HEALTH AND AMBULANCE SERVICES COMMITTEE

Members present:

Ms L Linard MP (Chair)
Ms RM Bates MP
Mr SL Dickson MP
Mr AD Harper MP
Mr JP Kelly MP
Dr CAC Rowan MP

Staff present:

Ms A Honeyman (Research Director)
Ms K Dalladay (Principal Research Officer)
Ms E Booth (Principal Research Officer)

PUBLIC BRIEFING—TOBACCO AND OTHER SMOKING PRODUCTS (SMOKE-FREE PLACES) AMENDMENT BILL 2015

TRANSCRIPT OF PROCEEDINGS

WEDNESDAY, 2 DECEMBER 2015

Brisbane

WEDNESDAY, 2 DECEMBER 2015

_____

Committee met at 8.31 am

CHAIR: Ladies and gentlemen, thank you for your attendance today. Before we start I ask that all phones be switched off or on silent. I now declare this public briefing of the Health and Ambulance Services Committee open. I would like to acknowledge the traditional owners of the land upon which we meet and pay my respects to elders past, present and emerging.

I am Leanne Linard, member for Nudgee and chair of the committee. The other committee members with me today are: Ms Ros Bates, deputy chair and member for Mudgeeraba; Mr Steve Dickson, member for Buderim; Mr Aaron Harper, member for Thuringowa; Mr Joe Kelly, member for Greenslopes; and Dr Christian Rowan, member for Moggill.

Today we are hearing evidence on three committee inquiries: the Tobacco and Other Smoking Products (Smoke-free Places) Amendment Bill 2015; the referred inquiry into tobacco licensing arrangements in Queensland; and the Health Legislation Amendment Bill 2015. We have approximately 45 minutes for each inquiry briefing. The committee will move immediately from one briefing to the next, as a number of our departmental witnesses are providing evidence on more than one inquiry.

I have a few procedural matters before we start. The committee is a statutory committee of Queensland parliament and as such represents the parliament. It is an all-party committee, which takes a non-partisan approach to inquiries. The proceedings today are governed by the standing rules and orders of the Legislative Assembly. People in the gallery are reminded that they are here to observe proceedings and may not interrupt. The chair or the committee may order anyone who disrupts proceedings to be removed. We have mostly departmental representatives here today, so I am sure they will be very well behaved. Hansard will transcribe proceedings, and a transcript will be available as soon as practicable. The briefing is also being broadcast live on the parliament's website.

I would now like to open our briefing on the Tobacco and Other Smoking Products (Smoke-free Places) Amendment Bill 2015. The bill was introduced into the Queensland parliament and referred to the committee for examination on 10 November 2015. The bill proposes to amend the Tobacco and Other Smoking Products Act 1998 to create more smoke-free public places across Queensland and to prohibit the sale of smoking products from temporary retail outlets.

The committee understands the bill will extend smoking bans in public places; provide for smoking to be banned at prescribed national parks and outdoor government precincts; empower local government to make laws banning smoking at any outdoor public place not covered by state smoking laws; and prohibit the sale of smoking products from temporary retail outlets. The committee must report to the parliament on the bill by 15 February 2016.

PULSFORD, Ms Kaye, Executive Director, Preventive Health Branch, Prevention Division, Department of Health

WEST, Mr Mark, Director, Preventive Health Branch, Prevention Division, Department of Health

YOUNG, Dr Jeannette, Chief Health Officer and Deputy Director-General, Prevention Division, Department of Health

CHAIR: I would now like to welcome our witnesses from the Department of Health's Prevention Division: Dr Jeannette Young, Chief Health Officer and Deputy Director-General; Ms Kaye Pulsford, Executive Director of the Preventive Health Branch; and Mr Mark West, Director of the Preventive Health Branch. Dr Young, Ms Pulsford and Mr West, thank you for your time today. Thank you also for the department's written briefing on the bill and for agreeing to also brief the committee on the tobacco licensing arrangements inquiry, which we will move to next. Would you like to make a brief opening statement?

Dr Young: Thank you for the opportunity to brief the committee on the Tobacco and Other Smoking Products (Smoke-Free Places) Amendment Bill 2015. With your permission, I will provide a brief summary of the smoke-free places bill before answering any questions committee members might have regarding this bill.

