Australian Medical Association (WA)

Submission to the WA Select Committee on Personal Choice and Community Safety

September 2018

Introduction

The Australian Medical Association (WA) is pleased to provide a submission to the WA Select Committee on Personal Choice and Community safety. The AMA (WA) is the State's peak medical representative body, and the only independent organisation acting on behalf of Western Australian doctors. We represent the medical profession to the government and to the community and advocate for the best interests of patients.

The inquiry's terms of reference are to report on the "*economic and social impact of measures introduced in Western Australia to restrict personal choice 'for the individual's own good'*". This submission highlights the important role of public health measures, which can be viewed by some as impacting on personal choice.

While this Inquiry has a specific focus, consideration of broader public health measures, in areas such as immunisation, food safety and road safety would enhance the Committee's understanding of how public health measures work to improve the health of the community.

Public health

Public health is the organised response by society to prevent disease, prolong life and promote health and wellbeing of communities(1). Initiatives in public health include efforts to provide free and open information to facilitate informed decision making, and interventions which protect individuals from being harmed by other individuals and groups.

According to the World Health Organisation, improvements in public health are achieved by providing conditions in which people can be healthy, with a focus on entire populations, rather than individuals or a particular condition(1). The emphasis of public health policy on prevention rather than treatment of illness, on the population as a whole rather than the individual, and the importance of collective effort, poses a particular set of ethical issues.

There are five principles of public health: (2)

1. Population focus

- Aims to improve the overall health of the community.

2. Focus on prevention, promotion, and early intervention

- Tackles the things that can add years to life and quality life to years.

3. Work in partnership

- Works with local communities, sharing information and acknowledging their concerns; and
- Works with other agencies to influence the things that affect health but are not strictly "core business" for the health sector (for example, collaborations with the police on anti-violence programs).

4. Reduce health inequalities

- Works to reduce the differences in health between sections of the community.

5. Effective and sustainable action

- Uses the best scientific information about approaches – what works and what doesn't; and
- Uses the best mix of approaches to get the best value for investment

Life expectancy and levels of health are far better today than they were 150 years ago. These gains are a result of a handful of public health initiatives, most of which would have been viewed at the time as interventionist public health policies – such as provision of clean water, sanitation, motor vehicle safety, and mass vaccination(3, 4).

In recent years, the focus of public health has increasingly been on building active partnerships and engagement between a range of stakeholders such as government, non-government agencies, and communities.

Doctors treat people whose lives have been changed by preventable illness or trauma. Stepping back from treating individuals, we see the widespread impact on families and the broader community. From these first-hand experiences, the medical profession sees the benefits in population-level and targeted public health initiatives to tackle these harms.

Ethics in Public Health

In traditional bioethics, much emphasis is placed on the freedom of the individual, in terms of consent, treatment and information(3). Freedoms of the individual, in terms of consent and information, remain in ethical deliberations of public health, but there are also a number of different parties with roles and responsibilities. This makes considerations around choice, duty of care and public safety much more complex.

It takes only a moment's thought to recognise that many of the "choices" that individuals make about their lifestyle are heavily constrained and influenced by many factors, such as clean air, the built and work environment, socio-economic and genetic background, and access to healthcare. Industries such as those producing, selling and marketing food, drink, tobacco also play an important role, and the impact of almost all these factors is influenced directly or indirectly by government policy. Thus, the notion of individual choice in the context of public health is too simplistic.

Instead, it is useful to refer to the Nuffield Council of Bioethics' "stewardship model" of the role of the state in relation to public health (3). This model recognises that the state should not coerce people or restrict their freedoms unnecessarily, but also that the state has a responsibility to provide the conditions under which people can lead healthy lives if they wish. The stewardship state, in addition to protecting its citizens from harm caused by others, sees itself as having a particular responsibility for protecting the health of vulnerable groups such as children, and in closing the gap between the most and least healthy in society.

The role of Government in public health

The AMA (WA) recognises that governments are uniquely placed in their ability to influence and regulate behaviour on a much larger scale. This is a key reason why the medical profession, and organisations representing the interests of doctors and their patients such as the AMA (WA), engage with governments around public health issues. We describe our experiences, summarise growing evidence and advocate for areas that require attention on a larger scale.

The government has an integral role to play in ensuring a safer and healthier society. It has an important role in regulating and modifying the behaviour of individuals so that the community can be confident that they won't be affected by harmful actions of others, such as being run off the road by a drunk driver. Importantly, we need all those who have a responsibility for prevention, including governments at all levels, to live up to their responsibilities for public health and prevention.

