

# **SELECT COMMITTEE ON PERSONAL CHOICE AND COMMUNITY SAFETY**



**TRANSCRIPT OF EVIDENCE  
TAKEN AT PERTH  
FRIDAY, 23 NOVEMBER 2018**

**SESSION 1**

**Members**

**Hon Aaron Stonehouse (Chair)  
Hon Dr Sally Talbot (Deputy Chair)  
Hon Dr Steve Thomas  
Hon Pierre Yang  
Hon Rick Mazza**

---

**Hearing commenced at 9.47 am**

**Mrs CHRISANDRA LUKJANOWSKI**

**Chief Executive, Injury Matters, sworn and examined:**

**Ms SAMANTHA DOWLING**

**Partnership and Sector Engagement Lead, Injury Matters, sworn and examined:**

**Dr ANN-MAREE LYNCH**

**Head of Department, WA Poisons Information Centre, sworn and examined:**

**The CHAIR:** On behalf of the committee, I would like to welcome you to the meeting. Before we begin I must ask you to take either the oath or the information.

[Witnesses took the affirmation.]

**The CHAIR:** You will have signed a document entitled “Information for Witnesses”. Can you confirm that you have read and understood that document?

**The Witnesses:** Yes.

**The CHAIR:** These proceedings are being recorded by Hansard and broadcast on the internet. A transcript of your evidence will be provided to you. To assist the committee and Hansard, please quote the full title of any document you refer to during the course of this hearing for the record. Please be aware of the microphones and try to speak into them. Ensure that you do not cover them with papers or make noise near them. When speaking, please try to speak in turn. I remind you that your transcript will become a matter of public record. If for some reason you wish to make a confidential statement during today’s proceedings, you should request that the evidence be taken in closed session. If the committee grants you request, any public and media in attendance will be excluded from the hearing. Please note that until such time as the transcript of your public evidence is finalised it should not be made public. I advise you that publication or disclosure of the uncorrected transcript of evidence may constitute a contempt of Parliament and may mean that the material published or disclosed is not subject to parliamentary privilege. Would you like to make an opening statement to the committee?

[9.50 am]

**Mrs Lukjanowski:** Yes. Thank you to the honourable Select Committee on Personal Choice and Community Safety for inviting Injury Matters to attend this hearing today. At Injury Matters, we lead the way across Western Australia in preventing injury and supporting recovery by providing programs and services to the community. We were driven to make our submission to the select committee as we are supportive of the implementation and enforcement of any legislation that goes to reduce the incidence and occurrence of injury in the community. I would like to reinforce our position that we feel that governments play a key role in public health measures, even in areas where measures appear to restrict personal choice. As the fourth most common cause of death in 2007 to 2011 and hospitalisation in 2008 to 2012 in Western Australia, injury is a public policy priority that needs coordinated action across all areas of government and the public sector. One action that supports a coordinated response is by the passage of legislation through Parliament, and goes to remove the risk and increase community safety.

---

As part of our submission, we prepared a position statement endorsed by a raft of partners, including the Public Health Advocacy Institute of Western Australia, Royal Life Saving Western Australia, the WA Poisons Information Service and Paraplegic Benefit Fund, just to name a few of the supporting organisations. The position statement highlighted the importance of government's role in society to legislate and ensure that all members of society have an opportunity to live long, happy and healthy lives. Additionally, the statement argued that we live in a complex modern society that needs regulation, and the notion of reducing regulation in support of individual freedom ignores this reality. Injury across the age span can be predicted and prevented through coordinated, evidence-based policies, programs and legislation. Ongoing investment in legislation and regulation is imperative to improving the lives of Western Australians and is critical for reducing the cost and burden of injury in Western Australia.

In regards to three of the terms of reference, I would like to reiterate a couple of points from our submission. Regarding the use of e-cigarettes, Injury Matters believes that if the popularity and access to e-cigarettes were to increase in Western Australia without legislative intervention and regulation, injuries from e-cigarettes would undoubtedly increase in both occurrence and severity. Nicotine is an extremely toxic substance, with liquid nicotine used in e-cigarettes posing a serious risk to young children in our society. The effects of exposure range from relatively mild, including irritation to the skin and eyes as well as nausea and vomiting, right through to the severe—life-threatening illness and, in some cases, death.

