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Secretary

Legislative Council Sessional Committee Government Administration A

Tobacco Free Generation

Parliament of Tasmania

Parliament House

Hobart TAS 7000

Dear Ms Leaman,

Subject: Public Health Amendment (Tobacco Free Generation) Bill 2014

I welcome the opportunity provided by the Legislative Council Enquiry into the *Public Health Amendment (Tobacco-free Generation) Bill 2014*

I make this submission on the background of a lengthy experience working in the alcohol tobacco and other drugs field since 1983, as a clinician and in wide ranging other roles in policy advice, research, teaching and health planning. My credentials include the following:

- I am presently the Clinical Director of the Tasmania's Alcohol and Drug Service, THO South. In this role, I oversight the Statewide Smoking Cessation Program that was funded by Population Health as one among a number of recommendations arising from an independent review of Tasmania's less than laudable achievements in smoking cessation in 2008
- I am a member of the Tasmanian Tobacco Control Coalition
- I have an appointment as Clinical Associate Professor, Medical School, University of Tasmania
- I am the Policy and Advocacy Lead on all matters related to alcohol, tobacco and other drugs, Royal Australasian College of Physicians
- I am the President Elect, Chapter of Addiction Medicine, Royal Australasian College of Physicians
- I was the Australasian Chapter of Addiction Medicine representative on the The Royal Australasian College of Physicians and The Royal Australian and New Zealand College of Psychiatrists committee that developed an integrated College policy on tobacco control *Tobacco Policy: Using evidence for better outcomes (2005)*
- I have an extensive past involvement in tobacco control initiatives working within the World Health Organization
 - I was employed as a Short-Term Consultant and Technical Adviser to the World Health Organization in the number of consultancies on tobacco control policy and planning and teaching clinical interventions for smoking cessation in Malaysia, China and the Philippines

- I was Acting Regional Adviser, Health Promotion, Alcohol, Tobacco and Drugs and Mental Health Programmes, World Health Organization, Western Pacific Region in 1997 and in this role and during subsequent WHO consultancies, was involved in early stage discussions on the development of the WHO International Framework Convention on Tobacco Control

In this submission, I will not repeat the information, analysis and rationale in support of the *Tobacco Free Generation Amendment (Tobacco-free Generation) Bill 2014*, contained in a separate submission by Smoke-Free Tasmania, to which I am 'signatory'. That submission deals with the detailed arguments related to how and why this legislative amendment will work in preventing the uptake of smoking among youth and over time, moving Tasmania towards a tobacco free generation. The Smoke-Free Tasmania submission focuses in particular on the practical issues of implementation, which is of course the central focus of attention of the parliament following the second reading of the Bill in March this year. Rather, I seek to complement the submission by the Smoke-Free Tasmanian group with a number of additional observations and comments.

Setting the Scene

Members of the Tasmanian Parliament can well understand that as a doctor generally speaking and as a doctor specialising in the field of Addiction Medicine more specifically, I have very clear and strong views about the avoidable harm that I and my colleagues witness of a daily basis as a direct consequence of tobacco smoking. It is no easy matter seeing so many patients suffering so significantly and tragically. The 'personal choices' and 'personal responsibility' arguments run very thin when one sees what the tobacco industry does to seduce young people to start smoking and when one observes many patients and others struggling for every breath as a result of smoking-related destruction of their lung tissue from chronic obstructive pulmonary disease or from lung cancer or patients experiencing recurring crushing chest pain from coronary heart disease, severe leg pain as a result of peripheral vascular disease and loss of basic brain functions arising from cerebral vascular disease, all directly attributable to tobacco smoking. It is even more difficult knowing that most of this human suffering, loss of life opportunity and premature mortality could be prevented by evidence directed public policy reform. I will comment further on the 'free choices' idea later in this submission.

It is now 63 years since Richard Doll and Austin Bradford-Hill first published their seminal paper in the *British Medical Journal* and subsequently followed by a paper published in the *World Health Organization Bulletin*, detailing the compelling evidence of a causal relationship between tobacco smoking and lung cancer. While it was many decades before our parliaments acted meaningfully upon this evidence, the last two decades or so have seen a progressive implementation of a range of policy and clinical reforms focused on preventing the uptake of smoking and encouraging and supporting smoking cessation.

