

Opening statement: To the Select Committee on Personal Choice and Community Safety

On behalf of Professor Bruce Maycock, A/Professor Jonine Jancey and Ms Kahlia McCausland

In our original submission we urged this committee to adopt the precautionary principle when dealing with vaping. We based this recommendation on the facts that the evidence relating to the claimed benefits of vaping were unclear and the evidence of harms were emerging as was suggestion of possible links between prior vaping and subsequent tobacco consumption amongst youth. Since that submission in October there have been numerous publications highlighting harms related to vaping, a few publications demonstrating a relationship between vaping and subsequent tobacco consumption amongst youth, a dramatic escalation of youth vaping in the US which has prompted attempts to put in place control measures and also publications indicating mixed results regarding use as a harm reduction approach. Sadly we have had the poisoning of children and internationally exploding vaping devices.

As public health researchers our job is to judge the quality of evidence in research and other publications, to examine papers in detail, critique study designs, the treatment of the evidence, and to then be directed by that evidence base. Unfortunately the creation of an evidence base is not achieved by a single study. Within the area of vaping we see evidence of bias in the reporting of results when conflict of interests are identified, we see inconsistent results and we see selective reporting of results and, unfortunately this is normal when the area is relatively new and when there are vested interests associated with commerce.

To assist the committee with its deliberations my colleague Kahlia McCausland has collated a table: Titled Briefing notes: Select Committee on Personal Choice and Community Safety. This table presents a summary of evidence in the left hand column and the source on the right. I would like to bring your attention to a number of the sections. In section 2. we provide data on smoking rates in Australia, Western Australia, United States, UK, Canada and New Zealand. In section 3 we provide details related to Vaping use in Australia and use by secondary school students (4% of 12 year olds and up to 21% of 17 year olds), and comparative use in other countries. The report cited from the US is particularly disturbing as it indicted 'current use' had increased from 1.5% in 2011 to 20.8% (or from 220,000 to over 3 million students). This increase use runs parallel to increased availability and sustained and invasive marketing of vaping products. In section 6 we provide two new papers that present evidence that prior use of vaping products is linked to a greater likelihood of tobacco use (up to 4 times more likely). In section 11 we present data from Ms McCausland's research related to the promotion and marketing of ENDS. In exhibits A-D we provide some comparative examples of previously used tobacco marketing and recent marketing used to promote ENDS.

Finally I would like to highlight section 8 section 9 and the range of highly reputable organisations that are recommending a cautionary approach based upon the precautionary principle, including WHO, our NHMRC, Therapeutic Goods Administration, US National Academy of Sciences, Engineering and Medicine and Australia's CSIRO. Australian Medical Association, and many others.

However In the end the decision to act is a decision of government and the level of risk it wishes to expose its people to.