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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

Mr KELLY (Greenslopes—ALP) (4.26 pm): I rise to speak in support of the Tobacco and Other Smoking Products (Smoke-free Places) Amendment Bill 2015. I start by thanking the committee. We just heard a great speech from the member for Buderim, who displayed a great deal of passion during the discussion and approached this issue from the perspective of someone who has beaten the terrible addiction of smoking. I also thank the witnesses who took the time to make submissions and who certainly expanded my thinking on these issues. In particular I acknowledge and thank the Heart Foundation, the Cancer Council Queensland, the National Stroke Foundation and Diabetes Queensland. They all do tremendous work in our community and play an incredibly important role in community health education. No doubt they have contributed to many, many people ceasing smoking and many, many more not taking it up in the first place. I also thank the environmental health officers in Queensland Health and the many local government officers, general practitioners and nurses who all play a part in the reduction of smoking rates. I am pleased to say that we have now reduced the incidence of smoking to around 14 or 15 per cent.

I could speak about the wasted life that I have seen personally—people dying too early and too often from lung cancer and other smoking related cancers. I could speak about the people I have nursed—the repeated, ongoing admissions for those people with chronic obstructive pulmonary disease and emphysema, watching the slow decline with the inevitable outcome. But the statistics speak for themselves. Fifty per cent of consumers are killed by tobacco products if they are consumed as intended. That is an incredible statistic. If two of us take up smoking together, one of us will die if we continue to use tobacco. That is an incredible statistic.

One-third of smokers die, losing about 20 years off their life, and we lose the vast majority of those people in a period of their life where they have much to offer in terms of work, much to offer in terms of their community and much to offer in terms of their family. It is a tragic waste of life. Smoking and tobacco products are the leading cause of preventable death. One in seven deaths in Queensland is caused by tobacco related conditions. As I mentioned, we have managed to drive down smoking rates. Some 85 per cent of Queenslanders are not in fact smokers, but sadly many of those Queenslanders are exposed to second-hand smoke. Sadly, of the deaths caused by smoking related diseases, up to 10 per cent of those deaths are occurring in people who have never smoked. One in 10 people is dying of smoking related causes when those people have never put a cigarette to their mouth.

We know that children and young people are particularly vulnerable to second-hand smoke. I have a great deal of personal experience in caring for people with those various conditions and, like most members of this House, have grown up in an environment where smoking was common and accepted. However, I really want to talk about the micro-economics of smoking and consider the policy options available to governments. Consumers make rational decisions using perfect information to

weigh up costs and benefits. While that is sound micro-economic theory, none of it really makes sense with smoking—or perhaps it does. None of those conditions really exist.

Many of the current consumers were exposed to smoking via passive mechanisms at a very early age. They were exposed to an incredibly addictive substance at an age where they lacked the capacity to make rational decisions. We know from history that young people and children have been specifically targeted because of this vulnerability to the addictiveness of the substance and their lack of rationality. The information has been interfered with as well. There has been an active and thankfully fading and failing lobby peddling misinformation for 40 or 50 years trying every trick in the book to interfere with information that would allow a rational consumer to make decisions about smoking and/or tobacco use.

So we have people unable to make rational decisions and unable to access decent information. Let us look at the weighing up of costs and benefits that a rational consumer has to make. A cost-benefit analysis is difficult, particularly for younger consumers. Personally, I could not tell members what the benefits of smoking are. I have tried it, of course, but I could not see what drives you to keep going other than the need to satisfy an addictive crave. The personal impacts on health for younger consumers seem very far in the future and, from an economic perspective, are very discounted by young consumers. In fact, for younger consumers, the rebellious act of smoking fits their penchant for risk-taking behaviour and perhaps represents somewhat of a benefit. But the real costs from smoking and tobacco use are borne by every single person in our society. We all pay a cost.

