SELECT COMMITTEE ON PERSONAL CHOICE AND COMMUNITY SAFETY

INQUIRY ON PERSONAL CHOICE AND COMMUNITY SAFETY

TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
FRIDAY, 15 FEBRUARY 2019

SESSION TWO

Members

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

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Hearing commenced at 10.53 am

Dr JOE KOSTERICH
Director, Australian Tobacco Harm Reduction Association, sworn and examined:

The CHAIRMAN: On behalf of the Select Committee on Personal Choice and Community Safety, I welcome you to the meeting. Before we begin, I must ask you to take either the oath or affirmation.

[Witness took the affirmation.]

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

Dr Kosterich: Yes.

The CHAIRMAN: These proceedings are being recorded by Hansard. 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 talk into them; ensure that you do not cover them with papers or make noise near them. I remind you that your transcript will become a matter for the public record. If for some reason you wish to make a confidential statement during today's proceedings, you should request that the evidence be taken in closed session. If the committee grants your request, any public and media in attendance will be excluded from the hearing. Please note that until such time as the transcript of your public evidence is finalised, it should not be made public. I advise you that 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?

Dr Kosterich: Essentially, I think based on the submission made, my main interest here is to do with vaping. In a time known as the 1980s, Australia probably led the world in tobacco harm reduction and reducing rates of smoking. Unfortunately, a lot of the people who still pull the levers in tobacco harm reduction come from that era and do not appear to have understood that that era has passed, and they are resting on their laurels. Vaping is at least 95 per cent less harmful than smoking and is variably supported or promoted in a large number of other jurisdictions, including the UK, the EU, Canada, the USA and, more recently, New Zealand, as a way to help reduce harm from smoking. We know there is still in the order of 18 000 or 19 000 deaths each year in this country from tobacco-related illnesses. The fact that people can more easily buy a product that is 95 per cent more harmful and are effectively banned from buying a product that is less harmful makes no sense at all to the proverbial person from Mars, and to this person from Earth also makes no sense at all.

The CHAIRMAN: Thank you. To begin with, I will ask a few questions about the Australian Tobacco Harm Reduction Association. What strategies or campaigns does the association coordinate to raise awareness of tobacco harm reduction in the community? Do you promote funding to any other organisations?

Dr Kosterich: We do not provide any funding to any organisation. We struggle to make our own way as a small charity. We receive no government funding. We are continually attacked by those who do receive government funding and significant amounts of it. Our approach essentially is to reduce harm from tobacco consumption, and I am talking about combustible tobacco. We are supportive of all current strategies. We are not opposed in any way to Quit campaigns or current forms of nicotine reduction therapy. All of those current methods have a role, but the numbers tell us that they have hit a plateau. Between 2013 and 2016, despite plain packaging and despite increases in

taxation, we now have the highest per stick tobacco prices in the world. There has been no reduction in smoking. If that says that we are doing everything the best we can while other countries are seeing reductions in their rates of combustible tobacco consumption, again, that clearly does not stack up with the numbers. We have a website. We have sought to run publicity campaigns. We have sought to get coverage in the media, federally and in state jurisdictions. We have sought to meet with politicians and policymakers to basically say that Australia does not know everything. Other countries are doing things that we are not. They are getting results; we just need to learn.

Hon Dr SALLY TALBOT: You are an association. Is it a membership-based association?

Dr Kosterich: Yes, people can—hang on, now you have got me on a technicality. We are a charity. We have a board. We have supporters rather than members.

Hon Dr SALLY TALBOT: Can a person join the association?

Dr Kosterich: As a member? To be honest, I will have to check.

Hon Dr SALLY TALBOT: Do you want to take that on notice and get back to us? We will formulate that as a question to you.

Dr Kosterich: Yes. My understanding is that we do not, but I would like to confirm that with you.

Hon Dr SALLY TALBOT: If you could let me know what is involved in membership and what your level of membership is. If you can delve down into the detail, whether you have overseas members or Australian-based members, or how your membership system works and who your members are.

Dr Kosterich: Thanks for the questions. I will double-check on that. I would be 99 per cent sure that we are not a membership organisation. We certainly do not have overseas members.

Hon Dr SALLY TALBOT: Just take it on notice then.

Dr Kosterich: I will send a copy of the constitution.

The CHAIRMAN: What should be the purpose of public health policies in your view?

[11.00 am]

Dr Kosterich: The role of an individual doctor is to do the best for their individual patient using the knowledge and evidence that is available but applying it to the individual case and also representing the autonomy of that individual. The role of public health should be that on a grander scheme. It should look to have policies that improve the health of people but equally respect the autonomy of people who may or may not choose to follow all that advice. It certainly should be guided by evidence, but since we have seven billion people on the planet and no two are identical, we can and never should have one-size-fits-all approaches. Where public health in a large number of areas has got this wrong, it is assuming that because one method works for some people, it will work for all. We know that in medical practice when dealing with human beings that that is never the case. There might be one size fits many or one size can be adapted to fit a lot, but the concept that there is one mechanism that will work for everybody every time is flawed. The other thing with public health is that generally speaking they have no contact with the people whom their policies impact and affect. As a doctor I have contact every day with people whose decisions or treatments I recommend or suggest how it actually affects them, and I have a legal liability if I get it wrong. In public health there is no legal liability if their advice is wrong.