Smoking remains a leading preventable cause of death and disease in Queensland. For this reason, reducing smoking rates and exposure to second-hand smoke is a priority. The purpose of the bill is to further reduce people's exposure to second-hand smoke; reduce the normalcy and social acceptability of smoking behaviours, particularly for young people; and provide smoke-free environments to help people quit smoking.

Children are particularly vulnerable to the harmful effects of second-hand smoke. Children exposed to second-hand smoke are more likely to have health problems such as bronchitis, pneumonia and asthma. Young people also are more likely to view smoking as desirable when they frequently see people smoking. The bill aims to reduce young people's exposure to second-hand smoke and reduce the numbers of young people taking up smoking by extending smoking bans to public places frequented by children and families. These places include sporting grounds and spectator areas during organised under-age sporting events, early childhood education and care facilities, skate parks, public swimming facilities, prescribed national parks or parts of parks, outdoor pedestrian malls and public transport waiting points.

The bill also prohibits the sale of smoking products at temporary retail outlets which are often used to target young people—for example, at music festivals. It is also proposed that smoking is prohibited at private and public residential aged-care facilities outside of nominated outdoor areas for smoking and at prescribed government precincts.

The bill empowers local governments to make laws banning smoking at any outdoor public space not covered by state smoking laws. This may be used by local governments to ban smoking at particular parks or boardwalks, for example. The bill makes minor amendments to further strengthen Queensland's tobacco legislation, including extending the distance that a person must not smoke from an entrance to an enclosed place from four metres to five metres and updating definitions for the use and display of hookahs.

With reference to the private member's bill for tobacco reforms that has been introduced into parliament, it is important to note that the government smoke-free places bill goes further, creates more smoke-free public places including at early childhood education and care facilities, during organised under-age sporting events, at national parks, and at private and public residential aged-care facilities. It provides clear, well-developed definitions with improved interaction with existing provisions in the tobacco act to support effective implementation, and it provides some technical amendments for improved workability.

It is anticipated that the legislation will commence approximately six months following the bill's passage through parliament. This will allow for a period of community education and stakeholder engagement. The community education campaign will provide clear messages about where the new smoking bans apply, the benefits for families in the community and the responsibilities for individuals. The campaign will use a range of communication strategies. This could include bus stop advertising, promotional signage, social media, public relations and online information.

Importantly, this education will be reinforced by the quit smoking television campaign. The current Quit campaign reminds smokers that they do not need to go it alone and that they can call the Quitline for help. The Queensland government has successfully implemented smoking bans since they were first introduced in the state in 2001. This experience confirms that effective community education before and during the introduction reduces the long-term enforcement burden.

Stakeholder engagement and collaboration will aid transition and strengthen active support for the reforms at the local level. For example, we plan to work closely with sporting associations to inform and encourage their clubs and membership to comply with the smoking bans at junior sports. Our collaborative efforts will include early consultation with stakeholders to refine messages and develop tailored material such as signage templates, promotional flyers and web links. The department will also be strongly promoting links with existing statewide quit smoking initiatives such as the Workplace Quit Smoking Program for blue collar workplaces.

As with existing smoking bans, the new smoking bans will predominantly be enforced by environmental health officers employed by Queensland Health. This committee has reported recently on the practical limitations of a no-smoking enforcement regime. It was noted that it would not be

possible for authorised officers to actively patrol every nonsmoking zone across the state. Our current approach is for authorised officers to undertake coordinated activities targeting hotspots. The department will also continue to engage with local governments to ensure that they are aware of their authority under the tobacco act and to encourage use of this authority.

This committee has also noted advice from the Queensland Cancer Council that smoking bans exert greater social pressure on people not to smoke when they are conscious that they are impacting on others. The smoke-free places bill is in step with community expectations for further protection from tobacco smoke. Given this, the new smoking bans are likely to have a high level of community ownership which will assist with them being largely community and self-enforced. For example, while there will be no legal obligations for sporting and recreation organisations to enforce the smoking ban at under-age sporting events, early indications are that these groups are very receptive to partnering with government to achieve public health benefits and supporting overall compliance. Importantly, there is also a well-established process for members of the public to report alleged breaches of the tobacco act online or to the Queensland government call centre.

