



Speech by

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MEMBER FOR MANSFIELD

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**TOBACCO AND OTHER SMOKING PRODUCTS [PREVENTION OF SUPPLY TO CHILDREN]
AMENDMENT BILL**

Mr REEVES (Mansfield—ALP) (6.03 p.m.): I support this bill and I look forward to its passage through this parliament, hopefully tonight. Currently, smoking kills 4 million people a year. Between now and 2030, it will cause, on average, 10 million deaths a year, 70 per cent of which will occur in developing countries. Without a change in current behaviour, 1 billion people will die from smoking-related diseases in the course of the 21st century.

Smoking is overwhelmingly the largest preventable health hazard in Australia. Of the 99,409 registered deaths of Queenslanders between 1989 and 1993, 15,217, or 15 per cent, were estimated to be directly attributable to cigarette smoking. Of those deaths directly attributable to cigarette smoking, 75 per cent were males. It is estimated that 8 per cent of all deaths in the zero to 4 year age group were directly attributable to cigarette smoking by mothers during their pregnancies. Between 1989 and 1993, it is estimated that there were more than 78,000 potential years life lost to the age of 70 years that were directly attributable to cigarette smoking. In the 1993-94 financial year, it is estimated that \$86.8 million was spent on hospitalisation for conditions that were directly attributable to cigarette smoking.

Reducing the number and proportion of Queenslanders smoking would have significant benefits to the overall health of the Queensland community, let alone the economy. While ex-smokers are more likely to die or be hospitalised for smoking-related diseases than those persons who have never smoked, their risk of suffering from a smoking-related disease is considerably reduced compared with current smokers.

Recent research into Australia adolescents' attitudes to smoking shows that, for many young people, smoking is a symbol of belonging. Any adverse health effects caused by smoking are too remote to be of concern. They think that that is years away from happening. Those effects are also easily outweighed by the immediate benefits that peer acceptance for smoking may bring. Addiction to smoking is not viewed by these teenagers as a threat, but as a sign of being a real smoker. However, most young smokers regard their smoking as a short-term prospect and do not believe that they will ever develop the long-term health effects of smoking. How wrong they are!

The most recent Australian survey of schoolchildren's smoking rates confirms that around one quarter of Australian secondary schoolchildren are smokers. The decision to smoke is essentially made between the ages of 12 and 16—among the senior years in secondary school. The proportion of regular smokers among students mirrors that of adults. Therefore, children become smokers long before they are allowed to make independent decisions about other adult activities, such as voting, driving or purchasing alcohol.

Australian studies have also shown a correlation between smoking by parents and siblings and the uptake of smoking among children. The most recent Australian research has suggested that nonsmoking mothers seem to have the greatest influence not to smoke on both boys and girls and that a brother who smokes seems to influence smokers of both sexes.

Children's disposition towards advertising has been shown to be directly related to the likelihood of taking up smoking, with those expressing positive attitudes to it becoming more likely to become smokers. Cigarette manufacturers have adopted a lot of deceptive practices, such as introducing so-

called light brands that contain less nicotine to increase sales and marketing. Ready access to cigarettes is a predictor of the uptake of smoking. Children obtain their cigarettes from retail outlets, vending machines, friends, siblings and parents. Young people experimenting with cigarettes may see smoking as a way of expressing defiance against adult authority, bonding with a particular social group, affirming personal identity, and coping with anxiety, failure and frustration. Tobacco use may also appeal to adolescents because of its reputation as an appetite suppressant and a calumet. Its interaction with body weight may be of particular importance to girls and a factor in their relatively high prevalence of smoking compared to boys.

The bill has as its major objective the improvement of public health, and that is why it needs to be supported. The bill provides for increased penalties for the sale of tobacco to children, further restrictions on advertising and promotion, further restrictions on smoking in public places and the establishment of a framework for investigation and enforcement. As I have said, the consumption of tobacco products by children has been identified as a problem.

It is proposed that penalties for the supply of tobacco or cigarettes to children be increased from a maximum penalty of \$975 for a first offence to \$5,250. For a subsequent offence, the maximum penalty will rise from \$1,950 to \$10,500. The penalty for employees of a tobacco supplier who supply tobacco to children when they have been instructed by the employer not to supply tobacco products to children, when they have been instructed to sight acceptable evidence of age of any person thought not to be of adult age, and when they—the employee—have been instructed that they will be held liable under the Tobacco Products (Prevention of Supply to Children) Act for the prohibited sale of tobacco products to children, will rise from \$75 to \$750 for a first offence and from \$150 to \$1,500 for any subsequent offence.

The bill provides new provisions restricting the advertising, display and promotion of smoking products. Cigarette packets will not be allowed to be displayed so that they form a visual picture that the manufacturer may be using for an advertisement and left that way on the pretence that they are a product display. The giving away of smoking products for promotion, the conducting of competitions for promotion or the conducting of competitions connected with the sale of smoking products to the public will all be prohibited.

Often when frequenting a hotel or a club, we see women, generally, dressed up in costumes selling cigarettes.

Mrs Edmond: They have been banned.

Mr REEVES: That is good to hear.

Mr Lawlor: Is that how they used to get you in?

Mr REEVES: No, I have never smoked. As a person who has both frequented and worked in the club and hotel industry, I understand the problems for workers. If you go to a pub or club even for only an hour or two, your clothes stink. Members can imagine what it must be like for those who work there for eight hours or more at a time.

Yesterday's court decision will have a major bearing on publicans and club committees. The insurance companies will ensure that clubs and hotels look at the whole issue of workplace health and safety in regard to smoking, not only in areas covered by this legislation but also in public bars and the like. The day is nigh when the industry, whether it likes it or not, will have to realise that the greater issue of workplace health and safety needs to be looked at. That is up to the industry, but I am sure that the insurance companies will wield the big stick at them to make them do that. It might sound un-Australian that one cannot go into a public bar to have a drink and a smoke, but the rights of the workers in those places have to be put before any other considerations.

Under this act, smoking will be prohibited in such enclosed areas as the common areas of multi-unit residential accommodation such as motels, hostels, boarding houses, nursing homes and residential accommodation comprising lots in a community title scheme; premium gaming rooms at casinos where levels of wagering are higher than in other gaming rooms and where food and drink are supplied free for patrons; dining areas of licensed premises where meals are available; restaurants and cafes where meals are consumed; gaming table areas of casinos; shopping centres; cinemas; and workplaces. The management of Garden City has banned smoking for years. Obviously, they did not have the legislative framework to back that up, so they will certainly support this legislation.

One matter that I believe the smokers in our midst need to take into account is this: while smoking in the workplace has been banned for some time, many people stand outside the entrance of their workplace and smoke.

Mrs Edmond: And outside this place.

Mr REEVES: This place is probably a prime example. Many smokers stand in the alleyway and others have to walk through—

Mrs Edmond: And outside the hospitals.

Mr REEVES: The hospitals are another prime example. Before the PA Hospital was redeveloped, people galore, mainly patients, would smoke at the main entrance. One had to walk through a corridor of smoke. I worked at Telecom when the ban was introduced. It was ridiculous that the workers would stand outside the door smoking and one would have to walk through the smoke anyway. Smokers should be conscious of the fact that, while they have to smoke in an open area, they should not smoke in a common thoroughfare, otherwise what we are trying to achieve by banning smoking in an enclosed space is defeated.

I support the bill. I believe that the pubs and clubs of Queensland, and Australia, will have to follow closely yesterday's court decision. They need to look at the workplace health and safety issues. I am sure that the insurance companies will make them do that.