The CHAIRMAN: Let us touch on e-cigarettes for a while. Can you explain to us how the devices work?

Dr Kosterich: There are a number of forms, but in its simplest terms I believe that the e-cigarette was invented by a Chinese pharmacist in approximately 2003 who was looking for a way of obtaining nicotine without smoking tobacco. They are little battery operated devices. One puts nicotine liquid

in them. The strength can vary. A little like nicotine replacement patches, there are different strengths in terms of the number of milligrams of nicotine. That nicotine is in a liquid. It is heated up and it turns to vapour. There is also a vegetable glycerol in it and a carrying mechanism to enable it to be turned into liquid. When used, the person inhales the vaporised liquid. It delivers nicotine without delivering tar, carbon monoxide or a whole host of other chemicals that come from the combustion of tobacco. It enables people to get the effect, if you like, from nicotine, which is what smokers crave. The reason people smoke is the nicotine. They do not smoke because they want to die or they want to inhale a whole lot of other chemicals. Invariably, for between 500 and 3 000 years people on this planet have chosen to use nicotine—I do not smoke myself—for reasons that presumably are a mixture of (a) they enjoy the sensation, or, (b) they are addicted to what it provides. Nicotine of itself is relatively harmless. It is not a carcinogen; it is not what causes death from tobacco smoking. The e-cigarettes are a delivery system for delivering nicotine, different from sprays, patches and gums. Essentially, it is a way of delivering nicotine in a far less harmful way than combusting the tobacco.

The CHAIRMAN: Looking at the products, there are e-cigarettes and then there are heat-not-burn tobacco products. What are the distinguishing features of those two?

Dr Kosterich: The heat-not-burn products, which are available mainly in Japan, have tobacco inside them, but they do not burn the tobacco. Again, it is a way of releasing nicotine without burning tobacco. In Scandinavia they have what are called snus, which enable people to almost chew a form of tobacco. It is not quite like you see in the old Westerns. There are a number of electronic nicotine delivery systems, and heat-not-burn is also an electronic-type device. They have seen in Japan dramatic falls in tobacco sales. When we look at the sales from Japanese Tobacco and for some of the other international firms their sales are in remarkably steep decline as these devices become very popular in Japan.

The CHAIRMAN: The heat-not-burn products that you mention are popular in Japan, in terms of their relative harm. Are they comparable to e-cigarettes? Are they more harmful than e-cigarettes or less harmful than traditional combustible cigarettes?

Dr Kosterich: They are certainly much less harmful than combustible cigarettes. The difference between them and e-cigarettes, I am not sure whether there has been a head-to-head study done. They are both far, far, far less harmful than combustible tobacco. I would not give an exact figure. Public Health England has looked at all the research and on two separate occasions has come up with the conclusion that vaping and e-cigarettes are 95 per cent less harmful than combustible tobacco. I am not aware of a specific review that has looked at the percentage on heat-not-burn. I would be surprised if it was significantly different, but it may be at variance by a percentage.

Hon Dr SALLY TALBOT: I just want to dig down a bit into that statistic. I mean, you are a medically trained person. You have obviously spent a lot of time looking at this kind of data. What does it actually mean to say that something is 95 per cent less harmful?

Dr Kosterich: Yes—look, it is necessarily a relative term. If one defines the risk from tobacco—some people smoke and live to 100. My father-in-law is still going at nearly 86 and he smoked 60 a day for nearly 60 years. Not everybody who smokes is going to die. Equally, I have, over the years, seen people who have never smoked and have developed illnesses that are related to tobacco smoking. Essentially, people do reviews of analyses. They look at the relative risks of smoking. What is the chance of getting a heart attack from smoking? What is the risk of getting lung cancer from smoking? They have then looked at the risks associated with e-cigarettes. They have also probably looked at the number of chemicals in combustible tobacco and been able to identify that compared to that, the number of chemicals in e-cigarettes is much less. So if you are not getting the tar and you are not getting the carbon monoxide—and those are the main factors, for example, in contributing to

illness such as, particularly, lung cancer—and also that there is no smoke. We know that smoke can damage the lung linings, leading to things like emphysema or chronic obstructive pulmonary disease. How they eventually crunch the final number, I cannot personally answer you that. That is why we have medical researchers —

Hon Dr SALLY TALBOT: And do you have any data that would provide that information?

Dr Kosterich: Yes, absolutely.

Hon Dr SALLY TALBOT: I mean, it is a lovely figure to be using, but it seems to me, from the evidence that the committee has seen so far, that it is bandied around a lot, but when you dig down it is hard to find the substance of how people arrive at that figure.