Where necessary, enforcement will include issuing warnings, asking smokers to cease or move on and the issuing of infringement notices if smokers do not comply with these directions. However, as with existing smoking bans, direct enforcement action is not the primary purpose of the legislation. The main focus is on changing the behaviour of smokers.

A wide range of stakeholders were invited to provide feedback on the proposed legislative reforms, including local governments who have had local laws prohibiting smoking in their local government area and the Local Government Association of Queensland; hospital and health services; non-government organisations including the Cancer Council Queensland, the Heart Foundation Queensland and the Queensland Outdoor Recreation Federation; unions; retailer associations; and peak bodies for private residential aged-care facilities, early childhood education and care services and sporting associations. Feedback on the proposals acknowledge the importance of strong and consistent tobacco laws. A number of stakeholders including local government and hospital and health services noted that enforcement, resources and education will be important components for the successful implementation of these legislative changes. The department will continue to work with stakeholders following the passage of the legislation to ensure that they understand how the proposed new laws apply to them. I thank you very much for your time and I would be very happy to answer any questions.

Mr DICKSON: Dr Young, you have covered a couple of these topics, but I would like to know who is going to police these new laws. We are talking about many and various areas. Is this enforcement going to be bestowed upon local government or the police force? Are there going to be new people employed by the government on a full-time basis? How is that going to work?

Dr Young: No. It will be mainly the environmental health officers who are employed in hospital and health services. They are the predominant enforcers of these laws across all areas. There are a few exceptions. For instance, if someone is found to be smoking in a car with a child under the age of 16, the police enforce that, although environmental health officers can also do so, but it is mainly the police. Then local government has the ability to enforce these laws and to issue fines. If they do issue fines, they keep that revenue. But they are not obligated to do so.

The most important part about having this legislation is changing the general perception of people about where it is appropriate to smoke and not smoke and to understand the harms they are causing to other people when they smoke. We know that unfortunately one in 10 people who die from a smoking related illness have never, ever smoked themselves. It is purely from being exposed to other people's smoke, and more and more information is coming out about that. This is really about getting people to understand it. I always find it really exciting—and I hope it is not because of me—when I am out there in the community and I see other people going up to someone who is smoking, particularly at school based functions and so on, saying, 'Please don't do that. You are putting my child at risk.' I think the more that happens, where it is the general community enforcing this, the better the outcomes for everyone.

Mr DICKSON: Dr Young, I say all of these things with the greatest respect. I am a reformed smoker, so I just want to see it all stop to be honest. The issue you are going to find with council—I used to be with council—is that they are going to see it as a cost-shift to them and they are probably not going to do it.

Dr Young: They do not need to do it. There is absolutely no requirement for council to do anything.

Mr DICKSON: I get it.

Dr Young: But, if they wish to, they can and they will keep any revenue they raise. If they do not wish to do anything then there is no requirement at all. It will just be out there that people cannot smoke in these places in local council areas.

Mr DICKSON: I might unload these questions and that way you can give me a written response later on, because I do not want to hold the meeting up today. What incentives will be put in place to compensate councils and other bodies for the extra workload and the cost of signage? I can imagine people are not just going to know that they are going to have to put signage up. As we said earlier, if councils are going to do something, it will be at a cost. This has to be factored in because this is the real world. I know we all want to stop smoking from occurring.

Dr Young: We do not expect people necessarily to put up signage. We think it is more important that the general community understands where it is inappropriate to smoke. There is no requirement to put signage up everywhere. People can, and we produce the templates that people can then use if they want to. When you walk down the street you see some shops have signs up that you cannot smoke within four metres of the entrance and other shops do not have that. It is really up to individuals. Do they have a problem there? If they do not have a problem, they do not need the signage. It is really about the general information. That is why, rather than signage, it is so important to get the information out before this comes into force so the general community can understand where you can and cannot smoke.

Mr DICKSON: I am going to keep emphasising this. It is a feel-good policy, in my mind. I know we all want an outcome, but this is going to have to be real hard money, and real man and women hours to make this happen. Goodwill is a great thing, but at the end of the day it does not really get us a whole lot of outcomes. I imagine there will be a budget implication for the Queensland government. As I said, we can say all these wonderful words here but stopping people from smoking is a very difficult thing. What will the budget be for advertising for the Queensland government? You spoke about that earlier. We are going to do a lot of advertising an buses and on TV which we do a little bit of now. How much is that going to cost?

