

# **SELECT COMMITTEE ON PERSONAL CHOICE AND COMMUNITY SAFETY**

**INQUIRY ON PERSONAL CHOICE AND COMMUNITY SAFETY**



**TRANSCRIPT OF EVIDENCE  
TAKEN AT PERTH  
WEDNESDAY, 27 FEBRUARY 2019**

**SESSION FOUR**

## **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 2.52 pm**

**Dr ANDREW ROBERTSON**

**Assistant Director General, Public and Aboriginal Health Division, Department of Health, sworn and examined:**

**The CHAIRMAN:** On behalf of the committee, I would like to welcome you to the meeting. Before we begin, I must ask you to take either the oath or affirmation.

[Witness took the oath.]

**The CHAIRMAN:** You would have signed a document titled “Information for Witnesses”. Have you read and understood that document?

**Dr Robertson:** Yes, I have.

**The CHAIRMAN:** These proceedings are being recorded by Hansard and broadcast on the internet. 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 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 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 Robertson:** Yes, I would. On behalf of the Department of Health, we obviously put in a submission. That submission was primarily focused on e-cigarettes and heated tobacco products. However, we are happy to answer questions in other areas of public health, including in some of the outdoor recreation areas and some of the other areas that may be of interest to this committee.

**The CHAIRMAN:** Thank you, Dr Robertson. In September 2017, the Minister for Health responded to the Legislative Assembly’s Education and Health Standing Committee’s report on e-cigarettes by advising the Parliament that the Department of Health continues to monitor evidence about e-cigarettes as it emerges, and that a review of the Tobacco Products Control Act 2006 was scheduled to take place in 2018. Has this review happened; and, if not, why not?

**Dr Robertson:** This review has commenced. It is progressing at this stage and it is anticipated that it will be complete by September this year.

**The CHAIRMAN:** How does the Department of Health monitor current research trends and findings related to e-cigarettes and other non-combustible tobacco products?

**Dr Robertson:** There are a number of ways. Obviously we have a chronic disease prevention area within the Public and Aboriginal Health Division. They monitor current trends and they are involved in the review of the tobacco control act and they are also looking at e-cigarettes as part of that review.

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**The CHAIRMAN:** Does the Department of Health fund or otherwise collaborate with any research groups or scientists who are involved in trials to determine the safety or efficacy of e-cigarettes?

**Dr Robertson:** That is a good question. I am not aware of any funding of such things, but I would need to just check that and take that on notice.

**The CHAIRMAN:** We can take that on notice.

**Hon Dr SALLY TALBOT:** Within the Department of Health, do you have a team of people working on this?

**Dr Robertson:** That is correct.

**Hon Dr SALLY TALBOT:** How many people would be in that?

**Dr Robertson:** In the tobacco team, there are approximately four people, plus there is the director, but we also have a licensing division within our environmental health that does the tobacco licensing and any investigations required under the act.

**Hon Dr SALLY TALBOT:** Clearly it is that group that is spearheading the review, is it?

**Dr Robertson:** That is correct.

**Hon Dr SALLY TALBOT:** What about their other work—what is their broader remit?

**Dr Robertson:** The broader chronic disease prevention directorate also looks into issues of obesity—lifestyle diseases. It also looks at alcohol and injury prevention as well.

**The CHAIRMAN:** What is the department's approach to enforcing the Tobacco Products Control Act in relation to people who use e-cigarettes in public?

**Dr Robertson:** Provided they are not using them in restricted areas, which are the same areas that any tobacco smokers would be restricted from, it does not enforce them. The act allows people to possess and use in areas that are not enclosed buildings or other buildings. It does not allow for them to purchase and it does not allow them to obviously purchase nicotine within the state. If we become aware—we have on occasions become aware—through Customs, of attempts to import nicotine into the country, which has been done without a prescription, the departmental investigators can seize that.

**The CHAIRMAN:** Does the department provide any guidance or advice to Western Australia police in terms of how to deal with young people who use e-cigarettes in public places? As I understand it, the Tobacco Products Control Act gives WAPOL the power to seize a tobacco product from a young person.