Dr Kosterich: It has come from Public Health UK, which is a UK government-based organisation. I presume it is their equivalent of the health department. They have done their own review. I do not know exactly how they have done that—I cannot answer. I can certainly send a link to their site. The National Academy of Science and Engineering in the United States put out a paper last year which said that it found in electronic cigarettes and vaping there was a significantly lesser number of harmful chemicals. It did not quantify that and it did not quantify how much less that risk was. For a moment, let us assume that Public Health UK—and they have done this twice—let us assume they are wrong and it is only 50 per cent less harmful. Even then, I struggle to see how we can argue against something that is 50 per cent less harmful.

Hon Dr SALLY TALBOT: Please do not misunderstand me. It is certainly a dramatic figure. I am just interested to know the scientific basis—the rigour of the research that supports it and what it actually means. Perhaps I could ask you the opposite question—turn the coin over. The other side of the question is—e-cigarettes and the other devices for delivering nicotine that you have just talked about—you are not claiming that they are risk-free?

Dr Kosterich: Nothing on this planet is a risk-free.

Hon Dr SALLY TALBOT: What evidence can you give us about how that risk is quantified?

Dr Kosterich: We already know that essentially they are a delivery mechanism for nicotine. We have patches that deliver nicotine that people can buy at the chemist without prescription. We have chewing gums that deliver nicotine that people can buy at the chemist without a prescription. It has clearly been established, even in this country, that consumption of nicotine is something that people can do without a medical prescription. I am told—I have never seen it, that some forms can even be bought at a supermarket, let alone from a pharmacy. How does one quantify that these things are less harmful than tobacco? I am not a researcher, but clearly in this country it has been deemed that the consumption of nicotine can be done without a prescription. It is not only not banned; it is actively encouraged.

Hon Dr SALLY TALBOT: What I am getting at is—there has been research done on, for instance, nicotine patches and nicotine chewing gum about whether they function as a "gateway" to smoking cigarettes. The answer is that they do not.

Dr Kosterich: Yes.

[11.10 am]

Hon Dr SALLY TALBOT: There is that research sitting there in relation to these other nicotine delivery methods. Are you aware of any research that has been done on the use of e-cigarettes and the other heat not burn?

Dr Kosterich: Both in the US and in the UK, they have looked at the actual numbers and what they find in those jurisdictions is that teenagers do experiment with vaping—teenagers experiment with a whole host of substances—but that rates of smoking continue to be in decline. The UK has

probably had the most research done on that. Is it possible that a teenager somewhere may start vaping and then start smoking? That is possible. Whether or not they would have done that with or without vaping, one can never say. But the actual data on the numbers of youth smokers in jurisdictions where both exist shows the number of smokers continue to be in decline. If it were a gateway you would start to expect that that would increase.

Hon Dr SALLY TALBOT: In relation to—let us take children experimenting. The idea of the gateway into smoking tobacco. Are you aware of some data coming out of the States, I think it is, that it is close to 80 per cent—an increase of 80 per cent of children experimenting with e-cigarettes. I think those were children in middle school and as they got older it dropped to about 50 per cent. But that is still very high numbers of children who are experimenting. Are you aware of that data?

Dr Kosterich: Yes. Certainly, in America—teenagers and change during will experiment. I put my hand up. When I was 12 years old I remember trying a cigarette behind the school sheds, as everybody did. I nearly threw up. It did not really appeal to me and I never pursued it. Teenagers experiment with cannabis. They experiment with methamphetamine. They experiment with all manner of things. If you provide something new, they may well experiment. The thing with some of this data is that it does not always completely delineate whether "experiment" means that they have used it once or twice and never again. They will ask questions like "Have you within the last 30 days done X?" The answer may well be yes. If you introduce something new, it is a fairly high likelihood that they will. Then there is also the issue of whether they are vaping with nicotine or whether they are vaping with flavoured liquids that do not carry nicotine.

Hon Dr SALLY TALBOT: Are you suggesting that the research does not distinguish?

Dr Kosterich: It does not delineate—certainly not the final results. Unfortunately, in medical research there is a degree of spin and depending on who has done the research and why it has been done, certain aspects may be pulled out and highlighted. By the time that gets into the media it will be highlighted further. The term used is cherrypicking. People will pick part of the research that suits their agenda and emphasise that. When you drill down into some of the research, it is often quite easy to interpret it in other ways and say "Sure, 80 per cent of teenagers have used this, but 77 per cent of those did it twice and never again." These are not exact numbers. I am just giving this as an example. "93 per cent of those are mainly using lolly-water ones." Certainly, more teenagers are experimenting with e-cigarette than before they existed. That is a given, and they will continue to. Would I prefer they do that than smoke? Yes, I would.

Hon Dr SALLY TALBOT: Final question on this subject—there is further research that shows that it is, indeed, a gateway to tobacco for young people. Do you dispute that research?

