SECOND READING SPEECH

HON IVAN DEAN MLC

PUBLIC HEALTH AMENDMENT (PREVENTION OF SALE OF SMOKING PRODUCTS TO UNDERAGE PERSONS) BILL 2018

MR. PRESIDENT

I MOVE THAT THE BILL NOW BE READ A SECOND TIME

The *Public Health Amendment (Prevention of Sale of Smoking Products to Underage Persons) Bill 2018* is an amendment to major Tasmanian legislation, the Public Health Act 1997.

Its purpose is to raise the minimum legal age to 21 for people to whom tobacco and other smoking products can be sold (T21). This is often referred to as the minimum legal sales age (MLSA).

This important measure that I am proposing today is an additional tool to prevent the uptake of youth smoking by removing the peer network of tobacco supply out of our schools. It supports an already impressive tobacco control scheme in Tasmania, that we as legislators have fought for and built up over many years. However, despite our comprehensive tobacco control plan, Tasmania still has the second highest smoking rates of any State or Territory in the country. That is why we must continue to take action to reduce tobacco consumption in Tasmania, to move us out of the rut we find ourselves in and protect our next generation from the significant health risks associated with smoking.

Today I will share some background on the *Public Health Act 1997*, tobacco control legislation in Tasmania and the Legislative Council's role, before I go into further details of the purpose of this amendment, and its impact for the future of young Tasmanians.

The Legislative Council has had a longstanding, significant role in the history of public health reform. When it was introduced to Parliament, the Public Health Bill 1997 was described in its Second Reading speech as *"One of the most important health related bills to be introduced in Tasmania in the 20th Century."*

It was a Legislative Councillor, and a Liberal Health Minister Hon. Peter McKay who developed this momentous legislation.

The Public Health Act 1997 provides the framework for public health in Tasmania, and the preamble states that its purpose is to:

> *"Protect and promote the health of communities in the State and reduce the incidence of preventable illness".*

In 2012 I moved a Motion, which was supported unanimously in this place, to restrict access to tobacco products, support a tobacco free generation, remove flavourings from cigarettes, and to require the Education Department to implement evidence-based education programs regarding tobacco smoking in schools. The only action on this was a referral to the Children's commissioner, which resulted in a Report, and no subsequent action was taken.

Since we passed that motion in 2012, it is estimated that 10,000 young people in the 18 to 21 age group have taken up smoking, and 4,500 Tasmanian smokers have died from smoking related illnesses.

Most of you are aware of a previous Bill that I brought before this Council two years after the 2012 motion, entitled the *Public Health Amendment (Tobacco-Free Generation) Bill 2014 (TFG Bill).* The Bill was referred to a Parliamentary Committee which found no legal impediment to its introduction.

The TFG Bill was designed to phase out the sale of tobacco products to any person born after the year 2000. However, The TFG Bill lapsed and I do not intend to proceed with it, although nationally they are now talking about such a concept. Instead I call on the Government to have the courage to support the policy they called for during those discussions – T21.

The Government flagged T21 in a discussion paper in 2015, but it was not supported by many health groups as it was seen as less effective than the TFG. Both TFG and T21 were opposed by the tobacco industry and retailers. There has been considerable research since 2015 to reinforce the effectiveness of T21.

THE CONSULTATION PROCESS AND SUGGESTED AMENDMENTS

Since I tabled the T21 Amendment Bill nearly two years ago in November 2018, I have formally spoken to hundreds of people. Many have made suggestions, and this has helped to inform the Bill in its current form.

First, some people want to insert a penalty for young people caught smoking. I reject this proposal, and the Legislative Council has always rejected that amendment often made by those with tobacco industry influences.

In Tasmania there is a general consensus that the selling, promotion, and distribution of tobacco products causes the smoking problem, and therefore smokers themselves should not be punished. If you see tobacco industry documentation on this issue you will note that the industry supports punishing children. These are known as Purchase, Use and Possession or "PUP Laws". They are not effective, and I have provided information on this to members.

Second, it has been suggested that this Bill prevents underage people from selling cigarettes in shops. This is untrue – this Bill does not affect young people's ability to be employed in

retail tobacco outlets, just as the sales age amendment from 16-18 years did not affect retail staff's age.

Indeed, one retail organisation spokesman has suggested that it is hard for a young shop assistant to refuse to sell to an older person. Again, I reject this proposal as the majority of retailers already request any person who looks under the age of 25 to show proof of ID and this Bill remains in that age group. I also note that successive Tasmanian legislators have rejected such a proposal, on the basis that it would compromise small family businesses. Some supermarkets do voluntarily restrict tobacco sales by older adult staff only, and I commend them for that decision.

Third, some have suggested that we should make the proposed minimum legal sales age 25 years. There are good scientific grounds for this, as we have heard from addiction specialist Dr. Adrian Reynolds, that the human brain does not develop completely until age 25, when people are able to make rational decisions about whether to smoke an addictive and lethal product.

The Institute of Medicine looked at raising the tobacco sales age to 19, 21 and 25. While each age increase showed a positive effect on youth initiation, age 19 only had a slight impact over 18, and age 25 only had a slight impact over age 21. The biggest reduction in initiation of tobacco products was seen at the age of 21. For that reason, I recommend that we leave the Bill in its current form at age at 21, and I will not be able to support an amendment at this time to increase it to 25. I do feel that we should incrementally increase it to 21, and after implementation, study the policy and its effectiveness.

Fourth, some people have suggested that backpackers or tourists will be adversely affected by T21. By analysing Tasmanian Tourism Data for persons under 25 years, we estimate that less than half a per cent of tourists coming to Tasmania will be smokers in the age bracket 18-21 years. Whilst an amendment could be moved to exempt overseas tourists and back packers who show proof of residence to retailers, I do not support such an amendment. Where else in the world do we see specific legislative change or allowance to cover tourists or itinerant workers – nowhere to my knowledge.

Fifth, there are some technical amendments to do with timing and the phase in process which I will be moving when we get to the committee stage, should that be the case.

The Bill provides for an evaluation process, and in light of this I would like to table reports on T21 by the Menzies Institute for Medical Research, who will provide ongoing research and evaluation on the implementation of this Bill, should it be adopted. The Reports provide baseline data of the current attitudes and the alarmingly high rates of smoking prevalence amongst Tasmanian youth. Another reason why not acting now would be foolish.

Those who are worried by the tobacco industry fearmongering about "unintended consequences" might be reassured by the fact that any legislation can be returned to Parliament and be repealed if any problems are detected in its proposed form – the draft

legislation has been modelled on global best practice as implemented in countries such as the United States and Singapore where they have moved to T21 on a national basis.

"Unintended consequences" and "slippery slope" are terminologies employed by the tobacco industry since the 1970s to delay, prevent or circumvent reforms and to create worry and doubt for legislators. An array of these historic tobacco industry arguments against every reform can be found on the Victorian Cancer Council website, Tobacco in Australia.

WHY IS THIS BILL IMPORTANT?

This Bill provides our Council with a unique opportunity to lead our nation in tobacco control and overcome our high rates of smoking that require urgent legislative attention to prevent future tobacco burden on our state.

We know from the tabled Menzies research that there are a multitude of factors driving young people towards smoking. Research indicates that peer influence is a major driver of smoking uptake amongst young people. It is known through research that people who start smoking, become addicted very quickly and then wish they had never taken it up. Over ten years ago, Associate Professor Dr. Seana Gall published a study which showed that:

> *"…..any childhood smoking experimentation increases the risk of being a smoker 20 years later."*

The US Surgeon General said in 2017

> *"Nearly 9 out of 10 smokers started smoking by age 18."*

We know that 95 per cent of smokers start before 21.

Tobacco in Australia, the online Cancer Council webpage, with annotated source documents says:

> *"Nearly all smokers start before the age of 18 years and one-third of people who have ever tried smoking go on to become daily smokers. Smoking prevalence escalates rapidly during adolescence, and early onset of smoking is associated with a greater likelihood of being an adult smoker and with higher levels of consumption. Young smokers can become addicted to smoking very rapidly, even at low levels of consumption, and at significantly lower nicotine levels than adults."*

None of this is surprising as it is well established that young people are more susceptible to addiction, and in turn addiction is damaging to the development of the areas of the brain that self-regulate behaviour. Nicotine exposure actually changes the brain structure of young people.

Most smokers want to quit. From a public health lens, we will see a greater reduction of smoking prevalence in Tasmania by preventing uptake, than by increasing quit attempts. If we can prevent the process of starting to smoke, we can go some way to alleviating the

suffering in our community. Those of us who have lost loved ones to smoking understand that suffering. I understand it too well.

so - what this Bill sets out to do is increase the barriers to the industry addicting our young people.

Until 1996, Tasmania had no effective tobacco control legislation. In 1996, the tobacco sales age was raised from 16 years to 18 years, virtually overnight, with no phase in period. 16 and 17-year-olds could smoke one day, but from January 1997 they could not. There was very little enforcement at that time, and few resources to monitor its implementation.

Prior to 1996 child smoking had been part of the *Police Offences Act 1935* and there had been no prosecutions of anyone selling tobacco to children in 60 years. All that changed when the Director of Public Health took over responsibility for tobacco control measures in 1996/97. Tobacco control became part of the *Public Health Act 1997*.

Tasmania is recognised as having led Australia, and in some cases the world, in tobacco control regulation. Laws to eliminate the advertising and display of tobacco products, including at point of sale, elimination of smoking in indoor public places, workplaces, many outdoor areas, in work vehicles and in cars carrying children are just some of the important reforms led by our State. This is why Tasmania is the ideal, sensible, and effective state to lead the way introducing T21 in Australia.

Significant world first provisions of the Act prevent the tobacco industry from giving incorrect information about the health effects of tobacco products, and from providing false information about smoking products legislation in any jurisdiction. These are crucial because the tobacco industry has a long history of telling lies.

It is up to us as leaders and decision makers to seize the powers that are given to us to support the health and wellbeing of our young people and protect them from a predatory industry that attempts to addict them to a deadly substance. If we miss this opportunity, we are allowing the tobacco industry to addict our children and grandchildren through their age-old claims and stalling tactics for tobacco control.

We now know too well, that freedom of addiction at adolescent age vastly outweighs any of these claims.

WHAT ARE THE HEALTH EFFECTS OF SMOKING?

All of the following diseases I am about to list are proven to be causally related to smoking tobacco, according to the US Surgeon General's latest report.
Tobacco smoking causes the following cancers:

- Oropharynx, Larynx, lung, oesophagus, trachea, bronchus, Leukemia, stomach, pancreas, kidney, ureter, bladder and colorectal.

Tobacco smoking ALSO causes:

- stroke,
- blindness, cataracts, age related macular degeneration,
- congenital defects – maternal smoking: orofacial clefts in offspring,
- Periodontitis,
- aortic aneurism, coronary heart disease,
- pneumonia,
  atherosclerotic peripheral vascular disease,
- tuberculosis, asthma and other respiratory defects,
- diabetes,
- reproductive effects in women including reduced fertility,
- hip fractures, and
- male sexual dysfunction-erectile dysfunction.

Smoking tobacco appears to increase the risk of breast cancer, with greater the amount smoked and earlier in life that smoking begin, the higher the risk. In those who are long term smokers, the risk is increased 35 per cent to 50 per cent.

Smoking in pregnant women causes ectopic pregnancy, SIDS, cardio-metabolic risks and premature babies. Smoking mothers are more likely to have children with behavioural disturbances, including ADHD, conduct disorder and delinquency. Smoking is also associated with violent criminal offences in offspring. Neurological effects were found in the offspring of mothers who smoked or used e-cigarettes. Similar effects were found in children exposed to tobacco smoke in the first four years of life. These studies considered life circumstances such as socio-economic status.

Our hospitals, social services, schools, education system, police and criminal justice organisations are then responsible for attempting to manage these preventable health and social burdens associated with smoking, yet another cost to Tasmanian taxpayers.

With a 40% smoking rate in pregnant younger women in Tasmania, it is essential that we prevent them from ever taking up smoking, because we know from research and from the heart-breaking “shabby placenta” speech made by the Member for Murchison in this place in 2012, that persuading young addicted pregnant women to quit is very difficult. The member for Murchison described her deep sorrow and that of the smoking mother when delivering a still birth. Preventing uptake would reduce this terrible personal tragedy.

I cannot do justice here to demonstrate the extent of damage that tobacco and nicotine does, but it is known to affect all organs of the body, and the list of diseases known to be caused by tobacco smoking is still growing.

Furthermore, in the midst of a COVID-19 pandemic, the World Health Organisation has stated that:

"... Addressing ...tobacco use in particular must be an integral part of the immediate COVID-19 response and the recovery at the global, regional and national levels, as well as part of building-back-better strategies."

This response stems from evidence that smokers are 14 times more likely to be hospitalised and die if they contract the virus. This has important implications if there is a second wave, as with our high smoking rates, our hospitals would be overwhelmed. We are hearing serious protests from Launceston and North-West doctors and nurses about their concerns on the capacity of hospitals.

The 2020 Federal Budget has produced little financial commitment in preventive and public health. This is contrasted with the billions of dollars committed to pharmaceutical companies for drugs and medicines to treat our sick – but a lack of funding to prevent people getting sick in the first place.

Terry Slevin CEO of the Public Health Association Australia was featured in The Guardian on 7 October 2020 stating that:
"We have been waiting for four years for real commitment in public and preventive health. Our sub 2% of health investment being committed into public health spending looks like it's getting even smaller."

We cannot afford to wait any longer. We as legislators need to address this gap and support our population's health and wellbeing from an early age to stop smoking before it starts and prevent the onset of disease.

TOBACCO SMOKING RATES

For some decades Tasmania has had the second highest smoking prevalence in the country, and one suburb, Bridgewater, has the highest smoking rate in Australia of 40 per cent. I would be surprised if we did not have similar smoking rates in other low socio-economic areas across the state. These are the areas that can least afford to smoke and have more serious health problems than other places in Tasmania.

There are over 70,500 smokers in Tasmania, more than 500 die every year, and thousands arrive at hospital emergency departments with various smoking related illnesses.

Our smoking rates are still over 17 per cent. Men smoke more than women, and young men smoke more than older age groups. 23 per cent of 18 to 24-year-old young men in Tasmania are smokers, according to the 2017-2018 National Health Survey.

