Submission 5

4 December 2015

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Health and Ambulance Services Committee Inquiry
Tobacco and other Smoking Products (Smoke-free Places) Amendment Bill 2015
Cancer Council Queensland Submission

Dear Ms Honeyman,

Please find attached Cancer Council Queensland's submission in response to the Health and Ambulance Services Committee Inquiry into the Tobacco and other Smoking Products (Smoke-free Places) Amendment Bill 2015.

We welcome action to improve the health and wellbeing of Queenslanders through the strengthening of tobacco laws and the creation of smoke-free public places.

Smoke-free places discourage smoking, protect people from the harmful effects of second-hand smoke, and prevent people from taking up the lethal habit.

Please don't hesitate to contact Cancer Council Queensland's Chief of Staff, Anne Savage, on [redacted] if you require any further information in support of this submission.

Thank you once again.

Yours sincerely,

[redacted]

Professor Jeff Dunn AO
Chief Executive Officer
Cancer Council Queensland

Health and Ambulance Services Committee Inquiry
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Cancer Council Queensland

Cancer Council Queensland (CCQ) is Queensland's leading non-government community organisation in cancer control. CCQ's goal is cancer control through all actions that aim to reduce the burden of cancer on all individuals and the community.

Over many decades CCQ has led anti-tobacco advocacy in Queensland, encouraging the creation of tobacco control laws and social marketing programs that have significantly reduced the prevalence of smoking in Queensland and reduced illness and deaths from tobacco-related disease. The outcomes of CCQ's endeavours include the creation of smoke-free pubs and clubs, bans on smoking in cars carrying children, and most recently a ban on retail display of cigarettes.

CCQ was established in 1961 as the Queensland Cancer Fund, in response to an increasing need for cancer-related services across the state. CCQ employs over 250 staff statewide, and relies on support from more than 1,500 registered volunteers. The organisation has offices in Brisbane, Cairns, Townsville, Mackay, Rockhampton, Bundaberg, Maroochydore, Toowoomba, and the Gold Coast. CCQ is a member of Cancer Council Australia and is affiliated with the Union for International Cancer Control (UICC). Our vision is for a cancer free Queensland.

The facts on smoking in Queensland

Tobacco smoking is a leading cause of preventable death and disease, and health inequality in Queensland. One third of smokers die in middle age losing at least 20 years of life (42% of lung cancer deaths occur in the 45–64 year old age group, and 18% of COPD deaths). Current smokers will die an average of 10 years earlier than non-smokers, with mortality rates increasing substantially with the increased intensity of smoking. Smoking accounts for 1 in 7 deaths in Queensland with 3700 Queenslanders dying annually from tobacco related conditions. About one-third of these were of working age. One in 10 people who die from smoking-related diseases have never smoked themselves.

Prevalence has decreased by 26% over the decade since 2004, but the rate of decrease has slowed over recent years – new measures are now urgently required to continue historical rates of progress.

PREVALENCE IN QUEENSLAND (2014)

- About 17% of Queenslanders are current smokers.
- 14% of Queenslanders smoke daily.
- 3% are non-daily smokers.
- 28% are ex-smokers.
- 55% have never smoked.
- 15.8 years is the age of the first full cigarette for persons aged 14 years and older.
- 15% of women still smoke at some time during their pregnancy.
- 2.6% quit before the second half of pregnancy, and 13% smoke throughout.
- 500,000 Queensland adults are current smokers.

Cancer Council Queensland Response to Proposed Amendments

1. Ban smoking at or near children's organised sporting events and skate parks

CCQ supports the proposed amendments

- Banning smoking at or near children's organised sporting events and skate parks will deter people from smoking and protect people from second-hand smoke.
- Passive smoking is associated with a 25% increase in the risk of coronary heart disease among non-smokers and an increase in the risk of stroke, cancer, and other diseases.
- Even brief exposure to passive smoking can adversely affect the health of non-smokers.
- Second-hand smoke is linked to heart disease, lung cancer and respiratory conditions.
- The World Health Organization estimates that about 10% of deaths due to smoking are a result of second-hand smoke.
- Smoking bans at outdoor public places reduces smoking prevalence and cigarette consumption, discouraging uptake of the habit.
- Banning smoking at or near children's organised sporting events and skate parks will also discourage smokers from clustering around recreational facilities and equipment and exposing greater numbers of people to second-hand smoke.
- Local sporting clubs are routinely frequented by young people and children under 14 years of age, who are particularly vulnerable to the harmful effects of passive smoking and are easily influenced by adult role modelling.
- CCQ further recommends that smoking should be prohibited within 10 metres of all local sporting clubs and fields in Queensland and that the ban on smoking at skate parks should be 10 metres, consistent with the current ban on smoking at playgrounds.