We have done the obvious – though imperfect in our implementation, we have prohibited the advertising and promotion of tobacco products (loopholes remain), we have increased taxation, we have reduced access and we have promoted smoking cessation through increased investments in Quit lines, social marketing and training of a range of health professionals in smoking cessation interventions. These are the key policy levers that are best supported by the evidence in reducing the prevalence of smoking. These public health investments have served us well, however, unacceptable rates of smoking persist particularly among socio-economically disadvantaged groups of Australian society including Aboriginal and Torres Strait Islanders. There is yet much to be done and a breakthrough is now required, recognising that the tobacco industry well understands that in order to remain profitable, it must engage with the youth of today in order to secure an adult smoking population of tomorrow. And that is exactly what it is focussing on, despite its denial and its protestations.

It is of concern to note that the reduction in male smoking appears to have stalled in Tasmania, that youth uptake does not appear to be declining or declining in any significant way and that the 'never smoked' rate is not increasing (AHS, Updated results 2011/12, June 2013; daily and occasional smokers combined). In

other words, current prevention efforts are not working well enough and the tobacco industry is successfully recruiting new smokers in order to secure its commercial future, to the future serious costs of many of today's young Tasmanians. This wouldn't matter so much if it wasn't for the case that up to two thirds of these young people will ultimately die from tobacco related causes and all of them will suffer some loss in their quality of life, lost life enjoyment and lost life opportunity.

To paraphrase Moodie (2006) in relation to another serious national problem of obesity, this underscores the reality that "the market as it currently works fails our health – (smoking) is a commercial success and a market failure".

The continued successful recruitment of youth to smoking in Tasmania highlights the need to establish a more proactive preventative policy reform platform, one that recognises that once young people start smoking, stopping smoking is very difficult.

16th World Conference on Tobacco or Health

In March this year, I was invited by colleagues in Singapore to join them in giving two papers at the World Health Organisation, 16th World Conference on Tobacco or Health held in Abu Dhabi, United Arab Emirates, on the Tobacco Free Generation Initiative. My first presentation was to a pre-conference International Youth Summit that I co-chaired with Professor Heng Nung Koong, a thoracic surgeon who operates on many smoking related cancerous lungs in Singapore and who is championing the TFG initiative in his country. The second paper was to a Symposium within the main conference when I discussed the details of the TFG Bill before the Legislative Council and I described the Tobacco Free Initiative as an innovative way to achieve a tobacco free generation, one among a number of 'tobacco end game' strategies that are now being seriously discussed by tobacco control experts across the globe. Professor Jon Berrick, Professor of Science at the Yale-NUS College in Singapore, who originally conceived the TFG initiative, also presented at both sessions, describing how and why the initiative will work.

In answering questions from the audience during the presentations and afterwards, there was no pushback when I explained the design details of the Bill. Most importantly, Laurent Huber who gave a presentation on the implementation of the World Health Organization Framework Convention on Tobacco Control and the challenges ahead, was complimentary in his comments. He was particularly positive in his comments on the fact that the bill is non-antagonistic to current smokers and will not criminalise young people who obtain supplies by means other than purchase. In fact, he implied that the bill was exceedingly clever in its construction.

I told the audience that if the parliament in Tasmania does not pass this bill and I hope that it will, some other state or nation will most certainly do so and once one country goes, as Dr. Margaret Chan commented in relation to plain packaging, the domino effect will unfold. There will be no stopping it.

Most importantly, while it is highly unusual, we were hopeful that the Conference Declaration might say something specifically about Tasmania's efforts to legislate for the Tobacco Free Generation proposal. In my second paper, I said as follows in closing:

"We look to this WCTOH to find a resolution that encourages Tasmania and Singapore in their efforts to enact the tobacco end game through the TFG Proposal". We were subsequently delighted to see the following inclusion in the WCTOH Declaration:

"The conference commends jurisdictions including the Australian state of Tasmania that are advancing initiatives to create Tobacco Free Generations for all persons born since the year 2000...and...by 2018, 40 countries develop and introduce action plans and prioritise policies and interventions to protect children and youth to achieve the goal of No More Tobacco in the 21st century (NMT 21C)".