Dr Kosterich: Yes, I do—well, no. I do not dispute the research. I mean, you can always find medical research to say black and to say white.

Hon Dr SALLY TALBOT: Are you saying it is cherrypicked?

Dr Kosterich: I am saying that if you set up research a certain way, you can get a certain answer. And depending on who you are—all of these surveys depend on how the questions have been phrased, who they have asked, time frames. I am not saying it is wrong. What I am saying is that if you do the same study again, you might get an exactly opposite answer.

Hon Dr SALLY TALBOT: Do you have any evidence to the contrary that you can share with the committee?

Dr Kosterich: I can certainly send some information on the youth smoking rates in the UK and the US.

Hon Dr SALLY TALBOT: Can we ask for that notice?

The CHAIRMAN: We will take that on notice.

Dr Kosterich: Yes, I can certainly provide that.

The CHAIRMAN: If we can get some data on youth smoking rates in other jurisdictions, specifically around gateways.

Hon Dr SALLY TALBOT: This is specifically about the use of e-cigarettes as a gateway to tobacco consumption by young people.

Dr Kosterich: I should say that a gate works two ways. I do not think you want to forget that it is a gateway out of smoking for a large number of smokers.

The CHAIRMAN: Just before I jump to another member, just on that issue of a gateway to smoking. I am aware of some studies conducted in the United States that show perhaps some gateway where young people are trying vaping then switch to cigarettes, but it strikes me that the United States and Australia as jurisdictions handle tobacco control very differently. Given Australia's strict tobacco controls, having one of the highest rate of excise in the world, having plain packaging, having restrictions on how tobacco is displayed and advertised, in your opinion would you expect to see young people switch from vaping, which would be relatively inexpensive, to combustible cigarettes, which would be, I think, quite prohibitively expensive. I think they have gone up to $40 a packet now. Would you expect to see that transition—young people going from vaping to relatively expensive cigarettes in a jurisdiction like Australia where we have these controls?

Dr Kosterich: The short answer is no. Now, it is possible that somebody will. What is never known is whether or not they may have done it anyway. So if somebody starts vaping and then they start smoking, people say they only started smoking because they started vaping. If vaping had not existed, they may have started smoking anyway. So given the price—to a degree there is some insensitivity to price. That is why some of the poorest people in this country continue to smoke despite the very high prices, often to a detriment in a number of ways and why I suppose the illegal or bootleg tobacco industry is now growing very rapidly in this country. To answer your question: is it likely here that we would see a large number of teenagers on a budget start smoking when they could vape for a lot cheaper if they wanted? I am absolutely not suggesting that they should do it and the answer to that would be no and that would be entirely consistent with international experience as well and might be even more so here. I am just looking to see if I can find the numbers on gateway, but I can do that later.

The CHAIRMAN: We can take that on notice. The committee will provide you with a written form of the question, to which you can provide us with an answer.

Hon PIERRE YANG: Dr Kosterich, in your letter to the committee dated 3 October 2018, on page 4 there is a graph, which I think is very helpful. Is there updated data on the Australian situation, as we can see that the data for Australian smoking rates stopped in 2016?

Dr Kosterich: There is always a delay with numbers. There have been some numbers—I do not have them at my fingertips, but I can get them—that in some states of Australia, smoking rates are actually slightly on the increase. I believe in South Australia and New South Wales, smoking rates for 2016–17 increased by a very small amount. I should be able to track down some 2017 figures.

Hon PIERRE YANG: Are you able to take this question on notice?

Dr Kosterich: Yes.

The CHAIRMAN: Yes, we will take that on notice.

Hon PIERRE YANG: Thank you, doctor. My second question is in relation to the Japanese situation. You mentioned previously that the smoking rate in Japan is on the decrease. Are you able to give us a bit more information on that?

Dr Kosterich: Yes. I might have got something in this morning; and, if not, I can track down the Japanese numbers.

Hon PIERRE YANG: Also, I am trying to find when vaping became the trendy thing in Japan as well and see if there is any perceived correlation between that situation.

Dr Kosterich: There are a number of, I suppose, nicotine replacement methods. I have mentioned ones here in this country. For whatever reason, heat-not-burn seems to have become more popular in Japan than vaping. In the UK, the opposite applies. I can see if I can hunt out some figures for you.

Hon PIERRE YANG: That would be great; thank you.

Hon RICK MAZZA: I am curious; what is Swedish snus? I have not heard that term before.

[11.20 am]

Dr Kosterich: It has been around for over 100 years. Smoking rates in Scandinavia are the lowest in the world; they are under five per cent. It is a sort of chewable form of tobacco. I should say that we are not advocating for its introduction here. There are big battles in the EU for it. Somebody has said it is the best example of a long-term, real-world experiment where you provide people with a less harmful alternative. People say, "If you offer a less harmful alternative, will people take it nor not?" The numbers in Sweden over, I would not quote exactly, but I think it is close to a century, show that they will and they do, which leaves Sweden with particularly low smoking rates. In Norway, I think they have introduced it more recently and their smoking rates also saw a spectacular decline. Any, I suppose, mechanism that enables people—people can argue about the merits of whether or not people should use nicotine and you could argue about whether people should use alcohol but, human beings, they do what they do. Certainly, if you provide people with something other than combustible tobacco, a significant number of people will avail themselves of it.

