EDUCATION AND HEALTH STANDING COMMITTEE

INQUIRY INTO THE TOBACCO PRODUCTS CONTROL AMENDMENT BILL 2008

TRANSCRIPT OF EVIDENCE TAKEN
AT PERTH
MONDAY, 16 FEBRUARY 2009

SESSION SIX

Members

Dr J.M. Woollard (Chairman)
Mr P. Abetz
Mr I.C. Blayney
Mr J.A. McGinty
Mr P.B. Watson

Hearing commenced at 3.52 pm

MAXTED, MS JOSEPHINE
Alcohol, Tobacco and Other Drug Officer, Aboriginal Health Council of WA,
examined:

IVAN, MS CHRISTINE
Project Officer, Aboriginal Health Council of WA,
examined:

The CHAIRMAN: On behalf of the Education and Health Standing Committee, I would like to thank you for your appearance and your interest in this area. The purpose of this hearing is to assist the committee in gathering evidence for its inquiry into the Tobacco Products Control Amendment Bill 2008. You have been provided with a copy of the committee's specific terms of reference.

The Education and Health Standing Committee is a committee of the Legislative Assembly of the Parliament of Western Australia. This hearing is a formal proceeding of the Parliament and therefore commands the same respect given to proceedings in the house itself. Even though the committee is not asking witnesses to provide evidence on oath or affirmation, it is important that you understand that any deliberate misleading of the committee may be regarded as a contempt of Parliament. This is a public hearing and Hansard will be making a transcript of the proceedings for the public record. If you refer to any document or documents during your evidence, it would assist Hansard if you could provide the full title for the record. Before we proceed to your submission and some questions that we have for you, I need to ask you a series of questions. Have you completed the "Details of Witness" form?

The Witnesses: Yes.

The CHAIRMAN: Do you understand the notes at the bottom of the form about giving evidence to a parliamentary committee?

The Witnesses: Yes.

The CHAIRMAN: Did you receive and read the information for witnesses briefing sheet provided with the "Details of Witness" form today?

The Witnesses: Yes.

The CHAIRMAN: Do you have any questions in relation to being a witness at today's hearing?

The Witnesses: No.

The CHAIRMAN: In which case, would you please state the capacity in which you appear before the committee today?

Ms Maxted: I am the Alcohol, Tobacco and Other Drug Training Officer within the Aboriginal Health Council of WA.

Ms Ivan: I am the Project Manager for a project called Beyond the Big Smoke with the Aboriginal Health Council of Western Australia.

The CHAIRMAN: Josie, would you like to go first, and maybe you would like to add to your submission. Then, if you are happy, we can ask you some questions.

[3.55 pm]

Ms Maxted: I have had a read of the amendment bill, and, for me, there is an issue about fines—fining people. As you know, Aboriginal people get caught up with the issue of fines within the justice department. I did four years in the justice department, and watching people just go into prisons for non-payment of fines is a nonsense in my mind, and, to me, that is going to impact on Aboriginal people.

The CHAIRMAN: One of the suggestions put to the committee was that we look at education sessions. Do you think it should be possibly an either/or—a fine of so much or that someone has to attend?

Ms Maxted: I think having something like that would go a long way into getting people to understand about the legislation; yes, that would be great.

The CHAIRMAN: It was interesting in the committee last week when they—I cannot remember who—were giving a presentation, the statistics showed that the smoking prevalence in the general community is 15 per cent but in Aboriginal people it is 50 per cent.

Ms Maxted: Yes, it is over 50.

Mr I.C. BLAYNEY: Is that women or overall?

The CHAIRMAN: I am wondering whether you can actually give us a bit more information in relation to those statistics, Josie.

Ms Maxted: I will leave that to Christine, because part of her role is gathering stats across the MSs.

Mr P.B. WATSON: That is a good handball!

The CHAIRMAN: We will put you in the hot seat then!

