EDUCATION AND HEALTH STANDING COMMITTEE

INQUIRY INTO THE TOBACCO PRODUCTS CONTROL AMENDMENT BILL 2008

TRANSCRIPT OF EVIDENCE TAKEN
AT PERTH
WEDNESDAY, 11 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 2.46 pm

CROXFORD, MRS KRISTINA GAYE
Education and Training Manager, Asthma Foundation of WA,
examined:

GUMMER, MR JOHN JOSEPH
Chief Executive Officer, Asthma Foundation of WA,
examined:

SULLIVAN, MS DENISE
Director, Tobacco Programs,
Cancer Council WA,
examined:

STEWART, MS SUSAN
Manager, Tobacco Programs, Make Smoking History Campaign,
Cancer Council WA,
examined:

The CHAIRMAN: On behalf of the Education and Health Standing Committee, I thank you for your interest and your appearance before us today. 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. At this stage I will introduce myself, Mr Peter Watson, MLA and Hon Jim McGinty who has just walked in the door!

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 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 make a transcript of the proceedings for the public record. If you refer to any documents during your evidence, it would assist Hansard if you could provide the full title for the record.

Before we proceed to the questions we have for you today, I need to ask you a series of questions. Have you completed the "Details of Witness" form?

The Witnesses: Yes, we have.

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

The Witnesses: Yes, we do.

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: I am hoping you will now each give us a brief explanation further to your submissions, and, following on from that, the committee will ask you some questions. We will start with Denise.

Ms Sullivan: The Cancer Council is very pleased to have the opportunity to present to the Education and Health Standing Committee today. Obviously, the Cancer Council is strongly in support of the Tobacco Products Control Amendment Bill 2008 that has been tabled in Parliament. The council very much hopes that both houses of Parliament will support and expedite voting in favour of the bill. We believe very strongly that there are a number of grounds for supporting all the measures outlined in the bill; and those grounds are addressed in our submission. There are certainly very strong health reasons for ensuring that tobacco products are put out of sight, and that an expanded number of popular outdoor settings become smoke-free.

[2.50 pm]

In addition, there are also strong safety reasons in terms of fire risk in outdoor public places, and public safety effort relating to driving in motor vehicles. Equally, we are aware through a number of surveys that we did in 2005, 2007 and 2008 of both the community, which included people living in metropolitan Perth as well as regional centres, and smokers and non-smokers, and separate surveys we did in 2005 and 2008 of sitting members of Parliament, that there is very strong support for all the measures outlined in the bill. There is modest support among smokers, but it is very clear from our research that there is limited pushback from smokers, so we certainly do not see the measures outlined in the bill as being too difficult to implement over time. In fact, we see them as measures that are long overdue and need to be introduced as rapidly as possible.

The CHAIRMAN: You referred to a survey and the responses from members of Parliament.

Ms Sullivan: We conducted two surveys, one in 2005 and one in 2008, of members of Parliament. It asked whether they were in favour of a number of tobacco control measures, which included a number of the measures that are covered in this bill.

The CHAIRMAN: Did it include the alfresco areas?

Ms Sullivan: It did. Certainly support among members of Parliament was very strong. In fact, it was stronger than the support we received from the general public, although I should say that support from the general public was extremely favourable.

The CHAIRMAN: Would you consider that to be confidential information?

Ms Sullivan: No. The information was provided as an appendix to the submission from the Cancer Council.

The CHAIRMAN: That is the percentage. I am interested in the fact that there has been bipartisan support for banning smoking in cars when children are in them, and for banning advertising at the point of sale. At the moment I am not 100 per cent sure that we have bipartisan support for smoking bans in alfresco areas. Did your questionnaire to members ask about alfresco areas?

Ms Sullivan: Yes, it did. It looked at support for bans on smoking in outdoor eating and drinking areas as well as playgrounds, beaches and other outdoor public places.

The CHAIRMAN: Would you be happy then to provide to the committee the identities of the members of Parliament with their responses?