**Dr Robertson:** Yes.

**The CHAIRMAN:** Do you give advice to police on how to handle e-cigarettes?

**Dr Robertson:** Only if requested. We obviously have advice on e-cigarettes on our websites, which is of a general nature. I am not aware of us giving advice specifically to police but we would do so on request.

**The CHAIRMAN:** I am sure you would be aware that in spite of funding and Quit smoking campaigns and advertising, the daily smoking rate in Western Australia has not significantly changed between 2013 and 2016. I think it went from about 12.4 per cent to 11.5 per cent. You see a similar trend across Australia where the decline in smoking rates has slowed somewhat in recent years. Can you give us an idea of how much the health department has spent on anti-tobacco advertising campaigns over the last few years? I would be interested in the figures since 2016 with the new government.

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[3.00 pm]

**Dr Robertson:** I would have to take that question on notice. I cannot give you an exact figure on that.

**The CHAIRMAN:** We can take that on notice, thank you. Has the WA smoking rate met the National Tobacco Strategy 2012–2018 target of 10 per cent in that time?

**Dr Robertson:** As far as I am aware, it has not yet met that rate. It certainly continues to fall, and it probably has met that rate in some subgroups, but not right across the board—remembering that there are some more vulnerable groups within the population who have higher rates, including those in lower socioeconomic groups and in the Aboriginal community.

**The CHAIRMAN:** Based on the numbers I could find, Aboriginal and Torres Strait Islander people are 2.6 times more likely to smoke than non-Aboriginal people are. Do you know, over that period, how much the WA smoking rate has decreased?

**Dr Robertson:** The rates —

**The CHAIRMAN:** The 2012-2018 target set by the National Tobacco Strategy. The target was 10 per cent; we have not reached that. Do you know by how much it has declined?

**Dr Robertson:** I have rates for Australia, but not Western Australia. I can again take that —

**The CHAIRMAN:** Thank you, I appreciate that. We will take that on notice too.

On e-cigarettes and heat-not-burn tobacco products, are you aware of any international studies that show smoke-free options, like e-cigarettes and vaporisers, are less harmful, or can help people to quit smoking?

**Dr Robertson:** There are some studies that suggest that they may have some benefit in people quitting cigarettes, but I would have to say that the research is actually very limited and that it is still probably early days before we have a very clear picture of that. It is certainly not strong that that is the case.

**The CHAIRMAN:** Does the WA Health Department communicate with your counterparts abroad—namely, Public Health England, Health Canada or the Ministry of Health New Zealand? They have all acknowledged the role of smoke-free products like e-cigarettes as a quit smoking aid.

**Dr Robertson:** We monitor their publications, we are aware of some of their publications, but there are also a number of Australian publications that have assessed e-cigarettes and their benefits or not in the Australian context, which picks up on a number of the claims in other countries.

**The CHAIRMAN:** Are you aware or can you comment on the health effects of the long-term use of e-cigarettes?

**Dr Robertson:** I think one of the problems with e-cigarettes is that they have not been around for a long period of time. As a consequence, we do not know what the long-term effects of e-cigarettes are likely to be. There is an estimate that the effects may be different from what we are seeing in cigarettes, but we still do not know at this stage, and we therefore cannot make assumptions that they are going to be less harmful than cigarettes.

**The CHAIRMAN:** Looking at the regulatory regime here in WA, the importation of liquid nicotine is illegal and the sale of devices that simulate smoking is also illegal. However, we still have a large number of people vaping. If you look out this window from time to time, you can see them on the street, walking along, vaping, along Parliament Place. What efforts are the health department taking to curb the current illicit use of liquid nicotine in this state?

**Dr Robertson:** We control schedule 7, which is nicotine under the Medicines and Poisons Act. As a consequence, if we become aware of any importation, we can seize that importation. If we become aware of any suppliers, we can prosecute those suppliers. We have been involved in some prosecutions.

**The CHAIRMAN:** Are you aware of a recent study from the Queen Mary University of London, published in the *New England Journal of Medicine*, which showed that the use of e-cigarettes was more effective than traditional nicotine replacement therapy as a quitting aid?

