

SmokeFree Tasmania

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Secretary, Legislative Council Sessional Committee Government Administration A
Tobacco Free Generation
Parliament of Tasmania
Parliament House
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Dear Ms Leaman.

Executive Summary: Submission by SmokeFree Tasmania

In view of the Legislative Council discussion leading to Referral to Committee, this report, by the originator of the Tobacco-Free Generation (TFG) research, focuses on practicability and workability of the TFG Amendment. This is interpreted in terms of ease of administration and likelihood of compliance.

Administration.

By relying on sales by birth-year rather than sales by age, TFG is simpler for Tasmania's licensed tobacco retailers to administer.

Details, such as prevention of on-selling and commercial gifting, and provision for proof of birth-year, parallel those already in place.

The number of post-2000 children already addicted by 2018 will be minimized by prompt announcement of the Government's intention to adopt the TFG Amendment. In any event, being less than both the number of medical practitioners and the number of licensed retailers, it will be small enough not to disrupt the administration of the measure.

Compliance.

History shows that one cannot expect compliance from tobacco companies who are notorious for involvement in illicit trade. Their opposition to the TFG Amendment is an endorsement of its probable effectiveness.

Compliance from the general public is the crucial component. Research indicates that TFG will overcome the defects that the existing under-18 law:

- (i) makes cigarettes "a badge of the coming of age"; and
- (ii) suggests that tobacco is acceptable for adults.

TFG clarifies that there is no acceptable age of consumption; it grandfathers existing customers only in order to avoid creating a community of deprived addicts.

With its emphasis on the protection of future generations, TFG is generally popular (even among smokers), and importantly especially so among young adults.

Recent experience in the USA shows good teenage compliance with laws that are universal in nature rather than seeking to restrain youth only.

Evidence from NSW shows the effectiveness of reducing tobacco uptake by restricting sales, and that merely advising merchants is not enough to achieve that.

Just eight licensed tobacconists will be (gradually) adversely affected by TFG; while the incremental diversion of buying power from tobacco to other goods and services will enable the remaining over 800 licensed retailers to adapt without significant detriment, and will be of benefit to the remaining 98% of Tasmania's small businesses.

Conclusion.

TFG is easy to administer, and its clear signalling brings about a cultural change that aids compliance. Meanwhile, (on average) each day of delay in introducing TFG sees three young Tasmanians commence a lifelong addiction to tobacco that will ultimately cost the lives of two of them.

Full Submission:

SmokeFree Tasmania is a health advocacy organisation. [SmokeFree Tasmania](#) (SFT) represents a diverse group of Tasmanians who are supportive of enhancing health outcomes in Tasmania through efforts that reduce tobacco use and the consequences of use including the impact of second-hand or passive smoking. We believe that tobacco free generation laws will help to reduce smoking rates in Tasmania rapidly, and have a marked effect quickly on the health of our community. We are committed to eventually ending the commercial sale of cigarettes and tobacco. SmokeFree Tasmania is a duly constituted organisation but receives no funding and members of SmokeFree Tasmania support the objectives of their organisation through their personal, though very limited resources. We put forward the following arguments, ideas and facts in relation to the *Public Health Amendment (Tobacco-free Generation) Bill 2014*.

SmokeFree Tasmania has supported the *Public Health Amendment (Tobacco-free Generation) Bill 2014* because the amendment has the potential to lower smoking and

tobacco use in Tasmania to the lowest levels experienced since European settlement. It is a highly practical and practicable measure since the machinery needed is in place already and works well for the current restriction of sales to under 18 year olds. What is proposed is essentially an extension of this.

SmokeFree Tasmania welcomes the opportunity provided by the Legislative Council Enquiry into the *Public Health Amendment (Tobacco-free Generation) Bill 2014* and would request opportunity to present verbal evidence to the Inquiry.

Tobacco smoking currently has a huge negative effect on the health of our community, and is a major factor in the intense pressures on our health services. No other issue has greater potential to enhance current health status of Tasmanians than measures that lower smoking in Tasmania with a view to making smoking an artefact of the twentieth century.

Tasmania has in recent years had either the highest or second highest level of smoking among Australian states. As such the burden of disease is a cost borne by society that is significantly impacted by chronic disease levels and the proportion of health care costs attributable to smoking. The most recent data available for Tasmania on the impact of smoking highlights the reason for placing greater emphasis on efforts to reduce smoking. Between 2008 and 2012 deaths caused by smoking exceeded the combined deaths from all other injuries, alcohol, suicide, road vehicle, illicit drug use, assault and fires (See Figure 1 – Deaths caused by smoking, alcohol consumption and selected causes in Tasmania, 2008-2012).

