

Legislative Council

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LOCAL GOVERNMENT (MISCELLANEOUS) AMENDMENT BILL

The Hon. A. BRESSINGTON (17:03): I rise to indicate that I do not support the bill introduced by the Hon. David Ridgway. The decision not to support this bill is based on the fact that, for any legislation related to substance abuse, the government, and in fact the opposition when in government, relied on scientific evidence that initiatives were worth pursuing. Mr Ridgway has himself said that this bill would be a world first, and I have to wonder whether other governments around the world have not implemented such action because they believe that it does actually overstep the mark.

Smokers have been subjected to all kinds of legislation restricting the use of their drug over the past few years, and the Rann government has cooperated with other state anti-smoking initiatives. The results of these are clear. There has been a 20 per cent reduction in people who smoke tobacco. This can be attributed to the fact that smoking has been made socially unacceptable through changing public perception and attitudes and, through public perception and attitudes, smokers are now frowned upon in many social circles that once upon a time did not give smoking a second thought.

Once again, I have to pose the question: if such initiatives have been successful for creating a reduction in demand, why wouldn't the same approach be effective for illicit drugs, and why wouldn't governments draw the bow between the successes that they have had with reducing the demand for tobacco and, in turn, reduce the demand for illicit drugs? Surely we all acknowledge that addiction is addiction yet, for some reason, nicotine addicts are portrayed as being somehow far more socially unacceptable than any other kind of addict.

We have seen the advertising on television showing what happens to a smoker's lungs and aorta. We have also seen how smoking can cause blindness and, of course, the latest shock ad showing a man who has had his voice box removed and also being diagnosed with lung cancer who dies before he is able to see his daughter.

We have seen hospital scenes where people are diagnosed with lung cancer and the effect it has on their family. We have also heard the excuses made by smokers as to why they could not, or would not, quit. We have seen smoking advertising removed from television, and we have also seen legislation that restricts the use of tobacco—with the promise of more to come, apparently.

All of this working together, the synchronised and committed effort to reduce smoking, has worked well. As I have said before, we have seen a 20 per cent reduction, and that is good. However, people are confused because we hear that zero tolerance does not work, but clearly it does. Smokers are being demonised and made to feel less than part of the human race for doing something that is legal, albeit harmful. Yet, on the other hand, they see and hear every excuse under the sun made by those who partake in illicit drug use.

Drug users have the right to choose to use, we hear. Centres are established to deliver free drug replacement and hand out needles willy-nilly, sometimes to the detriment of those law-abiding citizens who find themselves in the vicinity of such places or who reside near one of those clinics. Yet all of that is ignored and swept under the carpet, and it is just the poor drug user—they do not know any better.

The smoker has been threatened just recently with having to pay a \$2 tax to cover the cost of cleaning up cigarette butts, but there has been no mention of the cost to any council to clean up inappropriately disregarded syringes. We have seen smokers threatened with not being able to smoke at the beach because of the environmental damage that is caused—no mention of how many bongs are found underneath the jetties and how many of them wash out into the ocean and pollute the waters and harm our sea-dwelling animals. We have also not heard how much councils spend on beach sweeping for syringes. No, Mr President, it is the smokers. They are the burden to the entire society. Those who are not doing anything illegal will pay, but those who are breaking the law will have every service and excuse possible allowed to them.

Even some politicians in here are determined to create discourse among our youth and, whether or not they believe it through their reckless campaigns, have convinced our kids that illicit drugs are not as harmful as legal drugs, yet if we saw the population of illicit drug users rise to the levels of use of tobacco, it is reasonable and logical to assume that the harms of illicit drugs would also become more prevalent—and this is not rocket science. How can anyone sit in this chamber and proclaim to give a hoot about the health of South Australians where alcohol and tobacco are concerned and then, either knowingly or unknowingly, promote the use of illicit drugs?