2. Ban smoking in and around approved early childhood education and care services, including kindergartens and places offering after-school care

CCQ supports the proposed amendments

- Banning smoking in and around approved early childhood education and care services, including kindergartens and places offering after-school care will deter people from smoking and protect people from second-hand smoke.
- Passive smoking is associated with a 25% increase in the risk of coronary heart disease among non-smokers and an increase in the risk of stroke, cancer, and other diseases.
- Even brief exposure to passive smoking can adversely affect the health of non-smokers.
- Second-hand smoke is linked to heart disease, lung cancer and respiratory conditions.
- The World Health Organization estimates that about 10% of deaths due to smoking are a result of second-hand smoke.
- Smoking bans reduce smoking prevalence and cigarette consumption, discouraging uptake of the habit.
- Banning smoking in and around approved early childhood education and care services, including kindergartens and places offering after-school care will also discourage smokers from clustering around community service facilities and equipment and exposing greater numbers of people to second-hand smoke.
- Early childhood education and care services, including kindergartens and places offering after-school care, are frequented by young people and children under 14 years of age, who are particularly vulnerable to the harmful effects of passive smoking and are easily influenced by adult role modelling.
- CCQ recommends these bans extend to 10 metres from all early childhood education and care services, including kindergartens and places offering after-school care.

3. Ban smoking at all residential aged care facilities outside of designated areas
CCQ supports the proposed amendments • Banning smoking at all residential aged care facilities outside of designated areas will deter people from smoking and protect people from second-hand smoke. • Passive smoking is associated with a 25% increase in the risk of coronary heart disease among non-smokers and an increase in the risk of stroke, cancer, and other diseases. • Even brief exposure to passive smoking can adversely affect the health of non-smokers. • Second-hand smoke is linked to heart disease, lung cancer and respiratory conditions. • The World Health Organization estimates that about 10% of deaths due to smoking are a result of second-hand smoke. • Smoking bans reduce smoking prevalence and cigarette consumption, discouraging uptake of the habit. • Banning smoking at all residential aged care facilities outside of designated areas will also discourage smokers from clustering around community service facilities and equipment and exposing greater numbers of people to second-hand smoke. • CCQ further recommends that any designated smoking areas should be prohibited within 10 metres of residential properties, including homes and backyard areas.
4. Increase the smoke-free buffer at all Government, commercial and non-residential building entrances from four to five metres
CCQ supports the proposed amendments • Increasing the smoke-free buffer at all Government, commercial and non-residential building entrances from four to five metres will discourage people from smoking and protect people from the harmful effects of second-hand smoke. • Passive smoking is associated with a 25% increase in the risk of coronary heart disease among non-smokers and an increase in the risk of stroke, cancer, and other life-limiting diseases. • Even brief exposure to passive smoking can adversely affect the health of non-smokers. • Second-hand smoke is strongly linked to heart disease, lung cancer and respiratory conditions. • The World Health Organization estimates that about 10% of deaths due to smoking are a result of second-hand smoke. • There is strong evidence that smoking bans around buildings reduce smoking prevalence and cigarette consumption, discouraging uptake of the habit among all age groups. • Banning smoking around buildings also discourages smokers from clustering around building entrances and exposing greater numbers of people to second-hand smoke. • CCQ further recommends that this ban be broadened to encompass multi-unit residential buildings.
5. Ban smoking at pedestrian precincts around prescribed State Government buildings
CCQ supports the proposed amendments • Banning smoking at pedestrian precincts around prescribed State Government buildings will discourage people from smoking and protect people from the harmful effects of second-hand smoke.

- Passive smoking is associated with a 25% increase in the risk of coronary heart disease among non-smokers and an increase in the risk of stroke, cancer, and other life-limiting diseases.
- Even brief exposure to passive smoking can adversely affect the health of non-smokers.
- Second-hand smoke is strongly linked to heart disease, lung cancer and respiratory conditions.
- The World Health Organization estimates that about 10% of deaths due to smoking are a result of second-hand smoke.
- There is strong evidence that smoking bans around pedestrian precincts reduce smoking prevalence and cigarette consumption, discouraging uptake of the habit among all age groups.
- Banning smoking at pedestrian precincts around prescribed State Government buildings will also discourage smokers from clustering around building entrances and exposing greater numbers of people to second-hand smoke.
- CCQ further recommends that this ban be broadened to encompass all pedestrian precincts around educational campuses and tourism attractions, such as South Bank Parklands, as well as public squares such as Anzac Square, Queen's Park, and King George Square.