The *Public Health Amendment (Tobacco-free Generation) Bill 2014* attracted worldwide attention during this conference. Australia received numerous accolades for its leadership in being the first nation in the world to introduce plain tobacco packaging and now, 11 countries are looking to follow suit. The audience was

attentive to whatever Australia had to say. There were repeated, glowing endorsements of Australia's leadership in this, which should be a source of great pride for our nation.

Let me repeat what Professor Jon Berrick, Craig Maclean (Scottish medical student), Edward Lim (UTAS medical student) and I wrote for the Mercury newspaper, published on 26 March 2015:

Over 2200 delegates from over 100 countries of the world were in attendance, mostly medicos and public health officials, and the audience heard Dr Margaret Chan, Director-General of the World Health Organization, appeal to delegates: "the Tobacco free generation should be supported very strongly, very strongly!" This followed a plenary session question from Scottish medical student Craig Maclean in relation to the *Public Health Amendment (Tobacco-free Generation) Bill 2014*.

Prof Jon Berrick and I met with Dr Chan immediately following the plenary and Dr Chan told us that she "want(ed) Tasmania to be a leader, a first mover", giving her personal encouragement to the Tasmanian Parliament to pass the Tobacco Free Generation bill.

Numerous other delegates, from Scotland to India explicitly praised Ivan Dean's amendment in the Tasmanian Parliament, which they see as providing a powerful role model for other countries and states. The enthusiasm of youth was especially notable. Clearly, they realise the value for the younger generation who were born this Century. Also, they are young enough to remember the strength of the influence to which teenagers are exposed, and which the tobacco industry has been only too willing to exploit. They see how the Tasmanian model offers hope for utilising peer influence to work instead to protect future generations from the ravages of an epidemic that in Tasmania kills more people than alcohol, illicit drugs, road deaths, homicides and suicides combined.

It has only taken one bold act of leadership, willing to overcome the bullying and trickery of the tobacco industry's opposition (detailed in the Abu Dhabi conference), to make the world take notice and follow. This has greatly enhanced Australia's standing in world health circles, and added to excitement that there's a great development about to come out of Australia.

As Ireland's Minister for Children James Reilly told the conference, when asked whether he should have waited for larger countries before leading Europe into plain packaging, "there is a time to follow and a time to lead". Dr Reilly recalled the words of Irish philosopher Edmund Burke: "The only thing necessary for the triumph of evil is for good people to do nothing."

James Reilly proudly announced, despite opposition from tobacco firms, one of which sent 161 lobbyists to fight plain-packaging legislation in Europe, not one member of Irish Parliament voted against the legislation.

There have been repeated, glowing endorsements of Australia's leadership in this tobacco endgame strategy, which once again should be a source of great pride for our nation. A number of surveys indicate that Tasmanian society is ready for and supportive of policy reform that will move it rapidly towards a 'smoke free' status.

Unfortunate Tobacco Industry Behaviour

It is salient to note that when in Abu Dhabi, Richard Daynard, Professor at Law, North Eastern University School of Law in Boston, reflected in his presentation on hearing some of the same commentaries in his own country, almost word for word, in relation to the TFG and why some observers had suggested it would be unfair and would fail. There was discussion at the conference about how the tobacco industry agrees on a set script that it promulgates in discussion with governments across the globe. For example, the hypothetical concerns raised around a scenario of a 31 year old smoker being allowed in 2030 to continue smoking while a 30-year-old member of the TFG would not. As Professor Daynard, observed, the real consideration that arises in relation to this question is – who exactly is being treated unfairly. The

30 year old whose well being and very life will never be jeopardized by these harmful products or the 31 year who old who remains unprotected?

