



**Public Health Amendment (Juvenile Smoking)
Bill (No 2
Second Reading**

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PUBLIC HEALTH AMENDMENT (JUVENILE SMOKING) BILL (NO 2)

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Second Reading

Ms MEAGHER (Cabramatta—Parliamentary Secretary), on behalf of Mr Knowles [10.23 p.m.]: I move:

That this bill be now read a second time.

The Public Health Amendment (Juvenile Smoking) Bill No 2 is a private member's bill presented to the Legislative Council by the Hon. David Oldfield. The Government supports the aim of the bill, which is to amend the Public Health Act 1991 to address the significant public health issue of under-age smoking. This Government has introduced one of the most comprehensive plans in regard to smoking. The New South Wales Tobacco Action Plan, which was launched in May 2001, has been enhanced with extra funding of \$1.5 million, providing \$3.3 million per annum to implement a broad range of anti-tobacco initiatives over the next four years.

In addition, this Government understands that a successful tobacco control program must be comprehensive in addressing the issue of tobacco-related harm. As well as efforts to prevent young people from starting to smoke and helping existing smokers to stop, we recognise that we must also protect those who may be suffering harm due to breathing other people's tobacco smoke. In response to this, New South Wales is already credited with some of the most comprehensive anti-smoking measures in the country. The Smoke-free Environment Act has now been in place since September 2000 and has banned smoking in most public places, including restaurants and dining areas of pubs and clubs. This initiative has been overwhelmingly endorsed by the general community, and it has a very high level of compliance in restaurants.

The Government is further committed to increasing community awareness of the risks and consequences of environmental tobacco smoke. The Government has in place a four-year \$2.4 million campaign on passive smoking and its effects on children under six. The campaign currently being implemented includes a mass media component, a strategy to work with health professionals to identify children who are exposed to passive smoking in homes and cars, and a grant program to area health services to implement programs at the local level. New South Wales legislation conforms to the national best-practice initiatives.

Under the Public Health Act 1991 there is in place an effective Sales to Minors Program that tests compliance of retailers with the legislation. Those not complying with the Act are warned and then prosecuted if found to re-offend. This has been successful in ensuring a high rate of compliance. The Sales to Minors Program has now been in place in New South Wales for six years and is by far the most advanced and comprehensive program in any jurisdiction. The amendments are to that part of the Act relating to the use of tobacco products and non-tobacco smoking products by persons under the age of 18 years.

There are three elements that make up the changes to the Act. The first is the discretionary power for police to confiscate smoking products. A police officer may seize a tobacco product or non-tobacco smoking product in the possession of a person in a public place if the officer suspects, on reasonable grounds, that the person is under the age of 18 years. The second element is purchasing smoking products for a minor. A person of or over the age of 18 years who purchases on behalf of a person under the age of 18 years a tobacco product or non-tobacco smoking product from premises where such products are sold is guilty of an offence. The maximum penalty for this offence is 20 penalty units, or \$2,200.

The third element is confiscation of proof of age cards. In the case of reasonable suspicion that a proof of age card is being used fraudulently, any police officer, environmental health officer, or person who sells tobacco or non-tobacco related smoking products is authorised to confiscate such cards. These amendments to the Public Health Act 1991 are intended to reduce access to, and possession of, smoking and non-smoking tobacco products by persons under 18 years of age.

It is well understood that the size of the adult smoking population is determined by the size of the juvenile smoking population. The majority of people who will ultimately become life-long smokers will commence smoking generally between the ages of 12 and 16. If you have not fallen prey to the addiction of tobacco smoking products by the age of 18, it is unlikely you will become a smoker. I remind the House that tobacco use is the biggest single preventable cause of both cancer and heart disease and is responsible for more than 80 per cent of all drug-related deaths. In New South Wales alone, more than 6,000 Australians die every year from smoking related illness.

NSW Health experiences 54,000 smoking-related hospitalisations per annum, at a cost of more than \$152 million in treatment. The overall cost to the New South Wales economy of smoking is estimated to be in excess of \$4.3 billion annually, with \$1.5 billion of that directly attributed as costs to New South Wales businesses. The cost of smoking has

an immense impact both socially and financially on the community. Indeed, a reduction in that impact would free up valuable resources for use in other areas of public health.

The amendments to the Public Health Act 1991 contained in this bill are indicative of the acknowledged need to further address the problem of smoking among young Australians. It should be noted that while the bill provides for action against minors in the form of confiscation of smoking products and proof of age cards used fraudulently, it is only adults who purchase smoking products for children who risk facing prosecution. I commend the bill to the House.

Debate adjourned on motion by Mrs Skinner.

The House adjourned at 10.30 p.m.

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