PARLIAMENT OF TASMANIA

LEGISLATIVE COUNCIL

REPORT OF DEBATES

Tuesday 23 March 2021

REVISED EDITION

Contents

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The President, **Mr Farrell,** took the Chair at 11 a.m., acknowledged the Traditional People and read Prayers.

PETITIONS

Kettering - Construction of Pedestrian Pathway

[11.02 a.m.]

Dr Seidel presented an e-petition from 248 electors of Huon calling on the Government to support the construction of a pedestrian pathway between Oyster Court and Oxleys Road on the Channel Highway in Kettering.

Support for Youth - Mental Health Challenges

Ms Forrest presented an e-petition from 718 citizens of Tasmania calling on the Government to ensure support for youth and mental health challenges, including eating disorders.

Petitions received.

TABLED PAPERS

Government Response to Petition - Garden Island Creek and Garden Island Sands - Erosion

Mrs Hiscutt tabled the Government's response to the member for Huon's petition regarding the preservation of Garden Island Creek and Garden Island Sands from erosion and the provision of safe beach access.

Government Administration Committee A - Inquiry Initiated by Committee of its Own Motion

Ms Forrest presented the special report of Government Administration Committee A in relation to an inquiry initiated by the committee of its own motion.

Report received.

Legislative Council Select Committee - Production of Documents

Ms Forrest presented the report of the Legislative Council Select Committee on the Production of Documents, along with evidence received by the committee.

Report received and printed.

SPECIAL INTEREST MATTERS

Kingborough Community Awards

[11.10 a.m.]

Ms WEBB (Nelson) - Mr President, I pay my respects to the palawa/pakana of lutruwita Tasmania, the Tasmanian Aboriginal community, as the traditional owners and continuing custodians of this land that we are on today. I pay my respects to their Elders past, present and emerging and recognise the connection of the palawa to this land for over 40 000 years. The rich culture that emanates from that connection has survived invasion and dispossession and continues today. This land was never ceded.

I speak today on a very pleasant topic, the Kingborough community awards, which recognise the efforts of some constituents and groups within my community who have been honoured, quite rightly, for their wonderful contributions. The Kingborough Awards honour local residents who, through their commitment to community service, have made an outstanding contribution to the wellbeing of the Kingborough community.

Each year I am amazed and heartened by the people of Kingborough who give so selflessly to help others in their community.

Today I am delighted to recognise the 2021 recipients of the Kingborough Awards. The Kingborough Citizen of the Year Award is given to a person or group who, through great personal effort and initiative over a considerable time, has made a significant difference to the quality of life in the community.

Else Phillips and David Vickery were the two exceptional people presented with the Citizen of the Year Award this year.

Else Phillips is well known as committee president of Kingborough's Australia Day celebration A Day on the Beach, which attracts about 12 000 people to Kingston Beach to have fun, to share their pride in the community and to celebrate being Australian.

Like so many events, A Day on the Beach was cancelled in 2021 but this may have been a welcome breather for Else who has been volunteering for 18 years in that role. She is a valued volunteer also with Loui's Van, St Vincent de Paul and the Kingborough Helping Hands.

Else is also an active Rotary member and a key organiser of the Rotary Mega Market, the Youth Driver Awareness Program, the Youth Program of Enrichment and the Kingston Beach Fun Run, the Kingston club's major fundraiser which attracts several hundred people each year.

I offer my huge congratulations to Else and thank her for her contribution.

David Vickery also received the Citizen of the Year Award for his significant contribution to education, to disability services and to amateur drama in Kingborough.

He set up some of the first amateur theatre productions in Kingborough, inviting locals to share his love of community theatre. David was an active member of the Parents and Friends Association for both Kingston Primary School and Kingston High School.

He worked particularly hard to secure an above-ground pool for Learn to Swim at Kingston Primary at a time when there were no suitable swimming pools in the area. David also rallied the Kingston High School community to protest against the threat of funding cuts in 1990. David was made a life member of the Kingston High School P&F in 2011 in gratitude for his service and commitment to the school community over many years.

David has also been an active member of the Disability Inclusion and Access Advisory Committee providing Kingborough Council with thoughtful advice and assistance to improve conditions for people with disability and their carers. It is a role Kingborough Council hopes that he will continue in for a long time yet, I hear.

Another award given out is the Young Citizen of the Year Award, and it is with special pleasure that I recognise Bella Oakley, the worthy recipient of this year's Young Citizen of the Year Award.

Citing the well-known Edna Pennicott as an inspiration, 13-year-old Bella has been volunteering with Kingborough Helping Hands since she was seven. For almost half her life Bella has been helping with baking, food distribution, fundraising and events, often being one of the last to leave after cleaning and packing up. Bella reached out to people in need during the COVID-19 pandemic, offering dog-walking, baking and grocery delivery to those who were unable to leave their homes.

Bella is an active member of the St Aloysius Catholic College community. She is a member of the school's Mini Vinnies group and she also provides mentorship and support to new students. Bella has clearly made a positive difference in the lives of so many as a volunteer and a young community leader. I am very inspired by what the future holds for Bella and I thank her highly for what she has done for the community. Well done, Bella.

The Taroona Community Association received a further award, the Community Group of the Year Award. That was for community support services, in particular its street coordinator program, which was established in response to the COVID-19 pandemic. The basis of this grassroots program was the appointment of local resident coordinators in each Taroona street. Coordinators made direct contact with the residents of their street and provided help to people in need, including arranging shopping and social support for older members of the community. This initiative was so successful, it has been continued during the bushfire season and through other emergencies.

The Taroona Community Association also produces a regular newsletter which is hand-delivered to 1450 households throughout Taroona. This newsletter is a valued communication tool across the whole community.

Finally, I give special mention to two certificates of appreciation awarded this year as part of the award ceremony. The first one was to Phil and Jill Long of Margate for their contribution to their community, and the second was to Kingborough Community Missions, a

group that provides much-needed food and other support to the Kingborough community. Congratulations for the certificates of appreciation in those two instances.

Many needed community services would not exist without volunteers. I hope all members will join me in congratulating this year's Kingborough Awards recipients, adding our personal thanks to each of them for the work they do.

Members - Hear, hear.

Kettering Walkers
Pedestrian Pathways - Channel Highway

[11.17 a.m.]

Dr SEIDEL (Huon) - Mr President, I was privileged to present an e-petition from my electorate of Huon to this House earlier this morning, and I am pleased to speak on behalf of my fabulous constituents in the community of Kettering.

Last year, I had the pleasure of joining the Kettering Walkers for a lovely walking tour of their picturesque community. The walking group is part of the wonderful Heart Foundation initiative that encourages healthy living by connecting people to become active with the benefit of making new friends.

Walking is free and generally accessible. Walking for an average of 30 minutes a day can lower the risk of heart disease, stroke and diabetes by up to 40 per cent. Encouraging Tasmanians to walk has obvious benefits. The Kettering Walkers have certainly become friends of mine.

During our walk, it was evident that some of the pedestrian pathways along the Channel Highway are not adequately equipped to accommodate foot traffic, or, much worse, they are actually non-existent and require pedestrians to 'go bush' next to this rather busy regional highway.

It is not only unsafe but the Kettering community deserves and expects better. The *Kingborough Chronicle*, the local newspaper, visited the site on the 3 March and even during their visit, numerous vehicles travelling south were witnessed passing over the double dividing line into the oncoming traffic lane to avoid pedestrian walkers north of it toward the Kettering Community Hall.

It such a dangerous situation that the local Kettering community is now bringing the situation to the attention of all members of parliament and the Government. The petition I tabled this morning is seeking Tasmanian Government support for the construction of approximately 200 metres of footpath on crown land that sits above the Channel Highway and the area between Oyster Court and Oxleys Road.

Since 2018, the Kettering Walkers have been trying to have the obvious issue addressed. I thank the walking organiser, Elspeth Haughie, and the walkers for their tireless advocacy in that matter. Elspeth says that it is not only recreational walkers who need to have this pathway;

it is also important for parents and grandparents pushing prams and for schoolchildren who walk to catch the bus from Oxleys Road.

The Channel Highway in this area is very narrow, but carries a high volume of traffic. The highway is also part of the circular link to the Trial Bay track; however, because there is no pedestrian path, walkers are required to walk on the side of the road with scarce separation from cars.

Time and time again, we see regional communities being taken for granted. Kettering is a thriving community whose residents pay the same taxes and rates as everybody else.

In the ethos of the Kettering Walkers, we need to support our communities with infrastructure that allows people to be active and to stay healthy and connected. That is why I am delighted to be able to sponsor the e-petition on behalf of the residents of Kettering.

I am delighted the petition is also supported by the Kettering Community Association and am grateful for the expertise and insights of the association's principal petitioner, Dr Heather Gluyas.

Whether it is our children walking to school, people accessing local services and shops or groups promoting healthier lifestyles, we need to do all we can to ensure our infrastructure is safe and fit for use. What currently exists in Kettering is actually neither. Let us make sure this issue gets the action it deserves.

Diabetes Tasmania - PolliePedal - Fundraising

[11.21 a.m.]

Mr DEAN (Windermere) - Mr President, I bring to the attention of this Chamber a wonderful fundraising event I have participated in for many years. Diabetes Tasmania runs PolliePedal every year in aid of raising funds, so Diabetes Tasmania can continue to support people living with diabetes.

PolliePedal is a three-day bike ride throughout various parts of the state. The route changes each year, and I might add that it is gruelling. PolliePedal is about raising awareness of diabetes through participation and the media.

PolliePedal was founded in 2006 by our own Guy Barnett and Diabetes Tasmania. Guy has been very open about living with type 1 diabetes. I learned about PolliePedal in 2008 when Guy and I both walked the Kokoda Track to raise money for the Juvenile Diabetes Research Foundation. On that occasion we raised about $180 000. Since that time, PolliePedal has raised over $740 000 for diabetes education and awareness campaigns.

Another individual who deserves to be mentioned in this speech is Ange Headlam, Fundraising and Marketing Coordinator, Diabetes Tasmania. Every year, Ange spends many hours planning the route, organising accommodation and events, arranging catering and then organising and supporting the riders each day. She is a workhorse and much of the success of the event can be attributed to her and her dedication. Well done, Ange. It is a great effort on her part.

As always, Ange had a great support team this year. The Rapid Relief Team - I cannot sing their praises enough - comprised Tim Arkcoll, Jurgen Vos, Matt Cox, Jared Grace and Nelson Humber, along with Diabetes Tasmania staff members Leanne Clark and Kristine Lord. Andrew Klapche drove the front car and Elizabeth Porter assisted on the ride with directions, as well as the family friends who supported everyone on the road over the three days.

Unfortunately, Diabetes Tasmania CEO, Caroline Wells, well known to many of you, sadly could not join us this year on this ride.

This year's ride had the most participants ever with 30 cyclists; so far it has raised over $80 600 - now $80 650 as I received $50 last week - and it is continuing to rise, which is great.

According to Diabetes Tasmania, approximately 87 000 Tasmanians are either living with diabetes, living with undiagnosed diabetes or are at high risk of developing diabetes. These figures are probably not known by all of you.

More specific statistics somehow make it seem more real: five Tasmanians a day are diagnosed with diabetes, and every four days a person in Tasmania has a lower limb amputated because of diabetes. Diabetes is a leading cause of preventable blindness in adults and a leading cause of chronic kidney disease.

Currently over 30 000 Tasmanians are registered on the National Diabetes Services Scheme. Approximately 12 000 more are living with diabetes, but are undiagnosed, and 45 000 are at high risk of developing diabetes.

This year I was fortunate enough to have many of my colleagues support me by donating to this cause and I was able to raise about $700 plus for Diabetes Tasmania.

I thank members for contributing. This is not meant to embarrass anybody because other members donate to many charities, which I understand and accept, but I especially want to thank Jo Seijka, Meg Webb, Sue Hickey, Rosemary Armitage, Tanya Rattray, Rob Valentine, Jo Palmer and Ruth Forrest for their great donations to the cause this year.

I recognise all members for their support to other charities throughout the state.

Mr Valentine - I declare an interest.

Mr DEAN - Pardon?

Mr Valentine - I declare an interest.

Mr DEAN - Yes, you are also a diabetes sufferer. This year's route officially started off in St Helens, although Guy and some other enthusiastic cyclists rode from Launceston to St Helens the day before the official leg started.

The route included St Helens, Scamander, St Marys, Bicheno - into a strong headwind, which was tough - Cranbrook, Swansea, Mayfield Bay, Little Swanport, Triabunna, Orford, Buckland and finished in Richmond. Approximately 300 kilometres in total, which is taking in a bit of backtracking and so on. During the ride, when a cyclist needed a rest, they were able to store their bike on a support vehicle and hitch a ride for a while.

I did not do that. I toughed it out and here I want to mention our very own Will Coats, who is well known to us in this Chamber, and his partner Cally Snare, along with Vanessa Stansbie. These three riders were quite new to long distance riding and the guts and determination displayed by them on the ride was nothing less than remarkable.

On the Saturday ride, I took the position of tail-end Charlie and rode next to Cally up and down hills. She was hurting, pain was setting in and there was groaning, but Cally would not give up. I said to her, 'You can jump in the vehicle', but she would not give up. She kept saying that it was about raising funds for diabetes and she was determined to complete the ride for all those people, children and older, who are living with this disease. She would not give up.

All 30 riders did a great job and the three backmarkers - Cally, Will and Vanessa - were all inspirational. Many of you would know Ken Gourlay - our solo around the world yachtsman in 2008 - who was riding with us. One of his grandchildren had recently been diagnosed with diabetes. Ken told me just recently of having sold a boat and how the purchaser, having received additional information and great support from Ken, said, 'I will throw in $1000 for your diabetes ride' on top of the other moneys he was paying. What a great gesture - wonderful.

I am still recovering. It will probably take me the next three or four years to get over it, but I had a great, albeit tough, time and will do it again for diabetes.

Members - Hear, hear.

Dr Myrle Gray

[11.28 a.m.]

Ms HOWLETT (Prosser) Mr President, today I recognise Dr Myrle Gray, a local general practitioner at Campbell Town, who recently retired following a career spanning almost four decades practicing rural medicine.

Dr Gray grew up in Brisbane and did her first residency as a trainee medico in Mt Isa, which began her desire to work in regional communities in rural areas. In 1982, she moved to Tasmania to work at Savage River on Tasmania's rugged west coast. Another big but rewarding challenge.

In 1985, Dr Gray and her family moved to Oatlands to join Dr Robert Simpson at the Oatlands practice before settling into her role as a doctor in Campbell Town.

In addition to establishing her general practice, Dr Gray began as a Tasmanian Health Service employee in October 1989. She provided medical support for the inpatients through admitting rights to the Campbell Town acute hospital beds.

She also participated in providing the after-hours and on-call roster support to these patients and provided medical support to the Campbell Town Health and Community Service staff.

Dr Gray has always risen to a challenge, and with the many changes within the health system and documentation over the years, 2020 was especially challenging for Dr Gray - not just with COVID-19, but also managing her practice on her own while being on call 24/7.

During her long career Dr Gray became a very active campaigner for rural medicine and was the founding patron of the Midlands Multipurpose Health Centre Auxiliary. She was president of the Rural Doctors Association of Tasmania from 2010-14, a board member and vice-president of the Rural Doctors Association of Australia, and a director of the Australian College of Rural and Remote Medicine.

In 2016, Dr Gray was named a Member of the Order of Australia in the General Practice Division. This award was for her significant service to rural medicine in Tasmania, to professional medical associations as a general practitioner, and for her service to her very much loved community. When interviewed as a recipient of the Member of the Order of Australia, Dr Gray said much has changed over the years in rural health, but some things stay the same. 'The people are wonderful', she said, 'The kids come in with a little bunch of flowers and say "Thank you for looking after me". Everyone thanks you and everyone is very appreciative.'.

Throughout her career, Dr Gray earned the respect and love of her patients and colleagues. She will be long remembered, not least I am told, for her wonderful use of the English language, beautiful clothes and signature laugh. She has been an incredible advocate for the community through her tireless work, wisdom and encouragement.

I thank Dr Gray for her dedication and service to the Oatlands and Campbell Town communities. She will be fondly remembered through the positive legacy she leaves and she will be missed by her patients and colleagues.

I wish Dr Gray all the very best for the next chapter of her life, spending time with her husband Max and family in Oatlands, gardening, sewing, being with her pets and perhaps even writing a book. Thank you very much, Mr President.

Members - Hear, hear.

Murchison Electorate

[11.32 a.m.]

Ms FORREST (Murchison) - Mr President, an electorate familiarisation tour provides an opportunity for members to showcase their electorates on a rotational basis as a means of informing other members of some of the industries, businesses, enterprises, opportunities and challenges that form part of that electorate.

The electorate of Murchison is geographically large and diverse, and therefore impossible to cover in a few days. Consequently, King Island, a very important part of my electorate, needed a separate visit, which is important for members to understand.

Last month, from 23 to 26 February, we toured King Island, and nine members were able to attend. Our site visits included the Renewable Energy Integration Project. As a remote island community, King Island is not connected to the mainland electricity supply. The

electricity on the island was previously generated entirely from diesel, which is quite expensive and not good for the environment.

The King Island Renewable Energy Integration Project was an initiative of Hydro Tasmania with the assistance of the Australian Renewable Energy Agency; it is a hybrid off-grid power system that supplies 65 per cent of the island's energy needs using renewable energy. The project has an innovative approach using new and existing technologies, including battery storage, with the aim of providing up to 100 per cent renewable energy when possible, while maintaining system stability and reliability.

We also visited the mixed species abattoir. This is a community-owned operation that is vital in the absence of any other major island facility for processing unshippable cattle, providing local beef and sheep to local customers. It also processes wallabies, which as members would be well aware, are a huge problem on the island. These are processed and sold both on and off the island.

We also had the privilege of visiting the redevelopment of the King Island District Hospital and Health Centre. The renovations were not quite complete, but we had a sneak preview through the new part of the building ahead of its official opening in the near future. We were informed of the health needs of locals, which in many ways are quite different to the rest of my electorate. We were told that King Islanders are generally healthier, stay in their homes longer, and have fewer instances of obesity and diabetes, for example.

We also visited a new distillery, the King Island Distillery. Heidi Weitjens uses native botanicals to create her ruby vodka and native gin in her bespoke copper stills, which she is very proud of. It was great to see members support the local business and bring some product home.

We also visited the King Island District High School and were met by the school leaders, who proudly showed us around their school. I commend them for their leadership and their efforts to make sure we were well informed about what their school offers.

We also visited Phoenix House, the community garden and the Men's Shed. All three of these are now co-located in a wonderful facility, a place where islanders come together to find support, belonging and purpose, to access services and to enjoy a range of activities, including working in the community garden. This is a credit to Sally Haneveer and her team, who have had to adapt significantly to support the community in different ways, particularly last year during COVID-19.

Of course, no visit to King Island is complete without a trip to King Island Dairy. Members were able to sample King Island cheeses and also purchase some to bring home, supporting the local community there.

Another King Island must-visit are the amazing golf courses. We visited the Cape Wickham Golf Links, which is world renowned. Some members had a chance to play a few holes, and lost balls doing so. It was a beautiful day - clear skies, warm, with no wind. Note that: there was no wind that day. The only distraction was the King Island march flies, which take the role of annoying insects to a whole other level.

Construction of the Cape Wickham course was completed in late 2015. Every hole on the course has an ocean view, which is extremely rare and something golfers would travel around the world to experience prior to COVID-19. Now we are seeing Australians take that opportunity.

We also visited the King Island Brewhouse, located in Pegarah, which is yet to open, but very soon will be, and will provide another reason to stay longer on King Island on your next visit. It is in a sensational location, looking out over rolling farmland. We did not get to taste the local brew. It was not quite ready, but that will be for another visit.

We also looked at other tourism opportunities and sampled the wonderful local produce. Members enjoyed a wild harvest restaurant degustation, and the following day, a four-wheel drive tour. This tour took in only a small part of the island, and I know members looked at the map and thought, 'Wow, is this the only part we have seen.'. It included access to private land showcasing sustainable farming in challenging terrain, the unique petrified forest, which is like being in a different world, and the site of the *Cataraqui* shipwreck - Australia's worst civil disaster.

The *Cataraqui* was wrecked on the west coast of King Island on 4 August 1845 with a loss of 400 lives, half of them under the age of 15. There were only nine survivors, who were lucky to be found by David Howie, who was living much further north, but had been attracted to the scene by the large amount of wreckage drifting around the sea. Only 342 bodies washed ashore, and were buried in four mass graves - one of the graves holding 200 people.

Before its official opening at the Cultural Centre, members were privileged to visit the Poor Souls exhibition, which recognised the *Cataraqui* as part of Ten Days on the Island. Last year was the 175th anniversary, but we could not hold events because of COVID-19. That was a particularly moving exhibition.

We also had the opportunity to meet King Island Council elected members - the mayor, general manager and a councillor who happened to be on the island at the time, and the King Island Shipping Group. This was very informative. Members were informed of the unique challenges of island life, and the significant contribution King Island makes to the state's economy.

Obviously, we understand the challenges include the cost of getting on and off the island. It is expensive and challenging. In these very isolated communities, a one-size-fits-all approach to legislative reform simply does not work in many areas such as planning and waste management. The cost of freight and access to health and education are additional challenges to those residents.

The tour was intended to give members a broad overview of the island. As I said, we only really scratched the surface of this great part of the world, within the three days we had.

I wish to personally thank all the business owners and staff of the premises we visited, such as the Hydro, golf courses, school and hospital, for being so willing to share their thoughts and experiences.

I particularly thank the King Island Council and its staff for assisting with the planning and organisation, including providing some driver support on the island. I particularly thank Helen Thomas for her input.

It was a great time. I think everyone enjoyed it and it is a great opportunity to showcase that really important part of my electorate.

Members - Hear, hear.

Dr Myrle Gray
Thirtieth Clean Up Australia Day - Packaging Waste

[11.40 a.m.]

Ms RATTRAY (McIntyre) - Mr President, I thank the member for Prosser for her contribution this morning in recognising Dr Gray. As my time as the local member, prior to the member being elected, I had a number of visits with Dr Gray and I was well aware of the respect she had in the community broadly and also the amount of work that she had undertaken. Those long-term rural doctors are hard to find in our communities now so thank you for doing that.

Reliving the electorate tour was a real treat as well. It certainly was a terrific electorate tour - and I look forward to seeing what Flinders Island can produce in the future in that regard.

It seems extraordinary to think that the thirtieth Clean Up Australia Day took place as vast tracts of the nation were being razed by bushfires and then ravaged by floods. Talk of the pandemic was only gaining traction in early 2020. In the months that followed, re-usable coffee cups became a 'no-go', restaurants were reduced to takeaways and the whipping out of single-use items like masks and sanitised wipes became the norm.

Research conducted recently on behalf of a packaging group revealed more than one in three Australian households said that they produced more packaging waste during the lockdown periods and more than half said they were more concerned now about the packaging waste than they were the previous year. Never has there been a more important time for this message.

We know Australians everywhere recently rose to the challenge by planning their Step Up on Clean Up Australia Day, which took place on Sunday, 7 March 2021. I notice that many events took place across the state, and I say well done and congratulations to those people who did roll up their sleeves and took part in a clean-up day. The clean-up day I organised in Dorset was a week later, given that 7 March was a long weekend - I wondered whether many people would be doing other things so I chose the following weekend, 14 March. I am pleased to say a number of volunteers supported the clean-up day in Dorset but sadly the amount of rubbish collected was appalling. Volunteers picked up rubbish in the north-east as the step up to the clean-up project and were overwhelmed by the sheer amount of litter they had to contend with on the day.

I hosted the day; I registered it as an official event and was supplied with some bags. I looked at the number of bags supplied and thought that will be nowhere near adequate. I was

fortunate to access some more bags from Incitec Pivot, a local business; it had the super fertiliser bags and were kind enough to provide some bags to us as well.

We not only needed bags; we also needed trailers. It was so significant - and we had trailer loads of rubbish. I took the ute on my journey and I went on the Nabowla and Golconda roads and worked my way back towards Scottsdale. I had to call for the trailer to come because I could not fit any more rubbish in my ute and I had not reached anywhere near where I had intended to be. It certainly was overwhelming, to say the least.

My interest in this day came about from contact with a local girl in the area named Isabella Wilson and her family, who live on The Sideling; that is on the way to Launceston on the Tasman Highway for anyone who is not familiar with it. I can see the honourable President nodding - he knows it well. Isabella contacted me and said that they travelled The Sideling road quite a bit and she was concerned by the amount of rubbish along it. We had organised the clean-up for 2020 but it did not occur so in 2021 it was on.

Isabella, her sisters Lucy and Georgina, and their parents Jim and Verity Wilson were very proactive in this space, and I thank them immensely for their work. They had a trailer full of rubbish but they also did a stocktake, unlike myself with my rubbish. I did not do a stocktake. I knew what I was picking up but I did not actually stocktake it.

They picked up 402 aluminium cans, soft drink and pre-mixed alcohol; 178 bottles and 91 glass beer bottles. There was enough recyclable rubbish to fill three 200-litre drums, including a wheel and a wheel hub from a trailer. How could you leave behind a wheel and a wheel hub? I do not understand that.

As I said, I was amazed by the number of alcohol containers. People know they are not to drink and drive, and as a passenger you certainly are not allowed even to have an opened receptacle in your vehicle.

There is a litter hotline: 1300 135 513. People need to use that number and call it out. If somebody is putting rubbish out of their vehicle and onto the road verges, that should be called out. I am quite passionate about this and I am sick of looking at the amount of rubbish on the road.

Interestingly, when I came down yesterday they were actually slashing the road verges. What do you see? More rubbish. The long grass is gone and all I see is more rubbish. Terrible.

I thank the Wilsons very much for being the momentum behind the clean-up day in Dorset. I thank the 25 volunteers - and they all know who they are - who came out and assisted on the day. It was terrific. I particularly thank Melissa from my office who did a lot of the coordinating and my long-term friend Ros who rolled up her sleeves and got on the road. We are going to start walking that same stretch of road that we cleaned up just to see how much new rubbish is there.

We were also strongly supported by the Scottsdale Lions Club; Dorset Council, which collected the rubbish after we put it in one place; Cottage Bakery, which assisted with some donations for our barbecue; and Woolworths Scottsdale, which was very generous; and, again, by Lester Rainbow at Pivot who provided the bags.

I am very grateful for the support, very disappointed by the amount of rubbish, but we certainly made a difference on that day. I encourage other members - it does not need to be the official Clean Up Australia Day. It can be any day, and I urge members to encourage their communities to get out and clean up.

You get lots of waves. Not too many people stop to help, but you do get plenty of acknowledgement that you are on the road. I should have had my vest on with my name on it. I am going to do that next time so that they can see perhaps see it is me. I probably was a bit obscure under the hat and the sunglasses and the rolled-up sleeves, but thank you.

STATEMENT BY THE PRESIDENT

Mrs Edith Cowan OBE

Mr PRESIDENT - Honourable members, I draw your attention to the fact that this year marks the centenary of the election of the first woman member of an Australian parliament.

That was Edith Dircksey Cowan, who was elected to the Parliament of Western Australia on 12 March 1921.

Edith Cowan had always argued for women to be part of public life and stood for election just one year after women were granted the right to sit in the Parliament of Western Australia.

Although a member of the government, Edith Cowan advocated strongly for women and children, particularly in the area of health. As a member of the government, she did not always vote along party lines, but always voted in a way that would benefit women and children. She successfully presented two private member's bills to give equal inheritance rights to women when children died intestate and to allow women to enter the legal and other professions.

Although Edith Cowan served only one term, her legacy is significant and should be acknowledged. Women continue to serve in every House of parliament in Australia and at the highest levels of government. This year is certainly a special centenary.

SUSPENSION OF SITTING

[11.50) a.m.]

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Mr President, I move:

> That the sitting be suspended until the ringing of the division bells.

This is for a briefing on the Public Health Amendment (Prevention of Sale of Smoking Products to Underage Persons) Bill 2018.

[11.51 a.m.]

Ms FORREST (Murchison) - Mr President, I personally do not feel I need any more briefings; we have had a lot on information on this. If other members feel they need to, that is

fine. We have had lots of information. Information was provided on behalf of Dr Seana Gall in the last day or two. I feel well prepared for this debate, but if other members want to that is fine; I do not have to attend.

[11.51 a.m.]

Mr DEAN (Windermere) - Mr President, this motion was put forward because I asked for further debate on this matter to be adjourned for the briefing. I took this course of action because I was asked by a member to consider a further briefing. I was happy to provide the opportunity and have made arrangements for those two people to be here this morning for the purposes of attending to that briefing for the members. I ask members to support the motion. As I said, one member asked I have that briefing - perhaps others might have done, I am not too sure whether they came through my office. However, I ask members to support the motion before the Chamber.

[11.52 a.m.]

Mr VALENTINE (Hobart) - Mr President, I do not have a problem with having a briefing. The member for Windermere has put a lot of effort into this, and I am always open to receiving further information. We have probably almost had an information overload, but if he believes there is a reason, I am happy to support it.

Motion agreed to.

Sitting suspended from 11.52 a.m. to 12.55 p.m.