Key points from the latest ASSAD Survey which was publicly released in October 2019:

The latest Australian Secondary Students' Alcohol and Drug Survey (2017) surveyed over 2000 Tasmanian school students aged between 12-17 years

> *Current smoking (in the past week) among older students aged 16-17 has halved since 2011 (from 16 per cent to 8 per cent)*

These are heartening results and support the introduction of T21. If only 8 per cent of those 16-17-year old students currently attending school are smoking, then it is much easier to bring in a tobacco sales age of 21 years, and very few of them will be affected.

It means we can slow the tobacco epidemic in its tracks, without causing any inconvenience to young people.

We can prevent them from starting to smoke.

We can save lives.

E-CIGARETTES AND VAPING

Whilst T21 would regulate the sale of any e-cigarette or vaping device, whether nicotine or non-nicotine based to young people, the overall regulation of these products is a Federal responsibility.

I do not intend to go into the detail on this, as a decision is being made at a Federal level to make these products available on prescription next year. My profound hope is that the Federal regulations recognise that damage nicotine does to the developing human brain, and will not permit these products to be sold or prescribed to any person under the age of 25 years, and certainly not to pregnant women.

The Guardian reported on Wednesday 30 September 2020,

> *"Using e-cigarettes triples the chance of a non-smoker taking up regular cigarettes, a review of the public health impacts of vaping has found.*
>
> *Researchers led by the Australian National University's national centre for epidemiology and population health examined 25 research studies on e-cigarette use and smoking uptake from around the world as part of their review for the Federal Government. They found e-cigarettes are a gateway to smoking, especially among young people.*
>
> *"This review found consistent evidence that use of e-cigarettes, largely nicotine-delivering, is associated with increased risk of subsequent combustible smoking initiation, current combustible smoking and smoking relapse after accounting for known demographic, psychosocial and behavioural risk factors," the review concluded."*

This research reinforces the importance of T21 in protecting young people from the voracious marketing and deliberate lies of the tobacco and vaping industries.

WILL T21 WORK?

We hear some questioning – will T21 work?

Well of course it will be effective in reducing the age of uptake. We know that from our research, from experience when we raised the age from 16 to 18 years, and from research completed by the Menzies Centre.

Nobody claims that T21 should be implemented in isolation, it must be part of a package of measures, which I have already mentioned and which are an integral part of tobacco control policies and programs in Tasmania as listed in the Tobacco Control Plan and other Government documents. Education measures in particular are often mentioned – and these are part of the existing strategies.

Menzies researchers reported to me,

> *"One of the issues in the conversation about education is the use of the language. For some, when they think education, they are referring to education as increasing knowledge about a topic (one-off or short-term talks, imparting knowledge about risks/harms in the classroom).*
>
> *The other use of education is about a comprehensive health promotion programs that is implemented in the school setting but have consistent and coordinated elements outside of the classroom (scaffolding a program from primary school right through to settings that have 18-year-olds, incorporate the five action areas of the Ottawa charter, socioecological model, stages of change considerations etc) that include aspects of life skills, coping mechanisms (inclusion of social competence and social influences was shown to be effective in Cochrane review 2012) and who engage with young people during the development so it is relevant. "*
>
> *One-off talks in schools that are based around knowledge alone have not been shown to change health behaviours among young people."*

Significantly, once the age of sale has reached 21 years for tobacco there will be no students remaining in schools who can legally be sold cigarettes. This will have a dramatic effect on the social availability of cigarettes in schools and slash peer supply, which is the main method of transfer of cigarettes to younger people and counted for 60 per cent of access in the latest ASSAD survey. This is why T21 has been effective in other jurisdictions.

A student in year 12 sees a student at the same school in year 10 as a peer.

A 21-year-old tradie or university student sees the school student in year 10 as a child. Furthermore, the Menzies research found that younger teens saw someone who was 21 as *"…old, and weird to be hanging out with them".*

A wider sales age gap between school students and young adults will prevent adolescents accessing tobacco from older school-aged peers and put further distance between social circles of those aged 21 and kids in their teens. Therefore, reducing uptake as fewer young people will have an opportunity to access these products.

Due to the stakeholder and community education that will be undertaken to implement these proposed laws, I expect the policy will renew sentiments of harm associated with smoking, particularly among pockets of our State, like Bridgewater, where other measures have not been as effective in reducing smoking rates.

The Menzies study also says,

> "**There is evidence that raising the age of sale of tobacco to 21 has decreased the prevalence of smoking in several regions in the USA. The effect appears greater when there is evidence of compliance with underage sales laws, e.g. through identification checks at point of sale.**

We can save literally thousands of Tasmanian adults over time from a lifetime of disease, illness, and financial distress from tobacco addiction.

We know this because we know T21 works – it has worked in the USA and it will work here.

SOCIAL DETERMINANTS OF HEALTH

Many of you and others in the community have expressed concerns about inequality and disadvantage as problems for smokers. Successive Directors of Public Health have noted in their State of Public Health Reports that smoking was associated with socioeconomic disadvantage in Tasmania.

The Menzies T21 study also highlights that,

> *"Smoking continues to be more prevalent in areas that are socio-economically disadvantaged. Australia's Health Tracker, which uses data from the National Health Survey, reported that Australia's highest adult smoking rates are found in the Tasmanian suburbs of Bridgewater/Gagebrook 39% and Risdon Vale 34.4%.*
>
> *All these areas have a Socio-Economic Indexes for Areas (SEIFA) decile number of 1 when ranked, indicating high levels of disadvantage. The number of adolescents who*

> *should be attending school but are not are also more apparent in areas of socio-economically disadvantage."*

Subsequent to discussions with participants the Menzies researchers observed that:

> "Comprehensive programs with clear and consistent messaging that is actioned on a range of levels (individual, family, various settings, community, population/policy) reinforce optimum behaviour.
>
> This is usually difficult to set up (resourcing), however for smoking, this model is represented in the 'smoke free young people strategy' and they have started a project that is looking to map what is happening in the school setting.
>
> Resourcing this work would be a strategic investment."

T21 can support these existing frameworks and reinforce these messages by highlighting the level of harm cigarettes can do without superficially saying it (a higher MLSA for tobacco designates the profound level of harm associated with smoking), and in particular to young people who have not experimented with smoking as this further de-normalises smoking over time.

The Public Health Association (PHA) gave evidence on 10 September to our Public Accounts Committee and stated that the social determinants of health were very important.

Terry Slevin CEO of the PHA made it clear at that hearing the distinction between critical or acute care, and preventative public health in the context of COVID-19;

> *"… the normal election cycle whether it's state or national and the issue of health comes up, …….. It's around doctors, it's around hospitals, it is about emergency services, ….*
> *In terms of the investment of resources in the health sphere, you won't be surprised to learn that public health is a very, very small part of the pie. Broadly, in Australia we spend less than 2 per cent of our health resources on public and preventative health.*
>
> *At the national level when we take into all sources of funding, it's about currently 1.6 per cent.*
>
> *At that starting point, recognising that the urgent, the sick patient, the person with the immediate health problem is always going to trump what we consider as the important and, that is, that infrastructure that is necessary, and we're now seeing tested to the greatest possible extent of a capacity to respond to circumstances like this."*

This policy response has been dubbed the "primacy of rescue". It is not good enough to wait for hundreds of smokers to turn up in our hospitals critically ill. We need to act on prevention.

We need to see greater investment in fundamental preventative public health services in Tasmania, tailored to support the most disadvantaged. To some extent this has been attempted in tobacco control within DHHS, but still insufficient resources are allocated, and people like pregnant women are falling through the cracks.

