




Speech By
Hon. Cameron Dick

MEMBER FOR WOODRIDGE

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**TOBACCO AND OTHER SMOKING PRODUCTS (SMOKE-FREE PLACES)
AMENDMENT BILL; TOBACCO AND OTHER SMOKING PRODUCTS
(EXTENSION OF SMOKING BANS) AMENDMENT BILL**

Second Reading (Cognate Debate)

 **Hon. CR DICK** (Woodridge—ALP) (Minister for Health and Minister for Ambulance Services)
(2.37 pm): I move—

That the Tobacco and Other Smoking Products (Smoke-free Places) Amendment Bill be now read a second time.

Smoking is the single largest preventable cause of death and disease in Australia, and all members of this parliament are privileged to have an opportunity today to help to try and address that fact by passing the Tobacco and Other Smoking Products (Smoke-free Places) Amendment Bill 2015.

Perhaps I can begin by reiterating again to honourable members—and through members of this place to the Queensland community—some of the facts that demonstrate how dangerous and damaging smoking is. As I said in the ministerial statement to parliament before I introduced this bill, each year 3,700 Queenslanders die as a result of smoking. That is over 10 people each and every day. Smoking is responsible for over 36,000 hospitalisations in Queensland each year; it is also a burden on our state's economy and businesses. Each year in Queensland \$6.1 billion is the estimated cost in lost productivity, health costs and premature death due to smoking.

The explanatory notes to the bill are very clear. Under the heading 'Policy objectives and the reasons for them' the explanatory notes state—

Tobacco products are toxic, carcinogenic and addictive. They are the only legal product in the market today that kills 50 per cent of its consumers when used as intended. More than 85 per cent of Queenslanders are non-smokers, yet continue to be exposed to second-hand smoke in public places.

Of those people who are hospitalised and, very sadly, of those people who pass away, some of those hospitalisations and deaths are due to second-hand smoking. It does impact on the health of Queenslanders who may have never smoked a cigarette in their life.

At the outset I thank the Health and Ambulance Services Committee for its careful consideration of the bill and the report tabled in the parliament on 15 February this year recommending that the bill be passed without amendment. I thank the members of that committee for their careful and diligent consideration of the draft of the bill.

I also thank all of those individuals and organisations who made submissions or appeared before the committee at its public hearings. I can assure all of those individuals and organisations that their concerns about the harm smoking products continue to do in our community were heard. Such strong community support for smoke-free places is essential if we are to continue making progress towards our ultimate aim, which is a smoke-free Queensland.

The Tobacco and Other Smoking Products (Extension of Smoking Bans) Amendment Bill, introduced by the member for Caloundra, demonstrates the shared commitment in this House to strengthening tobacco laws. While the government supports the intent of the private member's bill, the Health and Ambulance Services Committee report tabled on 16 October 2015 identified several provisions which would require amendment in order for that bill to be effective. The smoke-free places bill, the government bill, will achieve all of the objectives of the private member's bill—banning the sale of tobacco products at temporary retail outlets and prohibiting smoking at skate parks, around government buildings, at outdoor pedestrian malls and at public transport waiting points—while addressing the drafting issues identified by the committee.

Importantly, the smoke-free places bill will go further, making additional changes to strengthen Queensland's tobacco laws by prohibiting smoking at more outdoor places. For example, the bill will ban smoking at sporting grounds during under-age sporting events, at prescribed national parks and at early childhood education and care facilities.

Mr Hinchliffe: Hear, hear!

Mr DICK: I take the interjection from the Leader of the House supporting the bill.

In respect of amendments that impact on local government, the 117th Local Government Association of Queensland annual conference carried a motion calling for local governments to be given power to prohibit smoking in additional public places within their local government area. The bill responds to this resolution by giving local governments the power to create their own local laws to ban smoking at public outdoor places in their local government area. I know that the member for Southern Downs will be particularly pleased to hear this, because that particular motion was proposed by the Southern Downs Regional Council. I understand that the motion was moved by Councillor Glyn Rees and seconded by Councillor Peter Blundell, who is also the mayor. Regrettably, the member for Southern Downs as minister for health was unable to deliver on that request. I am hoping that the oversight that occurred during the last three years will be remedied and that the government bill will be supported by all members of the House—particularly that provision, which I think is an important one.