Dr Young: We already do a lot. Every single year in Queensland bar one or two in the last 10 years we have run an active quit smoking campaign. We know how important that is as part of the whole suite of activities. We already spend and have put aside in the Health budget several million dollars. It is $2.4 million for the quit program. We will just work with that to bring in these new messages so they are out there, but we have programs every single year. They are less visible depending on what you access in terms of free-to-air TV and seeing things at bus stops, but every year we have a significant program.

Mr DICKSON: So there is no new money?

Dr Young: No—sorry, I apologise: there is an additional $420,000 which is available specifically for this legislation.

Mr DICKSON: Fantastic. At the last meeting we had I think we all agreed we want to reduce smoking or get rid of it all together if we could because it would be a healthier society to live in. I fessed up at that time that one of my best friends works on Gove island and BHP introduced a program where they hypnotise people. The bad news is that he started smoking again, and he lost his fly-in fly-out job. It really concerns me that government is allowing an addictive drug to be sold on the streets. What are we going to do about it in the long term? These are all goodwill exercises but they cannot be ignored when we keep putting up the cost of cigarettes and imposing a huge impost on those who smoke, and yet we are allowing them to buy a drug that makes them addicted.

What is the long-term plan? How are we going to make a significant difference? Finding people, charging people and trying to tell them what to do obviously has not worked well in the past. We are spending an extra $420,000 but I am sorry to say 'big deal'. It does not really go a long way. $420,000 does not buy a lot today. We are staying pretty well within the existing budget. What is the long-term plan? How are we going to make a big difference?

Dr Young: The long-term plan is being looked at around the world as to where we go with smoking. At the moment 14 per cent of Queensland adults continue to smoke. It is too early, I think, to be talking about whether you could ban it. You have such a significant proportion. At this point I think in the short to medium term we do everything possible to assist people to give up. We know it is an extremely difficult substance to quit, and you would know that yourself. On average, it will take seven or eight goes before someone finally quits so we have to keep encouraging people to go for the fifth, sixth, seventh and eighth attempt.

We now also know that while you quit for short periods you are helping your lungs start to heal. Even quitting for three or four months and recommencing and then quitting again is of benefit. At the moment the policy program is that we do everything we can to assist people to quit smoking and to prevent young people taking it up. That is absolutely critical. It is far better if we can stop people taking up the habit.

Mr DICKSON: I know your heart and the department's is in the right place and I appreciate it. Everything I have said is said with the greatest respect.

Mr KELLY: It is good to see people who are excited about reducing smoking. To pick up on some of the things that Steve said, can you walk us through the policy options available for governments to reduce smoking? There is the increase in cost, the increase in acquisition, education and the option of prohibition. Is there any research on the impacts of prohibition and what that might do if we tried to go down that path?

Dr Young: There is in regard to other substances that are currently prohibited, and other substances have been prohibited in the past and then made legal again so there is that sort of work.

Mr KELLY: Has it been effective?

Dr Young: It depends how you look at that in terms of its impact. I think it is very hard to prohibit something that is still widely used. I think it is more important at this stage to assist as many people to quit smoking and not take it up so you reduce the percentage of the population that is smoking. I think until you have a lesser number smoking it would be very hard to prohibit it.

Mr KELLY: The rate is currently around 14 per cent; is that right?

Dr Young: Fourteen per cent of adults in Queensland.

Mr KELLY: What was the rate 20 years ago?

Dr Young: Ten years ago it was 24 per cent. We have reduced it by 26 per cent over the last decade.

Mr KELLY: So these processes are having a massive impact.

Dr Young: Yes.

Mr KELLY: We are not only reducing the direct smoking rate; the second-hand smoking rate is reducing quite significantly

Dr Young: Yes, and because we are limiting where people can smoke there is less impact on people who do not smoke. You cannot smoke in closed spaces where there are other people, issues with cars, in the workplace and so forth.