Professor Berrick made the following mathematical observation: If 70% of 30 year old smokers want to quit (a conservative estimate) and if much less than 1% of 30+ year olds start smoking at this age, this is at least a 100:1 ratio in discrimination against the 31 year old (compared to the 30 years old) whom the government failed to protect. And at the age of 31 years, the vast majority of smokers will wish they had never started and would like to quit. Many among this group will already have made multiple albeit failed attempts to quit. Thankfully, some will succeed. It is highly unlikely that the 30-year-old Tasmanian will feel aggrieved by legislation that has protected them from ever starting smoking.

To this I would add - the reality is they will be members of the lucky (tobacco free) generation.

During discussion about the merits or otherwise of the TFG initiative, I have heard a proposal that rather than implement this initiative, we should increase in the legal smoking age to 25 years. While there is reason to believe this would have a positive impact in terms of reducing the uptake of smoking, it would also have its limitations because it ignores the evidence related to the rite of passage as a primary driver of smoking uptake in young people. More specifically, if we were to simply set a new age limit for the legal purchase of tobacco products, this could maintain and perhaps even strengthen the rite of passage incentive to start smoking among certain sectors, particularly those who are socio-economically disadvantaged. The TFG initiative will allow Tasmania to leverage off and block this existing and presently potent behavioural incentive to start smoking and it will ensure we will decrease rather than increase health inequities across the social strata of Tasmanian communities. This is a major strength of the initiative. The other cornerstone is the expected rapid reduction in peer influence and peer supply, as the first tobacco free generation cohorts grow older. Once again, the Smoke Free Tasmania submission has dealt with this issue.

In relation to the attempts of the tobacco industry to interfere with the sovereign rights of nation states to protect their citizens, Dr Margaret Chan observed that public health concerns must ultimately prevail over economic interests. She made a strong point is saying that the World Health Organization will not be intimidated by the tobacco industry. Ireland's Minister for Children James Reilly spoke of the attempts made by the tobacco industry to tell a sovereign nation (Ireland) that it could not progress to plain packaging and wanted written reassurances to this effect. When put to the vote, not a single member of the parliament voted against the Bill. This news was greeted with a loud applause from the large conference audience.

The Tasmanian parliament can well understand that as a doctor witnessing the tragic suffering and other fall out from smoking, I can have no respect or sympathy for any industry or individual commercial operator who earns a substantial income from the production or sale of tobacco products.

Discussion about potential claims by retailers for compensation in the event that the TFG amendment is passed immediately raises the prospect of smokers or their families claiming compensation from the very same retailers for the health harms arising. That is not a rocky road that I imagine retailers would wish to traverse when they give careful consideration to all matters arising.

The historical reality of a global industry deliberately targeting young and often disadvantaged populations and presenting such life changing and ultimately lethal 'choices' in the presence of historically timid and inadequate national policy responses has seemed beyond comprehension to the health professions who have witnessed and done their level best to help ease the needless suffering. It is therefore very pleasing to witness as I did in Abu Dhabi and as I do now in Australia and in Tasmania, rapidly shifting sands in this respect.

Arguments about Attempts to Sabotage the TFG Initiative

Concerns have been expressed about the smuggling of tobacco products from interstate among other forms of possible unlawful supply to the Tobacco Free Generation into the future. The Smoke-Free

Tasmania submission has dealt with this matter. I would make the additional and important point that we would confidently anticipate that once the TFG amendments begin to take effect, other Australian States and Territories will begin to consider their own tobacco policy stances and move towards harmonized national legislation in support of the TFG. They would most certainly follow the leadership of Tasmania when they saw the initiative beginning to take strong effect.

We also consider it unlikely that many parents would willingly supply their children with tobacco products once the TFG bill took effect. We might expect this only from those with poor health literacy who are socio-economically disadvantaged and who perhaps come from troubled family, social and personal backgrounds. These are often the parents who themselves have alcohol and other substance use problems that clinical experience has taught me may often supply alcohol and other drugs to their children from a young age, which is of course a tragic situation. These are the generational substance use and other human problems that we are sadly witnessing across our nation. Any such unfortunate parental behaviour while of serious concern would be in the clear minority and would be overwhelmed by the positive social shifts away from smoking at the population level.