6. Ban smoking at specified national parks or parts of parks, and at public swimming pools

CCQ supports the proposed amendments

- Banning smoking at specified national parks or parts of parks, and at public swimming pools will discourage people from smoking and protect people from the harmful effects of second-hand smoke.
- Passive smoking is associated with a 25% increase in the risk of coronary heart disease among non-smokers and an increase in the risk of stroke, cancer, and other diseases.
- Even brief exposure to passive smoking can adversely affect the health of non-smokers.
- Second-hand smoke is linked to heart disease, lung cancer and respiratory conditions.
- The World Health Organization estimates that about 10% of deaths due to smoking are a result of second-hand smoke.
- Smoking bans at specified national parks or parts of parks, and at public swimming pools will reduce smoking prevalence and cigarette consumption, discouraging uptake of the habit.
- Banning smoking at outdoor public places also discourages smokers from clustering around recreational facilities and exposing people to second-hand smoke.
- National parks and public swimming areas are routinely frequented by young people and children under 14 years of age, who are particularly vulnerable to the harmful effects of passive smoking and are influenced by adult role modelling.
- CCQ further suggests that the definition of a prescribed outdoor swimming area should specifically encompass all aquatic recreational facilities.

7. Ban smoking at all outdoor pedestrian malls and public transport waiting points

CCQ supports the proposed amendments

- Banning smoking at outdoor pedestrian malls and public transport waiting points will deter people from smoking and protect people from second-hand smoke.
- Passive smoking is associated with a 25% increase in the risk of coronary heart disease among non-smokers and an increase in the risk of stroke, cancer, and other diseases.
- Even brief exposure to passive smoking can adversely affect the health of non-smokers.

- The World Health Organization estimates that about 10% of deaths due to smoking are a result of second-hand smoke.
- Smoking bans at outdoor public places reduces smoking prevalence and cigarette consumption, discouraging uptake of the habit.
- Banning smoking at outdoor public places also discourages smokers from clustering around recreational facilities and equipment and exposing greater numbers of people to second-hand smoke.
- Outdoor pedestrian malls and public transport waiting points are routinely frequented by young people and children under 14 years of age, who are particularly vulnerable to the harmful effects of passive smoking and are influenced by adult role modelling.
- CCQ further recommends that funding be provided to support the implementation of targeted Quit campaigns and initiatives in local areas with high smoking prevalence.

8. Empower local government to ban smoking in any other public space, including on any street or park

CCQ supports the proposed amendments

- Empowering local government to ban smoking in any other public space, including on any street or park, will deter people from smoking and protect people from second-hand smoke.
- Passive smoking is associated with a 25% increase in the risk of coronary heart disease among non-smokers and an increase in the risk of stroke, cancer, and other diseases.
- Even brief exposure to passive smoking can adversely affect the health of non-smokers.
- The World Health Organization estimates that about 10% of deaths due to smoking are a result of second-hand smoke.
- Smoking bans at public places reduces smoking prevalence and cigarette consumption, discouraging uptake of the habit.
- Banning smoking at public places also discourages smokers from clustering around recreational facilities and equipment and exposing greater numbers of people to second-hand smoke.
- CCQ further recommends that funding be provided to support the implementation of targeted Quit campaigns and initiatives in local areas with high smoking prevalence.

9. Ban the sale of tobacco products from pop-up retail outlets

CCQ supports the proposed amendments

- Under existing legislation smoking products are routinely sold from vehicles and pop-up stores at outdoor music festivals and events attended predominantly by younger people.
- In Queensland the highest rate of smoking is among young to middle-aged adults (25–44 years), with about 1 in 5 smoking daily in 2014.
- The highest proportion of non-daily smokers is among 18–34 year olds (about 4% compared with about 2% in middle-aged adults).
- Considering daily and non-daily smoking together, about 1 in 5 persons aged 25 to 44 years is a current smoker. It is therefore imperative to encourage young people to avoid becoming daily smokers, and to stop them from taking up the habit in the first place.
- In 2010, there were about 27,500 teenagers (14–19 years) who smoked daily.
- Banning the sale of smoking products from vehicles and pop-up stores will help to discourage young people from smoking.
- CCQ further recommends that funding be provided to support the implementation of Quit campaigns targeted at young people proven to be at high-risk of smoking.

