SELECT COMMITTEE ON PERSONAL CHOICE AND COMMUNITY SAFETY

INQUIRY ON PERSONAL CHOICE AND COMMUNITY SAFETY

TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
WEDNESDAY, 27 MARCH 2019

SESSION TWO

Members

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

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Hearing commenced at 11.22 am

Prof. KINGSLEY FAULKNER
President, Australian Council on Smoking and Health, sworn and examined:

Mr MAURICE SWANSON
Executive Director, Australian Council on Smoking and Health, sworn and examined:

The CHAIRMAN: On behalf of the committee, I would like to welcome you to the hearing. Today's hearing will be broadcast. Before we go live, I would like to remind all parties that if you have any private documents with you, try to keep them flat on the desk to avoid them being captured by the cameras.

I now require you to take either the oath or the affirmation.

[Witnesses took the oath.]

The CHAIRMAN: You will have signed a document entitled "Information for Witnesses". Have you read and understood that document?

The WITNESSES: Yes.

The CHAIRMAN: These proceedings are being recorded by Hansard and broadcast on the internet. Please note that this broadcast will also be available for viewing online after this hearing. Please advise the committee if you object to the broadcast being made available in this way.

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, and please try to speak in turn. I remind you that your transcript will be made public. If for some reason you wish to make a confidential statement during today's proceedings, you should request that the evidence be taken in private session. If the committee grants your request, any public and media in attendance will be excluded from the hearing. Until such time as the transcript of your public evidence is finalised, it should not be made public. I advise that the 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?

Prof. Faulkner: Yes, I would. Thank you for the opportunity to present to the committee. The Australian Council on Smoking and Health—with the acronym ACOSH—is an independent, non-government, not-for-profit coalition of 39 prominent Western Australian health, education, community, social service and research bodies with a shared concern about smoking and health. ACOSH was established in 1971. It works through the research of evidence, advocacy and collaboration on comprehensive strategies to achieve a smoke-free Australia by 2025, and reduce the more than 15 000 preventable deaths caused by smoking each year in Australia. ACOSH has made a major contribution to the Australian tobacco control initiatives that have reduced the prevalence of smoking from 35 per cent in the mid-1970s to 12 per cent or thereabouts today.

In our submission to this select committee, we have summarised the important role of government as a steward to protect and promote the health and wellbeing of the community. There are countless examples, including clean water and sanitation, ensuring the safety of our citizens, dealing with pollution and environmental degradation, food safety, child protection, occupational health

and safety, car safety and drink-driving laws that have resulted in reducing vehicle mortality and morbidity to the same levels now as they were in the 1930s, despite huge increases in population and in vehicle ownership, and in many more examples of public health initiatives.

As noted in our submission, in relation to the specific term of reference on e-cigarettes and other so-called harm-reducing products, we are concerned that the Chair of this select committee has a clear conflict of interest. Hon Aaron Stonehouse has recognised that his political party, the Liberal Democratic Party, accepts donations from tobacco company Philip Morris. He has also commented that he would welcome further donations from Philip Morris, if they were offered.

Turning now to the claims being made by the tobacco industry and vaping advocates about so-called harm-reducing products such as e-cigarettes and heated tobacco products, first, they make claims about safety; second, that they assist smokers to give up smoking; and third, that they do not encourage children and young adults to take up smoking. I will deal with each of these claims seriatim.

The tobacco industry and vaping enthusiasts rely heavily on a discredited claim by Public Health England that e-cigarettes are 95 per cent safer than smoking conventional cigarettes. This is based on a guesstimate by 12 individuals, some with links to e-cigarette manufacturers, and is not based on scientific evidence but personal opinions. It does not have the heavy weight of scientific evidence that we demand of ourselves when we make those sorts of statements. The evidence in regard to the safety of e-cigarettes and their effectiveness as an aid in smoking cessation has been comprehensively reviewed by the following independent scientific organisations: the National Health and Medical Research Council; the Therapeutic Goods Administration, the TGA; Australia's Commonwealth Scientific Industrial Research Organisation, the CSIRO; the World Health Organization; the US National Academies of Sciences, Engineering and Medicine; the American College of Preventive Medicine; the European Respiratory Society; and the American Academy of Paediatrics. All of these organisations concluded there is insufficient evidence to recommend e-cigarettes as a safe and efficacious method to give up smoking. It is also important to note that we are now seeing increasing evidence of harms attributable to their use. It is also important to emphasise that there is now also convincing evidence that the use of e-cigarettes by children and young people is an on-ramp for the use of traditional cigarettes.