The state wants to ensure that councils have the capacity to designate certain specific parts of council areas as smoke-free. That might be for a particular purpose. It might be for a community event. It might be because they want to be party to or otherwise support community markets, for example, at a set time and in a set place each month. I think it is important that councils have the capacity in a more detailed way to prescribe a smoke-free place. I think that is an important way to support and empower local government.

I am pleased to announce today the results of the 2015 preventive health survey which I think will be of interest to members of the House. Queensland Health conducts telephone surveys annually. In 2015 over 12,000 adult Queenslanders participated. The survey gathers data about a range of health issues including diabetes, obesity, nutrition, sun protection and alcohol consumption as well as smoking. The data helps to inform preventive health activities and gives us a current and reliable evidence base for the Queensland government's strategic health agenda. It also provides public information for non-government organisations, other agencies and rural communities. No personal identifying information is collected.

I am pleased to say that the survey shows in respect of smoking that in 2015 only 12 per cent of Queensland adults smoked daily. That is the lowest smoking rate on record. Only 15 years ago, when the then Queensland government, led by then premier Peter Beattie, embarked on the first significant tranche of smoking reforms, expanding the number of smoke-free places in Queensland, it would have been unthinkable for Queensland to have an adult smoking rate that is close to 10 per cent, but we have achieved it.

The figures get better. This is a drop of two percentage points from 2014 figures. In real numbers there are now around 50,000 fewer adults smoking daily than there were in 2014, and most of these were men. I congratulate all of these 50,000 Queenslanders, their families and all other nonsmokers and ex-smokers who are doing the best they can for their health by not smoking.

The 2015 figures are evidence that we are on the right track and our tobacco control measures are working. However, the job is not yet done. The number of deaths caused by smoking, including second-hand smoke exposure, is still too high. We must do more to bring the rates down further and

secure a smoke-free future for Queensland. I strongly believe that we can achieve an adult smoking rate for Queensland that is under 10 per cent. This will greatly benefit all of the community and move us to being amongst the healthiest people in the world.

There is community expectation that people will not be exposed to second-hand smoke in public spaces. I will say some more about that, but I do want to commend all of the partners who work with government to reduce smoking in the community. I particularly acknowledge the leadership of organisations like the Australian Medical Association Queensland and the Queensland Cancer Council—Professor Jeff Dunn and his team—for the significant work they do in helping to highlight the dangers of smoking and taking the nonsmoking message to the community. I acknowledge them for their steadfast campaigning and their strong support for increasing the number of smoke-free places in Queensland.

As I said, there is a community expectation that people will not be exposed to second-hand smoke in public places. From figures in the 2013 National Drug Strategy Household Survey we know that as many as three-quarters of Queenslanders actively avoid spaces where they are exposed to other people's smoke. However, this is not always possible. The 2015 Queensland survey found that a fifth of Queensland adults are frequently exposed to second-hand smoke in public places. That is why we are acting, through a number of measures in this bill, to increase the number of smoke-free places in Queensland, particularly smoke-free places that are public places.

Ms Grace: Hear, hear!

Mr DICK: I take the interjection of the member for Brisbane Central. I know that she is a strong advocate of the need for more smoke-free places in Queensland.

I know that members will not need to be reminded of the dangers of smoking, but it is worth reiterating what is the cause of those dangers. The most damaging component of tobacco smoke comes in a range of forms. The first is tar. This is the term for the various particles within tobacco smoke. Tar is sticky and brown, stains teeth, fingernails and lung tissue, and ultimately can lead to lung cancer. The second is carbon monoxide, an odourless gas that is fatal in large doses because it takes the place of oxygen in the blood. It is in effect a poison. I know that members would be disturbed to hear that tobacco smoke includes hydrogen cyanide. Hydrogen cyanide obstructs lung clearance systems in the body from working properly, which means that the poisonous chemicals in tobacco smoke can accumulate in the lungs. Tobacco smoke also contains oxidising chemicals. These are reactive chemicals which damage the heart muscle and blood vessels.

Tobacco smoke also contains dangerous metals including arsenic, cadmium and lead. Tobacco smoke is even known to contain radioactive compounds that are known to be carcinogenic. All of these chemicals damage the body in a range of ways. They affect the respiratory system by irritating the throat and voice box, and the permanent damage that can be caused to air sacs within the lungs is well known due to smoking. All of those chemicals affect the circulatory system by raising blood pressure and the heart rate as well as constricting blood vessels in the skin. This means that less oxygen is carried through the body after exercise.