Based on supportive comments made by Dr Margaret Chan, the Director-General of the World Health Organization and by tobacco control experts attending the World Health Conference on Tobacco or Health in Abu Dhabi earlier this year, we would also expect other countries to closely examine what Australian States and Territories have achieved in this regard as we now see occurring in relation to plain tobacco packaging and we would expect them to begin following suit with a similar domino effect unfolding.

Free Choices & Personal Responsibilities Arguments

The tobacco industry had repeatedly tried but failed in courts of law and in the court of scientific analysis to make the case for 'free choice' in smokers. As WHO and other esteemed health bodies have pointed out, the majority of smokers commence smoking in their teenage years, at a time when their brains are not fully developed, when their life experience is limited, when dysfunctional or less than pro-social commercial and adult modelling and social norms can prove overpowering and when their decision-making around health-related (and other) behaviours is often immature and ill-judged. It is accepted that teenagers cannot always make well considered, well informed and wise 'free choices' about matters that impact on their present and future health and well being. It is also accepted that parents and the community owe young people a duty of care to protect them from bad, indeed, life changing and potentially early life ending choices, as far as possible.

It is an unassailable truth that once addicted to nicotine, free choice remains constrained into adulthood. So in summary, childhood and in adolescence, young people have immature brains and little life experience to draw upon in negotiating difficult and often competing life choices, which may include social and commercial environments that influence a decision to start smoking. Once addicted, their decision-making continues to be compromised by that dependence, noting that impairment or loss of control over use of a drug or class of drugs is a key feature of nicotine and other drug dependence.

In addition, persons with an alcohol or other drug dependence are not necessarily in possession of all of the salient information when they start using these substances nor are they necessarily able to meaningfully draw upon that information in their decision-making.

It is important to note that children are not upstream in the causal chain of factors contributing to or causing health harm. Rather, they are at best mid-stream. Effective preventative efforts must address the risks that adults present to children as parents, as 'captains' and 'Indians' of commercial industry and as policy decision makers. This is sometimes referred to as 'primordial prevention', the strategies and interventions that target either selected groups or the entire population and that are designed to alter underlying conditions leading to causation. This includes values, beliefs and perceptions, as reflected in socio-political ideology, legislation, public policy more broadly, social norms and social sanctions. This

contrasts with primary prevention that is aimed at altering specific causal factors that expose individuals and communities to risk.

This emphasises the point that even if young people possessed good health literacy, this would not of itself reliably determine their life choices affecting health when commercial industry, contemporary adult 'culture' and other social determinants nudge if not powerfully push the community (and young people along with the adults) in a counter direction. This also speaks to the reality that tobacco advertising that is claimed by industry to target only adult smokers inevitably targets and influences children, because it pulls on the rite of passage behavioural lever and is all the more appealing.

In other words, the primary responsibility for ensuring our children, adolescents and young adults make good choices rests with the adults in any community. I therefore present that parents, adults more generally, commercial industry and our parliaments owe the young people of Australia a collective duty of care, not to offer hazardous choices and not to expose and even set them up for unnecessary and avoidable risk and harm. Rather, I present they should guide and protect them from obviously unwise or unsafe 'choices' at least within reason, while supporting them to ease their way into independence in adulthood and noting the importance of allowing young people to explore their relationship with the world as they mature and also acknowledging the implausibility and potential risks of 'wrapping our children up in cotton wool'.

It is always disappointing when policy reform initiatives aimed at protecting or improving public and population health and designed to work on the basis of proven price, access and promotion population level behavioural levers, are selectively described as an attack on personal autonomy and liberty and associated 'nanny state' comments.

I would point to the reality that Australian society has in place a host of laws and regulations as well as social norms aimed at protecting young (as well as not so young) people from less than good choices. Over the decades, our State and Federal parliaments have enacted literally thousands of laws and regulations aimed at protecting Australian citizens from harmful or unjust products, services and behaviours, while at the same time supporting, guiding and promoting our economic development. This is a key element of the daily business of our democratically elected representatives in our parliaments, which examine the often-competing interests and tensions and then decide. I present that it is unworkable for citizens to selectively cherry pick those policies that suit their own wants or needs particularly when this runs counter to the best interests of that individual and the broader community, noting that our health systems are already over burdened by preventable health conditions.