Regarding bike helmet laws, Injury Matters puts forward that bicycle helmets are of critical importance to reducing road trauma and do not impinge on the individual's personal liberties. Not wearing a bicycle helmet may be the difference between a minor injury or a serious, if not fatal, head injury. In 2017, an Australian literature review of studies assessing bicycle helmet effectiveness to mitigate serious injuries in crash or fall found that bicycle helmet use reduces the odds of head injury by 51 per cent, serious head injury by 69 per cent and fatal head injuries by 65 per cent. In 2017, three of the seven cyclists who were killed on WA roads were not wearing a helmet at the time of the crash.

Regarding pool fencing, Injury Matters is supportive of reducing the drowning risk to young children and their families through the implementation of pool fencing regulations in Western Australia. The fact that WA has the highest rate of pool ownership as well as the strictest pool barrier legislation in the nation, one can conclude that pool fencing does not hinder, restrict or impact on pool users' wellbeing and enjoyment. On the contrary, it ensures that pools are a safe and enjoyable addition to many households in Western Australia.

Regarding other measures, Injury Matters supports health-driven, evidence-based legislation and policies that support appropriate regulations that reduce injury across the community. Sadly, all too often poor and ill-informed individual choices often result in family members, communities and governments having to pick up the pieces and support recovery. Injury prevention interventions such as legislation aimed at reducing harm are uniquely cost-effective and represent significant value for money. Injury Matters trusts that this inquiry will recognise that sensible regulation via legislation results in better, fairer, cost-effective, long-term health and social benefits, as well as injury-free outcomes for Western Australians.

**The CHAIR:** Thank you very much. I note in your submission you state that the 2014 study by European Addiction Research—that would be the Nutt et al paper, I believe—that reported that e-cigarettes were 95 per cent less harmful than tobacco cigarettes has largely been discredited. Can you provide any information on studies which formed that view?

---

**Dr Lynch:** I would need to take notice on that particular paper, but I can comment in terms of the toxicity of nicotine. I suspect that paper was referring to lung health in adults. Correct me if I am wrong, but I would need to take that on notice. However, from the Poisons centre's point of view of the toxicity risk that nicotine poses to the community, our concern is with highly concentrated nicotine solutions that can be used in refills. They certainly pose a high public health risk. We have had a number of cases where children have been exposed to and ingested these liquids. They can come in highly concentrated forms, as you know, from small two milligrams per mil up to solutions that contain 200 milligrams per mil of nicotine. At that dose, a single mouthful or one millilitre of nicotine is a fatal dose for a child. There have been paediatric deaths through inadvertent exposure. That is what we perceive as the risk.

**The CHAIR:** You have raised a few issues there that I would like to ask you about in due course, but before we move on, if we can just clarify what you will take on notice about that question. What I am interested in is if there is a specific study that informs your view that the 2014 European Addiction Research report has been widely discredited. If there is a specific study or a group of studies that formed the view, that would be helpful.

**Ms Dowling:** Certainly.

**Hon Dr SALLY TALBOT:** If I can just follow up on a couple of things you said in your response to the Chair's question. Are you saying that a fifth of a teaspoon—that is almost like a drop on a teaspoon—could be fatal?

**Dr Lynch:** Yes.

**Hon Dr SALLY TALBOT:** Is that in a fluid form inside the refill capsule?

**Dr Lynch:** In a fluid form. As you know, nicotine is available. It is widely used in the community. Nicotine has been used across the centuries in all communities, from chewing tobacco to whatever. Today, it is commonly available. There is Nicorette, there is chewing tobacco, there are gums, there are patches and so forth. In controlled amounts—designed control amounts—that does not produce nicotine toxicity in the adults that consume it. However, nicotine refills for e-cigarettes are available and the concentration of nicotine in those refills is highly variable. Some refills have concentrations of less than one milligram per millilitre of solution. They are available on the internet—up to 55 gallons, I have noticed—of liquid nicotine solutions that are in concentrations of up to 200 milligrams per millilitre. Certainly, that is a highly toxic solution and there needs to be strict regulation and rules, either in terms of importing that or the storage and the regulation of that sort of concentrated amount of nicotine.

**Hon Dr SALLY TALBOT:** In terms of what might be lying around a house, where people are—I was going to call them “smokers”, but whatever you want to call them; the users of nicotine—what is the relative risk? Presumably there is some risk of a child finding a packet of cigarettes and sucking on them or chewing on them or ingesting them.