**Dr Robertson:** I am aware of that one study, yes. However, it is only part of the evidence base.

**The CHAIRMAN:** Sure. Does the Department of Health have a view at this time on the relative harm of e-cigarettes?

**Dr Robertson:** Yes, we do. The focus has often been very much on their use as a replacement for cigarettes. I do not believe that that is what the tobacco companies are aiming for. What we have seen in the US, particularly, is growth amongst youth and young adults, where the e-cigarettes are being targeted. We have seen a 900 per cent growth in young adults and youths between 2011 and 2016. That is where the target of the e-cigarette market is. If the tobacco companies or the e-cigarette companies really wanted to use this as a nicotine replacement therapy, there are well-established processes to do that through the Therapeutic Goods Administration. None of them have done that.

**Hon RICK MAZZA:** Sorry, could you just repeat that increase?

**Dr Robertson:** A 900 per cent increase.

**Hon RICK MAZZA:** A 900 per cent increase?

**Dr Robertson:** Yes, between 2011 and 2016. In late 2018 the US Surgeon General declared an epidemic of youth e-cigarette use, because there had been almost doubling in the last 12 months.

**The CHAIRMAN:** The 900 per cent increase—is that young people who take up habitual e-cigarette use, or are those people who have reported using e-cigarettes at one time?

**Dr Robertson:** I would have to check the figures. It is at least one use, but it certainly may be habitual use as well. That is not the case in Australia.

**The CHAIRMAN:** You mentioned TGA approval processes that people can submit their products to. However, in other jurisdictions comparable to ours—the US, UK, New Zealand and Canada—e-cigarette products are regulated as consumer goods. There may be some tailor-made regulation around their sale and use, but they are not marketed and are not regulated as therapeutic goods. The committee has heard testimony that these are reduced harm products as opposed to products that make a specific therapeutic claim. Should products that do not make a therapeutic claim be regulated as consumer goods, or still subjected to TGA approval?

**Dr Robertson:** That makes the assumption that they do not cause harm, but we know that they do. I do not think we know the full extent of the harm; there is only just now starting to be various papers coming out suggesting the harm that they can cause, so if they are being used for a specific therapeutic use, as in replacing tobacco, then there are mechanisms for that to be done. But the reality is that that probably is not the major agenda for their use.

**Hon RICK MAZZA:** Just on that, what is the nature of that harm?

**Dr Robertson:** Nicotine is obviously a class 1 carcinogen, as established by the International Agency for Research on Cancer. Cancer remains an issue, but it is probably too early to see some of the real

harm. A number of the products that are vaporised within e-cigarettes are also quite toxic, so again, we do not know what the full extent of that harm will be.

**Hon RICK MAZZA:** All right. So there is no definitive harm that is identified directly from e-cigarettes?

**Dr Robertson:** I think it is too early, is the simple answer. I think we are still seeing the development.

**Hon RICK MAZZA:** When you said “we know it causes harm”, I wanted to establish what that harm was, and has it actually been directly connected to e-cigarettes?

**Dr Robertson:** I think there is some delivered harm. We know there have been a number of deaths related to it in infants from the nicotine.

[3.10 pm]

**Hon RICK MAZZA:** From ingesting it; from a poison?

**Dr Robertson:** Yes, ingesting it as a poison, and certainly that has been of concern.

**The CHAIRMAN:** It has been put to the committee that some of the harm associated with e-cigarettes is due to their current unregulated nature: that they exist in a black market, there are no consumer protections, there is no clear poisons information, liquid nicotine bottles are not clearly marked, there are no child-safe locks or lids on containers, batteries are not subjected to Australian standards for consumer electronics. At what point does the harm of a black market and prohibition outweigh the potential harm of legalisation? I mean, can you speak to the argument that to regulate this space would cause less harm overall, because, at least, clear information would be provided to consumers? You would not have the poisonings; you would not have the exploding devices.

**Dr Robertson:** You would not have the poisonings. You are likely to have the long-term effects, though. There is nothing to suggest that that would not occur. From a public health point of view, we would tend to work on a precautionary principle, so you would have to ask: why would we enable the introduction of this if it potentially is going to at some stage down the track cause either acute or chronic harm?

