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The Secretary
Senate Community Affairs Reference Committee
Suite S1 59
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Canberra ACT 2600

INQUIRY INTO CHILDREN IN INSTITUTIONAL CARE

I have only just become aware of this inquiry, for which submissions have already closed, but trust that the following will be of assistance. Copy of the report when issued will be welcome.

It is my contention that Children in Institutional Care, and indeed all children, should be at all times in a smokefree environment and that they and those responsible for their care be instructed on the harms of direct and indirect tobacco consumption and be supported in quitting, if addicted.

Children reared in a smokefree environment will be in better health, as children and as adults, will be unlikely to smoke as adults - the average age for starting is 15 with few starting after 18 - or to use illicit drugs or to engage in heavy drinking. They will relate better to other members of the community, the vast majority of whom are non-smokers, and will have more to spend on sensible objectives.

The environment, indoors and outdoors, should be smokefree at all times. Those responsible for their care should preferably be non-smokers, as exemplars and to avoid the transmission of tobacco residues to the children and to their surroundings. Costs will be greatly reduced, - health, cleaning, maintenance And there will be greater harmony.

Tobacco smoke drifts horizontally, upward, downward and to a considerable distance. It attaches itself to furnishings, walls, ceiling, doors and floors, tainting everything it touches. And it lingers. The most powerful air conditioning systems merely spread the smoke and its harmful constituents.

Smoke lingers in the breathe, body and clothing of smokers and is transmitted to areas which are supposedly smokefree, into the atmosphere and onto the furnishings. The hand that held a cigarette is particularly tainted with nicotine and tar. Hand washing should be obligatory before contact is made with food, clothing, toys, children or their surroundings.

Firm guidelines for Children In Institutional Care are likely, by example, to benefit children in family care. Already adults are learning not to smoke in the presence of children, but are not sufficiently aware of the transmission of smoking residues to the children and to their environment.

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