Hon RICK MAZZA: Just on that, from previous witnesses that we have had before this committee, there was some talk about vaping being less harmful than tobacco and there was an absolute, "We don't care; if there's any harm, we don't want it." In fact, I think I asked a question about, "Was it just the habit forming of inhaling a vapour or cigarette form?" They were very close-minded; they did not want to know about it. As far as smoking or vaping was concerned, it was to be banned. There are some questions here today about vaping being a gateway to taking up tobacco smoking. Do you have any statistics around those who are tobacco smokers that then switch to vaping and then cease altogether?

Dr Kosterich: I think it is something in the order of—as in, stop using vaping completely?

Hon RICK MAZZA: Either—they start off cigarette smokers, go to vaping or some alternative form of receiving nicotine, and then get out of it altogether?

Dr Kosterich: I will see if I can find some exact figures. There are three groups. There are those who move across to vaping and continue to vape with nicotine at increasingly lower levels because they just want or need the nicotine. The second group weans themselves off nicotine and continues to vape using non-nicotine-based liquid because they like the hand–mouth coordination. Some people smoke; some people chew their pen; my sin is I occasionally chew my nails. People do have hand–mouth coordination things. Maybe it is from when we are born or whatever. A third group just stop altogether. The exact numbers on each of those, probably—look, vaping has become a bit of a community, and because in this country they are so pilloried by the close-minded, who it sounds like you have had in this room, they tend to band together. They will meet outside somewhere where they can vape and chat, so there is a degree of camaraderie, which probably keeps quite a lot of them continuing to vape in some way, shape or form. Exactly how many give up nicotine altogether, it is thought to be between 40 and 60 per cent, but numbers are hard to come by,

certainly in this country, because you cannot study it. Internationally, I would not have the numbers at the tip of my fingers, but, again, I can see what I can find out. It is higher than one might think but a lot continue to vape because they like the hand–mouth and they like being part of a community.

Hon RICK MAZZA: Aside from the vaping, nicotine patches and gum have been around for a long time as a method of being able to quit. How successful are they? What is the percentage of people that undertake that therapy, if you like, that end up completely weaning themselves off cigarettes?

Dr Kosterich: The most recent research has come out literally just two weeks ago. It compared—this was done in the UK—vaping to traditional nicotine replacement and it found at the end of 12 months, of those who had been vaping, 18 per cent had stopped smoking completely, whereas with other forms, it was nine per cent. If current NRT worked, nobody would smoke. We would not be sitting here having this conversation. If what we were doing was so fantastic, there would not be any smokers, but there are and they are disproportionately in lower SES groups, in people with mental health problems and in Indigenous communities. These are not people who probably cross paths with some of the—how can I put it most politely?—close-minded people you may have interviewed here. As a doctor, I see people in the community. If I sit in an office somewhere in Royal Street or if I sit in a foundation office somewhere, wherever they are, I see people who live in the western suburbs who do not smoke or smoke to probably the lowest rate. There are some stats online where you can look at smoking rates in different postcodes. Out where I live in City Beach, it is about five or six per cent. If you go to other areas, particularly in the south-eastern corridor, it is upwards of 30 or 40 per cent.

The CHAIRMAN: Dr Kosterich, in your submission and in some of the testimony you have given us now you pointed out that smoking rates in Australia have stalled and you mentioned that in some states in Australia, smoking rates have increased. This is despite Australia having, as I said previously, some very tough controls on tobacco—very high excise, restrictions on packaging et cetera; whereas, in other jurisdictions smoking rates have continued to decline. Those other jurisdictions have legalised vaping. Is it your contention that the legalisation of vaping in those jurisdictions has contributed to the continuing decline in smoking rates?

Dr Kosterich: Absolutely, that is the case. The only other explanation is a complete and total coincidence that would seem a very unlikely explanation, so in answer to your question, Mr Stonehouse, yes.

The CHAIRMAN: Thank you. The number that you quote—95 per cent less harmful than smoking—comes from Public Health England from a study that informs their position. As I understand it—correct me if I am wrong—Public Health England not only has legalised vaping, but Public Health England advocates it as an alternative to smoking cigarettes. Is that correct?

Dr Kosterich: That is correct. Last year they had VApril. They have posters on bus stops: "Switch to vaping". Probably they have gone the furthest in not only legalising but actively promoting it. It is sort of part of their quit campaign. It is supported in the UK by the equivalent of groups like ACOSH and the likes here.