How can we demonise smokers for drawing breath and then say that inhaling cannabis smoke is less harmful? But all of this, of course, is for another debate, and I will get back to the bill before us. I see that the Hon. David Ridgway's unique approach to nicotine addiction is one that further demonises those addicts rather than putting forward any initiative to assist them to stop. For example, for nicotine addicts not to suffer from cravings, perhaps the government could subsidise nicotine replacement therapies for people who want to stop. We have no problem with providing amphetamine replacement therapies and opiate replacement therapies, and given that nicotine has now been proven to be the most addictive drug and the most used drug, causing more deaths than all the illicit drugs together, one would think that both governments and oppositions would show smokers as much compassion as we show the users of illicit drugs to make up the less than 2 per cent of the total population.

I know that the Hon. Mr Ridgway would like to rid South Australia of the curse of smoking, and that is an honourable goal, but surely consistency of approach is also necessary. Perhaps we could put forward legislation that would give an incentive to employers who provided nicotine replacement therapies to employees who smoke, and part of their employment agreement would be that employees would not indulge in smoking during working hours. Surely this would be a far more positive approach than banning smoking in the CBD which, from feedback I have received, may run the risk of reducing trade.

When I was a smoker, any such ban would have seen me just not go where the ban was in place and shop in my local district, or organise my retail therapy sessions for off-ban days, which may even see an increase in risk to non-smokers in those days because the smokers may flock to the city centre for the ban-free days. It is also interesting that places that sell alcohol are not included in this ban. So, we may see an increase in the trade for those places (cafes and hotels), and smokers may be tempted to indulge in a drink or two during their lunch break while they smoke. Given that not every workplace is as forgiving as this one with respect to the consumption of alcohol during work hours, we may find that, through this legislation, we have created yet another set of problems for employers to deal with.

It is a curious distinction, I think, for the Hon. Mr Ridgway to include this exemption in his world-first piece of legislation, and it may come as a real shock to him to hear that, as a non-drinker, I find the smell of alcohol as disgusting as cigarette smoke smells to non-smokers. I can smell alcohol on a person from 50 paces, and that is as offensive to a non-drinker. Perhaps the honourable member will give some consideration to that fact—

Members interjecting:

The PRESIDENT: Order!

The Hon. A. BRESSINGTON: The fact is that all addicts should be treated equally. Services should be made available that are not defined by a certain drug, but based on the fact that a person is addicted and will suffer serious health consequences in the future, and also based on the fact that we are doing more harm than good by not treating all drugs as harmful. This debate has become almost ridiculous, where our personal preferences stand between good sense and good policy. All drugs are harmful, all have serious health consequences and every addict suffers from the same struggles to stop their use. The drug of choice is irrelevant.

In this place we will use the evidence-based argument to refute parts of what I have said here today about all drugs having the same level of harm. I have said here that we simply do not do the independent research on illicit drugs that we do on alcohol and tobacco, and that was proven when I attended the conference in Sweden in September. A person from alcohol and tobacco research spoke, criticising the research presented on illicit drugs as being uncoordinated and disjointed. He presented great stats on the health harms of alcohol, patterns of use and how those patterns led to further social harms.

He was also able to present an estimate on the economic and social cost to the local and global community caused by alcohol use. All the funding for this research was provided by the government. Millions of dollars was poured into the research and to peer review papers in that entire process. Then, another professor addressed the conference on a methadone study done over five years. He also presented great research on how this particular therapy was not meeting expectations and was not being administered in an efficient manner, and also how those on a methadone program were more likely than the general population to contract the blood-borne viruses associated with drug use.

This presentation was a full research project that needed also millions of dollars to conduct. This professor's funding came from the non-government sector, which fund-raised to get the money necessary to undertake and complete the first independent international study on methadone. He did not get one red cent of government funding for this research, hence the reason why the research on illicit drugs is so one-sided. Again, I will go into that in a further debate. However, it shows the incongruence of the data we are working with.

Anyone on the street and anyone dealing with people who use drugs gives a very different story to the level of drug use and the patterns of drug use on which we are building our policy, and that is because evidence-based research has been set aside for more eminence-based research. The observations of non-government organisations that deal with this day to day and the data they collect is not regarded as relevant research data. Many workplaces now test for illicit drugs and have programs on offer for their employees to beat the use of illicit drugs. I believe the mining industry is very compliant in this area. Given the serious effects of smoking and the fact that there are so many smokers, why would we not pursue ways of assisting the smokers and assisting the employers to create a smoke-free workplace?