Smoking also affects the immune system. People who smoke have greater susceptibility to infections such as pneumonia and influenza. Smoking has fertility effects in both men and women, reducing fertility and increasing potential deformities. A lifetime smoker is at high risk of developing a range of potentially lethal diseases—these are very serious—including cancer of the mouth, lung, nose, tongue, larynx, nasal sinus, oesophagus, throat, pancreas, kidney, cervix, ovary, ureter, liver, bladder, bowel, stomach and bones; heart disease, heart attack and stroke; poor blood circulation in feet and hands which can lead to pain and, in severe cases, gangrene and amputation; lung diseases such as obstructive pulmonary disease and bronchitis; ulcers of the digestive system; and osteoporosis and ultimately hip fracture.

It is also worth reflecting on who smokers actually are. We know that smoking is related to socio-economic status. There are higher rates of smoking for people without higher education qualifications and higher rates of smoking amongst the unemployed. We know that there are higher rates of smoking among people who live in regional and rural areas compared to major cities and higher rates of smoking in the first, second and third quintiles based on the index of social disadvantage. This is why the Australian Labor Party has traditionally focused on cutting smoking. It impacts on all Queenslanders, but it disproportionately affects many of our constituents and we are proud to be able to introduce public health measures that help protect individuals and their families.

This bill focuses on reducing the public's exposure to second-hand smoke in public places, particularly those frequented by children and young people—and I believe that personally to be an important reform contained in the bill. The bill will ban smoking within 10 metres of skate parks, at sporting grounds during organised under-age sporting events and at local government owned or

operated swimming pools. These areas form an important part of active and healthy lifestyles in Queensland, particularly for children. Young people are especially vulnerable to the harmful effects of second-hand smoke. They are also more likely to view smoking as desirable when they frequently see other people smoking. I was pleased to see that these amendments have the support of health and education groups, including the Cancer Council Queensland, the Queensland Catholic Education Commission, the Heart Foundation—whom I should also commend for its ongoing and steadfast support for measures that reduce smoking in the community—the Australian Medical Association Queensland and P&Cs Qld. In particular, the Cancer Council Queensland stated in its submission to the committee that the amendments will discourage smokers from clustering in these areas and exposing people to second-hand smoke.

The smoke-free places bill will also prohibit smoking at or near early childhood education and care facilities including, for example, long day care services, kindergarten services and family day care. This proposal is overwhelmingly supported by the community. Almost 95 per cent of respondents to the 2015 survey supported smoking bans at these facilities. We also have the support of early childhood education and care providers such as the Queensland Catholic Education Commission. I think all honourable members can agree that our youngest babies and children should not be exposed to second-hand smoke while entering and exiting childcare centres.

Government members: Hear, hear!

Mr DICK: I take the interjections from the Leader of the House and also the member for Mirani and thank them for their support. The bill will also ensure that all outdoor public transport waiting points in Queensland will be smoke-free places. This includes bus stops, taxi ranks and ferry terminals. The Ipswich City Council, the Fraser Coast Regional Council and the Redland City Council have already done excellent work implementing local laws that prohibit smoking at transport waiting points in their local government areas. However, Queenslanders in other areas are still regularly exposed to second-hand smoke while waiting to travel. Almost 80 per cent of respondents to the 2015 Queensland preventive health survey support smoking bans at public transport waiting points. An important point about these provisions is that they apply to the queue to the public transport waiting point.

The bill will also prohibit smoking at all outdoor pedestrian malls. The bill builds on the work already done by local governments like the Brisbane City Council, the Ipswich City Council and the Logan City Council to make pedestrian malls across Queensland smoke-free. I know that other councils—for example, the Gold Coast City Council and the Toowoomba Regional Council—did not take the opportunity to extend the smoke-free zones to the malls in their jurisdictions. Unfortunately, I know that the Brisbane City Council has declined to extend the smoke-free zone into the Fortitude Valley mall. However, this bill and in fact the private member's bill will provide consistency across all of the malls in Queensland. I have high hopes that all councils will welcome the bipartisan approach to consistent regulation of outdoor walking malls.

To ensure a smoke-free environment for all residents, visitors and staff, the bill will prohibit smoking at all residential aged-care facilities except at nominated outdoor smoking places. This is an Australian first. Currently there is no legislative restriction on aged-care residents smoking in their rooms and this potentially poses risks to the hardworking nurses and other staff who work in those facilities. I think they will welcome these changes.