In another 2018 study, undertaken by Deloitte for Homes Stretch Campaign NSW found that young people who stay in care until the age of 21 experienced a drop in the rate of smoking from 56.8 per cent to 24.9 per cent.

This is important for two reasons. It shows that extra support for vulnerable young people aged 18 to 21 is warranted and will help reduce smoking rates.

Secondly it also shows that the Tasmanian Liberal Government has recognised the importance of supporting young people aged 18 to 21 and recognises that they are at risk. The Government has put $1 million into the budget each year from 2018 to 2020 to support extended foster care for those aged 18 to 20 years. This is very commendable.

A Lancet article in September 2020 also highlights Covid-19 response and socio-economic disparity,

> "Two categories of disease are interacting within specific populations—infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and an array of non-communicable diseases (NCDs). These conditions are clustering within social groups according to patterns of inequality deeply embedded in our societies. The aggregation of these diseases on a background of social and economic disparity exacerbates the adverse effects of each separate disease.

Tobacco smoking is the cause of most of the major non-communicable diseases NCDs, diabetes, cancer, chronic respiratory diseases, like chronic obstructive pulmonary disease (COPD) and cardio-vascular disease. As the World Health Organisation says, NCDs are largely preventable.

The Lancet article goes on to say:

> "COVID-19 is not a pandemic. It is a syndemic. The syndemic nature of the threat we face means that a more nuanced approach is needed if we are to protect the health of our communities."

All of this means in simple terms that we must in Tasmania take greater notice of our disadvantaged communities when framing and developing preventative health responses. It is my belief that T21 fits firmly within that framework and provides an opportunity and a

mechanism to escape from a social determinant of poverty and poor health for young people.

Smoking is linked to poverty, and poverty is linked to smoking. We need to break the cycle.

HEALTH ORGANISATIONS

All leading Tasmanian health organisations support the T21 proposal.
This includes the Tasmanian branches of the Australian Medical Association, Royal Australian College of General Practitioners, Cancer Council, the Heart Foundation, the Australian Dental Association, the Alcohol Tobacco and Other Drugs Council, Lung Foundation, Quit Tasmania, Smoke-Free Tasmania and the Menzies Institute for Medical Research.

The majority of leading national bodies have also written to the Premier in support of this policy. This includes Cancer Council Australia, Lung Foundation Australia, the Australian Council on Smoking and Health (ACOSH), and the Australian Medical Association.

It has been made very clear to me, and our Government that all eyes are on Tasmania to lead on this policy, which has the potential to be the forerunner of tobacco control across Australia. If Tasmania leads with the legislation, I am confident that mainland states will follow.

PUBLIC OPINION AND POLLS

Every single reputable poll on T21 has shown overwhelming support. Some of these are very scientific, and others are media polls of viewers, listeners, or readers.

- The LAFM Poll 3 June 2019 – 70 per cent support T21
- ABC Poll 6 February 2019 – 79 per cent support T21
- ECI Poll (Galaxy) October 2018 – 73 per cent support T21
- 2019 National Drug Strategy Household Survey – 60 per cent support of T21

Since the Tobacco21 campaign was aired across Tasmania, a further post-campaign evaluation has been done with the polls showing an increased 78 per cent support for T21 across Tasmania.

The highest support at 84 per cent is in the electorate of Clark, so I hope the Members for Nelson and Hobart are aware of this high level of support from their constituents.

78 per cent support for T21 across the State is extremely strong evidence that the community want this legislation and is a strong reason for it to be enacted. Where have we ever had that level of support to introduce anything?

It demonstrates the Public's concern regarding the availability and use of tobacco – the Public knows the impact on health of this pernicious product and want measures put in place to protect the younger generation.

On 14 November 2019, State Growth, in a survey done to reduce a speed limit on the Southern Outlet, referred to 40 per cent support as "reasonably strong evidence to reduce the speed limit".

That being the case, 78 per cent can certainly be seen as massive support for T21.

MINDEROO FOUNDATION

In 2018 I met with representatives of the Minderoo Foundation, the charity organisation set up by Australian Philanthropists Dr. Andrew Forrest AO and Mrs. Nicola Forrest AO. One of the Minderoo Foundation's core missions is to make cancer non-lethal in a generation. Prevention measures, particularly reducing the prevalence of smoking rates, plays a key role in this mission, and Minderoo have been avid supporters of this Bill, alongside our state's tobacco control groups.

The Minderoo Foundation have made it clear to the Government that they are willing to financially contribute to the costs of implementing T21, through assisting the Department of Health with small business retail education, training and potential compensation for lost sales revenue to support 'phase in' compliance costs.

It is wonderful to have philanthropists in Australia prepared to put their influence behind such an important measure, which will reduce the uptake of smoking around Australia.

This Bill is about protecting children and young people and sending a clear message out there to adolescents not to smoke.

THE ROLE OF THE LEGISLATIVE COUNCIL

The Legislative Council has played an important role in amending, strengthening and improving tobacco control legislation put in place by successive governments. Indeed, I would assert that the Legislative Council has acted to ensure that the will of the Tasmanian people to reduce tobacco consumption has prevailed, when some governments have introduced relatively weak legislation.

An example: It was the Legislative Council in 2007 that persuaded the Government to eliminate the display of tobacco products at point of sale by 2011, when it was clear that some elements of the Government had caved in to the tobacco lobby groups and only wanted to reduce the size of displays.

We have recently seen another important Private Member's Bill debated in this place. Clearly in 2020 Legislative Councillors are not mere Government ciphers, nor simply reviewing bills, but willing to propose new initiatives for the benefit of all Tasmanians. We have shown initiative in the past, and this Bill is consistent with our reformist history.

MLSA LEGISLATION IN THE USA

In the most significant illustration of the effectiveness of T21 to curb youth smoking initiation, in December 2019 the USA raised their minimum legal sales age for tobacco products to 21.

The Federal Government were persuaded to pass this legislation in response to significant evidence base of success seen in over 18 States and 500 jurisdictions, who led the way on T21.

Data from Needham in Massachusetts, the first jurisdiction to adopt age 21 in 2003, showed a 47 per cent reduction in high school smoking five years after its introduction.

Modelling by the National Academies Science in the US predict a significant reduction in smoking initiation among teenagers 15 – 17 years.

> The report also said "*However, changes in the prevalence of tobacco use may not necessarily be linear with increases in the MLA or equal for all segments of underage individuals. Consider, for example, the declarative effect of raising the MLA. Changing the MLA has an indirect effect of helping to change norms about the acceptability of tobacco use, but this effect may take time to build. In addition, norms about the acceptability of tobacco use are also likely to vary by age, with a more stringent perceived unacceptability the farther away one is in age from the MLA. For example, if the MLA increases to 21, the social unacceptability of smoking is greater for a 16-year-old than it is for a 20-year-old."*

The Chair of the Committee, Richard J. Bonnie, Harrison Foundation Professor of Medicine and Law and director of the Institute of Law, Psychiatry, and Public Policy at the University of Virginia in Charlottesville, which looked at this issue said:

> *"While the development of some cognitive abilities is achieved by age 16, the parts of the brain most responsible for decision making, impulse control, and peer susceptibility and conformity continue to develop until about age 25."*
>
> *"A balance needs to be struck between the personal interests of young adults in being allowed to make their own choices and society's legitimate concerns about protecting the public health and discouraging young people from making decisions they may later regret, due to their vulnerability to nicotine addiction and immaturity of judgment."*

Those who have studied the effect of minimum legal sales age (MLSA) legislation in the United States are forthright and optimistic about the effects of raising the age. Let me be the first to acknowledge that the United States is not Australia.

Firstly, the legal purchasing age for alcohol is 21 years across the USA. It was raised to 21 years from 18 when President Reagan was concerned about road deaths and refused to provide road funding to states unless they raised the age of access to alcohol from 18 to 21 years. So all states complied.

I hasten to assure you, and anyone who might suggest it, that I have no intention of moving to raise the age to 21 to access alcohol in Tasmania.

Research has found that the overall proportion of dependent users is considerably lower for alcohol than for tobacco; an estimated 2–9 per cent of adult alcohol users are alcohol dependent whereas for tobacco this figure is closer to 90 per cent.

Secondly, the USA is a long way behind Australia in banning advertising of tobacco products, raising taxes and legislating for plain packaging.

However, we have seen research that came out in July 2019 which evaluated the impact of locally implemented T21 policies on smoking rates across the United States.

The study by Friedman and Wu found that:

> *"Current smoking rates fell from 16.5 per cent in 2011 to 8.9 per cent in 2016 among 18 to 20 year-olds in these data."*

They concluded that *:*

> *Local tobacco-21 policies yield a substantive reduction in smoking among 18 to 20-year-olds living in metropolitan and micropolitan statistical areas. This finding provides empirical support for efforts to raise the tobacco purchasing age to 21 as a means to reduce young adult smoking."*

More recently in September 2020 the Republican Senate Majority leader Hon. Mitch McConnell reported FDA and CDC research that -e-cigarette use in young people had fallen by 1.8 million in the USA since the introduction of T21 in only one year across the entire country. The T21 legislation in the USA like the Tasmanian T21 Bill covers both e-cigarettes and tobacco products.

So….. We know that raising the age to 21 will reduce smoking uptake. I am not standing here telling you this is all we need to do to solve Tasmania's smoking and health problems. I am saying that systematically planning, implementing, and evaluating an evidence-based approach that will support and add value to current evidence-based strategies is the epitome of leadership.

This is not about being brash and implementing novel legislation. This is about acknowledging that whilst the concept is novel, there is promising research that it is effective. This is about being bold and taking the lead on strengthening what we are doing to protect our young people from the uptake of smoking.

COMPREHENSIVE POLICES ON TOBACCO CONTROL ARE KEY – T21 IS PART OF THE LOCK

David Levy found in 2017 that tobacco excise decreases smoking prevalence by 18 per cent. Tax on tobacco is heralded as the most effective way of reducing smoking rates. However, Levy also found that raising the MLSA decreases smoking prevalence by 12 per cent, which means that this Bill will certainly play a part in reducing smoking rates.

Effective tobacco control measures are always a combination of many initiatives, and work as a collective package.

Other measures such as mass media campaigns, smoke-free areas, bans on advertising and targeted education and quit campaigns are also essential and must be maintained and extended to continue to reduce smoking rates in Tasmania.

There is a comprehensive Tasmanian Tobacco Control Plan developed by the Tobacco Coalition, accompanied by a SmokeFree Young People Strategy, and an Action plan for priority populations. T21 is just one more plank in these programs. It is not a "silver bullet" sitting out on its own. T21 is an integral part of a Tasmanian strategy. Unfortunately, some of the important strategies, such as that relating to pregnant women, have not been adequately funded nor implemented.

Bans on smoking around schools and hospitals were called for three years ago by myself and other members of the Legislative Council, and the Government promised that it would act. We have not seen any action to date, and I call on the Government to follow this through because seeing people smoking close to hospitals and schools, sends a poor message – in fact, a shocking message.

Raising the age to 21 will have a positive impact on reducing smoking and it is a step in the right direction for Tasmania. Any reduction will save many lives over time and will eventually reduce the pressure on hospitals.

ADULT BRAIN DEVELOPMENT NOT UNTIL AGE 25 YEARS

There is considerable research evidence that the human brain is not completely developed until the age of 25 years.

A 2015 article by Robert Smith et al explains that smoking and nicotine alter the brain of adolescents:

> *"……the adolescent brain reacting to nicotine is a somewhat different brain than the adult brain. The conclusion is that the adolescent brain is a 'different' brain, specifically with respect to nicotine effects…*
> *…. adolescent nicotine has lasting effects on brain and behavior by modifying the pattern of activity ……. thus 'sculpting' an altered pattern of connectivity. The notion of persistently altered connectivity after adolescent nicotine, implied by our anatomical data, is supported by behavioral and electrophysiological studies, and studies of persistently altered brain neurochemistry."*

AGE 18 HAS NOT ALWAYS BEEN THE AGE OF "MAJORITY", AND DRUGS HAVE NOT ALWAYS BEEN CONTROLLED.

Some of those who argue against the MLSA say that you can vote, buy alcohol, join the armed forces, get married and drive a car at 18 years. However, JobSeeker and some other benefits are only available for people over aged 22 years. So why not smoking?

There have been many changes to the ages for voting, alcohol use, driving a car, joining the armed forces, and smoking over the past decades. Many drugs have been legal, then banned or placed as prescription only.

Sri Lanka and Taiwan phased out the use of opium, a legal drug in those countries, in the early 20th century by raising the sales age of access, achieving an 80% reduction in 15 years and eventually eradication.

Fast forward to the 1960s and you could buy amphetamines over the counter at any chemist in Australia for weight loss. Just recently in 2018 pseudoephedrine and codeine, the most used opioid in Australia, were made prescription only. These drugs were used for both recreational and medicinal purposes and have all now been either banned or only available on prescription.

The fact that tobacco products are available freely anywhere is also an accident of history, and the only controls are on display, smoke free areas and sales to minors.

There is absolutely no regulation at all on the engineering or content and additives in tobacco products sold in Australia. Manufacturers can put anything they like in cigarettes to make them more addictive to children and adolescents, and we have seen that recently with the flavoured "crush balls".

8 of these ingredients include formaldehyde, ethylmethylinitrosamine, ammonia, acetone, hydrogen cyanide, nitrous acid, carbon monoxide, vinyl chloride and there are many, many others.

Only the Federal Government can regulate the content of tobacco products and they have failed to act and been sitting on several reports and recommendations to eliminate flavourings and menthol, and filter ventilation, since 2014.

Tobacco is not a benign product and when used as directed kills two-thirds of its customers. What other so-called legal product does that? Why do we allow it?

I often hear the argument that 18 is the age of majority, as though it is set in stone, and has always been thus.

In fact, just like drug regulation, the age of majority for various social activities has changed over many years.

The age for alcohol access was 21 years in Australia until the Vietnam War, when it was argued that if people were being conscripted to fight and die for their country they should be allowed to drink alcohol at 18 years and by 1974 all states had changed the law to allow drinking at 18 years.

I have no intention of raising the drinking age. That is not the issue here. I merely give you these examples to show that there are historical changes to these things on a political basis, not always science.

In 1942 Tasmania passed a law to raise the minimum age of marriage from 12 for women and 14 for men, to 16 and 18 respectively. In 1961 the Federal Marriage Act made the law 18 years across the country - and that was amended so we now of course have same sex marriage recognised in the law.

The smoking age in Tasmania and many other states was 16 years for over 60 years. This gradually changed in all states and in 1996 Tasmania was one of the last to raise the age from 16 years to 18 years. There was an increase in the age of uptake of smoking following that law change.

The majority of decisions which can be made at 18 years are reversible, like, voting, driving, joining the military and marriage. People can change their mind, and get divorced, vote for a different party, drive or not. Tobacco is addictive, and extremely difficult to quit. It is not a "choice" as the tobacco industry would have you believe.

Tobacco smoking is highly addictive and harmful. Voting or driving, albeit may not be risk-averse – but a car does not chemically alter the brain's structure, creating irreversible damage to all subjects. We know that two in three smokers will die from a tobacco related disease.

If two in three of our military or two in three Tasmanian drivers were dying from entering the armed forces or getting behind the wheel of a vehicle, we as legislators would review those minimum age provisions as well – of course we would.

A decision about using the most addictive and lethal substance should be delayed much longer than all those other social decisions.

Tobacco is a product that serves no productive function in society, but costs lives, money, and happiness.

In Tasmania, few children obtain cigarettes from retailers because we not only have well educated and compliant retailers, but we have a very effective enforcement system with 98 per cent compliance. Having excellent enforcement mechanisms is a prerequisite for effective implementation of any age-based tobacco control law.

T21 will be effective in Tasmania because we already have an Australian leading model of compliance and enforcement in place. Models of effective implementation of T21 say that effective enforcement is a key prerequisite.

We hear some concerns that there will not be 100% compliance with this law. Of course, there will not be – and we do not expect it. Its aim is to increase the average age of uptake of tobacco products and in the longer term reduce smoking rates.
If we raise the minimum legal sales age (MLSA) to 21 years we can expect that the average age of starting smoking will be around 18-19 years, as the trend in our country has been young people experimenting at the age two years prior to the legal sales age.

You will notice when you read the Bill that there are no penalties for young people who smoke. This is consistent with the USA approach and with our work for the last six years on the Tobacco Free Generation Bill. Any attempt by the tobacco industry to promote these penalties should continue to be strenuously opposed. The legislation is intended to prevent sales and supply of tobacco products, not to punish smokers.

RETAILERS

Some retailer organisations funded by or affiliated with the tobacco industry have made extreme claims that, for example, young people will get on a plane and fly to Melbourne to obtain cigarettes.

There are several reasons why this is absurd.

We know from the United States experience there was no evidence of travel by young people to obtain cigarettes. The smoking rates went down in young people in Needham, a suburb of Boston, despite the fact that they could virtually walk less than four kilometres in any direction to a jurisdiction which sold tobacco to those aged under 21 years. Christ Bostic from ASH USA said in a letter to one of my advisors:

> *"A study published in 2016 found that for the seven years after T21 was enacted the prevalence rate among high school youth dropped from 15% to 12% in 15 neighboring jurisdictions, while in Needham it dropped from 13% to 7%. It is well known that the primary avenue for underage youth to obtain tobacco is through older friends and siblings. Clearly, if 18-20-year-olds had continued to supply tobacco by purchasing in other jurisdictions Needham's relative sharp reduction would not have occurred."*

Further, Dr. Rob Crane Founder of the US based Preventing Addiction Foundation, said in a letter to the former Premier, Will Hodgman on 3 September 2019

> *"Age 21 access is a novel concept for Australia and may raise eyebrows about personal freedom and the concept of adulthood. First, addiction is the diametric opposite of freedom. What we now know of human neural development is that the adolescent brain is uniquely susceptible to addictive risk. If that vulnerable period can be safeguarded, nicotine addiction can largely be avoided. 95% of smokers addict before age 21.*
>
> *Second, older adolescents who currently buy legally tend to be the main suppliers and initiators to younger teens. This is the true black market. Moving to age 21 dramatically reduces that supply.*
>
> *We have had no sign that Tobacco 21 has resulted in cross border sales between cities or states. That this might occur across an ocean border seems far-fetched. "*

Other spokesperson for retailers and the tobacco industry have argued in the Advocate that T21 will

> *"…..cut a chunk out of their business, negatively affecting jobs, for no tangible health gain."*

Given that there will continue to be 670 licensed tobacco retailers and fewer than 800 smokers turning 18 years in Tasmania each year, they will only have around one potential loss of customer each. Clearly such a small loss could not possibly affect a small business.

To estimate the potential impact of lost sales from T21 on licensed tobacco retailers, an independent economic model was commissioned by Smoke Free Tasmania and Minderoo Foundation and made available to all stakeholders.

Wells Economic Analysis Tasmania provides indicative benefits and costs from T21. Tasmania would be $600 million better off if nobody smoked. But if the more conservative outcomes as predicted by the US Surgeon General were to apply to Tasmania, the long run effect of T21 on tangible costs to Tasmania are estimated at $72 million per annum, compared to the indicative long-run effect on the small and medium business sector which is a reduction in constant-price gross profit of $3-4m per annum.'

The Wells Economics research predicts the overall loss in gross profit in the vicinity of $500,000 to $2,000,000 per annum in the first five years across small and medium tobacco retailers, something which I believe can be managed in a prudent manner. I am not discounting that there will be an impact, rather that it can be effectively managed, and it is not material when compared to the social, health and economic impact from a lifetime of nicotine addiction.

A study which examined the impact of raising tobacco sales to 21 years by Winickoff et al in the USA confirmed that "*Of note, no tobacco retailers have gone out of business in Needham since implementation*."

It is disappointing that another retail organisation, supported by British American Tobacco, has chosen to oppose this Bill based on unsubstantiated claims about loss of sales. By analysing current smoking rates for persons aged 18-21 years, the Wells Economics research has estimated that this cohort will not significantly impact business revenue. We have seen these inaccurate claims in the past, of job losses, at the time we eliminated the visual impact of tobacco products, and when we banned smoking in pubs.

This sort of hysterical overreach is promoted by the tobacco industry, and it frightens small retailers.

Small Retailers are already coerced by big tobacco, some are obliged under contract to sell a quota of over 125,000 sticks per month. Others are bribed with gifts and holidays, provision of tobacco cabinets, prizes, price discounts, rebates and price lists.

This brings me to another overreach claim from these tobacco industry front organisations. The idea that there would be a black market. How could there be a black market when there are 70,500 plus smokers and 670 retailers in Tasmania? Tobacco will remain readily available. There has to be a prohibition for a "black" market to occur. This Bill does not penalise smoking or possession by underage persons, it only raises the sale age of tobacco to a point high enough, to get the supply of cigarettes out of our schools.

RETAILERS WHO STOP SELLING

I have personally spoken to many small retailers who say their margins on tobacco sales are quite low, and they would like to stop selling. Quit Tasmania has been running a pilot project in North West Tasmania to encourage retailers to surrender their tobacco license. Results of this project should be known soon, but at least eight retailers have stopped selling in that region.

This anecdotal evidence is supported by the Department of Health research which said that:

> *"The vast majority of historical retailers found that ceasing tobacco sales had no impact on profitability*. … and "*A number of retailers said their decision had improved business cash flow and provided a chance to invest in other goods."*

Reduction in the numbers of retail outlets for tobacco certainly does reduce smoking rates. So if some retailers do decide to give up selling tobacco that will be a very good thing for public health, hospitals and our economy long term.

An excellent study from local research by Dr. Shannon Melody shows that giving up selling tobacco has no effect on the economy of Tasmanian businesses.

There will still be 70,500 smokers in this state purchasing cigarettes after this Bill becomes law. Existing smokers in the 18-21 age groups are unaffected. In Tasmania, the market for tobacco is still huge. I wish it were not.

It is heartbreaking that tobacco retail outlets are concentrated in low socio-economic areas. Bridgewater/Gagebrook has the highest smoking rate of 40 per cent in Australia. Try and buy cigarettes in Sandy Bay or Battery Point and you will find few retailers.

TOBACCO INDUSTRY BLACK MARKET AND SMUGGLING

The notion of a black market, sounds to me like we are being threatened by the tobacco industry. There are many research papers documenting the involvement of the tobacco industry in smuggling around the world.

However, Australia is lucky. The Tasmanian Government and the Federal Government have many resources to combat smuggling. On a Federal level, these resources are also under review to tighten up importation control of nicotine-based substances for the purposes of vaping. Border Force alone has over 10,000 armed officers, so it is not a reason to avert tobacco control reforms, or to be scared of big tobacco. Any possible 'black market' can be monitored through information from border force, biosecurity, and postal services through right to information, if there were evidence. It would also be possible to monitor through the National Drug Strategy Household Survey and ASSAD. Researchers could specifically ask more questions about where tobacco is accessed.

We as legislators should support raising the minimum sales age to send a clear message that we will not be intimidated by the tobacco industry and their stalling tactics.

LEGAL OBJECTIONS

It has been argued that all legislation which imposes a penalty is "criminal". Therefore, under this definition, all of us are criminals if we have ever had a speeding or parking ticket.
However, the *Public Health Act 1997* is not the *Criminal Code 1924*. It operates under the Director of Public health and the preamble to the Act states it is:

> *"An Act to protect and promote the health of communities in the State and reduce the incidence of preventable illness."*

T21 falls squarely into the purpose of the Act.

The *Public Health Act 1997* is the most powerful piece of legislation in Tasmania and under Section 5, it overrides all other Tasmanian legislation to the extent of any inconsistency.

Tobacco industry lawyers actually contribute to the harm associated with the product and have been described by leading US lawyers Sara Guardino and Dick Daynard in a 2007 research paper as "*vectors of disease".*

> *"……the defendants (the major US tobacco companies) engaged in a ''fifty-year history of deceiving smokers, potential smokers, and the American public about the hazards of smoking and second hand smoke, and the addictiveness of nicotine,'' Judge Kessler made special mention of tobacco attorney misconduct. She noted: ''At every stage, lawyers played an absolutely central role in ... the implementation of [the tobacco industry's] fraudulent schemes.''*

They quote Judge Kessler who proclaimed: ''*What a sad and disquieting chapter in the history of an honourable and often courageous profession.''*

In Australia too we have witnessed document destruction by lawyers in the "Rolah McCabe case against British American Tobacco. The McCabe Centre for law and cancer in Melbourne says on its website:

> *"Rolah's case garnered international attention by exposing BAT's systematic destruction of thousands of documents under its 'Document Retention Policy'. Since the hearing took place, evidence has emerged …. that the purpose of BAT's document retention policy was to keep incriminating documents out of court*."

Also in Australia, the tobacco industry has been found by the Australian Competition and Consumer Commission to have breached the law through misleading and deceptive conduct in relation to their promotion of so-called "light" cigarettes. I suspect that history may repeat itself as we already see the tobacco industry using similar tactics to market e-cigarettes. For example, in the 1930s some doctors and universities were co-opted by tobacco companies to support smoking, some argued that it was a treatment for asthma. Doctors were paid to appear in advertisements for Lucky Strike and other cigarettes.

We are seeing history repeat itself with a few doctors, funded by industry, supporting, and promoting vaping and arguing that it is a safer product than combustible tobacco products. The problem is they glibly slide over the Australian research that shows, for example that vaping damages lungs to the same extent as cigarettes, and that vaping increases the chances of regular smoking threefold.
Australian researchers are concerned e-cigarettes could therefore become a gateway to smoking for young people.

In summary, any legal opposition to any proposed tobacco legislation must be sought through an expert in public health law willing to declare independence from the tobacco and vaping industry.

ETHICAL OBJECTIONS

I referred earlier to concerns expressed about age 18 being the age of majority for a number of social decisions, and that these latter decisions are reversible, and not causally related to extended addiction.

A comprehensive article in AJPH Law and Ethics by Morain and others on the minimum legal sales age for tobacco products and e-cigarettes states that:

> *"…. the risk–benefit profile of tobacco use is not analogous to the right to vote, to get married, or to join the military. When used as designed, tobacco may bring about temporary pleasure but has clearly and repeatedly been shown to cause significant harm to virtually all those who consume it. By contrast, other freedoms allowed to those aged 18 to 20 years have the potential to bring about more good than harm (although they are not guaranteed to do so)."*

I can provide the complete article for members who are interested in this particular issue.

CIVIL LIBERTARIAN OBJECTIONS TO T21

Other objections concern the idea that there is somehow an inalienable "right" to choose to smoke at the age of 18 years.

I stress that this is not based on state or constitutional law but based on values and beliefs. This is derived from the opinion of one or two lawyers, not "legal advice". There is a difference.

I emphasise that if we as legislators wish to be led by evidence in this debate, which has resulted in an excessive amount of time and energy to get us to this point, let us not then be spellbound and distracted by arguments about a couple of lawyers' beliefs and values.

If we look at the evidence from Dr. Reynolds about the inability of young people to make valid risky decisions about an addictive substance, and also the evidence from Lindblom, and Van der Eijk and Porter, it demonstrates that human rights laws require protecting people from harm.

Van der Eijk and Porter argue that;

"Most smokers start before adulthood, at a time when the capacity for rationalised, long-term decision-making is not yet fully developed. Many adolescents are lured into cigarette smoking as a rite of passage into adulthood, usually through their peers, unable to fully conceive of the addictive grip of nicotine, and the health impacts they will later experience.

Under The United Nations Convention on the Rights of the Child. 1990. Article 6: 'Governments should ensure that children survive and develop healthily'.

In addition, given the addictive properties of tobacco, it can be suggested that smoking is incompatible with the notion of 'liberty', as the addict is not entirely free to choose whether to continue smoking or not.

In practice, governments do restrict liberty to protect citizens from the effects of harmful and addictive psycho-active drugs, such as opium, heroin and cocaine; none of which have caused anywhere near as many deaths as tobacco. A tobacco phase-out would thus be consistent with the way in which other hazardous, addictive substances are regulated."

HOTELS

There has been some concern expressed by hoteliers, many of whom are also partnered with the tobacco industry, that they will have to enforce the legislation around preventing 18 to 21-year old customers from smoking in designated smoking areas. Hoteliers will not have to do anything of the sort.
In 2001 Hon. Cathy Edwards MLC in this Chamber expressed concern, about the underwriting by the tobacco industry of lobbying by the AHA – now the Tasmanian Hotels Association. She was:

> *"…..disturbed by the fact that the tobacco industry had paid the AHA to produce a very expensive information package and CD for parliamentarians, "….and some research by UMR Research was underwritten by Philip Morris".*
> (Hansard Thursday 29 March 2001)

Hoteliers do not have to prevent young people from smoking or remove them from the premises, under this legislation. However, hotel operators must not sell cigarettes to children or underage persons as defined. There is a big difference.

I am advised that there are only 29 bars, pubs and clubs in Tasmania that hold a tobacco license – plus the two casinos and bottle shops.

Furthermore, I am advised that there are only two legal licensed vending machines operating in Tasmania. A representative from the Tasmanian Hotels Association complained to Legislative Council that enforcement of vending machine operations would be a problem, however, this is clearly an exaggeration if there are such few legal machines left in the State.

To ease compliance issues, we must ensure that hotel staff are given education and training about selling to underage persons, in the same way as retail staff. I am assured that this training can be done by the Department, and hopefully involving retail and hospitality associations.

RESEARCH APPENDIX:

Any research or data or letter that I have referenced today can be provided to you at request.

In 2019 a world first study by Professor Emily Banks and others from the Australian National University (ANU) National Centre for Epidemiology and Population Health was conducted into the risks associated with smoking as few as five cigarettes a day.

This study is said to be the most in-depth study in the world tracking smokers and non-smokers over seven years.

It found smokers are five times more likely to develop peripheral cardiovascular diseases which can cause gangrene and require limb amputations. Professor Banks went on to say *"smoking causes terrible harm across the board",* and that smoking caused 11,400 coronary related hospital admissions a year – or 31 per day.

The National Heart Foundation chief John Kelly said this new evidence was disturbing and went on to say:

> *"It demonstrates that our battle to eliminate the devastation tobacco brings to people's lives is far from over"… "We urge the Government to maintain tobacco control as a high priority and look forward to seeing it feature strongly in the new prevention strategy recently announced by the Minister for Health"*

A 2018 report found that:

> *"A history of smoking may increase the risk of hospitalization in smokers and ex-smokers. Preventing smoking could reduce hospitalizations due to influenza. Smokers and ex-smokers should be informed of the risk of hospitalization due to influenza infection and encouraged to stop smoking. Smokers should be considered an at-risk group to be aggressively targeted for routine influenza vaccination."*

This of course would also apply to Covid-19, as it is primarily a respiratory virus, but also affects other organs of the body. We look forward to a vaccine, likely we are told by epidemiologists, to be widely available in 2022.

I was impressed by the Editorial in the Launceston Examiner on 22 June 2019 which said:

> *"[The] Smoking cycle must be broken – Tasmania has the chance to make a generational change by becoming the first state in Australia to ban the sale of*

cigarettes to people aged under 21 years. Controversial, perhaps. Worth it, yes if it helps break the deadly cycle."

The Advocate Editorial on 25 June 2019 stated:

"The long-serving chief executive of the Tasmanian Small Business Council made some comments this week that were as contradictory as they were at odds with the interests of our community.
Mr Mallett says a proposal to increase the legal smoking age to 21 would be "a kick in the guts to small business and cost jobs in regional Tasmania."
Yet in the next breath he says such a move wouldn't do "anything to actually reduce smoking rates."

TOBACCO CAMPAIGN:

Last year a TV campaign aired across Tasmania in June and July, carrying the story of lung cancer sufferer Jason Trewin. The ads were filmed in May 2019, and by mid-June 2019 Jason had died. Lung cancer is still the biggest cancer killer of Tasmanian men and women, primarily due to tobacco use.

It is a horrible disease and my own father's suffering from lung cancer is what drives me to want to eliminate this repulsive, addictive drug from the shores of Tasmania to protect our future generation from its devastation.
Jason Trewin knew he had only weeks to live and urged us to support this legislation, and to protect young Tasmanians. We mourn his loss. He was a very courageous man.

A video produced by Minderoo which was made especially for the Legislative Council and is now available on websites and Facebook pages has some significant messages from very thoughtful young people in Tasmania about smoking;

- The effects on low income families having to put groceries back on the shelf at the supermarket so they can buy cigarettes;
- A Professor who explains that the smoking rates in Bridgewater are reminiscent of the 1970s;
- A smoker who wishes he had never started and said that cigarettes should be banned.

We are constantly reminded of the pressure on our hospitals around Tasmania. Therefore, I believe it is crucial that we make a start on raising the age at which tobacco is sold, with a view to having some effect sooner rather than later, on reducing smoking uptake and reducing the burden of disease and chronic illness in this state.

COSTS:

Tasmania would be $600 million dollars better off if nobody smoked.

One Hobart obstetrician, who works with high-risk pregnant women, has said of premature babies caused by smoking,

> *" …the cost of looking after a baby born before 31 weeks was estimated to be $600,000 and $700,000."*

Chronic Obstructive Pulmonary Disease (COPD), a smoking related disease, costs $5,000 for every patient admitted to a Tasmanian public hospital and they each stay for an average of five days. We know that around 1,438 COPD patients are admitted every year.

So the cost to Tasmanian hospitals for just this one smoking related disease – not even counting all the multitude of cancers, cardiovascular disease, strokes and premature births caused by smoking - is about $7.1 million each year.

In addition, the cost of treating lung cancer another smoking related disease in Tasmania is $8.5 million. Over $15 million a year the costs for just two smoking related preventable diseases.

I will repeat that - $15 million for just two smoking related entirely preventable diseases – every year.

I am sure we can all think of other ways $15 million could be usefully spent in Tasmania - every year.

CONCLUSION:

Smoking costs lives and money.

Economically, we are in stronger position if we support active measures to reduce smoking.

Tasmania receives no revenue from tobacco taxes and has not done so since 1997. The Commonwealth receives over $18 billion, and yet only spends about 0.2 per cent on smoking prevention.

We are in the midst of another pandemic, that of COVID-19 – and that is tragic.

COVID-19 has a case-fatality rate of 1% in Australia. Smoking has a case-fatality rate of 66%. The time frames are different – a few weeks versus many years but the effect on lives and families is the same.

More than 500 Tasmanians die from smoking-related diseases each year. This would equate to 50,000 people being infected by COVID-19 at a mortality rate of 1%. To date 13 Tasmanians have died from Covid-19.

We have been willing to accept drastic measures, and a virtual shut down of our economy to protect public health from COVID-19. The minor incremental delay of access to tobacco to 21 years is far less costly and will save many hundreds of lives.

Smoking imposes costs on society. For Tasmania, recent estimates of tangible costs (compared to a situation where no-one smokes) amount to approximately $600 million per annum.

Meanwhile, our hospital system is repeatedly clogged from the demands of smokers. Time after time the beds at our hospitals are full, people are unable to leave, and ambulances are ramped. There are too many smokers in our hospitals, and they cost us a lot of money.

Tobacco is the single most lethal consumer product in history.

We need to protect our next generation from becoming addicted to this terrible addictive lethal drug.

Its 2020 and we already know that the Government's 2020 smoking rate target of 10 per cent will not be met, and the current trajectory for their 2025 target of 5 per cent is not achievable.

We have a responsibility to reduce the burden of illness and chronic disease in Tasmania, and this reduction of sales policy is the next step.

We must pass this Bill and save Tasmanian lives.

We can send a message to the community that we have heard their pleas to reduce youth smoking rates and that we are firmly of the view that this needs to be done.

We can demonstrate in a practical way that we are determined and resolute about the health of Tasmanians.

I commend the Bill to the House.