[11.30 am]

In recent months, the US Surgeon General, the secretary for health and the commissioner of the Food and Drug Administration have sounded an alarm about the "epidemic" of vaping there by adolescents. The FDA commissioner, Dr Scott Gottlieb, has said —

> The numbers are clear—we're experiencing epidemic-level rises in youth e-cigarette use, which is threatening the progress we've made toward reducing youth tobacco use. These trends require forceful and sometimes unprecedented action among regulators, public health officials, manufacturers, retailers and others to address this troubling problem.

The US Surgeon General, Dr Jerome Adams, has said —

> *I, Surgeon General of the United States Public Health Service, … am emphasizing the importance of protecting our children from a lifetime of nicotine addiction and associated health risks by immediately addressing the epidemic of youth e-cigarette use. The recent surge in e-cigarette use among youth, which has been fueled by new types of e-cigarettes that have recently entered the market, is a cause for great concern.* ***We must take action now to protect the health of our nation's young people.***

In a country where e-cigarettes are freely available and promoted, the use of e-cigarettes by middle school students in the US increased by 48 per cent, and in high school students by 78 per cent, comparing 2017 to 2018.

Canada has also recently allowed the marketing of JUUL e-cigarettes, and preliminary survey data suggests, for the first time in 30 years, the youth smoking rate has increased in Canada, with e-cigarettes being the likely cause. According to Professor David Hammond of the University of Waterloo, the Canadian teenage vaping rates have increased substantially, similar to the dramatic increase in the US. Despite having stricter regulations, the latest Australian survey shows that in 2017, 48 per cent of students aged 12 to 17 years old who had used e-cigarettes—13 per cent of the total sample had ever used e-cigarettes—reported they had never smoked a tobacco cigarette before—48 per cent. These findings are a great concern to ACOSH. A growing cause for concern in discussions about any possible utility of e-cigarettes relates to the extent to which the potential benefits of making a possibly less harmful alternative to tobacco widely available to smokers might be outweighed by several potential risks. We are looking at global community risks as much as the individual risk. Risks identified to date include: uptake by non-smokers; gateway effects; dangers associated with dual use; depressed cessation and dual use; increasing evidence about harms from e-cigarette use; re-normalising smoking—a very important factor; allowing the tobacco industry to influence decision-making in public health; and distraction from the evidence-based action needed to reduce smoking.

ACOSH, along with many of Australia's leading health and medical organisations, supports the position adopted by all Australian governments through the Ministerial Drug and Alcohol Forum that —

> "… the current evidence base in relation to e-cigarettes supports maintaining and, where appropriate, strengthening the current controls that apply to the marketing and use of these products in Australia."

Noting also that —

> Members agreed to national guiding principles which reflect a precautionary approach to e-cigarettes and affirmed the current national regulatory framework remains appropriate."

That precautionary approach is what we advocate all the time when we are looking at these sorts of matters.

If any producer wishes to market e-cigarettes or other products to support cessation or otherwise for purported therapeutic benefit, they should take them to the Therapeutic Goods Administration with evidence of safety and efficacy. It is then for the TGA to examine the evidence and make the appropriate determination. Thus far, to our knowledge, no companies in this country have done this.

To continue the decline in the prevalence of smoking in Australia, we need support for, and not distraction from, the evidence-based actions we know work—a comprehensive approach, including taxation; renewed national mass media education campaigns, and we need more of them nationally; product regulation; strengthened legislation in states and territories, as we have seen introduced recently in WA; expansion of smoke-free measures; and coordinated support for cessation.

We table this statement for the select committee, accompanied by crucial examples of e-cigarette manufacturing and marketing in the US and the UK, and information regarding the use of e-cigarettes among teenagers in the US. We have also provided an infographic that describes the latest data on smoking by Australian secondary school students, and a recent example of tobacco

advertising by Philip Morris in Indonesia that graphically illustrates that their objective in that country is to sell as many traditional cigarettes as possible, with a price of about $A1 per pack.

In the 1970s, as a young doctor with the flying doctor service in the Pilbara, I had the duty to go out to the Wittenoom mine area, and it was that experience—looking at the impact of asbestos in this country—that motivated me to get involved with this particular matter of tobacco and public health more generally. In that instance, the governments of the day did not take up the evidence that was available to them. As a consequence, we have a terrible disaster still running out on asbestosis and similar problems. A couple of years ago I was in the UK in London and I saw the Grenfell Tower before it went up in flames and after it went up in flames—72 people lost their lives. In WA—this is in yesterday's paper—there is evidence that we need to look at hospitals in this state with a similar cladding problem. Public health matters, intervention by government matters, and in this instance, we believe that a precautionary approach to the matter of e-cigarettes is vital, if we are serious about public health in this state and this country. Thank you.

