



Speech by

PHIL REEVES

MEMBER FOR MANSFIELD

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HEALTH LEGISLATION AMENDMENT BILL

Mr REEVES (Mansfield—ALP) (11.59 a.m.): It gives me great pleasure to support this Bill. I would like to refer to one aspect of the Bill, which is the amendment to legislation relating to tobacco products. Both within Australia and overseas, it appears that there is a trend towards the smoking of herbal cigarettes and herbal smoking blends as an alternative to conventional tobacco products, such as cigarettes, roll-your-own cigarettes and loose pipe tobacco. These herbal products are promoted as a healthier alternative to tobacco and, in some cases, as an aid to help individuals quit smoking. Some varieties of herbal smoking products contain tobacco, for example, clove cigarettes, which contain a combination of shredded clove buds and tobacco, and beedies, which contain tobacco rolled into a piece of dried leaf.

For the purposes of the Tobacco Products (Prevention of Supply to Children) Act 1998, smoking products that contain any amount of tobacco are tobacco products and, as such, under this Act the supply of these products to young people is restricted. The purpose of the amendments to the Tobacco Products (Prevention of Supply to Children) Act 1998 is to extend the application of this Act to non-tobacco smoking products, that is, herbal cigarettes, which are to be defined for the purposes of the Act as meaning a preparation for smoking that is made from a herb or other plant, or a blend of herbs or other plants, whether or not the herb, plant or blend is mixed with another substance; is enclosed in paper, bar, leaf or something else; and does not contain tobacco. Loose smoking that does not contain tobacco and is made from a herb or other plant, or a blend is prepared for retail sale, but does not include a herbal cigarette.

There are a number of health concerns relating to non-tobacco smoking products, such as the impact of cigarette smoke on health, whether or not the smoking compound contains addictive substances such as nicotine; marketing claims and consumer belief that the herbal cigarettes are a healthy alternative to tobacco products and are an aid to assist in quitting—and nothing could be further from the truth—and their appeal and accessibility to young people. Research indicates that smoking herbal cigarettes leads to at least a similar degree of exposure to carbon monoxide and tar as does smoking tobacco cigarettes. Carbon monoxide is strongly linked with the development of coronary heart disease. In addition, although carbon monoxide is not itself a carcinogen, it may contribute to cancers and other diseases of the respiratory tract. Toxic substances contained in cigarette smoke remain in the airways, causing inflammation and damage, impairing lung function and increasing the likelihood of lung disease.

Adolescents who smoke will have more asthma and allergic symptoms than nonsmokers of the same age due to toxic chemicals in cigarette smoke and will develop more respiratory tract infections than nonsmokers. By young adulthood, a substantial proportion will have determined abnormal changes in the cellular structure of their small airways. Studies have shown that the earlier a person takes up smoking, the more difficult he or she will find it to quit. I am sure that the member for Sunnybank would agree. Also, the health effects of smoking are cumulative: the longer a person smokes—and the member should listen to this very carefully—the more likely it is that the person will develop heart disease, cancer or other health problems linked with smoking. I notice that the Minister for Primary Industries is present in the Chamber. It is very important that he listens to what I am saying.

A child who starts smoking before he or she is 14 years old is 15 times more likely to die of lung cancer than someone who has never smoked.

In addition to harm associated with by-products of smoking any combustible substance, some herbal cigarettes contain psychoactive substances that can result in psychotic symptoms. Young people have been hospitalised soon after smoking or ingesting herbal cigarettes. Smoking with the aim of eliciting hallucinogenic effects can result in increased exposure to carbon monoxide and tar than in the case of smoking a conventional cigarette.

The marketing of relatively low-cost hallucinogenic herbal smoking products may induce children to purchase the products. However, it is possible that they will smoke more of the product and inhale more deeply to obtain a hallucinogenic effect. In recognition of the apparent trend towards the smoking of non-tobacco smoking products by young people and the adverse health effects associated with smoking these products, Queensland now joins South Australia as the only State to regulate the supply of non-tobacco smoking products to young people, and we can be proud of that fact.

The Tobacco Products (Prevention of Supply to Children) Act 1998 was created to help curb the uptake of smoking among children. However, this Act cannot work in isolation; it companions other Government initiatives such as the Quit smoking campaign, school drug education, the school health nurses network, the young people at risk program, the Rock Eisteddfod Challenge, the Croc Eisteddfod Festival, and the smoke-free sport program. Currently, the Rock Eisteddfod Challenge, which is part of the 100% in control youth drug campaign, is being expanded to include more smoke-free messages. These messages will not concentrate on traditional health or scare tactics, but rather they will show that smoking is an expensive habit and that tobacco companies tell lies to recruit young people. That has been evidenced by the recent announcement by Phillip Morris, which finally admitted the ramifications of smoking. This approach is based on international research that shows that health messages, such as the fear of getting lung cancer, does not work with kids. The Rock Eisteddfod message is similar to those messages coming out of the multimillion-dollar campaigns in the US.

The Government believes that the new health promotion initiatives, coupled with laws restricting tobacco products and herbal smoking products to children, will help curb youth smoking. Reducing the number of children taking up smoking is the most effective way of reducing the incidence of smoking in the community. As many members of this House would understand, those who have taken up the bad habit would have probably started smoking when they were young and they are now finding it difficult to stop. This reduction in young people taking up smoking will have the added benefit of significantly reducing the deaths and illnesses caused by smoking and the social and health costs that smoking has on the community.

I congratulate the Minister on bringing this Bill to the House. I commend it to the House.