The bill also prohibits smoking in prescribed government precincts and national parks. Prescribing particular government precincts or national parks will enable appropriate consultation about the impact of a smoking ban with stakeholders. Importantly, the powers around the government precinct will allow us to go further than what is listed in the private member's bill. As we know, the private member's bill allows for smoking to be banned within five metres of a government building provided that no-smoking signs are affixed. However, the government bill goes further in that it allows us to define an entire precinct. For example, this will enable us to define the pedestrian precinct surrounding the 1 William Street building. I think that is an important advance. It also means we can avoid difficulties that result from defining it based on the building, as in the private member's bill. As we know, buildings can have fixtures like awnings and we may have difficulty understanding whether the five metres radiates from those fixtures. By defining a precinct clearly by regulation, there can be no doubt about where the smoke-free area begins and ends.

The bill allows local governments to create new smoke-free areas, as I mentioned earlier. This may include parks, boardwalks or picnic grounds. The amendment responds to calls from the Local Government Association of Queensland for this reform and will better enable local governments to meet the needs and expectations of their communities.

This bill amends the Tobacco and Other Smoking Products Act 1998 to ban the sale of smoking products at temporary retail stores. Unfortunately, we have seen smoking products being marketed to young people through temporary retail stores at major arts, music and sporting events. Stopping young

people from taking up the smoking habit is crucial to slowing smoking rates overall. Young adults are particularly vulnerable in their environment. Studies show they are more likely to take up smoking where they see people frequently smoking and where they have access to smoking products. These amendments will help to address these issues, reducing that temptation.

The bill also includes a number of amendments which are about ensuring the tobacco act best achieves its goals. One of these amendments is to make the distinction between major sports facilities and major event facilities. The tobacco act currently deals with both major event facilities and major sports facilities in the same way, but we know how different these facilities are. Major sports facilities include some of our sports stadiums like Townsville's 1300SMILES Stadium, where of course Queenslanders can go and watch some of that North Queensland Cowboys magic. As a Queensland minister, I am delighted at the success of the North Queensland Cowboys; as a Brisbane Broncos supporter, I look forward to the Broncos triumphing in the 2016 season.

Honourable members interjected.

Mr DICK: I was travelling well in the House until then, but I think I have lost some members. Of course we have our sports stadiums such as Townsville's 1300SMILES Stadium and the Sleeman Sports Complex, where I think we can all agree we can see our state's swimming stars in action. Smoking will be banned at major sports facilities except on a road or car park area or picnic area or an area of parkland. Major event facilities relate to major events that happen around the state, including the Castrol Gold Coast 600, which attracts thousands of people to our sunny Gold Coast. The Commonwealth Games, which we will be hosting in 2018, will also be a major event facility. Smoking will be banned at major event facilities except at a nominated outdoor smoking place where food and drink is not allowed. That allows flexibility for the major event organiser to reflect how different these events can be.

Research and experience in Queensland tells us that legislation alone is not enough to bring down smoking rates. I am particularly concerned about smoking during pregnancy, especially when Queensland research found that, in 2012, approximately 9,500 women smoked at some point during their pregnancy and that within this group women from less advantaged areas were six times more likely to smoke during pregnancy than those in advantaged areas—26 per cent compared to four per cent. Furthermore, only one in eight women in disadvantaged areas quit smoking before 20 weeks pregnancy. Smoking during pregnancy causes many complications. These can include a higher risk of sudden infant death syndrome, increased risk of miscarriage, higher likelihood of having a low birth-weight baby, increased risk of premature labour, increased chance of perinatal death and a higher likelihood of the child experiencing problems with lung and brain development and with function. Experts tell us that 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. Given that many women quit during pregnancy but relapse following the birth of their child, relapse prevention as well as advice and support to quit is crucial. 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. I asked my department to work on programs to support pregnant mothers or women who are thinking of falling pregnant who may be smokers. I will have more to say on that matter.

I say again that this bill before the parliament is an important public health measure. As I have indicated earlier, each year smoking related diseases continue to take the lives of more than 3,700 Queenslanders. It is worth pausing on that figure. Three thousand seven hundred Queenslanders is 10 times greater than the number of people killed on our roads annually. Our government and previous governments have focused very carefully on educating the community about the dangers that can sometimes manifest themselves on Queensland roads—dangers that often come from our own inattention, from sleep, from being under the influence of a substance. We have changed cultural attitudes towards drink driving. That has been a very significant change in our community. We have changed cultural attitudes towards the wearing of seatbelts. When it comes to smoking, we are on that same journey. Those results that we see—12 per cent of adult Queenslanders now smoking—shows that we can change attitudes and behaviours.