Cancer Council Queensland Additional Recommendations

The sale of tobacco products should be regulated by a licensing scheme
• In Queensland there are currently no zoning restrictions or ordinances that limit the number, concentration, or geographical location of tobacco retailers. • A 2013 study found that cigarettes are more widely available and cheaper in disadvantaged areas compared to more affluent areas, contributing to higher rates of smoking in disadvantaged communities. • There are an estimated 8,000 tobacco retailers in Queensland. • Research shows that the more available tobacco is, the more people smoke, and the more likely it is that children will start smoking. • Licensing schemes exist in all states and territories but Queensland and Victoria. • Mandatory licensing was recommended in 2002 by the Intergovernmental Committee on Drugs, following a review of the feasibility, cost effectiveness and public health benefits of registration and licensing schemes for tobacco outlets in Australia (including retailers and wholesalers).
The sale of tobacco products by people under the age of 18 should be prohibited
• Article 16 (7) of the World Health Organization's Framework Convention on Tobacco Control (FCTC), to which Australia is a signatory, calls for a prohibition on the sale of tobacco products by those under the age of 18 years. • In Queensland, young persons under 18 years of age are protected from selling alcohol, but not cigarettes. • Research has found that the sale of tobacco products by minors is linked to increased sales of tobacco products to children. • Protecting young persons from selling tobacco products is consistent with existing laws that prevent children from being supplied and purchasing tobacco products.
The sale of smoking products in vending machines should be banned
• Vending machines should be prohibited to prevent the promotion of smoking and to limit the availability of access to cigarettes in the community. A ban on vending machines, which are largely unmonitored, would prevent children from illegally obtaining smoking products. • The Framework Convention on Tobacco Control (FCTC), to which Australia is a signatory, supports measures to prohibit sales to minors, including ensuring that vending machines are not accessible to minors and do not promote the sale of tobacco products to minors. • Other Australian states, including the Australian Capital Territory, have moved forward with legislation to ban vending machines.
Smoking should be banned in premium gaming rooms
• Under existing legislation premium gaming rooms are exempted from indoor smoking bans. • As a result of this exemption, casino employees and patrons are routinely and frequently exposed to potentially lethal second-hand smoke. • More than 80% of respondents to the 2007 Review of Smoke-free Laws (Queensland Government, 2007) supported the removal of this exemption.

- A ban on smoking in premium gaming rooms will protect casino employees and patrons from exposure to concentrated second-hand smoke in enclosed gaming rooms.

Smoking should be prohibited at licensed premises

- A 2007 Queensland Government review of smoke-free laws in Queensland found majority public support for further strengthening regulation of smoking in outdoor areas and banning designated outdoor smoking areas altogether.
- A 2008 Queensland Health research study found that 68% of patrons who regularly attend licensed venues are non-smokers.
- A total ban on smoking in licensed premises would bring licensed premises into line with all other businesses in Queensland, including restaurants, cafes and sporting facilities.
- Queensland Health research suggests that the continuation of designated outdoor smoking areas is reinforcing cigarette smoking among existing smokers by providing them with a legally sanctioned zone in which to continue the habit.
- Queensland Health research also shows that second-hand smoke from designated outdoor smoking areas drifts into non-smoking areas of licensed venues, exposing other patrons to the harmful effects of tobacco.

Ban smoking in motor vehicles

- Under current legislation, smoking is only prohibited in cars carrying children under 16 years of age and when more than one person is in a motor vehicle being used for business purposes.
- This should be broadened to ban smoking in cars to protect people from the effects of smoking in confined spaces and eliminate risks of driver distraction.
- Research has found nearly 10 per cent of Queensland adults allow smoking in their cars, and 25 per cent live in a household with a current smoker.
- Second and third-hand smoke exposure caused by smoking in cars can cause cancer and other deadly illnesses and disease.
- Third-hand smoke occurs when second-hand smoke reacts with the air in confined spaces, lingering on furniture and fabrics for months after active smoking occurs.
- Third-hand smoke is widespread in confined environments affected by second-hand smoke, such as cars, exposing adults and children to significant health risks.
- The 4000 chemicals in second-hand smoke linger long after cigarettes are stubbed out, sticking to surfaces and threatening to damage human DNA in a way that can potentially cause cancer.
- Third-hand smoke can be found in cars, apartments, and any other environments where smoking takes place in an enclosed space.
- In Queensland men are 65 per cent more likely than women to smoke in cars; people aged 18 to 24 have the highest rate of smoking in cars of all age groups; and rates are significantly higher in remote areas.
- Smoking while driving also creates a dangerous driver distraction.
- Several studies on smoking and car safety have concluded that smokers have an increased risk of being involved in motor accidents due to hazards associated with smoking.

