

a real dissonance in place here. We were able to agree decades ago to resist these social pathways to smoking and yet in 2015 we appear timid in the face of a new pathway. It would appear that our communities understand this too. They know that e-cigarettes are, in fact, just another type of cigarette and they want them regulated as cigarettes. This is reflected in the finding of a Newspoll survey released on 15 February this year, which clearly showed public support for the equal treatment of e-cigarettes and cigarettes. The survey, which was commissioned by the Heart Foundation and conducted on residents of New South Wales over January and February, found that 87 per cent of people had heard of e-cigarettes, 80 per cent supported a ban on sales to children, and 70 per cent wanted the same restrictions applied to e-cigarettes as exist for smoking in public places.

I understand that this is a rapidly emerging product and I accept that at this stage we have limited data on its long-term effects. Given what we know about tobacco use and tobacco marketing, surely in this case the House should apply the precautionary principle. In relation to any product that can be marketed as a cigarette we apply the existing protections and then debate the issues. The Government's current proposal simply does not go far enough. The Government has not adopted the precautionary principle—something that I would have expected from conservative leaders. It seems clear to me that our communities are, at the very least, circumspect about e-cigarettes and are looking to the Government to scrutinise their use. They want the level of scrutiny and protection that has been proposed by Labor. I fully support Labor's amendments to the bill and commend them to the House.

The Hon. Dr PETER PHELPS [3.47 p.m.]: I support the Public Health (Tobacco) Amendment (E-cigarettes) Bill 2015, but with a faint heart. I understand that it is important to send a symbolic message to people under 18 that they should not smoke e-cigarettes. After all, look how well the prohibition on ordinary tobacco has done in keeping cigarettes out of the hands of under 18s; and similarly the prohibition on marijuana has done a 100 per cent effective job in preventing under 18s from getting hold of marijuana! I put this legislation in precisely the same category as those other pieces of legislation where we "send a message" but really cannot expect to de-program people through prohibitionist legislation.

I am concerned that this is the thin end of the wedge and an exacerbation of the nanny statism that we see in Australian society today. I am not a smoker; I do not smoke marijuana or tobacco and I do not vape. I have no skin in the game in regard to this matter from a personal point of view. However, I do have skin in the game in relation to the imposition of the State's views on individuals' bodies. I am opposed to the view that one's body belongs to the State and that the State has a right to determine how it operates. I would suggest that those opposite, who often like to speak about the State's intervention in various activities in relation to their body, such as women's reproductive rights, should consider deeply the idea that one's body belongs to the State being inscribed in legislation such as we see with various prohibitionist arguments. It is revealing where this e-cigarette debate is going. I quote none other than the Policy and Advocacy Director of the Queensland Cancer Council who said in relation to e-cigarettes:

This was a problem we did not have a number of years ago. It is a real frustration for those of us working in public health because it wasn't even on the horizon a number of years back. It is something we are just better off without.

<21>

That says a lot about the mentality of the anti-smoking and anti e-cigarette crusade. I ask members to consider the following scenarios. Say for a moment you are deeply concerned about the effect of smoking on health and you have spent your whole career trying to help people give up smoking. You dream of a smoke-free world, but it is a struggle. Smoking rates tend to be on the decline in wealthy countries, but they are falling slowly. Globally there are more people smoking than ever before and there will be more people smoking tomorrow. No matter how many bans are introduced, a large minority of adults continue to smoke. Tax rises tend to have some effect on smoking prevalence but, although we would never say so openly, we are aware that taxes are a major burden on the poor and are fuelling a large and growing black market. What is more, nearly everything has been tried.

All the reasonable stuff—health warnings, anti-smoking ads, banning sales to minors, plain packaging, horrific packaging—has been introduced. Even the more extreme measures on the list have been mostly ticked off, which is why we have had to spend the last few years scraping the bottom of the barrel with the silly plain packaging campaign. What comes next? It has to be a prohibition of some sort—and we know that will not work. Many years ago it seemed that nicotine patches and gum might offer a solution, but it has become clear that smokers do not really like them and their efficacy as stop-smoking aids is negligible.