**Dr Lynch:** And that does happen. It is not an infrequent call to Poisons Information. Given the sensitivity of young children to nicotine, we routinely send all children that consume any nicotine to hospital for observation. I extracted WA Poisons Information Centre data for the last 10 months and looked at exposures over that period of time; 36 per cent of the cases involved children under 15 years of age.

**The CHAIR:** That is for nicotine poisoning—36 per cent?

[10.00 am]

---

**Dr Lynch:** This was an exposure to nicotine solution—either an e-cigarette itself or a refill solution that would be used in the use of e-nicotine. All of those children were sent to hospital. There were some cases of serious toxicity. There were also cases where people have, I suspect illegally—I am not clear on the legislation—brought in concentrated concentrations where children may have been exposed. Associated with this use is that there are products and solutions that are highly dangerous to young children, and certainly these exposures do occur.

**Hon Dr SALLY TALBOT:** Relatively, is it more dangerous than, say, alcoholic spirits?

**Dr Lynch:** Far more.

**Hon Dr SALLY TALBOT:** I am just imagining—you said an amount there that made me think of a fifth of a teaspoon, so relatively speaking.

**Dr Lynch:** There are very few solutions that are as toxic. If you are talking about the concentrations that are a concern, it is around 200 milligrams per mil—that sort of solution. There are very few substances in the community that are that potent, where a millilitre will kill a child. They fall into substances like concentrated organophosphate insecticides that are used on farms, paraquat, which is a potent herbicide which is used on farms. We are talking about, at these concentrations, a very high risk, highly toxic solution that poses a risk if it is brought into the household, indeed, even for adults through inadvertent use—transferring it to another container and not sure what it was. These sort of scenarios occur all the time to Poisons, where something is transferred to an unmarked container and someone just takes a swig. There is the potential even to cause serious poisoning in adults. In the data that I extracted—WAPIC data for the last 10 months—there was indeed a case of an adult who became severely unwell, where he said he had mistaken it for another pharmaceutical and ingested a considerable amount. Certainly, that developed life-threatening toxicity in that individual.

**Hon Dr SALLY TALBOT:** What about relative to Nicorette chewing gum?

**Dr Lynch:** They have control. Nicotine available over the shelf and at chemists vary in the contents. There are some that are two milligrams per chewing gum, eight milligrams per chewing gum. They certainly pose a risk to children as well. It may only be one gum or one cigarette.

**Hon Dr SALLY TALBOT:** Is there an equivalent degree of toxicity in Nicorette or not?

**Dr Lynch:** The concentration of nicotine in those products is at least one-tenth the concentration that can be available in some of the concentrated nicotine solutions. Getting back to your question on ethanol, certainly ethanol is a problem for young children as well. Ethanol is ubiquitous; it is in many cleaning products, it is in all the hand gels and so forth. It is quite concentrated—70 per cent solutions in things like the antiseptic hand gels that people use. But, no, usually a lick or a teaspoon of those does not pose the same risk that these highly concentrated nicotine solutions would pose for young children.

**Hon Dr SALLY TALBOT:** Thank you.

**Hon RICK MAZZA:** I understand that nicotine is a highly toxic substance, but I mean around a household, for children there are so many dangerous chemicals, whether they be cleaning products or garden pesticides or even medications lying around the house. Would you concede that a lot of these would be about adults making sure that children just do not have access to anything that may harm them?

**Dr Lynch:** That is always the case—there are parental and caregiver responsibilities in all things. But as I think I mentioned previously, there are few substances, very few pills—there is a small list—that we are well aware of in Poisons where one tablet can kill a toddler. They generally include some of

---

the cardiac medication and the potent opioids. There are very few solutions, as I said, where one teaspoon will kill a toddler, and they include things such as organophosphates. Normally, people do not bring concentrated organophosphate solutions into their home. Normally, they are stored on farms and most people are very responsible about the storage and usage and dilution of those and they do not allow their children near them. My concern here is that these products of a highly concentrated nicotine solution are available on the internet, people do import them by whatever means, and they can be brought into the home. This needs to be recognised—the potential risk if such solutions were brought into homes.