What are the government responses? What are the possibilities and the options that we have to try to tackle this problem that is doing so much damage to our community? I am pleased to say that many of these mechanisms are already in place and I am pleased to say that the community generally accepts that smoking is bad, that there are no safe levels of smoking. We find ourselves at a point in history where we are trying to refine the very good work that has been done over very many years by very many people.

There are many options available to governments. We can try to deal with those negative externalities—those negative costs—by imposing taxes that are used to cover healthcare costs and, as we know, that has been done. There will always be debate about how far we can go in terms of using price as a mechanism to drive down demand before we reach a point where we create a black market, but that debate does not sit in this parliament. We have the option of total prohibition. That has been attempted with other substances at other junctures in history, yet there is a great deal of research and experience that suggests that that simply does not work.

We could embark on public education and support people to give up smoking, and I am really pleased to say that this effort is extremely well advanced and the support available in our community via Queensland Health for people attempting to quit smoking is good. The support available for people who are admitted to any inpatient facility who are trying to quit smoking is extremely good. We have identified quit-smoking pathways that every single patient who enters a Queensland Health facility, no matter what their primary diagnosis, is offered and encouraged to utilise and over the years I have seen many people utilise those services.

We could increase the non-dollar costs associated with smoking, and I think this is where there is great opportunity for us. That means we make it harder but not impossible to acquire tobacco. We of course can increase the social stigmatisation costs. We also have the opportunity and the option of looking at where it all begins and the prevention of youth uptake. Plain packaging has been challenged because it works and it is a great initiative that has been introduced.

During the hearings Queensland Health identified that it has three objectives when dealing with smoking: firstly, it wants to support smokers who are trying to quit, and I have just outlined some of the ways that it does that; secondly, it wants to increase protection from second-hand smoke; and, thirdly, it wants to prevent the uptake by particularly young people. I think this bill is very important because it achieves these last two objectives and it also makes great inroads in increasing those non-dollar costs associated with smoking, and we know from research that this will greatly assist in reducing the incidence of smoking even further.

Protecting our young people from exposure to tobacco and smoking is extremely important. Removing smoking from skate parks and making it consistent with the bans that are already in place around playgrounds is an incredibly important initiative. We know that young people by and large are attracted to skate parks, and certainly after my efforts on rollerskates on Saturday I will not be back any time soon.

A government member: Lucky you're a nurse!

Mr KELLY: Lucky I am a nurse! But it is incredibly important that we establish those standards and enforce those standards around skate parks, where we know there are vulnerable young people. We need to send that strong message that smoking around children really is dangerous. We made

great inroads with that by banning smoking in cars—and some of my earliest childhood memories were being in cars full of cigarette smoke—and to remove it from under-age sporting events sends a really strong message. Probably the first smell you would smell after leaving a football field, other than the Dencorub, was cigarette smoke. Young people are frequent users of public transport and the banning of smoking at public transport stops removes that exposure to second-hand smoke and decreases the likelihood that a young person will see someone smoking and associate it with something that is acceptable.

I want to pick up on something that the member for Buderim said about the lack of ashtrays these days: you realise how much we are winning when your kids come home and ask you what an ashtray is. Thanks to many of my relatives who have battled with tobacco addiction over the years—and, for the most part, have fortunately managed to win the battle, with a great deal of help and support—virtually the only place that my children now are exposed to cigarette smoking is when we catch public transport.

It is incredibly important that we minimise the times that children see people smoking, because we know from very sound research that the more children see someone smoking the likelihood of them taking it up increases dramatically. Like many people in our great—and sometimes hot—state, I spend my weekends at public swimming pools and other swimming venues. These are great healthy environments frequented by high numbers of families, children and young people. So it is only appropriate that here, too, we remove smoking. National parks are also a place where people go to enjoy time together. Whenever I am there I see large numbers of children. It is important that we remove smoking from these areas as well.

I really think that the measure banning the temporary retail stores is particularly important. We know that historically young people have been targeted. Preventing these temporary stalls will stop them being set up at events where young people are likely to be exposed to the casual use and acquisition of smoking products. I am sure that there would be many in the House who would share my recollections of standing around in a beer garden and being approached by a young woman offering free samples of cigarettes. Being someone who—

Honourable members interjected.