**The CHAIRMAN:** With respect, though, we do not have any say over whether it is introduced or not. It is already here. There are people doing it. Like I said, you can look out of the window and you will see people walk by vaping. All we have control over is how it is regulated, if at all. In a black market it is currently not regulated. I take your point that it may act as a gateway, and there is some evidence coming out of the United States to show that e-cigarette use has increased, but is it not true that if we look at it at a population level, smoking rates do still continue to decline in those countries? In the UK, in the US, in New Zealand and Canada, smoking rates are still declining at a fairly steady rate, whereas here in Australia, where e-cigarettes are still prohibited, smoking rates have been rather stagnant, rather constant for the last few years.

**Dr Robertson:** But they have continued downwards. They have slowed, certainly, but they are continuing downwards, and there are a number of other measures that we will continue to look at that will continue to assist in that reduction.

**The CHAIRMAN:** But it is true that smoking rates continue to decline in those countries where vaping has been legalised, like the US and the UK?

**Dr Robertson:** I would have to check that.

**Hon Dr SALLY TALBOT:** May I ask a follow-up about this suggestion that if we regulated these products we would have better control? I just refer you to the Telethon Kids Institute research that

came out about a month ago, I think, where they found that several of the products that are labelled nicotine-free in fact contained nicotine. That is a very serious situation, is it not?

**Dr Robertson:** It is. That is a concern, and we certainly have good evidence now that a lot of the reporting on what is in the labelling, I suppose, on those materials is inaccurate at best.

**Hon Dr SALLY TALBOT:** So if we were not to go down the path of regulation—I must say, I feel very ambivalent about it. I am not a supporter of the idea of e-cigarettes. If they are proved to be a therapeutic good, I might reconsider, but certainly not just as a product. But we do leave ourselves a little bit open to criticism if people are going to say: look, everybody from confirmed smokers—the remaining 14 per cent who still smoke tobacco who might want to try to switch to e-cigarettes—to children and young people who might be said to be in the experimental phase of their life and are going to try anything, we do them a great disservice if we do not regulate, because they might be picking up products that could do them terrible damage, and it is within our powers to rectify that situation by stringent regulations.

**Dr Robertson:** I think that certainly is the intention of the review—to look at how our regulations on e-cigarettes currently are and whether there are potential changes. As part of that there will be a public consultation on further changes to the tobacco control act, and there will be some opportunity in there. However, at the moment, while you may see people vaping, they are not necessarily vaping nicotine. That is still restricted. They may just be vaping other flavours and oils.

**Hon RICK MAZZA:** Who knows?

**Dr Robertson:** Who knows what they are vaping? That is true. So there are certain benefits in that as well.

**Hon Dr SALLY TALBOT:** This review that is being undertaken now is definitely going to look at e-cigarettes, even though they are not a tobacco product?

**Dr Robertson:** That is correct.

**Hon Dr SALLY TALBOT:** So there is no question about e-cigarettes coming under the control of that act? That was a rhetorical question. I should say: is there any question that they are not controllable by that act?

**Dr Robertson:** Well, it is. They are controlled currently under the act, because it was under the tobacco control act that they were prohibited and went to the Supreme Court, because they resemble a cigarette. At least the sale of the actual e-cigarette itself is controlled under that act. Obviously the nicotine is controlled under a separate act.

**The CHAIRMAN:** The liquid nicotine is scheduled as a poison. We take advice from the TGA on that. Our own poisons act enforces essentially a prohibition on the sale of liquid nicotine or the possession of liquid nicotine unless you have a prescription, so there is a recognition there at least that liquid nicotine does have its uses if you have a prescription from a doctor. What is prohibited in this state is the sale of electronic cigarettes, as you mentioned, due to a Supreme Court case where it was found that they resemble a tobacco product, they resemble smoking, they simulate smoking, therefore they are controlled under the tobacco control act here in this state.

Is there anything inherently risky or harmful about the evaporation delivery method of a substance? Is there anything inherently dangerous about evaporation and inhaling evaporated water or some other substance?

