Sophie van Dam

4 October 2018

Hon Aaron Stonehouse MLC
Chair
Select Committee on Personal Choice and Community Safety
Legislative Council
By email: pccs@parliament.wa.gov.au

Dear Hon Stonehouse MLC,

Thank you for the opportunity to submit to the Personal Choice and Community Safety Inquiry.

The following parliamentary submission aims to address the following terms of reference;

1) 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.
2) 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;

This parliamentary submission aims to provide evidence and a rationale for the Western Australian Government to maintain current positions on government public health initiatives. The government has a responsibility to protect its citizens, and does so by implementing welfare-justified policy and regulations. Government public health initiatives are an act of stewardship provision, towards the best interest, not the vested interest, of society.

2.0 E-cigarettes as an 'alternative tobacco' product

The global epidemic of tobacco product use presents itself as a significant cost and health burden, not just to the individual but population as a whole (Polosa et al., 2011). Electronic cigarettes (EC) (also known as vapes, e-cigarettes or e-cigs) are devices designed to deliver nicotine and flavors making mist for inhalation, mimicking the appearance of traditional cigarette smoking (Grana, Benowitz, & Glantz, 2014). These devices are sometimes promoted as a 'healthier alternative', 'risk reduction' or an option to assist tobacco smokers quit (Jancey, Binns, Smith, Maycock, & Howat, 2015). However, the Chief Executive Officer of the Australian National Health and Medical Research Council (NHMRC) (2017) stated, that to label EC as such would be premature given insufficient evidence to support these claims.

1.1 Safety of e-cigarette devices

The use and manufacture of e-cigarettes have increased rapidly over the years. There are more than 250 EC brands which have been engineered differently (Benowitz & Goniewicz, 2013). The Therapeutic Goods Administration (TGA), as with NHMRC position, states that no brand of EC has been successfully evaluated for quality, safety or performance. Studies on e-cigarette products cannot be generalised as individual varieties differ in contents and manufacturing processes (Benowitz & Goniewicz, 2013). Regardless of individual variety, there is conclusive evidence highlighting the risks associated with the device including its ability to explode, causing burns and other injuries, especially if the device and battery quality are poor (National Academies of Sciences & Medicine, 2018).

1.2 Nicotine and other constituents

Between 2010 and 2014 in the United States, the rate of accidental nicotine poisonings, as a result of EC, rose from one per month to 215 per month, respectively (Centers of Disease Control Prevention, 2014). Nicotine is the addictive substance found in tobacco products. This substance is classified as poison which cannot be lawfully sold in Australia. Other toxic constituents in most EC include aerosol metals and (certain) flavorants. These constituents are highly variable in number, quantity and characteristics and are dependent on the product's characteristics and operation. There is also conclusive evidence that secondhand exposure from EC, results in similar levels of cotinine (a product of nicotine and biomarker for exposure to tobacco) to regular cigarettes from airborne particles (Flouris et al., 2013; Schripp, Markewitz, Uhde, & Salthammer, 2013). The long-term health effects of e-cigarette constituents are not yet known. While ECs continue to be marketed and promoted as a product to assist tobacco smokers to quit, the TGA already provides an approved range of tested safe and efficacy first-line treatments like nicotine replacement therapies and prescribed medications to avoid other harmful consequences.

1.3 Health effects of e-Cigarettes

Some individuals may approach the use of e-cigarette use with a *'what you don't know won't hurt you'* attitude, however, knowing the constituents of ECs and the little evidence surrounding long-term outcomes, the public health sector and policymakers take a *'better safe than sorry'* approach (Franck, Filion, Kimmelman, Grad, & Eisenberg, 2016). Although research is still emerging, research findings provide substantial evidence that the use of EC can increase the risk of lung inflammation, respiratory diseases and other negative impacts to the cardiovascular system (Gorukanti, Delucchi, Ling, Fisher-Travis, & Halpern-Felsher, 2017). As with traditional tobacco use, respiratory disease (including asthma

and bronchitis), can be induced or worsened by the pro-inflammatory effects caused by (vapour) particles in the lungs (Scott et al., 2018). Still, other research highlights the impact EC constituents have on adolescences. Exposure to nicotine during adolescences may lead to long-term consequences on brain development, learning difficulties and anxiety disorders (Goriounova & Mansvelder, 2012; Schripp et al., 2013). These concerns do not halt at an individual or 'personal choice' level but extend to other social conditions and behaviours.