The recent 2015 Australian data from Professor Emily Banks of the Sax Institute has shown that two thirds of long term smokers are killed by tobacco losing on average 10 years of life. ⁱThis impost on the health of Tasmanians is greater than the national average because of the higher levels of smoking in the population.

Since the World Health Organization (WHO) support for the Framework Convention on Tobacco Control (WHO FCTC) there is increased global action to reduce tobacco use by the 180 countries that have now ratified the Convention. The WHO FCTC regards the tobacco industry as “manufacturers, wholesale distributors and importers” of tobacco products. Additionally, WHO FCTC specifically encourages Parties to “implement measures beyond those required by the Convention”. As such the *Public Health Amendment (Tobacco-free Generation) Bill 2014* was specifically commended by Director General Dr Margaret Chan at the most recent international conference in Abu Dhabi in March 2015. ⁱⁱ

From the outset we recognise that the *Public Health Amendment (Tobacco-free Generation) Bill 2014* will not completely stop the sale or supply of tobacco products to the tobacco-free generation. That is not its intention. The intention is to significantly reduce the sale of tobacco products to the tobacco free generation relative to current practice, and to phase out uptake over time, in concert with other tobacco control measures. We recognise that there will initially be some supply of tobacco products from similar age peers to the tobacco free generation. Research has shown that the age of uptake of smoking is gradually rising in Australia, and that most Tasmanian children obtain their cigarettes from friends.

We also recognise that the *Public Health Amendment (Tobacco-free Generation) Bill 2014* may require amendments over the next decade as new research, regulation at national and state levels, and pharmacological developments may emerge. For this reason we support the reviews of the legislation so that any potential problems can be identified and solutions included in future amendments.

Issues of practicality and workability

The most important legislative measures are those that are socially adopted and enforced within the population rather than those requiring large resources to ensure behaviour change.

Changes over the past 30 years have seen smoking prevalence gradually reduced through some key measures including:

- banning the advertising of tobacco products including more recently point-of-sale advertising and promotion;
- raising the cost of tobacco products through higher tax;
- introducing greater smoke free public areas including transport, city malls and public events; development of pictorial warnings and plain packaging;
- mass media measures including counter-advertising to highlight effective measures in quitting.

Society has embraced these and other changes over recent decades, including the reduced exposure to minors in private cars within Tasmania. While there are no “magic bullets” such measures have significantly reduced tobacco use. All of these measures have been opposed by the tobacco industry, often aggressively, but have widespread support in the Tasmanian population.

However, it is now time for society to move to the next stage of reducing smoking by supporting a measure that will stop the inter-generational transmission of smoking, through implementation of the *Public Health Amendment (Tobacco-free Generation) Bill 2014*. This Amendment sends the signal that there is no acceptable age for tobacco use, that there is no rite-of-passage to such an age and that society aims towards “smoke free status” over the next decades.

A number of countries have considered a total ban on sale of tobacco products, and some have set targets for this to be accomplished. SmokeFree Tasmania believes that greater success is likely through the implementation of the current Amendment. There is increasing acknowledgement globally that raising the age of purchase reduces smoking uptake. In addition, the rite of passage once seen as a norm is increasingly being spurned by the young. In [England](#) regular smoking among 11-to-15 year-olds fell from 9 percent to 3 percent between 2003 and 2013. A further sign of change is the decision by Disney to ban all smoking in its PG-13 rated films.

The Amendment under 67 I. and 67 J. aims to ban the sale of tobacco products to those born in the new century, namely those born after 1 January 2000. This measure is iconic and signals a new start for the recent generations.

In relation to the specific provisions of the Amendment, SFT supports clauses 1, 2 and 3 with no comment.

Clause 4. 67(I)

This section is fine in our view.

Clause 4. 67(J)(1)

This is the most important section of the amendment and we support the section that says that a person must not sell to a member of the tobacco-free generation (TFG). We recognise that this section may involve friends or family who sell or offer to sell tobacco to the TFG, and they would be liable to fines, as well as retailers and wholesalers. We consider this a necessary provision to ensure that persons do not engage in black markets, or other on-selling of product to members of the tobacco free generation. We recognise that there may be some leakage of access via the internet to tobacco products, but do not consider that this will be a major problem, because the delay in obtaining products via the internet means that it doesn't replace the impulse and opportunistic retail purchases that currently feed youth uptake.

The penalties in Clause 4 appear adequate and consistent, however, if members wished to increase these penalties we would have no objection.