Ms Ivan: Well done! Those statistics are a little bit out of date, but across the board still nationally they would be fairly reasonable. In specific services, as I say, the project that I have been doing, particularly here in WA, we have actually been going to individuals. We have 19 Aboriginal community controlled health services in this actual state and we are actually finding very much to our surprise, but also we are very pleased, that the numbers are a little bit less than that. I know it maybe does not sound a great deal in, say, from 50s to 40s, but when you are looking at an issue in Aboriginal tobacco use where it is so outstanding, as you said, where before in the mainstream community it is only 15 per cent, when you say between seven and 10 per cent lower than what the figures are actually nationally, it seems to be the case in some of the services here in Western Australia. We have not finished collecting all our statistics, but what we are actually looking at at the moment is, say, about 35 per cent in the majority of the services, which is really quite good.

The CHAIRMAN: Is that in remote Aboriginal communities? Where do those figures come from?

Ms Ivan: Most of those figures have been collected. The main ones we have collected so far have been from the Kimberley and the northern Pilbara areas, but we have also done a study and we have collected statistics from Bunbury, the South West Aboriginal Medical Service as well.

Mr J.A. McGINTY: Is there a difference between the remote areas and the more urban areas?

Ms Ivan: Across the board it is averaging out reasonably well, but when you actually look at the specifics in some of the services, yes, I would say there is probably two of the remote services that do quite stand out against the others. Maybe that is—well, it is not maybe; I can tell you specifically exactly what people say.

Mr J.A. McGINTY: Yes.

Ms Ivan: It is that it is actually because of the availability of resources. I mean, in remote areas exactly what people are saying to us is that, "We do not have someone; say, for example, if I want to give up tobacco today, we don't actually have someone that we can resource in the community." A lot of people might fly in and do workshops and all of that; there are a lot of groups that do that,

ourselves included, and they will come in and they will do a great workshop but people are not necessarily wanting to give up straight away. Maybe two weeks later then they will say, "Oh yes, maybe I want to give up now with the information I got previously", but there is not actually someone that is designated specifically as a tobacco control officer in that community. It is almost like, "Well, what—I've got to ring up a Quit line?" which they have difficulties accessing sometimes.

[4.00 pm]

But then also it is that stuff of "they're gone" kind of thing. Basically what people are saying is, if there was somebody in the community that they could actually turn to when they need to. The things that we are finding is that people are willing to give up, but the majority of the time people actually do not believe they can. The other thing is the fact that they do not believe that they have got tangible support right in the area where they need it. Whereas other services like, say, for example, Geraldton or the South West Aboriginal Medical Service in Bunbury, because it is more of a larger regional area, there are better accesses, like referral services, and there are other support services around that can be used. So I think that that definitely has an impact on it.

Mr J.A. McGINTY: To the best of your information and the research you gathered, do less Aboriginal people in the Bunbury area smoke than in some of the remote areas? Do you have any idea of what the relative statistics would be?

Ms Ivan: I think that would be pretty hard to really comment on because realistically our survey is reasonably limited because of it being done specifically through the contact user populations of the actual Aboriginal Medical Services. Of course, that is not giving you a complete —

Mr J.A. McGINTY: Subject to that, what sorts of figures are coming out?

Ms Ivan: Yes, I would say that they probably are better figures, absolutely, yes. I mean, it is a real hard one for me, particularly in my position, to absolutely say that one area is doing better than another. But I guess, as I say, because of the reasons that I gave, I think you would definitely see a better outcome in those areas, absolutely.

The CHAIRMAN: You have identified a problem in the Kimberley. Is it because of Aboriginal health workers; or who would you see assisting within the Kimberley with these types of programs? Who do you believe would be the most appropriate group?

Ms Ivan: It is not actually just in the Kimberley. I am talking about all of the areas through the Pilbara. Our project goes completely through the whole state. I have a colleague who does the Kimberley area, but I do basically the rest of the state from there, so we are talking about going out to Kalgoorlie and places like that as well.