Often at the heart of smoking is the choice that individuals make. Of course, as a government we support the 1300 Quitline, which is a very important measure that is part of our preventive public health measures to support members of the community. We support that measure with great vigour, because it is an important way to help people to stop smoking. We want Queensland to be a smoke-free place. As I indicated earlier, a number of education and support mechanisms will be implemented following the passage of this legislation by the parliament. We have allocated \$420,000 for the statewide delivery of public education about the new smoking bans. This funding will support ongoing compliance and

reduce the enforcement burden. The development and delivery of community education and campaign materials will be further supported through the integration of new smoking bans with existing tobacco control strategies, in particular, the funding of \$2.4 million for planned quit-smoking campaign activities in 2015-16. Following the introduction of this legislation we will use existing capacity and resources from the department for the project management, the legislative change process, campaign oversight, support for stakeholders and evaluation. When it comes to smoking rates, I am confident that the legislation before the parliament, if passed, will result in that continual downward trajectory.

I acknowledge other individuals who provided feedback to the government in relation to the legislation. We canvassed a very large number of individuals who were invited to provide feedback on the proposed legislative reforms. They included members of hospital and health services and non-government health organisations—and I mentioned them earlier; the Cancer Council Queensland and the Heart Foundation in particular.

I also mention the great work that the Stroke Foundation does not only in Queensland but also across Australia in supporting people who face the challenge of a stroke. We know that smoking contributes to the likelihood of an individual suffering a stroke. I thank the Stroke Foundation for their work.

The Local Government Association of Queensland was asked to provide feedback, along with unions, retailer associations and peak bodies for private residential aged-care facilities, early childhood education and care services and sporting associations. I acknowledged those individuals earlier. Following the passage of the legislation, we will continue to work with stakeholders to ensure that they understand how the proposed new laws apply to them.

I will provide the House with some information about the feedback that we received. Hospital and health services support measures that reduce the impact of smoking on the Queensland community, and that is unsurprising. Local governments were also asked to provide feedback on waiting points, and I thank four local governments in particular that provided in-principle support for a consistent statewide approach to banning smoking at areas such as pedestrian malls and public transport waiting points. Non-government health organisations such as the Cancer Council Queensland, the Heart Foundation and, as I have said, the National Stroke Foundation strongly supported the changes while making an additional comment on the legislation.

The Australasian Association of Convenience Stores and the Australian Retailers Association provided feedback to the department in relation to the licensing of tobacco retailers. As I said previously, the issue of tobacco retailer licensing is being considered separately by the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee and does not form part of this bill. I again thank the committee for its ongoing work in relation to creating more smoke-free places in Queensland. I know that that committee will give thoughtful consideration to whether a licensing regime in relation to tobacco should be introduced into Queensland. I look forward to receiving the committee's report. This committee is very busy as its remit was expanded in the last parliamentary sitting week. I look forward to the committee deliberating on that matter carefully and then providing a report to the parliament.

I also thank Together Queensland, the principal public sector union in Queensland, for providing feedback on the bill. Feedback received from peak bodies for early childhood education and care services was supportive of the creation of smoke-free early childhood education and care facilities, which is in the best interests of staff and families. The Queensland Outdoor Recreation Federation and Stadiums Queensland also provided feedback on the proposed legislative reforms and I thank them for that.

Penalties are provided in the legislation for people not abiding by the new legislation. We hope that there will be a cultural change. As a government, part of what we seek to do is to educate the community in relation to the dangers that smoking presents. By educating the community we can ensure that individuals can make the right choices for their own lives. Enforcement is available, but as a government we seek to change attitudes by driving cultural change in the community and by educating consumers and citizens directly.

As I have said, this next tranche of reform will be supported by a community education and awareness campaign. I am confident, as much as I can be, that the new smoking laws will have a high level of community ownership. I think that is reflected in the nature of the submissions that were received by the parliamentary committee and the very strong support that stakeholders provided. That demonstrated the high level of community ownership and support for the proposed changes.

