



3 October 2018

Committee Secretary
Select Committee on Personal Choice and Community Safety
Parliament House
4 Harvest Terrace
WEST PERTH, WA 6005

By email: pccs@parliament.wa.gov.au

Western Australian Government Inquiry on Personal Choice and Community Safety 2018

Dear Committee,

We welcome the opportunity to make comment regarding this inquiry.

The Minderoo Foundation's Eliminate Cancer Initiative (ECI) has grave concerns about this inquiry that aims to report on the economic and social impact of policies that are claimed by your Committee as measures that restrict personal choice '*for the individuals own good*', such as:

- Risk-reduction products such as e-cigarettes, e-liquids and heat-not-burn tobacco products, including any impact on the wellbeing, enjoyment and finances of users and non-users;
- Outdoor recreation such as cycling and aquatic leisure, including any impact on the wellbeing, enjoyment and finances of users and non-users; and
- Any other measures introduced to restrict personal choice for individuals as a means of preventing harm to themselves.

When inquiries such as these are proposed, the risk and harm to the individual needs to be considered alongside personal choice, and most importantly, consideration with regard to evidence is critical.

In the case of e-cigarettes, this evidence can only be collected, reviewed and reported through a rigorous framework undertaken by the appropriate authority that has the capacity to consider overall population health.

We would strongly encourage the Committee to ensure this occurs and will contribute accordingly.

With regards,

Bruce Mansfield
Chief Operating Officer

Introduction:

The Eliminate Cancer initiative is an independent, non-for-profit organisation that endeavours to reduce suffering by making cancer non-lethal for the next generation. A central pillar of our initiative is preventing the on-set of cancer and disease, by reducing the use of tobacco and smoking products. As a member of The Australian Council of Smoking and Health, we recommend the Select Committee on Personal Choice and Community Safety to consider the following:

This inquest aims to assess products and devices that have been implemented or restricted as evidence-based measures to save lives. The inquiry labels these health policies as 'measures that restrict personal choice'. We have strong concerns about the independence and legitimacy of this inquiry, particularly in regard to e-cigarettes.

The chairman of the committee, Mr Stonehouse, his political party the Liberal Democrats, and the Party's leader Senator David Leyonhjelm, continue to accept donations from Big Tobacco¹. More recently on ABC radio, Mr Stonehouse has expressed that he will carry on accepting donations from the industry because 'politics is expensive'.² By and large, the tobacco industry is a major investor in e-cigarettes, which calls to question the motives and independence of this inquiry. Efforts to prevent non-infectious diseases including many cancers and cardiovascular disease, go against the business interests of these powerful economic operators, as is well documented by the World health Organisation.³

Furthermore, Mr Stonehouse has on many occasions lobbied for the legalisation of vaping in Western Australia,⁴ which confirms a demonstrable bias, as chairman.

It is the opinion of ECI that all members of the Select Committee should declare and document any possible conflicts of interest, personal or otherwise, before the findings of this inquiry are submitted to the government.

The role of Government in Public Health:

Measures to protect and promote public health in Australia began to be legislated in the 1880s and have resulted in longer and healthier lives for millions of Australians. This stewardship has positioned Australia as being one of the safest, healthiest nations in the world.⁵ In WA, the governance of public health has had social and economic benefits, as prevention mechanisms have kept, and continue to keep, people well and out of public health care.⁶

Governance of public health in WA moves across a broad range of health and safety issues. Examples include; control of infectious diseases, the safety of food and water and reducing health compromising behaviours, such as the abuse of alcohol and the smoking of tobacco, that can lead to non-infectious disease and cancer. It is possible to argue that some of these measures restrict personal freedoms. However, ECI encourage the Select Committee to consider:

¹ Australian Electoral Commission. Political Party Annual Return 2016-17, Liberal Democratic Party, accessed from: <https://periodicdisclosures.aec.gov.au/Party.aspx>

² Aaron Stonehouse interview with ABC Regional Drive Program on 26 July 2018.

³ Chan M. WHO Director-General addresses health promotion conference, June 2013, accessed from: http://www.who.int/dg/speeches/2013/health_promotion_20130610/en/

⁴ <https://medium.com/aaronstonehouse/media-release-stonehouse-launches-campaign-to-legalise-vaping-4fb8ff76d380>

⁵ Schneider EC. et al 2017, Mirror Mirror 2017: An International Comparison, The Commonwealth fund, accessed from: <https://interactives.commonwealthfund.org/2017/july/mirror-mirror/>

⁶ Gruszin S. et al 2012, "Advocacy and Action in Public Health: Lessons from Australia over 20th Century", *Australian National Preventive Health Agency*, Canberra.

If individual's personal freedom infringes on the freedoms of a larger population, such as the freedom to live in a healthy, safe environment – which personal freedom becomes most important?