The CHAIRMAN: So there are organisations here in Australia—the AMA, the Cancer Council and other bodies—that are public health advocates. From what I understand, their counterparts in other jurisdictions where vaping has been legalised have had a different view from those organisations. Anticancer, cancer foundations or public health foundations in other jurisdictions seem to have accepted the Public Health England view that vaping is safer than cigarettes, or less harmful than cigarettes. However, the organisations here in Australia have not. Do you have any idea what those organisations in those jurisdictions know that we do not here? Why is there such a difference of

opinion in Australia from these other jurisdictions where they have not only legalised vaping but they are actively promoting it as an alternative to smoking?

Dr Kosterich: Excellent question; necessarily, one can only sort of speculate as to why. There are two things. Number one, because Australia did lead the world and a lot of the people who were involved are still involved, they seem to struggle to wrap their heads around the fact that other people have gone past us. There is a degree of putting fingers in ears and going la, la, la, la and just not wanting to see what is in front of me. I mean, the data and the evidence is clear. In this country, the opposition is ideologically not scientifically driven, so the opposition is driven by this notion that it is some sort of big-tobacco conspiracy, despite the fact that big tobacco has a miniscule share of the market and are not the drivers of it. Why people choose to wilfully ignore data and evidence, I really would like to know, because it is sad. But my own view is that it is ideology and they have now dug themselves so far in with their opposition that to turn around and say, "We meant well, but we are sorry; the science has actually gone past us. The world is not flat like we genuinely believed that it was. We did not want to do the wrong thing; we are nice people"—all that sort of stuff—"But we get it; we made a mistake, let's move on", they just seem to be incapable of doing that.

[11.30 am]

Hon Dr SALLY TALBOT: I am interested in pursuing that point a little bit more with you. You are not saying that e-cigarettes are safe; you are saying that they are less risky than ordinary cigarettes?

Dr Kosterich: Nothing on this planet, when I last checked, is safe, so the use of anything—if I had enough water, I would drown. So, yes, it is a less harmful alternative.

Hon Dr SALLY TALBOT: Yes, okay. What I am interested in is just teasing out some of the implications of your views about the establishment, if we can call them that, and this reluctance to go down the path of promoting e-cigarettes under the harm-reduction umbrella. Are you suggesting that people like the Therapeutic Goods Administration have been got at in some way by the industry players, the tobacco industry?

Dr Kosterich: Actually, not the tobacco industry.

Hon Dr SALLY TALBOT: The promoters of e-cigarettes. Because as I understand it, the TGA does not say they are unsafe; they say that they have not been assessed as being safe for use. If there is clear evidence to support the view that you are putting forward, why have the manufacturers not gone to the TGA and said this is a therapeutic good?

Dr Kosterich: Ultimately—this is the case in the UK and all these other jurisdictions—it is a consumer product. Cigarettes are not a therapeutic good; they are a consumer product.

Hon Dr SALLY TALBOT: No, but I think I am on fairly solid ground here because nicotine patches, chewing gum and the like—the other methods of nicotine replacement—have been regulatory assessed by the TGA and have been classified as therapeutic goods. So what is stopping e-cigarettes getting into that category? Why are the manufacturers not banging on the door of the TGA saying, "Assess this, because this can reduce harm"?

Dr Kosterich: It gets back to the previous point. It is not being driven by big tobacco. They might have the pockets to do that, but they are not driving this. Small retailers and small manufacturers do not have the resources to do that.

Hon Dr SALLY TALBOT: So nobody is promoting the idea that the Therapeutic Goods Administration should be looking at this as a matter of urgency?

Dr Kosterich: Ideally, what we would like to see in this country is a similar regime to that in the UK and that does not require it to be a therapeutic good. If that has to be the case, then I am sure they

could look at what has gone on in the UK and 30-odd other countries. Ideally, there should be a consumer product. It should not require a prescription from a doctor.

Hon Dr SALLY TALBOT: I see. I was not aware that that was part of the argument put forward by your association. Your argument is not that it is a therapeutic good?

Dr Kosterich: Personally, if that is what it took to get some progress in this country, then okay, so be it. But what we, I suppose, hear from people who vape is that they just want to be able to purchase and vape rather than smoke without needing to go through a medical model. We also know that the large number of smokers in this country, the 15 per cent who still smoke, could go through a medical model but most of them do not. For a lot of them, it is because they are on the streets or in remote communities or they are just not engaged with the medical model, so providing another medicalised approach is not necessarily going to help the people who need it most. That is the tragedy of it.

Hon Dr SALLY TALBOT: I do understand that this is an exquisite dilemma. The problem is for policymakers and regulators. As you have just referred to, the anecdotal accounts of people who vape are not going to stack up beside solid, evidence-based research that is not necessarily, in the views of those regulators, substantiating some of those anecdotes.