PUBLIC HEALTH AMENDMENT (PREVENTION OF SALE OF SMOKING PRODUCTS TO UNDER-AGE PERSONS) BILL 2018 (No. 45)

Second Reading

Continued from 6 August 2019 (page 22).

[12.56 p.m.]

Mr DEAN (Windermere) - Mr President, I thank members for participating in the briefing this morning because I think it provided some useful information.

This has been a moveable feast. I first commenced this part, T21, about two years or so ago now, and I can go back to the Tobacco Free Generation (TFG). I am told this whole process was commenced about 10 years ago when other members were looking at it, so this process has gone on over a long period of time.

It has involved an enormous amount of work, and I want to thank all those members who have assisted me in getting where we are at this present time.

Having said that, I say to members that since the second reading speech, there have been a few changes, which I will refer to as I go through. Members will see it might not be exactly as it was in that second reading you might now have.

The Public Health Amendment (Prevention of Sale of Smoking Products to Under-Age 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) and you will see that appearing a lot.

This important measure I am proposing today is an additional tool to prevent the uptake of youth smoking by removing the peer network tobacco supply from 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 rate of any state or territory in the country. That is why we must continue to act 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. It is all about young Tasmanians.

The Legislative Council has had a longstanding and 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 twentieth century.

Today we have with us a person who is a principal mover in changing the legislation and getting it into this place - Dr Kathryn Barnsley, who worked a great deal on that bill to get it where it is now.

Former Legislative Councillor and liberal Health minister, Hon. Peter Mckay, developed this momentous legislation.

The Public Health Act 1997 provides a framework for public health in Tasmania. Its preamble states its purpose is to:

> … protect and promote the health of communities in the State and reduce the incidents of preventable illness.

In 2012, I moved a motion, which was supported unanimously in this place, to restrict access to tobacco products, support the Tobacco Free Generation, remove flavouring from cigarettes and 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 Commissioner for Children and Young People, which resulted in a report; no subsequent action was taken.

Since we passed that motion in 2012, an estimated 10 000 young people in the 18 to 21 age group have taken up smoking and 4500 Tasmanian smokers have died from smoking-related illnesses.

Most members are aware of a previous bill I brought before this Council two years after the 2012 motion - the Public Health Amendment (Tobacco-Free Generation) Bill 2014.

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 …

Sitting suspended from 1.00 p.m.. to 2.30 p.m.

QUESTIONS

COVID-19 - Retirement Benefit Fund - Redirection of Investment Portfolio

Mr VALENTINE question to LEADER of the GOVERNMENT in the LEGISLATIVE COUNCIL, Mrs HISCUTT

[2.31 p.m.]

With regard to the COVID-19 recovery effort and the Government's intention to use up to $200 million from superannuation funds managed by the Superannuation Commission, can the Government please explain under what provisions or head of power the funds are able to be accessed for the stated purpose by the minister?

ANSWER

Mr President, I thank the member for Hobart for his question.

The proposal to redirect up to 10 per cent of the Retirement Benefits Fund's investment portfolio for investment in the state, to deliver social and economic returns for Tasmanians, will likely require amendments to the Public Sector Superannuation Reform Act 2016.

It is important to note that RBF members will not be impacted by any approach taken and will maintain their legislative entitlements.

COVID-19 - Communities, Sport and Recreation Grants Program

Ms RATTRAY question to MINISTER FOR SPORT AND RECREATION, Ms HOWLETT

[2.32 p.m.]

I did not realise this had gone through the proper channels so the minister already has the heads-up on this, but that is okay. As long as I get the right answer, I do not mind how we get it.

Due to the impact of COVID-19, the Communities, Sport and Recreation Grants Program deferred the 2020-21 Minor and Major Grants Program to implement the COVID-19 Sport and Recreation Grants Program. What is the time frame for resuming the Communities, Sport and Recreation Minor and Major Grants Program for 2021-22? Considering that when you look at the list of COVID-19 grant recipients and with two more rounds to follow, Tasmanian sporting facilities should have signage, sanitising and additional equipment well and truly covered.

Second, will any clubs or organisations that applied in 2020 need to reapply or will their applications be carried over once the Communities, Sport and Recreation Minor and Major Grants Program is again fully operational?

ANSWER

Mr President, I thank the member for McIntyre for her question and her interest in sport.

(1) COVID-19 had a significant impact on Tasmania's sport and recreation sector, including a reduced capacity for the Division of Communities, Sport and Recreation to provide funding through the Minor and Major Grants Programs due to a reduction in the available Community Support Levy fund. Most sport had to cancel or reschedule 2020 rosters and competitions, which impacted revenue streams and employment. Communities, Sport and Recreation will review the sector's response to our existing funding programs, including Improving the Playing Field and the recently offered tranches 3 and 4 grants program in developing and delivering appropriate grants programs using available Community Support Levy (CSL) funding in the 2021-22 financial year.

COVID-19 will continue to impact on available CSL funding for distribution in 2020-21, and the actual impact will not be determined until well after the end of the 2020-21 financial year.

The additional support to the sector under tranche 3 will be an extension to tranche 2, and will provide sport and recreation clubs with grants of up to $3000 to assist in hygiene and equipment purchases to comply with relevant return-to-play sport safety plans. Given the timing of tranche 2 and statewide sporting competitions, it was deemed necessary to offer tranche 3 as an extension to tranche 2 to enable clubs and associations that did not apply, or were not funded through tranche 2, to apply.

Tranche 4 is similar in structure to the Minor Grants Program, with a reduced co-contribution funding of 20 per cent. So, 50 per cent is required under the minor grants scheme, with clubs and associations able to apply for support with the purchase of equipment. Communities, Sport and Recreation will work with eligible applicants from previous grant programs in relation to applications under tranches 3 and 4.

The 2020-21 program will open early in the new financial year and will be widely promoted through the department's website; the monthly electronic newsletter, *Actively in Touch*; and also the grant alert email advice.

(2) Any organisation that lodged applications under the 2019-20 major or minor grants previous programs will need to reapply under future programs. It is simply not possible to consider early applications because the organisation's circumstances may have changed, costs will likely have increased, and different funding programs have different eligibility requirements. Communities, Sport and Recreation reviews each of its funding programs at least annually, always trying to improve and streamline the processes and grants available to meet the sport and recreation sector's needs. I hope this information has assisted the member.

Australian Tertiary Admission Rank - 2020 Student Results

Mr WILLIE to LEADER of the GOVERNMENT in the LEGISLATIVE COUNCIL, Mrs HISCUTT

[2.38 p.m.]

In previous years Tasmanian student results had to be reissued because they were incorrect. Can the Government please provide answers to the following questions for the 2020 student results:

(1) Can the Government provide the number of Australian Tertiary Admission Rank (ATAR) results that were reissued?

(2) If ATAR results were reissued, can the Government provide the subjects where the ATAR results had to be reissued?

(3) Can the Government provide the number of Vocational Education and Training (VET) results that had to be reissued?

(4) If VET results were reissued, can the Government provide the subjects where the VET results had to be reissued?

(5) If results were reissued, can the Government confirm if any Tasmanian Certificate of Education (TCE) certificates were impacted by the reissuing of results?

(6) If some TCE certificates were impacted, how many TCE certificates had to be reissued?

ANSWER

Mr President, I thank the member for Elwick for his question.

(1) Over 2070 students who completed their senior secondary school in 2020 have been issued with an ATAR - that is 33.7 per cent of the potential year 12 population, an increase from 32.8 per cent in 2015. Of these, as 18 March 2021, 32 students received their ATAR or an updated ATAR, after results were initially released. This equates to only 1.5 per cent. In 2019, the figure was 55 per cent.

There are a range of circumstances in which ATARs have been updated or issued after the initial release of results, including when:

- a student utilised the Tasmanian Assessment, Standards and Certification (TASC) inspections and review process resulting in an amendment to the rating they received;

- new information became available, such as VET results;

- evidence of seniors' secondary studies interstate; or

- a processing or human error has occurred.

(2) No issues in 2020 affected all students enrolled in a particular TASC-accredited course.

(3) VET results are issued by registered training providers and provided to TASC on a quarterly basis. There were no known issues in relation to the issuing of VET results, or requirements for VET results to be reissued in 2020.

Results for VET units of competency completed in Quarter 4 - that is, October to December - are provided to TASC in Quarter 1 of the following year. TASC is currently finalising the processing of 2020 Quarter 4 VET results received.

(4) TASC is not aware of any issues experienced by registered training organisations in relation to the issuing of VET results in 2020.

(5) In some cases, the update of students' results records after the initial release of results in December 2020 enabled those students to meet the requirements of the TCE.

(6) The reissue of a student's TCE is not required, unless the student has requested TASC to provide them with a copy of their TCE.

As at 18 March 2021, 57 school leavers have achieved their TCE since the initial release of students' results in December 2020. This includes:

- 39 students for whom TASC has subsequently received their results for completion of recognised formal learning, including International Baccalaureate and VET units of competency

- nine students who have subsequently undertaken an Everyday Adult Standards safety net test; and

- nine students for whom specific manual processing was required to ensure their record accurately reflected their personal circumstances.

Dover Fire Brigade

Dr SEIDEL question to LEADER of the GOVERNMENT in the LEGISLATIVE COUNCIL, Mrs HISCUTT

[2.42 p.m.]

I point out I submitted this question before Christmas last year, but we are still very much in the bushfire season. Our volunteer fire brigades are once again preparing themselves for the worst.

In my electorate, though, the Dover Fire Brigade is without a 2/1 medium pumper tank, because it has been loaned to the Huonville Fire Brigade for 12 months. Regional areas are most at risk from bushfires, but it seems the Government delivers less funding the further from Hobart they actually are.

Can the Government audit the total stock of tankers statewide to inquire whether there is a 2/1 medium pumper available that could replace Dover's missing one?

ANSWER

Mr President, I thank the member for Huon for his question.

The Chief Officer, Tasmania Fire Service is responsible for the allocation of the operational resources of the brigades. Dover currently has the following vehicles available: a light tanker, a medium tanker, a heavy tanker, a group vehicle.

On 9 March 2021, Dover received a single-cab medium tanker equipped with radiant heat shields.

Dr Seidel - Thank you very much. I am aware they received it on 9 March, honourable Leader.

Macquarie Point Precinct Development

Mr VALENTINE question to LEADER of the GOVERNMENT in the LEGISLATIVE COUNCIL, Mrs HISCUTT

[2.43 p.m.]

On Tuesday, 16 March 2021, the Minister for State Growth, Michael Ferguson, made the following statement with respect to Macquarie Point:

> We will continue to take the opportunity to realise projects that are making a real difference to our state; projects such as the Macquarie Point development, which has the potential to rival Southbank and other landmark waterfront precincts.
>
> The Government will provide $6.6 million this year for the Macquarie Point Development Corporation to continue advancing the site's development.

We will also provide around $71 million over the next three years, with the terms and conditions of the funding required to be worked through.

It is expected that commercial land sales and other revenue will offset that amount in the longer term.

Given the level of public interest in what is public land, can the Government -

(1) Provide a list of parcels of land in the Macquarie Point precinct that are intended to be either sold or leased, and for those that are to be leased, the intended lease term?

(2) Provide information on any intended covenants, or such other instruments or processes to be applied or followed, that guarantee that the development of each of those parcels remains faithful to the stated vision for Macquarie Point for that particular location?

(3) Release supporting documents provided to the Government by the Macquarie Point Development Corporation, upon which the present funding commitment has been based?

Mr Dean - And (4), how much longer is this going to go on for?

ANSWER

Mr President, I thank the member for Hobart for his question. I can see a subsequent question coming up.

(1) In supporting the realisation of the Macquarie Point Master Development Plan, a strategic land release and development program catering for private and public initiatives are being presented to market. They include:

- The Escarpment, which is currently entering the request for proposal stage with two short-listed proponents.

- The District, which incorporates The Promenade, The Underground and The Gateway, is currently out for registrations of interest before entering a competitive bid process.

- The Precinct, which is the Antarctic and Science Precinct, is subject to the requirements and outcomes of the Hobart City Deal.

- The Goods Shed - this existing heritage structure is currently out for registrations of interest through Knight Frank Tasmania for a long-term lease.

Further supporting information on these initiatives can be found via the corporation's website, www.macquariepoint.com.

(2) The Government is committed to ensuring that the full potential of the Macquarie Point vision is realised at Macquarie Point. This is supported by:

- Clause 32 of the Sullivans Cove Planning Scheme, which establishes the master plan and the use and developments allowable on the site.

- The Master Development Plan, which is on the corporation's website, provides the public with further details on each of the development areas and their allowable uses. This provides further underpinning of the vision for the site.

- Furthermore, all the eligible criteria for each competitive bid process underpins the vision and ensures that participating proponents are clear on what will be supported or not supported on site.

(3) The funding is to provide for the last 20 per cent of remediation required onsite as well as the infrastructure development required to support public and private investment and the 50 per cent of the site set aside for public open space, including The Park, to ensure that the site's vision and purpose - art, culture, science and tourism - is delivered.

AFL Tasmania - Government Support

Mr DEAN question to MINISTER for SPORT AND RECREATION, Ms HOWLETT

My questions relate to the state funding of $500 000 provided to AFL Tasmania to support grassroots community AFL football. These questions have been provided to the minister to give her an opportunity to answer them, which is the way I prefer to do it.

I refer to a report dated 1 December 2020 under the minister's hand as forwarded to me.

Will the minister advise:

(1) Where clubs are not in a position to reimburse volunteers for the cost of getting a Working with Vulnerable People card, will the affected volunteers be supported from funding provided to AFL Tasmania?

(2) Under the COVID-19 tranche 2 funding, were all clubs applying for support allocated funding?

(3) If not, why not?

(4) During the financial year 2019-20, where and on what programs was the grassroots football funding as approved by Communities, Sport and Recreation expended?

(5) The 2020-21 state Budget confirmed a further four years of funding to AFL Tasmania of $500 000 annually for grassroots football development. What conditions are imposed on AFL Tasmania in receiving the funding?

(6) We have asked Communities, Sport and Recreation to ensure its negotiations with AFL Tasmania on the funding agreement include more prescriptive and measurable key performance indicators to provide greater clarity and accountability. I have

been arguing for this for a long time. Has this now occurred? If so, when can they be made available for public information?

(7) If not completed, can a draft document of these KPIs be provided to the committee I represent in Launceston for input?

(8) When is it expected the more prescriptive and measurable KPIs will be completed?

(9) Will a copy of the new and revised KPIs be made available to all associations and clubs for their information? If not why not?

(10) Your office has been provided with documentation from grassroots football clubs demonstrating that generally they cannot see any benefits to their clubs or associations from the $500 000 annual funding. Having regard to this club information, what does Communities, Sport and Recreation and/or AFL Tasmania intend to do to ensure individual clubs receive and/or see benefits of the funding getting to them? And any discussions that have been had with them?

If the answer is long, I would accept it being tabled.

ANSWER

Mr President, I thank the member for Windermere for his question.

I was certainly going to ask the Chamber about tabling and incorporating the response. There are 11 questions and the answers are quite lengthy. Would the member prefer me to table the answers to his questions or to read them out?

Mr Dean - I am happy for them to be tabled, minister, if that helps the Chamber.

Ms HOWLETT - Mr President, I seek leave to table the paper.

Leave granted; see Appendix 1 for incorporated document (page 124).

Huon Electorate - Hooning Incidents - Decrease in Police Presence

Dr SEIDEL question to LEADER of the GOVERNMENT in the LEGISLATIVE COUNCIL, Mrs HISCUTT

[2.50 p.m.]

There is anecdotal evidence that hooning has increased in my electorate over the last five years. Residents have raised concerns that the police presence has decreased very much in the same time frame.

Can the Government advise how many hooning incidents have been reported in my electorate of Huon over the last five years?

Can the Government also advise how many hooning offences have been actively prosecuted in the same time frame?

ANSWER

Mr President, I thank the member for Huon for his question.

The police presence in the Huon Valley area has not decreased over the past five years. The number of police assigned to the Huonville Police Station increased in 2021 from 10 to 11 and will increase to 12 by 2022.

Data in relation to hooning: reports for the last five years are not available due to the implementation of the Emergency Services Computer-Aided Dispatch system (ESCAD) in 2017.

Data for the time since the implementation shows 195 dispatch incidents in the Huon Valley local government area. The number of charges specific to the Huon Valley area is not currently reportable as the relevant system does not record that data. Consideration of the reporting of the data will be involved in Project Unify, with the Government's $46 million investment.

The town of Huonville is serviced by a variety of police units, including road and public order services, general duties and other specific units. These resources target high-risk traffic offending, including hooning, utilising both overt and covert techniques. Tasmania Police has advised that it is undertaking proactive patrols of high-risk traffic offending in the Huon Valley area, and as a result of this 'on the spot' infringement notices for speeding offences have increased 151 per cent this financial year. This is a direct result of the greater focus on high-risk traffic offending and proactive patrols by police in the Huon Valley area.

Police are actively engaging the local community to assist police to detect offenders by reporting offences at the time they occur and encouraging witnesses to provide a written statement to assist with any investigation.

Tasmania Police also has an engagement strategy with the Huon Valley Council to address evidence-based concerns in the region. All members of the public are encouraged to report matters as they are occurring to Tasmania Police on 131 444.

Dr Seidel -Just for the record, it is not the electorate of Huon, it is not only the Huon Valley, but also Blackmans Bay, the Channel and Bruny Island.

Waratah Reservoir - Unanswered Questions

Ms FORREST question to LEADER of the GOVERNMENT in the LEGISLATIVE COUNCIL, Mrs HISCUTT

[2.53 p.m.]

I asked this question some time ago in relation to the Waratah Reservoir. Two of the four questions were not answered. I will ask those two questions.

With regard to questions and responses I have previously received in relation to Waratah Reservoir, I asked the question:

(2) TasWater commissioned Nic Haygarth to provide a report on the historical/cultural significance of the reservoir. Why is this not publicly available? Will TasWater release the report to the community?

That question was not answered in any format.

(3) TasWater has publicly announced it has withdrawn the expression of interest (EOI) for remediation of the Waratah Reservoir because of a lack of interest by the potential proponent. As a result, it will decommission the dam. I have been informed that a proponent still wishes to proceed with their proposal. Please provide the written communication between TasWater and the proponent which indicated the proponent does not wish to proceed with their proposal.

Please provide that written communication between TasWater and the proponent.

ANSWER

Mr President, I thank the member for Murchison for her question.

(2) I am advised that TasWater did not commission Nic Haygarth to provide a report on the historical and cultural significance of the reservoir. TasWater engaged a consultant (Entura) to provide an environmental impact assessment on the Waratah Dam.

As part of the consultant's research, Mr Haygarth provided the consultant with details of the reservoir's historical and cultural significance, as did several residents in the community. This content is contained within the environmental impact assessment, which is publicly available on the TasWater website. There is a website spot here; I am sure the member can find it. Do you want me to read it out?

Ms Forrest - No.

Mrs HISCUTT - The answer to the next question:

(3) I am advised that at no time did TasWater state the proponent withdrew their application due to the lack of interest. TasWater worked closely with the proponent over an extended period of time; however, despite the best efforts of all parties, a viable outcome could not be achieved.

The expression of interest process is commercial-in-confidence; therefore, we are unable to comment or provide the written communications between both parties.

Huon Valley Council - Pro Rata Pensioner Rates Remission Scheme

Dr SEIDEL question to LEADER of the GOVERNMENT in the LEGISLATIVE COUNCIL, Mrs HISCUTT

The Huon Valley Council passed a motion at its meeting, dated Wednesday, 29 July 2020, calling for changes to the Local Government (Rates and Charges Remissions) Act 1991, to allow pensioners to receive a pro-rata remission in the financial year they obtained eligibility for such a discount. Has the minister responded to correspondence from the Huon Valley Council regarding this matter? Does the Government believe the act should be amended to enable this change?

ANSWER

Mr President, I thank the member for Huon for his question.

The Government has responded to correspondence received from the Huon Valley Council in September 2020. The Government has previously investigated the feasibility of a pro-rata pensioner rates remission scheme. A pro-rata system would increase the administrative cost of the scheme, as it would require both significant system changes and additional resources to enable an eligibility assessment to occur throughout the year instead of at a single point in time. The use of a specific cut-off date to assess eligibility for the remission balances the need to ensure consistent treatment of taxpayers and administrative simplicity.

PUBLIC HEALTH AMENDMENT (PREVENTION OF SALE OF SMOKING PRODUCTS TO UNDER-AGE PERSONS) BILL 2018 (No. 45)

Second Reading

Resumed from above.

[2.58 p.m.]

Mr DEAN (Windermere) - Mr President, 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, interestingly.

Instead, I call on the Government to have the courage to support the policy it called for during those discussions - that is, 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. Interestingly, when I was moving the TFG bill, Big Tobacco sent its Victorian and Tasmanian managers to my office to tell me that if I withdrew TFG, they would support T21. There were two witnesses to that at the time in my office.

The consultation process and suggested amendments: since I tabled the T21 amendment bill nearly two years ago, in November 2018, I have spoken formally to hundreds of people. Many made suggestions that have helped to inform the bill in its current form. I have repeated those conversations with many people over and over again, Mr President.

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, which is often made by those with tobacco industry influence.

In Tasmania there is a general consensus that the selling, promotion and distribution of tobacco products causes a 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. I do not. These are known as purchase, use and possession - 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 years to 18 years did not affect retail staff's age.

Indeed, one retail organisation spokesman suggested that it is hard for a young shop assistant to refuse to sell to an older person. Again, Mr President, I reject this proposal, as the majority of retailers already request that any person who looks under the age of 25 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 course of action.

Third, Mr President, 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, who is with us today - it is great to have him in the Chamber - 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 Menzies Institute 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 small 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 21, and I will not be able to support an amendment at this time to increase it to 25. I feel we should incrementally increase it to 21, and after implementation, study the policy and then its effectiveness as well, if we ever get to that stage.

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 than less than half of a per cent of tourists coming to Tasmania will be smokers in the 18 to 21 years age bracket. While an amendment could be moved to exempt overseas tourists and

backpackers who show prove 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. Certainly, not in America, and they have a number of laws related to alcohol and to tobacco now as well.

Fifth, there are some technical amendments to do with timing and the phase-in process, which I will move if we get to the Committee stage. I will hope that will be the case.

The bill provides for an evaluation process; in light of this, I would like to table reports on T21 by the Menzies Institute for Medical Research, which would provide ongoing research and evaluation on the implementation of this bill, should it be adopted.

The reports provide baseline data on the current attitudes and the alarmingly high rates of smoking prevalence amongst Tasmanian youth - another reason why not acting now would be foolish.

Mr President, I seek leave to table the documents from the Menzies Institute I have referred to.

Leave granted.

Mr DEAN - Mr President, those who are worried by tobacco industry fearmongering about unintended consequences might be reassured by the fact that any legislation can be returned to parliament and repealed if any problems are detected in its proposed form.

The draft of legislation has been modelled on global best practice, as implemented in countries such as the United States and Singapore, which 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 Cancer Council Victoria's website, Tobacco in Australia. That document is available for members if they want to get it; if not, I will get it for you.

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 Institute research that a multitude of factors drive young people towards smoking. Research indicates that peer influence is a major driver of smoking uptake among 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 10 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 United States 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 sourced 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.

This is what this bill is about. It is about taking them out of that position where they can obtain this poison.

None of this is surprising - 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.

This bill sets out to 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. Sixteen- 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 prosecution 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 - and 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 in introducing T21 in Australia.

Significant world-first provisions of the bill would 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. That is documented and has happened throughout the world.

It is up to us, as leaders and decision-makers, to seize the powers given to us to support the health and wellbeing of our young people and to 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 its 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. I am not prepared to sit back and allow a Big Tobacco win; I am not. I will do whatever I can to defeat that and to move in the best interests of our young people.

What are the health effects of smoking? All 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, leukaemia, stomach, pancreas, kidney, ureter, bladder and colorectal. Tobacco smoking also causes - and these are just some conditions; there probably would be a lot more - stroke, blindness, cataracts, age-related macular degeneration, congenital defects, maternal smoking, orofacial clefts in offspring, periodontitis, aortic aneurysm, coronary heart disease, pneumonia, atherosclerotic peripheral vascular disease, tuberculosis, and asthma and other respiratory defects. I raised diabetes this morning. Smoking is a cause of diabetes as members heard from the figures in my special interest matters contribution. It also causes reproductive effects in women - including reduced fertility - hip fractures and male erectile dysfunction, just to mention some side effects.

Smoking tobacco appears to increase the risk of breast cancer, with greater the amount smoked and the earlier in life smoking begins, the higher the risk. In long-term smokers, the risk is increased from 35 per cent to 50 per cent. Smoking in pregnant women causes ectopic pregnancy, cardiometabolic risks and premature babies. Smoking mothers are more likely to have children with behavioural disturbances, including ADHD, conduct disorder and delinquency; there is a greater risk of SIDS in babies of mothers who smoke. 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 the preventable health and social burdens associated with smoking, which are yet another cost to Tasmanian taxpayers. With a 40 per cent smoking rate in pregnant younger women in Tasmania, it is essential we prevent them from ever taking up smoking. We know from research and from the heartbreaking '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 stillborn child. 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 continues to grow.

Furthermore, in the midst of a COVID-19 pandemic, the World Health Organization has stated that addressing tobacco use in particular must be an integral part of the immediate COVID-19 response and recovery at the global, regional and national levels, as well as part of building 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 because, with our high smoking rates, our hospitals would be overwhelmed.

We are hearing serious protests from Launceston and the north-west doctors and nurses about their concerns on the capacity of hospitals.

The 2020 federal budget produced little financial commitment in preventative and public health. This is contrasted with the billions of dollars committed to pharmaceutical companies for drugs and medicines to treat our sick and our lack of funding to prevent people getting sick in the first place.

Terry Slevin, the CEO of the Public Health Association of 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, at 40 per cent.

I would be surprised if we did not have similar smoking rates in other low socio-economic areas across the state. People in these areas are the ones who can least afford to smoke and who have more serious health problems than in other places in Tasmania. They are the ones we should be protecting and supporting.

There are over 70 500 smokers in Tasmania and more than 500 - I think the average is now about 560 - die every year. 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. In fact, 23 per cent of 18- to 24-year-old men in

Tasmania are smokers. That is according to the 2017-18 National Health Survey. I think it might now be 22.6 per cent or thereabouts.

Key points from the 2017 Australian Secondary Students' Alcohol and Drug (ASSAD) survey which was publicly released in October 2019 - it surveyed over 2000 Tasmanian school students aged between 12 and 17 years:

> Current smoking (in the past week) among older students aged 16-17 years 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- to 17-year-old students currently attending school are smoking, it would be much easier to bring in a tobacco sales age of 21 years and very few of them will be affected. That would mean we could slow the tobacco epidemic in its tracks without causing any real inconvenience to young people. We could prevent them from starting to smoke and that will save lives.

E-cigarettes and vaping - while this bill does not actually target these, it does impact on these areas. While T21 will regulate the sale of any e-cigarette or vaping device - whether nicotine or non-nicotine based - to young children, the overall regulation of these products is a federal responsibility, and at the federal level a decision was made for these products to be available on prescription from, I think, October 2021.

My profound hope is that the federal regulations recognise the 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 that using e-cigarettes triples the chance of a non-smoker taking up regular cigarettes, according to a review of the public health impacts of vaping:

> 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 a 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. This is from a document released in March this year on a study completed in relation to e-cigarettes and vaping and their impact on humans. I suggest that if members have not read that document, they ought to look at it. This interesting document is titled 'Electronic Cigarette Aerosol Is Cytotoxic and Increases ACE2 Expression on Human Airway Epithelial Cells: Implications for SARS-CoV-2 (COVID-19)'.

We hear some questions: will T21 work? Of course it will be effective in reducing the age of uptake. We know that from our research, from our experience when we raised the age from 16 to 18 years and from research completed by the Menzies Institute. 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 are often mentioned and these are part of the existing strategies.

Menzies Institute 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 program 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, socio-ecological 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 the Cochrane Review 2012) and who engage with young people during the development so it is relevant. One-off talks in schools 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, no students will remain in schools who can legally be sold cigarettes. This will have a dramatic effect on the social availability of cigarettes in schools and/or peer supply, which is the main method of transfer of cigarettes to younger people and accounts for 60 per cent of access, according to 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 a university student sees the school student in year 10 as a child. Furthermore, the Menzies Institute researchers found that younger teens saw somebody who was 21 as old and weird to be hanging out with. I am not sure if that is right.

A wider sales age gap between school students and younger adults will prevent adolescents accessing tobacco from older school age 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 smoke in particular among pockets of our state - such as Bridgewater, where other measures have not been as effective in reducing smoking rates, which is a pretty sad situation. 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 sale laws, eg, through identification checks at point of sale.

That point was made in the briefing this morning from Dr Waddingham. 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 United States of America, 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 State of Public Health reports that smoking was associated with socio-economic 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, indicated 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 disadvantaged.

Subsequent to discussion with participants, the Menzies Institute research observed that, further:

> 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 measures 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 because this further de-normalises smoking over time.

The Public Health Association (PHA) gave evidence on 10 September to the Public Accounts Committee, stating that the social determinates of health were very important.