The CHAIRMAN: Thank you very much. How closely does ACOSH work with ASH UK—that is, Action on Smoking and Health UK—in your policy development work?

Prof. Faulkner: We saw what ASH has written about this matter in recent times. We do not work in close collaboration with ASH. We have had contact with them in the past and perhaps Maurice could give more information about that, but we are aware of statements they have made. We totally disagree with their statements, but are aware of them. Similarly, we are aware of similar statements being made in New Zealand on such matters. But our response to that is that you have got to be so careful. If you are allowing a new product into the market without proper testing, then you are asking for trouble. The longer we go with the evidence now coming through about nicotine within e-cigarettes and the impact of nicotine on health, both for the user and in pregnant woman for the unborn child and the development of the brain and lung function—more evidence is coming through time and again—makes us even more concerned that liberalisation or deregulation of e-cigarettes is a step the state should not take, nor should this country. The big research bodies that I mentioned come to the same conclusion at the moment: we must have a precautionary approach to a new substance like this. If you do not, you are likely to get what is happening in the United States and Canada, and probably elsewhere.

[11.40 am]

The CHAIRMAN: Did you have anything to add to that?

Mr Swanson: Very briefly: there used to be a body in Australia that complemented the work of ACOSH called ASH Australia. They were jointly funded by the National Heart Foundation and Cancer Council Australia. Unfortunately, the funding could not continue for them as it was, and they folded, and sent us all of their archived material.

Just to answer the direct question about ASH UK, I think generally the UK has based their policy response in relation to e-cigarettes and other so-called harm-reduced products on what is clearly a factoid—the claim from Public Health England that these products are 95 per cent safer than traditional cigarettes. It is based on a report from a group comprising 12 individuals who expressed an opinion. It is not based on a comprehensive analysis of the scientific evidence, but unfortunately it has been the basis of their public policy response. Unfortunately also, it appears that New Zealand has taken quite a bit of notice of what is happening in the UK and they have gone down a similar path to the UK. The rest of Europe has not responded consistently with the UK. There is lots of disquiet about that so-called estimate of harm because it is not based on any evidence.

Hon PIERRE YANG: Professor Faulkner, you just mentioned that we should exercise caution and use a precautionary approach to this issue; otherwise, we will repeat what happened in the US. Are you able to elaborate a bit more on what in your view happened in the US?

Prof. Faulkner: They have liberalised the use of e-cigarettes. If you look at them, we have some graphics here of the advertising that goes on in the United States and Canada. They are advertisements that appeal to children: photographs of Thomas the Tank Engine outside vaping shops, and young, scantily clad women—a whole bunch of graphics that show just how powerful the advertising industry is in that country and how powerful it was in this country before ACOSH and other groups got cracking. I lived through that time when this state and this country was awash with seductive advertising, and it worked. It was used because it worked. It is used now in the United States because they know it works. Now it is targeting children, and we are seeing this upsurge in the uptake. Our real concern is this is going to be a ramping to traditional cigarettes—possibly. It may not happen but it is probably going to happen, but we need evidence to say whether it is or not. That takes time. For somebody who has children, and now grandchildren, I do not want to see that sort of promotion in this country about a substance which the evidence is strongly against in terms of its direct harm and, very importantly with regard to children, as a ramp or an introduction to traditional tobacco use.

For those who make a real effort to quit tobacco, somewhere between two-thirds and three-quarters do so without any pharmacological assistance. Two-thirds to three-quarters manage to do it without anything—no nicotine replacement therapy; nothing; no vaping e-cigarettes. They do it on their own with the assistance, if you like, of evidence and advertising, and governments making health promotion messages. We are looking at the minority of smokers who are turning to vaping to try to break the habit. The evidence about whether they will be successful is pretty flimsy at the moment. It is far too early to say whether those that quit traditional smoking will remain quitters. Many of them are dual users, both in adults and sometimes in children. The success rate of vaping for those who want to quit, we will have to wait longer to tell. It took a long time to prove the association between tobacco smoking and lung cancer and other diseases. The first major paper was the Doll and Hill paper in 1950. Cigarettes were around a long time. There was concern they were harmful, but that was the first definitive paper.