1.4 Implications to public health

In previous years, an estimated $31.5 billion was associated with the social (including health) and economic costs of smoking (Collins & Lapsley, 2008). An overarching concern is that EC undermines the social denormalisation of cigarette smoking as a harmful behaviour (Benowitz & Goniewicz, 2013; Franck et al., 2016). The uptake of EC use by, otherwise nonsmokers, has increased, which enables a gateway to regular cigarette smoking and long-term nicotine addiction (Franck et al., 2016). Research findings suggest that youth and young adults, in particular, view the use of EC as a more acceptable form of nicotine use (Benowitz & Goniewicz, 2013; Gorukanti et al., 2017). Several studies published found that youth and young adults who initiate smoking with EC have a greater likelihood of smoking regular cigarettes (Gorukanti et al., 2017). Furthermore, studies have observed that the uptake and acceptability of EC increase the high dual use of EC and regular cigarettes (Benowitz & Goniewicz, 2013; Grana et al., 2014). Australia has been a global leader in successfully reducing smoking prevalence. However, the emergence of e-cigarettes poses a significant risk to raising public health burden of disease (Franck et al., 2016; Jancey et al., 2015).

1.5 The promotion e-cigarettes

The advertising and marketing of EC should remain aligned with Australia's current restrictions on regular tobacco use. Despite a lack of scientific evidence, EC has been aggressively promoted by multinational tobacco companies as a "healthier alternative" that can be "smoked anywhere" (Grana et al., 2014; Jancey, Maycock, McCausland, & Howat, 2018). Similar to past tobacco marketing, the use of EC is also portrayed as modern and glamorous by young influences and celebrities, through cinema and social media platforms (Andrade, Hastings, & Angus, 2013). As with many public health bodies, the United Kingdom's National Institute for Health and Care Excellence (NICE) has expressed concern over this development. The NICE states that EC, "could, without regulation, be marketed in a way that may ultimately promote smoking" (Andrade et al., 2013). In addition to previous implications, this statement is especially applicable to youth and young adults. For example, in the US a large proportion of these products promote 'youth-friendly' flavours with their popularity reflected in significant market share held by 12 to 17 year olds (Franck et al., 2016).

1.6 Ethical considerations towards e-cigarette

From a liberal ideological perspective, the distortion that EC is the less of two evils, would, at this stage be fundamentally unethical. Frank et al. (2016), state that, "misinformation through the provision of inaccurate comparative risk… fails to allow consumers to make informed choices". As a result of misinformation, society continues to submit to products manufactured by an unethical industry; an industry that continues to that sustain the leading cause of preventable deaths worldwide (Franck et al.,

2016; Reinhold, Fischbein, Bhamidipalli, Bryant, & Kenne, 2017). One side of this argument is that by collaborating with the EC tobacco industry, greater public health gains can be achieved, especially from a harm reduction perspective (Andrade et al., 2013). However, if public health were to endorse tobacco's EC products, a number of implications undoubtedly prevail (Franck et al., 2016).

History demonstrates that the tobacco industry does not have the best interest, but a vested interest, for the production of tobacco. In the 1950's and 60's there was an erroneous endorsement of 'light' tobacco for a safe smoking experience, and now e-cigarettes are being aggressively marketed as a 'harm reduction' and a 'healthier alternative', again disregarding other social and health consequences (Franck et al., 2016). A lawyer for one tobacco manufacturer stated that they do not want to wean people off EC use, but instead aim to prolong their smoking behaviours for as long as possible, whether that be though EC or regular cigarettes use (Cobb, Byron, Abrams, & Shields, 2010).

The ultimate goal of public health, as reflected in The World Health Organization (WHO)'s Framework Convention on Tobacco Control (FCTC) treaty, is to reduce the demand for and supply of tobacco products (Federation, 2014). The WHO states that the rise of alternative tobacco products is already an "evolving frontier filled with promise and threat for tobacco control" (Pisinger, 2014). Public health has always maintained an unwavering refusal to associate with the tobacco industry. To endorse EC products as a 'less harmful product' would dismiss previous concerns, compromise the credibility of Tobacco Control and enable an unethical industry to directly profit from the sales of promoted 'risk reduction products' (Franck et al., 2016).

Where then does the ethical onus lie? Given that the wide variety of environmental influences, personal autonomy to make choices supportive of health and welling is increasingly compromised. Therefore, the government has the ethical responsibility (also called stewardship) to create supportive environments to enable individuals within the community to lead healthy lives.