Terry Slevin, CEO of the PHA, made it clear at the hearing that there is a 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's 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 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 help 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 capacity to respond the 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, and we need to do it now.

We need to see greater investment in fundamental preventive public health services in Tasmania, tailored to support the most disadvantaged. To some extent, this has been attempted in tobacco control within the Department of Health and Human Services (DHHS), but still insufficient resources are allocated, and people such as pregnant women are falling through the cracks. It is not good enough that we continue to stick money into infrastructure and staff numbers; it is not the way to go.

Another 2018 study, undertaken by Deloitte for the Home Stretch Campaign in New South Wales, 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 - a huge decrease.

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

Second, it also shows that the Tasmanian Liberal Government has recognised the importance of supporting young people aged from 18 to 21 years, and recognises they are at risk. The Government has put $1 million into the budget each year, from 2018 through to 2020, to support extended foster care for those aged from 18 to 21 years. This is commendable, absolutely 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 - diabetes, cancer, chronic respiratory diseases such as chronic obstructive pulmonary disease (COPD), and cardiovascular disease. As the World Health Organization says, NCDs are largely preventable. They can be prevented.

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 in Tasmania we must take greater notice of our disadvantaged communities when framing and developing preventive 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. That is worth restating: all leading Tasmanian health organisations support the T21 proposal.

This includes the Tasmanian branches of the Australian Medical Association, the 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, SmokeFree 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 this legislation, I am confident that mainland states will follow.

Indeed, we are being watched. A number of people from mainland states have contacted me about this matter; in fact, not only from mainland states, but also from outside our country as well.

Public opinion and polls - every single reputable poll on T21 has shown overwhelming support. Some of these are very scientific; others are media polls of viewers, listeners or readers:

> LAFM poll, 3 June 2019 - 70 per cent support for T21.

ABC poll, 6 February 2019 - 79 per cent support for T21.

ECI (Galaxy) poll, October 2018 - 73 per cent for T21.

The 2019 National Drug Strategy Household Survey - 60 per cent support for T21.

Since the Tobacco21 campaign was aired across Tasmania, a post-campaign evaluation has been done, with the polls showing an increase of 78 per cent support for T21 across Tasmania. Are all these people wrong?

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 the high levels of support from their constituents.

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

We had it with the voluntary assisted dying bill; I understand a survey on that returned about 87 per cent support - and with a return of that many surveys, who could vote against it? I certainly would not, and I certainly did not.

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. The people are calling for it.

On 14 November 2019, State Growth, on a survey to reduce the speed limit on the Southern Outlet, referred to 40 per cent support as 'reasonably strong evidence to reduce the speed limit'. In actual fact they did. It has been reduced.

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. We have Mr Bruce Mansfield here today from the Minderoo Foundation, and I thank Mindaroo for the exceptional work it has undertaken in this area, and on this bill.

The Minderoo Foundation is a charity organisation set up by the 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, play a key role in this mission. Minderoo has been an avid supporter of this bill, alongside our state's tobacco control groups.

I cannot say enough about this foundation and what it has done, and is willing to do. The Minderoo Foundation has made it clear to the Government that it is 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 - so why would you not embrace it? Why would you knock it back? It is beyond me.

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

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.

As an example, the Legislative Council in 2007 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 the Legislative Councillors are not mere government cyphers; they are not simply reviewing bills but are 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.

In the most significant illustration of the effectiveness of T21 to curb youth smoking initiation, in December 2019 the United States of America raised its minimum legal sales age for tobacco products to 21 years. I am not sure too many of us here would have ever thought America would have gone down this path. The federal government was persuaded to pass this legislation in response to significant evidence based on success seen in over 18 states and 500 jurisdictions which 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 Academy of Sciences in the United States predicts a significant reduction in smoking initiation amongst teenagers aged between 15 and 17 years. This is a group we are targeting. 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.

It is common sense. You could just about show that, I think. The chair of the committee, Mr 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 effects of minimum legal sales age 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 and we have significant differences.

First, the legal purchasing age for alcohol is 21 years across the USA. It was raised to 21 years from 18, when former president Ronald Reagan was concerned about road deaths; he refused to provide road funding to the states unless they raised the age of access to alcohol from 18 to 21 years so all states complied. I listened - 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. I will leave that to somebody else.

Research has found the overall proportion of the dependent users are considerably lower for alcohol than for tobacco. An estimated 2 to 9 per cent of adult alcohol users are alcohol-dependent, whereas for tobacco this figure is closer to 90 per cent, a significant difference.

Second, the USA is a long way behind Australia in banning advertising for 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 United States 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. This bill, mine also covers e-cigarettes.

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 while 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.

I will move aside from my speech to mention Singapore. Singapore's age is 21. It commenced as of 1 January this year. It has been incrementally changed, exactly the same as identified in this bill. First it was 19, 20 and now it is at 21. Even in the short time that legislation has been in place, there have been changes in smoking in that country, with a decrease in the number of young people taking up smoking. That is only after three months of the 21-year-old age being in place. There is a lot of evidence and there are reports available. If members want to see that, I have a report in relation to it.

Comprehensive policies on tobacco control are key. T21 is part of that. In 2017, David Levy found 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 minimum legal smoking age also decreases smoking prevalence by 12 per cent, which means that this bill will certainly play a part in reducing smoking rates. There is no argument about that. The evidence is clear; the evidence is stark; the evidence is there.

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.

A comprehensive Tasmanian Tobacco Control Plan has been developed by the Tobacco Control Coalition, accompanied by a Smoke Free 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 other 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. The Government promised that it would act. We have not seen any action to date. I call on the Government to follow this through because seeing people smoking close to hospitals and schools sends a terrible message - in fact, a shocking message, a pathetic message. I called for that and I will ask the questions again, maybe later this week, about where we are at with the changes that I was told were being considered and work was being done on them.

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

The adult brain does not develop until age 25, and I have mentioned this. There is considerable research evidence that the human brain is not completely developed until the age of 25. An article in 2015 by Robert Smith and others explains that smoking and nicotine alter the brain at adolescence.

Some of those who argue against the minimum legal access say that you can vote, buy alcohol, join the armed forces, get married and drive a car at 18 years. I have no doubt we will hear more about that from some of the speakers. However, I simply say that is a distraction; that is about what it is. However, JobSeeker and some other benefits are only available for people over 22 years of age, 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 on prescription only. Sri Lanka and Taiwan phased out the use of opium, a legal drug in those countries, in the early twentieth century by raising the sales age of access, achieving an 80 per cent reduction in 15 years and, eventually, eradication.

Fast forward to the 1960s and you could buy amphetamines for weight loss over the counter at any chemist in Australia. Just recently, in 2018, pseudoephedrine and codeine, the most-used opioid in Australia, were made prescription only. These drugs were used for both recreation and medicinal purposes and have all now been either banned or available only on prescription, not available just because you are over 18 years of age.

The fact that tobacco products are available freely anywhere is also an accident of history. The only controls are on displays, 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 for children and adolescents. We have seen it recently with the flavoured 'crush balls'.

Eight of these ingredients are formaldehyde, ethylmethylnitrosamine - it is a pretty good one, I hope *Hansard* can get that one spelt right - ammonia, acetone, hydrogen cyanide, nitrous acid, carbon monoxide, vinyl chloride, and there are many others. I was told that something like 200 poisonous substances could be in tobacco. Only the federal government can regulate the content of tobacco products, and it has failed to act. It has been sitting on several reports and recommendations to eliminate flavourings, menthol and filter ventilation since 2014; that is a long time.

Tobacco is not a benign product. When used as directed, it kills two-thirds of its customers. What other so-called legal product does that? There is not one. Why do we allow it, particularly for youth? 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. By 1974, all states had changed the law to allow drinking at 18 years. I have no intention, as I said, of raising the drinking age; that is not the issue here. I merely give you these examples to show 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 it 18 years across the country. That was amended so now same-sex marriage is 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 to 18 years. There was an increase in the age of uptake of smoking following that law change.

The majority of decisions that can be made at 18 years are reversible, such as voting, driving, joining the military and marriage. People can change their minds, 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. The choice is taken away from you, and deliberately so. That is the difference.

Tobacco smoking is highly addictive and harmful. Albeit voting or driving 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 drivers were killed on the roads, I think we would take very strong action. 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 legal substance should be delayed so it is longer - 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 not only do we have well-educated and compliant retailers, but we also have a very effective enforcement system, with 98 per cent compliance. Having excellent enforcement mechanisms is a prerequisite for effective implantation of any age-based tobacco control law. I commend our retailers on the importance they put on complying with the law and ensuring that our young are not accessing tobacco. I commend them for it.

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 per cent 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 to 21 years, we can expect that the average age of starting smoking will be around 18 to 19 years, as the trend in our country has been young people experimenting at two years prior to the legal sales age. That is the evidence we have today.

You will notice when you read the bill that there are no penalties for young people who smoke. This is consistent with the US 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 punish the smokers. As I said earlier, I do not support punishing kids in this way. I do not support it.

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 absolutely absurd.

We know from the experience in the United States that 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 walk less than four kilometres in any direction to a jurisdiction that sold tobacco to those aged under 21 years.

Chris Bostic, from ASH USA, said in a letter to one of my advisers:

> 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% cent 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 Tobacco 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.

That was a letter to our previous premier, Mr Hodgman.

Other spokespersons 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.

An interesting comment, that. 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, if you average it out. Clearly, such a small loss could not possibly affect a small business.

In the briefing we had this morning from Dr Wells, I think he outlined that very clearly - the economic impact on small business through this bill if it is supported.

To estimate the potential impact of lost sales from T21 on licensed tobacco retailers, an independent economic model was commissioned by SmokeFree Tasmania and the 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 applied 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 million to 4 million per annum.

Wells Economic Analysis research predicts the overall loss in gross profit to be in the vicinity of $500 000 to $2 million per annum in the first five years across small and medium tobacco retailers, something I believe can be managed in a prudent manner.

I am not discounting there will be an impact - nobody is saying there will not 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 that examined the impact of raising tobacco sales to 21 years by Winickoff and others in the US 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 from 18 to 21 years, Wells Economic Analysis research has estimated that this cohort will not significantly impact business revenue.

We have seen these inaccurate claims of job losses in the past, when 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.

I just want to quote what Greg Barns said - and this is one further time when I do support what Greg Barns has said. It does not happen often that I support him:

> One of the tactics of those who oppose reform which is supported by the majority of the community is to seek to present extreme scenarios as to what might go wrong, and to cherrypick the details of the proposed reform, in order to create confusion and fear.

I support him. He is right.

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. To me, all of that is abhorrent.

This brings me to another overreach claim for those 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? There could be a few less now because a lot of the retailers are getting out of selling this product. 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.

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. That, I think, came out of the session with Dr Wells this morning. He made comment in relation to this. Quit Tasmania has been running a pilot project in north-west Tasmania to encourage retailers to surrender their tobacco licences. Results of this project should be known soon; I am not quite sure where that is at now. At the time of writing this report, I think at least eight retailers had stopped selling in that region. Where that is now, I am not too sure.

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. … A number of retailers said their decision had improved business cash flow and provided a chance to invest in other goods.

A reduction in the number 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 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 to 21 age group 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 and Gagebrook have the highest smoking rate in Australia of 40 per cent. Try to buy cigarettes in Sandy Bay or Battery Point and you will find few retailers in those areas compared with the lower socio-economic group areas.

I deviate here - I went to a fish and chip shop in the northern suburbs of Launceston recently. I noticed they had gone out of selling cigarettes and I asked them why. They said they went out of it because it was an impost on them - people trying to get at the cabinet while their backs were turned - and there was no profit in it for them. That is the reason they deemed that they no longer would sell tobacco.

The tobacco industry black market and smuggling has been raised, so I want to comment on this. The notion of a black market sounds to me as if 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.

As legislators, we 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. I am not being intimidated by them and none of you should be intimidated by them either.

Legal objections - it has been argued that all legislation which imposes a penalty is criminal. I heard this at one of the earlier briefings we had about 18 months ago or whenever it was now. Therefore, under this definition, all of us are probably 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 that it is:

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

I have quoted that previously today and I will probably quote it again later. T21 falls squarely into the purpose of that 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. It is supreme. Tobacco industry lawyers contribute to the harm associated with the product and they 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.

It is a courageous profession. I admire our lawyers. Why wouldn't I? A member of my family is one so I would probably get a rap on the knuckles if I did not say that.

In Australia too we have witnessed document destruction by lawyers in *Rolah McCabe v 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 supports Justice Eames' version of events, namely that the purpose of BAT's document retention policy was to keep incriminating documents out of court.

In Australia, the tobacco industry has also been found by the Australian Competition and Consumer Commission to have breached the law through misleading and deceptive conduct in relation to its 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. It is coming back. Exactly the same things are happening.

For example, in the 1930s some doctors and universities were co-opted by tobacco companies to support smoking. Some argued it was a treatment for asthma.. I can remember some of these times. Doctors were paid to appear in advertisements for Lucky Strike and other cigarettes. We have seen 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 that vaping damages lungs to the same extent as cigarettes and that vaping increases their 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, independent persons.

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 the *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 if members are interested in it.

Civil libertarian objections to T21 - other objections concern the idea there is somehow an inalienable right to choose to smoke at the age of 18 years. I stress this is not based on state or constitutional law, but on values and beliefs.

This is derived from the opinion of one or two lawyers, not legal advice. There is a big difference. I emphasise that if we as legislators wish to be led by evidence in this debate, which has resulted in the 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, 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'.

That is one of the requirements I always thought I had as a member of parliament:

> 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 - some concerns have been 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 in this Chamber expressed concern about the underwriting by the tobacco industry of lobbying by the AHA, now the Tasmanian Hotels Association.

She said 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.

That is available in the Legislative Council *Hansard* for 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 only 29 bars, pubs and clubs in Tasmania hold a tobacco licence, plus the two casinos and bottle shops. This was fact as of about 18 months ago. I am hoping those figures are not too far away now.

Furthermore, I am advised there are now no legal licenced vending machines operating in Tasmania, and I was given that evidence to a question asked recently in this Chamber.

A representative from the Tasmanian Hotels Association complained to the Legislative Council that enforcement of vending machine operations would be a problem. However, that problem has now been erased - that is if it were ever going to be a problem.

To ease compliance issues, we must ensure hotel staff are given educational 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 it will involve the retail and hospitality association.

Any research or data I have referenced today can be provided to members at request.

In 2019 a world-first study by Professor Emily Banks and others from the Australian National University 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'; it causes 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, will also apply to COVID-19 as it is primarily a respiratory virus, but also affects other organs of the body. We look forward to the vaccines and the complete rollout of the vaccine we are now having. I am listed to have one shortly and I think other members here already had them. It is great we have moved so quickly. I made a statement not long ago we would very quickly be getting vaccines on the market for this horrid disease.

I was impressed by the editorial in Launceston's *The Examiner* on 22 July 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.'

A tobacco campaign last year TV aired across Tasmania in June and July, covering a 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.

I think all members would have seen those advertisements. They are really gut-wrenching and had a strong message about what harm tobacco does. It brings tears to my eyes when I saw Jason struggling with his breathing apparatus to make the statements that he did. A ton of guts from a man in a vulnerable situation who was about to die.

As hard as it is, 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 and to protect our future generations 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 - I - mourn his loss; he was a very courageous man.

A video produced by Minderoo, made specially for the Legislative Council, is now available on websites and Facebook pages. It 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 1970's

- 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 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.

Tasmania would be $600 million 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 $5000 for every patient admitted to a Tasmanian public hospital and they each stay for an average of five days. We know that around 1438 COPD patients are admitted every year. 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 is the cost for just two smoking-related preventable diseases. I am sure we can think of other ways $15 million could be usefully spent in Tasmania every year.

In conclusion, smoking costs lives and money. Economically, we are in a 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, 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. It is not over yet; we still have restrictions and we still have quite a long way to go. COVID-19 has a case fatality rate of 1 per cent in Australia, smoking has a case fatality rate of 66 per cent. The time frames are different, of course - 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 per cent. To date, 13 Tasmanians have died from COVID-19, and that is tragic, that is absolutely tragic. We have been willing to accept drastic measures and a virtual shutdown 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 amounts to approximately $600 million per annum. You heard that this morning from Dr Graeme Wells.

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 addiction, an addictive lethal drug.

It is 2021, we already know that the Government's 2020 smoking rate target of 10 per cent will not be met and the current trajectory for the 2025 target of 5 per cent is not achievable. I made statements several years ago in this place that they would never be met. I could see the Government was not taking any action to have them met. A lot of talk, a lot of rhetoric, but that was it. It was pretty obvious it was never going to be met.

We have a responsibility to reduce the burden of illness and chronic disease in Tasmania. This reduction of sales policy is the next step. In my view, we must pass this bill to save Tasmanian lives. That is what it is about: saving sickness, saving our hospital admissions and all of that infrastructure cost that we are now doing. Let us spend it on preventative health. Let us look at the cause of that and let us target that and tobacco is a major cause of it.

We can send a message to the community that we have heard their pleas to reduce youth smoking rates and we are firmly of the view that this needs to be done. We have over 78 per cent support from the public in relation to this. We can demonstrate in a practical way that we are determined and resolute about the health of Tasmanians.

So many organisations support this bill. Every major organisation in the country supports it. In fact, worldwide there is support for it as well. Here a few politicians are making a decision they think is the right decision moving forward. The right decision is to support this bill, a bill that we know will make a difference. It is not, it might - it has never been used anywhere in the world before. We do not know - it will, and it is having an impact where it is in place in both Singapore and the USA. It will have an impact. We know that. We have huge compliance here and that makes it even better for us. I would not be surprised if our percentage smoking rates would not even decrease more than we are seeing in America and probably we will see in Singapore as time progresses there as well.

Members, I urge you to support this legislation. I know that many members have made statements previously about where they stand on this bill. I ask that you look at the evidence, that you look at what has been brought forward and you look at what is best for us moving forward. You can make the right decision to support this bill.

I commend the bill to this House.

Madam Deputy President, I seek leave to table a document relative to this bill.

Leave granted.

[4.33 p.m.]

Ms RATTRAY (McIntyre) - Madam Deputy President, it looked like nobody was keen to take the call so I thought we had better not lose this opportunity because I have been going back over some of my notes; they have been in my folder for a long time.

In saying that, I am pleased to have the opportunity to speak to this bill today. I want to acknowledge the work, the time, the effort, the commitment that member for Windermere has made to this bill and his intention to bring forward this public health amendment. We have been talking about it for a number of years.

I acknowledge the fact that he lost his father in such a terrible way. I know this has been the momentum in some regard to where you have arrived at with this bill. I acknowledge that and I appreciate where you have come from in that space. I have not had that experience, but I have also lost my dad - it is always a difficult journey.

I believe we are all here to improve the lives of our constituents and to advocate for their interests and concerns and do what we can to create meaningful change. I do not think anyone in this Chamber does not want to see our young people healthy, earning, learning and achieving their goals in life.

Reducing smoking rates among our young people is something we all want to see, as the health impacts of smoking are well known - as are the impacts of disengaged youth on their families, educators and wider communities.

We do not always have a 30-page second reading speech - which also included the member's own contributions, so we have been provided with myriad information on the harm smoking does.

I have previously been on the public record saying that I absolutely detest smoking. I do not like it one bit. If you brought me a bill that said let us ban smoking, I would be happy to support that. However, after having talked to many of my constituents and studied this bill in detail, I do not think raising the smoking age in Tasmania to 21 will do what has been proposed to reduce the smoking rates among our young people and will have a range of unintended repercussions.

I know the member for Windermere, the proponent of the bill, has a different view on that. This is my view. The laws in this country have stated, since the 1970s, that the age at which a person develops the capacity to exercise all rights for an individual and may act independently of a parent, guardian and in a court of law is 18.

Again, I acknowledge that we had an extensive contribution by the member, who does not agree. I do not propose to go into the details about the legal history of this at this time. Needless to say, there is an enormous range of evidence behind 18 being the age of majority.

As the member has already said - and I by interjection said, 'I think you have been reading my speech' - people can marry, vote, drink, own property, take out bank loans, become a member of the armed forces, and make a valid will, just to name some.

This bill will not change any of these, but instead create a new category of underaged person, who will still be able to do all of the above things, but not purchase cigarettes.

Currently, the average age of a person starting smoking is around 16, up from 14 in 2001, according to the 2016 National Drug Strategy Household Survey conducted by the Australian Institute of Health and Welfare.

The largest group of smokers in Tasmania is in the age group from 35 to 44 - some might say they should have more sense, but I will not - a bracket of 28.7 per cent, and of this age group, more than one in three males - 35.7 per cent - smoke.

Increasing the age from 18 to 21 will not impact the health of the bulk of smokers who are not in that age group. That same survey showed the main reasons people start smoking are unemployment, mental health struggles and lack of opportunity. This bill does nothing in my view to address these issues.

As well as this, market research shows that over the past 30 years, campaigns based on health impacts and price increases have had the biggest impact on smoking rates. Madam Deputy President, we have heard many a time about prevention - and you yourself have spoken about that in this House time and time again.

It is my view that raising the smoking age to 21 will merely disempower Tasmania's youth, and create black market opportunities for people who should be in meaningful employment, while doing nothing to decrease smoking rates.

Additionally, if this Chamber decides this week that the age of majority is no longer 18, and becomes the first jurisdiction in Australia to do so, what changes follow? Do we intend to change the age of majority to 21 across the board? If not, why not? Is it because we agree that, at 18, people have the capacity to think critically and make decisions for themselves? If so, why are we proposing to make these changes? There are inconsistencies I believe should be addressed before we make any decision of this type.

There has been quite a lot of discussion about the impact on small business. I have continued to listen to small business, and as someone who has been a small business owner, it is not an easy gig, particularly when you have very large businesses that are able to be more competitive. It is important we continue to look out for small business and look after it.

I am concerned about the impact this bill will have on Tasmania's small business community. I know firsthand how small the margins can be. You are a price-taker, and you are at the mercy of government policy and broader market trends that can change from one day to the next.

I have not seen any modelling on the projected business compliance costs and administrative burden of the additional transaction checks per year that will happen as a result of these changes, should the legislation pass.

It was interesting. On my way here, I was thinking about the young people who work in small business, and how it is going to be difficult for them to say to someone they would well and truly know, who is probably 20 - you usually know who is a couple of years ahead of you at school, particularly in high school, because they are the big people on campus so you know who they are - 'No, you cannot buy cigarettes, it is now 21'. Then that person is looking at

them saying, 'What is this young person telling me this for?' It is going to be a difficult thing in smaller communities.

Mr Dean - It is happening now. They are asking for identification for anybody who looks under 25.

Ms RATTRAY - To buy a packet of cigarettes?

Mr Dean - Yes, that is what we are told.

Ms RATTRAY - For 25?

Mr Dean - Anybody who looks under 25, we are told they are asking for identification.

Ms Forrest - Which would be me if I walked in.

Ms RATTRAY - That is not the message I am hearing from the people I represent. The member is keen to progress his bill, and I appreciate his commitment to it.

My information also tells me that tobacco sales are often a significant percentage of the takings of small retailers, particularly in regional and rural areas. I know the member had some significant information this morning that he considers is contrary to that, but this is the information I have been provided with.

In my view, this bill will be costly and difficult to implement - as I said, with young employees at these retailers needing additional training, and being placed in a position of being expected to ask their peers for identification, refuse sale of goods, and the like.

That might not seem a problem to some, but I suggest it would be for many, and peers who, as I mentioned, can own property, marry, join the armed forces, and vote - but you cannot buy a packet of cigarettes.

I will not take up a lot of time in the Chamber. My position on this is pretty clear, again acknowledging the member's significant commitment to this particular matter.

Should the bill move into the Committee stage, I have a number of questions that relate to specific areas of the bill, around clause 5, section 63 amended, proposed new section 67AB and the like. I will wait and see where this goes before I talk to any of those.

Again, I will not support the bill. I believe I have been very up-front with the member for Windermere in regard to this. I have not changed my position from the time we talked about this some years ago. Had I felt that the communities I represent had changed their view on this - and I agree that there are plenty of people who think we should be doing something about smoking, particularly smoking by young people - it would be different; however, in my view there is not enough support for this to actually work at this point in time. If it comes back in the future and my community changes their view, I am more than happy to change my view.

I put on the record again that I detest smoking. Anyone who knows me will know that. From two Alpine cigarettes many, many, many decades ago, I was pleased it never took hold

in my life. Plenty of people feel like they have the choice to smoke while it is a legal product. That is where I sit.

[4.46 p.m.]

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Mr President, like the member for McIntyre, I congratulate the member for Windermere on the massive amount of work he has done on this bill over numerous years.

The past year in particular has shown us how important our health is and the importance of good governance in supporting the health of Tasmanians. The Tasmanian Government fully acknowledges that tobacco use remains the single greatest preventable cause of death and disease in Australia. There is no denying that smoking has a significant negative impact on the individual, their loved ones, the community and, in turn, our health system in this state. Tasmania continues to have smoking rates above the national average.

That is not what we want for our state and our children, the future leaders of Tasmania. Through ongoing preventative health measures, education and our commitment to our Healthy Tasmania Five Year Strategic Plan, the state has made progress to addressing our smoking rates. The latest National Health Survey from 2017-18 shows the percentage of daily smokers aged 18 plus in Tasmania had declined from 19.3 per cent in 2014-15 to 17.4 per cent in 2017-18. According to the latest Australian Secondary School Alcohol and Drug 2017 survey, which is compiled by the Cancer Council, smoking in the past week had halved from 16 per cent in 2011 to 8 per cent in 2017 among older students.

Under our Healthy Tasmania plan, launched in 2016, we made addressing the rate of smoking one of our four key priority areas. I am pleased to highlight some of the progress that has been made. This includes our changes to the Public Health Act, which became effective on 29 November 2017, to regulate the sale, use and display of e-cigarettes, increase penalties for tobacco supply for children, and introduce fit and proper checks for tobacco seller licence holders. The Government also increased compliance and education activities for tobacco retailers to ensure that the new laws and regulations are understood and acted on.

We have established an online licensing system for tobacco retailers, which sees them provide the volume of products sold when they renew their licence. This will help inform preventative health planning. We have increased the licence to sell tobacco from $370.45 to $731.34 as at 1 January 2017, then further to $1111.35 from 1 January 2018.

The Government continued the funding agreement with Cancer Council Tasmania for a television quit smoking campaign to achieve optimal exposure. Two projects funded by the Healthy Tasmania Fund are also underway. There is the 559 Lives campaign run by the Cancer Council which provides free nicotine replacement therapy and Quitline support. It is particularly focused on those identified from high smoking groups. It is anticipated that 400 people would be reached by the end of the project.

The makara patapa, a stop smoking program, is providing intensive cessation support to smokers who access the Tasmanian Aboriginal Centre. Also, under our Healthy Tasmania plan, the University of Tasmania is working with pharmacies to pilot the provision of free nicotine replacement therapy and behavioural support to help smokers in low income areas to quit. This will be followed by consultation with community service organisations to better

understand how staff within these services can support smoking cessation with clients they work with.

A considerable amount of work has also been progressed under the Tasmanian Tobacco Control Plan, including the implementation of No One Left Behind: An action plan to achieve a smoke free Tasmania 2018-21. This addresses smoking prevalence among priority of populations; and Smoke Free Young People Strategy 2019-21, which supports young people to be smoke-free. As part of this strategy, the Smoke Free Generation campaign 1, 2, 3 … Hooked began in term 4 in 2020 and has continued to be delivered throughout this first term to 2021 to young Tasmanians using targeted online and social media linked to a website.

All this work is underway.

I will now talk about the youth focus in a smoking prevention package that the Government is developing. We need to target this package at young people in year 6 and up, because if a young person is going to take up this awful habit, they will probably be experimenting from the average age of 16 or younger. As the Minister for Mental Health and Wellbeing, as well as Education, Mr Jeremy Rockliff is well-placed to lead this package, bringing both the Department of Health and the Department of Education to work more closely together. This package will be evidence-based and focused on ensuring young people have the information that they need to make an informed decision and all the reasons why they should not start smoking.

We will strengthen approaches we already run that are aimed at youth - some of which I already mentioned - and build upon the actions implemented as part of the Smoke Free Young People Strategy by increasing education and media around secondary supply, and reinstate infringement notices to enforce the ban on selling tobacco to a child.

As a priority, the Department of Health is undertaking further research into the most effective resources and approaches in targeting young people from all backgrounds at risk of smoking and to work closely with the Department of Education in how this could be best delivered. Any new approaches will be flexible enough to be tailored to the needs of each individual school community. Some may need greater support or programs.

Our school health nurses already provide support to students around smoking and this is a potential opportunity to turbo boost that work. They are known to students and they are trusted. We are also continuing with the work to review smoke-free areas in and around schools. While it is generally regarded that schools are smoke-free areas, this will be enforced. Some investigation and research have already taken place.

Mr President, I again thank the member for Windermere for bringing this bill to the Legislative Council.

Mr Dean - You do not really, but anyway. That is what you are saying. You did not want me to bring it on. Let us have some substantial stuff.