Ms Sullivan: I would need to look at the terms and conditions under which members participated in the survey. It may be that I can provide you with general data on the Liberal, ALP and Greens Parties, but I may not be in a position to name individual members because that may have been a condition of their willingness to take part in the survey.

The CHAIRMAN: Primarily, I would like the names, but if I can have only the numbers, I will accept them.

Ms Sullivan: We will see what is possible under the terms under which people agreed to participate in the survey, and provide you with that additional information.

The CHAIRMAN: Thank you. John, would you like to comment?

Mr Gummer: As is the case with the Cancer Council, the Asthma Foundation of Western Australia is very happy to be able to provide evidence to the inquiry today and is very grateful for the opportunity to do so. In addition to the submission we have already put in, it is very important to talk about the prevalence of asthma in Western Australia because it gives us an understanding of the extent of the problem. Data that has come through from the Australian Centre for Asthma Monitoring in 2008 identifies that in the most recent survey, 10.1 per cent of adults—people over the age of 16—are defined as having doctor-diagnosed asthma and have had symptoms of asthma or have taken treatment for asthma over the past 12 months. For children—people under the age of 16 years—11.8 per cent are identified as having current asthma. This equates, using ABS data, to at least 225 000 Western Australians with current asthma. Current asthma means that they have had treatment over the past 12 months. We know also that there is a good number of people who do not source treatment for their asthma. Again, through the survey by the Australian Centre for Asthma Monitoring we identified that 17.4 per cent of adults and 18.6 per cent of children identified that they have never been diagnosed as having asthma. Again, this equates to more than 384 000 Western Australians. So the extent of the problem and the areas we have addressed in our submission are far reaching and impact on a good number of individuals.

Mr P.B. WATSON: We were told by doctors earlier that a large proportion of asthma smokers smoke cigarettes. I cannot understand why anyone with asthma would want to smoke, but I suppose the problem is the same as for everyone else; they get addicted to it. Is that part of your training program?

Mrs Croxford: Most definitely. We have had some training from the Cancer Council on brief intervention and smoking cessation. When we are seeing people in the clinic who have come to talk to us about their asthma, we try also to speak to them about smoking cessation.

Mr P.B. WATSON: Thank you.

Mr Gummer: I can confirm what others have said who have not been privy to that—that a disproportionately large number of asthma sufferers smoke, which is unfortunate, but it is reality.

Mr J.A. McGINTY: Has there been a trend in that over time?

Mr Gummer: I am speaking off the top of my head—I do not have the data in front of me—but with education over a number of years there has been a reduction in the proportion of those with asthma who smoke, but we can certainly provide that.

Mr J.A. McGINTY: That is okay.

Mr Gummer: I will briefly review the extent of our submission. In the submission I identify that tobacco smoke is the single most preventable cause of asthma and is a preventable trigger for asthma in the community. Smoking or exposure to environmental tobacco smoke triggers asthma attacks that may require hospitalisation—and there are good data on the levels of hospitalisation from passive smoking—increased frequency of asthma attacks, increased need for asthma medications and therefore increased costs and decreased efficacy of inhaled corticosteroids, which are the mainstay of treatment for asthma. It reduces lung function, and increases sensitivity to other triggers such as animal dander and pollens and chemicals. Maternal smoking increases twofold the baby's chances of developing asthma. Nicotine suppresses the foetus's practised breathing movements, and early childhood exposure to environmental tobacco smoke increases the risk of respiratory illnesses. There is no good story there.

As we identified in our submission on smoking in cars, young people are most often reliant on adults to drive them around and have no choice about avoiding tobacco smoke in the car. Winding windows down is not enough at all to remove the risk. I confirm that there is no safe level of exposure to environmental tobacco smoke. It can affect people even if the area is not enclosed. That obviously has an impact on smoking in swimming areas.

The CHAIRMAN: We were made aware today that the term third-hand smoke, which is the tobacco left inside the car and inside other areas as a result of people smoking, can then be further ingested through touch —

Mr P.B. WATSON: On clothes.