General Evidence

Population health impacts
• Cigarette smoking is the single largest preventable cause of death and disease in Australia. • Two in three Australian smokers will die from the habit. • Tobacco smoking is a leading cause of preventable death and disease, and health inequality in Queensland. • One third of smokers die in middle age losing at least 20 years of life (42% of lung cancer deaths occur in the 45–64 year old age group, and 18% of COPD deaths). • Current smokers will die an average of 10 years earlier than non-smokers, with mortality rates increasing substantially with the increased intensity of smoking. • Smoking accounts for 1 in 7 deaths in Queensland with 3700 Queenslanders dying annually from tobacco related conditions. About one-third of these were of working age. • One in 10 people who die from smoking-related diseases have never smoked themselves. • In men, smoking causes 84 per cent of lung cancers, 73 per cent of laryngeal cancers, 43 per cent of bladder cancers and 28 per cent of kidney cancers. • In women, cigarette smoking causes 77 per cent of lung cancers, 66 per cent of laryngeal cancers, 36 per cent of bladder cancers and 21 per cent of kidney cancers.
Impacts of cigarette smoking
• Smoking is known to cause cancers of the lung, mouth, throat, oesophagus, pharynx, larynx, tongue, lips, salivary glands, stomach, cervix, vulva, penis, kidney, liver, pancreas, bladder, and blood (leukaemia and multiple myeloma). • In addition to being a leading cause of cancer, smoking is also linked to an extensive range of serious and life-threatening diseases. Smoking is linked to heart disease, stroke, peptic ulcers, chronic bronchitis, asthma, emphysema, peripheral vascular disease (a cause of gangrene), macular degeneration (a common cause of blindness). • Women who smoke during pregnancy have a greater risk of miscarriage, pregnancy complications and their babies are more likely to have a low birth weight. Parental smoking increases the risk of Sudden Infant Death Syndrome (SIDS) or cot death. • Smoking just one cigarette can have immediate health effects, including: temporary increases in blood pressure and heart rate; constriction of blood vessels, which slows down blood flow around the body; and binding of carbon monoxide to haemoglobin in the bloodstream. This reduces the amount of oxygen delivered to the tissues. • Overall, smokers have a 70% greater risk of death from coronary heart disease than non-smokers. Even smoking one to four cigarettes per day can double or triple the risk of coronary disease. • The risk increases with the number of years of smoking and number of cigarettes smoked. • Smoking cigarettes increase the risk of heart attack two to six times; increase the risk of heart disease among women using the oral contraceptive pill; increase the risk of stroke three-fold; increase the risk of peripheral arterial disease (which can lead to gangrene and limb amputation) by more than five times; and increase the likelihood of an abdominal aortic aneurysm (swelling of the body's main artery in the abdomen which may rupture) by six to seven times (for current smokers).

