



**Public Health Association**  
AUSTRALIA

## **Public Health Association of Australia submission on Inquiry on Personal Choice and Community Safety (WA)**

**Contact for recipient:**

Committee Secretary  
Select Committee on Personal Choice and Community Safety  
**A:** Parliament House  
4 Harvest Terrace, West Perth, WA 6005  
**E:** [pccs@parliament.wa.gov.au](mailto:pccs@parliament.wa.gov.au) **T:** (08) 92227376

**Contact for PHAA:**

Terry Slevin – Chief Executive Officer  
**A:** 20 Napier Close, Deakin ACT 2600  
**E:** [phaa@phaa.net.au](mailto:phaa@phaa.net.au) **T:** (02) 6285 2373

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# Preamble

## The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public's health in Australia.

The PHAA works to ensure that the public's health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people's health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

## Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

## Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.



## Introduction

PHAA welcomes the opportunity to provide input to the Inquiry into personal choice and community safety.

In a healthy society there must be an appropriate balance between personal responsibility and the responsibility of governments. Just as parents, schools, professionals and businesses have a duty of care to the individuals for whom they have responsibility, governments also have a duty of care to ensure that each of the citizens within the community have the full opportunity to reach their potential and to ensure they have the healthiest life.

Individuals do not make personal choices in isolation. They are influenced by the social, physical, economic, and political environments in which they live. The argument of personal choice and responsibility largely ignores the impact the surrounding environment has on individuals' ability to make well-informed, responsible choices.

A healthy community includes public safety, law enforcement, environmental protection, child protection and injury prevention. There is a long history of governments, including the Western Australian Government, playing a positive and successful role in stewardship of the community. Examples include clean water and sanitation, ensuring the safety of its citizens, dealing with pollution and environmental degradation, mandatory reporting of child abuse and seat belt, car safety and drink-driving laws that have resulted in reducing vehicle related morbidity and mortality to the same levels as in the 1930s despite huge increases in population and in vehicle ownership. Other examples are oversight of health services, food safety, water safety, monitoring of pharmaceutical products, and professional standards for health care workers, engineers, architects, teachers and many other professionals.

Australia is not alone in this success. Other similar governments in developed nations, in particular have a long history of managing their stewardship to protect community health. The reality is that protecting and promoting health is one of government's most fundamental responsibilities. There is a clear reason why countries such as Japan, Iceland and Australia have amongst the healthiest populations on earth as measured by 'disability-adjusted life years' (DALYs), and amongst those with longest lifespans. Australia, like these other developed countries, has a long history of public health legislation.

We urge the committee to confirm its strong support for the approach to public health that has been so important to ensuring that Australia is one of the healthiest countries in the world.

## PHAA Response to the Inquiry Terms of Reference

### **The economic and social impact of 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**

Margaret Chan, the Director General of the World Health Organization (WHO) in her Keynote address at the World Conference on Tobacco or Health Abu Dhabi, United Arab Emirates on 18 March 2015 stated:

*The tobacco industry, too, is always with us, watching for any wavering of resolve that can be exploited, waiting for any opportunity to interfere.*<sup>1</sup>

The tobacco companies have been large investors in e-cigarette expansion.

PHAA shares the concerns expressed by the WHO about the safety of e-cigarettes. These concerns include:

- The World Health Organization (WHO) noted that both the safety of e-cigarettes and their alleged superior efficacy in smoking cessation have not been scientifically demonstrated.
- There is a serious potential threat to health arising from the deep inhalation of fine and ultra-fine particles, and nicotine many times a day and over prolonged periods.
- E-cigarettes may lead minors to try other tobacco products—including conventional tobacco cigarettes.
- Marketing of e-cigarettes may be used as a ‘trojan horse’ or subversive device
  - Effectively marketing tobacco products
  - Undermining the huge global achievements in ‘denormalizing’ tobacco use and the smoking “performance”
- E-cigarettes may cause many smokers to only reduce smoking, instead of quitting.
- There is a lack of evidence about second hand (or passive) exposure to e-cigarettes.
- There is a lack of quality control standards in the manufacture, distribution and use of e-cigarettes.

PHAA supports the evidence-based, precautionary approach taken by the WHO. The WHO notes that there is need for more research on various aspects of e-cigarettes, including the short- and long-term harms, efficacy as a smoking cessation measure (including consideration of dual use), the overall impact of e-cigarettes on tobacco prevalence and smoke exposure, and the impacts of e-cigarettes promotion and use on re-normalizing smoking behaviour.

### **The economic and social impact of outdoor recreation such as cycling and aquatic leisure, including any impact on the wellbeing, enjoyment and finances of users and non-users**

Preventing injuries is cost-effective and can reduce demands on hospitals, general practitioners and other medical services. Injury prevention is vital and needs to be considered integral to the national preventative health program.