The CHAIRMAN: — or just through airflow for non-smokers. I guess that is why you say there is evidence for the ETS—environmental and tobacco smoke—triggering asthmatic attacks. As I said before to Denise, one of the areas I am particularly interested in now, because of that query coming from outside the committee, is smoking in alfresco areas. I am interested in a few more details to clarify that in terms of the people you are seeing, Christine. Can you give first-hand knowledge of people who are telling you that their asthma attack was triggered in those areas?

[3.00 pm]

Mrs Croxford: Yes. Actually, a few of our staff members have asthma themselves, and they actually quite often comment that it is a huge problem for them. So if they are in an area and somebody is smoking nearby, they feel that wheeze and that chest tightening straightaway, so it can be really, really instant for some people, and people are affected quite quickly. Part of our education for parents who are smoking as well—you brought it up with the clinging to the clothes—is that we really try to encourage people who are not looking to quit at the moment to remove the clothing that they were smoking in outside before handling small children, because we know that that is a huge problem.

Mr Gummer: Just some comments on smoking in safe swimming areas. We know that exercise is excellent for those people with asthma, and swimming particularly. A person who chooses to swim as part of their active lifestyle in improving and managing their asthma should not have to be concerned about avoiding preventable triggers or an attack. With regard to the smoking in eating and drinking areas, people with asthma and non-smokers should be able to enjoy dining in alfresco areas without the worry of having an asthma attack or being impacted by tobacco smoke. Unfortunately, it is the case that people do not feel comfortable about asking others to refrain from smoking for fear of the conflict that might arise. The removal of displays of tobacco products will support smokers in their bid to quit, as seeing these products can often be a trigger for the purchase, as we know.

A general comment from the Asthma Foundation's point of view is that we do not see the bill as being a law for a law's sake, and it is not for us about the difficulty of enforcing something. It is more about sending a message that smoking should not be the norm and that side-stream or second-hand smoke should not be accepted as just something else that we have to put up with. We are very strongly of that opinion. We know that smokers have rights, but with rights come responsibilities, and that involves not knowingly or unknowingly causing harm to others. As you have identified, there are a good number of people with asthma who do smoke, and that is the choice that they have made. For those who have chosen to pursue the best health outcomes for their condition of asthma, it is unreasonable that tobacco smoke is still not easily avoided in the community, and these people need to be supported. Asthma, when well controlled, should not stop any person from doing anything. A worry about coming into contact with tobacco smoke should not have to stop anyone either.

The CHAIRMAN: Susan, would you like to follow on from John?

Ms Stewart: Certainly, I can add some additional information about alfresco, which has been referenced in our submission. As we have outlined, there is emerging research about, or there have been research studies published about, the dangers of being exposed to second-hand smoke in outdoor areas. One that is referenced is that if you are a non-smoker sitting a few feet downwind from a smouldering cigarette, you are likely to be exposed to substantial levels of contaminated air for brief periods of time, which in itself can cause a number of harms.

I think, building on John's comments as well, there was also evidence showing that exposure to smoking in cars increases the risk of asthma in children by 50 per cent. So just building on the asthma message there, it can also cause asthma in children who have not had it before and trigger attacks for those with that condition. But, certainly, in terms of alfresco, there are studies out there showing that the health harms are there, but there are also a number of other good reasons that Denise touched on in her introduction to do with the amenity of the environment and safety. For example, young children and also animals that are in areas are at risk of ingesting cigarette butts that are left behind. Cigarette butt litter is a large part of our littering problem in Western Australia. So there are a number of other factors, as well as health factors, to take into account, and obviously there is also the enjoyment of being able to sit outdoors or enjoy those environments that families like to enjoy together.

The CHAIRMAN: If we perhaps turn to the bill, the bill looks at smoking when children are in cars, alfresco areas and points of sale. Do you think there are any other areas that we should be addressing now?