Passive smoking
• The effects of passive smoking are a focus of concern, particularly for children. The 2013 National Drug Strategy Household Survey found that the proportion of households with dependent children where someone smoked inside the home is about 4%. • Second-hand smoke is strongly linked to heart disease, lung cancer and respiratory conditions. The WHO has estimated that about 10% of deaths due to smoking are a result of second hand smoke. • Passive smoking is also associated with a 25% increase in the risk of coronary heart disease among non-smokers; and an increase in the risk of stroke. • Even brief exposure to passive smoking (e.g. for as little as 30 minutes) can affect the cardiovascular system of non-smokers. • Non-smokers living with smokers have about a 25% increase in risk of death from heart attack and are also more likely to suffer a stroke. • The following health problems have been associated with passive smoking: asthma in children; sudden infant death syndrome; lower respiratory tract infections; lung cancer; coronary heart disease. • Tobacco smoke makes blood 'stickier' and causes blood cells to clump together – this slows the blood flow and makes blockages in the bloodstream more likely; slows the blood flow, making blockages more common; helps to start (and speed up) the artery clogging process; damages the lining of the arteries where clots can form – this starts happening even in healthy young adults. • Second-hand smoke is especially risky for children and babies. It is associated with low birth weight babies; sudden infant death syndrome (SIDS) – where babies suddenly stop breathing during sleep; bronchitis and pneumonia; middle ear infections; and the onset of asthma or increased frequency and severity of asthma attacks.
Geographic variations in prevalence
• Daily smoking rates in 2011–12 were higher in four HHSs (from 26% in Darling Downs to 66% higher in Cape York) and lower in one HHS (17% lower in Metro North). • Smoking during pregnancy varied by HHS from over 50% to about 10% in 2009–2011. • Quitting prior to 20 weeks gestation varied by HHS from 26% to 7%. • Smoking after 20 weeks gestation varied by HHS from 44% to 9%. • Disability and hospitalisation: • About one-quarter of the total disease burden of tobacco smoking is due to disability or loss of good health (23% in 2007), and three-quarters is associated with premature death. • The disability burden from smoking is primarily associated with the development of chronic respiratory conditions such as COPD, and with cardiovascular diseases such as coronary heart disease and stroke. • Although tobacco smoking is the dominant cause of lung cancer death, it carries a low disability burden for this disease, in part due to the low five-year survival rate, 14% in 2010. T • There were about 36,000 hospitalisations per year due to smoking between 2006–07 and 2008–09, where the majority were associated with cardiovascular and respiratory conditions. Smoking related hospitalisations were 2.3% of all hospitalisations. • Adults in very remote areas are 26% more likely to have ever smoked than those in major cities in 2014. • Daily smoking rates are about 60% higher in very remote areas of Queensland than in major cities, although non-daily smoking rates are similar.

Impacts on Indigenous Queenslanders
• Adults in disadvantaged areas continue to smoke at about double the rate of advantaged areas. • Indigenous Australians smoke at 2.5 times the rate of non-Indigenous people, with no change in this disparity since 2002. • Indigenous Queenslanders, teenagers and women from disadvantaged areas smoke during pregnancy at about 3 to 6 times the rate of others. • The variation in smoking rates explains a substantial proportion of differences in life expectancy among populations. • The prevalence of daily smoking in 2012–13 among adult Indigenous Queenslanders (45% non-age standardised) was 2.5 times that of non-Indigenous Queenslanders after adjusting for age differences. • The prevalence of daily smoking among Indigenous Queenslanders is similar to the national prevalence. • Indigenous Australians living in remote areas are about 25% more likely to smoke daily than those in non-remote areas. Although daily smoking is decreasing among Indigenous Australians, the gap between Indigenous and non-Indigenous Australians has remained essentially unchanged since 2002. • In 2012, Indigenous Queenslander women were 3.7 times more likely to smoke at some time during pregnancy than non-Indigenous women (48% compared with 13%). Although Indigenous Queenslander women were more likely to quit before 20 weeks gestation (5.3% compared with 2.4%), the smoking rates after 20 weeks was about 4 times the non-Indigenous rate (43% compared with 11%). • The rate of smoking during pregnancy among teenage Indigenous Queenslanders was similar to that for other Indigenous Queenslander women (47% compared with 49%), although for non-Indigenous women, rates among teenagers were 2.6 times the rates of women aged 20 years and older (31% compared with 12%).
Impacts on expectant mothers
• The percentage of women smoking at some time during their pregnancy varies from 10% to 50% across Queensland Hospital and Health Services – the state prevalence is 15%. • On average 13% of Queensland women smoke throughout pregnancy – the rate in disadvantaged areas is six times that of advantaged areas. • Young women are 2.5 times more likely to smoke at some time during their pregnancy than older women –35% of teenagers in 2012 compared with 14% of older women. Although quit rates are higher in teenagers (6.5% compared with 2.4%), the relative difference in smoking rates during the second half or pregnancy remained (28% of teenagers and 12% of older women). The lowest rate of smoking was among older non-Indigenous women during the last 20 weeks of their pregnancy, 10%. • Women from remote and very remote areas are 2 to 3 times more likely to smoke during pregnancy than those in cities. In 2011, 13% of women in major cities were smoking before 20 weeks gestation, while 25% of those in remote areas and 42% of those in very remote areas did so. • Women in remote and very remote areas were less likely to quit before 20 weeks than women in major cities: 1 in 8 did so, while for women in cities, 1 in 6 quit. • The rate of smoking during pregnancy among teenage Indigenous Queenslanders was similar to that for other Indigenous Queenslander women (47% compared with 49%), although for non-Indigenous women, rates among teenagers were 2.6 times the rates of women aged 20 years and older (31% compared with 12%).