**Hon RICK MAZZA:** That is one of my concerns. People who cannot access the nicotine liquid in Australia are importing them, where it is unregulated by Australian authorities. My thought is that if it was available in Australia, then there would be those regulations in place so that there was not such a highly concentrated nicotine liquid coming into the country.

**Dr Lynch:** I take your point. I think that there needs to be—our Poisons centre issue is with these highly concentrated solutions and how we do not want them to find their way into homes.

**Mrs Lukjanowski:** Just to add to Ann-Maree's comments, I think it is really important to consider the packaging that these are stored in. If you look at the different vape liquids that are used, they are generally just in a normal opening bottle, dropper-type of formulation, so obviously they are easily opened and accessed by a child if not stored appropriately. But they also have pictures on them that might be attractive to a child, such as pictures of cakes, fruit—things along those lines. You also have the risk in terms of the way it is stored and the way it looks, and then it is therefore attractive to a young child, whereas them being regulated to be stored in more appropriate-style bottles and labelled accordingly, it might then also create some barriers to children obtaining access inappropriately.

**Hon RICK MAZZA:** Which if you had Australian control, you could actually then have those regulations in place. If people do not have access to it in Australia, then obviously they are going to other countries through the internet. It was just a point to make.

**The CHAIR:** Thank you, Rick. That is something I would like to maybe expand on. You said you were unfamiliar with the regulatory regime. Nicotine is currently scheduled as a poison under the TGA, and our own poisons act here in WA, I think, imposes a \$45 000 fine for anyone with liquid nicotine; just having it in possession, I believe you can incur that fine. No-one has received that fine to date yet. But there is something worth expanding on there—the idea that it is currently prohibited. It is illegal to import this stuff, unless you have a prescription. You can get a liquid nicotine prescription, although I understand they are very hard to obtain. So people are still vaping—you see them doing it everywhere; you can probably catch a few people here on Harvest Terrace or Parliament Place vaping throughout the day. So people are having to buy these liquids over the internet, where they do not have Australian consumer protections, they do not have Australian standards and they are probably not labelled to the same standard as Australian products. You are right; they are available in very high concentrations—large bulk orders of high concentrations. I believe the practice is, based on the people I have spoken to that vape and operate some of the stores here, that they then mix it themselves into lower concentrations. So they are not consuming it in those high concentrations, but they do buy it in bulk. One of the concerns I have heard from people that operate stores that sell some of the accessories for vaping—they sell the flavoured liquids without nicotine, which is legal, or they may sell replacement batteries or things like that—is that the vapers are coming to their stores who want advice on mixing liquid nicotine or on buying devices, and they are not able to provide them with that advice, at least legally. They are not able to mix it for them or show them how to do it safely. Based on what you were saying earlier, it sounds like you would support at least

some level of legalisation or regulation of vaping to at least ensure that some standard is imposed, as opposed to the current black market approach, where people import it, mix it themselves and potentially poison themselves or expose their children to poisoning; would that be right?

[10.10 am]

**Dr Lynch:** I cannot comment on legalisation of this. I think with the risk that these products pose, decisions need to be made by committees such as yourselves. But certainly in terms of if these products and solutions are legally available in Australia, then there needs to be quite tight regulation, as mentioned, in terms of storage, the packaging and childproof containers. Having said that, from my years in poisons I would have to say that there is essentially —

**The CHAIR:** They can still get around them.

**Dr Lynch:** — nothing that a child cannot get into. But having said that, yes, certainly it slows down their access; it limits the access of many children. Sometimes when you package things too well, people then adopt other strategies to make sure that they can get into it. So a lot of consideration needs to go into it, but the most pressing thing really is these highly concentrated forms that not only would pose risks to children, they pose risks to the importer who brings it into his home and his wife has a glass of it or something like that. So I certainly would support legislation that banned the importation of solutions such as that. They are also an environmental risk. If someone just decides that it is too much and they discard it in a creek or something, it is certainly something that would kill all the fish in the creek. So you are talking about highly lethal concentrations of solutions.

**The CHAIR:** Can you remind me—I think you may have mentioned it earlier—of the dose or concentration that is a health risk or, I suppose, a serious poison risk?

**Dr Lynch:** For most substances and drugs, we normally work on milligrams per kilo of body weight in determining toxic dose. Serious toxicity from nicotine has occurred in children at doses of two to five milligrams per kilo of body weight, and death certainly has been reported at doses of 10 to 20 milligrams per kilo of body weight.