I actually thank you very much for asking me that question because you have got me onto my very favourite subject. Specifically, as it stands at the moment is that the Aboriginal health workers are the ones that are having to do this work, but the reality is that Aboriginal health workers—and let us be really honest here—are absolutely under-resourced, underpaid and absolutely overworked. The reality is, in most areas they already have so many tasks that they are doing, and putting tobacco control on top of that, without any extra remuneration, personally I would have a really big issue about that. But at the end of the day it really does not provide for the best use of the resources also being able to do the job. Because let us be honest, tobacco control is a hard job—it is a very hard job. If you are having to do it in a voluntary capacity, which is basically what the situation is at the moment, people get burnt out and they get burnt out very hard, particularly when you are working in your own community as well. It is that thing of it is very hard to socialise with somebody when you are the bit of the baddie of the tobacco control person who is trying to get rid of all of the tobacco, which everybody sees as a social situation. People like to smoke in social situations, but one of the biggest excuses that people give us as to why they actually smoke is because they are so stressed.

Mr J.A. McGINTY: I was going to ask either of you, why do Aboriginal people smoke so much? You have just given me one reason.

Ms Maxted: It goes back to colonial times; they were paid in tobacco. So it is an issue that has always been with them, and they have taken it up because there is nothing else to do. The issue with the Kimberleys and how they are working now—we have targeted, or the Kimberleys has been targeted in a two-pronged approach: they have done education with their staff and they have also implemented policies in the AMSs. So with those two, people are becoming more aware of tobacco use. Health workers are now starting to look at their own use and they are now starting to think, "Okay, I need to give this up." So there are tobacco champions out there who are working with individuals, but it is a big process. I have been in the drug area for the last 13 years, and people will take up to at least six to 12 times before they will give up. To have people now looking at their own use, and that falling down through the clients, that is huge. That is huge. But that has been a concerted effort by one individual and a few others in there to get tobacco champions to be able to work with people. That is huge. We have one person in the metro area to do the whole state, and that is a hard task.

Mr P.B. WATSON: We hear of bootlegging and liquor coming into the communities; is it the same thing with cigarettes?

Ms Maxted: Same thing, yes. Cigarettes is used as currency for sex. If they want anything, they will use it as a bargaining tool.

Mr P.B. WATSON: Is that sex with children or with adults?

Ms Maxted: Usually young girls, yes; underage girls. I have heard of that.

Mr P.B. WATSON: So you have helped cut out another problem if you cut out the smokes?

Ms Maxted: Yes. Promotion of tobacco is an issue though.

The CHAIRMAN: I wondered in relation to the promotion, because I know the tobacco companies have specifically targeted Third World countries, and I am wondering whether the tobacco companies have targeted Aboriginal people in some areas?

Ms Maxted: I think if it is locked away and not in sight, then there is not the temptation for people to buy. Kids will see it—and usually it is targeted for kids; that is your market. So people will see it on display and want to buy it. You have kids who will ask adults to go in and buy them cigarettes. I have worked in health promotion in Kalgoorlie for a few years and we did the survey with kids in schools, going in and asking shops about selling tobacco to them. We picked up one shop which actually sold cigarettes to underage children. That was good for Kal, but most people were aware because we used to run campaigns all the time. Unless campaigns are run and in their face and people are educated, they will not see an issue with smoking. That is why, introducing a bill, you need the lead-up to be able to educate and promote that bill so that people are aware; it has not caught them by surprise. Yes, in the Kimberleys it is working well with the education, and health workers are now starting to look at their own use. I remember working in Kal in 2000-2004, and I offered a smoking program to the AMS then; not one health worker would take up the challenge. I got mainstream people and people from the health service I was in, but health workers never, ever looked at it.

[4.10 pm]

It was not in their policies and they did not own it then.

The CHAIRMAN: Is it within their terms —

Ms Maxted: It is Christine's job to go out and talk to them about policies, so we are now implementing into the AMS policies about smoking issues.

The CHAIRMAN: I have seen some of the work that Aboriginal health workers are doing, and it leaves a lot of the research work in the metropolitan area for dead; it is very good. It would be very difficult. Even within nursing there are specialties. Should we be looking to fund a separate person within those areas that is specifically —

Ms Ivan: That is absolutely what we are saying. It needs to be a specific position; absolutely.