Tourists

Tourism statistics for Tasmania, combined with data on smoking prevalence elsewhere in Australia, indicates that even by the year 2024/25, after 7 years of operation of TFG, only about half of one percent of visitors to Tasmania in that year would be smokers born after 2000, and affected by TFG restrictions. See Appendix A.

Visitors coming to Tasmania would be able to bring their own cigarettes or tobacco products for personal use. Tourism bodies and the Customs service already advise incoming visitors about quarantine and other restrictions in Tasmania such as bringing fruit and plants, driving or traffic restrictions and rules. This law could readily be incorporated into visitor material.

Should a problem emerge by the first or second review in 2021 or 2025, an amendment could be incorporated to provide for exemptions for foreign passport holders.

Tourists generally carry ID so that older smokers would have no difficulty buying cigarettes.

Identification (ID)

It is not unreasonable for smokers to carry ID and to be required to produce it to buy the product. Smokers will quickly become aware that they must carry ID in order to buy cigarettes. However, the legislation does not require them to do so – see discussion below.

Proof of age requirements are already incorporated in the principal Act, the *Public Health Act 1997*, see Section 3.

“proof of age means –

(a) a driver's licence; or

(b) a passport; or

(c) a class of document specified in the guidelines for the purpose of this definition”

These can be amended quickly using guidelines, if the Director of Public Health becomes aware of another form of ID that might be helpful.

Clause 67(J)(2)

We support this section which prohibits supply of tobacco to the tobacco free generation, but only by those who hold a tobacco seller's license. We consider that it is unnecessary to provide an offence for those who might give someone a cigarette at a party, or event, or give cigarettes to a sibling or friend. In our view it is unlikely that over time a person would continue to give tobacco to other people at no cost for many years, and this practice would soon cease. However if it happened, that a loophole emerged, for example, someone setting up a company called “Fred Blogs Party Supplies” which does not have a tobacco seller's licence, and whose main activity is to hand out free cigs at youth events in return for youths' email addresses, which it then sells to an interstate company that contacts said youth for internet sales of cigarettes. If this occurred then this might need to be addressed in an amendment or a provision in guidelines. The Director of Public Health has the power under Section 184 to create guidelines in relation to any matter in the Principal Act.

If a member of the TFG gave money to a friend or sibling to buy cigarettes on their behalf, neither would commit an offence. We do not consider this to be a problem, as once again over time people would get fed up with doing this. We know that the Department of Health and Human Services has never prosecuted a sibling or friend for supply of tobacco products to a child, even though a similar provision is already in the *Public Health Act 1997* at Section 64. (1) Therefore we see no need to prohibit supply by relatives and friends. This could be a matter to be considered in the reviews.

We feel it would be unnecessary and overly intrusive into family life to have a provision that prohibited friend or sibling supply. Sales are another matter, and should be prohibited to prevent someone in a group setting up an on-selling business.

Clause 67 (J)(3) and 67(K)

Retailers need protection from unscrupulous persons who might provide false ID, and these sections provide that protection.

We support the section that prohibits members of the tobacco free generation from providing false ID.

It might be useful and helpful to retailers to consider a requirement that ALL persons buying tobacco products should carry and present ID. It is not unreasonable for smokers to carry ID, they would soon get used to it if they wanted to buy cigarettes. Non-smokers and members of the tobacco free generation would of course not be affected and would not have to carry ID. However, we recognise that such a provision presents some drafting problems for the Office Parliamentary Counsel, as this section of the Act only covers the tobacco free generation, not persons born before the year 2000, in the 1900s, so it would have to be placed somewhere else in the Act (Perhaps Part 4, Division 4)(74N)?). Such a provision would require community education to ensure that smokers knew they had to carry ID if they wanted to buy tobacco. Since members of the public typically carry a card displaying year of birth (e.g. driving licence, firearms licence, Keypass, passport, etc.) the change of the need to produce a card from young adult smokers (at present) to cigarette purchasers born late last century (under TFG) is not burdensome. We foresee the need for very few smokers to obtain a special card for this purpose. Note that LINC (library service in Tasmania) already requires date of birth documentation in order for Tasmanians to be eligible to borrow a book.

A provision such as this would require work by the officers of Department of Health and Human Services and some expenditure of funds for advertising of this requirement (see below practical implementation of the legislation). We consider this is a matter for the Parliament and the government to consider and are not concerned about whatever decision is taken on this issue.