**The CHAIR:** Okay. Do you have any information on adults?

**Dr Lynch:** That would be sufficient to kill an adult.

**The CHAIR:** That would apply to adults and children?

**Dr Lynch:** Yes.

**The CHAIR:** Thank you. There was another aspect of your submission that dealt with e-cigarettes and perhaps the unregulated nature of them currently. I think you raised some concerns around batteries exploding and things like that. I am sure many of us have probably seen videos of people's pockets exploding from batteries. It seems like, again, this is a result of a sort of black market in vaping and e-cigarettes. Again, the feedback I have from people that vape and people that sell these devices is that if you construct these things incorrectly with cheap imported batteries that are not subject to Australian consumer standards, that you are then really running a risk of these devices exploding on you. Whereas if you know what you are doing and you buy quality batteries and quality devices and you do not try to tinker with them yourself and jerry-rig inappropriate batteries, then you are relatively safe—you are as safe as carrying round, perhaps, a mobile phone in your pocket or something like that. Do you have a view there about the unregulated nature of batteries in these devices as they currently exist?

**Mrs Lukjanowski:** I think it would be difficult without really clear evidence around it. As you would be aware, there is probably not a great deal of in-depth longitudinal studies with regards to the effects, whether it be not just the use of it but also those peripheral issues with regards to injury

around it. I think more our concern in Injury Matters is if they were to become more prolific without regulation, without the right kinds of controls in place, that there is the risk whereby people have made homemade devices that therefore then pose a risk to themselves and to other people around them by using it. So I think that is probably much more our stance, and if it was to become far more widely accepted and used, I think it could become an issue. Do you have any details on this?

**Ms Dowling:** In relation to the batteries per se, I think we will take it on notice and get you back some evidence in regards to not necessarily people tinkering with batteries. We have had instances of mobile phone batteries exploding —

**The CHAIR:** Sure, yes.

**Ms Dowling:** — and they have not necessarily been tinkered with; they have just overheated. Some of the evidence we have found was that it was not a result of tinkering per se; it was the overheating and the burns that resulted from those injuries were quite extensive, through to an entire thigh. As I said, I will get you some more evidence in regards to that.

**The CHAIR:** That would be nice. What I would like as well, if you can provide it, is that I am wondering if the exploding batteries and the overheating is a result of the nature of these devices—the fact that they heat up liquids that contain nicotine—or if it is a result of shoddy manufacturers or an unregulated market where Australian consumer standards are not applied. Because there are obviously plenty of other electronic devices that heat things up that do not have a reputation for exploding. I am wondering if there is something unique about vaping devices or if it is their unregulated nature.

**Ms Dowling:** I will find some evidence. It might not necessarily be only in Australia. I can try to find some evidence of just battery manufacturing and then the resulting incidents that occur from those.

**The CHAIR:** That would be great. Thank you. I am also wondering—I do not know if you can tell me now—are you aware of other instances of personal electronic devices having sort of, you know, widespread battery problems and exploding on people? I know there have been a few controversial cases of laptops and mobile phones, but they seem rather small; there were product recalls and the problem was resolved rather quickly. But have there been any other instances of personal electronic devices having been prone to explosions?

**Mrs Lukjanowski:** No, none that have come to light in terms of being an emerging injury issue or topic in Australia. I think more than likely what we are probably seeing here with the vape devices is that because they are quite a unique device that is actually heating a liquid to a particular point, maybe that therefore predisposes the device a little bit, or, like you said, it might come down to manufacture or lack of regulation. It would be interesting to explore that.

**The CHAIR:** Thank you very much.

**Hon PIERRE YANG:** I have heard your evidence on nicotine and batteries. Do you have any position on e-cigarettes in general?

**Mrs Lukjanowski:** In terms of injury matters, we are obviously an injury-based organisation, so I would not be in a position to comment as to the long-term health aspects of it. But our position is more around looking at an injury topic, and that being poisoning, and then also an injury topic of burns in the case of whereby devices have then therefore exploded or had an incident. So that is far more our stance on it. I would not say that we are able to comment, or I do not feel that I am able to comment, as to the long-term health outputs or outcomes for people who switch from cigarette smoking to vaping or anything along those lines. But our concern, yes, is far more in terms of risk of poisoning and therefore burns and other injuries as a result. It comes down to that regulation and ensuring the safety of the overall community for people who are not able to access information to



ensure that they can make safe buying decisions when they are buying these things online, and things along those lines at the moment, it being not regulated, makes that difficult.