Dr Kosterich: The research out of the UK showing twice as many people off cigarettes at the end of 12 months with vaping than other forms of nicotine replacement was a controlled trial. There has been some other work out of Greece in the last week where they measured chemicals from vapers and smokers and it found, I think, 60 per cent of people who were vaping were off cigarettes—I need to look it up—was also about so many months. Cigarettes are legal in this country. I do not need anyone's permission, if I am 18, to go to a convenience store or a supermarket and buy a packet of cigarettes. There is no therapeutic benefit. I can go and do that and nobody is going to stop me. There are certain places where I can and cannot smoke, but I can do that legally.

Hon Dr SALLY TALBOT: Cigarettes, though, in your lifetime and mine have never actually claimed to be therapeutic, whereas I think e-cigarettes have certainly gone down that track.

Dr Kosterich: They are an alternative to smoking. I do take your point—is it therapeutic? It is a less harmful alternative to smoking. I accept that people can argue about the percentage of less harmful, but that is really what it is. It should not be a medical product. If that is the only way that we can advance it in this country, then sobeit. It is really a way of giving smokers another way to get nicotine or have a hand–mouth coordination without the harms of combustible tobacco. It is as simple as that.

The CHAIRMAN: Just on vaping or e-cigarettes as a therapeutic good, have any of the jurisdictions that have legalised vaping subjected it to their equivalent of a therapeutic goods approval? Is it treated as a therapeutic good in the United States, the UK, New Zealand or any of these other countries, that you are aware of?

Dr Kosterich: I really want to double-check, but my understanding is that they are not classed as a therapeutic good in any of those jurisdictions. New Zealand most recently, last year, has essentially legalised vaping, not as a therapeutic good but as a consumer right.

The CHAIRMAN: As a consumer good; okay. So your contention is that while it may have a therapeutic impact on health, it is not necessarily marketed in that way. You treat it as a low-fat alternative to some other product, I suppose. You can buy two brands of butter. One brand of butter may be low fat or low salt. You do not necessarily need to subject that product to TGA approval. It is merely a less harmful product of something that is already readily available. Neither of them makes any therapeutic claims, but we obviously know one is healthier. But your contention would

be just because it is healthier and it may have an impact on health, does not mean it should be subjected to a TGA approval process?

Dr Kosterich: I think that would be exactly correct. It is a delivery system for something that is already used in a variety of forms. No, I do not think that claims of therapeutic—people will make them, but I am not sure it really helps. I am not sure that medicalising everything we do in life is always helpful. Nothing is risk-free. Strawberries are lovely. I love strawberries. I am allergic to strawberries. They could kill me. I do not see that strawberries have to have some sort of sign that says if you buy a punnet of strawberries, and if you are allergic to them, please do not consume. That is not a perfect analogy, but there are a lot of things that we can do in life that can cause harm. Harm-free or zero-risk is a hurdle that will never, ever be overcome on this planet.

Hon Dr SALLY TALBOT: I am looking forward to seeing your paper on the comparison between strawberries and nicotine!

Dr Kosterich: I made that one up; sorry!

The CHAIRMAN: On this question of regulation of nicotine and of vaping and e-cigarettes, we heard testimony from Injury Matters, and we discussed how nicotine in its concentrated undiluted form can be harmful, especially to children. We heard testimony that there had been cases of children drinking liquid nicotine, not realising what they were getting, and poisoning themselves. What would be the way to address that problem through regulation? I mean, considering the fact that vaping is technically illegal, liquid nicotine is illegal, you cannot buy the devices here in Western Australia, and it is illegal to sell anything that simulates smoking, but you look out the window here, there are people walking down the street vaping—everyone is doing it. So, how do we address the problem of potential risks of poisoning from liquid nicotine when the current regime of prohibition still sees everybody vaping, as they will, flouting the law? How do we address that?

[11.40 am]

Dr Kosterich: I think it gets back to this concept of "keep out of reach of children". I mean, the number of poisonings from nicotine—I think there has been one in this country; I think there has been one overseas—compared to poisonings from bleach and a whole host of other products is fairly small. I think liquid nicotine should be sold with childproof caps. It should be stored out of the reach of children. It should be sold only to people over the age of 18. It is a little bit like laundry liquid and the likes, or ant powders and liquids that you keep in your garage. There is the responsibility for the individual, particularly as a parent or a guardian, to keep any sort of poison out of the reach of children, and nicotine would be no different.

The CHAIRMAN: Having requirements for childproof lids, for safety warnings and for maybe safe recommended dosage, those kinds of regulations would only exist, however, if liquid nicotine was legalised for sale, would they not?