Mrs HISCUTT - It is an important bill and none of us here today could say that the rates of smoking in Tasmania are not a concern. We need to do more. We have made the decision to focus on this younger cohort because we know that the average age to experiment with smoking is at 16, well below the legal age of smoking at 18.

There are significant implications that smoking has on the individual, their loved ones, our communities, our health system and our state. We will always welcome considered, measured bills to decrease smoking rates within our state. We will always seek to find the best way forward that may bring effective change to our state.

In this case, however, the Government will not be supporting the member for Windermere's bill, as we believe we need to target a younger cohort of people to ensure they never take up this addictive deadly habit.

[4.55 p.m.]

Ms ARMITAGE (Launceston) - Mr President, I first congratulate and commend the member for Windermere. He has put a lot of effort into it. Everyone agrees -

Mr Dean - You do that, then you go chonk. For goodness sake, I do not enjoy that sort of -

Ms ARMITAGE - Well, it is true, you have put a lot of work and effort into it. I accept your effort in endeavouring to do all you can to reduce the number of our population who want to either take up smoking, or alternatively, want to continue with the habit that kills approximately 560 Tasmanians each year. Of course, many smokers also want to quit, but they do have difficulty.

We should make no mistake, smoking does kill. Someone once said to me, 'I saw a sign the other day that said the maximum penalty for smoking was $1000, but that is not right. Surely the maximum penalty for smoking is death'. We are all aware of that.

We are further told the costs of smoking-related chronic obstructive pulmonary disease, lung cancer and heart disease costs Tasmania $600 million each year. You ask yourself why people smoke, and the answers are interesting. It seems there are no really persuasive reasons. The answers you will find are that it relieves stress, it becomes a pleasurable experience, it is peer pressure, it is encouraged by friends. For the young, smoking is a way of rebelling, showing youthful independence. Youth thinks that others are doing it so they will, too - probably, most importantly, because of the tobacco industry using clever marketing tactics which target teenagers.

But with smoking remaining as the leading preventable cause of death and disease in Australia, causing many types of cancer, heart disease, strokes, chest and lung illnesses and stomach ulcers, killing up to 15 500 people in Australia each year, you ask yourself: why is smoking still legal? Again, the answers are interesting. They range from, the governments enjoy the revenue to there would be a public outcry from smokers and non-smokers alike if it were banned, policing costs, illegal importation, anti-government intervention and underground sales. But the point in this debate is that smoking is still legal. Governments have not been brave enough to stamp it out. What should we do?

The history of countries trying to reduce smoking rates is interesting. It seems to have commenced when Richard Doll and A Bradford Hill, in 1950, published an article in the *British Medical Journal* that confirmed a link between smoking and lung cancer. In 1961, the American Lung Association, along with public health partners, wrote to President John F Kennedy, highlighting the increasing evidence of the health hazards of smoking and urging

him to establish a commission to address the problem. This letter led to the publication of a landmark Surgeon General's report, 'Smoking and Health', in 1964. From that time until today, there has been a significant improvement in the reduction of smokers as a result of numerous reduction strategies. These include warnings on cigarette packets of the danger of smoking, graphic photos of smoking sufferers, separate smoking areas in public places, to no smoking in public places, nicotine gum being the first drug designed to help users quit smoking, articles on the harmful effects of second-hand smoke, smoke-free restaurants, smoke-free airlines, public buildings, nicotine being declared a drug, significant tax increases, the list goes on. Until 2020, in the USA, T21 laws were passed across the USA.

Throughout this time, the cigarette companies have continued with their fight to keep their profits. In 1968 Philip Morris introduced the Virginia Slims brand with its iconic, 'You've come a long way, baby' advertising campaign targeting women. In 1987, R J Reynolds Tobacco Company debuted the Joe Camel character in its US advertisements. This cartoon character is said to have hooked millions of children on Camel products.

In 1994, seven tobacco company executives testified before a congressional committee that they did not believe nicotine to be addictive. Fast forward to 2006 in the US and you have Judge Kessler releasing her final ruling in the US Department of Justice federal suit against the tobacco companies. She found that the tobacco industry had lied for 50 years and deceived the US public on health issues and marketing to children.

In summary, the history of the smoking debate in the USA highlights the fight between the health professionals and the cigarette companies, and it is testament to the saying that in the end the truth wins out. In Australia, the anti-smoking campaign was launched in 1997 and it was aimed at reducing smoking rates in Australia by 22 July 2020. We know that smoking reached a peak in 1964 and has been on the decline since that date, 57 years ago. Like the USA, we have introduced plain packaging, graphic photos on packets, bans on tobacco advertising, promotion campaigns, programs to reduce smoking and smoke-free areas, including enclosed public places, workplaces and shared areas.

The strategies have steadily worked. The National Drug Strategy Household Survey estimated that in 2019, 11.6 per cent of adults smoked daily, a reduction from 12.8 per cent in 2016 and 25 per cent in 1991. We are told that in Tasmania we have the second highest rate of daily smokers in Australia, 17.9 per cent. These rates have decreased significantly over the last decade, but I accept there is still work to do.

They also question whether the member's bill is the right vehicle at this time of the journey of reducing the rates of smoking. The Tasmanian Tobacco Control Plan is dated 2017-21. Through its Healthy Tasmania Five Year Strategic Plan, the Government has set a target to reduce the Tasmanian smoking rate to 10 per cent by 2020. Admittedly, that ambitious target has not been achieved, but the target was to be reduced to 5 per cent by 2025.

The strategies to be used target suppliers of tobacco, together with education and marketing to help people quit. In his foreward to Tasmania's plan, the then secretary of the Department stated:

> The Tobacco Control Plan 2017-21 is accordingly a plan for action by all sectors and levels of government. It highlights the opportunities for working in existing and new partnerships in recognition of the substantial evidence

> that health prevention action is more effective when it is integrated and comprehensive. The Tobacco Control Plan recommends actions based on the best available evidence that can be taken over the next five years. These actions have been informed by the national and international evidence base for reducing tobacco related harm. They were developed by the Tobacco Control Coalition through a series of consultations and workshops held during 2016, in collaboration with a number of additional stakeholders who also had expertise in health and tobacco control.

Under the subheading 'Priorities for Action', there were four key areas for action, which include the age group targeted by the member's bill - that is, prevent smoking uptake and de-normalise tobacco use and reduce smoking by high prevalence groups. Importantly, for each area identified, recommendations are to be drawn from the latest state, national and international evidence.

At this stage, I believe we should let the process already underway proceed without this Chamber legislating outside what has been prioritised by the experts who developed our Tobacco Control Plan. What gives me some comfort in the plan is that evidence is to be drawn not only from state and national evidence, but also from international evidence. Therefore, there is every opportunity to look at what has happened with T21 in the USA and, if appropriate, bring the debate back to parliament. It would appear at this stage that our experts have not looked at or completed their analysis of that legislation. I believe it pertinent to wait for that to occur before I could possibly vote on the member's bill.

The member mentions many medical people and medical associations are in favour of this bill. I accept that it would be accurate. Of course, any medical person and most people would agree smoking is injurious to health. I also do not doubt the Menzies Institute's facts and figures. Many people would support anything to stop smoking. It is a scourge on our society and I, along with most members in this House, detest smoking and would be very pleased if it did not exist in our society. Do I support legislation or ways of preventing people taking up smoking, or making it more difficult for young people? Well, of course, the answer is yes, on emotion.

Mr Dean - Listen, do that. Obviously you will vote for it.

Ms ARMITAGE - On emotion, I, too, would support anything that stops people smoking. But we are legislators who must pass workable bills that will become law.

As I said, many doctors that I have spoken to support this bill. Many have lobbied me to support this bill. But they are people of medicine. They are not legislators, and cannot be expected to look into the workings of the bill if it becomes law. I am concerned with the practical application of the proposal. I find this bill confusing, so I can only imagine the difficulty for people having to enforce it.

An example is clause 4, Section 3 amended (Interpretation). I note in (a), for the first 12 months, it refers to 'a person who has attained the age of 18, but not 19'; and (b), the next 12 months, 'a person who has attained the age of 18, but not 20'; and (c) after a period referred to in (b), 'a person who has attained the age of 18, but not 21, years …'.

Let us remember here that sellers of cigarettes in businesses, particularly hotels, are likely to be young assistants who need to understand this legislation. I understand it comes in over three years, but it is confusing.

A question for the member, in your summing up: we have a 20-year-old tourist who comes over in year 3 of the bill, goes to a hotel, buys a beer and asks for a packet of cigarettes. Do we make it widely known, tourism-wise, that if you are under 21 and you are coming to Tasmania, you had best bring your own? What do you propose for this?

You mentioned to me at one stage, when I had asked you previously, that I could move an amendment. I recall you saying that, but I am just wondering what you actually propose in this situation for tourists or visitors coming to the state. Will it be widely known to tourists? Will there be something out there?

Mr Dean - Of course you understand the laws if you go to a state. If you go to a different state, different laws apply. Different countries apply different laws.

Ms ARMITAGE - I would have to disagree with you there. I do not think I would actually look up all the laws that pertain to a state when I go to visit there. You assume in Australia that most laws would be the same. But I will not debate that with you, I am not here to debate.

The other issue I have is that a 20-year-old person going to a hotel bar cannot be sold cigarettes. It is the assistant, often young, who sells the cigarettes. If you look at these people, they are not old. They will be given a significant fine. My understanding is that it is 120 penalty units for the first offence; second offence, 240 penalty units; and subsequently, 360 penalty units. However, if a person standing next to them, on the face of it, gifts the cigarettes to them, buys it for them, and gives it to them, does not actually hand over money -

Mr Dean - No, buys it for them. They would be committing an offence.

Ms ARMITAGE - Exactly, does not hand over money in view of anyone, faces no fine unless they are caught exchanging money for that purpose, it would need to be proven. Would the police follow or chase this up, or are they busy enough chasing up the sale of illicit drugs?

Mr Dean - No, they would not, because most people comply with the law; 90 per cent of people comply with the laws.

Ms ARMITAGE - As I said, I support preventing young people, or all people, taking up smoking. It is a horrible, insidious habit. However, I find too many problems with the bill before us to make it workable. I would love to support it, because I understand where you are coming from. It would be really good to be able to support it, but with the legislation before us, I am sorry, I do not see it practical or workable. I cannot support it.

[5.09 p.m.]

Mr WILLIE (Elwick) - Mr President, just a short contribution from me. I certainly respect the member for Windermere's intent. I, too, have an interest in young people. I could not let this opportunity pass without talking about education outcomes in our state.

Arguably, improving education outcomes is a long-term project, but it is the biggest lever the state Government has to influence workforce participation, productivity, wages and health outcomes. We know social determinants of health include income, education, conditions of employment, power and social supports.

If you look at our current education system, it is not serving Tasmanian young people well, and it is not serving their health outcomes well. We have one of the most unequal education systems in the developed world, and that is across the country.

If you look at our funding model, it is deeply unequal. For example, if you look at the funding growth from the Tasmanian Government for two private schools, since 2014-15 that has grown by 27.5 per cent per student. At the same time, Tasmanian Government funding for public school students has increased by 5 per cent per student.

I represent an electorate that has pockets of disadvantage, and I suspect there are very high smoking rates in some suburbs in my electorate. There would only be one or two schools that would be above the national average when it comes to the Index Of Community Socio-educational Advantage. Most of my schools would be well under that national average, and a lot of the parents would be in the bottom quartile. In fact, in a school I taught at - you can look this up on the My School website - I think a large majority of the school population was in the bottom quartile.

Our attainment rates as a state have gone backwards for the third year in a row, and are at 58 per cent. Retention rates dropped in 2020 to 73.9 per cent, compared to the national average of 82.1 per cent. We have had a debate regarding NAPLAN in this Chamber, and NAPLAN figures over the past decade show Tasmania has gone backwards in half of the indicators assessed across grades 3, 5, 7 and 9.

If I look at what that means in my electorate, I looked at the unemployment rate. The most up-to-date figure I could get by municipality was 8.4 per cent, and that was in the September quarter in 2020.

Where I am getting to is that smoking is a symptom of disadvantage. If we are serious about this health issue, or any other health issue, as a parliament we should demand of the Government serious improvement and serious intervention in our education outcomes. Until we do that, we are going to have these bandaid solutions for a whole range of problems. That is where my focus is as a member of the parliament.

I want to see those indicators improve, because the by-product will be that smoking rates will improve, and that is where we should all be focused.

I welcome the Education minister being ambitious with some targets, but I have heard him be ambitious around targets before. Just recently in March, he announced that all young people in year 7 will meet the expected reading standard, or above the national minimum standard, by 2030. What he is proposing is a significant change in practice. There was no dollar figure attached to how he was going to implement that. There was no mention of that in the Premier's Address.

Arguably, this is our greatest challenge as a state. It is arguably the biggest lever we could pull to improve Tasmanians' lives, to improve their health outcomes. I just wanted to make that point, Mr President.

[5.14 p.m.]

Ms WEBB (Nelson) - Mr President, I am going to join my colleagues in acknowledging the significant work undertaken to date by the member for Windermere on this bill, and on this issue more broadly over many years.

I share his passion for better health outcomes for the Tasmanian community, and acknowledge the importance of lowering smoking rates dramatically to help achieve this.

I am aligned with a deep concern about the levels of tobacco smoking in our Tasmanian community, and the devastating health impacts caused by that activity.

I recognise and express my appreciation for the representations we have received, in particular from medical and health professionals on this issue and this bill. They have made informative and compelling representations to us. While I do not personally have a history of smoking, I had family members whose health has been ruined by it and their lives cut short. I agree with and recognise the urgency of this issue and I want to see much greater effort and resources devoted to addressing it.

For these reasons, I find consideration of this bill a real challenge. It is with difficulty I say I am not going to be supporting its progression. When I look at the efforts we have made today to reduce smoking rates in Australia across recent decades, we see a range of approaches that have actually met with considerable success. A far lower proportion of Australians are smokers today than 50 years ago. Those approaches have included, but are not limited to, broad public education campaigns, targeted education campaigns, restrictions on where people can smoke in public places and in cars, price signals through raising the rate of taxation applied to this product, increased availability of nicotine replacement products, funded quit campaigns, restrictions on advertising, restrictions on visibility at point of sale, and raising the legal age of purchase to adulthood to align with other legal drugs, such as alcohol, and introduction of plain packaging, just to name some.

It has not been any one approach that has delivered a silver bullet, but rather this range of approaches brought to bear in concert. However, as much as we can point to the success over recent decades, it is clear further progress, particularly in some demographics, has stalled. This points to an important aspect of the picture of tobacco use. While it is a clear cause of physical health problems, in itself it is also a symptom of social, health and economic problems. The residual level of smoking in our adult population and the pattern of uptake and use in young people has a clear social radiant.

Here in Tasmania, we have a social radiant across all of our poor health outcomes. This is a situation that needs to be addressed in its entirety, including policies that address broader root causes such as poverty and inadequate access to health care, dental care, inadequate mental health care, inadequate alcohol and other drugs services. I note that policies and programs to effectively address these root causes would subsequently work to address not only the smoking rates, but also every other driver of poor health outcomes in the state.

As described in a Menzies Institute study:

> 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 Tasmanians suburbs of Bridgewater/Gagebrook (39 per cent); and Risdon Vale (34.4 per cent). 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 disadvantaged.

I agree with the member for Windermere that in Tasmania we must take greater notice of our disadvantaged communities when framing and developing preventative health responses. However, I do not regard the proposed T21 bill as preferable or likely effective action to take in breaking those cycles. I see it as sitting quite separately to the demographic reality of continued high smoking rates. Thinking about the T21 bill and those most likely to respond to this approach, I do not think it will be those very communities and demographic cohorts that remain most affected by tobacco addiction.

I have asked myself on considering this bill: why not just try anyway? That is a very valid thing. Why would not we just try anyway? Generally, complex entrenched problems need a suite of solutions brought to bear on them; in many cases, innovative new approaches can be added to the mix with good effect to try to shift outcomes. Having worked in the community sector and in social policy research advocacy, I am familiar with making the case that all available levers should be pulled when it comes to wicked problems. The exception to that is when consideration must also be given to other consequences of a policy or program, beyond and additional to the intended impact and outcome - consequences or considerations that weigh against the potential value of giving it a try. In the case of T21, I believe there are significant and fundamental consequences and implications to be considered when weighing up the potential value of its adoption in the Tasmanian context.

For me, the biggest hurdle in relation to this bill remains the fact that it clearly contravenes the principle of non-discrimination, of treating adult Tasmanians equally. This bill asks us to treat one group of adults differently based on a single characteristic, their age. It would impose a ban on purchasing a legal product only on Tasmanian adults aged between 18 and 21. We should not lightly set aside the fundamental principle of non-discrimination. While they are not constitutionally mandated, this bill infringes a number of civil rights. These implied rights are something we should continue to strive for and work hard to uphold. I point to the Commonwealth Age Discrimination Act 2004, section 14, which prohibits treating a person less favourably because of their age. Section 28 prohibits refusing to sell or make goods available because of age. The International Covenant on Civil and Political Rights, Article 2, No. 1, and Article 26 prohibits distinction bases on status, which includes age. The common law and constitutional law systems are premised on the rule of law which denotes equality before the law or the equal subjection of all classes to the ordinary law.

Beyond this, the concept of personal liberty remains and forms a great part of modern property rights, freedom of speech and freedom of association. The limitation of these freedoms and rights should not be taken lightly and should be taken with the utmost caution. While such principles are not set in stone and it is within our power as legislators to extinguish

certain civil rights, this should only occur as a result of an exceptionally strong argument with a guaranteed outcome, with a narrow focus. The T21 bill does not meet that standard. To enact it would present a potentially problematic precedent. For these reasons I remain unconvinced this bill should progress to legislation.

In Tasmania, we have various ages of consent - this has been discussed by others - various ages of consent and permission in regard to a range of activities. However, there is no precedent for broadly preventing access to a legal product above the age of 18 years, which we recognise as being the achievement of adulthood.

To put another way, there are examples where we extend access and permission below the age of 18 years, but none where we broadly restrict it above that age. Some of these have already been listed, but I point to a few - the age of sexual consent, 12, 15, 17, depending on the circumstances; the age at which marriage can occur, 18 or 16, with court permission; compulsory education, to 17 currently, soon to be 18; the time you can get a social media profile is 13; you can join the defence force at 17; criminal responsibility kicks in at 10; drinking alcohol comes in at 18; a provisional driving licence at 17, et cetera. What I note, and again I stress -

Mr Dean - How many of those are addictive, once you start you cannot give it up? Isn't there a significant difference in this?

Ms WEBB - I am not addressing that in my speech. I know it is a point the member raised and I thank him for raising it.

My focus here is that this is a very fundamental proposal to restrict access to a legal product to one category of adults. We have no precedent for doing that.

I accept and agree with the indisputable evidence of overwhelming harm caused by tobacco products. I understand the compelling medical evidence for aiming to minimise or cease the uptake of smoking by people in their teens and early adulthood, and the benefits to individuals and our broader community if we can be successful in doing that. The T21 bill has been on the Tasmanian Parliament Notice Paper since November 2018. During that time an enormous amount of work has been completed. I am grateful for the most recent research from the Menzies Institute for Medical Research and others in providing us with important information, in-depth analysis and a good evidence base that relates broadly to smoking among young people in Tasmania.

I am confident this research, which has been relevant for us to consider in relation to this bill, is also broadly relevant and remains a valuable evidence base to inform future programs and policies. I look forward to the opportunity for it to do so.

I acknowledge the widespread support expressed for this legislation in polling and by some constituents in my electorate, as well as across the whole state of Tasmania. It demonstrates the public's genuine concern about the level of tobacco use in this state, the health impacts it has on our community and the public's desire to see greater action from government to address this. If these concerns, the support that is there, the work that has been done were the only considerations in relation to this bill, it would be a straightforward decision to support it, but in my view it is not the case. I appreciate that others will hold different views, but I can only bring to bear my careful consideration on the matter.

I again state that my disinclination to support this bill in particular is not due to a lack of appreciation of the serious impacts smoking has on our state or our shared desire to see greater action. I note that the current Government has previously articulated targets related to reducing smoking rates but then did not effectively invest time and effort in achieving them and so failed to meet them.

I note the current Government has made further commitments in relation to smoking cessation programs to be rolled out in Tasmanian schools to build on the Smoke Free Young People Strategy which is already in progress, but we know that the delivery of those commitments is not guaranteed. Even if delivered, they are certainly not what we could regard as our best efforts sufficient to the need.

Given the significant challenge presented in our state in particular, I encourage the Government to embrace a more ambitious and bolder approach, to give greater consideration to and investment in not just setting targets or making commitments, but delivering them, actually achieving them. Also, in this pre-election year I encourage the Opposition similarly to adopt ambitious policy in this area to take to the election as a positive indication of the priority of health to the Tasmanian community.

I briefly note a few matters that have played no role at all in my decision not to support this bill. I want to put these matters on the record.

I do not give any credence to arguments from industries that profit from the sale of tobacco products. I find the issues raised by those industry groups largely spurious and the evidence they present fairly uncompelling. Let me be clear: I regard the tobacco industry as repugnant. It is quite simply an industry that profits from killing people and causes great suffering. It would be an excellent result ultimately to see the tobacco industry go bust through our successful efforts to minimise smoking in our community.

Members will not be surprised to hear me draw a parallel here to the poker machine industry in this country, in this state. Another legal but addictive and devastatingly harmful product of which, to date, we have failed to deliver effective regulation to appropriately protect members of our community. I am acutely aware of the uphill battle to progress good policy and legislation related to curbing harm to individuals and communities from demonstrably harmful, highly lucrative products backed by politically powerful industry groups.

With my background in campaigning for poker machine reform, I am the very last person in this place who is likely to have any truck whatsoever with the kind of manipulative, intimidatory, misleading and misdirecting tactics employed by industries such as the tobacco industry or the poker machine industry as they attempt to maintain their lucrative stranglehold on a vulnerable customer base and what is predicated on causing them harm.

Mr Dean - That is exactly the same with this bill. It seeks to protect the vulnerable people, kids.

Ms WEBB - Again, I will not go into detail on that. I have expressed my concern about this bill being fundamentally discriminatory.

Mr Dean - That is not what the Anti-Discrimination Commissioner says.

Ms WEBB - I will continue with my contribution. In regard to the concerns of the Tasmanian retail businesses that sell tobacco products, I believe there is an opportunity to encourage and incentivise these businesses to move away from tobacco products, particularly as those most reliant on them are disproportionately clustered in low socio-economic areas. While this would be vehemently opposed no doubt by the tobacco industry, businesses shift and change all the time and it is our policy choice and regulatory challenge to manage and shape that and assist it in ways that are pro-community.

In conclusion, I think we have dropped the ball on tobacco policy and smoking cessation efforts in this state and while I am not supportive of this particular T21 bill, I believe we have available to us a raft of options for action and investment that do not present the civil liberties and discrimination issues I regard as inherent in this bill. Building on the considerable efforts over many years by the member for Windermere in bringing this issue to the forefront of public conversation, policy consideration and research focus, I hope we are able to act and make meaningful investments in achieving further progress for our state.

[5.30 p.m.]

Mr GAFFNEY (Mersey) - Mr President, I thank the member for Windermere for his work on this issue. This has been culminated in the bill we are discussing today. I will support the bill to go into the Committee stage. I believe it is the right thing to do. I acknowledge and recognise the wonderful support he has received from a number of individuals and organisations as well. I think that is really important. I believe the member would be the first to say he has had some valuable support.

This bill represents an opportunity to affirm our ongoing commitment to improving the health of Tasmanians. Naturally, I am supportive of any such legislation. I was a physical education teacher for 20 years, so the gambit of health education was probably my responsibility in many of the schools.

Whilst this is not a humorous subject, in my early years as a student teacher, I thought I would take a section on cigarette smoking. I had had a year in the States. In the States, in the baseball team, all the kids used to chew tobacco. I did not realise that chewing tobacco and cigarette tobacco were two different products. In my grade 9 science class I made them tear open a cigarette, get the tobacco and shove it under their lip and chew on that. When they started to go green, I thought 'I have made a mistake here', but I do not think any of those kids ever touched a cigarette again in their life. It was something I lived and learned.

I intended to begin today by discussing the impact smoking has on individuals and our wider community. Members have provided insight and valuable information regarding the dangers of cigarette smoking. I will provide further detail but will try not to repeat previous comments from members. I will then detail my thoughts on changing the minimum legal sales age.

I am certain all members are aware of the many negative aspects of tobacco smoking. These are consequences that have had profound impact on the health of individuals, as well as representing a significant emotional, social and economic cost to the community. Cigarettes have been referred to by physician and now US politician Dr Richard Creagan as 'the deadliest artefact in human history'. Indeed, it has been suggested that nicotine is more addictive than

heroin. A statement provided by the Alcohol, Tobacco and Other Drugs Council Tasmania reads:

> We're not a community that shies away from taking the lead in these matters. We were the first state or territory in Australia to ban smoking in all indoor areas of pubs, bars and clubs in 2006, so the acceptance of these amendments would not be the first time that Tasmania has taken the lead in tobacco control legislation.

The impact of smoking cannot be overstated. Quit Tasmania outlines the health risk of tobacco smoke as follows:

> Smoking harms nearly every organ in your body. It damages your health, and among smokers who never quit, one in two will die from a disease caused by smoking. Tobacco smoke is made up of over 7000 chemicals. Around 70 of them cause cancer.

Probably many of us in this room and those tuning into the debate have been impacted, or know of individuals, families and their friends who have suffered, observed or experienced the debilitating effects of cigarette smoking. Not only is there a desire to quit among smokers, but many wish they had never started. According to a 2014 survey, 90 per cent of Australian smokers said they regretted it. It should be also noted that smoking is a uniquely addictive habit: 70 per cent of Australian smokers want to quit, and most try repeatedly and fail, even with the best treatments. Continuing smokers remain at high risk. Up to two in three will die from a smoking-related disease.

Mr Bruce Mansfield, Chief Operating Officer of the Eliminate Cancer Initiative, who commissioned the YouGov poll wrote:

> Australians are ready for innovative action by Government to tackle smoking, action that trials policies, that have the potential to be the catalyst in driving down smoking rates and ultimately will prevent the deaths of thousands of Australians by restricting access to harmful tobacco products to future generations.

Dr Kathryn Barnsley of SmokeFree Tasmania provided the following information:

> Tobacco kills more Tasmanians every year, more than alcohol, car crashes, suicides, homicides and illicit drugs combined. Seventy per cent of acute admissions to Royal Hobart Hospital are smokers. Smoking does not kill people immediately. It causes chronic obstructive pulmonary disease, blindness, diabetes, gangrene, deafness, cancers, heart disease and stroke, which may leave the smoker alive, but with significant health deficits.
>
> Tobacco smoke is linked to SIDS, which can kill babies, and meningococcal disease, which can kill both babies and adolescents.

In Tasmania, smoking prevalence is related to socio-economic disadvantage. The proportion of Tasmanians living in the most disadvantaged areas who are current smokers is 25 per cent, whereas in the least disadvantaged areas the figure is 10 per cent.

We have laws about the age at which a person may drive a motor vehicle, be sold a firearm or receive the age pension. We seek to improve the health of Tasmanians and legislate safeguards in our community, which may impact our lifestyle. The introduction of seatbelts has become accepted as part of our lifestyle. We hardly batted an eyelid when tanning salons were banned, knowing that they contributed to real potential skin cancers in our fellow Tasmanians. Some people lost their jobs, but the members of our parliament were willing to listen and to stand up for the health of Tasmanians.

What is the difference this time? This time, the magnitude of harm is many times greater. There is no safe dose. Remember, every cigarette is doing damage.

Perhaps most staggeringly, we already have laws which restrict the age at which someone may be sold smoking products - 18 years - and it was in 1998, that it was 16 years, and we can go back to those days. Those of us who went through college - you would walk into the canteen and you could hardly see the other end of the room because of the cigarette smoke, and that is where your classes were. Even if you were not a smoker, if you wanted to get an education, you would be subject to passive smoking.

The Minderoo Foundation agrees with this point, stating the following:

> Current legislation in Australian states, including Tasmania, already prohibits the sale of tobacco products to persons who are under a specified age. If enacted, the Tobacco21 bill would increase the specified age at which a person can purchase tobacco products incrementally over a period of three years.

Further, the Minderoo Foundation explains that compliance with T21 laws would not be in breach of federal anti-discrimination law. Under the Anti-Discrimination Act 2004 (Cwlth), it is not unlawful for someone to refuse to provide goods to a person on the ground of age where such refusal is in direct compliance with a state act - that is in section 39. A person may therefore refuse to sell cigarettes to a person in Tasmania who is under age for the purposes of Tasmanian legislation without being at risk of age discrimination under Commonwealth legislation. Therefore, we can rest assured that the legislation itself is not discriminatory, and also businesses and their employees who comply will not be discriminating against 18- to 20-year-olds.

In raising the minimum legal sales age, new laws would not seek to punish those who smoke. It is to prohibit sales to, and thereby protect, a particularly vulnerable segment of the community. To my knowledge, there is no legally enshrined right that permits an individual to sell a toxic product anyway.