**Dr Robertson:** It would be if it was just water. The problem is that you are heating up a number of different things, including carbonyl, metals, organic volatile compounds and particulate matter. We do not know what some of the effects of heating up some of those chemicals are. We also know

that there are some issues with passive smokers, and certainly there has been described people being exposed to second-hand vaping smoke with respiratory difficulties, eye irritation, headaches, nausea, sore throat and throat irritation, so we know that there are some at least acute effects on other people as well as on the smoker themselves.

**The CHAIRMAN:** Liquids that are used in electronic cigarettes that do not contain nicotine or supposedly do not contain nicotine—there are no controls on those at the moment, are there?

**Dr Robertson:** No.

**The CHAIRMAN:** You can buy some of these liquids in various stores that sell vaping paraphernalia. You can even buy them at IGA. They sell them on the shelves of IGAs in some areas. Currently, despite the prohibition of e-cigarette devices and liquid nicotine, what is potentially most harmful, as you have just stated, is what goes into these liquids that may contain metals and other compounds, different flavours and things like that. That poses a harm to people, but that is currently not prohibited, not regulated in any way. Is that right?

[3.20 pm]

**Dr Robertson:** That is correct.

**The CHAIRMAN:** How does the Department of Health police the sale of electronic cigarettes? There are several stores around the state that sell accessories, paraphernalia, without selling the complete device. Where is the line here between what people can and cannot sell when it comes to electronic cigarettes?

**Dr Robertson:** Within our environmental health directorate, we have our tobacco control inspectors. They will go and inspect various shops; they have the right of entry into those shops. If they feel that somebody is selling an e-cigarette, yes, look, it is always going to be a fine line if it is disassembled and in parts. But, obviously, on the occasions where it is being sold as a functioning e-cigarette, then they certainly can and have prosecuted on those occasions.

**The CHAIRMAN:** You raised earlier the trend of young people vaping.

**Dr Robertson:** Yes.

**The CHAIRMAN:** Currently, under state law, there will be nothing prohibiting a child from buying the battery, the coil, the reservoir from three different stores and assembling that electronic cigarette themselves, would there? There is no restriction on who these devices can be sold to, if they are bought in parts and not a complete device?

**Dr Robertson:** No, there is not. I think we have to be careful. It would be very hard to do that, to either construct or to monitor that.

**The CHAIRMAN:** You mean it would be very hard from a compliance standpoint to monitor that and restrict them?

**Dr Robertson:** Yes. We know there are ways around. No regulatory regime is without people trying to find a way around that regulatory regime. Obviously, our focus will be on the high-end material. If people are bringing in large quantities of nicotine, are bringing in large quantities of e-cigarettes, then our focus will be on the high-risk ones. If people find a way to construct one by purchasing from a number of different sources, both online and within our current stores, then that would be harder to regulate.

**Hon RICK MAZZA:** Can I just ask a supplementary? What is the current penalty for somebody selling an e-cigarette device?



**Dr Robertson:** Good question. I may have to take that on notice. I believe it was around \$1 000, but I will have to take that one on notice.

**The CHAIRMAN:** The penalty for possessing liquid nicotine is \$45 000, if I am not mistaken. Is that right?

**Hon RICK MAZZA:** Maybe we can take those figures on notice, if you would not mind. That would be great.

**Dr Robertson:** I can take both of those notice, yes.

**The CHAIRMAN:** I would also be interested to know if anybody has been fined for the possession of liquid nicotine in this state.

**Dr Robertson:** Fined for the possession?

**The CHAIRMAN:** Yes, or the importation. But as I understand it, it is the same penalty.

**Dr Robertson:** Yes.

**The CHAIRMAN:** So we will take that on notice too.

**Hon RICK MAZZA:** Just one last question. The section of the act that prohibits things that resemble cigarettes or tobacco products, is that the same section of the act that prevents things such as confectionary that resembles cigarettes? We used to have confectionary that looked like cigarettes, which we no longer have. Is that the same area of the act where that is prohibited?

