Queensland Government

Enquiries to: Mr David Noon
Manager
Cabinet and Parliamentary Services
Telephone: [redacted]

13 JAN 2016

Ms Leanne Linard
Chair
Health and Ambulance Services Committee
Parliament House
BRISBANE QLD 4000

hasc@parliament.qld.gov.au

Dear Ms Linard

I am writing to you in response to correspondence dated 16 December 2015 received from the Committee's Research Director in relation to current inquires being undertaken by the Committee into the Health Legislation Amendment Bill 2015 and Tobacco Licencing Arrangements in Queensland.

The attachment to this letter responds to matters taken on notice in Departmental briefings to the Committee on 2 December 2015.

In addition, the attachment also provides further information in relation to Committee's inquiry into the Tobacco and Other Smoking products (Smoke-free Places) Amendment Bill 2015.

Should you require further information, the Department of Health's contact for the inquiry is Mr David Noon, Manager, Cabinet and Parliamentary Services, on telephone [redacted]

Yours sincerely

Michael Walsh
Director-General
Queensland Health

[redacted]

Health and Ambulance Services Committee Inquiry

Tobacco and Other Smoking Products (Smoke-free Places) Amendment Bill 2015

The Department of Health (the Department) wishes to provide the following information in relation to the Health and Ambulance Services Committee's inquiry into the Tobacco and Other Smoking Products (Smoke-free Places) Amendment Bill 2015 (the Tobacco Bill).

Page 8 of the transcript details a question from Mr S Dickson MP about how the boundary of a skate park would be defined. Dr Young's response suggests the Bill would prohibit smoking within ten metres of the boundary of a skate park. Dr Young wishes to clarify this response. Clause 13 of the Tobacco Bill provides that a person must not smoke within ten metres from any part of the park equipment, such as the edge of the skate ramp. This recognises that skate parks are often not fenced and may not have a clear boundary.

The Departmental briefing to the Committee dated 25 November 2015 attached a table setting the current and proposed enforcement of smoking bans in the *Tobacco and Other Smoking Products Act 1998*. This table suggests that security officers in Hospital and Health Services would not be able to enforce the offence of smoking within five metre of health facilities in the future. Security officers in Hospital and Health Services are currently able to enforce the offence of smoking in the five metre buffer zone of a health facility and it is intended to retain this position in the future. A revised copy of the table is attached.

Health and Ambulance Services Committee Inquiry

Tobacco licensing arrangements in Queensland

The Department of Health provides the following responses to questions taken on notice at the 2 December 2015 hearing before the Health and Ambulance Services Committee on tobacco licensing arrangements in Queensland.

Question on notice—smoking rates in Australian jurisdictions (page 3)

Table: Adult smoking prevalence in Australian jurisdictions by tobacco licensing schemes and date commenced

	Adult daily smoking 2013 (%)	Licensing scheme/ commenced
Northern Territory	22.2	2003
Tasmania	16.7	2000
Queensland	15.7*	No scheme
South Australia	13.6	1998
Australia	13.3	Not applicable
Victoria	12.6	No scheme
Western Australia	12.5	2007
New South Wales	12.2	No scheme (retailer notification scheme)
Australian Capital Territory	9.9	2000

Source: Adult daily smoking prevalence: Australian Institute of Health and Welfare (2014) *National Drug Strategy Household Survey Detailed Report 2013.* Drug Statistics Series No 28. Cat No. PHE183. Canberra: AIHW.

* Note: Queensland adult daily smoking rate for this national survey is different to the 14% adult daily smoking rate reported for the state-based 2014 Preventive Health Survey. This difference is due to sampling methodology and is not statistically significant.

Question on notice—pilot program in five hospitals and inequality of targeted groups (page 5)

Pilot Program 1: Supporting pregnant women and their partners to quit smoking

Queensland research found that in 2012 approximately 9500 women smoked at some time during their pregnancy and that within this group, women from disadvantaged areas* were six times more likely to smoke during pregnancy than those in advantaged areas (26% compared with 4%). Quit smoking rates among pregnant women in advantaged areas were double those in disadvantaged areas; only 1 in 8 women in disadvantaged areas quit smoking before 20 weeks pregnancy.

Smoking during pregnancy causes many complications including a higher risk of sudden infant death syndrome; increased risk of miscarriage; increased risk of premature labour; and higher likelihood of the child experiencing problems with lung and brain development and function.

Quitting smoking during early pregnancy results in the greatest benefit to the foetus and the mother, however quitting at any stage during pregnancy will deliver health benefits. Relapse prevention as well as advice and support to quit is crucial given that many women quit during pregnancy but relapse following the birth of their child.

Support and interventions that focus on the health effects of exposure to second-hand smoke on the family, empowering the mother, partner and other family members quitting smoking and promoting smoke-free homes have been shown to be effective.