Ms Maxted: Smoking is a huge issue. Of all the drugs that I have dealt with, and I have done counselling, smoking is the hardest to give up. I have had couples in a session who just about kill each other because they cannot give it up. It has taken them ages to be able to look at their smoking. It is the hardest drug to give up. I would rather deal with somebody doing heroin than with somebody smoking.

Mr J.A. McGINTY: What do you think would work for Indigenous people?

Ms Maxted: I think an education session, the policies in place within the AMSs and dedicated people to be able to work with individuals on the ground, because smoking is a huge issue. It is a preventable issue. I have seen many people with emphysema who have left this planet at an early age because they have smoked. It is not good.

The CHAIRMAN: Have you put any submissions to either the current government or the previous government seeking additional resources for a dedicated person to work in health promotion with smoking?

Ms Maxted: We sit on committees. We are now starting to inform committees about getting some money to be able to do that.

Ms Ivan: There have been several reports. It is one of those things. It is the same as any Aboriginal issue. As you well know, many reports have been done during our lifetime and some of them are collecting dust on shelves somewhere. A lot of the stuff that we are saying now has been said in previous reports. To go back a little, you asked Josie about that promotion. To be really honest, I think the big issue in that concept is that a lot of the tobacco companies do not have to spend much money to promote to Aboriginal communities because the work was done for them as part of the colonisation. That is honestly a big point, because, as Josie was saying, people were paid in tobacco, so that dependency has been there for many, many generations. The tobacco companies do not have to work hard to get Aboriginal people hooked on tobacco because they are already there. That is one of the things that we have to be aware of, and that is part of this story as well. We are always putting submissions to anybody who will listen. I feel very frustrated with the project that I am running at the moment because it was something I inherited; it was not something I set up from the beginning. In my previous position, I put in a submission for adequate resources to be able to pay people to do the job in their own communities. That has to be a part of all these things that we are looking at. It is all well and good to say that we will have people flying in and flying out, but at the end of the day it does not matter what kind of project we are doing in Aboriginal communities—whether it is tobacco or anything else—there must be something left behind to deal with the residual stuff that is going on. It cannot be fly in, fly out all the time. People are living in their communities and that is where the stuff is happening, so that is where it has to be worked with. It has to be worked with on the ground and at all different levels as well.

Mr J.A. McGINTY: In the broader community, school-age kids are getting the message that smoking is bad for them. Is that message getting through to Aboriginal kids?

Ms Ivan: It is.

Mr J.A. McGINTY: Are they reducing their smoking?

Ms Ivan: As young children, I think they are.

Mr J.A. McGINTY: It is teenagers.

Ms Ivan: It comes back to the teenagers. One good story that I will definitely tell you —it is one that we like putting forward—is that when I talk to the men in the communities, most of them say to me that they are sick of being humbugged by their children about giving up cigarettes. That is one of the biggest things that is really encouraging them to start thinking about it.

Mr J.A. McGINTY: That is excellent. That suggests that if we redouble the effort in schools and with young kids —

Ms Ivan: Exactly.

Mr J.A. McGINTY: As you said, they are humbugging their parents.

Ms Ivan: That is the exact word they use. That is definitely something that has been working.

Mr J.A. McGINTY: What else works? That was really the import of my question. What else can be done? A very high proportion of pregnant Aboriginal women smoke. There are all those sorts of things.

Ms Maxted: There has to be dedicated people who will work with antenates and with schools, because smoking is a separate issue to other drugs. It is a legal thing, and people do not see it as something that they need to stay away from. There must be dedicated positions and resources put into these areas.

Ms Ivan: And it is easily accessible; that is the other thing they say. When it is easily accessible, it is right there. Let us be honest; people do get something out of smoking. Short term —

Mr J.A. McGINTY: Cancer, normally.

Ms Ivan: Yes, there are all those things. It does not matter what we are trying to get anybody to give up; we are always talking to someone who is extremely defiant. Smokers are probably the most defiant people on earth. They are convinced that they are getting something out of it. They will say to us, “Yes, I can think really well”, “I can do things” and all of that. In the very short term, yes, that is right, but the point is that they see only the short-term stuff. They all think that they are invincible. Every single one of them will tell you a story about uncle such and such who has smoked all his life and is still wandering around over there and he is fine, but they do not think about the other 20 uncles who have not made it that far. There will always be that kind of combatant. For us, there is no one answer to any of it. We have to be prepared to try a whole lot of different things. Everybody has a different psychological and physiological makeup. A lot of people say that the patches and nicotine replacement stuff are good for them, but someone else will say that that is no good. Others use acupuncture, hypnotherapy and that sort of thing. People need to be able to try what works for them. It will take time and it will take resources, but the most important thing that we really need to get through is that those resources need to be in the communities. Do not get me wrong; we have to keep doing the research and supporting and backing stuff up. But, as Aboriginal people say, how much research can be done on this.

Mr J.A. McGINTY: If you accept that blitz in education, particularly among young people, as well as to get that awareness among older people, are you aware of any culturally specific programs for education about the evils of tobacco that have worked or even that exist?

The CHAIRMAN: Not just here in WA, but nationally as well.

Ms Maxted: I run a program called Say No to Smokes. It is a package designed for Aboriginal health workers to look at their smoking. It was based on a Queensland package. There is also the stuff from the Centre for Excellence in Indigenous Tobacco Control. It has a booklet and it tells you the community development stuff and the education that you need to implement. There are different approaches within this package.

Mr J.A. McGINTY: The centre for excellence has put together a package of best practice?

Ms Maxted: Yes.

Mr J.A. McGINTY: Can we get a copy of that? This issue of smoking in Indigenous communities is a massive worry. It is one of the biggest problem areas facing the whole tobacco fight, I think.

[4.20 pm]

Mr J.A. McGINTY: If you could possibly make a copy of that for the committee, it would be very handy. That is the best statement, is it?

Ms Maxted: I can give you the two packages.

Mr J.A. McGINTY: Okay.

Ms Maxted: I am in the process of redeveloping and redesigning the "Say No To Smokes" package. There are a few things that need to be taken out of it that should not be in there. I am going to be looking at how I will do that over the next few days.

The CHAIRMAN: Would it be possible to get a copy of those packages within the next week?

Ms Maxted: Yes, I can get them sent out.

The CHAIRMAN: To come back to the bill, the bill looks at three areas. It looks at point-of-sale advertising, which you have supported a ban on —

Ms Maxted: Absolutely.

The CHAIRMAN: — so that it is not seen as the norm for children walking into shops to buy bread, milk and other groceries. Then there is a ban on smoking in cars with children. I just want to know whether you are supportive of all three areas?

Ms Maxted: Absolutely.

Ms Ivan: Yes, we are absolutely supportive of anything that will decrease tobacco consumption in any way.

Mr J.A. McGINTY: Let me ask you this then: what about in prisons, given the very high number of Indigenous people in prisons?

Ms Maxted: It is actually being trialled at the moment, and they have smoke-free areas. I do not see why it could not happen in prisons.

Ms Ivan: With the right amount of support.

Mr J.A. McGINTY: Oh, sure.

Ms Ivan: Those sorts of things have to be part of it; some people would probably strangle us for saying this, but you are certainly talking to two people here who will not have any argument with any of that, but having said that, we are not the ones sitting back in a prison cell, puffing on a cigarette. I have heard a lot of stories in relation to people being resistant to these ideas in the beginning, but if it is actually monitored and done properly, it certainly can be done. People are mostly quite happy about it at the end of the day; they might be resistant to start off with, but not once it is in force. We have had adults say to us that if they could not access tobacco, they would give it up. That is one of the things that people say—because tobacco is so easily accessed, it is one of the reasons for its consumption. They will try to give it up, but because it is always there and someone else around you is always doing it, or it is so easily accessed in one way or another, it just makes it easier for them to take it up again.

