

## Additional Comments

### Senator David Leyonhjelm – Liberal Democratic Party

1.1 I broadly endorse the committee's findings in the interim report, which focussed on ENDS. I am particularly keen to see nicotine in a form suitable for use in e-cigarettes exempted from Schedule 7 of the Poisons Standard (the SUSMP). The committee suggests this for the purpose of making ENDS available on a prescription basis pursuant to TGA rules.

1.2 However, in my view it is unconscionable that a product known to be incredibly unhealthy—tobacco prepared and packed for smoking—is currently exempted, while a product known to be far less dangerous is not. Before involving the TGA, I believe Schedule 7 needs to be amended as a matter of urgency, so that vapers have access to the nicotine e-liquids that enable them to quit without fear of prosecution or having to go to a doctor.

1.3 Beyond that, I have a few additional observations to make. First and most important, I find the application of the 'precautionary principle' to public health issues—and particularly this one—to be quite improper. It seems a concept developed to deal with environmental regulation has burst its banks and is now being applied recklessly and beyond its remit.

1.4 Applying it here means that a product (ENDS) known to be much safer than the market norm (tobacco cigarettes) is effectively banned, leaving people to smoke.

1.5 For this reason, I endorse the remarks made by Dr Alex Wodak with respect to harm reduction:

If people can find some way of still ingesting nicotine which is much less harmful than tobacco, so be it.<sup>1</sup>

1.6 The proper focus of public policy should be preventing *further* harm to people where it can be avoided, rather than engaging in the sort of magical thinking that says *all* harm can be eliminated. Prohibition and abstinence-only sex education sit at the end of that path. Together with applying the 'precautionary principle' to ENDS, they represent prime examples of making the perfect the enemy of the good.

1.7 My second observation follows on from the last paragraph of the committee's interim report, with respect to 'comparable international jurisdictions'.

1.8 During the course of this inquiry, I have become increasingly troubled by the response of Australian public health organisations to developments overseas, particularly in the UK and EU.

1.9 However, this behaviour was particularly purblind and blatant with respect to ENDS, such that I think comment is necessary. There seemed to be a concerted effort underway among Australian public health bodies to ignore the combined findings and

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1 *Committee Hansard*, 9 March 2016, p. 10.

practices of Public Health England, the NHS, and work done in European countries and the USA.

1.10 Australia used to suffer from what was known as 'the cultural cringe', whereby anything from overseas was assumed to be better than the 'local product'. However, it seems the country has overcorrected, such that we now have a reverse 'cultural cringe'. This produces an arrogant assumption that Australia has nothing to learn from 'comparable international jurisdictions'.

1.11 Since this is clearly not the case, some modesty and willingness to learn is required.

**Senator David Leyonhjelm**

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