While there will be reservations and arguments about raising the procurement age of cigarettes from 18 to 21, for a whole range of seemingly valid reasons, I support an even greater age range, contrary to some of the information we have been provided.

I am suggesting that members consider that the age for purchase of cigarettes is raised from 18 to 25. I understand and appreciate the arguments presented by members and the member for Windermere. They do not agree with the legal smoking age being 18, while the legal purchase age under the bill is 21, and that is fine.

If you agree with the bill and the change of age, I would like to present a case for an amendment that I would be pursuing - that 25 should be the age, and not 21.

The effect of maturation on the human brain with regard to the propensity for addiction has scientific backing and should feature in this legislative debate. All members need to be aware of the scientific reality of brain development, and the impact substances may have on that development.

Mr President, it can be argued that the immature and impulsive behaviour exhibited during adolescent life is actually part of the continuing development of the brain.

The available data tells us that the later in life a person is allowed to begin smoking, the better. The Tobacco-Free Kids website tells us the following:

> Nicotine is a highly addictive drug; and adolescents, who are still going through critical periods of growth and development, are particularly vulnerable to its effects. Research on nicotine dependence shows that key symptoms of addiction - strong urges to smoke, anxiety, irritability and unsuccessful quit attempts - can appear in young kids within weeks or only days after occasional smoking first begins, and well before daily smoking has even started. Some users experience tobacco dependence within a day of first inhaling.

Dr Nitin Gogtay pinpointed maturation date of the prefrontal cortex at 25 years of age. He and his co-authors wrote that the PFC is a late-maturing region; it is not fully developed until individuals are approximately 25 years old.

Arain and others say the following of the prefrontal cortex:

> The prefrontal cortex offers an individual the capacity to exercise good judgment when presented with difficult life situations. The prefrontal cortex, the part of the frontal lobes lying just behind the forehead, is responsible for cognitive analysis, abstract thought, and the moderation of correct behavior in social situations.
>
> The prefrontal cortex is one of the last regions of the brain to reach maturation, which explains why some adolescents exhibit behavioral immaturity. There are several executive functions of the human prefrontal cortex that remain under construction during adolescence.
>
> The fact that brain development is not complete until near the age of 25 years refers specifically to the development of the prefrontal cortex.

Therefore, Mr President, a young person's heightened capacity for addiction is linked to the underdeveloped nature of the adolescent limbic system.

Arain and others explain that:

> The nucleus accumbens, a part of the brain's reward system located within the limbic system, is the area that processes information related to motivation and reward. Brain imaging has shown that the nucleus accumbens is highly sensitive in adolescents, sending out impulses to act when faced with the opportunity to obtain something desirable. For instance, adolescents are more vulnerable to nicotine, alcohol, and other drug addictions because the limbic brain regions that govern impulse and motivation are not yet fully developed.

With regard to nicotine addiction specifically, Arain provides the following insight two pages later when discussing several competing scientific theories:

> A unifying hypothesis has been proposed based on animal studies, and it suggests that adolescents (as compared to adults) experience enhanced short-term positive effects and reduced adverse effects toward nicotine, and they also experience fewer negative effects during nicotine withdrawal. Thus, during adolescence, the strong positive effects associated with nicotine are inadequately balanced by the negative effects that contribute to nicotine dependence in adults.

This is affirmed by John Oyston, Assistant Professor at the University of Toronto:

> As evidence about the harm caused by tobacco smoking accumulated, physicians encouraged people to quit smoking. Subsequently, because governments were convinced that many cancers and other diseases were associated with smoking, and were apprised of their associated costs, public health measures (e.g. banning cigarette advertising) began to gain traction. Once the dangers of second-hand smoke were understood, smoking in public places was prohibited. Now that we know that the addictive substance nicotine is a neurotoxin that damages the developing brain, from fetal life to young adulthood, a new measure is needed to protect young people from tobacco. Increasing the minimum legal age for access to tobacco products to 21 or even 25 years would reduce smoking initiation substantially, reduce the prevalence of smoking, improve health across the lifespan, improve the outcome of many teenage pregnancies and save lives.

It is clear from the information I am presenting that when making crucial lifestyle choices, a young person is not always going to do so with a rational mind and logical thinking.

I am sure my fellow members would agree that these decisions are often made based on social factors such as peer pressure, nothing else to do and a general desire to simply fit in - a decision made without consideration of longer term health consequences that could be present with a fully developed already nicotine-affected prefrontal cortex.

Dr Nick Towle, from the UTAS Rural Clinical School said:

> I am fully supportive of your intention to seek to amend the sales age further from 21 to 25. The evidence is on your side, though I acknowledge this is

> coming down to a showdown between the medical profession and the legal profession, with a long history of antagonistic views.

He says:

> I realise the tobacco industry by way of retail associations and some sympathetic lawyers are pursuing the argument that changing the sales age would remove civil liberties of those turning 18. In my view, we must stop treating tobacco as a rite of passage. So long as anyone argues that it should be a right of an 18-year-old to purchase tobacco, then they are reinforcing the argument that tobacco smoking is an important part of our society.

I believe that if the minimum legal sales age were raised, consideration of health factors and longer term goals would take priority over those strong but transient social impulses. In simplistic terms, it could be argued that a 21-year-old is more rational and aware than an 18-year-old and a 25-year-old is more rational and aware than a 21-year-old, and has, at that stage, a fully developed brain. Peer influence, pressure and wanting to appear cool or grown up, the rite of passage effect or a badge of coming of age - Imperial Tobacco - are the two biggest reasons for taking up smoking.

This is supported by the results of a secondary school survey conducted in 2011 of nearly 2000 students from years 7 to 12 in Tasmania, where students' most common sources of cigarettes quantified these issues and were: 62 per cent of cigarettes were from their friends, or their peer influence; 19 per cent asking someone else to buy their cigarettes, opportunistic or seeking to manage a new addiction; 12 per cent purchased illegally, actively seeking out tobacco products themselves; 4 per cent were provided by parents; and 3 per cent by their brothers and sisters.

We have to find a way of interrupting this. If the Government's goal of becoming the healthiest state by 2025 is going to be achieved, which by all accounts and health statistics might appear unrealistic, I believe the restricting the sale of tobacco products to 25-year-olds and older is definitely a step in the right direction. It may not be the silver bullet, but it is a strategy we should at least explore. We should also recall this Government presented a public discussion paper incorporating the potential to raise the minimum legal smoking age to 25 based on some of what I have presented here and other modelling work undertaken in the US.

Sometimes those in leadership roles need to make difficult decisions for the good of the community and the health and safety of those individuals it ultimately represents. For this reason, I will support the changing of the age from 18 to 21, but I strongly believe ideally it should be changed to 25. If we choose to legislate based on the scientific consensus, this would lead us to select 25 as the age at which individuals may be able to be sold smoking products.

Why are we playing around the edges of a small three-year incremental inconvenience? Let us increase it by seven years to 25 years of age. Yvette Van Der Eijk, in 'An Ethical Framework for Tobacco Control Policy', aptly explains why 25 years is the appropriate age as follows:

> Although people aged 18 to 25 years are arguably capable of making sound judgments, they are vulnerable to developing an addiction if drug use is initiated at this age. This is particularly the case for highly addictive drugs

> such as tobacco. An early tobacco addiction could, in turn, undermine their neurobiological development. Thus, there is an argument for protecting young adults under the age of 25, as well as adolescents from tobacco on the grounds of their neurobiological vulnerability to drug use and addiction.

In this Chamber and in the community, we have all heard the argument that smoking choice is for the individual, as it impacts only them, the individual. I wish that were the case. But as we know the impacts are much wider than just the individuals. Families and friends are directly impacted by someone who develops a smoking-related disease. I welcome any attempt to change the smoking age.

That said, if our objective here today is to reduce the smoking rate, the age should be raised to that at which a person is capable of making rational future-focused lifestyle choices and is less susceptible to addiction. That age is 25. It is abundantly clear that the later in life a person can be sold smoking products, the less chance they have of becoming addicted. Raising the minimal legal purchasing age to 25, first, will go to some way to reducing the peer to peer gifting of cigarettes; second, is more closely aligned with current literature as to why preventing uptake in those younger than 26 is so important; third, is very well targeted to reducing uptake during a time of crucial brain development; and, fourth, eliminates peer influence as the main driver for the smoking initiation.

If we go back to our youth, many of us as an 18-year-old might have a 21-year-old friend we could ask to purchase cigarettes. Fewer of us at the age of 18 would have an association with someone who might be 25, and from whom you could obtain that product. Therefore, from a social environment, I think having a wider gap would be better because a 25-year-old has the maturity to say, 'I am not going to buy you this cigarette because I do not think it is good for you', while a 21-year-old would say, 'Yes, I will buy them for you, mate, and put them on the bar'.

If we are going to do this, we should do it seriously and look at this as a strategy. For many years governments have been saying that they will put in more funding and will put more people into schools to run health education classes. We will do that and it has not worked. It is flatlining. In fact, in Tasmania, it has increased. We reached a certain stage when it went from 16 to 18, when they introduced certain things, but it has flatlined back and it is getting worse.

What are we going to do? Sit here and wait for things to change? Sit here to wait for our education to improve by 2030? I do not know. I think we have an opportunity to do something and trial it. It may not work, but it cannot get any worse than it is getting. It is not getting any better and as a state, we have the second worst smoking statistics in Australia.

Sometimes those in leadership roles - and that includes members in this Chamber - need to make difficult decisions for the good of the community and wear those decisions and the health and safety of those individuals we ultimately represent. Not only am I supportive of the bill introduced by the member for Windermere, I also hope that if we get to the Committee stage, the members in this place will also agree with my amendment to raise the purchase age of cigarettes to 25. If we are going to positively impact on the terrible health statistics in this state, let us not do it half-heartedly. Let us take this issue by the scruff of the neck and do something about it.

I like to believe that one day in the not the too distant future we will be here debating raising the legal smoking age to 25. The move to raise the smoking age to 25 is perhaps too distant from the principle of this bill being considered this time. I recognise that, although in my opinion the increase in the smoking age to 25 is the right one and one we should consider.

[5.53 p.m.]

Ms FORREST (Murchison) - Mr President, I also acknowledge the work of the member for Windermere over many years on this major health issue. It is not something he has been working on with this bill; it is something he has been passionate about since my time here. It is not something that has suddenly become apparent to him - he has always been a bit of stickler for this, and for foxes.

I hope I can get through my speech. Members will notice I have a cough. It is completely unrelated to smoking and it is also unrelated to COVID-19. It is asthma and I am having a bit of a challenge with it.

Smoking nicotine-based products is harmful and extremely addictive and there is no safe level of use. We know there are very real health impacts associated with every cigarette smoked. Even used as intended, this harmful product will negatively impact on the person smoking it and those in the vicinity of that smoker. Personally, and I have said this many times in this place, I abhor smoking. I abhor being in a venue where people are smoking or when you have to walk through the crowd of smokers outside some venues, when they used to be able to smoke inside venues. Particularly as a nurse when looking after patients, and I have spoken about this before, when they are coming out of anaesthetic, it is most unpleasant when you are extubating a patient who is a smoker. You know the difference.

We all know it is harmful and we also know it is very addictive. I am not going to go over all the information that other members have; in particular, the member for Windermere covered the statistics extensively. I will talk for a fairly short time about some of the matters I considered while researching and considering this bill. In doing that, I asked myself a number of questions. I believe it is important to consider these questions in the context of this bill. The key questions are: What is the problem we are trying to address? How big is the problem? How costly is this problem in terms of personal and financial cost to our health system and other related costs?

I also hear some of the comments made by some small business people, driven mainly by Big Tobacco, that drive me insane. To suggest that small business will be impacted by this bill - if it were to be successful, there would be minimal impact. To say that businesses are going to go out of business because of this, or young people are not going to get work is a complete nonsense. We have heard this scaremongering before. Every pub in Tasmania should be closed when we removed smoking from pubs and clubs. Let us not get distracted by those sorts of arguments, which have absolutely no weight.

In an article in *Opinion* titled 'Up in smoke: the extraordinary cost of smoking to Australia', published in December 2019, Dr Robert Tait, of National Drug Research Institute, stated:

> Tobacco is responsible for the preventable deaths of over 20,000 Australians each year, and the cost to them and to the wider community is high. New research, conducted by the national team led by NDRI, estimates that in the

> 2015-16 financial year, smoking cost Australia $19.2 billion in tangible costs, and $117.7 billion in intangible costs, giving a total of $136.9 billion. The first update of the cost of smoking in 15 years, the study estimated the 'tangible' costs of smoking had risen to $19.2 billion.

We simply cannot ignore that enormous cost. I am not suggesting anyone is ignoring it, I am just saying this is the reality.

He goes on:

> This includes $5.5 billion that smokers spend purchasing cigarettes, $5 billion in lost productivity and worker absences, $2 billion for family members caring for someone with a smoking-related disease who effectively contribute to the health budget through their lost earnings, and the cost of $1.7 million hospital admissions to treat smoking-related conditions. Intangible costs, such as the years of life lost from premature deaths in that year or lost quality of life from living with a serious illness, were estimated at a massive $117.7 billion.

These costs fall way short of the $0.43 billion in combined federal and state taxes received in the 2014 year. If we talk about that addiction to taxes, just to repeat those numbers: in 2014-15, when I could make a comparison - it is the most recent comparison I could make - taxes received and the revenues received were $0.43 billion, at a cost of $117 billion. In fact, that is not even scratching the surface. You could easily not have to worry about the money we are getting from it if you were not relying on those taxes.

The Australian Institute of Health and Welfare website contains a range of very informative health-related data, including very useful interactive graphs and charts, not just about smoking, but in all areas of health-related matters. They sourced their data from many reliable sources, including the Australian Bureau of Statistics. According to the Australian Institute of Health and Welfare's latest data on tobacco smoking, which was released on 23 July 2020, smoking was responsible for 9.3 per cent of the total burden of disease in Australia in 2015, making it the leading risk factor contributing to disease burden. Almost three-quarters, 73 per cent, of the burden due to smoking was fatal - that is, due to premature death.

In 2015, smoking was responsible for more than one in every eight - 21 000 - deaths; cancers accounting for 43 per cent of the burden of disease, with smoking, and almost two-thirds of this was from lung cancer, 28 per cent of the total burden. Chronic obstructive pulmonary disease accounted for 30 per cent of the burden, followed by cardiovascular diseases, 17 per cent; primarily related to coronary heart disease, 10 per cent; and stroke 3.1 per cent.

Tobacco use has remained the leading risk factor but the disease burden from smoking fell from 10.5 per cent of total burden to 9.3 per cent between 2003 and 2015. After adjusting for age, the rate of disease burden from smoking showed a decrease of 24 per cent between 2003 and 2015, with a greater decrease in males than females. The burden also fell for all six of the leading diseases linked to smoking - COPD, lung cancer, coronary heart disease, stroke, oesophageal cancer and asthma.

However, while the burden linked to current smoking decreased, the burden linked to past smoking - ex-smokers - rose. This is likely to be because some diseases associated with smoking such as lung cancer and COPD can take many years to develop. As a result, the effects of past smoking are expected to continue to have an impact on the disease burden in the near future even if smoking rates continue to decrease.

The member for Windermere provided us with some very relevant statistics. I do not intend to repeat them but I wish to give a summary of the key aspects related to the scale of the challenge and what problems this bill actually seeks to address. The Australian Institute of Health and Welfare's latest update on tobacco smoking figures - as I noted, released in July 2020 - stated that the latest data from the National Drug Strategy Household Survey (NDSHS) estimated that 11.6 per cent of adults smoked daily in 2019. This daily smoking rate has declined from an estimated 12.8 per cent in 2016 and has halved since 1991 - 25 per cent.

Similarly, data from the National Health Survey (NHS) in 2017-18 showed that smoking rates declined steadily over the nearly three decades to 2017-18 and, after adjusting for age, the proportion of adults who were daily smokers has halved since 1989-90. This also provides details regarding trends and demographic data which I will now quote from:

> In 2019, the NDSHS (National Drug Strategy Household Survey) reported current smokers aged 18 and over smoked an average of 12.9 cigarettes per day, a decrease from 15.9 cigarettes in 2001. Men and women smoked a similar number of cigarettes per day in 2019 - an average of 13.1 and 12.9 cigarettes per day respectively. In 2019, the proportion of a pack-a-day - 20 cigarettes or more - smokers increased with age. 2 in 5 people - approximately 40% - in age groups 40 and over smoked more than 20 cigarettes per day compared to 1 in 5, or approximately 20%, of people aged 18 to 39.
>
> The 2019 NDSHS found that people in their 40s and 50s had the highest daily smoking proportions - 15.8% and 15.9% respectively - different from the situation in 2001 when people in their 20s and 30s were the most likely to smoke daily. Between 2016 and 2019 the proportion of people who smoked daily fell for people in their 20s and 30s but there was no change for people in their 40s, 50s and 60s.
>
> Over the period of 2001 to 2019 for people aged 18 to 39, the proportion of smoking daily had halved but there has been little improvement among people in their 50s and 60s.

We can see where the problem is here - it is in the older people. This would suggest a greater focus is needed to assist older people to give up. Of course, we need to do whatever we can to stop people taking it up but we have still got a major problem in older people who are addicted currently.

We cannot turn our back on them, and I am not suggesting that we are, but that is where the problem appears to be greatest at the moment. We need this action as well but if we were to dissuade younger people from taking up smoking, we will have fewer older people needing to give up over time.

Further data sourced from the Australian Bureau of Statistics and reported by the Australian Institute of Health and Welfare (AIHW) supports this need and said the proportion of adults aged 18 and over who never smoked increased from 48 per cent in 2001 to 60 per cent in 2016 and remained stable at 61 per cent in 2019. Similarly, findings from the NHS showed the proportion of adults who have never smoked is increasing over time from 52.6 per cent in 2014-15 to 55.6 per cent in 2017-18, or from 52.9 per cent in 2014-15 to 56.1 per cent in 2017-18 after adjusting for age. In 2019, adolescents aged 14 to 17 and young adults aged 18 to 24 were more likely never to have smoked than any other age group - 97 per cent and 80 per cent respectively. This proportion remains fairly stable since 2016, it was 96 per cent and 79 per cent respectively, and represents an increase in the proportion of adolescents and young adults who never smoked since 2001 of 82 per cent and 58 per cent respectively.

It is apparent the overall rates of young people taking up smoking is continuing to slowly fall - that is across the board - however, it is not consistent across all cohorts of all young people and those living in low socio-economic and/or geographically isolated regional areas are having higher rates of uptake than those in the higher socio-economic and suburban areas. A lot of these are people in my electorate and I know in Windermere's electorate too. This was described by the AIHW:

> The burden of disease attributable to tobacco use is unequally distributed across Australia. In remote and very remote areas, tobacco use was responsible for 10.7% of the total burden of disease, compared to 8.5% in major cities in 2015. After adjusting for age, rates similarly showed that burden of disease attributed to tobacco use increases as remoteness increases, with remote and very remote areas experiencing 1.8 times the burden of major cities.

With regard to the social economic areas, the AIHW noted there was a clear gradient of decreasing burden as social economic position increased. In the lower socio-economic areas experiencing the higher socio-economic disadvantage, tobacco use was responsible for 11.7 per cent of total burden of disease compared with 6.5 per cent in the higher socio-economic areas that experienced the least disadvantage. After adjusting for age, it similarly showed the burden of disease attributed to tobacco use was 2.6 times higher in the lowest socio-economic area than in the highest socio-economic area.

We know this is very clearly the case in Tasmania. Any reform program or approach to address this challenge must take these realities into consideration. Therefore, in order to address this challenge, we need to approach this challenge in two ways: we need to stop young people starting smoking and help those who already smoke to stop, particularly those in their forties and above. I asked myself: will this legislative reform address this matter and be effective?

In whatever measures we take and support, we first need to consider the factors contributing to smoking, including by young people. I know the member for Elwick talked about education. It is important to note these factors because in my mind there is no point doing anything unless you address the fundamental underlying problem that is clearly in the evidence: people who live in low socio-economic areas are living in disadvantage, and those living in rural and remote areas are much more at risk, and we need to wrap services around those people to help them. Whatever you to with this legislation will have minimal impact

unless you directly target and support those people, put services into those areas - and we are not seeing that and the results speak for themselves.

These factors are socio-economic factors: intergenerational role modelling - parents and other family members who smoke - peer pressure; high levels of impulsivity; poor school performance or school retention; higher alcohol consumption; the belief that having a cigarette is a stress reliever, which is actually the complete opposite if you know the physiology of what a cigarette does to your body - but it makes me feel like I feel now; media advertising and smoking in movies and so. You do not see the advertising anymore but you still see smoking in movies -

Mr Valentine - Actually more so over the last few years.

Ms FORREST - If we consider this list, there are not many areas that directly formally address the issue. It is investment, it is resourcing and it is actually understanding the problem. Government can fund and support effective media and advertising campaigns, and we actually need to do more in this area.

I am sorry I missed some of the Leader's speech - I had a coughing fit and had to leave the Chamber - but she may have addressed that. It has been a long time since we have had an effective campaign designed with the assistance of the at-risk groups to fully understand what might best work in a media campaign.

I have asked several people during my preparation to this debate when the last big serious anti-smoking campaign was - television, billboards, back of buses - no-one can tell me. I think it was about 2013. But who remembers it? You have to have that sort of thing in people's faces all the time because there is a new cohort of 18-year-olds or 21-year-olds or 25-year-olds every year.

Mr Valentine - They rely on the cigarette packet advertising.

Ms FORREST - But it is a very targeted approach and we know where the problems are. I have just told you where the problems are, we all know that.

Governments should consider incentivisation programs as well, in my view, providing financial incentives for those who want to quit. A pilot project has been started in Smithton recently on the Sleep Well, Breathe Well Program; it is the brainchild of Dr Mai Frandsen, who has done a great deal of research around this. This is actually shown to work. Funding has been provided for 30 places and people actually are not getting money; they are getting vouchers for six-month membership at the local health and wellbeing centre, a swimming centre, which has a gym and everything; depending on meeting those milestones they are getting vouchers to spend in the local community. There is a local community voucher system, and I am sponsoring additional places in that to try to encourage people.

The uptake was really good in one of our disadvantaged communities; I think it will be interesting to see the actual impact. It shows that, at least in previous programs, 20 per cent of people actually give up and stay off cigarettes. The total amount is about $360, so we are not talking huge dollars. We can all do that ourselves, sponsor someone. Vouchers worth $360 to give up; you have to have your CRC monitoring done and sort of thing, and they know if you

are lying, but it seems to be an interesting approach that we should perhaps use more widely. It is also a hell of a lot cheaper than many other things.

The Government also needs to fund and support beyond the usual one- to three-year pilot programs that are often tried, particularly for measures shown to be effective in assisting people either not to take up the habit or to quit. This can include carbon monoxide monitoring, and judicious use of vaping should be part of our conversation. We need to have that discussion. I have an open mind on that; I think we do not know a lot that about it, but let us keep all our options open. Accessible nicotine replacement therapy, particularly for those living in low socio-economic circumstance, because no one method works for everyone.

We can legislate to keep students at school longer - that could help, but it is not going to be a very popular approach. Without actions to address underlying factors contributing to poor school attendance, performance and retention, this in itself will achieve little. We can make policy and budgetary decisions that prioritise addressing intergenerational poverty and disadvantage. We can work to provide adequate secure and safe housing, and access to health care. These are thing we should be doing anyway, but these things will have an impact on the smoking rate over time.

We can legislate to permit the use of evidenced-based smoking cessation measures if regulatory action is needed to achieve this. Smoking cessation must form part of a harm minimisation strategy as well as an overall health policy.

We know prohibition does not work. When I hear members saying 'Well, bring in a bill to ban, and I will support it.' - no, you will not: prohibition just causes black markets. We need to educate people about the harms. Prohibition has not worked in anything really. We will need to focus on reducing demand, helping people quit, and making non-smoking the default position for our youth and adults. This will not be achievable if we do not address the underlying contributing factors.

I have also considered what previous measures taken by the state and federal governments have had a positive impact on the reduction of smoking rates. As history shows, many of the bigger levers governments can pull have already been used. Could they be pulled harder? Possibly.

Increasing taxes seems to be a popular choice, especially for non-smokers. Does this hurt those facing economic hardship even further if it is done without measures to address the underlying factors and provide a full range of quit support measures? A downward trend in smoking among teenagers coincided with the launch in 1997 of the high-profile, media-led nationally coordinated National Tobacco Campaign and increased tobacco taxes, the introduction of smoke-free environments and stricter enforcement of regulations around sales to minors and smoke-free areas.

A further decline in smoking amongst older teenagers between 2011 and 2014 came in the wake of the launch of the updated National Tobacco Strategy in 2012 and the implementation of a number of important tobacco control strategies such as plain packaging, large tobacco excise increases, further expanding smoke-free environments and new mass media campaigns. Another major media-led campaign does not require legislative action; it requires a policy decision and a budgetary commitment.

Slower progress in recent years may have been at least partly due to the absence of ongoing government investment in mass media campaigns and the tobacco industry's proliferation of new products and brand names that appeal to young people. We know they target young people mercilessly.

It has been too long in my opinion since we have had a similar campaign. Smoking prevention campaigns usually target teenagers because the studies show that people usually begin to smoke at age 12 to 13. The phenomenon is well known and numerous prevention programs are geared towards teenagers. So what will work?

No one measure will be the answer. A multi-pronged approach is needed as well as addressing the underlying factors associated with intergenerational influence and socio-economic disadvantage. Targeted and significant media campaigns designed by young people for young people must be adequately resourced and conducted for an extended period, not just a few weeks or few months. Specific areas that should be targeted are pregnant women, carbon monoxide monitoring, individualised support to quit et cetera.

Support and promotion of education and engagement with education - that is, education generally, not just education about the harms of smoking. Will legislative reform such as the proposed T21 legislation we are looking at now that creates an offence to sell tobacco products to anyone under the age of 21 have a significant impact or any impact at all? In my view it is unlikely to make any measurable difference because we know the highest number of young smokers live in low socio-economic areas and face all the challenges that increase the likelihood they will start smoking early, and usually it is well before the age of 18.

Such reform, however, will not do any harm, and you could argue it sends a message and signals intent. I hear and appreciate the issue raised regarding 18 being the age of majority, the age of consent. Maybe we should question the age of consent at the moment when we look at what is happening in Canberra. Maybe people need a whole better understanding of what consent looks like and when adults are able to make a range of what society considers adult decisions.

Raising the age that a person can purchase cigarettes and tobacco products does not remove their legal right to smoke the product, so again, one could question the likely benefit of such a change. Comparing this with the right to vote, right to drink alcohol, enter and remain in a licensed premises, for example, is only comparable to a degree. I also note that in these matters there are safe levels of interaction with these activities. It is usually quite safe to vote; you can drink alcohol in safe limits, and you can enter a mainly licensed premises without harm generally, but every cigarette causes harm, even when it is used as intended.

Whilst I appreciate these concerns, I do not believe they alone should be barriers to this bill. I am not convinced this bill will have a significant impact on the cohort of smokers identified as being at higher risk of taking up this harmful product. If we are to stop people smoking, we need to address the underlying reasons as a priority and have a government willing to support a targeted mass media campaign aimed at young people, designed by young people and understood by young people.

The question for me overall is: what are the potential benefits of such a move and what are the likely disbenefits or negative outcomes? We know that two thirds of smokers die in middle age due to smoking-related disease and that is about 560 Tasmanians every year. We

also know those who survive midlife are much more likely to be presenting to our emergency departments and miss work through sick days, thus having a negative effective on our health system and broader economy.

We also know most teen smokers get their cigarettes from similar-aged peers and peer group influence which is the main reason adolescents start smoking.

I have listened to the other contributions in this debate and hear the comments about this can be discriminatory, it treats people differently but there is no safe level of tobacco use. I think the member for Mersey said that sometimes you have to make tough decisions on these things.

I have already spoken about the impact on business, and the issue of raising the age to 25 years is probably something for another day. If you use that argument then you should use that for sexual consent as well, looking at what is happening at the moment. Mind you, most of the people involved in the bad behaviour in Canberra are not 25.

On balance, I support the bill but in doing so call on all parties to address the underlying factors that contribute to the uptake of smoking and look at all options that may assist current smokers to give up - a very difficult task for most and one where judgment and intolerance and criticism is never helpful.

[6.21 p.m.]

Mr VALENTINE (Hobart) - Mr President, it is the first time I have spoken this year, apart from asking a question so I would like to acknowledge the palawa people of lutruwita/Tasmania who indeed have survived invasion, they have suffered dispossession and are still here in our community today, continuing their culture and traditions. I acknowledge their Elders past, present and those who will be the leaders of tomorrow.

I am not going to thank the member for Windermere for everything he has done because he is not in the Chamber. I know it must be difficult when he sees people get up and they speak negatively about something he feels very passionate about. I have appreciated all the information that has come my way from the member over the years and from his team of supporters.

I do not think there would be one person in this Chamber who would say smoking does not harm people. I do not think that there would be one person in this Chamber who would say they do not want to see it reduced. Everyone wants to see smoking reduced because of the harm it causes.