To reiterate the point, we want to ensure that the expansion of smoke-free areas in Queensland can be community and self-enforced. That is an important part of where we have gone in changing attitudes towards smoking. Alleged breaches of the Tobacco Act can be reported by the public to the 13QGOV telephone service—137468. It is important for members of the community to know that they can report activity that may be contrary to the act. Where necessary, enforcement will include the issuing of warnings, asking smokers to cease or move on and the issuing of infringement notices if smokers do not comply with directions. I know there have been some hiccups recently in a number of public facilities. I hope that we can address that. My view is that it should be community- and self-enforced, but where we need to enforce it we will and we will do it on the basis of reporting to government.

In conclusion, I thank all honourable members of the parliamentary committee for their contribution towards developing the report to parliament. It is a very significant piece of work. Something that all members of this House and all Queenslanders should be proud of is that Queensland has been a leader in creating smoke-free places. It is something that our state should be very proud of. We have been able to implement progressive reform over a number of years. In 2001 in this place, in a seat not far from me—perhaps even where I am standing—under the Beattie government my predecessor as health minister, Wendy Edmond, introduced the Tobacco and Other Smoking Products (Prevention of Supply to Children) Amendment Bill. That bill was passed and ultimately implemented in 2002 leading to smoking bans at enclosed public places such as workplaces. The bill passed with bipartisan support. I am sure the current member for Maroochydore will remember that because she made a contribution to that bill on that occasion. I am pleased to see the member for Maroochydore in the House today. In summing up the debate the minister then observed that at the time around 25 per cent of Queenslanders were ‘addicted to nicotine’. As we have heard today, we have more than halved that percentage. That percentage is now 12 per cent. I am sure Wendy Edmond would be proud of that achievement and I acknowledge her and other Health ministers who have contributed to that, including my immediate predecessor. It is a great credit to her and the reforming Labor government at that time. It was a big thing do at that time. I do not think that we should underestimate the community interest in the matter some 15 years ago. It was a big step, and a courageous step, taken by the Beattie government and I acknowledge that they started this journey. It is a credit to members of the parliament at that time that it was embraced on a bipartisan basis. That is a very significant thing for us to acknowledge.

In 2005 the then Labor government led the country by phasing in smoking bans at outdoor public places including eating and drinking places, entrances to public buildings, patrolled beaches, prescribed outdoor swimming areas, children’s playgrounds and sports stadium. In 2006 smoking bans were introduced at outdoor eating and drinking places. In 2010 the Bligh Labor government introduced a smoking ban in vehicles with a child under the age of 16 and local government were given power to ban smoking at pedestrian malls and public transport waiting points in their local government areas. That evolution over 15 years has resulted in revolutionary change. It has more than halved the rate of adult smoking, something that could not have been anticipated at the time but I know is welcomed by Queenslanders.

We have also been supported by a range of developments at the federal level. We should also note the effect of the introduction of plain packaging legislation. Since 1 December 2012 all tobacco products sold, offered for sale or otherwise supplied in Australia must be in plain packaging.

Mrs D’Ath: Hear, hear!

Mr DICK: I take the interjection from the member for Redcliffe, the Attorney-General and Minister for Justice and Minister for Training and Skills, who I know is a strong supporter of those measures. She may have voted on those when she served in the Commonwealth House of Representatives. Plain-packaging legislation was introduced by the then federal Labor government over the strident objections of many in the industry. It was a very courageous thing then done by the Commonwealth Health Minister Nicola Roxon who was not shy in taking this matter forward. She was very strong in her commitment to reducing smoking in Australia. I acknowledge that significant reform. There is now growing evidence at a national level that these changes have accelerated the decline in smoking. Many countries have followed Australia’s lead; with Ireland, the United Kingdom and France passing laws to introduce plain packs. I understand that other countries are currently looking closely at it, including New Zealand, Chile, Turkey, South Africa and Brazil, as well as Canada and Norway who are proceeding with their own laws.

It now falls to us in this parliament to take the next important step in strengthening Queensland’s tobacco laws and further reducing the harm that smoking causes in our community. The bill is supported by the members of the Health and Ambulance Services Committee and other members in this House and I thank them for their work. It is also supported by the stakeholders who made submissions to the committee and the Queensland community.

I acknowledge that for many quitting smoking is a difficult challenge and I commend every smoker who kicks the habit. I hope the measures in this bill give some the extra incentive they need to quit. Perhaps more importantly, I am confident the new restrictions on smoking will mean fewer young people ever have an incentive to take up smoking and this will result in not only the reduction of smoking in young people, but also all adults and will result in Queensland's exposure to second-hand smoke being reduced as well. I commend the bill to the House.