

Government of **Western Australia**Department of **Health**Public and Aboriginal Health Division

Our ref: Contact: Telephone:

Ms Lauren Wells
Parliamentary Officer (Committees)
Select Committee on Personal Choice and Community Safety
Parliament House
4 Harvest Terrace
WEST PERTH WA 6005

Dear Ms Wells,

Select Committee on Personal Choice and Community Safety – Corrections, Clarifications to Transcript and Additional Information

I refer to the attached transcript where there are corrections, included as tracked changes.

I would like to take this opportunity to correct, clarify and to provide some additional factual information to supplement the transcript of oral evidence given to the Committee under the respective copies of questions from the transcript and responses provided as detailed below.

1. 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.' (Page 3).

Correction: The WA Health and Wellbeing Surveillance System, 2017, found that 9.7% of adult Western Australians (18 years and over) were a daily smoker, which meets the NTS 2010-2018 target.

Telephone (06) 9222 4222 Fax (08) 9222 4314 TTY 1890 067 311 Letters PO Box 6112 Perth Business Contro Phinton Aggratia 6849 2. 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.' (Page 5)

Correction and additional information: Nicotine poses a risk to the health of young people, pregnant women, and foetuses. Deaths of children in the US and Australia have been linked to nicotine. The International Agency for Research on Cancer (IARC) Advisory group has classed nicotine as a high priority for assessment, due to increasing e-cigarette use and existing studies that show a potential link to cancer.

Nicotine is a highly toxic substance and, in acute poisoning, death may occur within 1 hour due to respiratory failure arising from paralysis of the muscles of respiration. Less severe poisoning cause depression of the autonomic nervous system, with symptoms including burning of the mouth and throat, nausea and salivation, abdominal pain, vomiting, diarrhoea, dizziness, weakness, hypertension followed by hypotension, mental confusion, headache, hearing and visual disturbances, dyspnoea, faintness, convulsions, sweating, and prostration. Transient cardiac standstill or paroxysmal atrial fibrillation may occur (*Ref: Martindale: the complete drug reference. Accessed online 7 March 2019*).

Analyses to date of e-cigarette vapour have shown they can include harmful substances such as nicotine (in e-liquids labelled nicotine free), carbonyls, metals, organic volatile compounds and particulate matter. Studies have found higher levels of some of these materials in e-cigarette vapour than in conventional cigarettes.

3. 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.' (Page 8).

Correction: Confectionary which resembles cigarettes, and other products that resemble cigarettes, are controlled by the same section of the *Tobacco Products Control Act 2006*. Both these product types are addressed in section 106.

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

Dr Robertson: 'Correct.' (Page 9).

Clarification: Consumers may seek to use an exemption under Commonwealth Therapeutic Goods laws that allows the personal importation of therapeutic goods, of not more than three months supply at any one time, for the treatment of an individual. In these circumstance, a medical prescription is required. As the product (in this instance liquid nicotine) may not be approved by the TGA and as a pharmacist may not be involved in the supply, there is risk to the individual in regards to the quality and safety of the product that has been imported from an overseas source.

5. 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.' (Page 10).

Correction: Measures of physical dependency on nicotine in the Australian population do not support that a greater proportion of remaining smokers are more significantly addicted people unwilling or unable to quit. Many thousands of Australians stop smoking each year.

6. The CHAIRMAN: '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'. (Page 11).

Correction: Data from the Health and Wellbeing Surveillance System 2017 on e-cigarette use is yet to be published; however, we can report that, in 2017, 10.7% of WA adults had ever tried an e-cigarette. Within the last 12 months, 5.4% of WA adults had tried an e-cigarette.

The 2017 Australian Secondary School Students' Use of Tobacco, Alcohol, Over-the-counter Drugs, and Illicit Substances, conducted by Cancer Council Victoria, found that among 12-17 year old students, 13% had ever used an e-cigarette at least once. Of these, 32% had used an e-cigarette in the last month. 48% of e-cigarette users had not smoked a tobacco

cigarette before trying an e-cigarette. It was also reported that approximately 25% of all students who had used an e-cigarette before ever smoking went on to later try tobacco cigarettes.

Thank you for the opportunity to provide the Committee with the corrections, clarifications and additional information detailed above.

Please note that I will be providing responses separately to questions taken on notice, as agreed, by 13 March 2019.

Yours sincerely

Dr Andrew Robertson

ASSISTANT DIRECTOR GENERAL

PUBLIC AND ABORIGINAL HEALTH DIVISION

8 March 2019

Att: Corrected Transcript