

Tobacco and Other Smoking Products Amendment Bill 2023

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31 March 2023

Committee Secretary
Health and Environment Committee
Parliament House
George Street
Brisbane QLD 4000

Dear Committee Members

Thank you for the opportunity to provide a submission to the inquiry into the *Tobacco and Other Smoking Products Amendment Bill 2023*. The Queensland Network of Alcohol and other Drugs Agencies (QNADA) submission is attached.

QNADA represents a dynamic and broad-reaching specialist network within the non-government alcohol and other drug (NGO AOD) sector across Queensland. We have more than 55 member organisations, representing the majority of specialist NGO AOD providers. This submission is made following consultation with QNADA members.

QNADA is pleased to provide further information or discuss any aspect of this submission. Please don't hesitate to contact me at [REDACTED] or by calling [REDACTED]

Yours sincerely



Rebecca Lang

CEO



Submission to the Tobacco and Other Smoking Products Amendment Bill 2023

March 2023

This submission has been prepared by the Queensland Network of Alcohol and Other Drug Agencies (QNADA). Its content is informed by consultation with QNADA member organisations providing alcohol and other drug treatment and harm reduction services across Queensland, as well as a review of relevant research and reports.

QNADA acknowledges the importance of taking further action to reduce the smoking rate in Queensland, protect people from second-hand smoke and respond to the unregulated (illicit) tobacco trade. However, an increased regulatory response has the potential to lead to a range of negative consequences for individuals and the community and is unlikely to have sustained benefits without continued investment in demand and harm reduction strategies.

While we acknowledge the intent behind the removal of current provisions under the Act which provide an exemption for parents and guardians who supply smoking products to children, we are concerned about the associated penalty for this offence. Although the explanatory notes highlight that responses in this area are not intended to criminalise parents and guardians and will instead be focused on monitoring, prevention and education, the offence currently attracts 140 penalty units.

This is a significant penalty for any impacted person. For this reason, and to ensure the intent of the provision is actualised, the penalty units should be removed, or significantly reduced, as failure to pay fines may result in escalating contact with the criminal justice system as a result of broader statutory enforcement regimes.¹

Research has consistently shown that attempts to prohibit, criminalise and overregulate substances leads to a range of adverse consequences and increased harm for individuals and communities.² Our member services have reported a trend toward unregulated tobacco use for people who use drugs which we consider to be associated with the current taxation. There are also concurrent shifts in the market that show an increased use of roll-your-own and e-cigarettes (vaping).

While excise increases have been successful in reducing smoking prevalence at a population level, relatively fewer gains have been achieved with marginalised groups (such as people who use drugs). As highlighted in the most recent National Drug Strategy Household Survey smoking rates have fallen in Australia, however this improvement is greatest in the most advantaged areas.³ The proportion of people living in the lowest socioeconomic areas who smoked daily was nearly four times higher than those living in the highest socioeconomic areas (18.1% compared with 5.0%).⁴

The tightening of tobacco supply, and increased costs, has resulted in the emergence of an unregulated tobacco market. Australian Tax Office (ATO) data shows that while increasing excise rates have driven up the amount of tobacco duty collected, seizures of unregulated tobacco in 2020-21 were the highest ever recorded. With respect to cross-agency enforcement activities by the Illicit Tobacco Taskforce, the ATO also noted that *'despite these efforts and in contrast to a shrinking market, illicit tobacco is increasing and has doubled to over 10% of the market.'*⁵

¹ Pathways to Justice – Inquiry into the Incarceration rate of Aboriginal and Torres Strait Islander Peoples (ALRC Report 133) (2018)

² *Queensland Productivity Commission of Inquiry into Imprisonment and Recidivism* (2019)

³ Australian Institute of Health and Welfare (2019) National Drug Strategy Household Survey Report 2019

⁴ Australian Institute of Health and Welfare (2019) National Drug Strategy Household Survey Report 2019

⁵ [Latest estimate and findings | Australian Taxation Office \(ato.gov.au\)](#)

While price increases have been and may continue to be an effective mechanism to reduce tobacco use at a population level, it is possible we have reached a threshold where prohibitive pricing is pushing vulnerable populations to unregulated tobacco in the absence of other nicotine replacements and support.

The provision of evidence-based tobacco prevention and cessation programs as part of routine care across all health and community services and in correctional settings, including within alcohol and other drug treatment and harm reduction services, is beneficial in helping people to reduce their use.

In Queensland, tobacco cessation support is considered a key feature of effective alcohol and other drug treatment. However, the capacity of organisations to provide this assistance varies dependent on service context, delivery setting, and available resources. Our member services report that nicotine replacement therapy (NRT) can be cost prohibitive from both a service delivery and client perspective. In this context, it would be far more effective to work with service providers and clients to increase access to NRT and provide general training to help continued to build workforce knowledge and capacity.