



Speech by

Paul Hoolihan

MEMBER FOR KEPPEL

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TOBACCO AND OTHER SMOKING PRODUCTS AMENDMENT BILL

Mr HOOLIHAN (Keppel—ALP) (2.38 p.m.): It is with much pleasure that I rise to speak in favour of the Tobacco and Other Smoking Products Amendment Bill. One of the things that concerned me in all of the 'smoke' that has been generated was the comment by the member for Warrego that a profit of \$8 billion arises from the sale of tobacco products. I would suggest to members that that is an obscenity. We hear about the rights of smokers to buy this product even though it is a legal product. That is fine; they can have their rights. But what about the 78 per cent of nonsmokers? What about their rights in relation to passive smoking?

Environmental tobacco smoke is a carcinogenic compound that contains more than 4,000 different chemicals, including 43 known carcinogens. It is a combination of side stream smoke direct from the cigarette and exhaled mainstream smoke or second-hand smoke. It is a proven health hazard.

Over 600 medical reports have been published linking passive smoking to diseases. One bright spot in Australia is that 21 per cent of smokers are assessed as being ready to quit at any one time. Rather than being seen as restricting smokers' freedoms, smoke-free environments, as envisaged by this bill, will help smokers who are attempting to quit by providing an environment which is more conducive to their regaining control over their addictive behaviour. Research also indicates that children and young people are much less likely to take up smoking if their schools, homes and recreational venues are smoke free.

I would like to deal with the provision of designated outdoor smoking areas and smoking plans. They do not negatively impact upon an individual's right to choose to use tobacco but will reduce the harm associated with exposure to passive smoking, particularly among staff and patrons. Some of the research that has been produced has identified short-term effects of passive smoking. They include eye irritation, coughing, headaches, reduced lung function in asthmatic nonsmokers, reduced attentiveness and problem solving ability and increased agitation. The long-term effects of passive smoking include lung cancer, pneumonia, increased risk of lung damage in nonsmokers, increased serious respiratory illnesses such as bronchitis and pneumonia in children whose parents are smokers, slower lung growth and poorer lung function in young children whose parents smoke, and coronary heart disease.

The breathing in of passive smoke by nonsmokers can also lead to harmful health effects in the unborn child and middle ear infections, bronchitis, pneumonia, asthma and other chest conditions in children. It has been linked to SIDS, sudden infant death syndrome. We heard from the member for Mundingburra that an estimated 21 deaths per year occurred in children aged zero to four years. That is caused by ETS. In adults, passive smoking can increase the risk of heart disease, lung cancer and other chronic lung diseases.

I turn to the provisions of the act in relation to designated outdoor smoking areas. In my electorate the Keppel Bay Sailing Club voluntarily made its restaurant area totally smoke free from 1 September. Licensees may designate a part or parts of the outdoor area of their premises as an outdoor smoking area up to a maximum 50 per cent of the whole outdoor area.

We heard from the member for Gregory about a buffer area. Each designated outdoor smoking area must have a buffer on its perimeter wherever it is adjacent to other parts of the outdoor areas ordinarily

accessed by patrons. Screens on buffer areas must be at least 2.1 metres high and impervious to smoke or there must be an area at least two metres wide as a buffer—half of which must be taken from the area that would otherwise be the designated smoking area. Eating, drinking or smoking is not permitted in the buffer area.

Within any designated outdoor smoking area, the bill provides that the licensees must ensure that no food or drink is served, no food consumed, no entertainment is offered and no gaming machines provided. That provision aims to reduce the harm associated with ETS for nonsmoking patrons who wish to utilise outdoor areas.

The licensees produce smoking management plans for their premises if they choose to designate outdoor smoking areas. It is to be available to patrons to pursue on request. The management plan states how smoking is managed at the premises and it also has to set out the aim of reducing smoking at the premises. The plan must identify designated outdoor smoking areas and the associated buffers, identify the outdoor areas where food is provided, state how the licensee will minimise the exposure of staff and patrons to ETS, describe the training or instruction given to staff to ensure that the Tobacco and Other Smoking Products Amendment Act 2004—which it will become when passed—and management plan are complied with, and provide signage that clearly identifies where smoking is or is not allowed and include any other matters that are prescribed under a regulation.

We have heard about the restrictions on the sale and advertising of tobacco products. Queensland Health has worked with, and will be working with, the hospitality industry in relation to the development of a template and guidelines for the development of smoking management plans. These plans will allow people who wish to continue to smoke to have an area where they can enjoy their addiction. At least the 78 or 80 per cent of nonsmoking people who frequent these areas will know that they can go there and not be affected by passive smoking. I commend the bill to the House.