main ones at this point in the retail sector.

Dr ROWAN: Just in relation to vending machines, would you like to see those—

Ms Durham: Banned.

Dr ROWAN: Right.

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Ms Durham: We do not need vending machines selling cigarettes that kill people.

Dr ROWAN: Do you have any thoughts on e-cigarettes? Is there any view from the Heart Foundation around electronic, or e-cigarettes?

Ms Durham: Yes. Sorry, in relation to that previous question, I was just checking our submission. The other issue in retail is that people under 18 can sell cigarettes at the moment and one of our recommendations is that that is unnecessary. We need to protect younger people from selling cigarettes. They are the ones who will be more likely to sell to under-age kids. That was my point on that one.

In relation to e-cigarettes, the fantastic thing about the Queensland laws that were brought in last year is that they cover e-cigarettes. We completely support that. The aim of that was not to stop research into e-cigarettes and what might happen in future in relation to cessation, because we do not know; it was purely and simply to protect children from having access, or drawing back on e-cigarettes into their lungs. We do not know if they are safe or not.

Dr ROWAN: Thank you.

CHAIR: Thank you very much. Member for Greenslopes?

Mr KELLY: I have no questions, thank you.

Mr HARPER: Thank you very much for your presentation this morning. Just taking up a comment from Mr Ferguson from the LGAQ and taking your point about getting data from the Department of Health about compliance, by the sounds of it, it is challenging. There are 77 councils right across Queensland and in trying to get that data—as he put on record—he will have to do a bit of research in that area. So that is probably one of reasons you are just not getting that accurate data, because I think it is challenging to get it from across Queensland.

I congratulate you on your work to date in assisting in getting the message out there. But are there any other recommendations that the Queensland Heart Foundation would like to see added?

Ms Durham: Thank you. In relation to the enforcement and local government, I think the Chief Health Officer at her briefing to you said that there is no onus on local governments to enforce. I think there are 122 environmental health officers in the state government who do this enforcement as well. So there should be some really good data from them at least. Hopefully, that will address that.

Any other things that the Heart Foundation would like to see? The Heart Foundation would like to see this legislation passed, because we think that it is excellent and will bring Queensland ahead. So first and foremost, we want to see this go through. Secondly, we have a number of things that we have been advocating for many years that we added to our submission and I have already mentioned a number of them.

The licensing of tobacco retailers and wholesalers is the other issue that we would like to see dealt with. We will be putting in a submission to that in January. So we are very pleased to see that you will be looking into those issues. That is great. There is one glaring one for us and that is the indoor smoking. It is still allowed in casinos.

Mr HARPER: High-roller rooms.

Ms Durham: Yes, high-roller rooms. We bring it up every time there is an inquiry or we are looking at this law. There is resistance in relation to tourism, but we really feel that people being exposed indoors to smoking should not still be happening anywhere. So that is that one. We also have concerns about the designated outdoor smoking areas at pubs and clubs, where people are gathering in close proximity and it is attracting the younger smokers who are the biggest smokers. Thank you for your question.

CHAIR: Thank you. I will just pass to Ros. Do you have any questions?

Ms BATES: No thanks, madam chair.

CHAIR: Steve?

Mr DICKSON: Madam chair, I would just like to thank the Heart Foundation for coming in, and particularly Alison, she has covered most of the questions that I wanted to ask. So thank you so much for your time today.

Ms Durham: Thank you very much, Steve.

CHAIR: Thanks Steve. I notice, unsurprisingly, that the further reforms that you are advocating are consistent with the Cancer Council. Thank you very much for appearing. With regard to your comment earlier, you are correct: the compliance officers in local government are not expected under

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the legislation to enforce the legislation. So that is an important point. Thank you very much for appearing before committee and also for your submission.

Ms Durham: Thanks everyone.

BORDER, Ms Nicole, Manager of Policy and Advocacy, Cancer Council Queensland

CHAIR: I would now like to welcome our final witness on the Tobacco and Other Smoking Products (Smoke-free Places) Amendment Bill: Nicole Border, Manager of Policy and Advocacy with Cancer Council Queensland. Thank you for coming before the committee again and thank for your submission. Would you like to make an opening statement?