Clause 67(J)(4)(5) and 67(J)(6)

We support these sections which are a mirror of existing legislation 64 (6) (7) and (8) and ensures that staff in tobacco sellers' premises are properly trained, protects employers from prosecution if unscrupulous staff sell tobacco, and ensures that the prosecution does not have to provide a birth certificate for a member of the tobacco free generation who attempts to buy the product.

Clause 67(L)

We strongly support the two review dates of 2021 and 2025. These two dates represent when these members of the tobacco free generation reach the ages of 21 and 25.

Firstly, in the [USA](#) at present many jurisdictions are already raising the age at which cigarettes sales are permitted to 21 years, not in a phased in way as the *Public Health Amendment (Tobacco-free Generation) Bill 2014* proposes, but an immediate rise, meaning many people aged 18-20 years were able to buy cigarettes one day, and could not buy cigarettes on the next day. These are apparently effective in reducing the age of uptake in those states and smaller jurisdictions which have undertaken it. We consider that there are two flaws in this approach. The first is the suddenness of the introduction that creates a community of deprived addicts. However, the major problems is that it retains the misleading implication that it is somehow safe to smoke at the age of 21 years, when we

know it is not. The tobacco free generation proposal is more effective as it sends the message that smoking is not safe at any age.

Secondly, there will be many changes over the next decade to 2025 in research, development, regulation at a national level, new drugs, and new interventions to help people quit smoking and possible vaccinations or other issues we have not thought of or could not predict. There are other endgame proposals in the tobacco control research literature, including a licensing scheme for smokers, reduction in nicotine content in cigarettes, regulation of cigarette engineering, and reductions in sales outlets and more supply controls. Therefore reviews will be able to take these into consideration and recommend amendments which may be appropriate.

Thirdly, the [government](#) has said that it wishes to have a healthier Tasmanian population by 2025. If Tasmania is to achieve that, then the *Public Health Amendment (Tobacco-free Generation) Bill 2014* is essential, because our smoking rates will [not fall fast enough](#) to achieve that goal otherwise, even with existing programs in place.

Finally, the Director of Public Health is already required under Section 8 of the *Public Health Act 1997* to produce a status of public health report every five years. These reviews would represent a small proportion of those reports, and would not be as onerous as those larger more comprehensive reports. Epidemiologists within the agency already provide information on the statistics which are readily available from the ABS and AIHW and the Cancer Council ASSAD surveys. The Menzies Research Institute has also offered to provide assistance with data. The Environmental Health Officers employed to implement the legislation provide regular reports to Department of Health and Human Services management so there would be information available to prepare the review.

Practical implementation of the legislation

This generational shift in thinking will need to parallel education and mass media to be implemented to ensure the message and behaviour change is achieved. Inherent in this would be the importance of reinforcing the importance of adult quitting including the need for adults to avert supplying for sale tobacco products to the tobacco free generation. It is important to note that the Amendment does not penalise any member of the tobacco free generation for smoking.

Tasmania has for some years provided insufficient funding for mass media to ensure higher quitting intentions and success. This is measured by the Target Audience Rating Points (TARPS) and while this is currently at a higher level in Tasmania, it has been too low for a decade and is one of the key reasons for higher smoking levels in Tasmania. Such funding would be pivotal in implementing the Amendment.

There is also considerable opportunity for Education Tasmania to be engaged in this process as well as the Office of the Commissioner for Children.

The legislation would come into force in January 2018, therefore public education and retailer education would be necessary before that date. The sooner the public education starts, the fewer TFG youth would be likely to take up smoking before 2018. It's important to create this education as soon as possible.

The Department of Health and Human Services was able to undertake a similar education in conjunction with the Cancer Council, Heart Foundation and the Australian Hotels Association when the smoke free areas in pubs and clubs legislation came into effect in 2005 and 2006. Funding was outsourced to those organisations as a group, with the funding held in trust by the Cancer Council, to implement the education campaign which included TV ads, stickers and mats in pubs and flyers. A similar campaign could be conducted for this legislation, with retailers and the health organisations. Flyers could be handed to smokers advising them that they might be asked for ID more often and recommending that they carry ID to buy cigarettes and other tobacco products.

A temporary or sliding scale increase in tobacco license fees could cover the cost, as there is already some built in cost recovery of this licensing program for Department of Health and Human Services. Therefore there would be no cost to the taxpayer for implementing the new laws.

Some smaller retailers might need to be visited by Department of Health and Human Services officers and a temporary increase in staff to do this could be conducted in the following ways.

Nominated officers

The *Public Health Act 1997* has provisions for Nominated Officers to perform various functions under the Act. This provision was enacted to allow the government to appoint additional people who were not environmental health officers or police to assist with tobacco control measures. The provisions enabled teachers and nurses and retired volunteers to assist at various times to provide advice to retailers or hoteliers when changes were made to the Principal Act. School Principals at the time were particularly keen to have this provision so that they could prevent sales of tobacco products, and to seize them, on school grounds, or in the near vicinity of schools.

"13A. Nominated officers

(1) For the purposes of this Act, each of the following is a nominated officer:

- (a) the Director;*
- (b) a health officer;*
- (c) a police officer;*
- (d) a person approved by the Director;*
- (e) a member of a class of persons approved by the Director.*

(2) An approval under paragraph (d) or (e) may –

(a) impose conditions on the exercise or performance by the relevant person or persons of the powers or functions of a nominated officer under this Act; or

(b) be unconditional.”

Therefore volunteers could be trained on a temporary basis, for the initial implementation period to help with implementation in rural and remote areas, similar to fire and ambulance service volunteers.

Staff on workers compensation – rehabilitation opportunities

Many public servants are injured at work, or suffer from an illness which requires their relocation to other “light work” or another agency on a temporary basis, and rehabilitation. This includes police and nurses and paramedics, who are well trained, professional, intelligent and accustomed to dealing with the public on a day to day basis. People on workers compensation are more likely to return to work if they can be given meaningful and useful employment, until they are fit to return to more strenuous duties. Quite often Departments and central agencies find it difficult to find placements for such people and this would be an ideal opportunity for short term placement to assist in advising retailers on the legislation.

Therefore it is recommended that consideration be given to providing temporary placement opportunities for staff on workers compensation who are not quite well enough to return to heavy duties, to be engaged in the implementation process for up to six months.

Again training would need to be provided for such workers, as is normal practice, and their own Departments would continue to pay their salary whilst they were engaged in this rehabilitation process. The training could be provided by Department of Health and Human Services staff, and funded from the license fees mentioned previously.

Environmental Health Officers and Police officers

Council Environmental Health Officers and Police Officers are already empowered to enforce aspects of the *Public Health Act 1997*. They could assist with the implementation process in the short-term, depending on their availability and priorities.

The government could ask Councils and Police to assist in this process. In the past assistance has been forthcoming, depending on resources available, and the level of good will existing between the government and councils.

Threats of smuggling by the tobacco industry

Whilst smuggling is nothing to do with the practical implementation of the TFG, nevertheless it is likely that the tobacco industry will attempt to make it an issue, therefore our response is included below.

The tobacco industry engages in smuggling of tobacco products, all over the world, has done for many years, and continues to this day. In November 2014 British America Tobacco (BAT)

was fined £650,000 for oversupplying cigarettes to Belgium. The reports and articles linking the tobacco industry and smuggling are numerous and extensive, and they were fined, or made settlements, of over \$1.7 billion for engaging in smuggling in [Canada](#) alone. All the rebuttals to the tobacco industry's so-called "consultancies" are listed [here](#). You will note that the tobacco industry does not use scientific peer reviewed journals, as their ideas would be rejected. They use their own paid consultants who report and publish only the answers the industry want to hear, and to proclaim and use as "evidence" to support their arguments. The industry uses the threat of smuggling to frighten governments away from tobacco reforms which are likely to impinge on their sales, such as plain packaging, taxation increases and the tobacco free generation. These threats in Australia have been unrealised and dismissed.

A recent independent survey of discarded cigarette packs in [Sydney](#) has found that, amongst the non-domestic packs, a small minority were illicit or made-for-contraband packs and the overwhelming majority were products of the major manufacturers. Furthermore, there was a small **decrease** in the proportion of non-domestic packs after the introduction of plain packaging and associated tax increases. This completely and effectively counters the argument that progressive tobacco control policy inevitably drives smuggling.

Furthermore,

- 1) The probability of a large market opening up for smuggled tobacco in Tasmania is unlikely for two reasons
 - i) There will still be 800 retailers selling tobacco, and 60,000 or more smokers whose ability to purchase tobacco from licensed retailers is unabridged.
 - ii) With each successive year of the TFG amendment, 20th century smokers will be less influential role models for the 21st century youth, so that the falling youth uptake will result in diminishing demand.
- 2) Tobacco smuggling is an issue for the federal government, not the states, as the states receive no direct revenue from tobacco taxes or excises. The federal government is well resourced to deal with these issues should they occur.
- 3) Tasmanian Parliaments have never been intimidated by the tobacco industry threats of action, and should not do so now.
- 4) As a sovereign jurisdiction Tasmania has a right to protect its citizens from unethical, exploitative industries.

Impact on tobacco retailing in Tasmania

While retailers will over time have lower sales due to a cohort of non-purchasers of tobacco products, the impact will be gradual. The whole aim of this amendment is to reduce tobacco use, without the difficulty that a whole of society prohibition would cause. There is strong community support for the proposal with almost 90% of young adults in favour of this measure, including a majority of smokers. Most smokers take up smoking at a young age and over 90 percent regret this by early adult life.

The practicality of this amendment is in the simplicity of the way in which it is framed. The amendment under 67 requires virtually no change to current proof of age requirements with the clear expectation that there is a cut off point for anyone born on or after 1 January 2000. Current proof of age has very high levels of compliance from retailers, reported to be at 98% by the Department of Health and Human Services.

In economic terms Australian and World Bank data have shown that reductions in smoking has a beneficial effect in increasing overall employment levels. The money previously spent on tobacco products is used to purchase a range of other goods and services providing greater employment opportunities within the population.

Impact on the environment

The development of a generation that might as easily or preferably be called the Tasmania Clean Air Generation (TCAG) resonates very strongly with the desire for Tasmania to maintain a tidy clean image both nationally and internationally. Cigarette butts and tobacco packaging are still the most common refuse elements in society and development of a generation who do not create such wide litter from tobacco will result from implementation of this Amendment.

Arguments by the tobacco industry that the process would be “complex”

The implementation of the legislation will be much easier for retailers than present practice as they will only have to look at the date on ID to determine the birth year of a buyer.

In the past the tobacco industry have argued on many occasions that business would be detrimentally affected or that processes within shops would be slowed by legislation such as removal of displays and plain packaging.

When examined, these arguments and protestations have been unfounded and in fact compliance and implementation has been well managed by retailers. For example the industry argued that product retrieval time would be increased after plain packaging. A real world study showed this was not the case.

Glantz et al observes:

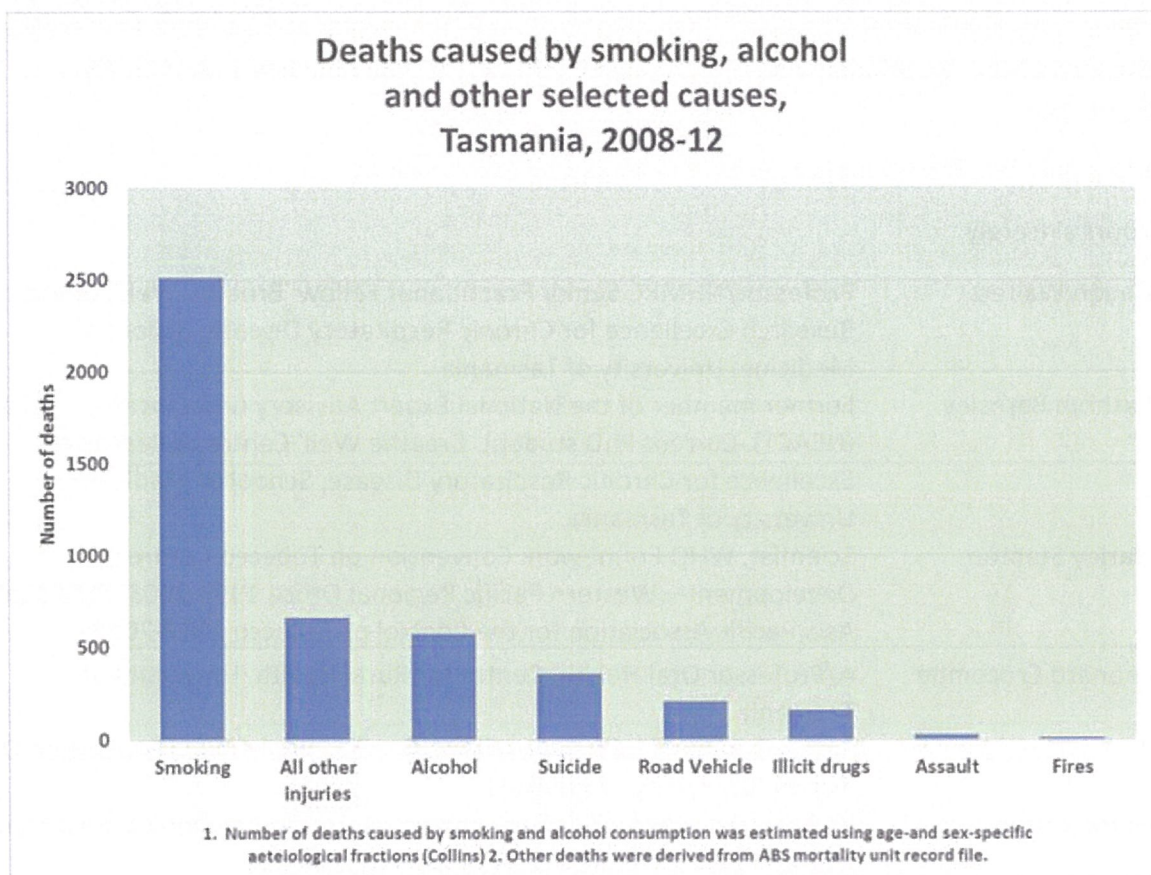
“Since 1998, more than 40 million pages of previously secret tobacco industry documents have been made available to the public. Previous investigations with these documents concentrated on proving that tobacco industry marketing targeted youths. We analyzed the documents to find why and how the tobacco industry markets to young adults and drew 3 conclusions. First, the industry views the transition from smoking the first cigarette to becoming a confirmed pack-a-day smoker as a series of stages that may extend to age 25, and it has developed marketing strategies not only to encourage initial experimentation (often by teens) but also to carry new smokers through each stage of this process. Second, industry marketers encourage solidification of smoking habits and increases in cigarette consumption by focusing on key transition periods when young adults adopt new behaviors—such as entering a new workplace, school, or the military—and, especially,