Mr KELLY: We have gone down the path of increasing cost. There will come a tipping point where if we increase costs further we will move to a point of prohibition, which we know is not necessarily effective. We have had a whole range of bans in place on advertising et cetera. This new legislation is looking at the acquisition cost—the time acquisition cost and the social acquisition cost. Those things have evidence to back them up as being effective methods to continue to reduce smoking rates?

Dr Young: Yes. Essentially minimising where people can smoke and where other people are exposed to that smoke is the effective way to go. It helps the person give up smoking if they cannot smoke in those places and it protects people who do not smoke. It is really just a methodical move forward. Since 2001 in Queensland our legislation nearly every year has slowly progressed.

Mr KELLY: Out of interest, in relation to residential aged-care facilities, will there be capacity for residents in those areas, which is effectively their home, to smoke in their rooms or is that going to be banned?

Dr Young: They cannot smoke there now. This is to allow the director of the facility, if they so choose because of the needs of their residents, to create an outdoor area where people can smoke as long as it is not within one of the prohibited areas such as within five metres of an entrance and those sorts of things. Not many residents in aged care smoke because of the high risk of dying from smoking. By the time people are in aged care there are not many who are smoking.

Mr KELLY: They also generally have high-care needs these days. In relation to the setting of a boundary, you could set a five-metre boundary from the entrance of many schools and cluster people outside a classroom. How is the legislation dealing with that?

Dr Young: The previous legislation put a five-metre boundary all the way around the perimeter of the school so that would cover that.

Mr KELLY: How does that deal with the clustering of smokers outside a residential property?

Dr Young: If that is a significant problem in a particular area, it is now open to people to go to local government and talk to them about the impact. I would imagine that people would talk to local government and talk to those residents and work through a solution. This legislation empowers local government to make laws about smoking in their own jurisdiction as long as they are not already covered in this state law.

Mr KELLY: The legislation picks up a huge number of new areas. In your view, is the list as comprehensive as we need or is there more that needs to be included?

Dr Young: I think there is always going to be more, but I think the best way of achieving that is step by step. I do not think going to an end point is useful to anyone. I think it is methodically every year just increasing the impact and bringing the community along with us, because a lot of these initiatives have been suggested by the community. I get many, many letters from people—and the minister gets many more—suggesting changes and things that would be of benefit to individuals. These are things that people have been asking for and putting forward.

Mr KELLY: Is there work done around a benefit outcome from a percentage drop? If we drop by 0.5 per cent next year, are we able to establish what the benefits are in terms of the healthcare costs, second-hand smoking impacts et cetera?

Dr Young: We can do that work, yes. We know what the costs of smoking are, so as we see the numbers go down we can certainly do that piece of work.

Dr ROWAN: Thanks, Dr Young, and your departmental colleagues for the submission and presentation this morning. How many environmental officers or health officers would there be across Queensland? Would you have a full-time equivalent? Are they spread throughout Queensland?

Dr Young: Yes but not in the very small areas. In the far west the environmental health officers are clustered in the bigger hospital and health services and provide services across several areas. They might have a few geographically located but they are based out of a larger hospital and health service.

Dr ROWAN: With the planned implementation of this legislation, subject to it passing the parliament, is there a rough number of anticipated additional full-time equivalent environmental health officers from a departmental planning perspective?

Dr Young: No, we would not put in additional ones. The legislation to assist people to stop smoking over the years has just gradually increased and it is captured by those particular officers so they take that work and continue with it.

Dr ROWAN: My next question relates to the alcohol, tobacco and other drug services. Is there any anticipated role for those services in Queensland in respect of the implementation of the legislation from a clinical perspective?

Dr Young: Not really. We have introduced a new incentive payment in our hospital and health services over the last 18 months where we incentivise all clinicians to implement brief interventions with patients who smoke, to refer those patients to Quitline and to assist them with nicotine replacement therapy. We regard smoking as something that is the role of every single clinician in the system to intervene in.

Dr ROWAN: So there will not be an additional growth in full-time equivalent in those services anticipated?

Dr Young: No.

Dr ROWAN: Are there any barriers that you foresee in relation to the implementation in any of the hospital and health services? I know they are individually accountable for their own services, but from a department of health perspective are there any barriers to the implementation?

Dr Young: No. I think they have done a fantastic job in rolling out the process to ban smoking on their campuses. You can see how methodical that has been. It improves all the time. I think they are extremely supportive because they are health services and they know the harm smoking causes.