Sex differences
• Daily smoking prevalence is 37% higher in males than females in Queensland, 16% compared with 12% respectively in 2014. • Males are 26% more likely to have ever smoked than females, they are 22% more likely to be ex-smokers, with older males more than three times as likely as older females to be ex-smokers (aged 75 years and older). • Males have a longer duration of daily smoking. They are more likely to have started smoking at a younger age than females (15.3 years compared with 16.4 years for females in 2010), to become daily smokers at a younger age (17.6 years compared to 18.3 years for females) and be older when they quit smoking daily (35.0 years compared with 32.9 years).
Life expectancy, morbidity, and mortality
• Variation in smoking rates explains a substantial proportion of the difference in life expectancy among populations. • Eliminating smoking altogether would enhance life expectancy. The two-year gain in Australia over the past decade (2.3 years for males and 1.6 years for females) would have been almost three years if nobody smoked (3.1 years for males and 2.3 years for females). • If the prevalence of smoking were reduced to 10%, the life expectancy gains would have been 2.6 years for females and 2.0 years for males. Focussing on smoking reduction in those aged under 60 years would have the greatest effect on extending life. • Cigarette smoking killed more than six million people worldwide in 2010. • Smoking causes death, with two-thirds of long-term smokers eventually killed by their addiction. • Cigarette smoking killed more than six million people worldwide in 2010. In 2007, 1 in 4 cancer deaths in Queensland were caused by smoking. • In Australia in 2010, smoking was estimated to cause 20,000 deaths (about 14% of all deaths) where about one-third occurred in people aged 15–69 years. It is estimated that about 3700 of these deaths occurred in Queensland. Almost half (45%) of these deaths were due to lung cancer, 25% to COPD, 15% to cardiovascular diseases and the remainder were due to other cancers and respiratory conditions. • Second-hand smoke is strongly linked to heart disease, lung cancer and respiratory conditions. The World Health Organization estimates that about 10% of deaths due to smoking are a result of second hand smoke. • Globally, tobacco smoking including second-hand smoke was the second largest cause of disease burden in 2010 (largest cause for males and fourth largest cause for females). • In 2010, tobacco smoking was the third largest cause in Australia, accounting for 8.3% of total burden. Data for Queensland for 2010 is not available. Considering the 2007 Queensland study, smoking caused about 50% more burden for Indigenous Queenslanders than for all Queenslanders. Smoking increases the risk of lung cancer, cardiovascular disease, chronic lung disease, and other conditions. About 80% of lung cancer was caused by smoking.

Age differences

- The highest rate of smoking is among young to middle-aged adults (25–44 years), with about 1 in 5 smoking daily in 2014.
- The highest proportion of non-daily smokers is among 18–34 year olds (about 4% compared with about 2% in middle-aged adults). Considering daily and non-daily smoking together, about 1 in 5 persons aged 25 to 44 years is a current smoker. It is therefore imperative to encourage young people to avoid becoming daily smokers, and to stop them from taking up the habit in the first place.
- In 2010, there were about 27,500 teenagers (14–19 years) who smoked daily.
- Middle-aged and older males were more likely to be ex-smokers than any other group. While the prevalence of smoking is based on cigarette smoking, overseas studies show the uptake of non-conventional tobacco products is increasing among young people. These products include electronic cigarettes, hookahs and, in some groups, cigars.
- Socio-economic status and occupation:
- Smoking rates are higher in disadvantaged areas than advantaged areas – 87% higher for daily smoking in 2014.
- In 2010 in Australia, rates of smoking of blue collar workers were about double those of white collar workers. For workers in lower blue collar employment (semi-skilled, unskilled and farm workers) 30% were regular smokers, 25% of upper blue collar workers (skilled workers), 13% of upper white collar workers (professionals, business owners, executives, farm owners, semi-professionals) and 20% of other white collar workers.
- In 2012, about 9,500 women smoked at some time during their pregnancy with a greater proportion from disadvantaged areas. Women from disadvantaged areas were 6 times more likely to smoke during pregnancy than those in advantaged areas – 26% compared with 4%.
- Quit rates in advantaged areas were double those in disadvantaged areas; about 1 in 8 women in disadvantaged areas quit before 20 weeks, while in advantaged areas about 1 in 4 quit.