**Hon RICK MAZZA:** Moving away from nicotine and e-cigarettes for a minute, just more of a general question. I see in your letter to the committee on 5 October, in the last paragraph, you talk about the inquiry recognising sensible regulation via legislation to result in fairer and cost effective long-term social outcomes. Then in your position statement, in the second paragraph, you talk about the notion that we should reduce or remove regulations that support individual freedom, ignores the reality of a complex and modern society as far as injuries are concerned. But surely there needs to be some sort of balance between regulating and reducing injury. In your opening statement you spoke about three out of seven cyclist deaths, they were not wearing helmets, it would suggest to me that four were wearing helmets who were killed. Whether not wearing a helmet was a factor or not, I do not know whether there has been research around that.

[10.20 am]

When we had the Cancer Council in last week—I think it might have been—and we spoke about the factors why smoking was reducing, if my memory serves me right, one of the main factors was actually education around smoking, which was one of the biggest factors in reducing smoking rates. When you talk about regulating to try to reduce injury, to me a lot of it is commonsense. Even if you regulate, it does not mean that people are going to abide by the regulation, particularly young, foolhardy people who may be intoxicated. They do all sorts of things and end up in hospital with an injury. How do you balance between sensible regulation to try to reduce harm and still enabling people to live their lives without unnecessary regulatory burden?

**Mrs Lukjanowski:** I take on board everything you say there. The vast majority of what we see at Injury Matters, in terms of looking at statistics of people through injury, a lot of that is due to choice, whether it be poor decision-making, whether it be not taking appropriate safety measures before engaging in whatever that particular activity is. But I would probably say, I wish that we had the type of budget that the Cancer Council has in terms of getting their messaging out there so that people can make really good choices and can take that personal responsibility. Injury is something that costs WA over \$9 billion a year, so it is something whereby if we could encourage people to understand where their personal responsibility lies, I have no doubt that we would live in a much safer community. But at the moment, unfortunately, we have to rely on commonsense and we have to rely on other health messages getting out there. But also things along the lines of bike helmets and them being so prolifically advertised, encouraged—the fact that I was fortunate enough to grow up in Western Australia and to hear all the great messaging from Royal Life Saving about keeping watch of children around pools. Not everybody has had that experience. We have a great multicultural society now whereby some people are coming into Australia and have not heard those kinds of safety messages and are not able, therefore, to balance up the risks and really understand what might pose a danger. Although I would love us to be in a society whereby people could make really good informed choice that take into account their personal safety and that of those around them, we are still seeing three of those seven people choosing not to wear a helmet when it is very clearly stated that helmets are so important to be used. We still come up against that as well. Without advanced education programs around helping people to understand the risk of injury, it is pretty difficult to expect that to occur.

**Hon RICK MAZZA:** I appreciate that. Just as an example, swimming pool fencing—having had five children myself and a swimming pool, I understand the importance of that. However, sometimes where there are have natural waterways, like park lakes or canals, and sometimes we have the ridiculous situation where there is a canal with open water very steep to the canal and yet if you put

in a spa, you have to have a fence around that. But parents generally, if they are near a natural waterway, will keep a very close eye on their children to make sure that they do not wander off and put themselves in danger with that water. Sometimes something like a pool fence can give you a false sense of security on that. I have had personal experience of that, with very young children under three who have managed to climb the pool fence. So in some of these circumstances where you put these regulations in, I think the education stills needs to be there because of the fact that a pool fence on its own is not going to save a child in some cases.

**Mrs Lukjanowski:** Yes, I completely agree. I think that pool fences are obviously a deterrent and slow down a child from potentially gaining access to that particular body of water. However, as per the Royal Life Saving data, it is showing that there is an increased risk in those waterways now, where they are saying there are issues with children having quite serious or horrific injuries as a result. So it is something that as a whole community we still need to continue education on.

**Hon PIERRE YANG:** Following on from Hon Rick Mazza's question, I understand that for natural waterways, obviously, there is a descent in the ground under water. So if a child goes into the water and if they find themselves in trouble, they will stop and, more likely than not, if the water is not having a strong current, they will stop where they were and stick their head up. The same situation does not apply for a pool and that is why we have pool fences. My question is in relation to canals. Obviously, the water is pretty deep and the drop from the platform, or the whatever you call that —

**The CHAIR:** Pier.

**Hon PIERRE YANG:** Yes. So if a child falls into a canal, generally, if it is a small child, the water will be higher than their body height. What is your opinion on that and what kind of measures do you think would mitigate that risk?

**Mrs Lukjanowski:** I think that that would probably be something that would be good to take on notice and come back to you with some good evidence-based interventions that would be most likely the best things to put in place. I am sure that Royal Life Saving would have some pretty clear policies and thought around that as well. But we will make sure that we come back to you with some information.

**Ms Dowling:** Our submission made reference to farms and safety, and that also includes natural waterways. We will get you some further detail on that.

**Hon PIERRE YANG:** Natural waterway I understand, but it is more artificial —

**Ms Dowling:** Canals.

**Hon PIERRE YANG:** Yes.

**Hon RICK MAZZA:** Just as a supplementary to that, if you are able to give us any figures of how many children have actually drowned in a canal.

**Mrs Lukjanowski:** Yes, if that is available.

**Hon PIERRE YANG:** Or a lake—man-made.

**Hon RICK MAZZA:** Man-made waterway.

**Hon PIERRE YANG:** Yes.

**The CHAIR:** For the convenience of the witnesses, I think we can provide the transcript of the questions that are taken on notice as well, if that helps at all.

**Ms Dowling:** Thank you.

---

**Hon Dr SALLY TALBOT:** I have a couple of questions about pool fencing as we have kinds of segued onto that topic. We had the Ombudsman's report in 2017, the "Investigation into ways to prevent or reduce deaths of children by drowning". Have you taken that report into account in your submission?

**Ms Dowling:** Yes.

**Hon Dr SALLY TALBOT:** Has the rate of injury or death of children in private pools decreased since the regulations changed in 2012?

**Ms Dowling:** I am going to say I believe so; however, we will confirm that.

**Hon Dr SALLY TALBOT:** You will take that on notice?

**Ms Dowling:** Yes. Reference 19 in our submission is in regards to that Ombudsman's report.

**Hon Dr SALLY TALBOT:** If you could just correlate the Ombudsman's report with you at that answer. The second question on the same subject is that we have heard some suggestion—I think "suggestion" is a better word than "evidence"—that fencing in private pools should only be mandatory where the homeowners are parents of small children or the pool is accessed by small children. Have you got any data that identifies the relationship between the pool owner and the child who drowns or nearly drowns?

**Mrs Lukjanowski:** We could see whether anything exists on that.

**Ms Dowling:** I do not know whether that is necessarily recorded.

**Hon Dr SALLY TALBOT:** Could you have a look and let us know?

**Ms Dowling:** Certainly.

**The CHAIR:** It would be very interesting to know, because obviously it is a frustration for people without children who are fined, sometimes, by their local councils of course. I know of a few people who have been affected by that. If there was any data perhaps before regulations came in that enforced it for everyone regardless of whether they had children on whether or not drownings or new drownings occurred for those people, that would give us some kind of impetus for that regulation in the first place. I would like to ask couple of questions about mandatory bicycle helmets. You have provided some data in your submission on the number of hospital admissions and some information on the number of cyclists who were killed on WA roads who were and were not wearing helmets. I wonder whether any data is available on the location of those incidents—those hospital admissions or those fatalities—and whether or not these people are injured or killed while cycling on roads or when cycling on bike paths or off road. Do you know whether that data is available?

**Ms Dowling:** I am going to say I do not think so down to that minutiae. No, I do not believe that it is. We would like, and the request has gone to St John Ambulance for, those kinds of elements to be added to these kinds of recordings of attendances, but we will do our best to get back to you.

**The CHAIR:** To your knowledge at this point that data is probably not available?

**Ms Dowling:** That is right.

[10.30 am]

**The CHAIR:** Hon Rick Mazza raised the question previously about the idea of where you draw the balance, I suppose, between regulation to reduce injury and accidents and someone's personal choice to get on with their life with as minimal government interference as possible. On drawing that balance, I wonder whether you have an opinion on mobility scooters. I do not have any data that is WA specific, but I believe there were some figures provided by Monash University that suggested that there was something like 350 hospital admissions around the country due to

---

accidents involving mobility scooters each year, and since 2000 there have been 129 mobility scooter deaths in Australia. I wonder whether Injury Matters would have an opinion on whether helmets should be mandatory for people on mobility scooters to reduce these incidents of injury.