by focusing on leisure and social activities. Third, tobacco companies study young adults' attitudes, social groups, values, aspirations, role models, and activities and then infiltrate both their physical and their social environments.”

The industry targets both children and young adults, so the need for the *Public Health Amendment (Tobacco-free Generation) Bill 2014* is crucial, in order to phase out the sale of this toxic product that is killing thousands of Tasmanians every few years.

Figure 1

Tobacco smoking is by far the biggest killer on our Tasmanian horizon.



Potential for research

The *Public Health Amendment (Tobacco-free Generation) Bill 2014* will provide Tasmania with ground breaking research possibilities. The University of Tasmania and the Menzies Research Institute have indicated their strong support for this legislation and a willingness to support education and research in its implementation. This would provide an opportunity for medical student input to schools within the education sector as well as the ability to monitor and document cohort changes in health status at both the primary and

secondary levels of health care. The global interest and impact of this research is likely to be of great significance and provide Tasmania with positive feedback through this innovative measure.

Conclusion

This amendment is a very reasoned next step to reduce smoking and other tobacco use. It is highly practical with all the machinery needed for delivery already in place and working well. There is strong [community support](#) with about 70% of Tasmanians supporting the proposal and an even higher proportion, nearly 90%, of young people supporting the tobacco free generation concept. SmokeFree Tasmania believes that this is a necessary step in achieving progress to reduce tobacco use. It has been said, “You can’t cross a chasm in two small jumps. Don’t be afraid to take a big step.” This is the foundation for our support to the tobacco free generation proposal. Tasmania can be a global leader and do more to achieve the goal of the “healthiest state in the nation by 2025” through implementation of this legislation.

We would be pleased to give verbal evidence to the Committee.

Yours sincerely

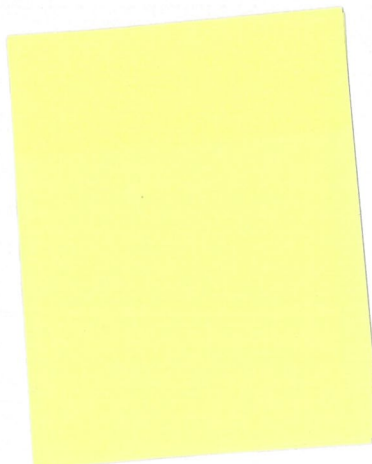
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Contact for Submission.

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Appendix A

Tourism data

<http://www.tourismtasmania.com.au/research/tvs>

<http://www.tvsanalyser.com.au/>

Click on the [button](#) on the left to activate this spreadsheet.

In the year 2024/25 what is the proportion of tourists to Tasmania who would be affected by the TFG amendment?

In other words, what proportion of tourists to Tasmania are smokers aged 18-25?

(Under-18s are covered by existing legislation, while non-smokers are of course unaffected.)