Dr ROWAN: In relation to passive smoking, earlier we were talking about the risk to children from lung diseases, bronchitis, asthma and people smoking in their own homes. Someone can be out and about not smoking at a skate park or at another childhood sporting event but then go home, light up and smoke 30 cigarettes while their children are home and exposed to passive smoking. What is the future for that passive smoking risk to children in the privacy of homes?

Dr Young: I think by doing this work it is getting the message out to people broadly that smoking is harmful to other people. The vast majority of parents take on those messages to benefit their kids. One of the issues we are really struggling with at the moment is we get a lot of issues raised by people who live in multi- or dual-occupant complexes about people smoking on verandas. Clearly they are smoking there because they do not want to smoke inside with other people, but when they are smoking on their verandas or balconies they are affecting other people in that complex. That is a major issue because we do not want to stop people smoking on their own balconies and force them back inside with other people who do not necessarily smoke, but then we do not want the smoke drift going from those balconies to other people in that complex. That is a piece of work that is being done at the moment but it is very difficult. I think because of all the communication and legislation people are understanding that smoking in closed spaces is very harmful.

Mr HARPER: Thank you very much, doctor, and your colleagues for coming in. It is always good to hear from the department on any good initiatives in the space. We have come a long way. Thirty-odd years ago I was working in the thoracic annexe—that is what it used to be called—of the Townsville Hospital where staff and patients would all smoke. Like many other members on this committee, I have treated enough people over the years. It is a horrible way to depart this planet. Emphysema is a really nasty disease. I lost an uncle not that long ago to lung cancer. I congratulate you and the department on your significant investment in reducing smoking broadly across Queensland to date. More can be done. I will just pick up on the member for Buderim's comments earlier. I think any investment upstream is going to save significant costs. I am sure that you can provide some kind of overview for the significant dollars that is spent by the Department of Health in managing this problem and all the associated diseases—cardiovascular diseases, stroke and all rest. It is quite significant. So keep going in that space. The one thing that I wanted to ask was: where do you see over the next decade what percentage, particularly adults—and I know the young females are starting to pick up the smoking—

Dr Young: They have come down again.

Mr HARPER: Good. We see electronic cigarettes everywhere. How are they going to apply to this bill and policy in terms of smoking in cars and all of these other places? I am interested to hear that.

Dr Young: We are very fortunate. A legislative change was 18 months ago for e-cigarettes now?

Mr West: Yes.

Dr Young: Eighteen months ago it deemed e-cigarettes to be exactly the same as tobacco cigarettes. So that immediately just means that we can manage them the same way. The evidence on e-cigarettes is still not clear. There is still debate about whether they might be helpful for some people in giving up smoking. There are a few studies due to come out in the next year but in the meantime the best way is it treat them exactly the same as tobacco cigarettes for a whole range of reasons.

In Queensland, e-cigarettes cannot contain nicotine. Nicotine is a poison. So you have to then question how they could possibly be helpful to someone giving up smoking because they do not contain the addictive substance. Someone is far better off with nicotine-replacement therapy to assist them. In Queensland, we have sorted that one in terms of e-cigarettes.

I think the population knows that they are the same and that they need to be treated the same. All the other jurisdictions are taking our lead in that and going along the same pathway and declaring them exactly the same as tobacco cigarettes. I am sorry, I forgot your other question.

Mr HARPER: Where would you like to see us in the next decade in terms of the percentage of adults smoking in Queensland with further initiatives? I am sure you have a ballpark—

Dr Young: Can I say zero, although I know that is totally unrealistic? I just want to see it progressively coming down. The trajectory has slowed, of course, because initially you take the easy wins. That is getting harder and harder. But we are seeing the rates in children continuing to decrease. That will flow through to the older age groups and we are seeing people continue to give up. I would like to see it get as low as possible.

Mr HARPER: Would you agree in principle that the cost of advertising is going to significantly save dollars downstream?

Dr Young: Yes. We know that for every dollar you put in prevention you save usually around $7 in healthcare costs. That is the one that we usually use. Yes, we know that the amount of money that we are putting in is very small compared to the benefits for not only the health system in not needing to treat those diseases but also the community at large in terms of having people fit and able to be in the workforce and in the community.