The "Quit for You…Quit for Baby" quit smoking pilot program will be implemented in collaboration with seven Maternity Services within three Hospital and Health Services (Metro South, Metro North and Cairns and Hinterland); supporting a minimum of 1000 participants to stop smoking.

The program is more intensive than usual care. It combines a minimum of eight support sessions (delivered via telephone) for the pregnant woman and a minimum of four telephone support sessions for her partner, together with 12 weeks supply of nicotine replacement therapy (NRT) for both smokers as required. The support calls can be received before and after baby is born. NRT will be provided to the pregnant woman only if approved by her General Practitioner or Obstetrician.

The pilot has a budget of $556,000 and will be delivered by the Department of Health's Quitline (13 QUIT) Service. Evaluation will be undertaken by the Department of Health.

Pilot Program 2: Supporting Queenslanders experiencing social and economic disadvantage to quit smoking

Smoking rates for adults living in socio-economically disadvantaged areas are significantly higher than that of the total population. Findings from many Australian studies show smoking rates range from 28% (people experiencing unemployment) to 37% (sole parents) to a high of 77% for people experiencing homelessness. By comparison, the adult daily smoking in Queensland in 2014 was 14%.

Experiencing social disadvantage increases the risk of being a regular smoker. Tobacco use also compounds social inequalities and poverty by reducing funds available for essential expenses such as food, clothing and housing.

Regular heavy smoking can result in high levels of physical and psychological nicotine dependence and considerable social, emotional and financial stress. These factors can prevent disadvantaged people from securing accommodation, food and employment – requirements for a fulfilling and healthy life.

Research has also shown that people from social and economic disadvantage want to quit smoking but are less likely to succeed than smokers in other groups. The evidence shows that with support and provision to free nicotine replacement therapy (NRT); people experiencing disadvantage can, and do, stop smoking.

The pilot program will be implemented in collaboration with Mission Australia (Queensland); supporting a minimum of 1000 participants. This charitable service provides a range of programs, available state-wide, that support socio-economically disadvantaged Queenslanders.

The quit smoking program combines a minimum of four telephone support sessions with 12 weeks supply of NRT. Mission Australia (Queensland) will promote the program to their clients. Importantly, if required homeless clients and other participants will be able to receive their Quitline phone calls and collect their NRT from the local Mission Australia office.

This pilot has a budget of $500,000 and will be delivered by the Department of Health's Quitline (13 QUIT) Service. Evaluation will be undertaken by the Department of Health.

Question on notice—illegal tobacco (page 7)

The below information is drawn from Tobacco in Australia: A comprehensive online resource [http://www.tobaccoinaustralia.org.au/chapter-10-tobacco-industry/10-9-the-tobacco-industry-and-the-illegal-tobacco-/], National Drug Strategy Household Survey, and the British Medical Journal.

Illicit tobacco includes unbranded tobacco and branded tobacco products on which no excise, customs duty or Goods and Services Tax (GST) has been paid. Unbranded illicit tobacco (commonly known as 'chop-chop') is finely cut, unprocessed loose tobacco that has been grown, distributed and sold without government intervention or taxation. Illicit branded tobacco includes products (usually cigarettes) that are smuggled into Australia without payment of the applicable customs duty.

Due to its affordability, some smokers use illicit tobacco as an alternative to, or in addition to, smoking manufactured tobacco.

Accurate data on illicit tobacco use in Australia is limited due to its illegal status.

In March 2011, British American Tobacco Australia released a report prepared by Deloitte, which purported to quantify growth in the illicit tobacco market in Australia. Deloitte claimed that the size of the illicit tobacco market in Australia is 15.9%.

The Australian Government's *National Drug Strategy Household Survey* has also examined use of illicit tobacco in Australia in its surveys conducted in 2001, 2004, 2007, 2010 and 2013, and provides a more reliable indication of the extent of use. This survey had a sample size of more than 26000 respondents in 2013 compared with the 949 respondents for the survey commissioned by British American Tobacco Australia.

Following the increase in excise and customs duty that resulted in large increases in tobacco prices in April 2010, it was suspected that the use of illicit tobacco may have increased between 2007 and 2010. However the National Drug Strategy Household Survey reports published in every three years 2001 to 2013 have indicated very low and stable levels of use. About 3.6% of smokers reported current use of illicit 'chop-chop' tobacco in 2013, significantly lower than the 6.1% in 2007.

A recent study published in the British Medical Journal investigated the tobacco industry claim that plain packaging legislation in Australia would result in an increased use of illicit tobacco. This large national survey found no evidence of increased use of two categories of manufactured cigarettes likely to be contraband, no increase in purchase from informal sellers and no increased use of unbranded illicit 'chop-chop' tobacco. The BMJ article is available at: [http://tobaccocontrol.bmj.com/content/24/Suppl_2/ii76.full?sid=c407839f-faf2-4b57-8d82-e99c2b42429b]