Toxicity and cancer-causing properties of cigarettes

- Cigarettes contain more than 4000 chemicals. More than 69 of these are known carcinogens, or cancer-causing agents.
- Carbon monoxide, a poisonous gas produced by burning tobacco, decreases the amount of oxygen available to the body, forcing the heart to work harder. Carbon monoxide is also found in car exhaust fumes.
- Nicotine is the addictive drug in tobacco which increases the smoker's blood pressure and heart rate. Concentrated nicotine is a deadly poison and is widely used as an insecticide. Nicotine is more addictive than cocaine or heroin.
- 30 metals have been detected in tobacco smoke including nickel, arsenic, cadmium, chromium and lead. Evidence suggests that many of these compounds may be carcinogenic.
- Other chemicals found in cigarettes include: turpentine – commonly used as paint stripper; butane – a key ingredient of gasoline; ammonia – a component of toilet and floor cleaner; acetone – more commonly used as nail polish remover; formaldehyde – a chemical used by embalmers to preserve dead bodies; methoprene – a flea repellent.

Economic impacts

- Smoking is estimated to cost the Queensland economy more than $6 billion each year, causing more than 3,700 deaths and resulting in over 36,000 hospitalisations. Of serious concern, smoking-related illness and disease is responsible for one in five male deaths and one in 10 female deaths in Queensland each year, and 46% of these are people younger than 75 years of age.
- In 2004–05, tobacco smoking was estimated to cost Australian society $31.49 billion annually.
- Of the total costs:
- 38% related to tangible costs ($12.03 billion).
- These include health system, labour, crime and other quantifiable impacts. The tangible costs of tobacco smoking were 38 times higher outside the health system than within:
- Net labour costs including reduced employment and loss of productivity and the net effect on households due to premature death and illness were estimated to be $11.71 billion.
- Net healthcare costs were $0.32 billion and include hospital, medical, related nursing home, ambulance and pharmaceutical costs.
- 62% related to intangible costs ($19.46 billion), all due to the impact of loss of life.
- Based on Queensland's share of the Australian population alone, in 2004–05, the cost of tobacco smoking to Queensland society was estimated at $6.1 billion, with $0.06 billion spent on healthcare and $1.15 billion on lost production in the workplace.
- Of the tangible costs of smoking, 97% were associated with lost production and impact on household finances, with the remainder associated with health system impacts.

Distribution by payer of the tangible social costs of tobacco abuse in Australia, 2004–05 ($m)

	Households	Business	Government	Total
Workforce labour	0.0	4 517.4	1 231.6	5 749.1
Household labour	9 843.1	0.0	0.0	9 843.1
Health care				
Hospitals	7.3	37.6	178.5	223.4
Medical	17.6	16.1	124.8	158.4
Nursing homes	(37.2)	(0.4)	(139.6)	(177.3)
Pharmaceuticals	12.7	0.0	64.6	77.3
Ambulances	11.4	4.2	21.0	36.6
Total health care	11.8	57.5	249.3	318.4
Fires	16.4	36.5	10.2	63.0
Resources used in abusive consumption (purchase of tobacco)	0.0	3 635.6	0.0	3 635.6
Total	9 871.2	8 247.0	1 491.1	19 609.3
Percentage of total costs	50.3%	42.1%	7.6%	100%

Source: Collins and Lapsley 2008

Tangible social costs of tobacco use in Australia, 2004–05 ($m)

Cost category	$m
Labour	
Labour in the workforce	
Reduced workforce	4 969.5
Absenteeism	779.6
Total	5 749.1
Labour in the household	
Premature death	9 156.4
Sickness	686.7
Total	9 843.1
Total workforce and household labour	15 592.2
Less consumption resources saved	(7 583.1)
Net labour costs	8 009.1
*Health care (net)**	
Medical	158.4
Hospital	223.4
Nursing home	(177.3)
Pharmaceuticals	77.3
Ambulances	36.6
Total net health care costs	318.4
Fires	63.0
Resources used in abusive consumption (purchase of tobacco)	3 635.6
Total tangible costs	12 026.2

Source: Collins and Lapsley 2008

Please note that this submission is supported by a 668 page dossier of medical and scientific evidence, submitted to the Health and Ambulance Services Committee Inquiry on the *Tobacco and Other Smoking Products (Extension of Smoking Bans) Amendment Bill 2015*.

For more information please contact Cancer Council Queensland's Chief of Staff, Anne Savage, on [redacted]