Ms Sullivan: Certainly, there is a whole raft of things that potentially could be added to the bill in terms of expanding out to other public places and other measures that could be considered by government. But in terms of tobacco control, there are also responsibilities that exist at a commonwealth level, such as tax increases on tobacco, for instance. Late last year in the lead-up to the state election, there was a mail-out to all sitting members of Parliament, whereby a coalition of 11 NGOs, which included the Cancer Council and the Asthma Foundation, outlined a raft of measures in the tobacco area that we hoped whoever came to power would support, and those measures would also enjoy the support of the full Parliament. They documented a raft of things, which included bans on smoking in popular outdoor settings. That included eating and drinking areas, but also extended to other outdoor areas where large numbers of people would gather, such as sporting stadia, open-air markets and some of the venues where large outdoor concerts are held that are not necessarily smoke-free. But certainly the Cancer Council from time to time receives complaints from people. There were other measures such as a stop on political donations from tobacco companies, for instance.

The CHAIRMAN: In fact, from what was said earlier today, it might not be just the tobacco companies, but the money seems to be going —

Ms Sullivan: They find other ways of distributing the wealth, yes.

The CHAIRMAN: Yes. Do you think that the two per cent reduction that is required in smoking rates under the state-commonwealth agreement can be achieved in WA without this legislation?

Ms Sullivan: We do not believe that it could be achieved without the legislation. I think the commonwealth is trying to communicate very clearly to states and territories—I am assuming that state health ministers knowingly signed off on the agreement—that there is a need for stepping up efforts in tobacco control, so there is a greater investment of effort and a continuous review of legislation to ensure that it does the job that it is supposed to do, because the tobacco industry is fairly resourceful. They are always finding new ways of promoting their products, getting around existing legislation or finding other loopholes, which means that their product is seen, heard about and used.

Mr J.A. McGINTY: What is the time frame for the two per cent reduction?

Ms Sullivan: My understanding is—I have got the dates further on in the submission—that the two percentage points are by 2011, and then there are an additional 3.5 percentage points by 2013 under the agreement. My understanding of the agreement too is that —

Mr J.A. McGINTY: So is that a cumulative five point something per cent?

Ms Sullivan: Yes. All up it would be 5.5 per cent.

Mr J.A. McGINTY: Is that a five per cent reduction or is it a five percentage points reduction? In other words, do you come down from 15 to 10, or do you come down by five per cent?

Ms Sullivan: You come down by five per cent from what the prevalence of smoking would be in 2007, which was the most recent national survey that the commonwealth would have been working from.

Mr J.A. McGINTY: If we were about 15 per cent here in Western Australia, does that mean we come down to 14.5 per cent, or does it mean we come down to 10 per cent?

Ms Sullivan: It means that we would actually come down to less than 10 per cent. We are currently just under 15 per cent.

Mr J.A. McGINTY: So that is in fact a 33 per cent reduction?

Ms Sullivan: Yes. It is a figure that is doable if there is sufficient effort put into reducing use of tobacco and exposure to it.

The CHAIRMAN: I notice that one of the recent surveys by the Cancer Council found that 77 per cent of non-smokers favour a ban.

Ms Sullivan: Yes.

The CHAIRMAN: Just this week I saw that HBF had also done a similar survey. Are you aware of that survey?

Ms Sullivan: Yes, we are aware that HBF did conduct a survey looking at support for measures outlined in the bill, and certainly the results of that survey were consistent with those of the Cancer Council. Overall, there is certainly some very strong support amongst non-smokers—I should emphasise that they do comprise over 85 per cent of the Western Australian population—for the measures that have been outlined in the bill. There is reasonable or modest support amongst smokers. But there is one other thing I would like to point out. We have provided an appendix that gives the summary results for our community surveys. In the community survey that included samples of smokers and non-smokers, we asked them were they in favour of certain tobacco control measures, but we also asked them did they believe those measures would have an impact in terms of reducing use of tobacco.