**Dr Robertson:** There are separate areas that look at candy and those points. I think the most recent changes to the act are looking at closing a couple of loopholes around confectionary. But, yes, it is primarily in that area.

**Hon RICK MAZZA:** That could be quite wide-ranging in some respects when it comes to the prohibition of items that resemble cigarettes.

**Dr Robertson:** Yes.

**The CHAIRMAN:** I am just reading from an article titled “Regular e-cigarette use remains low among young people in Britain” on 27 February 2019. It is published on gov.uk, and looking at the approach taken by the United Kingdom, by some other jurisdictions where vaping has not only been regulated, but is being actively promoted by authoritative health bodies in those jurisdictions as a safer or less harmful alternative to combustible tobacco products. Why is there such a difference of opinion here in Australia, between us and the United Kingdom? It strikes me our culture, our institutions are all very similar, yet they have reached strikingly different conclusions of the risks of vaping and of its efficacy. Where do you think those differences lie?

**Dr Robertson:** We do not necessarily agree with some their decisions. I suppose we have the benefit of being able to observe what has happened in a number of other jurisdictions first, particularly in the US, where we have seen the massive uptake of e-cigarettes and the likely consequential damage from that. I am not actually convinced that—we have a number of reports from our own authoritative scientific agencies, including CSIRO and NHMRC, who have actually looked at those. They are generally supportive of the public health position that we and other jurisdictions hold.

**The CHAIRMAN:** So is your view that Public Health England is wrong?

**Dr Robertson:** I think Public Health England did not make the right call in this circumstance, yes.

**The CHAIRMAN:** And the New Zealand college of psychiatrists and the New Zealand Ministry of Health, they are also wrong?

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**Dr Robertson:** Decisions are made on the circumstances at the time and I do not think it is purely based on the evidence at the time. There may be a strong community and political desire to actually ease the restrictions on e-cigarettes or the like.

**Hon PIERRE YANG:** Would you say they, essentially, did not apply the precautionary approach?

**Dr Robertson:** I do not believe, at different times, that the precautionary approach has been necessarily applied fully.

**The CHAIRMAN:** I think Australia might be the only country in the Anglosphere, the English-speaking world, that still prohibits vaping.

**Dr Robertson:** We do not prohibit vaping per se; we do not allow the sale of nicotine.

**The CHAIRMAN:** The devices, at least in Western Australia, are illegal. I suppose you can buy the device in some states.

**Dr Robertson:** You could buy the devices in other jurisdictions or overseas; you can use those devices.

**The CHAIRMAN:** Liquid nicotine, if it is obtained through a prescription, currently, how would somebody typically deliver that? How would they take liquid nicotine if they had a prescription for it?

[3.30 pm]

**Dr Robertson:** As a liquid within the e-cigarette would be the only way.

**The CHAIRMAN:** Current law in WA says you can get liquid nicotine if you have a prescription.

**Dr Robertson:** Correct.

**The CHAIRMAN:** Which you would use, presumably, as a quitting aid on some program your doctor puts you on?

**Dr Robertson:** Yes.

**The CHAIRMAN:** The delivery method would be an e-cigarette.

**Dr Robertson:** Yes. Well, there is no other way—I mean, if the doctors wanted to use an alternative method, there are a number of other methods that they can utilise, including sublingual sprays, Nicorette tablets, patches.

**The CHAIRMAN:** So if my doctor gives me a liquid nicotine prescription, which is exempt from the regular prohibition of the import of liquid nicotine, which our law currently allows for, the delivery method would be an e-cigarette?

**Dr Robertson:** In this circumstance, yes.

**The CHAIRMAN:** But e-cigarettes are illegal for sale in WA.

**Dr Robertson:** Correct.

**The CHAIRMAN:** Okay, so we have a recognition in law that liquid nicotine may have certain uses as a quitting aid perhaps, but no way to legally buy the device, unless you circumvent Western Australian law by driving across state lines and buying it in another state, where it is legal to buy, and bringing it back into Western Australia.