Hon PIERRE YANG: I have a question following on from that. Professor, you are saying that there is insufficient evidence in your view. I guess the question from the proponents of e-cigarettes would be: how long do we have to wait?

Mr Swanson: Can I perhaps chip in there?

Hon PIERRE YANG: Yes. The product has been around for almost 10 years.

Mr Swanson: Not so much in this country, but in the UK and the US it has been around for up to 10 years. But what I find fascinating about the public debate on e-cigarettes is the e-cigarette enthusiasts first of all promoted the product as a cessation device. That was their major promotion platform for e-cigarettes. When the National Health and Medical Research Council and the TGA examined the evidence, just as Professor Faulkner has said, they found it to be very thin indeed. No company, no manufacturer, has actually put a proposal to the TGA, but that has not stopped the TGA and the NHMRC from examining the evidence. They have come to the conclusion that it is very skinny indeed. Having seen the response from Australia's independent scientific organisations, they have suddenly done a backflip on what their public policy position is. It is now suddenly a consumer product that they want available, presumably on every street corner.

In relation to this, I tweeted the other day about a statement from Scott Gottlieb, the commissioner of the FDA in the US, about this terrible problem that they have now, with more than 1.5 million

teenagers in the US addicted to nicotine through mainly the use of the JUUL products, saying that "nicotine is rewiring the brains of our teenagers; this is a very serious problem"—words to that effect. I tweeted that statement from Scott Gottlieb and I got back within a day a comment from one of the organisations that you have interviewed through this process—Conjoint Associate Professor Colin Mendelsohn, who is the head of ATHRA. You had Dr Joe Kosterich come and represent ATHRA. His comment back to my tweet was, "That's why we need strict regulations on the marketing of these products." I did not reply because it is such a stupid suggestion, because it is the same issue that Kingsley and people that we worked with on ACOSH for the last 40 years faced when we got the same argument from the tobacco industry: "We direct all of our advertising to adult smokers." And magically children do not see that advertising! I mean, it is completely ludicrous. That is why you have got the situation you have in the US. If you have a look at this series of laminated graphics we have given you, these are examples of what the JUUL company does through their PR and marketing agencies to market JUUL extensively through social media, and it has been a huge success.

Last week, Philip Morris—PMI—who you also interviewed, appointed Vice Marketing to handle their marketing in the future—a $5 million contract awarded to Vice Marketing, because they are experts at using social media to communicate to vulnerable audiences. That is what we do not want in this country. We will see a repetition in the use of e-cigarettes in this country if we liberalise their availability and any current restrictions on marketing.

Can I just point out one other thing before it gets lost in the discussion: when you interviewed PMI, of course you got this—can I be colourful?—claptrap about, "We're here to create a smoke-free world. We're interested in smokers having a healthier alternative." Just look at their recent advertising in Indonesia. This is an outdoor billboard for Philip Morris's Bold brand. If you look in the bottom right-hand corner, do you see the price there? It is 12 000 rupiah.

[11.50 am]

That is about $A1 for a packet of cigarettes in Indonesia. If you go to Indonesia, there is no mention of e-cigarettes there—none whatsoever. They have got their foot flat on the accelerator for their most toxic products, if you believe the others are less toxic. This whole effort to promote so-called harm-reduced products is a contrivance by the industry to remain relevant in western countries. The prevalence of smoking in western countries is declining because of the initiatives that those governments have put in place. Most recently, you will be aware that the UK copied Australia in plain packaging, and the plain packaging initiative is spreading around the globe. I noticed also that in previous presentations before this committee, they said, "But the reason that the prevalence of smoking in the UK has gone down is because of the uptake of e-cigarettes." When you plot the declining prevalence of smoking for people over 15 years of age in the UK, what you see is a striking correlation between prevalence and increasing price. If you plot the decline in prevalence—I can give you that graph as well—with attempts to quit by using e-cigarettes, there is no correlation whatsoever. Claims that e-cigarettes have helped millions of people quit in these other countries is a complete farce. You cannot scientifically say that the use of e-cigarettes is the cause of declining prevalence. There are many, many reasons why the prevalence of smoking in western countries is declining, but the major reason is increase in price, and that is the same situation here in Australia. We have price increases every year of 12.5 per cent. If you go down and try to buy a plain pack of Winfield, it is over $40 now for 25 cigarettes. That is the biggest deterrence for smoking in this country—price—followed by mass media campaigns that are well funded and sustained. We have not had a national mass media campaign on tobacco in Australia since 2013, despite the federal government collecting $12 billion in tax.