In fact, given the stated success of the methadone program, one has to wonder why nicotine replacement was not more widely implemented years ago. That would at least show that governments are prepared to put back some of the taxes they make from tobacco into assisting those who are addicted to nicotine.

I also believe that this is one of the major arguments used in the debate to legalise marijuana: regulate the sale, tax it and put the money back into treatment and rehabilitation. Of course, we have all seen how that works in real life so far with alcohol and gambling. Governments and apparently oppositions are almost schizophrenic in their approach to drugs and addiction, and there seems to be a hierarchical approach to drugs and how we treat addiction.

None of this is helpful and none of this is in tune with what the people of this state or country expect of their legislators. By all means implement initiatives that will reduce use. As to supply and demand, if we reduce the demand by providing viable alternatives it must follow that we will reduce the use and the harm. But, for goodness sake, let us be realistic and empathetic to the struggles of addicts—all addicts—and not pick and choose those we will provide help to and those we will not.

Perhaps the Hon. Mr Ridgway will give some thought as to whether alcohol consumption and all that goes with that is just as offensive to non-drinkers as is smoking to non-smokers. Perhaps he will also consider that the harms of alcohol when it is abused is very much comparable to smoking cigarettes, and then perhaps we can hope for some balance and effective legislation being put before this parliament, rather than a bill that I believe was more for political gain and headlines.

While talking about the quality of research, we have seen some pretty dodgy research presented here about the health benefits of cannabis. I did not hear anybody laughing when it was presented, so I refer to a research project from China talking

about the health benefits of smoking. I will read three small paragraphs under the headline 'Smoking linked to decrease in uterine cancer risk', as follows:

New York (Reuters Health) . Cigarette smoking appears to be associated with a decreased risk of cancer in the endometrium, the inner lining of the uterus, research from China suggests . ' The benefit of smoking was observed almost exclusively in post-menopausal women and not in pre-menopausal woman', principal investigator Dr Bin Wang of Nan j ing Medical University told Reuters Health.

Endometrial cancer is commonly thought to be linked with exposure to estrogen. It has also been suggested that cigarette smoking exerts an anti-estrogen effect, but previous studies have provided inconsistent findings regarding the link between cigarette smoking and endometrial cancer risk. Wang and colleagues therefore investigated these relationships by combining data from 34 studies published through June 2007. Their findings, which appear in the American Journal of Medicine , suggest a history of cigarette smoking decreases the risk of endometrial cancer from between 18 to 29 per cent.

This association was significant for both current and former smokers. Upon further analysis the researchers found that a statistically significant relationship was found between smoking and a decreased endometrial cancer risk among post-menopausal women. Moreover, among women taking hormone replacement therapy, cigarette smoking was associated with about a 50 per cent decreased risk of endometrial cancer.

I do not think any of us believe it or would justify encouraging people to smoke cigarettes because of this study and its contents. My point is that we in here need to be very discerning about the research we put forward to argue for and support our legislation. We have a moral and social responsibility to ensure that what we put on the record to persuade our fellow parliamentarians whether or not to pass a bill is discerning, because this piece of research I would not endorse or believe and, therefore, other pieces of research presented in here about the use of other drugs we need to be very critical of.

I do not support the bill. I admire and agree with the sentiments behind it, but if we are to try to reduce the use of a particular drug we should do it the tried and proven way, with support and treatments available. This naming, shaming, fining, putting people in more distress and under more stress, being judged and demonised even more, from my experience, just makes them smoke more. To be defined or to be whatever will not do one single thing to reduce smoking. We argue in this place for the reduction of drug use from a health viewpoint, do we not? I hope that the opposition will be more inclined to put up other legislation that is more meaningful to produce the outcomes we are looking for, that is, to reduce the use as well as reduce the harm.

Debate adjourned on motion of Hon. B.V. Finnigan.