




Speech By
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MEMBER FOR MOGGILL

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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**

 **Dr ROWAN** (Moggill—LNP) (4.50 pm): I rise to address the Tobacco and Other Smoking Products (Extension of Smoking Bans) Amendment Bill 2015 and the Tobacco and Other Smoking Products (Smoke-free Places) Amendment Bill 2015. Let me get straight to the point: this legislation is good for Queenslanders. It will have a significant and lasting benefit for many in our state. It not only protects those who have been smokers but also protects those who are vulnerable—our children—in relation to the harms of passive smoke inhalation. Enacting legislation that further restricts the smoking of tobacco products in public places is an important and necessary public health measure. Legislation that will discourage young people from becoming first-time smokers and that will reduce the harms of passive smoking is very important. Legislation that also incentivises smokers to quit altogether is a positive step forward.

Smoking accounts for one in seven deaths in Queensland, with current smokers dying on average 10 years earlier than nonsmokers. Smoking is a leading cause of preventable death and disease and health inequality across Queensland. Each year there is an estimated 3,700 Queenslanders who die because of smoking.

As an addiction medicine specialist I have seen the primary and secondary harms of tobacco consumption and cigarette use. However, it was as an intern that I really came to appreciate the human impacts most acutely. Whilst on rotation from the royal Brisbane hospital to the Prince Charles Hospital I was a member of the respiratory team caring for those suffering with end-stage emphysema. One particular patient was in her mid-fifties. I looked after her for a number of weeks as a bright-eyed new medical graduate, each and every day ensuring her oxygen was appropriately adjusted, that her blood gas results were taken and ready for presentation to my respiratory medicine registrar and consultant and that her medications were dispensed and administered on time by the pharmacy and nursing staff. Each day I would take her pulse, check her blood pressure and listen to her chest. She would tell me her hopes and dreams for the future, including playing with her grandchildren as her daughter was about to be married.

Unfortunately, due to complications with her bronchiectasis, emphysema and associated infection she died prior to leaving hospital. I was required to examine her body, complete the life extinct forms and death certificate and communicate the sad news to her daughter and family. Nothing could prepare you for this: your own grief, your feelings of professional inadequacy and not being able to save someone, the pain you feel for a patient and their family, let alone the frustration from a legal perspective that cigarettes continue to be peddled by large tobacco companies to—in the awful words of one tobacco company executive—the poor, the black, the young and the stupid.

For many years it has been known that cigarettes are addictive and that they kill. From a science perspective it needs to be understood that nicotine is the addictive substance in cigarettes that causes smokers to continue to smoke. Those who are addicted to cigarettes need enough nicotine on a daily basis to satisfy their physical cravings and control their mood. Tobacco companies have known about this for years.

Along with nicotine, smokers inhale approximately 7,000 other chemicals in cigarette smoke. Many of these chemicals are extremely damaging to physical health and overall wellbeing. I will give two examples: carbon monoxide is an odourless gas which binds to haemoglobin better than oxygen. Haemoglobin is required to transport oxygen around our bodies. As a consequence, in smokers the consumption of carbon monoxide makes their bodies produce more red blood cells in order to carry the required oxygen for organ functioning. However, the resultant effect is that the blood of smokers is thicker, meaning that when their bodies demand more oxygen during exercise less oxygen reaches the brain, heart, muscles and other organs of those individuals.

Another chemical in cigarettes is hydrogen cyanide. This chemical is responsible for damaging the respiratory cilia which are required for preventing foreign substances reaching the lungs, hence smokers endure high rates of bacterial and viral infections resulting in episodes of bronchiectasis, bronchitis and/or pneumonia.

There is well-documented evidence and publicity on all the related physical harms of smoking, including cardiorespiratory conditions such as hypertension, chronic obstructive airways disease, various lung malignancies, ischemic heart disease, cerebrovascular events such as hemiparesis and hemiplegia as well as problematic arrhythmia. There is also a range of other cancers caused by smoking, including stomach and bladder malignancy. Many people may not be aware that smoking also reduces bone density, lowers the level of protective antioxidants such as vitamin C, reduces fertility and that it can lead to impotence. Smoking in pregnancy is particularly harmful as it can increase the risk of miscarriage, stillbirth and premature birth. High rates of cleft lip and palate are also seen, along with lower birth weights and intra-uterine growth retardation.

There is always assistance available for those who want to quit. See a general practitioner or call 1300QUIT; get some advice and, for those who are deemed eligible, nicotine replacement therapy can be used alongside other medications and evidence based treatments. As a medical specialist and former president of the Australian Medication Association of Queensland and the Rural Doctors Association of Queensland I am particularly pleased to be part of the Health and Ambulance Services Committee of the 55th Queensland Parliament which has, in a bipartisan way, supported the intent of both pieces of legislation. The Health and Ambulance Services Committee's recommendations have reinforced the LNP's efforts to reduce the rate of smoking amongst Queenslanders. When in government, the LNP introduced some of the toughest laws to protect the public. I was very pleased to have contributed to this outcome in my previous AMA Queensland role.

Banning smoking at bus stops, taxi ranks, childcare centres and children's sporting events is a positive step forward. Allowing local governments the power to ban smoking in any public space they see fit is also appropriate. Banning smoking at public transport waiting areas, outdoor pedestrian malls, public swimming pools and skate parks is a positive step forward. I support banning smoking within five metres of state government buildings. Whilst enforcement and legislation are important, we will only win the war on smoking through education. Modelling the way is very important. Cultural change needs to continue but it will take time for it to come to its full fruition.

I conclude by acknowledging my fellow committee members, committee staff, the technical scrutiny secretariat and those organisations and individuals who provided written submissions and attended the public hearings. In particular I would like to acknowledge the great work and dedication of the Heart Foundation and the Cancer Council of Queensland over many years with respect to this vital area of public policy as we move towards a smoke-free Queensland. Queensland is leading the way. I stand on this side of the House reaching out to the other side of the House to support this legislation, which will pay real dividends for Queenslanders and improve health not only in my electorate of Moggill but also right across urban, rural and regional Queensland. It is vitally important, and I commend these bills to the House.