The fact that 'health' presently stands are the major issue of concern among the people of Tasmania underscores the need to do much more in the preventative space, even when this will mean imposing some constraints on hitherto unfettered but harmful commercial products and services.

The Tobacco Free Generation proposal is a perfect fit with Tasmanian government aspirations for Tasmania to become the healthiest state in the nation by 2025. The proposal addresses the faulty 'free choices' argument by ensuring that young people are not offered, influenced or seduced into the uptake of smoking at a time when any morally robust civil society should never place them in such significant 'harms way'.

Human Rights Considerations

At the WCTOH conference in Abu Dhabi, Yvette van der Eijk, Centre for Biomedical Ethics, National University of Singapore, presented a paper in which she discussed the ethical and human rights considerations for the TFG2000 Proposal (van der Eijk and Porter have published papers in the Tobacco Control Journal on these matters). Van der Eijk pointed out that freedom does not come from having options; rather, it comes from having the ability to choose between options. She observed that a majority of smokers are addicted and so axiomatically, they don't have freedom to choose. She added that 80% of

people start smoking before the age of 18 years (so based on developmental and sociological evidence) they do not have genuine free choices. Van der Eijk observed that 90% of smokers wish they had not started and 40-50% try to quit each year (this will vary internationally according to a range of factors), once again underlining the faults in the choices argument.

Van der Eijk discussed the four international human rights documents that have relevance to the question of the rights and smoking issue:

1. The Universal Declaration of Human Rights (UDHR)
2. The International Covenant on Civil and Political Rights (ICCPR)
3. The International Covenant on Economic, Social and Cultural Rights (ICESCR)
4. The Convention on the Rights of the Child (CRC)

She made the point that there is no international law or convention including the United Nations *Universal Declaration of Human Rights (1948)* that supports the idea that there is a legally binding 'right to smoke'.

Van der Eijk and Porter (2013) have explained that these instruments themselves have no direct legal effect; rather, it is 'intended that states that have signed the documents incorporate these rights into their own legal systems and that aggrieved individuals may make human rights arguments in their state's domestic courts or similar systems'. I would recommend this paper to those wishing to explore the human rights and liberty arguments in relation to the TFG proposal.

As was pointed out by Kerry Finch, MLC during the second reading of the Bill, Robin Banks, Anti-Discrimination Commissioner has advised that the TFG amendment will not give rise to successful complaints for unlawful discrimination on the basis of age because of the exemptions contained within the of the Tasmanian Anti-Discrimination Act 1998) and the Commonwealth Anti-Discrimination Act (2004).

I would also make the point that the idea that an 18 year old youth should be able to smoke because they are able to vote or go to war is a non sequitur argument, one that arises from a conflation of ideas and analysis. I would make the same observations in relation to the legal drinking age, though that is a separate matter for another time. The voting age or the age when young people are sent to war represents a value judgment by society and certainly not one that is based on what is known about the stage of intellectual and other biological, emotional, educational and social development (and one could argue these policy decisions should also be based on these more erudite considerations).

Electronic Nicotine Delivery Systems/ E-Cigarettes

There was comment during the second reading of the TFG Bill on e-cigarettes, which raises the issue of Electronic Nicotine Delivery Systems (ENDS) more generally. Very briefly, I would observe that ENDS do present a worrisome new vehicle for the tobacco industry to find its way around global tobacco control efforts. This is not the place to discuss the claims and counter claims being made by eminent persons on both sides of the equation at present. Suffice it to say that my own clinical experience, reading of the burgeoning research literature and analysis leads me to recommend extreme scepticism in listening to the storyline being promulgated by the ENDS and tobacco industries and others who have been persuaded. The observation that the tobacco industry is now investing heavily in the ENDS industry should alert us to the reality that the tobacco industry sees this as its possible commercial salvation into the future as tobacco smoking looks increasingly like becoming last Century behaviour, at least in many high-income countries of the world. Many clinicians and public health practitioners are concerned about what they see as new and serious public health threat. Evolving research will provide clearer guidance to policy decision makers in the not too distant future.