We have had many statistics spoken about in this Chamber today and provided to us. I do not think anyone could argue it does no harm. I, too, have the circumstance where I do not trust Big Tobacco. When I was lord mayor, I remember a campaign called the Butt Out campaign and there was a big push to circulate these little containers people could put their cigarette butts into. It was sold as a litter campaign and backed by Big Tobacco. You did not know that up-front but when you delved down into you found out who was behind it. So it was not saying do not smoke, but just do not put your butts on the ground. If you put them in the container you were being responsible. To my mind it was a bad move to support that program

in some ways. It was not necessarily a bad move for the environment, but it was something that was basically supporting smoking in its own way. I remember that.

I remember during that local government time the banning of smoking in pubs. I remember the banning of smoking in the mall. In fact, if I am not mistaken, I think the member for Windermere may have been the mayor at the time in Launceston, when they banned smoking in the mall. I believe Launceston actually led the way on that.

Mr Dean - Through you, Mr President, no, I was an alderman at the time. I moved that motion in the Launceston City Council. The first time I moved it I could not even get a seconder. The second time I moved it, about three months later, I had a seconder and lost it. The third time I moved it, about another two months later, I got it up. No smoking in the mall was in.

Mr VALENTINE - You were closely followed by Hobart. I know Launceston led the charge then. It gave a little bit of impetus for our council to do the same. There was a big concern that this was a real problem. On both of those occasions - no smoking in pubs, and no smoking in the mall - it was for the general population, those of smoking age and above. No one could do it. It was not discriminatory.

Tanning in parlours; I think the member for Mersey was talking about that. What is the difference this time? I think the difference this time is the fact that it is sectioning out a cohort of adults. It is saying some adults can do this, and some adults cannot. It is different.

I have concerns about the adverse impact of this particular bill on young adults who are unable to get cigarettes. The concern I have is, what else might they turn to if they cannot get the cigarettes? What other drugs might they seek out because they cannot get cigarettes? People who are moving cigarettes through, let us say, the high school and college community at the moment, if they cannot get cigarettes so easily, they might start moving other things. We do not know what the impact is likely to be in that regard. We might reduce smoking; we may well see smoking reduced. But what else does it actually encourage? That is one of the concerns that I have. What it might encourage might be more harmful at the end of the day. It is hard to see that another drug would be as harmful as cigarette smoking, as it is pretty harmful. All those diseases that have been trotted out here today - absolutely it is a deadly product. But it is a legal product.

Yes, if they do not turn to another drug, they may turn to the black market. That argument is always trotted out, but it is a serious part of the argument. Black market tobacco across the net - 'chop-chop' it is called - who knows what might be in that? It could well be that those sorts of markets see an opportunity to increase their market, as indeed cigarettes are reduced. It is hard to quantify what the black market is doing. There are no monitoring points that provide any consistent measure and therefore no way of measuring success or uncovering the usage in any real way, I do not think, unless other members might be able to tell me.

The member for Windermere might be able to tell me whether there are real ways of being able to quantify the black market, and how much tobacco is actually moving through that. I have heard figures of around 20 per cent, but some of those figures have come from Big Tobacco. Do we trust those?

I want to read the letter from Greg Barns. I know the member referred to something in the letter or email sent by him - I think it was 29 July 2019 when this was first being considered. He says:

> I am writing to you as National Criminal Justice Spokesman for the Australian Lawyers Alliance, along with Tasmanian Branch President, Fabiano Cangelosi. This short memorandum sets out our position on the proposed Public Health Amendment (Prevention of Sale of Smoking Products to Under-age Persons) Bill 2018.

The body of the email says:

> This memorandum sets out the position of the Tasmanian Branch of the ALA. We understand there are briefings on the bill -

and they would be happy to attend such briefings:

> The ALA, like the vast majority of Tasmanians, would to see the level of smoking across the State continue to decrease, as it has done over the past four decades. We understand also that in disadvantaged communities in Tasmania, smoking rates remain higher than the national level.

He goes to a report in the *Mercury* on 30 May 2019 that said -

> Bridgewater and Gagebrook hold the country's worst smoking rate of 40 per cent -

that has already been noted by the member for Windermere:

> about the same as the national rate was during the 1970s, when three in four Australian men and one in four women smoked.

When you think about it, that is a very significant statistic. It is that level today, all these years later when all the other levels are dropping, but not out there so much. He goes on:

> Figures released on May 29 by Victoria University's health policy think tank, the Mitchell Institute, show two in five Bridgewater and Gagebrook adults smoke daily, and one in five Tasmanians from those suburbs will die of a preventable illness caused by smoking.

One in five Tasmanians.

> So there is no doubt that much work needs to be continued to be done to lower smoking rates among disadvantaged communities in Tasmania. However, as we know all too well from the failed war on drugs, criminal law is not the appropriate policy tool to use when it comes to public health. In that using the criminal law creates market opportunities for super profits to be made by individuals and consortia who take advantage of prohibition to sell product where there is demand.

> The Bill aims to make it illegal to sell smoking products to any person under the age of 21. Currently the age is 18. This change is problematic for a number of reasons.
>
> First, individuals who will take up smoking - as is the case with individuals who take up drug use or alcohol 'under age' - are not deterred by criminal laws that prohibit such conduct.
>
> This is because individuals in their teenage years use drugs, including cigarettes and alcohol, because of peer pressure and/or as a coping mechanism. The presence of adults such as parents who smoke in the lives of children also accounts for the take-up.
>
> We agree with one of Australia's most prominent and consistent anti-tobacco campaigners, Emeritus Professor Simon Chapman from the University of Sydney, who has rightly observed:
>
> > Juvenile smoking suppression acts have existed in state legislation since the early years of the last century. These long-standing laws that have confined retailers from selling tobacco to those under 18 have not stopped 5.1% of 12-to 17-year-olds from smoking in the most recent national survey.
>
> Young people can ask older people to purchase for them. They can get given occasional cigarettes from smokers, or sneak them from family members' supplies, and with prosecutions of shopkeepers for selling cigarettes being very uncommon, many would reason that the risks of being caught selling, let alone of being fined, are miniscule.
>
> So many kids who smoke know that buying cigarettes is still child's play.

He gives a link to that quote from Emeritus Professor Simon Chapman.

> Second, as is the case with illicit drugs, to make the sale of cigarettes for those between 18 and 21 illegal creates a market opportunity. The scholarship of the late Gary Becker, a Nobel Prize-winning economist from the University of Chicago, and his colleagues, including the celebrated Federal Appeals Judge Richard Posner, documented clearly why it is that prohibition leads to the creation of black market opportunities.
>
> The demand for products such as cigarettes is relatively price-inelastic because the product is addictive. The seller, therefore, has a ready market. The harder the regulators push to control prohibition, the higher the price commanded by the seller - the risk premium. This is why, as the *Economist* newspaper has famously observed, 'There are no wins in the war on drugs, only pyrrhic victories'.
>
> The market opportunity created by Tasmania making the sale of cigarettes unlawful to those aged between 18 to 21 fits within the drug prohibition model. That is, highly lucrative.

> Finally, the law, as proposed, is unworkable. There would be nothing to stop an 18-year-old buying cigarettes online from a supplier outside the jurisdiction; nor would there be anything stopping enterprising individuals flying to Melbourne, buying cartons of cigarettes and distributing them on the shadow market which the legislation creates. By all means, continue to reduce smoking rates but do not use the demonstrably failed criminal law strategy to achieve that aim.

That is the end of that email.

I know the member for Windermere has commented on some of that and, indeed, he may wish to comment again in his closing remarks, but there is an issue with black market possibilities and I wanted to make that clear. We have been given many statistics, many observations and there are so many critics of each of those observations. You drill down on some of the research that you get, and you find out that Big Tobacco has funded it. You find that others are misquoting. You find all sorts of things when you look at all the statistics. What it comes down to for me is that I have to go with what I believe my gut feel is on this.

I read something like the Greg Barns email and I think, yes, he makes some good points. I read things on vaping and how that can reduce cigarette smoking; I think it was the member for Murchison who made that point. Maybe we have to have an open mind on that. I have to say I also see the possibility of it recruiting younger people to smoke. It is not always straightforward but it really depends on what our role is here today. Is our role here today to sink Big Tobacco, or is our role here today to reduce tobacco use? That is something we have to think about. Many people would like to see Big Tobacco sink, but it is really the outcome for Tasmanians that we should be most interested in.

We heard today at lunchtime about young people onselling cigarettes and this move, as I said before, might see that strengthened, or their desire for the dollar could move them onto dealing in drugs and I worry about that aspect. I believe there is scope for unintended consequences. I hear about the experiences in the United States but it is different from here. First, the mindset is different from here but the fact that the drinking age is 21, taking smoking up to the drinking age is probably not as problematic.

Mr Dean - What about Singapore?

Mr VALENTINE - Look at Singapore. If you chew gum and put it on the pavement, you get locked up.

Mr Dean - In Singapore the drinking age is 18. They have just moved tobacco to 21.

Mr VALENTINE - I am not doubting what you say but it is a stricter society. It is a society that is built, in a lot of ways, on fear. I do not know that it would work here. You do not know what is going on behind the scenes there.

Mr Dean - You don't. You are right.

Mr VALENTINE - They are so fearful that they are not going to -

Mr Dean - I could grow wings tomorrow and fly. You don't know what is behind the scenes. Let's be realistic.

Mr VALENTINE - I am being realistic. That is exactly what I am trying to do. I am trying my hardest to be realistic. There is scope for unintended consequences. You say there is no harm in trying but that is the whole point: is there no harm in trying? It may well lead to other harms. This is the difficulty.

I have wrestled with this and I am sure every member in this House has wrestled with this. I do not want to see people dying from cigarette smoke. I have not had anyone in my family who has succumbed to smoking and died from some dreadful disease. My parents used to smoke. I used to smoke socially for about two years. I can say I am an ex-smoker some 50-odd years ago or more. I can see that putting in a circuit-breaker might work for smoking but the negatives might also outweigh that. It might halt the already declining rate. Overall, there is a declining rate, isn't there? We have heard about that. It is not in Bridgewater unfortunately.

The National Drug Strategy Household Survey of 2019 for Tasmania - this is the Australian Institute of Health and Welfare - I will read a couple of parts of that:

> The consumption of alcohol, tobacco and other drugs is a major cause of preventable disease and illness in Australia and varies by region. This fact sheet summarises the results from the 2019 National Drug Strategy Household Survey (NDSHS) on tobacco, alcohol and other drug use in Tasmania. Data are presented for people aged 14 and over. Statistically significant differences are difficult to detect for smaller jurisdictions such as Tasmania. Sometimes even large apparent differences may not be statistically significant. This is particularly the case in breakdowns of small populations because the small sample size means there is not enough power to identify even large differences as statistically significant.

They point to some technical notes and further information and definitions of - smokers, e-cigarettes, alcohol risk guidelines and illicit drug use. They have some quick facts. In Tasmania in 2019 among people aged 14 and over, one in eight smoked tobacco daily; one in four consumed five or more drinks in one sitting at least monthly; one in six used an illicit drug in the past 12 months; and more than half supported testing of drugs and pills at designated sites:

> How many people smoke tobacco daily? The proportion of daily smokers in Tasmania fell by about one third between 2001 and 2019: 21% to 12.8%. This equates to about 60,000 people smoking daily in 2019. The proportion has fallen over the last 3 years, 16% in 2016, but the decline was not statistically significant. In 2019, there were fewer current smokers in Tasmania compared with 2016, 14.1% compared with 18.8%. More people are using e-cigarettes. In 2019 there was a small but non-significant increase in the proportion of people that had used e-cigarettes in their lifetime, 10.3%, up from 7.2% in 2016.

Among smokers, the lifetime use of e-cigarettes increased by a small but non-significant amount, 27 per cent in 2016 to 30 per cent in 2019, so clearly e-cigarettes were on the up.

Cigarette usage is on the down. So I think to myself, if it is on its way down, the harms of vaping, e-cigarettes -

Mr Dean - It's on its way down?

Mr VALENTINE - Smoking - well, it is according to that. That is the Australian Institute of Health and Welfare; you can pull it apart if you like, but that is what -

Mr Dean - You were given information this morning that it has plateaued.

Mr VALENTINE - I think that was in relation to young people.

Mr Dean - That is right; that is what this bill is about.

Mr VALENTINE - That is right. This is not about young people, it is about the community.

Mr Dean - This is what this bill is about - young people.

Mr VALENTINE - It is about 18-, 19- and 20-year-olds; that is what it is about.

Mr Dean - That is right.

Mr VALENTINE - Right. That is what it is about. I am saying that if it has already - yes, it may well have plateaued and it may well go down even further. It may possibly have plateaued because of COVID-19. We do not know what impact COVID-19 has had on smoking rates at this point, but we might find out when another survey is done. Now we are getting more and more back to normality, we might find it starts to drop again. Given the drop from 2019, 21 per cent down to 12.8, why would we risk halting that by giving young people a reason to rebel against the law? That is my question.

Mr Dean - Young people support it - 78 per cent support it.

Mr VALENTINE - Just let me finish. You can make comments perhaps in your closing remarks. I will be interested to hear those comments.

To me, creating an act does not mean compliance naturally flows from that. We can want it to all we like, but it does not guarantee compliance is going to flow from an act. Any legislation can be returned to parliament and repealed. Well, it is not really a good option, is it? Doing all the education, all the changes in the community to put this in place, then turn around and say we are not going to do it now. I do not know that would be such a good option. It is education - that is the process and what we need to do. We need to concentrate more on educating people.

Peer influence is a major factor in taking up smoking. The same applies if they turn to other drugs. You might find that by taking cigarettes away the opportunity is there. They are wanting to participate in other experiences, and it might well be drugs they try to participate in. Of course, they will convince their peers to do the same. I do not know, but we might find the unintended consequences outweigh any benefit this might bring us. That is what concerns

me. I have said it right from the word go. Raising the smoking age from 16 to 18: you said that was not about creating a discrimination with the cohorts, the adults to young people -

Mr Dean - Are you saying this is discriminatory?

Mr VALENTINE - I am saying it is discriminatory in the cohort of adults.

Mr Dean - That is not what the Anti-Discrimination Commissioner said.

Mr VALENTINE - I know you have given that argument; it is an interesting one. It would be interesting to see - is that the federal law you are talking about there?

Mr Dean - Our Anti-Discrimination Commissioner -

Mr VALENTINE - You are saying the Anti-Discrimination Commissioner here has said that it is not discriminatory?

Mr Dean - Well, I will refer to that in my closing remarks.

Mr VALENTINE - Can you do that please? I would be interested to really know what she is saying there. I am more than happy to learn from the facts. You mentioned pseudoephedrine and codeine prescription - people were dealing in them and that was one reason it was brought in. But it applies to everybody; it does not apply to a particular cohort. No-one can buy it without a prescription - that is the difference there.

In your second reading speech you talked about 'crush balls'. Will this regulate crush balls?

Mr Dean - Good question, I will let you know shortly.

Mr VALENTINE - That is why I am asking the question.

Mr Dean - I think it does, but I will get confirmation on that.

Mr VALENTINE - You said a number of us supported it last time, so I want to clarify exactly what I did say, for the record, if you do not mind?

I looked up Tuesday 21 August, 2012:

> **Mr Valentine** - We know prohibition does not work. We have seen this in other areas …

This is what I said.

Mr Dean - What page was that on?

Mr VALENTINE - I am reading from the *Hansard* of 21 August 2012. You said that we supported you, and I am just telling you what I actually said.

I will read the whole sentence:

> I guess we often try to remove discrimination in this chamber in various ways and I know we have one coming up with regard to the same-sex marriage debate, for instance. None of us wants to see people discriminated against but by the same token I appreciate the outcome that is sought in the honourable member's motion here today. I agree with a number of the speakers that indeed education is the major key. I really do think that that is the way to go. We know prohibition does not work. We have seen this in other areas, other jurisdictions, with alcohol in the US and the like, and looked at prohibiting marijuana even; it is one of the biggest issues clogging up our courts at the moment, so prohibition does not work, but education can. Basically I think we need to instil in children the downside.

That is what I said. I said a whole heap, but I do not think you want me to read all of it, so I just wanted to correct the record slightly there.

I agreed with what you were trying to achieve in terms of reducing smoking, but I just did not think it is the best way forward.

My last point is that the age of majority gives us all a choice to do many things. I do not think we can choose what might be seen as social engineering paradigms without infringing people's human rights. The member for Nelson touched on that. Maybe we have every good reason to ban sugar for young people of a certain age bracket, and that would reduce obesity no doubt, and probably deaths. I just do not think social engineering paradigms are good, and I count this as one of those in the sense you are sectioning a cohort to achieve a certain outcome.

I do not know if that is the way to go from a human rights perspective, but in all honesty - and I know you do not want to hear this but I thank you for your tenacity and your absolute dedication to this, because you want to save lives.

Mr Dean - That is right, and I want to improve the health of Tasmanians and young kids.

Mr VALENTINE - You want to save lives. Everyone in this Chamber wants to save lives.

Mr Dean - You can get an opportunity to help here today.

Mr VALENTINE - I have said my piece.

[6.54 p.m.]

Dr SEIDEL (Huon) - Mr President, I do not think that anyone in this Chamber or in the community at large can claim that smoking has any health benefits whatsoever. It simply does not. But we all know it has taken decades to establish the causal link between inhaling combustible tobacco products and an increased risk of developing cancer, heart disease and many other life-limiting medical conditions.

What we now accept as scientific fact was highly contested in the not too distant past. There are cultural, historical and ethical reasons for it. Humans are complex creatures and it is inherently difficult for us to overcome old habits. When it comes to tobacco use though, it is not only about the people who smoke but it also about their loved ones in the same room next

to them, who too often suffer fatal health outcomes as a consequence as well. We are talking about avoidable and preventable premature deaths here. In a state such as Tasmania, with one of the lowest life expectancies in the country, any discussion, any effort to reduce smoking rates, should be welcomed.

I thank the member for Windermere for his tireless advocacy in this matter over many years. His commitment is second to none. I appreciate the discussions and the debate in this Chamber over many years and I appreciate the member arranged informative briefings over the last month as well.

I thank Professor Seana Gall and Dr Suzie Waddingham as well as the dedicated research team of the University of Tasmania for their rigorous academic work, that continues to inform the policy debate on a state and indeed, a national level.

I acknowledge the presence of Dr Adrian Reynolds in the Chamber today, a sparring partner in many academic discussions over many years. Thank you for being here today, Adrian.

Last but not least, I thank Dr Kathryn Barnsley for her expertise as a health policymaker, health advocate and passionate academic. If I may single out one person in Tasmania who epitomises the efforts to reduce the fatal effects of tobacco use in our state it is Dr Barnsley. If there is one person who deserves an Order of Australia for advocacy, clearly it is her.

Achieving an end to the tobacco epidemic has been, and will be, an arduous and lengthy process. So, what can we do to reduce tobacco use in Tasmania? It is actually straightforward: we can legislate, we can regulate and we can educate. It gets a bit confusing when tobacco control advocates and legislators are not clearly stating what is their actual goal.

Tobacco control advocates may believe that they have already been giving a clear message that cigarettes are too hazardous to use but by tacitly acceding to the idea that cigarette sales must continue, that message is continuously undermined. That was apparent during the discussion about the tobacco-free generation proposal a few years back. I think it is apparent again in the current debate on T21. The confusion it causes is expressed by smokers and the general public who ask, if cigarettes are indeed so dangerous, why are they legally and widely available for sale?

Mr Dean - Because as I said it was an historical mistake. Not enough was known about them. That is why.

Dr SEIDEL - So, cigarettes are the deadliest consumer product in the history of human civilization. It is a defective product that is unnecessarily dangerous and ultimately results in the killing of half of its long-term users, and it is addictive by design. It would not be hard to manufacture cigarettes with nicotine reduced to sub-addictive levels. Cigarettes are also defective because they have been engineered to produce inhalable smoke.

Interestingly, tobacco smoke was rarely inhaled prior to the 19th century, as it was too harsh, it was just too alkaline. As Professor Robert Proctor from Stanford University points out in his seminal work on tobacco control measures, smoke first became available with the intervention of flue curing, a technique by which the tobacco leaf is heated during fermentation, preserving the natural sugars present in the unprocessed leaf. Sugars, when they are burnt,

produce acids which lower the pH of the resulting smoking, making it less harsh and more inhalable.

There is a certain irony here since these milder cigarettes were actually far more deadly, allowing smoke to be drawn deep into the lungs. The world's present epidemic of lung cancer is almost entirely due to the use of low pH flue-cured tobacco in cigarettes, an industry-wide practice that can be reversed at any time.

Mrs Hiscutt - Through you Mr President, I ask the member for Huon to make a judgment call on your contribution. It is 7 o'clock. Would like to make a judgment call as to whether you would like to adjourn for dinner or continue?

Dr SEIDEL - You put me in a very difficult position.

Mrs Hiscutt - Perhaps I will ask you to make an adjournment, please?

Dr SEIDEL - Okay. Mr President, I move that the House do now adjourn.

Debate adjourned.

The sitting suspended from 7.01 p.m. to 8.00 p.m.

PUBLIC HEALTH AMENDMENT (PREVENTION OF SALE OF SMOKING PRODUCTS TO UNDER-AGE PERSONS) BILL 2018 (No. 45)

Second Reading

Resumed from above.

[8.00 p.m.]

Dr SEIDEL (Huon) - Mr President, the world's present epidemic of lung cancer is almost entirely due to the use of low pH flue-cured tobacco in cigarettes, an industry-wide practice that actually can be reversed at any time. Regulatory agencies should mandate a significant reduction in rod content nicotine, but they should also require that no cigarette be sold with a smoke pH of lower than eight. Those two mandates of law would do more for public health than any previous law in history. Death and product defect are the two main arguments for abolishing the sale of cigarettes altogether.

If we are seriously treating cigarettes as a consumer product, cigarettes are not in any way different from any other defect and dangerous consumer product such as asbestos, lead-containing petrol, lead paint or contaminated food. These are products too hazardous to be made available to the public. Regardless of cost, it is the government's duty to remove them from the marketplace, if and when indicated.

From the consumer protection standpoint, most people do not believe that people need, deserve, or have the right to purchase dangerous consumer products such as asbestos, lead paint or contaminated food so the promulgation of the idea that there is a right to buy cigarettes and the characterisation of the tobacco industry as a simple conduit of those products and inevitability of a naturally occurring market are, arguably, the most potent, deceptive and

dangerous aspect of tobacco industry power and, curiously, libertarian thought as well. The right to smoke framing obscures the generally accepted ethical obligation of reputable companies to sell only products that do not cause harm when used as intended.

With the consumer protection framing, rational policy-making follows. Laws and norms that ensure the safety of consumer products should also apply to cigarettes. It is actually straightforward. Smokeless tobacco products including oral snuff, paste, powders and chewing tobacco were unceremoniously banned from supply in Australia in - now it comes - 1991 by the then-minister of state for Justice and Consumer Affairs, Hon. Michael Tate. Many of you will know that Professor Michael Tate is the Parliamentary Standards Commissioner here in Tasmania. This was not even controversial at the time.

The sale and supply of cigarettes, of course, was completely unaffected by this ban of other tobacco products. Tobacco is a product that has been used in some form for centuries and some use, both ritual and addiction-based, is likely to continue. However, it is only since the commercialisation of cigarettes that the problems its use causes have reached epidemic proportions. Not expecting policies to achieve total prohibition or zero prevalence of smoking actually recognises this.

Selective legislation, as I outlined earlier, can undermine clear messaging and the last thing we want is leaving communities confused about the perceived safety of cigarettes compared with other tobacco products. Policies need to be transparent; communication needs to be clear and effective. Mass media campaigns are highly effective components of tobacco control programs, second only to price increases. They work to motivate smokers to quit, encourage former smokers to continue to abstain, discourage uptake of smoking and shape social norms around smoking. Shaping social norms is essential here. Everyone working in tobacco control today was born in the so-called 'cigarette century'. It means no-one in our life has experienced a time when commercial tobacco products were not sold ubiquitously, unless of course you were born and brought up in Bhutan, which is the only country that banned tobacco sales and production entirely.

The reason the Tobacco Free Generation proposal was so appealing was because it addresses the social norms phenomenon of smoking in younger people. As the truth initiative in the USA suggested, if we want to shift social norms, we need to also move away from exclusively focusing on the 6 per cent of young people still smoking. Those are American data. For the other 94 per cent to help change the social narrative about smoking, campaigns have to resonate. Campaigns cannot be about criticising people's choices or telling them not to smoke. Campaigns need to be designed to arm everyone, smokers and non-smokers, with the tools to make change. When you have smoking rates in single digits, it is actually a battle win.

Early intervention programs need to be integrated with mass media campaigns. Early intervention is not only about counselling, but it must also be about making safe nicotine replacement therapies available at the time of counselling. Nicotine replacement should be heavily discounted. Nicotine replacement is exempt from GST already, but it really should be made available for free, without any cost to vulnerable and high-risk groups, in particular pregnant women, survivors of heart attacks and strokes, and people with cancer. There should not be any barrier to access nicotine replacement if you want to stop smoking or if you want to stay abstinent.

When I practiced as a GP, quite a few years back I had a 17-year-old patient who said, 'I easily smoke a pack a day but I want to give up now'. For me as a GP, that was easy. They are the type of patients you want to have - somebody who is ready to give up. I said, 'That is great, let me prescribe some nicotine replacement for you and it is going to be PBS-subsidised, but I have to call the Medicare authority line to get authority for that'. With the patient next to me I called the Medicare authority line and was told nicotine replacement therapy is not available for 17-year-olds because they should not be smoking in the first place. It is illegal to smoke under the age of 18.

I had to tell this person who was ready to give up, who made the effort to see a GP and talk about the options, 'I am with you, the government is not. What are we going to do about it?'. I thought I was going to lose him, that he would have completely disengaged from seeking medical help. We managed to get him on nicotine replacement discounted from the local chemist. But it all had to happen when we had this teachable moment, when he was ready. I could not say I was sorry, there was nothing I could do. He would not have come back and he would have continued to smoke. He gave up; it took him six months to give up. What an accomplishment. Systems learn. There is no longer the requirement to call the Medicare authority line, you can just prescribe it. Nicotine replacement is now on the PBS. There is not going to be a judgemental question, that you should not be smoking because you are younger than 18. There are no questions asked, it is a non-judgemental approach to improve health outcomes for people who are smoking, but are ready to give up. That is what we should be focusing on.

That is a clinical example, but I am the one at home who is doing the shopping. I go out to the local shops to do the family shopping and I am amazed when I go to the supermarkets at how easy it is to get cigarettes. It is usually the first counter, the quick check-out, where you can recharge your mobile phone.

Ms Rattray - The one where the magazines and the papers are.

Dr SEIDEL -That is right, it is 10 metres from the entrance. You get cigarettes there. You do not get nicotine replacement products there - you have to walk all the way to the back of the supermarket, next to the cat food. That is where the nicotine replacement therapy is. I am exaggerating now, but it should not be like this. Why don't we have nicotine replacement available where people are trying to purchase tobacco products? It should be easy. That is when you want to have the discussion. Yes, you can have your cigarettes, but how about you get your nicotine replacement patch for free? Give it a go. It should not be that hard. It is not only supermarkets; it is the same for petrol stations, small retailers. We have heard about this before. It should be easier. It is about choice. But we can educate the system towards making the choice easier. We know nicotine replacement is safe. It is about product placement at the point of sale. We can change this now. There is no need for any legislation.

I appreciate the effort and the advocacy by the member for Windermere, but we cannot push legislative change in one state, in our state only. Nothing would prevent an 18-year-old Tasmanian from purchasing cigarettes from interstate, even though T21 might apply here. Of course, as the member for Hobart pointed out earlier, there is no need to travel as those purchases are increasingly happening online. It is delivered to your home address, wherever that may be. It is an online purchase. If you google it now, you get it from the supermarket delivered to your home address with your milk, coffee or bananas.

This happens already, even for under 18-year-olds. That is despite the guidelines for the sale of smoking product issued by the Director of Public Health under the Public Health Act 1997 and effective since 29 November 1997. I am going to read out the Part D of the guidelines because they are important:

> (1) For the purpose of section 64(6) of the Act, a licence holder must provide to persons employed at the premises the following information about the sale and supply of smoking products to children:
>
> (a) You must not sell, lend, give or supply any tobacco product or personal vaporiser product (including e-cigarettes) to, or for the use of, a person under 18 years of age.
>
> (b) You must not offer to do those things.
>
> (c) If you do those things, you have broken the law. Enforcement action can be taken against you. You can receive a large fine. Your employer may also be fined.
>
> (d) You have broken the law even if the under-age customer says the product is for a person over 18 years of age.

The important part is part (e):

> (e) If you are unsure whether or not a customer is over 18 years of age, you should ask to see their '*proof of age'* identification. The only acceptable *proof of age* identification is:
>
> (i) a driver licence;
>
> (ii) a passport;
>
> (iii) a photographic Keypass identification card;
>
> (iv) a firearms licence issued under the *Firearms Act 1996*; or
>
> (v) a Tasmanian Government Personal Information Card.

