## SUBMISSION OF AMENDMENTS TO THE TOBACCO AND OTHER SMOKING PRODUCTS (SMOKE FREE PLACES) AMENDMENT BILL 2015

As a medical professional and someone who has deep experience of issues relating to Tobacco and Other Smoking products, I would like to make my humble suggestions towards this bill. To give a background, I am a Fellow of the Royal Australia and New Zealand College of Psychiatry and I am a practising Psychiatrist for well over 7 years now. I have previously worked with the World Health Organization (WHO)-India division to set up Tobacco Cessation clinics in India and also drafted the Tobacco Cessation Manual for Medical Officers in India. I have also worked as Senior Consultant to the WHO SEARO Division in its National Tobacco and other Substance Use Control Program. I have been certified by the Centre for Disease Control as a Tobacco Cessation Professional and a Global Tobacco Free Fellow.

Having gone through the entire Bill, I would like to place my humble suggestions towards amending this if possible.

- 1. Division 5 (School Facilities): I believe this should be extended to any educational facility as limiting it to only schools is being unfair to TAFEs and other higher educational facilities.
- 2. Division 7 (Early childhood education and care facilities): Section 26 VU Point 3, which states that subsections do not apply if at the relevant time, the facility is not being used to provide education or care. I believe this is incorrect since the theory of "third-hand smoking" and the associated harms are well known where the residues of smoking tend to settle on curtains, carpets and other furniture and can continue to cause health related adverse effects even if the person is no longer smoking in the same premises. This is even more so since the lungs of growing children are more sensitive to the deleterious effects of second hand and third hand smoking. Therefore, I believe that this section needs to be removed from the Bill, so as to make it comprehensive enough to completely ban smoking.
- 3. Division 8 (Residential aged care facilities) Clause 10, Section 26W(5) should be amended to include common areas in multi-unit residential accommodation such as stairways, lounges etc.
- 4. Clause 12, Amendment of s26ZJ Section 1, should be amended to read as 5m, to ensure uniformity across the bill.
- 5. Clause 13, section 26ZKB, Point 2: the clause of reasonable excuse is poorly defined and has high risk of being misused to avoid penalties, and should be removed.

Thanks and hope that these suggestions are taken favourably.

Dr. Saddichha Sahoo, FRANZCP, FAP, FCCP, MD, DPM, BA Consultant Psychiatrist, WMHHS, Queensland Health, QLD.

Senior Lecturer, School of Medicine, University of Queensland, QLD.