

*Select Committee on Personal Choice and Community Safety — Final Report —
“Community Safety: For the Greater Good, but at What Cost?” — Motion*

Resumed from 9 September on the following motion moved by Hon Aaron Stonehouse —

That the report be noted.

The CHAIR: Hon Aaron Stonehouse has three minutes available in this stint to continue his remarks on the motion that the report be noted.

Hon AARON STONEHOUSE: You are indeed right, Mr Chairman; I have only three minutes. There are only 10 minutes and 55 seconds remaining on the debate for this report, so we will have the opportunity to get to some other very important committee reports during today’s consideration of committee reports.

Last time I had a chance to talk about this report, I started to talk about chapter 3, which deals with electronic cigarettes. I expressed my dissatisfaction with some of the government’s responses to the committee’s recommendations. I think it is important that members understand that despite the relatively low rates of smoking in Australia, our smoking rates have remained steady over the last two years. In fact, in some jurisdictions, the rates have increased amongst certain demographics. This is despite the fact that we pour millions upon millions of dollars into campaigns aimed at dissuading people from smoking and we continue to increase the tobacco excise. In fact, the tobacco excise is predicted to rake in about \$17 billion in tax revenue for the commonwealth this coming year, and that is despite smokers costing the health system only about \$350 million, I think, at last estimate. Smokers well and truly pay for their healthcare costs and some. In fact, they are subsidising the healthcare costs of everybody else.

Let us keep in mind that smokers are quite often very disadvantaged people. They are disproportionately Indigenous Australians or Australians on low incomes—people who have not had the easiest lives and are often addicted to nicotine and whom we keep imposing new punitive taxes upon. In fact, at paragraph 3.18, the committee found —

Under the Council of Australian Governments’ National Healthcare Agreement, Australian governments committed to reducing the national daily smoking rate among adults from 19.1 per cent in 2007–08 to 10 per cent by 2017–18. Based on the figures presented immediately above, while daily smoking rates among adults have reduced significantly, that target has not yet been achieved.

In fact, smoking rates in Australia remain at about 13 or 14 per cent, depending on the jurisdiction. The committee made finding 7, which states —

While the national daily smoking rate among adults has reduced significantly, the Council of Australian Governments’ goal of a 10 per cent rate by 2018 has not been achieved.

It is interesting to note that although smoking rates in Australia have stalled and have petered out at the rate of about 13 or 14 per cent, they have continued to drop in other jurisdictions—jurisdictions that perhaps do not have quite the same approach to smoking cessation as we do, with our very strong advertising campaigns and the plain packaging and health warnings.

Hon MARTIN PRITCHARD: I was going to speak about life jackets, but the most recent comments of Hon Aaron Stonehouse have encouraged me to go back to a theme that I have raised before, and that is about the responsibility, particularly of adults, to set examples for the younger generation. It seemed as though Hon Aaron Stonehouse was talking about the merits and the benefits to society of smoking and that the report he quoted was indicating that smokers are contributing to our health system.

It seems to me inappropriate to allow that to stand without challenge. Hon Aaron Stonehouse talked about money. Of course, smoking has impacted on many families and many lives. Many lives have been lost. I go back to my earlier days when I was representing members in warehouses, and I had to negotiate with a cigarette company. I was shocked, because even back then it was unusual for people to be allowed to smoke in an office. I went into the office to negotiate a wage increase for the store men and ladies who worked for that company, and the person I was dealing with was smoking not a cigarette, but a cigar. That was horrendous. Cigarette companies maintained for many, many years that smoking was not a cause of lung cancer. I therefore think that it is inappropriate to suggest in this place that there are any merits to smoking.

I will go back to an earlier point that I put. If we had the opportunity to go back in history, would tobacco be a legal substance, knowing all the pain and suffering that smoking has created over many years? It is not a dollar-and-cents issue at all. As I understand it, the report states that it is still too early to make a determination about whether e-cigarettes are also harmful. Therefore, I believe a cautious approach to e-cigarettes is warranted. Indeed, as an ex-smoker, I would encourage any move by any government to try to reduce or ban the smoking of e-cigarettes, and, as unlikely as it might be, to do everything it can to get the smoking rate in Australia and everywhere else in the world down to zero.

I do not want to take all the time I have allocated, because I know there will be other speakers on this report, but I want to talk about the importance of wearing a life jacket. The report took a very cautionary approach to life jackets, noting that there are a number of views. I would encourage parents and older Australians to set a good example and wear a life jacket at every opportunity, irrespective of whether it is designated by law to do so. The report specifically states that life jackets are a good idea for children. A lot of Australians either cannot swim or cannot swim well. To a good swimmer, 400 metres from shore may be a reasonable distance to swim, but keeping in mind that people drown in swimming pools, I am sure it would be fairly easy to drown 400 metres from shore if not wearing a life jacket.

I will not labour the point because I know that other members want to speak. Going back to e-cigarettes, the member needs to take into account more than just dollars and cents.

Hon PIERRE YANG: I thank members very much for the opportunity to speak on the final report of the Select Committee on Personal Choice and Community Safety. I want to make a very brief contribution so that Hon Aaron Stonehouse can continue his contribution.

I want to continue on the theme of cigarettes and e-cigarettes. It is very important that this community knows that this is uncharted territory. We do not know the full effect of e-cigarettes. We know the deadly effects of combustible cigarettes, as we have seen. Many decades ago, cigarettes were marketed and put on television and in print news as being cool to smoke. I do not think heaps of young people are taking up that nasty habit these days, and I am very glad to see that.

With those remarks, I conclude my contribution on consideration of this report, and I ask, Mr Chairman, that Hon Aaron Stonehouse continue his contribution.

Hon AARON STONEHOUSE: I am not sure how what I was saying could have been confused as being anything other than what it was, which was to point out that the rate of smoking has not continued to decline for about the last eight or nine years. It has stalled. However, the smoking rate has continued to reduce in jurisdictions that have promoted e-cigarettes as an alternative to smoking. I will speak about this more when I get the opportunity to do so. It is basically the concept of harm reduction. I know that is a fairly new concept to people who have not looked at these kinds of issues before. Harm reduction is essentially the idea that if a person is addicted to a substance and they are not going to quit, no matter whether we make the substance illegal, the next thing we can do, to try to at least stop them from killing themselves or cutting 10 years off their life span, is to give them a safer alternative. For heroin, we give people methadone. For combustible cigarettes, which may kill a person by giving them cancer, we give them nicotine in the form of a patch or gum. If the patch or gum does not work, there is another delivery system called vaping. It is not a radical idea. We have been doing that for illicit drugs. We have harm reduction policies for illicit drugs; in fact, the commonwealth government has them. Unfortunately, the state government does not seem to have harm reduction policies in place for illicit drugs. For some reason, we do not do this with nicotine. That makes absolutely no sense.

Hon Dr Sally Talbot interjected.

Hon AARON STONEHOUSE: Patches are therapy, are they not? Gum is therapy. Why can we not use e-cigarettes as therapy? That is a very good point. The committee made a recommendation to the government that it should educate people about their opportunity to go to their doctor and get a prescription. The government rejected that recommendation.

The CHAIR: Members, under temporary order 4, further consideration of that report will have to occur at a later stage. We will move on to our third report.

Consideration of report postponed, pursuant to standing orders.