Why is it important? Because if you order cigarettes online via any retailer, the age is actually right now self-disclosed. There is no proof of identification at all. The packet of cigarettes is only a click away. There are literally no questions asked; you can make up your date of birth. Nobody is asking you online to see your identification - it does not happen. None of the websites I checked ask you for an ID. That is possible to implement now - you just type in a random date of birth. Online sales happen now.

What we need really is a nationally consistent approach. The Commonwealth actually collects a substantial tobacco excise every year and we talked about this briefly earlier. It was

$17.4 billion in 2019-20 and expected to rise to $18.9 billion in 2021-22. That is only tobacco excise, that is not GST from tobacco sales, it is not GST from nicotine-related products, filters and so forth as well, which you can also buy online. There is plenty of GST revenue as well.

The point I make is it is serious money the government is getting and sometimes I wonder whether it is the government that is addicted to the revenue generated for the sale of tobacco products and cigarettes. Is it the government that is addicted to the revenue they are getting because it is a lot? Members will recall that I asked a question on notice with regard to the GST revenue that is being made available to the Tasmanian Government but the data is not being collected. The Tasmanian Government receives a tobacco licence fee of just under $1 million in a year.

There should be substantial funding available for comprehensive tobacco control programs in our state and nationally. It is up to the Government to allocate funding - real money - rather than just making an announcement. The Government released a tobacco control plan for 2017 and 2021 and it really reads well but very little action has been taken.

The next five year plan should have already been released for discussion now. Not much has happened so I urge the Government to take tobacco control seriously. You cannot collect smoking-related revenue on an annual basis and just pay lip service by releasing a tobacco control plan once every five years and then not take any meaningful action anyway.

In saying that, I support the Government's target to reduce the smoking prevalence rate to 5 per cent by 2025 for adults. I also support a target of under 2 per cent for school students as proposed by the Australian Council on Smoking and Health.

I strongly believe that we only achieve meaningful and sustained change if all state jurisdictions are working together and are led by the Commonwealth. What I am calling for is for a nationally consistent legislative and regulatory framework for tobacco and nicotine control. The framework needs to be evidenced-based. It needs to be pragmatic and it needs to be informed by enforcing existing consumer protection laws.

The carriage of the framework should be the Commonwealth Department of Health. Actions need to be implementable. Outcomes need to be measurable and a nationally consistent framework is essential otherwise efforts will be undermined and efforts will be again politicised.

Tobacco control needs to be driven by consensus. In that respect, the 10-point plan recently released by the Australian Council on Smoking and Health has merit. This plan in the context of Western Australia has been endorsed by over 30 health and community organisations. They are significant organisations - the Australian Dental Association, the Australian Nursing Federation, the Australian and New Zealand Society of Respiratory Science, the Australian and New Zealand College of Anaesthetists, the Australian Medical Association, the Australian Sports Medicine Federation, the Cancer Council, Curtain University, Cystic Fibrosis Australia, Doctors Reform Society, Environmental Health Australia, Institute for Respiratory Health, the Minderoo Collaborate Against Cancer initiative, the National Association of General Practitioners of Australia, the National Heart Foundation, the National Stroke Foundation, the Public Health Association, the Royal Australasian College Surgeons, the Royal Australian College of General Practitioners, the Royal College of Pathologists of Australasia, the Society of Hospital Pharmacists, the Thoracic Society of

Australia and New Zealand - a significant buy-in. The points they are raising in their 10 point plan are as follows:

> [We need to] increase funding for comprehensive public education campaigns and support for smokers to quit. [We need to] invest in major new programs for priority groups. [We need to] reduce the number of retail tobacco licences. [We need to] ban all lobbying and public relations activities by the tobacco industry ... [We need to] hold the tobacco industry accountable for healthcare costs. [We need to] resist tobacco industry attempts to market and sell new addictive products. [We need to] expand smoke-free workplaces, public places and smoke-free living. [We need to] enforce current legislation so that no retailers sell cigarettes to children, and strengthen point-of-sale legislation, and [we need to] mandate comprehensive, well-supported health and physical education in all schools.

The plan also stipulates a clear target of achieving a smoking rate of adults of under 5 per cent and of school students of under 2 per cent by 2030. This is possible even without aiming for total prohibition. The Australian Council on Smoking and Health does not even mention raising the smoking age here in their 10-point plan.

As I outlined above, we can achieve the targets through a commitment to education and early intervention. We can achieve those targets in Tasmania without legislative change and that is what I as shadow minister for health am committed to.

[8.21 p.m.]

Mr DEAN (Windermere) - Mr President, I thank members for their contributions. Obviously, I do not necessarily agree with everything that has been said here today. It goes without saying that I am bitterly disappointed in the position that I can read around this Chamber. As members have identified, this matter has had a tremendous amount of work put into it. In fact, I thought that we had covered absolutely every base that it was possible to cover to garner support for this bill. We have spoken not just within this state, we have spoken throughout the country, we have spoken about it throughout the world to get this right to put this together.

I want to start in commenting on the position of the last speaker, the member for Huon. I have spoken to many doctors throughout the world in relation to this matter. I have two doctors only who have spoken against this bill, to my knowledge, that has come to my attention. That is Dr Alex Wodak, a learned doctor, I might say, and the member for Huon. No others have spoken to me against this bill, other than to give strong support for this bill moving forward. I ask the question here: are they all wrong, that this legislation is not necessary to bring into line, to reduce smoking and to impact on youth taking up smoking? Are they all wrong? I do not think they are.

The member for Huon says we can achieve targets without legislative change. I would argue strongly against that position. We have been looking at the area of education and so on and we now have the Government coming out with this fluffy position of going back to further education and promoting education and so on. We have had those programs. They have been in schools for many years. I spoke to a person who was a student back in the mid-1990s, who said that those programs were in place when they were going to school and it had no impact whatsoever. It made no difference whatsoever on their attitudes towards smoking or what have

you. It did not impact at all and that was said also of the friends of this person who they were associated with. It made absolutely no difference so there comes a time when you have to take some hard lines in relation to these matters.

Education is not good enough. It is not getting what we want. It has now plateaued and we have heard that many times, which is where we are with tobacco at this present time.

Mr Valentine - The education is not holistic enough. It is just program-based and bang, bang, one or two sessions here and there rather than being a holistic delivery of education across a number of areas.

Mr DEAN - I did go into that with some detail when I spoke in the second reading and I do not want to go back through that again other than to say that education has been used. Education has not gained the inroads that we need to make in relation to youth smoking; it has not done that. There comes a time when you have to take some other actions as well to enforce the position that we are currently looking for and that is decreasing smoking in this state. That is the problem we have.

The member for Huon talks about a nationally-consistent approach. I do not disagree with that but we took advice on this. It was taken, and I think I am right in saying, to the Council of Australian Governments (COAG). It has been discussed at that level where it was identified clearly that this is a matter for the states to legislate, not a matter for the national area for them to take on. They advised and made the strong position that states need to go down this path and put the legislation into place.

The member for Huon then makes the statement along the line of 'We cannot go it alone'. Well, somebody has to go it alone. Somebody has to start it or we will never see this change.

Actually, we have been told, it is a state matter, a state issue, to legislate. That is why we have gone down this path of bringing this bill in in the way that we have. You can make these statements but when you look at it, of course, unless you have the right and the powers and so on, then it is of no value whatsoever.

I will go into some of the statements that members have made and I will go through it as best I can to see if I can cover the points raised by members.

Somebody raised the issue - I am not quite sure who it was - of crush balls.

Mr Valentine - Yes, I did. Are they covered by this?

Mr DEAN - I referred to this in my second reading speech. It is nothing to do with the state. It is not a state matter. It is a federal issue for the federal government to put in place any legislation in relation to crush balls and flavouring and so on. The states cannot impact that. That is on my advice.

A little bit of licence, Mr President, I am going through a few notes and things that I have to try to make the best responses I can to the matters raised by members.

For the point here on the 10-point plan from the Australian Council of Social Service (ACOSS) and the member for Huon might have mentioned that as well. It is said to be very

good but it is pointless arguing national action because the federal government has not actioned the National Tobacco Strategy which expired years ago and the federal government will not act. That is the answer in relation to that point.

Members have recognised the dangers of smoking. You have done that loud and clear but what is the point in that? What is the good to come of that? You recognise the dangers of it and yet you do not want to do anything about it. It is like saying, 'My car has no brakes. I will not do anything about it, but I will drive it in the same way.'. Members are recognising smoking as a problem, and the ill health it is causing and so on, but they do not want to address it.

I am concerned about vacuous statements made by members to try to get through that they are really interested in this, that they want to do something about it, but they are not prepared to stand up and be counted.

Ms Webb - I do not think any member here said that. I take exception at the word 'vacuous' for any comments made by any members here today.

Mr DEAN - You might take offence at it, but tell me what you mean by it.

Ms Webb - You are putting words into members' mouths which I do not believe occurred, and you are characterising us as vacuous, which means brainless. I do not think it is helpful to the conversation. I prefer you to stick to points refuting the things we did say or questions we did ask.

Mr DEAN - My position is that it is okay to recognise we have this issue and action needs to be taken, but unless you are prepared to stand up and do something about it, it is of little value. That is my point.

My other point is that if this bill fails - and I have heard other members say that in this place, and I agree with the statement; it might have been the member for Murchison quite some time ago - and that looks like the way it is going to go, it should fail for the right reasons. It should fail on factual grounds, a factual basis, factual things, not fear, not unintended things that could or might happen. It should not fail for that reason. When the member for Hobart talks about unintended consequences: is there a bill in this place that we pass where there could not be unintended consequences? No, not one bill ever that have we passed or could have passed here that would not have had or could not have had unintended consequences.

Mr Valentine - It actually made the situation worse, rather than better. That is my point. Why do it?

Mr DEAN - There is nothing to suggest it would. The strong evidence we have -

Mr Valentine - We have to agree to disagree.

Mr DEAN - It has been operating in America now for some time and it has worked very well. This is not new.

Mr Valentine - Different circumstances.

Mr DEAN - This is not new legislation. This bill is simply following on from American legislation. If you look at it, this bill mirrors closely the position in Singapore. There is not a lot of difference in the way this bill is constructed in relation to the bill in Singapore, and that legislation has been in place for three years, the last segment of it taking place on 1 January this year. This bill is not a new concept. It has been working and working well. What more can we do? If it were something totally new, perhaps I could understand some issues and concerns, but somebody has to make some changes at times and they have to move forward.

The member for McIntyre made a number of statements. I will be honest here. I had difficulty understanding some of them. The member for McIntyre and the member for Hobart used much of the same language we hear from Big Tobacco, very close to it.

Mr Valentine - Are you suggesting we have them in our pockets?

Mr DEAN - I am saying a lot of the language used is what we hear from Big Tobacco about unintended consequences, about black markets, about prohibition, all of those things. That is Big Tobacco.

Mr Valentine - I did not get mine from Big Tobacco and will state that right here and now. It is me saying it.

Mr DEAN - I think the member for McIntyre said the bill disempowers Tasmanian youth and raised the issue of creating a black market.

Ms Rattray - My view.

Mr DEAN - Why will it create a black market? Does the member know - I ask the question here, a rhetorical question - how many people will turn 18 years of age in any one year? On the information I have about 800 to 900 people will turn 18 years of age in any one year. We have 670-plus outlets. That would work out at about a bit over one customer per retail outlet. The numbers of youths are spread right throughout the state. Those numbers are spread right throughout the state. To suggest a black market would be created on T21 is, with the greatest respect to the member, an absolute load of nonsense. It just could not occur. We have a black market now, I accept that. We have youths picking up tobacco through other resources. They are quite resourceful, as we know. They pick it up, people under the age of 18 now pick it up in different methods and different ways. There is, to some degree, a small black market there that operates right now.

Mr Valentine - Really it is more than 221, isn't it? It can be people well and truly under 17 or 16, it could be 16-, 15-, 14-year-olds who are getting it on the net.

Mr DEAN - What do you mean?

Mr Valentine - I am just saying, you are quoting 221, but -

Mr DEAN - No, I did not, What do you mean - 221?

Mr Valentine - Didn't you say 221?

Mr DEAN - No.

Mr Valentine - What was that figure you quoted?

Mr DEAN - I quoted 800-plus, I quoted 670-plus outlets.

Mr Valentine - Sorry, I misheard.

Mr DEAN - About 670 outlets. To suggest a black market would occur as a result of T21 is in fact grasping at straws. I say to members: you should look at supporting, rather than trying to find reasons not to support, this bill; you should be looking at reasons as to why you should support it. Change it around, reverse it. That has always been my motto; that has always been the way in which I have operated for ever as to reasons you should do something, reasons why you should support something, not reasons why you should not.

I ask members to start to look at the reason they should support this legislation. I will tell you why you should support it - because it will have an impact. It will decrease smoking in youth, particularly those we are currently targeting, and where we know the largest percentage of smokers fits at this present time. That is where they fit, in that category. To say, 'Well, I do not know if it is going to work or not', there is not a thing, nothing anywhere that will say this bill will not work. We have taken it from Singapore and we have taken it from America where it is currently working. We have listened to all the experts. We have had surveys done by the Menzies Centre. Look at the work they have done on this and what they received from youth as to what youth themselves think about this legislation and where they want it to go.

You saw some of the figures there today. Youth were asking for something to occur like this. They wanted some action taken. Somebody talked about the laws, that they might not be compliant. Well, I am not going to stand here and tell you there will be an absolute compliance with this legislation if it gets up. I am not so naïve or so stupid as to make that statement. We know very well, having said that, that most people will comply with the law. We know that, that is fact - they will comply with the law, but you will always have those few who will not. We only have to look at the legislation we now have with seatbelts, speeding and all those other things - some people do not comply and will never comply. However, most people comply with the law. There is no doubt, as said, a law like this, with the high compliance from our retailers, has every chance to be successful in Tasmania. We are the right state to trial this and that is what we should be doing.

The member for McIntyre made a number of other statements. One was about problems asking customers their age. They have to do that now. Retailers say that if a person buying cigarettes looks to them to be under 25, they will ask for identification. That is what they are telling me. Nothing will change in that regard if this bill was to be supported. We made contact with Singapore to find out how it was working. They said having people identify their ages, 18, 19 and 20, had created no problems in Singapore. To suggest that, is just not right.

The member for McIntyre mentioned additional administrative costs. On whom? To enact this legislation there would be minimal cost. There is no extra burden of cost on the retailer. There might be further cost on education. That has been mentioned in the second reading, but support would be given in that area by the Minderoo Foundation. The member is right, there would be a cost on the education side of it, not on retailers.

Ms Rattray - You just said I was wrong. So am I wrong or am I right?

Mr DEAN - No. The question I was asking was the administrative costs on whom?

Ms Rattray - Right.

Mr DEAN - The administrative cost here would probably be on the Minderoo Foundation. They have accepted that and would be willing to make a contribution toward that side of it. The member for McIntyre mentioned that it would be costly and difficult to implement. I have difficulty with that comment.

I am raising these issues because you have raised them as reasons why you would not support the bill. We need to look closer at that and I need to demonstrate why that is not right.

Additional administrative costs, costly and difficult to implement? No, that would not be the case. It would be a simple process. We have looked closely at that and we have taken advice. I have talked to the Government at length on this. The information we got back is that the department would be able to put this legislation in place with work to be done - we do not deny that - but it could be done and would not be costly.

I heard what the Government said. I bent over backwards to work with the Government; I bent over backwards to work with the Opposition on this. Getting the information and detail back from both parties was frustrating and difficult to accept. One party said they would support it if the other party did, the other one saying they would support it if the other one supported it.

What progress has the Government made? I raised this in the second reading speech. We have had education programs in place for a long time. They have plateaued now. I am interested to see where the Government goes. Its education program will want to be significantly different to the one it has relied on. I do not believe the Government has the right strategies and it will never get down to 10 per cent, let alone 5 per cent, without some drastic legislative change.

The member for Launceston -

Ms Armitage - I knew my turn was coming.

Mr DEAN - I did not want to let you down. Why do people smoke? Peer pressure, pleasure, all of those things. But the one thing the member for Launceston forgot to mention was its addictive nature. That is why people smoke.

Ms Armitage - That is not why they smoke. It is why they continue smoking. It is not why they take it up. I asked why people take it up. If you listened to my speech, my comments were why they take it up. You are saying why they continue to smoke.

Mr Dean - If you said why they take it up, I would accept that as being a reasonable position.

Mr PRESIDENT - Order. We will not continue the debate.

Mr DEAN - The reason people continue to smoke is because of the highly addictive nature of this product. It is deliberately engineered that way. The member mentioned the targets not being mentioned, that is good.

Ms Armitage - It was all factual.

Mr DEAN - Sure. She mentioned the fact that we must pass workable bills. What is not workable with this bill? There are only a few pages in this bill. It is an extremely easy bill to understand. It mirrors Singapore's legislation. Theirs has been operating for almost three years. On the information we have got back, they have had no difficulties with it.

Ms Armitage - Am I allowed to answer him, Mr President?

Mr PRESIDENT - Through interjection, but we must not promote a quarrel.

Ms Armitage - Mr President, the member asked how I could say that. I could answer him if I am allowed. Through interjection, the reason I do not believe it is workable, is first, the confusion with the three years that it takes to come in. Let me finish before you make your comment.

Mr DEAN - I was simply going to tell you that there has been an amendment made to that. I circulated the amendment and it would seem that you did not pick the amendment up, because we have satisfied all of that.

Ms Armitage - Probably not, I was probably waiting -

Mr PRESIDENT - We will try to summarise.

Mr DEAN - To save the member going down that path, I was trying to say there was an amendment on the part that she says has confusion with. I circulated that amendment, but it seems the member may not have got it or has overlooked it.

Ms Armitage - I would think so, there was a lot of correspondence coming from you. The other issue I have, is that someone behind the counter can sell the product and get a hefty fine. Someone standing on the other side of the counter can buy the product for the young person, get no fine and simply collect their money later on. There seem to be a lot of anomalies with it and the tourists coming here - all of a sudden they cannot.

Mr PRESIDENT - Order, we should just keep the debate confined to reply.

Ms Armitage - The member should have asked me what I meant. Just be nice, please.

Mr DEAN - In the situation articulated by the member for Launceston, what changes with the legislation is that at 18 years of age, what is to stop a person coming in and buying for a 17-year-old and going out and later giving it or selling it to them? They will get away with it. It is no different; the law is exactly the same now -

Ms Armitage - The difference is they can legally smoke at 18, but they cannot buy them. I am not going to continue a discussion with you.

Mr PRESIDENT - I think if we just move forward through the replies.

Mr DEAN - I think I will move forward there; I am having difficulty understanding that.

The purchase situation does not change. The only thing it changes is it increases in age by one year incrementally for three years. Nothing else changes about people buying tobacco for somebody under age or of age. It remains exactly the same. The member for Elwick made some very good points about the education and outcomes.

Mr PRESIDENT - Order, if the member for Elwick is to be insulted, I would like to do that.

Mr DEAN - I need now to go to the member for Nelson, who made a lot of comments and statements that, to be really quite frank with you, I had difficulty understanding and really getting to the bottom of. She has talked about discrimination - that this bill creates, I think, a discriminatory position for young people, something along that line.

I asked the member a rhetorical question: did she contact the Anti-Discrimination Commissioner about her statement and her position? We did - we approached the Anti-Discrimination Commissioner a long time ago, in fact in 2015, in relation to the TFG bill, which was very similar in principle to this one; the same principles apply with age and changing the age where they cannot purchase and so on.

I will quote the last paragraph of the Anti-Discrimination Commissioner's letter. Robin Banks was the Anti-Discrimination Commissioner at the time. She is talking about the TFG bill:

> The Bill, if passed, would not give rise to the possibility of successful complaints of unlawful age discrimination because of the effect of the exceptions found in section 24 of the *Anti-Discrimination Act 1998* (Tas) and section 39 of the *Age Discrimination Act 2004* (Cth).

There was an email, which we have been trying to locate, email from the Anti-Discrimination Commissioner to confirm that the position with T21 is unchanged with that comment.

Ms Webb - Through you, Mr President, we can clarify that, but my point was not that it was legally discriminatory under our particular legislation. In principle I believe it is discriminatory, and I believe it is a principle that should not be violated in the context of this bill. I thought I made that quite clear in my speech. I am pointing out it does not matter whether you find the advice or not, my point was not about whether it contravenes our particular act.

Mr DEAN - The information we have from the Anti-Discrimination Commissioner is that it would not and there was nothing discriminatory about it. A person might want to think that way. They can think whatever they want, but I guess I have gone to the expert in this area and this is the information we got.

Guaranteed outcomes - the member mentioned that about having guaranteed outcomes. We cannot have guaranteed outcomes anywhere for anything, but you can give strength to what could be a return from legislative change and that is on what has happened in other places where this legislation is in place. I have gone through that a dozen times today where it has

been very successful in the two countries where we know it operates. One can assume that we are not that different from other places in the world with our youth issues and problems, and we could accept that it would work here as well.

The 18-year age was mentioned by a number of speakers. I wanted to make some comment on that. Why age 21 and not leave it at 18 years? I will go through a few dot points that I have already referred to. The human brain is not completely developed until age 25. Nicotine alters the structure of the adolescent brain and it affects development. People under the age of 25 years are less able to assess risk. Most falsely believe they will not become addicted. Some 95 per cent of people start smoking before the age of 21 and it goes on. Smoking is no longer a choice after the first cigarette. It is an addiction. Young people can become addicted extremely fast. People can choose to drive or not. Young people can learn to drive safely; they cannot learn to smoke safely. There is a huge difference.

To vote and even change their vote. They can change their vote if they want to. It is not addictive. If we put T21 to a public vote today it would be voted in with a clear majority in the state. There is no doubt about that at all on all of those surveys. I referred to those surveys today a number of times and it would be voted in.

People can join the armed forces and not become addicted, therefore preserving the choice to leave. They can leave pretty much as they want to. There are some restrictions on these if there are contracts. Even then they can break their contracts; they can move out and move on.

People can drink alcohol in moderation or not at all. When you throw up those issues about the 18 age we, as legislators, have a position of putting in place legislation that would protect and support all people, not just youth. It is our responsibility to do so. We know there is a problem here with tobacco and its dangers and I believe that we have an inherent responsibility to do something about that and to make changes. That is where I come from in relation to this.

Civil liberties issues were raised by the member for Nelson. I was expecting that to happen. This is about legislation. This is not a civil liberty issue, in my opinion. It is about protecting life, protecting health, and giving people the right start in life and the right support in life. That is what it is about in my view.

The member for Mersey: I accepted absolutely everything he said. I do not think we are ready at this stage, I must say, for 25. All the surveys that have been done on this matter were around the 21-year age group. I do not think there has been much work done publicly. I agree with him and I support 25 because the medical evidence we have is that the brain does not mature until a person is aged about 25. That would be the right age that the person should be able to make a decision to take on a product that we know will likely kill them prematurely.

I would support it but I do not think that we would be ready for that change right now. I think we would need to wait a little while.

The member for Murchison made some very good points and raised areas where she thought that there could be issues. I had no problem with that. She was right to raise those issues. To make it from that perspective and that point is the way that I would urge all members to look at a bill. Look at the reasons to support it but certainly consider those other areas as

well and weigh it all up as to what is the better course and the position that is best for this state and the people in this state. I accept that and I thought it was done well.

The member for Hobart asked what other drugs will they turn to if they cannot get cigarettes? I am not sure they would turn to any other drugs. Cigarettes will still be available. This is not prohibition. There will be tobacco out there galore. Why, if you cut tobacco off at a certain age somebody would go to drugs or something else that is much harder to get, and is costlier and probably not cause as much trouble as tobacco, I might add - why would they do that? I see that as fearmongering. You might not like that word but -

Mr Valentine - That is all right. You can use whatever word you like. It is your turn.

Mr DEAN - To suggest that these kids might turn to other drugs is simply being not realistic, in my view, at all. What else does it encourage?

Mr Valentine - The point is if they are moving them. If there is somebody who is making money from selling cigarettes at the moment and their access to cigarettes is reduced because of this bill then they are likely to look for other avenues for making money. That is what I am saying. It might be that they have other drugs that they can access, or want to access, to make money. That complicates the circumstances.

Mr DEAN - This is the point I am making, Mr President. I have tried to make it with comments in relation to other speakers and issues they have raised. The point that I am trying to make there is that you should not be looking, in my opinion, in a bill such as this, designed to help a young person, you should not be looking at those extraneous reasons, those strange reasons as to why it should not be supported because they might go to other drugs for instance. I see that as taking it too far, to be quite frank.

Mr Valentine - I agree to disagree.

Mr DEAN - The question was asked of me by the member to quantify the black market. I certainly do not have evidence to quantify the black market. I do not have that. I suspect there would be some ideas on the extent of the black market, but I do not have that information. I would need to do more work on it to get the answer for the member in relation to that matter.

Mr Valentine - My point is that you do not know how big the black market is. You might get a so-called drop in smoking rates through a survey, but if somebody is doing the black market thing they are just as likely to say they do not smoke. You do not know how big the black is so you do not really know what effect the act is having. That is all I am saying. They could be that way in Singapore as well.

Mr DEAN - You are right, it could be. But the evidence is that there is a lot of policing of black markets. It depends on what you mean by 'black market'. Is it where somebody buys a packet of fags and sells them to somebody else for a dearer price? That could be deemed to be a black market, or are you talking about a black market on a large scale?

Mr Valentine - Yes, over the net.

Mr DEAN - I believe the buying of tobacco and other products on the net is policed. I would be surprised that that could happen in any big way at all without it being found out. I do not think that could happen.

The member talked about the criminal law and about Greg Barns and the statements being made there. This is not criminal law. This is the Public Health Act 1997 and it is an act that stands alone. It is not criminal law. It is not under the Criminal Code. It does not fit there at all. It is an act that stands alone and over and above any other act. I know that Greg Barns in his briefing raised all those issues but from a liberationist's point of view that is what we would expect.

Online purchasing - yes, there could be issues there. It has not been suggested that it might not occur but I would not think that it would be a big issue that we could not get over and on top of. I have covered unintended consequences and I will not go there any further.

The member mentioned that the tobacco consumption in this age group could have plateaued because of COVID-19. That is a possibility but the plateau has been there not just this immediate year gone. It was there before COVID-19 was with us so I suggest that is not right. It has been plateauing for about three or four years, as I understand. It has reached a level where it has stayed. It has not dropped off.

He was absolutely right, and I have pointed out that issue to him where he said creating an act does not mean compliance. It does not mean compliance but it certainly means compliance by probably 90 per cent-plus of the people. Not everybody complies.

In concluding, it has been acknowledged by speakers here today, but I want to acknowledge the work of those people closest to me on this bill because I will not get a chance past now to do it.

I want to refer to Dr Adrian Reynolds, Clinical Director of Alcohol and Drug Service Tasmanian Health Service. He has a number of other titles after his name as well, Clinical Associate Professor, Medicine, UTAS; Executive Committee, College Policy and Advocacy Council, Royal Australasian College of Physicians. He has been a pivotal person in the carriage of this bill. I recognise him for his invaluable support in putting this bill together.

I am not mentioning these people in order of the work they have done but I go to Dr Kathryn Barnsley who is with us today. The work that Kathryn put into this has been mentioned by the member for Huon and I echo those comments. The amount of work that Dr Kathryn Barnsley from SmokeFree has put into this bill is quite unbelievable. If you look at the volunteer hours to get this bill where it is, the changes and put everything else together, it has been magnificent. I have the greatest of admiration and praise for Dr Barnsley. She has been magnificent and should be appropriately recognised for that contribution.

Dr Nick Towle would be known well to the member for Murchison. He is from the Burnie area and he and his wife, also a doctor, have given a lot to getting this legislation right as well. They are wonderful people. Dr Nick Towle was in the UTAS Rural Clinical School and has been magnificent in the work he has put forward as well.

Associate Professor Seana Gall, Leader Cardiovascular and Respiratory Health theme, Menzies Institute for Medical Research UTAS, Heart Foundation Future Leader Fellow,

Adjunct Associate Professor Monash University. Associate Professor Seana Gall has been magnificent in everything she has done and the willingness to help and support and to get this legislation up, and to do the work that she was being asked to do by us and other work that she saw fit needed to be done. To Seana Gall, I say thank you and the state should thank you as well.

To her support person, Dr Susan Moningham - Susan was there this morning - unit coordinator, lecturer and manager at the School of Medicine, College of Health and Medicine UTAS, again magnificent work that Susan has put together getting all this in place for us as well.

Leonard Crocombe, the adjunct professor Dentistry and Oral Health. Len has a whole heap of names after him there and his positions. He has also been magnificent on the dentistry side and putting information and helping us in the meetings that we have had and the correspondence that was needed. I thank Leonard Crocombe very much for his support.

Dr Graeme Wells, Wells Economic Analysis, I support him too in what he has done. I recognise him for his great contributions and work.

I leave for last Bruce Mansfield and Tess Howard, both of the Minderoo Foundation. The foundation has been exceptional, covering a lot of the costs incurred in doing a lot of this work. Nothing was a problem or an issue for them, travelling backwards and forwards from both Sydney and from Perth, Western Australia, over here and working with us on this. To the Mindaroo Foundation, to all those people involved there, I thank you very, very much. To both Andrew Forrest AO and Nicola Forrest AO, I thank them very much for their support and what they have done here. I am sorry that I could not deliver for them what they were wanting. That irks me, that is upsetting but that is the way it is.