Ms Maxted: I think the mining companies have also taken this on board. When I was working at Kal, we used to go out to mining camps and give talks, so they asked us to come out and give a talk on smoking. They wanted to implement a no-smoking underground policy. I developed a package that was based on the Fresh Start stuff from Victoria, and I went out and trained at the safety officers. These were young fellows who were very into their exercising and doing other things, and they wanted to implement this package, so I trained them up. I had an hour to talk, and the audience—there were about 60-odd miners in this group—were aged between 19 and 60. They

were very resistant to the idea of giving up their cigarettes. The mining company arranged counselling for them, NRT, and they had groups. I trained the safety officers up on how to run the groups. When you are dealing with smoking or any other drug issue, you are dealing with people's emotions, so you need to know how to handle people's emotions. Anyway, they gave the guys a year to implement these groups. Within a year, I think something like 20-odd people quit smoking, and they finally implemented their no smoking underground policy. I left within a few months after that, but I heard that the other mining camps around wanted the same things. It is taken up, but it takes a long while before people get used to the idea. It is also about education and making people aware.

The CHAIRMAN: That was obviously the flow-on effect from that one program, which is very good. Another of the areas that the bill targets is alfresco dining. We have had only one group before the committee that has suggested that we are going too far in seeking to ban smoking in alfresco areas. I tried to gently put forward the fact that there is no safe level of cigarette smoke; the group was the AHA. Have you come across any resistance in your work from any groups?

Ms Maxted: No, not really.

Ms Ivan: Only very minimal resistance; just a couple of the services that have a tobacco policy of no smoking areas, and things like that. You will always have a whinger about something, but there has been no actual concerted real effort to get things overturned. It has mainly only been individuals who will have a whinge about it, but it becomes the norm and once that happens, it becomes acceptable. It is then almost as if anyone who is whingeing is on the outer anyway. That is all part of it. Again, that brings us back to the fact that if tobacco is there, it is around you, you are trying to give up, and you can smell or see someone smoking, that is one of the triggers that keeps getting people back into smoking. As far as we are concerned, you have got to go the whole hog, basically. If we do not, we are only fooling ourselves, realistically. Even for me personally, the biggest issue, if we are serious about closing the gap for Aboriginal health, the very first and biggest thing, and the one we can get the quickest tangible outcomes for, is to do something about tobacco control.

Mr J.A. McGINTY: Exactly.

Ms Ivan: Tobacco has an impact; it is a risk factor. It is the highest risk factor for any of the chronic diseases, and it impacts on everything. To me, it is a given; it is normal that if we are to do something about tobacco control, we will automatically do something about closing the gap. "Closing the gap"—is it real? Do we really mean to do something about it, or is it just a catchphrase that we are all throwing around? To me, if you are going to be serious about tobacco control, it will help us get serious about closing the gap as well.

Mr I.C. BLAYNEY: Can you tell me, in those places where people have been put on income management under the federal government intervention, what category does tobacco fall under when they are allocated their income?

Ms Ivan: I don't think —

Ms Maxted: They are not allowed to buy tobacco; that is off the list—that, alcohol and a few other things.

Ms Ivan: But that is where the bartering system comes in.

Mr I.C. BLAYNEY: Yes, that is automatic as soon as you cut something off, you can guarantee that a black market will develop.

Ms Ivan: Yes, they find another way of doing it.

Mr I.C. BLAYNEY: But at the same time, every time you make it a bit harder, you probably reduce the amount in circulation.

Ms Ivan: Exactly; that is putting up roadblocks, and we just have to keep persisting—but please don’t let me go on record as saying that I agree with income control, because I certainly dispute that.

Mr I.C. BLAYNEY: We can have an argument about that some other time. This is a bit off the issue, but have you ever wondered whether, where there are obvious problems with nutrition, there could be ways in which people could be supplied with food in ration pack form, within which would be a reasonably balanced diet for a certain amount of time?

Mr P.B. WATSON: They would barter that too, wouldn’t they?

Ms Maxted: Yes, they would.

Ms Ivan: I am not sure how you would go about doing that, anyway; are we going to send the armed forces in to deliver those?

Mr I.C. BLAYNEY: You don’t have to be in the army to eat ration packs.