[3.10 pm]

Interestingly enough, even on some measures where support from smokers was modest, the belief or perception that these measures would have a significant impact on their use of tobacco was quite high. For instance, 39 per cent said they were in support of bans on smoking in al fresco areas, and 67 per cent believed it would have an impact on their use of tobacco. We know from this and other qualitative research that we have done that smokers are resigned to the fact that it will get harder and harder for them to smoke. There is also a belief that that may not be such a bad thing because it will help them to finally quit or reduce the amount they smoke. The issue for smokers is about providing clarity about when and where they can smoke. They do not want to be in conflict with non-smokers or be at risk of being in breach of regulations or by-laws because of a lack of clarity about when and where they can smoke. They do not necessarily welcome the laws or the restrictions on their smoking, but they are resigned to them. They accept that it will become harder to find public places where they can light up without being told to butt out or without drawing looks from the non-smokers around them.

The CHAIRMAN: Owen Carter from the Centre for Behavioural Research in Cancer Control at Curtin University told us yesterday that 50 per cent of current smokers would like to stop smoking.

Ms Sullivan: It is actually a far higher figure than that. Other surveys have indicated that it is in the region of 80 per cent. The vast majority of smokers wish that they had never started smoking and wish that they could quit. That does not mean there is not an element of defensiveness about the habit.

Mr P.B. WATSON: What is the percentage of smokers who will quit?

Ms Sullivan: In excess of 50 per cent of ever-smokers will eventually quit. Most smokers over the course of a 12-month period will attempt to quit. The success rate is not necessarily high because we are talking about a physical addiction, and also there are other issues involved with smoking. It is a way with dealing with stress and other issues in life.

Mr P.B. WATSON: And spending money.

Ms Sullivan: I should emphasise that the three top reasons why smokers quit are concerns about their health, the effect of their smoking on others, and the financial cost of smoking. Smokers are very much aware that their smoking has an effect of others, be it family members or members of the public.

The CHAIRMAN: The past activities of the Asthma Foundation and other health groups have helped send the message about the damaging effects caused by passive smoke.

Ms Sullivan: The Cancer Council was in the fortunate situation of having received some additional funding from the Department of Health a couple of years ago to run a campaign to look specifically at the issue of smoking in the car and the home. That campaign had a significant impact on parents who smoked in terms of introducing laws for smoking in the car. It also became very clear to us over the course of that campaign that there is a ceiling effect—only so much can be done through education. The education campaign was most important in raising awareness among parents who smoke and carers of children that their cigarette smoke would have a significant impact on the health of the children in their care. Equally, however, a minority of smokers are not willing to change their behaviour. We need education and legislation as a way of boosting public health efforts. That certainly was a matter on which we corresponded with Mr McGinty when he was the Minister for Health. I am not too sure of the protocols, but I am happy to provide the committee with the correspondence that went to Mr McGinty when he was the Minister for Health.

Mr J.A. McGINTY: The evaluation?

Ms Sullivan: The correspondence we sent to you included the evaluation of the campaign. It showed that before the campaign began, around 50 per cent of parents who smoked would smoke in the car with children present. We saw that figure drop to a low of 37 per cent after the campaign.

Ms Stewart: Some 50 per cent would smoke in the car at all.

Mr J.A. McGINTY: The figure went down by roughly one-third.

Ms Sullivan: It was roughly one-third in terms of changes of behaviour.

Mr J.A. McGINTY: That is significant.

Ms Sullivan: That is significant, and it certainly was a very good result for a social marketing campaign. We do not have the money that Hungry Jacks, and others, would spend on their campaigns.

Mr J.A. McGINTY: If you could provide that correspondence, and particularly the evaluation, that would be useful to the committee.

Ms Stewart: I will add to the points Denise has made about the evaluation. Certainly we saw from the evaluation very positive results, but also a ceiling effect in terms of what more could be

achieved through education alone. It also highlighted and encouraged us to support the call for legislation. In addition, there are continuing misconceptions and misunderstandings about how to protect others from second-hand smoke. We see a continuing need for education so that that is not done away with. They go hand and hand. Legislation is very important to get past the ceiling effect of what can be done voluntarily.

Mr J.A. McGINTY: The thinking at the time, as you will recall, was to try education and see how effective it was and, if need be, legislation would follow. That is where we are up to.