Hon Dr STEVE THOMAS: Thank you, gentlemen. I am glad you mentioned a scientific perspective, because I like to think that is what I bring. I am just looking at your submission. You have made some comments today about evidence for e-cigarettes; I think you have used the words "pretty flimsy", "very thin", "very skinny indeed". I am interested, though, because you make a statement in your submission that "there is increasing evidence of harm". If you look at your submission, there are 25 references to general public policy on smoking, but when you get to the comment that you say—it is specifically this—"there is increasing evidence of harm", including five dot points, there is only one reference point for that, and 26 is the Australian Institute of Health and Welfare's survey on just the number of people smoking. Whilst you are demanding a very high level of standard of scientific research on one half of your argument and excoriating the lack of it, I am not seeing significant research being presented on the other side on a number of these issues, including the harm link. In terms of these comments that say there is growing evidence of use, growing evidence of direct health harms, what specific studies—not necessarily today—can you send us that demonstrate, as you say here, direct health harms? You refer to an absence of conclusive evidence that e-cigarettes are effective as an aid to quitting tobacco. An absence of evidence is not necessarily proof. I am looking for definitive proof rather than simply quoting the precautionary principle.

Mr Swanson: Perhaps if I respond to that Dr Thomas. That is a good question. Just taking us back one step, we have both in our submission and updated in our statement today the independent scientific organisations that have reviewed the evidence. The premier report in that list is the National Academy of Sciences in the US. They reviewed over 800 published scientific articles on e-cigarettes.

Hon Dr SALLY TALBOT: That is dot point 5 on page 2.

Mr Swanson: Yes—800, the most comprehensive review to date. However, as you know from your vet science background, papers are published every week. I have a Google search function on my computer for e-cigarettes and I would say that every week or every fortnight there is a new study on e-cigarettes, and many of them touch on the issue of harm. We would be glad to provide them to you. Kingsley talked about the impact of nicotine, because for those people who attempt to quit using e-cigarettes—if they are not dual using, they are still imbibing or inhaling pretty large quantities of nicotine—nicotine is not a benign substance. Nicotine is not a tumour initiator, but it is a tumour promoter. There is now growing evidence that rather than nicotine being a product of you having a mental illness—because we know that for people who have mental illness, in some of the mental illness categories, there is a prevalence of 80 per cent smoking—nicotine might be a causative agent in those diseases. We can give you that; we can provide it to you.

Hon Dr STEVE THOMAS: Okay, but what I am looking for is the definitive study that says that e-cigarettes are equally harmful as standard cigarettes. Does that study exist?

Mr Swanson: I am not trying to be difficult here, but the scientific method does not rely on a single study. The scientific method, as you know, relies on the totality of the evidence. For example, one of your previous interviewees has placed great importance on a study in the *New England Journal of Medicine* by Hajek and colleagues saying this is a randomised control trial of 800 participants and the use of e-cigarettes doubled the quit rate compared with the use of NRT. Do you remember him saying that?

Hon Dr STEVE THOMAS: Yes.

Mr Swanson: That is just one study. There were three randomised control trials before that study—two reasonably well designed and one weak—that showed no better effect with e-cigarettes. In short, when you are looking at the impact of a product like heat-not-burn or e-cigarettes, you have to look at the totality of the evidence. You do not look at just one study. What we are saying is that

those independent organisations, the list of which we added to in the statement that Professor Faulkner read—the new ones are the American College of Preventive Medicine, the European Respiratory Society and the American Academy of Pediatrics—have added to and looked at more recent evidence than the TGA, the NHMRC and CSIRO. We are up to a point now where we can quite authoritatively say that there is growing evidence about the harms of products that provide nicotine by way of e-cigarettes.

Prof. Faulkner: Could I also get back to your question? We have had decades of time to look at the evidence linking smoking with ill health. We have had a much smaller time frame to do that with e-cigarettes, and therefore we cannot—nobody can—give you as big a volume of evidence for this product as the latter ones. It is a new product. But there are enough warning signs to say we must still maintain the precautionary principle, because the longer time goes past, the more examples—already mentioned—of the direct harm. Looking at the overall cost benefit, if you like, of a thing like e-cigarettes, it may be eventually shown that for a certain group of people, they can quit more effectively for a longer period and have a better outcome than if they remained smokers—for that small group of people.