Then, out of nowhere, a product falls into our laps that smokers actually like and which helps smokers to quit. Even smokers who previously had no intention of quitting find themselves switching to this product. There is no evidence that it causes cancer or heart disease and it does not create an odour that non-smokers find objectionable. We cannot believe our luck. It is the kind of product that people such as Michael Russell had hoped to discover in the 1980s—a device that delivers nicotine in a satisfying way without delivering the smoke and the toxins. You would say, "At last. This changes everything. What an opportunity." That is scenario number one.

Think about scenario number two. You are a journeyman public health advocate, picking up a nice steady wage from the government every month. You hold lots of meetings and attend lots of conferences. You and your colleagues had developed a plan of incremental prohibition in the early 1980s and it was all mapped out. "The plan" was to ban tobacco advertising and then ban smoking in as many places as possible. Then taxes on tobacco would be raised until it became unaffordable for people on low and median incomes. Other ideas such as display bans, graphic warnings, banning menthol cigarettes and plain packaging could be incorporated if you could convince enough gullible politicians that "something should be done". These policies were the something that was needed.

"The plan" would be to attack what you considered was the source of the problem, the tobacco industry, with plain packaging, windfall taxes, standardised cigarettes, or whatever. Gradually you would beat down smokers and the industry until they were so unpopular that you could push for the final goal: extreme prohibition. Within 20 years—it was always 20 years away; in 20 years X will happen—the tobacco industry would be outlawed and there would be no more smoking. In the meantime, there was good money to be made from research grants to prove that the various policies in "the plan" would work.

Then something comes along that was not expected, a new product that gives smokers a way to enjoy nicotine without the health risks of smoking cigarettes. You, nor the government, came up with the idea. It came from, horror of horrors, the private sector and private businesses start making money out of it. Worse still, after a few years of monitoring the market, the tobacco industry realises which way the winds are heading, buys a few companies and now makes money out of it. Lots of people are giving up smoking as a result, but not in the way that was part of "the plan", not in the way that was dictated by government bureaucrats, and not in the way that was dictated by public health busybodies.

Where does that leave you? What will become of the public health professionals and all their peer-reviewed studies? What about the end game? What about the problem? So you bite your nails and say exactly what the head of the Queensland Cancer Council said, "This was a problem we did not have a number of years ago. It is a real frustration for those of us working in public health because it was not even on the horizon a number of years back." You then pour yourself a glass of organic skim milk, slump into your armchair and say, "It is something we are just better off without."

A number of assertions have been made this afternoon. One of those is about the costs of smoking. It is a common argument around the world that various unhealthy behaviours increase the cost to the healthcare system. Thus, those unhealthy behaviours should be taxed more heavily so as to pay for the costs to the health system. The only problem with this argument is that it is gibbering nonsense. Unhealthy behaviours actually reduce healthcare costs. If we are to accept the initial logic, then we should subsidise them, not tax them. We see it here in Australia in relation to smoking, alcohol and obesity. Rarely a week goes by without another report about how much this or that activity costs the health system and thus taxes should be raised, prohibitions should be introduced or regulations should be added. It even happens in the United States, with various people calling for taxes on sugar, calories, soft drink and junk food. There is no doubt that these unhealthy behaviours bear costs; that is not an issue. The major cost, of course, is to the imbiber, the smoker, or the lard bucket, in the form of a shorter life span.

However, it is pretty much given in anything even approximating a free or liberal society that consenting adults must be left to make their own cost benefit trade-offs. What about the costs to the healthcare systems, I hear you ask. The clue is in that shortened life span. Certainly there are costs to treating diseases brought on by too much booze, tobacco or food, but there are costs to treating all diseases, all modes and methods by which we reach that undoubted destination, the grave. The question is, Are the costs of treating the illnesses and deaths brought on by those three indulgences higher or lower than the costs of treating those who live healthily but inevitably die? It could be argued either way. Alzheimer's costs more to manage than does lung cancer; the treatment of aged, cracked hips related to osteoporosis costs more or less the same as managing

fried livers from excessive alcohol. We need to tot up the figures. Fortunately, that has been done in Europe. I quote:

Obesity is a major cause of morbidity and mortality and is associated with high medical expenditures. It has been suggested that obesity prevention could result in cost savings. The objective of this study was to estimate the annual lifetime medical costs attributable to obesity, to compare those to similar costs attributable to smoking and to discuss the implication for prevention.