Ms Border: I would, yes. Thank you for the opportunity to be here today to attend and be part of this really important conversation. The Cancer Council firmly supports the recommendations in the bill. We of course welcome any action that will improve the health and wellbeing of Queenslanders. This bill will do exactly that by strengthening our already impressive tobacco laws and creating even more smoke-free spaces across the state. We sincerely thank you for your dedication to progressing this bill and for considering so many recommendations not just by ourselves and the Heart Foundation but by members of the community too in the formulation of this bill.

Queensland has really strong tobacco control legislation and we should be really proud of that. But smoking remains the leading cause of preventable death and disease and health inequality in Queensland. Alarming, one in 10 people who die from tobacco related disease are non-smokers, so we need to do everything possible to protect people from exposure to deadly second-hand smoke. The proposed amendments to the legislation will help do this by protecting people from second-hand smoke in key public places, in areas where children spend recreational time such as skate parks and public swimming pools, and where Queenslanders frequent such as bus stops and pedestrian malls. Not only will these smoke-free spaces protect people from second-hand smoke; they will also help smokers to quit and promote smoke-free social norms.

Importantly, the bill provides a consistent statewide approach to tobacco control. Given the significant disparities in smoking rates between geographic regions and also socio-economic position in Queensland, such consistent measures are imperative to reduce any health inequalities we see in our community. You will see from our submission that we propose further extensions to smoke-free environments including banning smoking in cars, in licensed premises and in premium gaming rooms. The reasons for these recommendations are the same as you have heard today: there is no safe level of exposure to second-hand smoke.

We also recommend that people under the age of 18 should not be able to sell tobacco just as people under the age of 18 are unable to sell alcohol, and we recommend that smoking products in vending machines are banned to help prevent children from accessing tobacco products. We applaud the committee's inquiry into tobacco licensing arrangements in Queensland and we believe this measure could help allow improved monitoring of tobacco sales, strengthen compliance with tobacco legislation and a reduction in the supply of tobacco in our community. The Cancer Council will devote every available resource to making this bill work. You have our full support.

CHAIR: Thank you for your opening statement, Nicole. Just in regard to how Queensland measures up against the other states and territories, where do we stand in regard to prevalence of smoking?

Ms Border: In terms of prevalence we are not too bad. We are probably about mid-range at this time.

CHAIR: Does your research show or is it the feeling of the Cancer Council that that is because we are quite regionalised, that that obviously adds another element?

Ms Border: Yes, certainly. As you would know, smoking rates in disadvantaged communities are elevated. We have a significant Aboriginal and Torres Strait Islander population. Prevalence in that community is much higher than the general population as well. That might explain some of the differences. Definitely the regionalised nature of our community is a contributing factor. States like Victoria and New South Wales are much smaller so the population is close together, whereas we are much more regionally spread. So that is definitely a contributing factor.

CHAIR: With regard to the successive changes over many, many years in where people can smoke in Queensland, how do we sit with regard to what the other states and territories are doing?

Ms Border: We are quite advanced actually with our tobacco control laws, particularly our outdoor smoking laws and alfresco dining. In other states you can still sit outside in a cafe with your food and smoke a cigarette. You cannot do that here. I do not know if you travel down south, but I really notice that. In terms of alfresco dining, we are certainly leading the way. We are the first state to legislate for e-cigarettes the same as regular cigarettes, so that is really impressive.

Dr ROWAN: Just to confirm, like the Heart Foundation, the Cancer Council would like to see the banning of cigarette vending machines.

Ms Border: Absolutely. They are just unnecessary.

Dr ROWAN: Just to tease it out a little around e-cigarettes, the Cancer Council supports the current legislation that exists in relation to e-cigarettes.

Ms Border: Absolutely. As Alison said, we still encourage more research into e-cigarettes. If they were to ever be recommended as an effective cessation tool, they would have to go through the TGA approval process and be considered a medicine. But we need a lot more research before we can get to that point. At the moment we absolutely need the laws that we have in place now to protect people from using these substances, as we do not know what is in them.

Dr ROWAN: With the government funding clinical trials in relation to medicinal cannabis and other things, should the government be funding e-cigarette trials?

Ms Border: There are quite a few underway at the moment in Australia but also internationally. The research is growing; it just takes time to run those trials. A big concern for us is that a lot of e-cigarette companies are actually owned by tobacco companies. So there are some issues there.

Mr KELLY: Thank you, Nicole, for the work that your organisation does. Do you have a breakdown of the various regions and population groups in Queensland in terms of smoking rates?

Ms Border: I do—not on me but I do have them. Smoking rates are much higher in geographic regions. Further away from the south-east corner essentially smoking rates are higher.

Mr KELLY: What about specific demographics like people who might have recently arrived from countries where there is a very different approach to smoking legislation?

Ms Border: We definitely have some data on migrants' country of birth and smoking rates which I can get for you. Certainly countries such as South-East Asia—men from South-East Asia—and the Middle East have high smoking rates. Other demographics—people who are severe mental illness, the homeless et cetera—have alarmingly high smoking rates.

Mr KELLY: What is the Cancer Council's thoughts on people with mental illness who smoke?

Ms Border: We need to do something about it. We have a significant amount of work at the moment dedicated to trying to reduce smoking rates in disadvantaged communities. One way of doing that for us is targeting those services that have a lot of engagement with people with, for example, mental illness. We work with those facilities like homeless shelters, community service organisations and welfare agencies who have that sort of frequent exposure to people from that demographic and try to upskill those facilities and those professionals to have conversations around smoking with those people. Normally if someone with a severe mental illness presents in those sorts of situations, they are wanting food, shelter et cetera, which is absolutely important and imperative—they are acute needs. But we are also trying to get tobacco on to the agenda of those organisations.

Mr KELLY: Increasing time costs of acquisition as well as increasing financial costs for a population such as people with a mental illness will, do you think, have an impact in terms of reducing smoking rates amongst those specific populations?

Ms Border: I would say so, yes. Any kind of statewide approach to changing legislation is going to affect everyone. But I think we still need targeted approaches to those specific communities where smoking rates are still so high. The vast majority of the reason why smoking rates are so high in those communities is that they have a much higher uptake of cigarettes in the first place. They do successfully quit at a similar rate to the general population, but the smoking rates in the first place because they take up smoking are much more than the average Queenslanders. That explains why the smoking rates are so much higher.

Mr KELLY: Do you think moving from four to five metres in distance is a positive thing?

Ms Border: In terms of the buffer, absolutely. In many urban built-up environments, that really pushes people off the footpath entirely and on to the street. So it bans smoking in quite a few streets.

Mr HARPER: I broadly support and congratulate Cancer Council Queensland. I do just want to open up the debate about people under the age of 18 in terms of prohibiting them from selling cigarettes. I know they cannot sell alcohol. I have a concern about junior employees at corner stores trying to get a job, your 16 and 17-year-olds, and whether that has been discussed at all. That extends to your major outlets like Coles and Woolworths where they have a lot of junior employees. Has that been considered?

Ms Border: I imagine in most of those environments there would be someone who is older around. If someone really needed to access cigarettes, there would be someone to call upon. There is evidence that if the people who are selling cigarettes are underage they are less likely to comply

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with legislation. That is the main reason we would push that legislation and bring it into line with alcohol. It just makes sense.

CHAIR: Ros, do you have any questions for Nicole?

Ms BATES: No, I do not. Thank you.

CHAIR: Steve?

Mr DICKSON: No. Thank you so much for coming along today, Nicole, and please keep up the hard work.

Ms Border: Thank you.

CHAIR: Thank you very much on behalf of the committee for the work you are doing in regard to smoking and also your broader agenda. We really appreciate it. Thank you for making a submission, as you always do to our inquiries, and for appearing. We appreciate your with time. That concludes our public hearing today on the Tobacco and Other Smoking Products (Smoke-free Places) Amendment Bill.

Committee adjourned at 10.10 am