Last, but not least, my staff. They have had this on their plate now for a number of years. They have worked tirelessly on this. They have given a lot of extra time doing this, putting it together. They have tried to keep me in line. They probably failed a few times, but they have done a magnificent job. Both Megan Rodger and Lucinda McNeil, I thank you both very, very much for your input into this legislation as well. They are great, absolutely wonderful people.

Having said that, I ask members - I know where you are going, but I would like you to think more about the bill. It sort of upset me - I must say this - when I had the Liberal Party and the Labor Party come out and make statements without even hearing all the evidence, and without going through all the information that was available, and make some bold statements. We bent over backwards to work with both of them, and to be, I guess, kicked in the face at the end of the whole process. I put this bill off last year to give support to the Liberal Party and all those other things. It does upset me.

Mr President, I will, at the end of the day, be leaving this place on a sad note. I commend the bill to the House.

Mr PRESIDENT - The question is that the bill now be read the second time.

The Council divided -

AYES 3	NOES 11
Mr Dean (Teller)	Ms Armitage
Ms Forrest	Mrs Hiscutt (Teller)
Mr Gaffney	Ms Howlett
	Ms Lovell
	Ms Palmer
	Ms Rattray
	Dr Seidel
	Ms Siejka
	Mr Valentine
	Ms Webb
	Mr Willie

Bill negatived.

END-OF-LIFE CHOICES (VOLUNTARY ASSISTED DYING) BILL 2010 (No. 30)

Bill agreed to by the House of Assembly with amendments.

In Committee

Madam CHAIR - Honourable members, this is not something we do that often, so we all need to pay attention as much as we can.

The Deputy Clerk will call on the amendments to each clause that is amended. We are dealing only with the amendments, and they are all marked up in the bill paper that you have. Where there is one amendment to the clause, we will deal with just the one, but where there are three, say, all three amendments will be called. Each member will have three speaks on the clause.

If a lot of amendments warrant further consideration, there will some leeway about allowing extra speaks where there are a number of amendments to a particular clause. We will try to move through it clause by clause. If anyone has any questions along the way, feel free to ask for clarification.

Recognition of Visitors

Madam CHAIR - Honourable members, I note Dr Cam McLaren, Jacqui and Nat Gray, Margaret Sing, Hilde Nilsson and Robyn Maggs have joined us in the Chamber.

Mr GAFFNEY - Madam Chair, I beg the Chair's indulgence. This is an unusual process, and not many of us have been through this. For people listening at home, if I have to ask for some advice from the Chair, I will -

Madam CHAIR - Who may well ask for the Clerk's advice.

Mr GAFFNEY - so that we get this process right. Thank you very much.

Assembly amendments to clause 3 (three amendments) -

Mr GAFFNEY - Madam Chair, I move:

That the amendments be agreed to.

Amendments agreed to.

Clause 3, as amended, agreed to.

Ms RATTRAY - Madam Chair, will there be some explanation by the member, or do we have to get up and ask for clarification? Is any clarification going to be put on *Hansard*?

Madam CHAIR - It is up to members to ask questions if they want to further clarify the intent of an amendment. The member for Mersey may like to make some points on some of them, but it is up to us generally.

Mr GAFFNEY - Madam Chair, I will help there. I believe we sent out some information saying that I support all the amendments that have come from the House of Assembly, because I believe they have been through the proper process. Some members came along today at 9.30 and asked some questions about some amendments, and we were happy to help clarify. But at this stage, unless I am asked a question, I will just go through with it.

Ms RATTRAY - There will be no brief clarification about the amendments?

Mr GAFFNEY - Somebody has to ask the question, and I will then be happy to provide that.

Assembly amendments to clause 5 (six amendments) -

Mr GAFFNEY - Madam Chair, I move:

That the amendments be agreed to.

Amendments agreed to.

Clause 5, as amended, agreed to.

Assembly amendment to clause 6 (one amendment) -

Mr GAFFNEY - Madam Chair, I move:

That the amendment be agreed to.

Ms RATTRAY - This is in relation to:

> … the Commission must request medical records and request specialist advice in order to make a determination.

Was this not already part of the amendment of the bill, that there would be a request for medical records? I find it interesting that we missed that type of amendment in the original bill. I am interested in your observation.

Mr GAFFNEY - In the bill we had the word 'may' request. Downstairs they thought it had to be 'must' to make it more definite and for clarification. In talking to the Office of Parliamentary Counsel (OPC) about that, there was no issue with it. I did not have an issue either because I thought that would happen anyway. So the word 'must' was transposed.

Ms Rattray - Good old 'may' and 'must'.

Mr GAFFNEY - Yes, we have been there before but I support that amendment.

Amendment agreed to.

Clause 6, as amended, agreed to.

Assembly amendments to clause 9 (three amendments) -

Mr GAFFNEY - Madam Chair, I move:

That the amendments be agreed to.

Dr SEIDEL - I am not going to oppose the amendments because I want to see this bill passed tonight. We have waited far too long, and this is not a barrier for us in passing the bill tonight. I must admit, though, it is an essential clause that we enhanced when we debated it here in our Chamber.

We had a rigorous discussion looking at the competencies of medical practitioners who are involved in the assessment process versus the crude way of just describing experience of medical doctors who are involved. We changed that. I am mindful that the member for Murchison said it is about avoiding unnecessary barriers and focusing on enhancing safeguards, and that was us amending certain clauses. We had a decent clause in there and I am not just saying that because I proposed it. It is also what the UTAS review stipulated in its report, that it is important to focus on the competence of medical doctors rather than describe experience in years.

I am gobsmacked that in the lower House the Minister for Health, of all people, put up an amendment that is now an unnecessary barrier by saying that the doctors we want to have involved are qualified specialists, specialist GPs, specialist physicians, specialist oncologists, specialist palliative care physicians, but after they have changed their fellowship as a specialist, they have to wait another five years before they are allowed to be involved in the assessment process by voluntary assisted dying.

That is unprecedented. It does not happen. There is no precedent for specialist radiologists to wait another five years before they can interpret an X-ray. There is no precedent for a cardiologist to wait another five years before they can do an angiogram. There is no precedent for a palliative care specialist to wait another five years before they can be involved in palliative care services.

That is on top of having a preamble that now clearly stipulates that this bill recognises that VAD must be made available to people even outside Launceston, outside Hobart. It is about equality. What this clause introduces now is an artificial barrier with consequences because it means there are now 180 specialist GPs who cannot be involved in the assessment process. They are specialist GPs who received their fellowship in the last five years. There are another 15 specialists for general practice who received their fellowship through the Australian College of Rural and Remote Medicine. There is another estimated 10 specialists, general physicians, oncologists and palliative care physicians who also cannot be involved. It is going to have implications for regional Tasmanians.

I am not going to oppose the amendment because somehow medical doctors are going to make it work, but that clause is up for review in three years time because it is nonsensical and an added barrier. I am disappointed that the Minister for Health has moved an amendment stipulating that she does not trust the qualifications of specialist medical practitioners in this state.

Ms FORREST - This is the only amendment I took umbrage with, and I will not support it - it is a backward step. We had extensive debate in our House about this and then to think that the lower House inserted a clause to actually specifically address regionality. For someone who has struggled with the concept of the bill in many respects, worked my way through it and would like to see equitable access from my people in my electorate, which is only fair and right, this will make it next to impossible.

It is totally inequitable. I agree with everything the member for Huon said except he is just going to make the point and move on. I have spoken to the member for Mersey about this and it can be reviewed in the three-year review. I am sure it can, but if you want this to work and you want it to be effective and accessible - and is this what it is about - then I cannot believe we would insult our medical professionals to this degree.

To say, 'Oh, well, you have done your medical degree, you have done your internship, your residency, whatever else you have done to get on to the pathway of whatever speciality it is - whether it is a GP or other speciality. You have done another at least five years or maybe more in that, but we say you cannot do this', we do not do that in any other field. We do not say you cannot do this procedure or you cannot do that procedure. If a person goes through their medical training and then their speciality and they pass, they are deemed competent the day they finish it and are able to provide any of these services.

If you want to talk about accessibility, this absolutely destroys it. I am staggered that the lower House would - maybe they did not even look at our debate. I do not know, maybe they did, or maybe they did not but if they did, they took no heed of it. As the member for Huon said, they did not even acknowledge the comments in the UTAS report, the review into the bill.

I cannot support it as it is a gross insult to our medical professionals. It makes it nearly impossible to meet the objective of the bill, which is equitable access in our regions. If this has to go back downstairs to be ticked off, just one amendment, well, that is just another day. It does not matter. It is important to get it right and to be consistent with what we said in terms of the principle. They are my points.

Madam Deputy Chair, I will not be supporting this amendment.

Mr GAFFNEY - I thank both the member for Huon and the member for Murchison. To people listening at home - I know there will be people tuned in - when the draft bill was first presented, I had the five years in there. I was convinced by the debate then held in the House. To the credit of the original bill, we looked at similar legislation in Western Australia and Victoria, and both of those had a five-year and a 10-year, but they are different as pointed out to me by the member for Huon. We took that on board but I think we have to understand what happens at the end of the process.

The process was that once we passed it here it went downstairs; the will of the parliament and of that House was that they looked at it and came up with a different scenario. It went to the agencies - and that is where we were at a disadvantage, because when we worked on our bill in November or last year, we did not have the response from the agencies. Therefore, in the middle of February, the lower House had the response from the agencies and Sarah Courtney MP took that advice from the agency and determined what was good policy, what she believed were the amendments.

I fundamentally agree that in three years time, the medical fraternity - that is, the Australian Medical Association and the Royal Australian College of General Practitioners - will have a look at this and will present a case to the review panel, saying, 'You have made a mistake here, we think all the doctors when they trained at the end should be eligible.'.

We will go back to the member for Murchison just to understand that in 1998 when Oregon - which is about eight times the size of Tasmania - first ventured into this space, in their first year they had four doctors who were trained and wanted to be involved. Now they have 122, so whilst at the start it may limit the people in Tasmania, the number of doctors who would be able to be involved, hopefully, within a three-year period that will have increased.

I urge members not to send this bill back to the lower House. Let us deal with it. The parliamentary process is quite clear. We make some changes, they make some changes and then we debate it. Whilst the minister - it takes the minister in her role as an independent or a private member downstairs - put forward the amendment, it was passed by the lower House.

If we look at what happens in this place when we get bills from downstairs and we change them up here, very rarely would they come back. Whilst I appreciate the member for Huon has said he is not going to - and I appreciate the member for Murchison's point of view - I encourage members in this place to accept this clause, taking on board what has now been spoken about is in *Hansard*, it is on the record. Hopefully, come the first review, it is something to be looked at and amended, if need be. I encourage members to accept this clause.

Ms RATTRAY - I have listened to both contributions in regard to this. I recall we had extensive discussion about this particular issue and the five years experience, and this House made a decision at the time. I appreciate that that is the process. It is interesting, in the notes

we received - and I thank the member in charge of the bill - but we talk about the review panel, the medical fraternity being able to make a submission to the review panel three years after the commencement and, hopefully, trigger an amendment that no longer requires the plus five years of experience.

We know how long it takes to put an amendment through this place. It can take five years, so I am leaning towards not supporting this particular amendment. I am in the same boat as the member for Murchison. If it has to go back to the other place, it has to go back. We have all said this is an unusual process but, if it is there, we can always use it.

Mr GAFFNEY - I agree with the sentiment. I will take a discussion about what I believe a review is for in three years time once this bill starts. That is to come back with parts of the bill that can be improved. If, from the medical fraternity, as the case has been known, the person is competent, they can do that, they should be able to, then that is what I believe would go to the review panel and a report would come back and the government of the day would then make a decision to make an amendment.

If that is something supported across the board, I would not see that would be an issue. That is something where the AMA could come out in support of its members about their competency and I think that would be a good thing. Also, the agencies involved with this would give the minister their advice on how they see it. In talking with the Office of Parliamentary Counsel, it was comfortable with the policy decision made here, saying it would not impact detrimentally on the bill.

I think it will be improved three years from now. I still encourage members of this place to support the clause as it stands, but I thank the member for McIntyre for her input.

Mr VALENTINE - With respect to the commencement and three-year review. What date is that commencement? Is it the commencement when the first person is able to access it or is commencement from the time it receives royal assent because by the time you get the education system in place to make sure that everybody is aware of the processes, procedures and the like, it may actually not be a very long time before it gets reviewed when it is in train, if you understand what I am saying. I am interested to know when that commencement is deemed to have started.

Mr GAFFNEY - My understanding from the bill is that the 18 months starts from the royal assent but that is the longest term. If the process is set up with 15 months or 12 months, it depends, it is from the implementation, which will be that first period. Then, six months after that, there is an operations review, as we had in Victoria and then, three years from the commencement date, not the royal assent, would be the three-year review period.

Otherwise, if it was 18 months you would only be actually reviewing after 18 months and that would not be long enough.

Mr Valentine - That is the question I am asking, is it three years after the start of operation?

Mr GAFFNEY - The start of operation, from the implementation. That would be the plan.

Amendments agreed to.

Clause 9, as amended, agreed to.

Assembly amendment to clause 10 (one amendments) -

Mr GAFFNEY - Madam Chair, I move:

That the amendment be agreed to.

Amendment agreed to.

Clause 10, as amended, agreed to.

Assembly amendments to clause 15 (two amendments) -

Mr GAFFNEY - Madam Chair, I move:

That the amendments be agreed to.

Amendments agreed to.

Clause 15, as amended, agreed to.

Assembly amendment to clause 18 (one amendment) -

Mr GAFFNEY - Madam Chair, I move:

That the amendment be agreed to.

Amendment agreed to.

Clause 18, as amended, agreed to.

Assembly amendment to clause 20 (one amendment) -

Mr GAFFNEY - Madam Chair, I move:

That the amendment be agreed to.

Amendment agreed to.

Clause 20, as amended, agreed to.

Assembly amendment to clause 25 (three amendments) -

Mr GAFFNEY - Madam Chair, I move:

That the amendments be agreed to.

Amendments agreed to.

Clause 25, as amended, agreed to.

Assembly amendment to clause 26 (one amendment) -

Mr GAFFNEY - Madam Chair, I move:

That the amendment be agreed to.

Amendment agreed to.

Clause 26, as amended, agreed to.

Assembly amendment to clause 29 (two amendments) -

Mr GAFFNEY - Madam Chair, I move:

That the amendments be agreed to.

Amendments agreed to.

Clause 29, as amended, agreed to.

Mr VALENTINE - Madam Chair, in clause 25, page 53, I want to clarify that there is a (1) missing and that is something that will be fixed up in the vellum stage. That happens about five or six times throughout the bill - an amendment is put in, it has a (2), for instance, new clause 54A at the bottom of page 54 has a (2) there, 'A person to whom a request is made'. In clause 25, a (1) should be in front of 'a person' on page 53. There are two clauses. I want to clarify, to put on the record - the member knows what I am talking about, he might like to explain it. About half a dozen times throughout this bill, the number (1) has not been put in as an amendment. It is something -

Madam CHAIR - The OPC will deal with it. It depends on whether the amendment is supported or not.

Mr VALENTINE - Yes, that is right. It is part of the vellum stage. Is that correct?

Mr GAFFNEY - As the member has raised this, it needs to be put on the record. At the moment there is no number (1) because there is only the single clause. When this is accepted that will become (2) and (1). Thank you for raising that, and I have been assured by OPC. Thank you, member for Hobart.

Assembly amendment to clause 32 (three amendments) -

Mr GAFFNEY - Madam Chair, I move:

That the amendments be agreed to.

Amendments agreed to.

Clause 32, as amended, agreed to.

Assembly amendment to clause 36 (two amendments) -

Mr GAFFNEY - Madam Chair, I move:

That the amendments be agreed to.

Amendments agreed to.

Clause 36, as amended, agreed to.

Assembly amendment to clause 43 (one amendment) -

Mr GAFFNEY - Madam Chair, I move:

That the amendment be agreed to.

Amendment agreed to.

Clause 43, as amended, agreed to.

Assembly amendment to clause 45 (one amendment) -

Mr GAFFNEY - Madam Chair, I move:

That the amendment be agreed to.

Amendment agreed to.

Clause 45, as amended, agreed to.

Assembly amendments to clause 46 (three amendments)-

Mr GAFFNEY - Madam Chair, I move:

That the amendments be agreed to.

Amendments agreed to.

Clause 46, as amended, agreed to.

Assembly amendments to clause 50 (two amendments) -

Mr GAFFNEY - Madam Chair, I move:

That the amendments be agreed to.

Amendment agreed to.

Clause 50, as amended, agreed to.

Assembly amendments to clause 54 (three amendments) -

Mr GAFFNEY - Madam Chair, I move:

That the amendments be agreed to.

Amendments agreed to.

Clause 54, as amended, agreed to.

Assembly amendments to clause 58 (two amendments) -

Mr GAFFNEY - Madam Chair, I move:

That the amendments be agreed to.

Amendments agreed to.

Clause 58, as amended, agreed to.

Assembly amendments to clause 59 (three amendments) -

Mr GAFFNEY - Madam Chair, I move:

That the amendments be agreed to.

Amendments agreed to.

Clause 59, as amended, agreed to.

Assembly amendment to clause 76 (one amendment) -

Mr GAFFNEY - Madam Chair, I move:

That the amendment be agreed to.

Amendment agreed to.

Clause 76, as amended, agreed to.

Assembly amendments to clause 79 (three amendments) -

Mr GAFFNEY - Madam Chair, I move:

That the amendments be agreed to.

Amendments agreed to.

Clause 79, as amended, agreed to.

Assembly amendment to clause 82 (one amendment) -

Mr GAFFNEY - Madam Chair, I move:

That the amendment be agreed to.

Amendment agreed to.

Clause 82, as amended, agreed to.

Assembly amendments to clause 86 (three amendments) -

Mr GAFFNEY - Madam Chair, I move:

That the amendments be agreed to.

Amendments agreed to.

Clause 86, as amended, agreed to.

Assembly amendment to clause 87 (one amendment) -

Mr GAFFNEY - Madam Chair, I move:

That the amendment be agreed to.

Amendment agreed to.

Clause 87, as amended, agreed to.

Assembly amendment to clause 91 (one amendment) -

Mr GAFFNEY - Madam Chair, I move:

That the amendment be agreed to.

Amendment agreed to.

Clause 91, as amended, agreed to.

Assembly amendments to clause 92 (two amendments) -

Mr GAFFNEY - Madam Chair, I move:

That the amendments be agreed to.

Amendments agreed to.

Clause 92, as amended, agreed to.

Assembly amendments to clause 93 (two amendments) -

Mr GAFFNEY - Madam Chair, I move:

That the amendments be agreed to.

Amendments agreed to.

Clause 93, as amended, agreed to.

Assembly amendment to clause 94 (one amendment) -

Mr GAFFNEY - Madam Chair, I move:

That the amendment be agreed to.

Amendment agreed to.

Clause 94, as amended, agreed to.

Assembly amendment to clause 100 (one amendment) -

Mr GAFFNEY - Madam Chair, I move:

That the amendment be agreed to.

Amendment agreed to.

Clause 100, as amended, agreed to.

Assembly amendments to clause 101 (three amendments) -

Mr GAFFNEY - Madam Chair, I move:

That the amendments be agreed to.

Amendments agreed to.

Clause 101, as amended, agreed to.

Assembly amendment to clause 104 (one amendment) -

Mr GAFFNEY - Madam Chair, I move:

That the amendment be agreed to.

Amendment agreed to.

Clause 104, as amended, agreed to.

Assembly amendment to clause 112 (one amendment) -

Mr GAFFNEY - Madam Chair, I move:

That the amendment be agreed to.

Amendment agreed to.

Clause 112, as amended, agreed to.

Assembly amendments to clause 113 (three amendments) -

Mr GAFFNEY - Madam Chair, I move:

That the amendments be agreed to.

Amendments agreed to.

Clause 113, as amended, agreed to.

Assembly amendment to clause 117 (one amendment - leave out the clause) -

Mr GAFFNEY - Madam Chair, I move:

That the amendment be agreed to.

Amendment agreed to.

Clause 117, as amended, agreed to.

Assembly amendment to clause 123 (one amendment) -

Mr GAFFNEY - Madam Chair, I move:

That the amendment be agreed to.

Amendment agreed to.

Clause 123, as amended, agreed to.

Assembly amendment to clause 127 (one amendment) -

Mr GAFFNEY - Madam Chair, I move:

That the amendment be agreed to.

Amendment agreed to.

Clause 127, as amended, agreed to.

Assembly amendment to clause 128 (one amendment) -

Mr GAFFNEY - Madam Chair, I move:

That the amendment be agreed to.

Amendment agreed to.

Clause 128, as amended, agreed to.

Assembly amendment to clause 130 (one amendment) -

Mr GAFFNEY - Madam Chair, I move:

That the amendment be agreed to.

Amendment agreed to.

Clause 130, as amended, agreed to.

Assembly amendment to clause 132 (two amendments) -

Mr GAFFNEY - Madam Chair, I move:

That the amendments be agreed to.

Amendments agreed to.

Clause 132, as amended, agreed to.

Assembly amendment to clause 134 (four amendments) -

Mr GAFFNEY - Madam Chair, I move:

That the amendments be agreed to.

Amendments agreed to.

Clause 134, as amended, agreed to.

Assembly amendment to clause 135 (one amendment) -

Mr GAFFNEY - Madam Chair, I move:

That the amendment be agreed to.

Amendment agreed to.

Clause 135, as amended, agreed to.

Assembly amendment to clause 139 (two amendments) -

Mr GAFFNEY - Madam Chair, I move:

That the amendments be agreed to.

Amendments agreed to.

Clause 139, as amended, agreed to.

Assembly amendment - new clauses A, B and C -

Mr GAFFNEY - Madam Chair, I move:

That the new clauses be agreed to.

Amendment agreed to.

New clauses A, B and C agreed to.

Resolution reported.

Reported that the Committee had resolved to agree to the House of Assembly amendments.

Resolution agreed to.

Mr GAFFNEY - Mr President, I move:

That a message be transmitted to the House of Assembly acquainting that House accordingly.

Motion agreed to.

MESSAGE FROM THE HOUSE OF ASSEMBLY

Dangerous Criminals and High Risk Offenders Bill 2020 (No. 28)

The House of Assembly advised that it agreed with the Council amendments.

ADJOURNMENT

[9.56 p.m.]

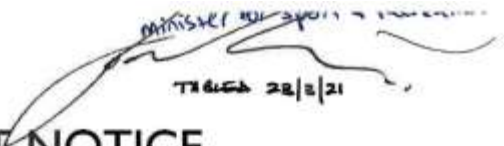
Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Mr President, I move:

> That the Council at its rising adjourns until 11 a.m. on Wednesday 24 March 2021.

Motion agreed to.

The Council adjourned at 9.56 p.m.

Appendix 1



QUESTION WITHOUT NOTICE

ASKED BY: Hon Ivan Dean MLC

ANSWERED BY: The Hon Jane Howlett MLC, Minister for Sport and Recreation

QUESTION:

My questions are to the Hon. Minister for Sport and Recreation and they relate to the State funding, $500K provided to AFL Tasmania (AFL Tas) to support grassroots/community football (AFL).

I refer to a report dated 1 December 2020 under your hand as forwarded to me.

Will the Minister please advise:

1. Where clubs are not in a position to reimburse volunteers the cost of getting a "Working with Vulnerable People" card, will the impacted volunteers be supported from the funding provided to AFL Tas?

2. Under the COVID-19 Tranche 2 funding, were all clubs applying for support allocated funding?

3. If not, why not?

4. During the financial year 2019/2020 where and on what programs, was the grassroots football funding, as approved by Communities, Sport and Recreation, expended?

5. The 2020/21 State Budget confirmed a further 4 years of funding of $500K annually for grassroots football development to AFL Tas. What are the conditions imposed on AFL Tas in receiving the funding?

6. You have asked Communities, Sport and Recreation to ensure its negotiations with AFL Tas on the funding agreement include more prescriptive and measurable key performance indicators to provide greater clarity and accountability. Has this now occurred and if so, when can they be made available for public information?

7. If not completed, can a draft document of these KPIs be provided to the committee I represent in Launceston for input?

8. When is it expected the more prescriptive and measurable KPIs will be completed?

9. Will a copy of the new and revised KPIs be made available to all associations/clubs for their information? If not, why not?

CA

10. Your office has been provided with documentation from grassroots football clubs demonstrating that generally they are not, or cannot see any benefits to their clubs or associations from the $500K annual funding. Having regard to this club information, what does Communities, Sport and Recreation and/or AFL Tas intend to do in ensuring individual clubs receive and or see benefits of the funding getting to them?

11. With Community Football now looking after Women's Football in the State are you looking to increase the $500K to help develop this very important sport

11 questions

ANSWERS:

- I would like to thank the Independent Member for Windermere, the Hon Ivan Dean, for his questions, and for his ongoing passion and advocacy on behalf of Community and Grassroots Football in Tasmania.

- The Tasmanian Government has been a strong supporter of Australian Rules Football at all levels over many years and supports the game from grassroots through to elite level.

- We know that Football in Tasmania continues to be strong in terms of participation numbers and continues to recover following the COVID-19 shut-down with those competitions that did not operate in 2020, returning in 2021.

- **Answer to question 1:**

- Where clubs are unable to reimburse volunteers for the cost of the Working with Vulnerable People Cards, it is not expected the costs will be covered through the funding provided to AFL Tasmania. The Tasmanian Government ensured the costs of Working with Vulnerable People cards for volunteers are affordable, with the current cost being $19.44 for three years.

- Ensuring a child safe environment is extremely important and should clubs wish to reimburse volunteers, the costs could be met from within existing resources.

- **Answer to questions 2 and 3:**

- Not all clubs who applied for funding from the COVID-19 Sport and Recreation Grants Program – Tranche 2 were successful.

- Communities, Sport and Recreation received 530 applications, with 432 clubs receiving funding.

- Funding of over $175, 000 was provided to 71 AFL Clubs across Tasmania through Tranche 2.

- There were a number of reasons why applicant clubs were unsuccessful, including:

    - the organisation was not eligible (not incorporated);

    - the organisation did not have any eligible items for funding; or

    - the funding pool was exhausted prior to the organisation's submission.

- However, I was recently able to announce that we will be offering further assistance to clubs under Tranche 3 of our COVID-19 support package, which is currently open for applications.

- **Answer to question 4:**

- The Tasmanian Government funding has been provided to AFL Tasmania to enable it to deliver grassroots programs and to work to support community leagues and clubs. Through its regional management hubs, AFL Tasmania staff provide services

and support including competition management for junior and senior football and Auskick programs.

- **Answer to question 5:**

- Although the 2020 season was heavily impacted by COVID-19 restrictions, AFL Tasmania conducted programs in 2019-20, including:

    - Partnerships with Reclink, the Migrant Resource Centre and New Horizons to assist disadvantaged participants access participation opportunities they may not otherwise have;

    - Regional Club Development Forums offered statewide; and

    - Next Generation in Schools program.

- **Answer to question 6:**

- Communities, Sport and Recreation is currently finalising the funding agreement for the $2 million over four years, from 2020-21 to 2023-24.

- **Answer to question 7:**

- As previously advised, the Member for Windermere and the northern group of interested people are certainly welcome to discuss the key performance indicators (KPIs) with the Head of AFL Tasmania, Damian Gill. Communities, Sport and Recreation does not share funding agreement details including draft KPIs with the public. It is up to the recipient to determine how widely the KPIs are shared.

- **Answer to question 8:**

- I am advised the funding agreement will be finalised by the end of March 2021.

- The Tasmanian Government funding has been provided to AFL Tasmania to enable it to deliver grass roots programs and to work to support community leagues and clubs.

- Staff in the regional administration hubs work closely with leagues and clubs to support their operations. These regional management hubs are a vital part of grassroots football delivery.

- **Answer to question 9:**

- AFL Tasmania is expected to share the new and revised KPIs with its associations, leagues and clubs and with the Tasmanian Football Board.

- **Answer to question 10:**

- The documentation from grassroots football clubs may have resulted from some misunderstanding, in that the way the question was asked led them to respond as to whether they had received any of the funding rather than the benefits of the funding.

- AFL Tasmania has indicated it will clearly outline and promote the services and benefits being provided to clubs, leagues and associations as a result of the Tasmanian Government funding.

- **Answer to question 11:**

- Most women's football has been delivered by community football clubs through the SFLW, NTFAW and NWFLW. The TSLW will not operate in 2021, with three former remaining TSLW teams joining the appropriate local competition.

- Despite the lack of a TSLW competition, women and girls' football remains strong in the State with an increased number of players and teams.

- I note the recent announcement from AFL Tasmania of a new competition model for women's football across the State.

- This model will provide for more teams, and importantly more opportunities for women to play football in Tasmania.

- The AFL Tasmania regional administration hub staff will continue to provide support to clubs and leagues to manage operations, including for women and girl's football.

- I hope these answers are satisfactory to the Member.

APPROVED/NOT APPROVED

Hon Jane Howlett
Sport and Recreation

Date: