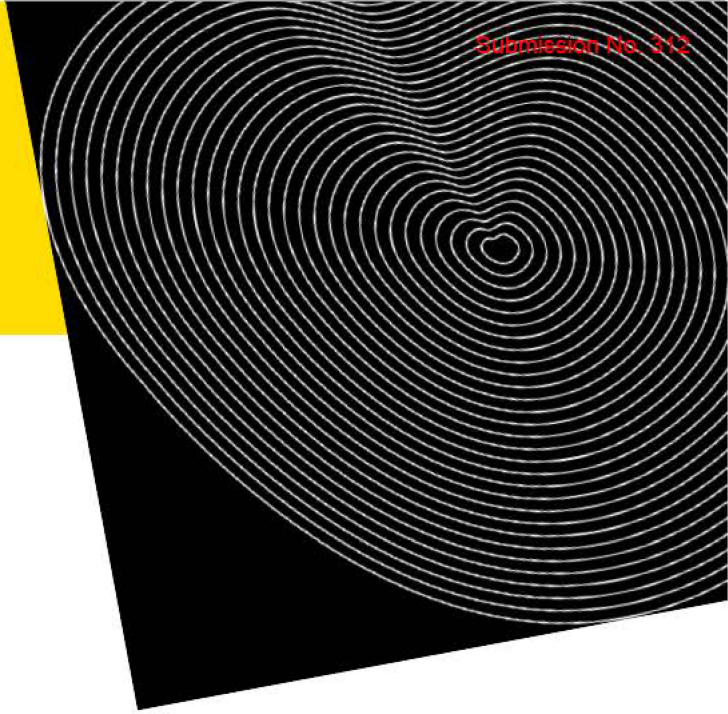

Committee Secretary
Legal Affairs and Safety Committee
Parliament House
George Street
Brisbane Qld 4000
By email: lasc@parliament.qld.gov.au

11 January 2023

Dear Committee Secretary,

Submission re Births Deaths and Marriages Registration Bill 2022 and

Draft Births Deaths and Marriages Registration Regulation 2022

Introduction

We applaud the objectives of the Bill as enumerated in the Explanatory Notes, viz:

- strengthen the legal recognition of trans and gender diverse people;
- better recognise contemporary family and parenting structures;
- facilitate improvements in the operations of the registry;
- support fraud prevention and minimise misuse of the life event system; and
- clarify the information collection, use and sharing powers of the registrar.

It is the last of these objectives which we wish to address. In particular, the Explanatory Notes explain that:

> "A key objective of the Bill is the collection and dissemination of statistical information. Information held by the registry contributes significantly to Australia's and Queensland's vital statistics, which are used for research and planning purposes (by agencies like the Australian Bureau of Statistics and the Australian Institute of Health and Welfare).
>
> As a result, the Bill will clarify that the registry may collect vital statistical information and other information to support the discharge of its functions." (page 4)
>
> "While the Bill will maintain the legislative 'public interest' and privacy protection thresholds for data use and sharing arrangements, the Bill will more clearly articulate the types of data use and sharing arrangements that would be in the public interest, in relation to sharing with law enforcement, government and the private sector." (page 5)
>
> "The Bill includes a power which expressly enables the registrar to collect and maintain records of information, other than registrable information, about life events. For example, this may include information collected as part of the birth registration process but not recorded on the birth register (such as information about a child's birth weight, gestation period, and the Aboriginal and/or Torres Strait Islander status of a child's parents)." (page 20)

Our proposal is to amend the Regulation to provide for the collection of statistical information about the tobacco smoking and vaping smoking status of the deceased. This information will greatly facilitate the

work of the Australian Bureau of Statistics (ABS), the Australian Institute of Health and Welfare (AIHW), Commonwealth, State and Territory Health agencies and many non-government organisations in the drive to achieve the Commonwealth Government's objective of achieving a national daily smoking prevalence of less than 10% by 2025 and 5% or less by 2030. In due course, it would be advantageous for all States and Territories to similarly amend their Regulations.

Proposed Amendment

No changes are proposed for the 2022 Bill. The proposed amendment to the draft Births Deaths and Marriages Registration Regulation 2022 is the addition of new item 15 to Part 5 of Schedule 1 in the following terms:

> "15. The smoking and vaping (e-cigarette consumption) status of the deceased determined in accordance with the requirements of the registrar."

This item would be given effect by the administrative action of the registrar, pursuant to Clause 92(1)(a) of the Bill, in adding two questions to the death registration application in the following form:

Tobacco smoking status* of deceased (please tick one):		
☐ *Never smoked*	☐ Smoked in the past year	☐Stopped 1 to 4 years ago
☐ *Stopped 5 to 9 years ago*	☐ *Stopped 10 or more years ago;*	☐ Unknown / *Refuse to answer*
☐ Question not applicable / *child <10 years old*		
*Someone who smoked tobacco at least once a week for a year		

Vaping smoking status* of deceased (please tick one):		
☐ *Never vaped;*	☐ *Vaped in the past year*	☐ *Stopped 1 to 4 years ago*
☐ *Stopped 5 to 9 years ago;*	☐ *Stopped 10 or more years ago;*	☐Unknown / *Refuse to answer*
☐ *Question not applicable / child <10 years old*		
* Someone who used e-cigarettes at least once a week for a year		

Rationale for Amendment

Australia has one of the most complete and accurate death notification systems in the world. State and Territory Registrars of Births, Deaths and Marriages collect data gathered by funeral directors from the next-of-kin on the Death Registration Application (terminology varies by jurisdiction). This is augmented by the Medical Certificate Cause of Death (MCCD) filled by the attending doctor, or a coronial report to enable a burial and the statistical flow of data to the ABS for coding.

As you will be aware, tobacco smoking is the leading cause of death in Australia, but we have no direct local data to measure progress accurately.[1] We have data on prevalence but no reliable data on lives saved in relation to investments in tobacco control. The AIHW has made an enormous contribution to our understanding of smoking attributed deaths using Global Burden of Disease Group (GBD) techniques led by the Institute of Health Metrics and Evaluation in Seattle. The GBD estimates generated by AIHW are based on overseas risks (mostly derived from small, expensive and insufficiently reliable cohort studies) extrapolated to local smoking prevalence. Continued reliance on this "business-as-usual" approach is

unlikely to achieve the national daily smoking prevalence targets referenced above. This is particularly so in relation to Indigenous, remote, itinerant, impoverished and other marginalised communities where smoking prevalences resemble Australia 20-30 years ago.

To achieve the targets, we require *local* data (relative and attributed risks per cause) of much greater granularity than GBD can provide. This is even more pertinent at times of pandemics or seasonal respiratory epidemics, especially in the context of how these may impact on poorer communities.

The strategy of collecting smoking status data on death notification forms has been successfully deployed elsewhere. Following the adoption of a similar initiative in South Africa, based on about ½ million deaths with smoking information gathered from next-of-kin on death notifications (implemented in 1997[2], copied by CDC Tianjin[3]), we showed that about half the deaths from tobacco smoking in the black population are due to lower respiratory tract infections, compared to just 5% in whites. We have no equivalent granular data on how deaths from tobacco smoking (and, more recently, vaping) will impact on our diverse communities in Australia. Our proposal will deliver that data.

We know that smoking increases the risk of death from COVID-19.[4] Aside from smoking, vaping increases risks of acquiring COVID-19.[5] Globally, GBD estimates that about 25% of lower respiratory tract infection deaths are attributed to smoking. Assuming just 10% of COVID-19 deaths were attributed to smoking, then over 630,000 COVID-19 deaths worldwide would have been avoided if people did not smoke. There are no local data on the role vaping plays in deaths from respiratory infections. Our proposed two questions on tobacco smoking and vaping would be a cost-effective long term solution to monitor deaths caused by both and an Australian first.

We hypothesize that the role played by smoking on lower respiratory tract infection deaths in poorer, especially Indigenous, communities is greater than what is obtained by GBD methods. We also think that the short and long-term consequences of vaping need to be better quantified. We are in support of the National Health and Medical Research Centre recent public health advice on the safety and impacts of e-cigarettes and we are encouraged to see that Commonwealth, State and Territory Health Ministers have agreed that this is a priority area for strong action. Having locally derived data from the death registration applications will sharpen our narrative about how smoking and vaping kill in each community and enable us to reach further with more accurate messages and develop localised strategies to achieve our ambitious prevention targets.

Historically, information gathered from death notifications has been integral to our understanding of causes of disease and has led over time to the greatest public health reforms.[6] In Australia, the addition of a question on Aboriginal and Torres Strait Islander status has led to our understanding of the remarkable differences that exist between Indigenous and non-Indigenous Australians, commitments from several governments to redress these, and the only data pathway to monitor improvements in life expectancy. Several other powerful examples of the public policy benefits derived from data collected in death notifications are summarised in the referenced paper. All these reforms were made possible at very little cost with foresight and cooperation between the Registrars of Births, Deaths and Marriages and the medical sector. We are greatly encouraged by the clear statement that a key objective of the Bill and Regulation is the collection and dissemination of statistical information, particularly for the purposes of research and planning in the public interest. Just as information about a child's birth weight, gestation period, and the Aboriginal and/or Torres Strait Islander status of a child's parents fit those purposes in the context of births, the smoking/vaping status of a deceased is vitally important in the context of deaths.

We have recently written to Federal Health Minister, the Hon Mark Butler MP, advocating for support for this approach nationally. We have also been in discussions with several other States concerning the proposed amendment to their respective BDMR Regulations. In each case, there is no need to amend the parent Act and the change can be achieved with the addition of a single new paragraph (similar to that

suggested above) to the relevant regulation. The introduction of the BDMR Bill 2022 and the draft BDMR Regulation 2022 provide a timely and convenient opportunity for Queensland to lead the field in introducing a simple measure that we trust will have a long and positive legacy for public health in Australia.

We commend the proposal to you and would be pleased to provide additional information if required. This proposal has the support of Lung Foundation Australia (which is headquartered in Queensland) and several highly regarded public health practitioners in Queensland. The Lung Foundation is willing to convene a group of local like-minded non-governmental organisations to brief you. We would also appreciate the opportunity to support this submission at any public hearing held as part of your inquiry.

Yours faithfully

[redacted]

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