Mr HARPER: Thanks very much.

CHAIR: I would like to second the comments of the member for Thuringowa and commend you, Dr Young, and your department and officers for these additional measures. I think that we have all seen significant changes. I remember smoking maybe back in the 1980s moved from being inside to outside. There was an acceptance that if you got some smoke in your face as you walked down the street you were outside. But I have really seen that change again. Now, I put it on the record that my constituents are quite frustrated that if they are caught at a particular location like a bus stop that that should be a place where they can safely stand. I think that is a very healthy incremental step, but quite significant when you look over the years at the change in societal attitudes. Certainly, as someone who has lost a family member to passive smoking—through absolutely no fault of his own he died a very painful death because of it—I am very passionately supporting what you are doing here. Thank you very much for a fulsome briefing. That concludes our briefing—

Mr DICKSON: Chair, if we have a couple of seconds left I have a couple of questions that I would like to ask before we finish up.

CHAIR: Sorry, yes. I thought we had finished.

Mr DICKSON: We are finishing at a quarter past?

CHAIR: For this bill. Yes, of course. Sorry.

Mr DICKSON: Thank you very much. I have two questions. One is relating to skate park distances. How is that going to work? I will use Alexandra Headland as an example. There is a well-used skate park there. People come from all over the world to the Sunshine Coast. How do you define that boundary, because it is huge? It is the ocean front.

Dr Young: I think we are saying 10 metres, because that is what we were using for children's parks. We just thought, to be consistent, that a skate park, or children's play parks with swings and slippery dips and things that 10 metres from the boundary of that.

Mr DICKSON: That is the issue with this park. It really does not have a boundary. It is part of the beach. It is part of the surf club next door. It is an unusual spot.

Dr Young: These are the sorts of things that local people can best work through. It is about getting the message out there that you do not smoke around children. So you would hope that someone does not light up where there are some kids there skating.

Mr DICKSON: That is the essence of the bill.

Dr Young: It is that sort of message.

Mr DICKSON: The last question I have relates to the health officers who will be policing these laws. That number again was 120—

Dr Young: 122.

Mr DICKSON: And what else do they do in their day-to-day job besides going around policing this law?

Dr Young: They police all of our public health laws—so a whole range of ones to do with air quality, soil quality. They work with local government on asbestos issues, on food issues. So all of those environmental health issues, whether that be radiation, air, soil, building materials—all of those contaminants that are not, if I can put it, traditional health. You are not dealing with an individual person in front of you; you are dealing with the environment and the system. So they have a broad remit.

Mr DICKSON: The reason I have asked that question—and we are all involved in politics and we like to get the meat off the bones if you know what I mean—it just concerns me that they have a lot of work on their plate at the moment doing that sort of work. This is going to be a lot more work for them. Again, please do not take the negative point from this, it is just that I am a realist. I like to see positive outcomes. This is a positive bill, but if we cannot police it, what is it worth?

Dr Young: It is genuinely about getting a message out to the community that we are just not smoking in public anymore. We are not smoking where it will affect other people. That is why we do not particularly think that signage is really the way to go. It is about getting a changed perception out

there in the general community that, before you light up a cigarette, think of whom you are impacting. That is more important than fining people. We do fine people. If people particularly ring the hotline, or go online and make complaints that there is a particular place that seems to be in breach of the laws continually, then these environmental health officers will go there and investigate and look if there are cigarettes butts and if there are people smoking and do something. But even if we had an army many times this size these people cannot be out across the state everywhere where people are smoking. But if you have a school that says, 'We are continually getting people smoking at our front gate' then they will go there and they will look at it and they will support the school.

It is really about changing the perception of people out there. Also, as I have said before, members of the community are very good at telling people, 'You shouldn't be smoking there.' That is more effective. It really is, because then they are giving a message to the other people who are around there, to that person, that the general community does not want people smoking there.

Mr DICKSON: I have a really easy last question for you. In this precinct that we work in, how is it going to affect old Parliament House and the Annexe? Can anybody smoke in this area in the future?

Dr Young: That will depend on regulations. The bill allows various government precincts to be proclaimed through the regulation. So it will be up to the Speaker and it will be up to the officers of the parliament to decide how that is rolled out here. Indeed, for other government buildings it will depend on the people in those buildings as to what they deem is appropriate.

Mr DICKSON: Will that be the same for everybody or just for politicians and the government?

Dr Young: That is the legislation, if it gets passed, that is in this bill. It is about allowing areas to be proclaimed nonsmoking—so around parliament, state government precincts, which includes statutory bodies. It includes things like the ambulance facilities, because they are not currently captured under the health requirements for not smoking, the health precinct requirement. It just allows a whole range of other areas, but they are going to have to be proclaimed so that work is done to find out what is the most appropriate way of doing it.

Mr DICKSON: You have teased another question out of me, I am sorry. So is there a defining difference now between the impact on the public and the impact on government workers?

Dr Young: No, it will be the same for everyone who goes to those precincts. It will not just be the government workers; it will be—

Mr DICKSON: In public areas. We are talking about within these buildings and we are talking about within government buildings. They can be defined by the Speaker of the parliament or the CEO of a particular department. What about in the public arena? Can they be defined for the public?

Dr Young: Local government could if they wanted to extend them., of course, the five-metre rule from any entrance applies to any building—public or private—but the surrounding precinct is only going to apply to government buildings unless a local government decides to proclaim an area to be not smoking. So they have been empowered now so that they can go and decide if they have an area that they do not want people to smoke for whatever reason, they can proclaim it.

Mr DICKSON: The point I was making about people here is that, obviously, there may be some people who do smoke and maybe there is an area defined for them. Can that also be done within these public areas throughout Queensland?

Dr Young: Public areas, you cannot smoke in certain places and you cannot then allow people to smoke in those places. So where in the legislation it allows you to set up smoking areas, they have to be in an area that is not proclaimed in the legislation. For instance, you cannot set up a smoking area within five metres of the entrance of a building. It is to be away.

Mr DICKSON: I get it. I am just concerned about the public opinion of us and them. If we can define that it is okay for people to smoke in this building—

Dr Young: No, no, you can define that it is not okay. It is only outside. No-one can smoke inside a workplace, inside a public place.

Mr DICKSON: Sorry, I must be going deaf. In this whole precinct of the old Parliament House and the Annexe, nobody will be allowed to smoke in this area?

Dr Young: Not inside the building, no, no.

Mr DICKSON: This precinct.

Dr Young: Outside—

CHAIR: Sorry, member for Buderim, I think the difference, of course, is that when we are in a precinct we cannot leave the precinct because of sittings, whereas in the government precincts—

Mr DICKSON: That is the point I am making.

CHAIR: In the government precincts they can freely come and go to be able to smoke outside in the smoke-free area. But we are different. If there are the sittings of parliament—

Mr DICKSON: That is the problem.

CHAIR: We cannot leave. We have to stay here for sittings.

Mr DICKSON: That is the problem.

CHAIR: I am sure we can talk about that a little bit more later. I know that the member for Mudgeeraba has a question before we close.

Ms BATES: Thank you, Dr Young. Just following on from that, obviously, to my knowledge, there are no other government buildings in Queensland, apart from the Legislative Assembly, where people live in the precinct. So from Monday to Friday during sittings, people live here. Currently, it is not illegal to smoke in your own home. You mentioned before that there would be areas that could be proclaimed. What I have always suggested was that we still have smoke-free zones in this precinct but there should also be an area accommodated for people who cannot leave the building and who live here 24 hours a day for five days a week.

Dr Young: Yes, and that decision is for the appropriate person here in parliament to make.

Ms BATES: The CLA, yes.

Dr Young: And then it will be regulated. So it is not prescribed in the bill. There be consultation, I am sure, and a decision made here.

Ms BATES: Actually, there was not any consultation to members of parliament before this. I know that the CLA is currently looking at it. So you are right: it can be proclaimed and areas proclaimed by the Speaker and the CLA. I just wanted to clarify that. Thank you.

Dr Young: Yes, definitely. Sorry, I was not clear.

CHAIR: Thank you very much. That concludes our briefing on the Tobacco and Other Smoking Products (Smoke-free Places) Amendment bill 2015. We will now proceed to our briefing on tobacco licensing arrangements.

Committee adjourned at 9.14 am