For example, governments regulate the speed at which a car can travel in areas classified as high risk, such as school zones or construction zones. This requires the restriction of personal freedoms – as it enforces people to slow down during school hours, or when approaching an on-road work site. However, it also means that thousands of other people enjoy an increased personal freedom of living and working in a safer environment, with a reduced risk of harm. Regulation of smoking areas is another example. Whilst this inquiry is assessing the restriction of freedom imposed on smokers, ECI would argue that a freedom is granted for thousands of other people, by not having to endure second-hand smoke and potential disease and cancers associated with smoking products. Preventative regulations such as these, should be viewed measures that consider the health and freedoms of the greater population. Regulation is an important aspect of Australian law. From fire-arms to e-cigarettes, Australia works extremely hard to implement and maintain the right authority and processes for overall public health and to make evidence-based decisions through the advisory of independent experts.

As members of this Committee will be aware, an inquiry was established in Federal Parliament in 2015,⁷ chaired by Liberal Democratic Senator David Leyonhjelm, with similar terms of reference to this inquiry. The Public Health Association of Australia (PHAA) provided a comprehensive submission to the Federal inquiry, in which they discussed the positive role of governments in the stewardship of communities.⁸ Their submission outlined that governments have a duty of care to ensure that citizens within the community have the opportunity to reach their potential and to ensure they have the healthiest life. Just as parents, schools, professionals and businesses have a duty of care to the individuals for whom they have responsibility.

Recommendation:

- ECI support the view of the PHAA, and strongly recommend that the Select Committee speak with the PHAA to further assess the role that government stewardship plays in our communities.

E-Cigarettes:

In regard to e-cigarettes, the Select Committee aims to measure the impact of e-cigarettes on the wellbeing, enjoyment and finances of users and non-users.

To assess this, it is important to consider that these devices have not been regulated in Australia and remain restricted. Therefore, all current Australian data remains preliminary. However, evidence shows that, globally, the majority of people using e-cigarettes are not adult smokers trying to quit, but their children and grandchildren. Young people are the largest users of e-cigarettes among age groups globally.⁹ There is an undeniable link between flavouring products and youth initiation, that national health authorities have acknowledged including: The National Health Medical Research Council (NHMRC), Cancer Council Australia and the Therapeutics Goods Administration.¹⁰

⁷ Senate Standing Committees on Economics. Inquiry into Personal choice and community impacts, 2016, accessed from: https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Economics/Personal_choice

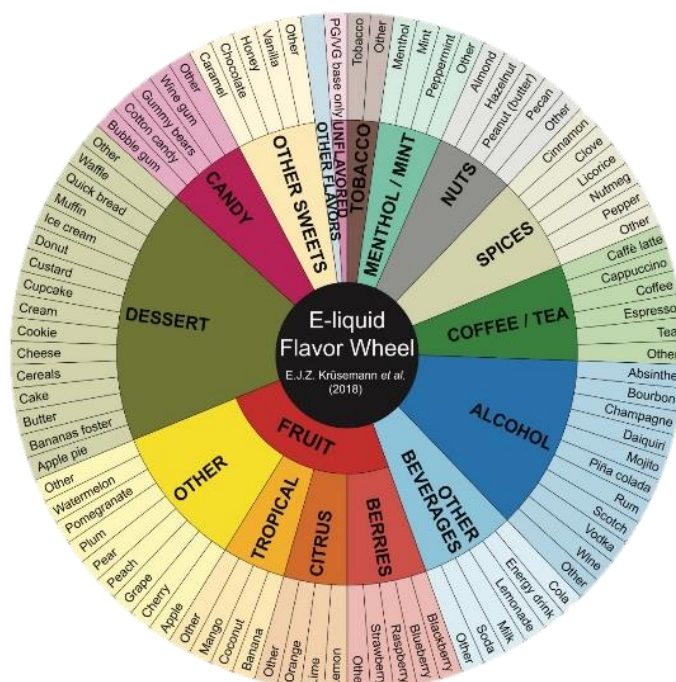
⁸ Public Health Association of Australia, Inquiry into personal choice and community impacts. *Submission 172*, August 2015. p.6.

⁹ Surgeon General 2012, Preventing Tobacco Use Among Youth and Young Adults, US Department of Health and Human Services, Washington DC.

¹⁰ See Final Delates Decision on the Schedule 7 amendment of Retailing Liquid Nicotine for ENDS devices, accessed from: <https://www.tga.gov.au/book-page/21-nicotine-0>.