E-cigarettes

To fully consider the use and marketing of e-cigarettes in Australia, it is important to acknowledge Australia's efforts around tobacco control. Tobacco smoking is a leading risk factor for chronic disease and death, including many types of cancer, respiratory disease and heart disease. The AMA has actively supported the range of policy measures that seek to reduce smoking rates, and prevent young people from taking up tobacco smoking, including: plain tobacco packaging, tobacco excise increases, advertising bans and subsidised access to smoking cessation aids.

Australia is considered a world leader in tobacco control. However, there is no room for complacency: the reduction in smoking rates will not continue without sustained efforts from local, state and federal governments and public health bodies.

E-cigarettes, policy and the tobacco industry

In the context of well-established evidence of the harm caused by tobacco, and the resulting declines in smoking rates, it is not surprising that the tobacco industry would recognise the potential in products that either maintain or establish a nicotine addiction.

Nicotine is extremely addictive, a fact the tobacco industry has capitalised on for decades. The growth in e-cigarette products has provided opportunities for sections of the tobacco industry to rebrand themselves as part of the effort to reduce smoking. By positioning themselves as part of the solution, rather than the core of the problem, the tobacco industry is blatantly seeking to gain a seat around the policy table and re-engage in the policy process.

This dynamic should be approached with caution: policy makers who would avoid discussion with Big Tobacco may nonetheless be prepared to meet with "e-cigarette companies" and producers of smoking cessation devices. This offers tobacco companies a significant opportunity to shape regulatory debates around their core cigarette businesses, potentially undermining effective tobacco control policies which have driven declining smoking rates in Australia and elsewhere.

The latest incarnation of heated tobacco products is reminiscent of past efforts to use similar products to undermine tobacco control, particularly efforts that present the tobacco industry as a partner in harm reduction. An integral part of the tobacco industry's strategy is to promote a variety of its products in ways that imply, overtly or not, that they pose less harm than conventional cigarettes. The industry's claims are often speculative, emphasising the "potential" for these new products to either reduce harm

or reduce tobacco use. The tobacco industry's harnessing of the "harm reduction" moniker also serves to divide the tobacco control movement, leaving it without a unified voice to communicate with the public, the media and with policy makers on the strategies to advance tobacco control.

Health effects of e-cigarettes

The frequently cited statement that e-cigs are "95% less harmful" than cigarettes needs to be unpacked. This figure started out as a guess made by a group of 12 people, hand-picked for a process led by David Nutt, himself a strong advocate of e-cigarettes (5). The Public Health England report also used this 95% figure, using evidence from the Nutt report. Importantly, this report made the frank statement that "a limitation of this study is the lack of hard evidence for the harms of most products on most of the criteria." That is to say, the evidence is only very short term or limited to animal and in-vitro studies.

A recent, comprehensive and independent report by CSIRO(6) determined the evidence available suggests that regular use of e-cigarettes is likely to have adverse health consequences. However, there is a lack of clarity about the magnitude of these adverse health effects, and the quantity of e-cigarette use required to trigger adverse health effects.

The longitudinal research required to establish safety will take time, but until more definitive evidence on safety becomes available the precautionary principle should be applied to these products.

E-cigarettes as a cessation tool

The second argument from vaping advocates is that it is a valid quitting aid. This is despite the nation's leading authority, the NHMRC, stating that there is currently insufficient evidence to support claims around safety or efficacy as cessation aids. Recent studies from the UK (7) and Sweden(8) have looked at the long-term, population-level impact of e-cigarettes on reduction of cigarette consumption. There was no statistically significant association between the use of e-cigarettes and cigarette consumption - meaning that if e-cigarettes indeed played a part in reducing smoking, the effect is tiny. Additionally, evidence of the health implications of "dual usage" are increasing and are cause for concern (9).

The evidence for vaping as a quitting aid is scant and does not indicate an advantage over presently available Nicotine Replacement Therapy. This can be contrasted with the many, as-yet unquantified, risks associated with the introduction of a new method of nicotine consumption.

At the very least, e-cigarettes as a quitting aid need to go through the same independent, official drug regulation schemes that we have in Australia with the Therapeutic Goods Administration.

Concerns that e-cigarettes normalise the behaviour of smoking and that they do not encourage people to break the habit are also valid. An often overlooked aspect is the behavioural implications of e-cigarette use; e-cigarettes essentially mimic or normalise the act of smoking. E-cigarettes may result in some smokers delaying their decision to quit, as people may feasibly move between e-cigarettes and tobacco smoking, as their desire to quit varies over time.