Injury risk patterns vary according to a range of factors including: age, gender, geographic location, occupation, culture, and socio-economic status. Injury prevention therefore require a cross-sectional,

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<sup>1</sup> Chan M, (2015) Keynote address at the World Conference on Tobacco or Health Abu Dhabi, United Arab Emirates 18 March 2015. Available from: <http://www.who.int/dg/speeches/2015/trends-tobacco-use/en/> (accessed 19 August 2015)

multidisciplinary approach. Effective strategies in injury prevention exist with interventions drawing on a mix of: environmental change, behavioral change, policy and legislative development and community involvement. Over one third of deaths of children less than 14 years of age in Australia are related to injury.<sup>2</sup> Children aged 0-14 account for 14% of all hospitalised injury cases in 2009-10.<sup>3</sup> For very young children (aged 0-4) the leading cause for injury hospitalisation was an unintentional fall (42%).<sup>4</sup>

### Cycling

Mandatory bicycle helmet laws are in place to protect cyclists from injuries to the head. Research indicates that bicycle helmets greatly reduce the risk of head injuries which are the major cause of death and injury to bike riders.<sup>5</sup> One Australian study found in bicycle collisions with motor vehicles, the risk of head injury was reduced by up to 74% with the use of a helmet.<sup>6</sup> The more severe the injury was, the greater the reduction in risk.

There is a substantial economic impact of head injuries from cycling accidents. Research has found that for those that suffer severe head injuries, in-hospital costs were three times higher for non-helmeted patients than helmeted patients, costing an average of \$72,000 compared to \$24,000.<sup>7</sup> This does not take in to account the ongoing costs to individuals and families or lost productivity associated with severe head injuries. A traumatic brain injury has been estimated to have a lifetime cost of up \$4.8million.<sup>8</sup>

Mandatory bicycle helmet laws have strong support from the medical community in Australia. In 2016, the Australian Health Protection Principal Committee, made up of the Chief Health Officers of each Australian state and territory, endorsed a position paper in support of mandatory bicycle helmet laws as an appropriate preventative measure which benefits the whole community.<sup>9</sup> Submissions to the 2015 Senate Standing Committee on Economics inquiry into personal choice and community impacts show that leading medical groups including the Australian Medical Association and Royal Australasian College of Surgeons are strongly supportive of bicycle helmet laws due to their ability to reduce the risk of head injuries.

PHAA strongly supports actions that will encourage cycling and other forms of physical activity. However, instead of removing safety measures that are in place to protect the cyclist, the WA Government should be looking at other ways to increase rates of cycling, such as creating safer cycling infrastructure and connecting bike networks.

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<sup>2</sup> AIHW: Bradley C 2013. Hospitalisations due to falls by older people, Australia 2009–10. Injury research and statistics series no. 70. Cat. no. INJCAT 146. Canberra: AIHW.

<sup>3</sup> Tovell A, McKenna K, Bradley C & Pointer S 2012. Hospital separations due to injury and poisoning, Australia 2009–10. Injury research and statistics series no. 69. Cat. no. INJCAT 145. Canberra: AIHW

<sup>4</sup> Tovell A, McKenna K, Bradley C & Pointer S 2012. Hospital separations due to injury and poisoning, Australia 2009–10. Injury research and statistics series no. 69. Cat. no. INJCAT 145. Canberra: AIHW.

<sup>5</sup> vicroads.vic.gov.au. 'Wearing A Bicycle Helmet : VicRoads'. N.p., 2015. Web. 21 Aug. 2015. Personal

<sup>6</sup> Bambach M, Mitchell R, Grzebieta R & Olivier J 2013, 'The effectiveness of helmets in bicycle collisions with motor vehicles: A case–control study'. *Accident Anal Prev*, vol. 53, pp. 78-88.

<sup>7</sup> Dinh M, Curtis K, Ivers R 2013, 'The effectiveness of helmets in reducing head injuries and hospital treatment costs: a multicentre study'. *MJA*, vol 198, issue 8, 415-417.

<sup>8</sup> Access Economics 2009, 'The economic cost of spinal cord injury and traumatic brain injury in Australia'. Available from: <http://www.spinalcure.org.au/pdf/Economic-cost-of-SCI-and-TBI-in-Au-2009.pdf>

<sup>9</sup> Australian Health Protection Principal Committee, 2016, 'Mandatory Bicycle Helmet Laws in Australia'. Available from: <https://www.vicroads.vic.gov.au/safety-and-road-rules/cyclist-safety/wearing-a-bicycle-helmet>



## Aquatic leisure

Drowning is the leading preventable death in children under the age of five in Australia. Between 2003 and 2013, 40 toddlers drowned in WA.<sup>10</sup> Around 40% of toddler drowning deaths occur in swimming pools.<sup>10</sup> Royal Life Saving Society Australia estimates the cost of each fatal drowning in Australia to be \$4.64million in hospitalisation, emergency services, search and rescue, and lost productivity costs.<sup>11</sup>

Western Australia's climate has lead Perth to be Australia's capital city with the highest rate of home pool ownership – almost 18% of Perth residents live in a household with a swimming pool.<sup>12</sup> There is more than 170,000 home swimming pools across WA.<sup>13</sup> This is despite WA also being the state with some of the strictest pool fence regulation in Australia.

Pool fences are a physical barrier put in place to reduce the risk of drowning, particularly among infants and children. The installation of pool fencing and barriers makes up a relatively small proportion of the costs associated with installing a home pool.