The summary conclusion states:

Although effective obesity prevention leads to a decrease in costs of obesity-related diseases, this decrease is offset by cost increases to diseases unrelated to obesity in life years gained. Obesity prevention may be an important and cost-effective way of improving public health, but it is not a cure for increasing health expenditures.

The numbers in that report make for fascinating reading. The lifetime medical costs for a 20-year-old were €281,000 for a healthy person, €250,000 for an obese person and €220,000 for smokers. There are excellent arguments in favour of taxing in order to reduce the occurrence of smoking, excessive boozing and obesity. We humans are subject to hyperbolic discounting, not taking full account of long-distance future costs for current pleasures. Sometimes those running the public health system really do know more than us, and there are externalities associated with those behaviours. But the argument we cannot use is that these behaviours increase the cost of health care. The reason we cannot use this argument is that it is simply not true. Those who die young through bad behaviours actually save money for the healthcare system. If we are to accept the argument about taxes and the cost of health care, then we should admit that smokers, drinkers and over-eaters actually pay more than their fair share in tax for their healthcare costs. I think members will agree that we do not get told about these sorts of things.

<22>

I turn now to a general point that I have made previously about nanny statism: It is not the job of government to tell people how to live their lives. The irony of this situation is made clear by the participation of The Greens in this debate. The Greens lament the use of alcohol and tobacco, and call for its increased regulation and higher taxes, but are strangely silent on their preferred delivery method for marijuana. The Greens are moving towards a prohibitionist regime for alcohol and tobacco yet an increasingly free regime for the use of marijuana. I would be delighted to hear how The Greens can possibly rationalise that set of contradictions in a reasonable argument; they cannot. The Greens are picking winners and losers.

The Greens look at the alcohol industry and say, "Big alcohol is bad; therefore, we should oppose it." They look at the tobacco industry and say, "Big tobacco is terrible; it is run by people who want to make money so we will oppose it. But marijuana is run by small, independent growers on the North Coast of New South Wales so we are happy to support them." The moment The Greens oppose marijuana decriminalisation will be the moment British American Tobacco decides to get involved in marijuana cropping and production. That will be exactly the moment when they will suddenly have this revelatory vision that they must oppose marijuana decriminalisation—namely, the moment that industry and profit can be made out of it.

Finally, I would like to list 10 health tips for young people that I have come across, which I am sure will be completely familiar to those who have children in the school system. The tips are as follows: Always keep yourself clean and exercise your body—light, air and water can help you with this. Look after your teeth—strong and healthy teeth are a source of pride. Eat plenty of raw fruit, uncooked greens and vegetables, first washing them thoroughly in clean water—fruit contains valuable nutrients which cooking eliminates. Drink fruit juice and leave coffee to the coffee addicts—you do not need it. Shun alcohol and nicotine—they are poisons which impair your development and capacity to work. Take physical exercise—it will make you healthy and hardy. Sleep at least nine hours every night. Practice first aid for use in accidents and all your activities are governed by this slogan: It is your duty to be healthy. Does that sound particularly unreasonable?

The Hon. Shaoquett Moselmane: No.

The Hon. Dr PETER PHELPS: No, it does not. Do members know where it comes from? It comes from the 10 commandments issued by the Reich physician to the Hitler Youth in 1939. It was predicated by rule number one: "Your body belongs to the nation, to which you owe your existence, and you are responsible for your body." That is the mantra of health totalitarians everywhere.

The Hon. SHAOQUETT MOSELMANE [4.03 p.m.]: I speak in debate on the Public Health (Tobacco) Amendment (E-cigarettes) Bill 2015 which has as its object is to amend the Public Health (Tobacco)