Harm Minimisation & Prohibition Arguments

I think it is important to be clear about the harm reduction arguments that were also raised during the second reading of the *Public Health Amendment (Tobacco-free Generation) Bill 2014*. The TFG proposal is not about harm reduction and nor is it intended to cut across the concept or importance of harm minimisation

approaches that are for very good reasons, a key component of Australia's National Drug Strategy. The TFG proposal is about preventing uptake of smoking in youth and protecting those individuals into perpetuity. Harm reduction policies and strategies are designed to do what is possible to minimise the harms and their extent in current users, whether episodic risky, regular or dependent substance use, particularly when 'users' feel unable or do not express a wish to stop using. As others have pointed out, this Bill targets the sale of tobacco products, not individual smokers, non-smokers or those who might less than thoughtfully 'gift' tobacco products. It has nothing to do with zero tolerance or with prohibition in the usual sense. This might be argued if we decided to simply ban all tobacco products in order to satisfy a principle of 'fairness because all citizens are affected equally', something that was mentioned several times during the second reading session. The strength of the TFG proposal is that it avoids the problems and concerns associated with outright prohibition and will become increasingly self-reinforcing as the annual TFG2000 cohorts age.

Easy Identification of Members of the TFG

In relation to the practicability of the TFG Proposal, I would point out that all driver's licenses or other IDs issued to members of the TFG could come with a readily identifiable design change (e.g. different colour) meaning the retailer would not have to actually read the date of birth to immediately recognise this individual is a member of the TFG. In terms of workability of the legislative reform, this would simplify the challenge for the retailer in identifying the Tobacco free generation. Of course, the practical aspects of any such design changes would need to be considered more broadly.

I would also point out that a requirement that ALL persons buying tobacco products should carry and present ID could actually act like smoke-free environments in encouraging many current smokers to quit smoking, due to the inconvenience. This could serve to broaden the impact of the strategy, recognising that in parallel to preventing the uptake of smoking among youth, it is also our critical public health challenge to increase the rate of quitting in order to reduce the overall prevalence of smoking and the associated burden of disease, human suffering, lost productivity and health care costs.

Offence for Presenting False Identification

I would add that the Bill's provisions that create an offence for presenting false identification does not in my assessment run counter to its overall non-antagonistic design. I present that it is important to protect those who would do the right thing from those who would not, in supporting this innovative legislative strategy to gradually bring tobacco smoking to an end in Tasmania and I expect, in other States and Territories as they follow suit. As detailed by the Smoke-Free Tasmania submission, this provision will provide protection to retailers, who abide by the law, which the evidence indicates is the vast majority.

Return on Investment

Needless to say, we expect the costs of this investment, which are small, would be returned to the State and to the Commonwealth many times over. The health economics of preventing and helping people to stop smoking have been well addressed in the scientific literature, even though many less than well informed members of the Australian community (particularly the tobacco industry) may wish to reconstruct this evidence and analysis for their own purposes.

Comments that the TFG Initiative Will Not Work

There will always be some level of uncertainty about the workability and effectiveness (against specifically identified goals and objectives), for any new legislation. The TFG bill is no different in this regard. To illustrate this point, there was great uncertainty about the workability and effectiveness of plain packaging legislation and significant pushback from vested interests. That was to be expected.

Notwithstanding the misrepresentations of the tobacco industry attempting to falsely impugn plain packaging as a cause of illegal tobacco smuggling, increased sales and increased consumption, easier

counterfeiting, increased time required for shop keepers to find the right pack and catastrophic financial losses for small business (and the scientific literature has covered this in a thorough way), I heard repeated comment at the WCTOH in Abu Dhabi that the Australian plain packaging legislation has proved to be more effective in gelding international commitment to effective tobacco control than ever imagined. I heard that it has done so with a view to curbing industry's use of the package as a vehicle for promoting its products and encouraging young people to start smoking, enhancing the effectiveness of package health warnings and curbing package deception (Canadian Cancer Society, 2014).

