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To:	Tasmanian Salmon Study Secretariat
Cc:	Meg Creely; claresmith7@gmail.com; Sharon Stevenson
Subject:	AMA Submission on Salmon Industry
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Please find attached the AMA Tasmania submission on the Draft Stakeholder Engagement Plan and Draft Study Plan as part of the Tasmanian Salmon Industry Independent Study.

We look forward to contributing further as the study progresses.

Kind regards

Lara

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We acknowledge Palawa/Tasmanian Aboriginal people as the original owners of Lutruwita/Tasmania.

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AMA Tasmania Submission

Draft Stakeholder Engagement Plan and Draft Study Plan

Independent Study of the Tasmanian Salmon Industry

AMA Tasmania response: health concerns, antibiotic use and antimicrobial resistance

Thank you for the opportunity to meet with Dr Wendy Craik AM and Cameron McLennan on 1 July to discuss AMA Tasmania's concerns regarding antibiotic use in the salmon industry and its potential contribution to antimicrobial resistance. Representatives from Doctors for the Environment Australia also attended and share these concerns.

We understand that a further opportunity will be provided later this year to make submissions on the broader issues, and that the current consultation is focused on the Draft Stakeholder Engagement Plan and Draft Study Plan.

AMA Tasmania welcomes the inclusion of public health within Topic #3 of the Draft Study Plan and the recognition, in both the Study Plan and Stakeholder Engagement Plan, that health impacts include public health, ecosystem health, wildlife impacts and salmon health. We also acknowledge the proposed consideration of antibiotic and chemical use, engagement with animal and human medicine professionals, and a proposed technical workshop on "Antibiotic Stewardship and Public Health". These inclusions are important and should be retained.

However, AMA Tasmania considers that both documents should be strengthened to better address the public health dimensions of salmon farming, particularly the use of antibiotics in open-pen aquaculture and the potential contribution to antimicrobial resistance. The current references to antibiotic use are relatively brief and are largely framed as one component of fish health, environmental risk and residue monitoring. In AMA Tasmania's view, antimicrobial resistance should be treated as a distinct and material public health issue requiring a dedicated One Health assessment across human health, animal health, food safety, occupational exposure and the marine environment.

While AMA Tasmania's primary concern remains the potential human health implications of antimicrobial resistance, the study should also consider broader public health dimensions where they are relevant. This includes community wellbeing and sociocultural issues such as public confidence in water quality, access to recreational waterways, amenity, cultural connection and mental wellbeing.

Antimicrobial resistance is a major and growing threat to public health. Antibiotic use in aquaculture can create selection pressure for resistant bacteria and resistance genes, particularly where medicated feed is used in open aquatic systems and residues may disperse into surrounding water, sediments, wild fish and other marine organisms. The risk is not limited to residues in seafood for human consumption. It also includes the potential development and spread of resistant organisms through environmental pathways, occupational contact, food handling and broader ecosystem interactions. These risks are often long term and difficult to reverse once established. For this reason, the assessment should not be confined to whether antibiotic residues fall below food safety thresholds.

AMA Tasmania is particularly concerned that the Draft Study Plan does not appear to require a

comprehensive assessment of antibiotic stewardship, antimicrobial resistance surveillance, monitoring of antimicrobial resistance genes, cumulative exposure pathways, environmental reservoirs of resistance, or the adequacy of governance arrangements for public health oversight of aquaculture therapeutant approvals and monitoring.

Recent Tasmanian experience with the use of oxytetracycline and florfenicol, including public health advice to recreational fishers and concerns raised by Tasmanian agencies about the evidence base for florfenicol use, demonstrates that these issues are live, local and directly relevant to the study's terms of reference. The study should specifically assess whether current monitoring arrangements are capable of detecting and tracking antimicrobial resistance genes in marine environments over time, consistent with contemporary One Health approaches to antimicrobial resistance management.

Consistent with AMA Tasmania's position on antibiotic use in aquaculture, the study should be guided by the precautionary principle. Where there is credible scientific uncertainty regarding potential impacts on human health, antimicrobial resistance or the marine environment, the absence of complete evidence should not be used as a reason to defer investigation, monitoring or appropriate risk management. This is particularly important in circumstances where contributing to antimicrobial resistance could carry serious implications for human health.

The study should therefore give particular attention to identifying evidence gaps and recommending monitoring, surveillance and governance arrangements that are proportionate to the potential scale and persistence of harm. This should include baseline and ongoing monitoring of antibiotic residues, resistant bacteria and antimicrobial resistance genes in water, sediments, wild fish and other relevant environmental samples; transparent reporting of antibiotic quantities, timing and site locations; and independent scientific oversight involving public health, infectious diseases, microbiology, environmental health and One Health expertise.

The final Study Plan should include a more explicit and detailed set of public health questions, including:

- What antibiotics and other therapeutants have been used in Tasmanian salmon farming, in what quantities, at which sites (including hatcheries), and under what approval, veterinary and regulatory conditions?
- What is known about antibiotic residues in sediments, water (fresh and salt), wild fish, shellfish and other non-target species, and what are the limitations of current monitoring?
- What evidence exists regarding the emergence, persistence or spread of antimicrobial-resistant bacteria or resistance genes associated with salmon farming in Tasmania?
- Are current monitoring arrangements sufficient to assess antimicrobial resistance risk, or are they primarily designed to assess residue exposure and food safety?
- How do Tasmania's antibiotic stewardship, reporting, public health oversight and antimicrobial resistance surveillance arrangements compare with best practice in other jurisdictions?
- What governance arrangements are required to ensure transparent, independent and timely public health advice when antibiotics are used in marine farming?
- What preventive measures, including vaccination, biosecurity, stocking density, fallowing, environmental controls and alternative production systems, are needed to reduce reliance on antibiotics?

AMA Tasmania also recommends that the Stakeholder Engagement Plan be amended to recognise health sector stakeholders as a specific stakeholder group. The current stakeholder register identifies communities, industry, environmental organisations, regulators, scientific experts and others, but does not expressly identify health organisations or medical representatives. Given the stated inclusion of public health in the study, this is a significant gap.

Medical, public health, infectious diseases, microbiology, toxicology, environmental health and One Health expertise should be actively sought, not treated as incidental to animal health or environmental regulation.

AMA Tasmania requests that it be formally included as a stakeholder for the purposes of the study and invited to participate in any consultations, roundtables or technical workshops dealing with public health, antibiotic stewardship, antimicrobial resistance, food safety, recreational fishing advice, environmental health risk communication and health system implications.

AMA Tasmania represents the medical profession in Tasmania and has a clear interest in ensuring that public health risks are independently assessed, transparently reported and managed in a way that is consistent with contemporary One Health principles.

In summary, AMA Tasmania supports the intent of an independent, evidence-based study and welcomes the inclusion of public health, antibiotic use and a proposed technical workshop on antibiotic stewardship. However, both the Draft Study Plan and Stakeholder Engagement Plan should be strengthened to ensure that human health and antimicrobial resistance are not underweighted.

The final Study Plan should include a dedicated, transparent and multidisciplinary assessment of antibiotic use and antimicrobial resistance risk, guided by precautionary and One Health principles. The Stakeholder Engagement Plan should also expressly identify AMA Tasmania and other relevant health stakeholders as participants in the engagement process.

Yours sincerely



Dr Meg Creely
President AMA Tasmania