The National Drowning Report 2016 found that while swimming pools were the leading location for drowning among children aged 0 – 4 years in 2015-16, there had been a 30% decrease in drowning deaths in this age group against the 10 year average. The report also noted that absent or faulty fencing are present in some toddler drowning deaths, strengthening the case for not only pool fence regulation, but laws ensuring regular compliance checks.<sup>14</sup>

Regulating and enforcing the use of pool fences is about protecting the most vulnerable members of our community, particularly babies and children, from the risk of drowning. Arguments for personal choice and individual autonomy do not stack up against regulations that save the lives of children who are too young to be making informed choices about their safety. The government is not “overreaching” by enforcing pool fence regulation, it is performing its duty of care to ensure that each and every one of its citizens has the opportunity to lead a full and healthy life.

## The economic and social impact of any other measures introduced to restrict personal choice for individuals as a means of preventing harm to themselves.

### Alcohol

Alcohol regulation is often pointed at when arguments for personal responsibility and individual choice are raised, and PHAA are keen to ensure government intervention in the regulation of alcohol is supported. The individual, social, and economic harms associated with alcohol are such that government regulation is necessary to promote and protect the health of the WA community.

Alcohol is now more affordable than it has been in three decades, and is more available and heavily promoted then it ever has been. This is contributing to Australia's drinking culture and resulting in

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<sup>10</sup> Royal Life Saving Society WA, *About toddler drowning*. Available from: <https://royallifesavingwa.com.au/programs/keep-watch/about-toddler-drowning>

<sup>11</sup> Royal Life Saving Society Australia, *Research & policy summary: Costs of drowning in Australia* [https://www.royallifesaving.com.au/\\_data/assets/pdf\\_file/0013/22180/RLS\\_ResearchSummary\\_CostOfDrowning.pdf](https://www.royallifesaving.com.au/_data/assets/pdf_file/0013/22180/RLS_ResearchSummary_CostOfDrowning.pdf)

<sup>12</sup> Roy Morgan 2015, *The life aquatic: swimming pool ownership in Australia*. Finding no. 6144. Available from: <http://www.roymorgan.com/findings/6144-swimming-pool-ownership-in-australia-201503242233>

<sup>13</sup> Royal Life Saving Society WA, *Pool Barrier Compliance*. Available from: <https://royallifesavingwa.com.au/your-safety/at-home/pool-barrier-compliance>

<sup>14</sup> Royal life Saving Society Australia, *National Drowning Report 2016*. Available from: [https://www.royallifesaving.com.au/\\_data/assets/pdf\\_file/0004/18085/RLS\\_NDR2016\\_ReportLR.pdf](https://www.royallifesaving.com.au/_data/assets/pdf_file/0004/18085/RLS_NDR2016_ReportLR.pdf)

significant harms; harms which should not be taken lightly by a responsible government. The harmful effects of alcohol consumption include the following:

- Alcohol plays a role in a range of health problems, including cardiovascular disease, cancers, diabetes, nutrition-related conditions, overweight and obesity as well as the immediate impacts of alcohol for both the drinker and others.
- The harms to others from somebody's drinking are often indiscriminate and far reaching, ranging from random acts of drunken violence to child maltreatment.
- Alcohol use costs the WA community \$3.1 billion each year in policing costs, hospitalisations, road crashes, and ambulances.<sup>15</sup>
- Indigenous Australians experience disproportionate rates of alcohol related harm. Mortality rates from alcohol-related diseases are four-times higher among Indigenous than non-Indigenous populations.<sup>16</sup>
- In young people, drinking can adversely affect brain development and lead to alcohol-related problems in later life.
- Alcohol is a greater factor than speed, fatigue, weather or road conditions in fatal road crashes in Australia and is responsible for more than a third of road deaths.
- Prenatal exposure to alcohol can result in Fetal Alcohol Spectrum Disorders (FASD) leading to learning difficulties, a reduced capacity to remember tasks from day to day, anger management and behavioural issues, impaired speech and muscle coordination, and physical abnormalities in the heart, lung and other organs.

Ordinary people do need to take responsibility for the way they drink. However, there are a range of actions that a government can take to reduce alcohol associated harm as part of the stewardship role that is key to good government. These include alcohol pricing and taxation, alcohol marketing, and availability and accessibility of alcohol, supported by strong, well-funded and health-based public education. These are all evidence-based policies governments can introduce to help reduce harm from alcohol at a population level.

## Conclusion

PHAA appreciates the opportunity to make this submission. Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.

Terry Slevin  
Chief Executive Officer  
Public Health Association of Australia

Hannah Pierce  
PHAA Branch President  
Western Australia

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<sup>15</sup> Alcohol Think Again. Alcohol and Your Health Infographic 2017 [cited 10/11/2017]; Available from: <https://alcoholthinkagain.com.au/Resources/Alcohol-Use-Statistics>

<sup>16</sup> Wilson, M., Stearne, A., Gray, D., & Saggors, S. (2010). The harmful use of alcohol amongst Indigenous Australians (Vol. 4). Centre for Indigenous Australian Education and Research Edith Cowan University.