Money will be Spent on Alternate Goods and Services

I would repeat the point made by many colleagues that money that is no longer expended on tobacco products would inevitably be spent on other goods and services. This was mentioned during the second reading of the Bill. There will be a rich opportunity for the retail and service industries among others, to identify and offer alternative goods and services that are safe and that add to rather than subtract from the quality of life in the Tasmanian community.

It is implausible to suggest that this new or expanded market for goods and services would ever present anything like the level of risk of health harm, premature death and lost opportunity to flourish in life when compared to tobacco products. This shift in spending to alternative goods and services can only be positive for the Tasmanian community. There is much to be gained and little if anything genuinely important to be lost. After all, what could possibly be worse than a product that kills two in every three of its customers when used exactly as these products are meant to be used by those who design and sell these products? What public outcomes could possibly match this dire outcome? What could possibly be less morally robust and less socially justifiable than this commercial endeavour? It is therefore I present, implausible to suggest anything other than a net benefit to the community arising from the Tobacco Free Generation Initiative.

I argue that civil society and the State have a collective duty of care obligation to do whatever is reasonably possible to protect and promote the safety, well-being and indeed, very lives of Tasmanian youth and I further argue that this duty of care continues through the lifespan of citizens. I further present that the successful passage of the *Public Health Amendment (Tobacco-free Generation) Bill 2014* will demonstrate that members of our parliament hold strongly to this aspiration and these pro-social values.

Appropriate Resourcing for Implementation

It will be necessary to provide appropriate resourcing to Population Health in the important role it will need to play in supporting government to implement the TFG initiative. The State's Alcohol and Drug Service could also play a supportive role to government in this regard. It will be important to review government structures and processes for tobacco control measures in Tasmania and to more closely align all sections of government involved in tobacco control policies, strategies and interventions.

Concluding Remarks

As a state, Tasmania has the invidious track record of higher rates of substance use generally speaking when compared to the mainland States and sadly, the public health and social harms to match. This is costing our State dearly in terms of wide ranging adverse health and social outcomes.

I present that Tasmania needs to stand out from the crowd if it is to make progress as a vibrant, healthier, more economically successful State, and that the *Public Health Amendment (Tobacco-free Generation) Bill 2014* can play a role in this endeavour. Leaders in Tasmania need to demonstrate vision and the courage to see that vision through.

Reducing smoking rates requires a reduction in youth uptake of smoking. Doing more of the same is not going to take us far enough as a State in addressing this serious set of challenges. Tasmania is slipping behind other States and Territories and this is hurting the people of our State. I further present that the TFG proposal provides an exciting and innovative pathway forward and if it works as effectively as many

clinicians, academics, researchers, policy advisers and tobacco control experts confidently predict it will work, this will place Tasmania on the world stage as a model for others to emulate and a stand out destination for research and public policy innovation in tobacco control. The *Public Health Amendment (Tobacco-free Generation) Bill 2014* specifies reviews be undertaken in 2021 and 2015 in any case, which will provide an opportunity to fine tune the legislation. The world is already starting to realise that Tasmania is a beautiful, 'clean and green' State with substantial untapped potential for tourism and perhaps for a range of other healthful industries. Wouldn't it be a fantastic message for Tasmania to send to the world if its legislators considering the *Public Health Amendment (Tobacco-free Generation) Bill 2014* were so bold and farsighted as to vote this legislation into law?

I urge members of the Tasmanian parliament to give the *Public Health Amendment (Tobacco-free Generation) Bill 2014* very serious consideration and I very much hope that it will successfully pass both houses and be adopted into Tasmanian Law.

Yours sincerely

A handwritten signature in black ink, appearing to be 'A. Reynolds', with a long horizontal flourish extending to the right.

Dr Adrian Reynolds MBBS (Melb), BSc (Hons), MPH, FACHAM (RACP)
Statewide Clinical Director
Alcohol & Drug Service

16 June 2015

Please note: references available on request