1.7 Recommendations

Whilst there have been some restrictions placed on the sale, possession and use of EC containing nicotine, public policy measures should consider protecting vulnerable groups and individuals. The 2016 Australian Institute of Health and Welfare (AIHW) survey indicated that a majority of the Australian public would support restrictions to EC advertising, their use in public places and bans on sales to under 18 years olds (Hewitt, 2018). The following recommendations aim to reflect public support and positions held by the Cancer Council Australia and the National Heart Foundation on e-cigarette usage:

- <u>Prohibition e-cigarette promotion and advertisement, comparative with current tobacco advertising propitiations.</u> E-cigarette devices currently being heavily promoted as a 'healthier alternative', 'risk reduction' or an option to assist tobacco smokers quit. However, the tobacco industry is aggressively promoting e-cigarette use to young people to create a market for new consumers. To protect individuals from misinformation or manipulative marketing, the same restrictions on traditional tobacco products should be applied to e-cigarettes.
- <u>Ensure smoke-free laws apply to e-cigarette us in Western Australia.</u> Regulations prohibiting the use of EC, at present, are difficult and complex to enforce. By including EC products under

Australia's smoke-free laws, which ban smoking in certain outdoor and all enclosed public areas, clarity on smoking is prohibited would make EC public use clear.

- Non-nicotine e-cigarettes retail sale ban. Although it is currently unlawful to sell EC that contains nicotine, non-nicotine electronic cigarettes that resemble tobacco products can be lawfully sold in retail outlets, including those under 18 years old. Youth and young adults are demonstrated to be enticed by the attractiveness and 'youth-friendly' flavors of EC, possibly providing a gateway to regular cigarette use. Therefore, unless the device has been approved by the TGA, a ban is in the best interest in protecting young people from possible harms (Cancer Council Australia., 2018).

1.8 *Conclusion*

In summary, current and emerging evidence indicates that there are short-term harms associated with e-cigarettes devices and its constituents. Further research is required to understand long-term health consequences. Implications of e-cigarette use also extend to public health, as the rise of e-cigarette have the ability to create new social conditions and harmful behaviours that threaten the Tobacco Control community. Future recommendations should aim to protect individuals through the government's regulation of advertisement, ban of smoking in public areas under the smoke-free law and ban the retail sale of non-nicotine e-cigarettes.

3.0 Retention of Bicycle Helmet Legislation

The act of cycling, alone is not the risk. The mandatory helmet legislation (MHL) is a prevention method that requires cyclists to wear helmets to reduce incidence of fatal injuries and disabilities associated with trauma. Despite its ongoing criticism surrounding autonomy and physical activity, the following points outline why it is in the best interest of the community to retain such laws until other changes have been made to protect cyclists.

3.1 *Infrastructure*

In comparison to other Europeans nations, such as the Netherlands, Australian infrastructure caters for cars, not bikes. Oliver (2016) reported that both cyclists and non-cyclist describe that 50% of the barriers to cycling are due to safety concerns and a lack of supportive infrastructure, and only 6% due to the helmet legislation. While the implementation of mandatory helmet laws has been associated with increased measures to improve cycling safety such as though the *National Cycling Strategy 2011-2016,* infrastructure still continues to be a major barrier for cyclist safety and new strategies need to be implemented (Oliver, Walter & Grzebieta, 2012).

3.2 *Role modeling*

The unintended effects of personal choice are often reflected in social society. Riding companions influence the uptake of helmets as a personal safety measure. Observational studies have concluded that adults who wear helmets were associated with a 95% helmet compliance, in comparison to adults who did not wear a helmet associated with only 41% compliance by children (McIntosh & McCrory, 2005; Karkhaneh, Rowe, Saunders, Voaklander, Hagel, 2011). Whilst it could be considered to have mandatory helmet use to age 18, as with other counties, the issue of role modeling could impact children's helmet compliance (Dennis, Potter, Ramsey & Zarychanski, 2010). To wear a helmet requires

behavioral change, behavioral change which is sustained through legislation, not sustained by an event. Mandatory helmet laws aim to protect, and have the indirect role of modeling safe behaviors to children.

2.4. Conclusion

Overall the research suggest that the benefits of MHL to public health and other indirect outcomes have increased since pre-legislation. With a large concern around cycling safety, it is important to retain MHL to maximize safety measures. Future policies, strategies and legislation surrounding MHL that stimulate the use of cycling will likely benefit public health positively if supported by accommodating built environment and promotional initiatives.

4.0 References

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