Marketing of e-cigarettes

While companies promote e-cigarettes as a cessation method, they are shamelessly promoting their products in ways that would be eerily familiar to those who recall the battle with Big Tobacco. Reminiscent of cigarette ads, the images on e-cigarette ads are overly sexualised and glamorous. There is substantial evidence that e-cigarette use increases risk of using combustible tobacco cigarettes among youth and young adults, and this evidence continues to grow.

These tactics have recently been put in the spotlight, with $15 billion e-cigarette company JUUL under investigation for targeting minors. The cartridges on offer, which contain as much nicotine as a packet of cigarettes, resemble USB drives in various colourful 'skins' and are available in flavours such as fruit medley and mango. Fruit and candy flavoured e-cigarette solutions clearly target younger consumers. This has the potential to undermine the significant efforts that have been dedicated to reducing the appeal of cigarettes to children, young people and the wider population. These concerns are supported by research findings that young people using e-cigarettes often progress to tobacco smoking (10).

Smoking in Australia

Vaping advocates claim that the reduction in smoking in Australia has stalled, as a pretext for opening the floodgates to e-cigs. They base this on just two data points (2013 and 2016) not reaching statistical significance in national survey by the Australian Institute of Health and Welfare (AIHW). However, the largest and longest running survey on smoking in Australia tells a different story. Monthly data on smoking rates from over 50,000 people show that less than 15% of Australian adults smoke, compared with 15.1% in the UK.

Legislation in Australia and internationally

The regulation of e-cigarettes varies considerably between countries. A number of countries have banned e-cigarettes entirely, including: Brazil, Singapore, the Seychelles, Uruguay and Norway. Canada is currently in a very similar situation to Australia whereby the nicotine containing solution is technically illegal to sell.

Australia is in a unique position. Low rates of tobacco smoking, access to a range of cessation options and supports as well as the caution voiced by leading authorities suggest that rather than looking to international approaches, Australia should continue to monitor the evidence around e-cigarettes.

Only once safety and efficacy has been thoroughly established should consideration about changing regulatory approaches take place.

Australia can and should exercise the precautionary principle adopted by the WHO and World Federation of Public Health Associations (WFPHA) in relation to e-cigarettes.

Cycling helmets

Australia was the first country to make wearing bicycle helmets mandatory. The AMA's support for bicycle helmets dates back even further (1983). Bicycling helmet legislation was introduced by State Governments in Australia between 1990 and 1992. While some States observed an immediate decrease in the number of cyclists, in a short time the number of cyclists quickly returned to pre-legislation numbers. Emergency physician and neurosurgeons witness frequently the life-saving protective effect of cycling helmets.

Strong, credible evidence supports Australia's stance on bicycle helmets (11). Australian research confirms that in accidents with motor vehicles, bike helmets use was associated with a reduced risk of head injury of up to 74% (12). A comprehensive 2017 review confirmed that bicycle helmets prevent serious injury and death (13). This is another area where any moves to repeal what is effective would be counter to evidence and inconsistent with community expectations.

Aquatic Leisure

Drowning is a serious and often neglected public health threat. In Australia, 291 people died as a result of drowning in the 2016/17 financial year, a 3% increase on the 282 drowning deaths in 2015/16 (14). The Royal Life Saving report estimated that there were an additional 685 non-fatal drowning incidents requiring hospitalisation in 2016/17 (14). Many of these people will require long term medical assistance.

Australia has made significant improvements in the space of water safety, particularly around childhood drownings. Key public health practices included water safety education and research; standards and legislation pertaining to 'aquatic locations' (e.g., pools); and the targeting of high-risk groups, with the primary focus on children under five years of age. By the early 2000s, each state and territory had a *Water Safety Plan*, adapted for local conditions, and drawn up with the contributions of water safety stakeholders (e.g., Water Safety Councils, RLSSA, and state Departments of Sport and Recreation).

By 2005, pool-fencing legislation had been introduced in all jurisdictions, and, in most situations, pool fencing was legally required. After Queensland and NSW introduced their pool-fencing legislation in the early 1990s, the pool drowning rate fell to less than half the pre-fencing rate (despite little enforcement of the legislation, and a doubling in the number of pools built after the legislation was introduced). National water safety education campaigns received government and corporate support.

Aquatic leisure is an important part of Australian culture, making awareness about water safety, including lifejackets, swimming lessons and reducing alcohol use around water of paramount importance.

Safety legislation is one of a suite of strategies that can be used to prevent drowning, along with education and advocacy, improved design of safety features and barriers, and improved rescue and resuscitation.

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