**Dr Robertson:** That is correct.

**The CHAIRMAN:** You see the absurdity here, surely—the contradiction here, at least?

**Dr Robertson:** The issue here is that there is an assumption that lots of these scripts are being written and that there is a demand out there for it to be done that way. It is very hard to gauge how many scripts are being written, but the numbers are likely to be small and they still have to import it as well, to bring in the nicotine.

**The CHAIRMAN:** I assume you are right about very few scripts being written; anecdotally, I have heard the same. However, there are a lot of people still relying on a black market to access their liquid nicotine and their vaping products who may be, for all we know, self-medicating or self-treating, to wean themselves off cigarettes or to get to a less expensive, less harmful alternative. Does it not stand to reason that if the sale of e-cigarettes were legalised, you would then have more prescriptions for liquid nicotine?

**Dr Robertson:** The problem is that the focus there is on making a whole area legal to deal with a very small issue, which is people wanting to be able to use e-cigarettes as a tobacco cessation device. If it was really just tobacco cessation, there are processes within the Therapeutic Goods Administration that can be used to do that. No tobacco company, no e-cigarette company, has taken those steps. The reality is that they have very different interests, I would have thought, in using it as a tobacco cessation device.

**The CHAIRMAN:** I would not say it is legalising to address a minor issue, considering we have not met our national tobacco strategy target of a 10 per cent decrease and our rate of smoking decline has certainly slowed.

**Dr Robertson:** The evidence that even as a cessation device that it is any more effective is very limited. Apart from that paper that was in the *New England Journal of Medicine*, there are a number of other papers that suggest that that is not the case. The evidence is still not in that it is even effective and there is certain evidence that suggests that other modalities like Nicorette gum, sublingual spray, patches are more effective.

**The CHAIRMAN:** It is certainly true that for every study we see that says vaping is less harmful or is an effective quitting aid, there is probably another study that counters those claims. If we are looking at the balance of evidence, and we have got studies that go both ways on this issue, how many studies do we need, I suppose, to build a consensus on this? At what point do we say, “Okay, Queen Mary University of London is not a puppet of big tobacco and their study has merit and we can accept their findings and build some policy around that”?

**Dr Robertson:** With any evidence base you need to have a range of studies and they have to be of sufficient quality before we should be able to make a definitive decision. But we are, again, not talking about introducing a new tablet that is being used to treat a particular condition; we are talking about introducing something more broadly into the community that we know is likely to cause harm to a broader community. We know that the tobacco companies have deliberately targeted the young and the youth in other countries with massive uptake of these products and then onward gateway effects. Along with that, we have seen massive increases in that population also taking up smoking, in the US particularly. Why would we introduce a product to deal with a perceived minor issue when there are plenty of other alternatives to help people come off cigarettes?

**The CHAIRMAN:** The remaining 11.5 per cent of people that smoke, that seems to be a hard nut to crack; we get to that bottom 15 or 10 per cent.

**Dr Robertson:** Yes, and these are very dependent people.

**The CHAIRMAN:** To what do you attribute, I suppose, the difficulty of decreasing smoking rates as we approach that smaller cohort of smokers?

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**Dr Robertson:** Look, I think there are a number of challenges in different communities. One of the issues is that it is not homogenous. We talk about the 10 per cent as if it is a homogenous solution. It is not. We know that in the lower socioeconomic groups, the rates are far higher. In Aboriginal and other groups, the rates are far higher. In mental health areas, the rates are far higher. We are probably at a stage where we need to be targeting some of those groups more effectively as we go forward rather than the general population. Some of the measures are unlikely to have an effect on them.

**Hon Dr SALLY TALBOT:** Do you have any data about what proportion of that cohort wants to quit?

**Dr Robertson:** Not that I am aware of, but it is a good question. We may have that data. I would have to check that.

**Hon Dr SALLY TALBOT:** If you could check it for us, that would be great, and take it on notice.

**The CHAIRMAN:** Take it on notice, yes.

Do you have any data on current vaping rates; how many people in the state are vaping, using electronic cigarettes?

**Dr Robertson:** No, we do not.

**The CHAIRMAN:** Thank you for attending today. A transcript of this hearing will be forwarded to you for your 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.

**Hearing concluded at 3.27 pm**

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