But if the consequence of doing that and liberalising it for the wide community far outweighs the benefit to those few individuals, then that is the serious issue. At the moment, we still do not know whether it is going to be a real long-term benefit for the smoker wanting to quit. We have only got a short time frame. With smoking, often you have to look at a much longer time frame to say whether you have quit it successfully for your lifetime. We do not have that evidence—nobody has that evidence. But if the consequence for the community as a whole of liberalising it for a small group—even if the evidence eventually says that they will suffer less harm, if they manage to change over, than the majority—and if the uptake among children far outweighs it, then we have not done a community health service benefit.

[12 noon]

The CHAIRMAN: We have time for a few more questions.

Hon Dr STEVE THOMAS: I am done. For a good scientist, there is always a sceptic in every direction.

Mr Swanson: You are quite right. We will get you the more recent publications, one on the possible causative role of nicotine in mental illness, and I will get you a collection of recent publications on the impact of vaping on both hearts and lungs, because there is growing evidence that it is injurious to your cardiovascular system. It might turn out to be less injurious than traditional cigarettes, but it is not safe, and it is certainly not 95 per cent safe.

Hon Dr STEVE THOMAS: Noted.

The CHAIRMAN: We will take those on notice.

Hon Dr SALLY TALBOT: In a sense this is a follow-up question directly from your opening statement, so if you can just rewind slightly. It is a question for both of you, even though, Professor Faulkner, you were the one who referred to it in your opening statement. You talked about the Public Health England report and the 95 per cent safer claim. The other British report that is being cited at us constantly is the —

Mr Swanson: UK Royal College of Physicians.

Hon Dr SALLY TALBOT: That one, yes, "Nicotine without smoke", which is the Royal College of Physicians. Can you talk a bit about that, because that is obviously not just 12 people with a personal opinion?

Mr Swanson: What I would say about that is that a lot of the information that was examined and considered by Public Health England has flowed onto and into the report by the Royal College of Physicians, which from our point of view has been unhelpful, because, as Kingsley and I were discussing a few days ago, the Royal College of Physicians produced the first major report that considered all of the evidence on smoking and health in 1962 and was followed up by the US Surgeon General in 1964. So it came as quite a shock to us that the recent report was describing e-cigarettes in somewhat glowing terms. But it is not a view shared by every public health expert in England or greater Europe. It is certainly not shared. For example, we could give you a copy of a paper that severely criticises the 95 per cent estimate from Public Health England on the basis of how it was derived and how it is not based on evidence but is a guesstimate by 12 individuals, half of whom had links to e-cig manufacturers.

Hon Dr SALLY TALBOT: I am asking you specifically about the Royal College of Physicians report, because presumably that is peer reviewed, is it not? It is a report from a professional body.

Mr Swanson: I think you will find, if you look at the introduction to it, it credits or acknowledges the authors who were responsible for putting that report together. I do not think it is peer reviewed. That is not to say that some of the evidence that they cited is not peer reviewed, because clearly it is. That report is contentious in terms of the totality of the evidence around e-cigarettes, but it has, as you are aware, Dr Talbot, influenced public health policy in the UK, and that has, in turn, influenced public health policy in New Zealand, because some of the characters who contributed to that report are now advising public health officials in New Zealand. But we keep coming back to the fact that Australia's premier independent scientific assessment bodies have looked at the same evidence and come out with, "No; we need to be very cautious about these new products, and unless and until we can be confident that they are safe and efficacious, we are recommending that the policy settings that we have at the moment are appropriate." I mean, Kingsley mentioned the point about Sir Richard Doll and Sir Austin Bradford Hill publishing the seminal paper in 1950 on carcinoma of the lung. That took decades of work. These people are trying to make an assessment on exposure of perhaps four or five years in the UK to the use of e-cigs. Two papers that have been published recently provide up to four-year follow-up of people, some of whom have quit smoking as a result of using e-cigarettes, and many of them, as Kingsley mentioned, continued vaping. Some of them dual-use—vape and smoke traditional cigarettes—which is, of course, a delightful financial outcome for the tobacco industry. But when you look at the long-term health outcomes for those people who continue vaping, they are not discernibly different from those who continued with their smoking, and is it conflicted somewhat by some of them dual-using? That needs to be drilled down. But we can provide you with those studies. One is by Flacco, an Italian study, and the other is a longer-term follow-up to Hajek's randomised control trial.

Hon Dr SALLY TALBOT: Thank you. That would be interesting.