Ms Ivan: Yes, I know. I am talking about the administrative side. It even goes back to policing and the things we were talking about in relation to not smoking in cars; how is that actually going to be maintained, and who is going to do it?

[4.30 pm]

Mr I.C. BLAYNEY: Let us be honest about it, especially in the rural and remote areas of population.

Ms Ivan: This is true, so yes.

The CHAIRMAN: I do not know if it is included in your educational packages, but one of the things that I was very surprised at from the submission that we had last week—you will get a full copy of the report and it will be in there—was the statistics on the damage from nicotine during in utero and how that can affect the alveoli development by maybe 30 to 35 per cent, and then with a child who is a passive smoker from zero to five years, it might affect 25 to 30 per cent of the alveoli development. Between five and 18 years and as a young adult the child’s lung capacity is not the same as a child who is not living as an involuntary smoker. One of the other facts that were raised was the alteration of the genes, and how, unfortunately, a grandmother who is a smoker actually causes difficulties not just for her child but for her grandchildren. That is certainly something that I do not believe has been publicised. I would like to see that message go out a little bit more to the community. I was unaware of some of the statistics that were given to this committee.

Ms Ivan: I had those statistics given to me as well, which obviously came from this hearing. I was quite surprised by those, too. I think you are right: those are the kinds of things, and it is that stuff about family and generational stuff and passing things on. I think if we can find ways of putting that sort of information out as part of our packages, it will certainly be very helpful for us as well. The reality is that we have to be honest about this. We have to be prepared to be in it for the long haul, because it is not going to go away in five minutes. We have got to be consistent and we have got to resource it properly. They are my main agendas. Frankly, I see this bill as being something that is definitely a good step towards doing all of that. As far as not smoking in cars, to me it would be that you are not allowed to smoke in a car at all whether there is a person in it or not, because even when children get in a car, and it is exactly that kind of stuff, there is a lot of residue and all that left around, whether they have been in there when the smoker was there or not. They are climbing around; little fingers are going everywhere and they are putting them in their mouth. Do not tell me they are not getting some of the bits and pieces from the tobacco that way. Yes, you are definitely talking to the converted here. We will support in any way we can this particular bill. I can see it definitely being useful for us.

The CHAIRMAN: Is there anything you would like to add before I close this session?

Ms Maxted: Just that a few weeks ago I was at a double funeral, and this was for two brothers. One of the brothers was under 60 and he died of emphysema. This is just due to smoking, really. That is what I would like to leave you guys with. I have been to two double funerals, and this is in the Aboriginal area. It is a really hard issue.

The CHAIRMAN: You would like to have seen this legislation 10 years ago rather now.

Ms Maxted: Yes. These guys were under 60. It is terrible—one through cancer and the other through emphysema. It is vital.

The CHAIRMAN: We are hoping that there will be bipartisan support for the measures in this bill and that this bill will be implemented. We have certainly done our best as a committee to put the evidence before members of Parliament. Is there anything that you would like to add, Christine?

Ms Ivan: I would just like to definitely emphasise and agree with what Josie said there. One of the biggest things for the Aboriginal community is the amount of funerals we go to. In one week there are so many funerals. Quite often people have to reschedule their whole day because there might be three funerals in one day, and one might be in Pinjarra and another might be up the other end of Wanneroo or somewhere like that. Those are all very big issues. I guess everybody who knows me knows I never let an opportunity go past, so one of the things I would just like to leave you with on top of that is that if any of you have got any money anywhere, you know where we are. Thank you very much.

The CHAIRMAN: Thank you for your evidence before the committee today. A transcript of the hearing will be forwarded to you for correction of minor errors. Any such corrections must be made and the transcript returned within 10 days from the date of the letter attached to the transcript. If the transcript is not returned within this period, it will be deemed to be correct. New material cannot be added by these corrections and the sense of your evidence cannot be altered. However, should you wish to provide additional information or elaborate on particular points, please include a supplementary submission for the committee’s consideration when you return your corrected transcript. Once again, thank you both very much.

Ms Maxted: Thank you.

Ms Ivan: Thank you very much for inviting us.

Hearing concluded at 4.35 pm