



Speech by

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Hansard Wednesday, 12 May 2004

SMOKING BANS

Mr LANGBROEK (Surfers Paradise—Lib) (6.01 p.m.): It is my pleasure to rise to speak on this motion this evening. In doing so, as my colleagues have already said, we are proposing something that Mr Beattie has advocated he would support in Queensland, something the Health Minister has already promised yet failed to come good on, that is, the banning of smoking in hotels, clubs and casinos throughout Queensland.

We accept the amendment put forward by the Premier, but the proof of the pudding is in the action. This is an action that has been introduced in Ireland through legislation and has worked to great effect. The catalyst for this law was a joint report by the Health and Safety Authority of Ireland and the Irish Office of Tobacco Control. The report, entitled *Report on the health effects of environmental tobacco smoke in the workplace*, outlines the various risk factors and consequences of allowing smoking in the workplace.

In particular, the report points out that the effects of smoke in a hotel or club are worse than those of smoking in the home or in the office. The key theme to the report, which consequently led to the Irish Public Health Tobacco Act 2002, is that there are two ways to reduce exposure to and therefore the effect of environmental tobacco smoke. They are ventilation and legislation. The report, however, goes on to outline that all current ventilation devices are inadequate in keeping environmental tobacco smoke down to an acceptable level. I quote the report —

Of proposed new technology, displacement ventilation is viewed as having the potential for a 90 per cent reduction in environmental tobacco smoke levels but even this would leave exposure levels 1500 to 2500 times the acceptable risk level for hazardous air pollutants.

So if ventilation is not the most effective form of preventing environmental tobacco smoke, legislation is. There is a need to protect employees working in businesses where smoking is now present from the harmful effects of exposure to environmental tobacco smoke. The reasons are clear: environmental tobacco smoke, or ETS, contains 50 known carcinogens and causes lung cancer and other forms of cancer. ETS causes heart disease and respiratory problems. ETS has adverse effects on reproduction. If ETS is present in the workplace it is likely to be of a higher level than that experienced in the home. These are the research conclusions of the report and to ignore them would be irresponsible on this parliament's behalf.

The Irish regulations which Mr Beattie was so impressed with enable the minister to legislate smoking out of a range of places. These include schools, public transport, hospitals and indoor entertainment premises. The most important, and we believe most effective, by-product of this legislation stems from section 46(f) of the Irish act, giving the minister the power to legislate to ban smoking in all or part of a licensed premises, registered club or place of work.

This regulation provides a safe environment for workers in the hospitality industry. The industry is an important part of the fabric of Australian society. The industry employs tens of thousands of Queenslanders and the health of these employees should be of paramount concern. We do not want the hardworking Queenslanders in this industry being the subject of cancer-causing substances or being subject to irritation of the eyes and respiratory system or having reproductive and cardiovascular problems.

There is no denying the health concerns that are coupled with passive smoking. As far back as 1986 the United States Surgeon General was writing of the adverse health consequences of involuntary smoking. Since then there have been countless reports into the effects of passive smoking. However, all have come to the same statistics and conclusions. These conclusions are that those with medium level exposure to passive smoke, such as those working in a pub or club, are 25 per cent more likely to suffer lung cancer. This group of people are 28 per cent more likely to suffer heart disease and 82 per cent more likely to have a stroke. In the immediate term they are also more likely to suffer chronic respiratory symptoms such as coughs, excess phlegm which leads to shortness of breath, and chest colds.

To take these risks away would make perfect sense from a health perspective. This move also makes sense from an economic perspective. We already have a hospital system that is crippled under the strain of too many patients and not enough beds. Many of these patients are suffering from diseases that can be traced back to a lifetime of smoking. These are people who suffer decades down the track—people who, if not for smoking, may not be there.

Decades after this provision is introduced into Queensland we would see the tangible benefits in the area of health. Rates of lung cancer and heart disease will drop and overall health and life expectancy will rise. This measure also goes some of the way, as has been seen in Ireland, to changing the culture of socialising. We have seen, over the last 20 years, a shift from smoking being the thing to do—

Time expired.