Dr Kosterich: That is the point. There have been, also, a couple of episodes or incidents of the devices exploding. Cars explode as well, occasionally, but it is very rare because their manufacture is regulated and monitored. As you correctly said, people are out there vaping. They are technically breaking the law. There has been a minimal number of prosecutions in this state. So, clearly current law is not working if it is being flouted. The sad part about that is it undermines general respect for the law, but it also means there is not consumer protection. If we have a legalised system, then if you buy liquid nicotine and it says it has six milligrams per ml or 18 milligrams per ml, you are going to know that that is what is in it—same as any other legalised product. If you buy a device that complies with Australian manufacturing standards, you know it complies with Australian manufacturing standards. It never guarantees that something cannot go wrong—that is human life—but certainly a properly legalised and regulated regime as a consumer product says people

know, yes, the device has been manufactured in accordance with proper standards. It is a bit like if you buy a packet of paracetamol, if it says it has got 500 milligrams in it, it has got 500 milligrams in it, give or take a couple of per cent. So, exactly. This would be not only enhancing the rule of law by not having a situation where people look around and say, "These laws get flouted; what else can we flout?", but it will provide much greater certainty for those consumers who, at the end of the day, are seeking to improve their own health. When health authorities and health charities and health organisations and people who get paid, often by the taxpayer, to enhance the health of the population, are stopping people from improving their health, it is not a great day.

Hon PIERRE YANG: Doctor, you mentioned the big tobaccos have minuscule shares in these. I have heard conflicting stories about that situation. Are you able to elaborate on where you have your view and opinion from?

Dr Kosterich: In this country—I think, again, numbers are difficult to come by—it is in the order of five to seven per cent or so, or possibly less. It is very small in this country. In Japan, heat-not-burn has come from Philip Morris, so they have a big stake. In the USA, a company called JUUL, which has pioneered vaping and e-cigarettes, is currently in the process of having 25 or 35 per cent of its ownership taken over by a tobacco company. The tobacco industry is in decline, and I think they recognise that, and some of them are looking to, I suppose, move into this space because otherwise they will be completely out of business in another generation or so. But it was not developed by them —

Hon PIERRE YANG: Is that what you said—the way of business?

Dr Kosterich: In other words, tobacco consumption eventually—people are giving up smoking, to degrees. Compared to Australia 50 years ago when 60 or 70 per cent of the population smoked, at 15 per cent it has declined a lot —

Hon PIERRE YANG: Sorry; I do not want to be rude, but you said they will be out of business in a generation.

Dr Kosterich: Yes. If your business is making cigarettes, somewhere in the next 30 to 50 years you will probably be out of business if that is all you do. Maybe it will take 70, but, you know, eventually you are going to be out of business.

Hon PIERRE YANG: I also want to just ask another question in relation to snus, which is very interesting. I googled a lot as we were discussing that and the question from Hon Rick Mazza. I find it quite interesting that Sweden has that product available. I have a few questions in relation to that. Is snus legal in any other EU countries?

Dr Kosterich: My understanding—I should say it is not something —

Hon PIERRE YANG: Based on your understanding.

Dr Kosterich: I do not know a massive amount about snus; it is not something we have been promoting here under ATHRA. No. There have been some attempts to introduce it into the EU and the EU has sort of fought against it, so it is confined to Scandinavia, which is technically not part of the EU; I might stand corrected.

Hon PIERRE YANG: I cannot remember the EU situation. So it is available in other—like in Norway, Denmark and Finland?

Dr Kosterich: Yes. I think Sweden and Norway; I am not too sure about Denmark. It is probably a cultural thing; it is almost unique to Sweden, and Norway more recently.

Hon PIERRE YANG: I know time is running short. I also want to just raise the information I got from Wikipedia. I do not know how much weight we give evidence from Wikipedia. It says that the snus usage rate is 19 per cent in Sweden and the smoking rate is 10 per cent. So if you put the two

together, obviously, there will some overlap of that data, but the rate will be well over 20 per cent I would say. There is also contention about the health effect of snus and there are some reports saying that it does not relate to oral cancer, but it is pretty controversial. So I wondered with the smoking rate in other EU countries, are they comparable to Australia?

Dr Kosterich: It varies considerably. I do not have the exact numbers at my fingertips. Greece has a fairly high smoking rate; Italy, high-ish; Germany, lower; France is somewhere in between.

Hon PIERRE YANG: The UK is very comparable.

Dr Kosterich: The UK is lower. Anglo–Saxon countries—so the US, UK, Canada and New Zealand—probably overall have had lower smoking rates than Europe, and certainly much, much lower than most parts of Asia. I think, notwithstanding what I said about some of the people in public health, what they did in the 80s and 90s was successful and that approach was probably taken more broadly in Anglo–Saxon countries than in Europe. So that has all been helpful and worked; it has reached a plateau stage. Sorry; my apologies, I have gone off on a tangent. What was the question?

Hon PIERRE YANG: In relation to the —

Dr Kosterich: The smoking rates in Europe. It is very variable across different countries, which reflects cultural differences. I had, prior to last year, not been to Europe before, and it was really quite different going to Poland, to Germany, to Austria and to Italy and just seeing people in the streets variably vaping or smoking. It is quite different in all these different jurisdictions, which reflects their cultural differences. There probably is an average figure for the EU, but that figure would be meaningless because it would include Greece, where I think the numbers are 40 to 50 per cent. It may be less or more. In Germany, it would be probably a lot lower than that.

Hon PIERRE YANG: Thanks.

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

Hearing concluded at 11.50 am

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