Mr Gummer: Education plays a key part in the work of the Asthma Foundation, probably not on a grand scale, but more by providing individual education to those with asthma and their family members. Part of the service we provide is not only to the asthma sufferer, but also to the people within their work environment, family members and schools. We have had some success, obviously, but, as Denise said, it is not the be all and end all. With education comes understanding, and hopefully that understanding will bring about changes in people's behaviour. Whatever we can do to assist that change in behaviour is very welcome.

The CHAIRMAN: In relation to the Cancer Council's campaign, yours would be more one to one rather than a community program for smoking cessation.

Mr Gummer: Correct.

The CHAIRMAN: I am interested in the statistics you gave earlier on the number of people with asthma. I am wondering whether you can break that down and give us some more information about Indigenous groups. I was certainly unaware until information was presented here today that the prevalence of smoking is 15 per cent in the general community, whereas I think it was quoted as being at 50 per cent in Indigenous communities. I wonder about the asthma statistics.

Mr Gummer: They are frightening. Again, this information comes from the "Asthma in Australia 2008" report that the Australian Centre for Asthma Monitoring put out last year. This is Western Australian data. The data that we have is from 2001-02. It is not like the previous data from 2006-07. For non-Indigenous children up to the age of 17 years, 23.2 per cent have asthma compared with 11 per cent for the non-Indigenous population. It is almost double. For all ages, 16.5 per cent of the Indigenous population has asthma versus 10.2 per cent for the non-Indigenous population.

Mr P.B. WATSON: Is that caused only by smoking? Would any other issues cause that?

Mr Gummer: There would be other issues involved as well. Smoking is obviously very prevalent among the Indigenous population. The comorbidities are rife. I do not have specific information on the percentage of the Indigenous population of smokers who have asthma.

Ms Sullivan: Is it possible to draw attention to the research that was commissioned by the Cancer Council on the economic costs of tobacco?

The CHAIRMAN: Yes, please. Would you like to elaborate?

Ms Sullivan: I would. A couple of years ago we commissioned a major study by Professors David Collins and Helen Lapsley, both of whom are eminent international health economists. The study looked at the social costs of tobacco use in Western Australia in 2004-05. That was the most recent and complete data set that was available at that time. We also asked if they would do some projections on what would be the savings to the state if WA were essentially to reinvigorate its efforts in tobacco control and try to reduce the prevalence of smoking to five per cent or less within the next 15 years. It paints a pretty scary picture if Western Australia does not lift its game. That is not to say that this state has not put in a good effort to control tobacco use over a number of decades. The study found that the total social cost of tobacco use in 2004-05 was $2.4 billion, which is huge. That amounts to almost half of the state budget for the public health system.

[3.20 pm]

The authors both made it clear that those costs were likely to climb in the short to medium term because of the lagged effects of past smoking. But they also made it very clear that there was enormous potential to reduce future costs that arise from tobacco if greater effort was put into the prevention of tobacco use. Certainly their estimates were that if we were to get the prevalence of smoking down to 5 per cent within the next 15 years, you would see savings of around $938 million, which is quite significant in a state where we are facing a global downturn in the economy, less revenue coming from the mining sector, and also escalating health care costs, which we are going to be confronted with anyway because of ageing of the population.

Maybe I will give a bit of a breakdown of the $2.4 billion that it cost us in 2004-05. In that year more than 1200 deaths were caused through smoking. There were 67 000 hospitalisations. The direct cost to the public health system was $59 million. Of that figure, 11 deaths were caused through second-hand smoke or passive smoking, almost 7 000 hospitalisations and total health care costs of $5.9 million. I think the scariest part of all is that children aged between zero and 14 years accounted for 96 per cent of the hospitalisations for illnesses related to passive smoking.

Certainly there is a need for us to do more in tobacco control. We have achieved a lot over the past couple of decades thanks to great efforts that have been put in by governments and the community, but the job is not done. Our concern is that there is a risk of complacency because of successes that we have had to date in tobacco control. Hence the Cancer Council is very much strongly in support of this bill because we feel that it could contribute enormously to community-wide efforts to try to reduce not only the human cost but also the economic cost of tobacco to this state now and in the future.