**Mrs Lukjanowski:** It would obviously be a particular topic that would be good for us to review more evidence on, but more than likely I think a driving force behind some of that injury data would most likely be that the fact that people utilising the mobility scooter are probably aged above 80, which are a higher risk group in terms of injury as it is. It is those conducive factors that more than likely have led to an injury occurring and the severity of the injury that has occurred. I think that looking at mobility scooters, that is a powered device. I think it is an important item to be looked at, but also to look at the context of what the user group looks like. An injury sustained at the age of 85 versus 25 is going to have quite different and drastic long-term outcomes and different rates and severity of injury.

**The CHAIR:** I would not mind asking you about personal flotation devices, but I am not sure whether any of the witnesses here will be able to answer those questions.

**Mrs Lukjanowski:** I do not think we really put much comment in terms of personal flotation devices.

**The CHAIR:** No, there was not.

**Ms Dowling:** There is some data in regards to broad lifesaving—rock fishing certainly. There is some data in regards to that that we can provide to you.

**The CHAIR:** I will throw this out there and see whether you have any comment on it. There is I believe currently an inquiry being conducted by the Department of Transport looking at mandating personal flotation devices. One of the suggestions being made is that they are made mandatory for all waterborne vessels—that would include kayaks, canoes, windsurfers, kite surfers, stand-up paddle boards et cetera. Of course, the argument here is that it would save lives having people wear life jackets, although it has been put to me by several people involved in aquatic recreation—boaties, surfers and such—that it may cause harm in some circumstances. An example that was given to me just recently was windsurfers. If the sail falls on top of them, having a personal flotation device would actually drown them, because to get out from under the sail they need to dive underneath the sail away from it, and while wearing a PFD, that would be impossible. There is also the instance of boaties capsizing their boat, being stuck with a PFD on and drowning in the capsized boat. There is also kayaking, which I enjoy myself. Again, if you capsize in a kayak or a canoe, trying to right yourself if you are not experienced can be very difficult, especially if you are wearing a PFD. Sometimes you may just have to get out of the kayak or canoe and surface separately. Would you have a comment on that? We have a view there that perhaps in this instance a broadly applied one-size-fits-all regulation, with the best of intentions of course, may have unintended consequences, and in this instance a more decentralised or perhaps laissez-faire approach where individuals aware of their own capabilities, aware of the sea conditions and aware of the vessel should make decisions about where a PFD should be suitable?

**Mrs Lukjanowski:** I think it is difficult to have these quickly formed opinions, but I would probably say that looking very broadbrush the incidence of people being faced with some of those situations like you have described whereby they could then therefore face injury, would happen probably far less than some of those other instances whereby if someone had have been wearing a personal flotation device in a different environment, it could have actually saved them. I think there is probably going to be more in the balance of it being of better to the whole, as opposed to letting people make that personal choice. I think it is important to have a look at the whole bigger picture. Injury Matters does have a position in terms of wanting people to enjoy recreation. We would like them to remain active and out and doing things and engaging in their community, because that will

help them to reduce risk in the long-term; however, we would always advise that they take the appropriate safety measures to ensure that they then did not fall at risk of injury.

**Hon PIERRE YANG:** Quickly following on from what you have mentioned, chair, in terms of personal flotation devices, how easy is it for people wearing them in situations of capsizing to get out of the personal flotation device?

**Mrs Lukjanowski:** That is something I do not have a great deal of experience in.

**Ms Dowling:** Generally, they could be in a situation, and it is a personal flotation device, so it should be able to be put on and taken off by the individual themselves. They are generally quite easy to remove.

**The CHAIR:** Thank you for attending today. A transcript of this hearing will be forwarded to you for correction. If you believe that any corrections should be made because of typographical or transcription errors, please indicate these corrections on the transcript. The committee requests you provide your answers to questions taken on notice when you return your corrected transcript of evidence. If you want to provide additional information or elaborate on particular points, you may provide supplementary evidence for the committee's consideration when you return your corrected transcript of evidence.

**Hearing concluded at 10.37 am**

---