Prof. Faulkner: But also, if I can add a little bit to it. Australia has led the world in tobacco prevention strategies, perhaps with California. It has led the world. It has gone far ahead of the UK in many of the strategies it has used to drive down tobacco usage. I would argue that in the UK, they still have a whole lot of people—they do not have the same degree of elimination of advertising and promotion in that country that we have here. Therefore, they probably will have many more smokers who do not have other avenues to help them quit, and GPs and others perhaps pushing for the use of an alternative, and this one seems to be, on the face of it, maybe a useful thing. I think that is the background to why the UK physicians have some out with that qualified support.

Hon Dr SALLY TALBOT: I see. I am sorry—I am listening to what you are saying, but I am also looking at the report, and I can see there is some interesting material at the beginning about the tobacco advisory group.

Mr Swanson: Can I also add to what Kingsley has just said. The culture of tobacco control in the UK has been predominantly about treatment of smokers within their national health system.

Hon Dr SALLY TALBOT: That was actually going to be my next question, so can I give you my next and last question, you will be relieved to know, Chair, because I think this is perhaps what you are coming to. It seems to me increasingly as we hear this evidence that the tension is between the use of the precautionary principle and the concept of harm reduction. So people who adopt the position that you adopt, with which I have been kind of to situate myself, will talk about the precautionary principle, and of course we all look back now to asbestos and tobacco and wish that we had made that argument stronger then. People on the other side of the argument, from the tobacco companies downwards, tend to talk about harm reduction.

Mr Swanson: Well, they have highjacked that term.

Hon Dr SALLY TALBOT: Can I ask you: is your argument that failure to heed the precautionary principle will actually increase harm?

Mr Swanson: Absolutely.

Hon Dr SALLY TALBOT: If you could address that, that would be interesting.

Mr Swanson: The vaping enthusiasts and the tobacco industry have hijacked the use of the term "harm reduction". Kingsley and I have been working on this for 40 years. We have been advocating for bans on promotion and advertising, expansion of smoke-free areas, proper sustained funding of media campaigns, and increases in price.

[12.10 pm]

What is missing in Australia is that there are no media campaigns funded nationally and no systemic method or policy for providing cessation support for people in contact with the health system. It just does not exist. The point is that we have been reducing harm in huge quantums over the last 40 years and along comes the vaping enthusiasts who say, "Oh no, what you do is old hat. It's not relevant anymore." But let me assure you, Sally: the impact of the use of e-cigarettes will be infinitesimally small within the overall community prevalence of smoking going forward, compared with these other measures—very, very small. It is almost laughable. The other by-product, which is really unfortunate, is that the hijacking of the concept of harm reduction has re-engaged the tobacco industry with government. Governments had pushed them out the door —

Hon Dr SALLY TALBOT: A smoke-free world.

Mr Swanson: Yes, exactly. It is a nonsense. They used this opportunity to re-engage with governments. You asked the representative from PMI whether PMI supported all the initiatives we know have been successful, from plain packaging down, and she bumbled around and ducked and dived and weaved and then suddenly had to say, "Well, no, actually we oppose them all", which is true. Now they are coming to you and saying, "We've got the answers; we're in love with harm reduction." It is a complete contrivance.

Hon Dr SALLY TALBOT: Do you reject absolutely the argument that if you regulate you can make the product safe, and the absence of regulation —

Mr Swanson: No, our position is: if TGA/NHMRC examine the evidence and believe that it is both efficacious and safe, then they should be made available as other NRT products.

Hon Dr SALLY TALBOT: So have it assessed as a therapeutic product?

Mr Swanson: That is right. But all this nonsense about, "Let's market it and make it available as a consumer product"—that is just a job that you are doing for the tobacco industry, if you are going down that line.

Hon Dr SALLY TALBOT: They showed no interest whatsoever in the idea that it might be a therapeutic product.

Mr Swanson: No, no, because they will not make any money out of that, and it will cost them to put together their proposal to the TGA; not that they are short of a dollar to do that.

The CHAIRMAN: Speaking about regulation, we have run out of —

Hon Dr SALLY TALBOT: I think Professor Faulkner was just about to say something.

The CHAIRMAN: Just quickly, Professor, because we have just about run out of time. I have one last question for you.