Mr KELLY: I am glad we all enjoyed that anecdote. But being someone who was always too tight to pay for their own cigarettes, when people came out and said, 'I'm from the Winfield company'—or whatever company—'have some free cigarettes,' it was not uncommon for me and other people, and even nonsmokers, to grab one and give it a go. How many people started their tragic journey of smoking and lifelong damage in that manner? With this bill, we have the capacity to stop a practice that is designed to target young people. I know that it is laughable that we once thought that such behaviour was acceptable and I am so glad that it is now no longer part of our society.

The goal of increasing the non-dollar costs associated with smoking and reducing the exposure of nonsmokers to second-hand smoke are also achieved simultaneously in this bill. Further pushing the boundaries away from the entrances to childcare centres, schools and government buildings where it is illegal to smoke will certainly stop the clustering of people near those entrances. We know that it takes incredibly small exposure to second-hand smoke to do damage. Taking smoking out of major sporting events and festivals means that people who choose to see a major event or a major sporting activity, and who are clearly there to see the main attraction, will have to make that difficult decision of, 'Do I step away from the excitement, the fun, the camaraderie, the people who I am here with, to make that long walk only for a cigarette?' We know from our research that that helps to reduce the amount of tobacco smoked and assists people who are attempting to quit smoking.

When I was much younger and working as a nurse we had a tearoom at the royal Brisbane hospital—a very large tearoom because everyone went there. One end of the tearoom was for smokers and the other end was for nonsmokers. Those areas were separated by a very ineffective partition that reached about halfway up from the floor to the ceiling. Everyone clustered at the smoking end, because there was no-one in the nonsmoking end. That tearoom was not very far away from where we worked. Nurses could get there rather quickly. If nurses could not get there, there were plenty of other locations just outside their ward where they could nip out to have a smoke. I can recall nurses frequently coming to me and asking, 'Can you watch my patients for five minutes? I'm going for a smoke.' These days, in most hospitals people face a good 10-, 15- or 20-minute walk to get to a place where they can have a cigarette. That has created the situation in which people are smoking less. Any reduction in smoking is good. We recognise that for some people it is extremely difficult to quit smoking, but placing smoking areas that far away helps people on their journey of quitting. So instead of some people smoking five to 10 cigarettes a day at work, they are now down to smoking two, and that is an extremely good thing.

The enforcement of these nonsmoking provisions is important and the committee touched on them in the hearings. The bill gives latitude to local government authorities, which they supported, in the manner in which they enforce these provisions. The bill also augments the already existing powers of Queensland Health environmental health officers and other authorities. Although enforcement is important, it is not the main purpose of this bill. We know from previous legislative changes that, ultimately, cultural and behavioural change drives the desired outcome, with enforcement really being required only to get the ball rolling.

I cannot think of the last time I sat in a restaurant and someone lit up a cigarette. In preparing this speech I asked a few friends if they could recall being in an environment where people felt that it was okay to smoke in a restaurant. Most people were scratching their heads, but one friend said, 'Yes, I do recall it.' That person was quickly asked to extinguish the cigarette not by the hotel or the restaurant staff, not by a Queensland Health environmental officer or a council employee, but by other members of the public. I have seen people light up cigarettes at my local bus stop and similarly people have asked if they would mind moving a little further away.

This legislation is really about enforcing behavioural and cultural change. If we want to sustain change, we have to make not smoking a normal part of our culture. We can use enforcement to help achieve that goal, but we have to change people's thinking and their behaviour. Many factors will continue the process of encouraging smokers to quit and prevent young people from starting to smoke. The state government can control only so many of these factors and I am pleased that this bill has gone a long way towards extending them. This bill takes our state a long way towards achieving an even greater reduction in the rates of smoking and tobacco use. That will have significant health benefits not only for the individuals who are currently smoking but also for our entire community. I think that is a great thing for our state. I commend this bill to the House.