The CHAIRMAN: We very much appreciate your support and the fact that you have come here. As I said before, at the moment it looks like there is bipartisan support for smoking bans in cars and bans on advertising at point of sale, but we are not quite there yet with the alfresco. Whilst you have given a submission to us, and we will be presenting a report to Parliament when it resumes, you are most welcome to continue to lobby other members, in particular Liberal Party members. I am hoping that the Liberal Party will give its members a conscience vote on this issue because so many children are being affected. From the statistics that you and other people have given to this committee, there are so many children and so many adults being affected. We know passive smoking is harmful. We are now learning about the damaging effects of third-hand smoke as well. Does anyone wish to add anything further?

Mr P.B. WATSON: Could I direct one question to Denise? We found out yesterday from one of the doctors that when young children are in a car, they inhale four times as quickly as adults. They are getting four times as much cigarette smoke. Has that ever been thought of as a publicity campaign? I am sure if people knew that all that smoke was going into their children, they would maybe think twice about doing it.

Ms Sullivan: Certainly through our campaigns we try and emphasise the impact of second-hand smoke on people around, including kids. We did run another campaign on passive smoking that focused more specifically on smoking in the home. It was a media campaign developed by the Cancer Council Victoria which had the situation where dad was puffing out the window but you could see the smoke curling through into the house and being inhaled by the daughter, as a way of trying to reinforce the fact that the smoke that is breathed out by the parent in actual fact is also being inhaled by children around them. I suppose with media campaigns there is that delicate balance between wanting smokers to respond to the campaign and voluntarily change their behaviours and the need to be careful it is not done in such a way that they react hostilely to the campaign and therefore do not listen to the message. Certainly we are not done in terms of public education campaigning around smoking and the direct effects of second-hand smoke on children, particularly very young children.

I think I should add to that. One of the things that we also tried to emphasise with the campaigns we ran in 2007-08 is that there is a perception amongst parents that you only need to worry about really little children and it does not matter about the older kids because they are older and their bodies are somehow more developed. In actual fact it is not just about babies and toddlers; it has just as much an adverse effect on the health of older children as well. That was one of the things we had to weigh up when we were looking at concepts for those particular campaigns.

Mr Gummer: Could I just add to that in terms of exposure? We have had a lot of discussion on children, and obviously this bill will have an impact on children and adults, but there is no safe level of passive, environmental tobacco smoke for any person with asthma, be they an adult or a child. We are very keen that it does not purely become child-focused. This is a very important issue across the population.

The CHAIRMAN: I would expect that a large percentage of both your budgets would go to health education programs. I am wondering whether, resulting from the research that you mentioned in 2004, there were any recommendations about what percentage of the health budget should go towards health education. I am thinking of the prevention is better than cure message. Have there been suggestions about what percentage should be spent on health promotion campaigns?

Ms Sullivan: Certainly, the report that we commissioned through Collins and Lapsley did not give an estimate on percentage of health department budget that should be going into prevention around tobacco specifically. They did talk about a figure that could be justified on economic grounds in terms of investment in tobacco control, but that would be covering everything from public education to other things. I have to say the figure is quite a high one and we are just looking for it now.

The CHAIRMAN: We were told that in California now the smoking prevalence rates are lower than other countries. Their budget now seems to be focussing on health education.

Ms Sullivan: The response we had from Collins and Lapsley was that in their view there was justification for expenditure of up to $110 million per annum on tobacco control interventions. So a great figure —

The CHAIRMAN: We will certainly be looking at how much we are getting from the federal government.

Thank you for your evidence before the committee today. A transcript of this 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 your transcript. If the transcript is not returned within this period, it will be deemed to be correct. New material cannot be added via these corrections and the sense of your evidence cannot be altered. Should you wish to provide additional information or elaborate on particular points, please include a supplementary submission for the committee's consideration when returning your corrected transcript. Once again, thank you very much.

Hearing concluded at 3.27 pm