For the latest 12-month period, I read from Table 1a that (in tens of thousands) 6 out of the total 106 are aged under 25. Table 1b reveals that 3.3 are students, most of whom one expects are children travelling with parents (since the number of student groups is tiny). So, it's reasonable to infer that at most half of the 6% who are under-25s are actually between 18 and 24. Then, of the relevant 3%, how many are smokers? If we take Australia ex-Tasmania smoking prevalence as a basis, then around 15-20% smokers (a figure I've not checked, but the numbers are now getting so small that an approximate figure suffices) corresponds to about half of one percent of the total number of tourists to Tasmania.

Estimates by AJ Berrick on 14 Feb, 2015.

Appendix B-Explanatory Note

Specialist tobacconists

In the past specialist tobacconists had a big advantage over other premises as they could display more tobacco. That no longer applies. This is a dying segment of the market, offers almost no advantages, and means that nothing else can be sold from the shop. There are few specialist tobacconists left in Tasmania, about eight, and it is hard to see why any would remain, except they might be supplying equipment to the marijuana and hashish markets.

Some specialist tobacconists have expressed concern about the *Public Health Amendment (Tobacco-free Generation) Bill 2014*. , for example Mr. Mohammed said at the briefing.

Mr MOHAMMED - In regards to my store in the city, I am only allowed to sell tobacco related products. I am not allowed to sell a packet of chewing gum, therefore the majority of my sales are cigarettes and that is where it will hurt if this legislation comes into effect. Some tobacconists or specialist tobacco shops may have other things happening - like Sally said, she has a hairdresser. I don't have that. I am only allowed to sell tobacco related products. I am not allowed to sell a bottle of water. I am not allowed to sell anything that is not tobacco related.

If this legislation comes in, it will hurt me the most, being a tobacco specialist shop only. I have nothing to fall back on in that particular store.

This is a somewhat misleading statement as the only advantage to being a specialist tobacconist is that one can display more tobacco and other smoking accoutrements, such as bongs, pipes, shisha pipes, hookahs, lighters and so on. Cigarettes cannot be displayed. In the past being a specialist tobacconist had an advantage because they could display tobacco products, but they cannot any more. This type of license is a bit of a dinosaur and likely to disappear. It has little relevance or advantage in the 21st Century in Tasmania. Specialist tobacconists can transfer to having an ordinary tobacco license, still sell tobacco and then sell other things such as newspapers, books, food, chewing gum, run hairdressing salons, etc. – so Mr. Mohammed has painted himself into a corner of his own making, simply so that he can display bongs etc. He could get out of this by changing to an ordinary license and getting rid of his bongs, or putting them under the counter. It is his problem, and he could fix it.

The *Public Health Act 1997* says:

“3. Interpretation

specialist tobacconist premises means –

(a) premises that are operated independently and apart from any other retail business and where only tobacco, tobacco products, matches and cigarette or pipe lighters are sold; or

(b) premises that, under section 72B, are determined to be specialist tobacconist premises;”

AND

72A. Restrictions on display, &c., of tobacco products in specialist tobacconist premises

(1) This section applies to specialist tobacconist premises.

(2) A person must not display any tobacco products in the premises other than **ancillary tobacco products**.

Penalty:

Fine not exceeding 50 penalty units.

(3) A person who displays an **ancillary tobacco product** in the premises must –

(a) confine the display to a single area of the premises; and

(b) ensure that the total area of all ancillary tobacco products displayed in the premises does not at any time exceed 4 square metres.

Penalty:

Fine not exceeding 50 penalty units.

(4) A person who displays an **ancillary tobacco product** in the premises must not enhance the display by means of any of the following:

(a) wording, trademarks or colour schemes usually used in the packaging of the ancillary tobacco product;.....

(8) In this section –

ancillary tobacco product means a tobacco product other than –

(a) tobacco in any form; or

(b) a product of which tobacco is an ingredient; or

(c) a package or cigarette shipper containing a thing referred to in paragraph (a) or

(b) of this definition.....

AND

72B. Specialist tobacconist premises

(1) The Director, by notice in writing, may determine that specified premises are or are not specialist tobacconist premises.

(2) In making the determination, the Director may take into account whether or not products at the premises are able to be purchased lawfully by a child.

(3) A person may apply to the Magistrates Court (Administrative Appeals Division) for a review of the determination of the Director that premises are not specialist tobacconist premises.

References

ⁱ Banks et al. Tobacco smoking and all-cause mortality in a large Australian cohort study. BMC Medicine (2015) 13:38

ⁱⁱ Dr Margaret Chan, WHO Director General at World Conference on Smoking and Health, Abu Dhabi, 18 March 2015. <http://www.who.int/dg/speeches/2015/trends-tobacco-use/en/>