Prof. Faulkner: Just to remind everybody the enormity of the problem we are dealing with. Seven million people die annually from tobacco in the world—15 000 in this country—and 100 million have died over the last century. It is estimated that one billion will die in the next century, unless governments put in place measures to drive that incidence down. The tobacco industry knows that what they do is harmful and deadly, and they have been forced to say that that is the case. Of course, if this product were introduced now, the TGA would never let it through the system—that is, tobacco. Nobody would let it through the system. But we have it because it is a legal product. What we must do is drive down the prevalence in this country and across the globe, if we are serious about public health. Our view on the issue of e-cigarettes is that they are designed as a marketing tool, primarily. Cessation for the individual smoker is the excuse they use for it. The evidence for that, in spite of some of the UK studies saying otherwise, is flimsy. We must look at that evidence that the UK has come up with and be critical of it, as other groups certainly have been. But to bring it back to the prime problem, the prime problem is that we are dealing with a highly lethal substance, and this is not going to make it better. If the figures about uptake amongst children are correct and are followed through, we are likely to make it much, much worse.

The CHAIRMAN: Just quickly on the regulation, because we need to wrap things up now, there are devices sold that are not necessarily used with nicotine. There are people using e-cigarettes without nicotine, merely with flavoured liquids. Should those be subjected to TGA regulation and approval?

Mr Swanson: I think we have a problem in that there is a lot of uncertainty around just what is in those things.

The CHAIRMAN: So specifically —

Mr Swanson: Sorry, if I can finish: six out of 10 samples of e-liquids in WA contained nicotine when they were labelled non-nicotine. The New South Wales Health Commission conducted a similar survey with a much larger sample, and 70 per cent of these non-nicotine liquids contained nicotine, so one of the basic problems here is that we do not have a clue what is in them.

The CHAIRMAN: To what would you attribute the contamination of nicotine in supposedly non-nicotine liquids?

Mr Swanson: You have sloppy manufacturing; who knows where they are being imported from?

The CHAIRMAN: Would that not be the nature of the unregulated environment of these liquids and e-cigarettes being sold currently?

Mr Swanson: It would contribute to it, but also —

The CHAIRMAN: For instance, I do not have to worry about there being nicotine in the food I buy, because it is regulated as a consumer good and there are certain standards.

Mr Swanson: But you have flavours that have been deemed to be safe for ingestion in these products that are not deemed to be safe for inhalation, so why on earth would anyone who knows about the topic want to make these more freely available?

The CHAIRMAN: So you would like to see non-nicotine containing liquids and devices that are not explicitly used for the inhalation of nicotine vapour subjected to TGA approval? Is that your position?

Prof. Faulkner: Anything that is going to be put out for public consumption should have TGA approval.

The CHAIRMAN: Anything? Consumer goods alike?

Mr Swanson: What about food products? We have a vast array of regulations around keeping our food supply safe. If you trundle off to the Royal Show in September, you will see Kidsafe all over the showbags like a rash, because they are looking for —

The CHAIRMAN: Food and consumer goods are not therapeutic goods. They are not regulated as therapeutic goods.

Mr Swanson: They are not, but the point we are trying to make is: why on earth would you want to make freely available a potentially very harmful product? Why would you want to do that? If they do not have any nicotine in them, how on earth are they going to purportedly help smokers quit?

The CHAIRMAN: That was my question: there are people out there who use e-cigarettes, not to help them quit, but merely because they like the flavoured vapour.

Mr Swanson: They would be in a very small minority. The thing that keeps people using these products is the addiction to nicotine. For years we thought the good idea was to reduce the addictive nature of traditional cigarettes, only to find that the tobacco companies deceived us with the readings for the product from their smoking machines. There has been a litany of so-called less harmful products, and they have all been complete failures because the industry has manipulated them.

Prof. Faulkner: People who want to get their nicotine hit—I understand that an ordinary smoker puffs about 95 times a day; if you are a vaper, 200 times up to 600 times a day, to get that amount of nicotine titrated, if you like, into the system. Children have died by getting hold of the little vials and ingesting the liquid. There is a case in Victoria at the moment in the Coroners Court. It is a dangerous substance; nicotine is a deadly substance and it is highly addictive. It is probably as addictive as heroin. It is a powerful drug of addiction and a poison in its own right.

Mr Swanson: The genius of the JUUL product is both in the chemistry, engineering and marketing. They are now finding out that they are able to manipulate the nicotine form into a salt, which is much more of a hit for your central nervous system than the alkaloid form of nicotine. It is a brilliant bit of engineering; that is why Philip Morris has bought a 35 per cent, $US12.8 billion share in JUUL.

The CHAIRMAN: We will have to end it there, I am afraid, Mr Swanson; sorry to cut you off. I am sure we could go on for a while, but we have run out of time.

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. Errors of fact or substance must be corrected in a formal letter to the committee. When you receive the transcript of evidence, the committee will advise you when to provide your answers to questions taken on notice. 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. Thank you.

Hearing concluded at 12.19 pm

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