Figure One demonstrates the lengths the industry lengths, to hypnotise younger age groups with colour and confectionary. In San Francisco, over 80 per cent of all teenage smokers started their smoking addiction with a flavoured tobacco product.¹¹ E-cigarettes are sleek, come in a range of candy flavours and often contain the same quantity of nicotine in one pod, as an entire packet of cigarettes.¹² Recently, the US Food and Drug Administration has called teenage vaping in the US an “epidemic” and has given the five major e-cigarette companies 60 days to demonstrate how they will stop teens using their products.¹³

Figure 1: Flavour Wheel to Classify E-liquid Flavours and Colours¹⁴



The E-cigarette industry continues to argue that ‘e-cigarettes offer the best solution to smoking habits’. It has not been ascertained if these products are any more effective in cessation than current government approved treatment of tobacco dependence. However, industry lobbying efforts in WA have led to a public misperception of these products. Whilst ECI can empathise with the public’s frustration due to this misperception, the biggest frustration for health bodies, such as the Australian Council of Smoking and Health and Cancer Council WA, is the lack of acknowledgment of medical evidence, that repeatedly to concludes that e-cigarettes are not what the industry claims.

The current public health evidence as reviewed by the National Health & Medical Research Council (NH&MRC), the Therapeutic Goods Administration (TGA) and other leading independent non-for-profit health organisations do not support e-cigarette use in any form. Rather, as summarised in the Cancer Australia position statement,¹⁵ there is increasing evidence of harm, including:

¹¹ Tobacco Free Kids 2018, San Francisco referendum, accessed from: https://www.tobaccofreekids.org/press-releases/2017_06_27_sanfrancisco.

¹² Juul labs. Inc. 2018, e-cigarette nicotine pods.

¹³ U.S Food & Drug Administration 2018, accessed from: <https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm620788.htm>

¹⁴ National Institute for Public Health and the Environment (RIVM) 2018, Centre for Health Protection, Netherlands, cited from: Krusemann et al (2018).

¹⁵ Cancer Australia Statement on E-cigarettes in Australia, Australian Government, February 2018.

- Growing evidence that e-cigarette use is a precursor to tobacco use in young people. As Australia has a national smoking rate of less than 2% among 12 to 17 years olds and one of the world's lowest adolescent smoking rates among comparable nations, this is of significant concern.
- Growing evidence of direct health harms, including increased risk of respiratory disease, cardiovascular disease and carcinogenesis.
- Growing evidence to suggest that e-cigarette use in non-smokers is associated with future uptake of tobacco use.
- The absence of conclusive evidence that e-cigarettes are effective as an aid to quitting tobacco use. The National Health and Medical Research Council has reviewed the evidence to date and concluded that evidence of cessation benefit is insufficient.
- The extent to which e-cigarettes reduce harm to the user through exposure to fewer toxic chemical than conventional tobacco cigarettes had not been determined.

In Australia, The TGA and the NH&MRC have the appropriate authority, processes and frameworks in place to make evidence-based, scientific recommendations, that contribute directly to executive government policy. ECI supports their independence, findings, and research. We support their current evaluation of e-cigarettes, and strongly recommend that all governing bodies within Australia echo this support, including this committee. If the balance of evidence supported e-cigarettes as an aid to quitting and a net public health benefit, we would expect Australia's statutory health authorities to facilitate their availability.

Like cigarettes, these devices are not enjoyed by non-users, as the smoke they create still infringes on non-user's freedom to live in non-toxic and smoke free environments. Non-user's in the US are also concerned of their popularity and the peer pressure that e-cigarettes use is putting on their kids.¹⁶

Recommendations:

- ECI supports the continuation of current authority and processes in Australia that assess the evidence-base of products, such as liquid nicotine, to ensure that all states and territories are in line with safe and effective measures of best-practice medicine.
- ECI recommends that the Select Committee assess ways in which the WA government can curtail misperception of e-cigarettes, until there is sufficient evidence to support cessation claims.

Conclusion:

E-cigarettes remain too good to be true, and a growing library of evidence supports this. ECI, like numerous other bodies in Australia, believe that lifting restrictions on vaping will result in another generation of Australian smokers and the social and economic burdens associated with that. We encourage the Select Committee strongly take into consideration the caution recommended by the vast-majority of medical organisations in regards to e-cigarettes and associating products. A key to providing greater access to a range of evidence-based cessation services, is to ensure the evidence-based tobacco dependence treatment is offered to every tobacco user in every interaction with the health, mental health and alcohol and drug dependence treatment systems.

¹⁶ Myers M 2018, "FDA's New E-Cigarette Prevention Campaign Needed Now More than Ever to Stem 'Disturbing' Epidemic", *Tobacco Free Kids*, accessed from: https://www.tobaccofreekids.org/press-releases/2018_09_18_fda

Summary Recommendations:

ECI encourages the Select committee to seek advice from the PHAA to further assess the role that government stewardship plays in the WA community.

ECI supports the continuation of current authority and processes in Australia that assess the evidence-base of products, such as liquid nicotine, to ensure that all states and territories are in line with safe and effective measures of best-practice medicine.

ECI recommends that the Select Committee assess ways in which the WA government can curtail misperception of e-cigarettes, until there is sufficient evidence to support cessation claims.

ECI recommends that more resources are put into access and treatment systems, whilst new methods to prevent uptake of smoking are explored, to ensure that the next generation of Western Australians do not pick up this addictive, deathly habit.