

Select Committee on Tobacco Harm Reduction  
Committee Secretariat  
Department of the Senate  
PO Box 6100  
Parliament House  
Canberra ACT 2600

05/11/2020

Dear Members,

**Re: Select Committee on Tobacco Harm Reduction**

The Australian Health Promotion Association (AHPA) is the only professional association in Australia specifically for people interested or involved in the practice, policy, research and study of health promotion. The AHPA vision is for a healthy, equitable Australia through leadership, advocacy and workforce development for health promotion practice, research, evaluation and policy. AHPA advocates for the development of healthy living, working and recreational environments for all people. It also supports the participation of communities and groups in decisions that affect their health. The Association supports more than 1000 members, supporters and subscribers, from government agencies, universities, non-government organisations, community-based organisations and groups, private companies and industries, and students. The Association contributes to public health evidence through workforce capacity building and the management of the Health Promotion Journal of Australia as well as the development of position statements and policies on issues of health promotion concern, particularly those which relate to ethics, evidence, equity and the determinants of health.

The Association would like to make some broad comments on the areas covered by the terms of reference. We would also refer you to the work of public health colleagues including work by Professors Mike Daube, Melanie Wakefield and Simon Chapman, Dr Becky Freeman, Cancer Council Australia, Maurice Swanson and the Australian Council on Smoking and Health, the Public Health Association of Australia and colleagues at the Collaboration for Evidence, Research and Impact in Public Health, Associate Professor Jonine Jancey and Kahlia McCausland (KM has led the development of this submission).

Tobacco use is the leading cause of preventable cancer and cardiovascular death and disease in Australia. The history of tobacco control is littered with examples of purported 'reduced harm' products. Where risks and harms for new tobacco products need to be considered as well as potential benefits, adherence to the evidence is critical. Current public health [evidence](#) does not support electronic cigarette (e-cigarette) use. The Commonwealth Department of Health suggests insufficient evidence of the safety of e-cigarettes or their use as an aid for tobacco use cessation. The Australian Chief Medical Officer and State and Territory Chief Health Officers have reiterated that evidence is unclear regarding the short and long term harm of e-cigarettes, highlighting an emerging [link between their use and lung disease](#). Australian governments take a precautionary approach to e-cigarettes. This approach is outlined in the [Principles that underpin the current policy and regulatory approach to \(e-cigarettes\) across Australia](#) and is strongly supported by leading national and international health and medical organisations.

Of particular concern, use is growing at significant rates, particularly among young people. The Cancer Council and National Heart Foundation [Position Statement on Electronic Cigarettes](#) recommend the following measures to protect young people from potential harms of e-cigarette use:

1. Ban the retail sale of non-nicotine e-cigarettes (unless the product has been approved by the TGA).
2. Ensure smoke-free laws in each state and territory cover e-cigarette use.
3. Prohibit advertising and promotion of e-cigarettes, consistent with tobacco advertising prohibitions.

We note that the committee will inquire into tobacco reduction strategies, with particular reference to the following.

- a. **the treatment of nicotine vaping products (electronic cigarettes and smokeless tobacco) in developed countries similar to Australia (such as the United Kingdom, New Zealand, the European Union and United States), including but not limited to legislative and regulatory frameworks**

At present, 70 countries have enacted e-cigarette specific policy, with other countries applying a range of product classifications to suit existing policies, including 'tobacco products' (57 countries), 'medicinal products' (24 countries), 'consumer products' (18 countries), and 'nicotine as poisons' (4 countries) (Institute for Global Tobacco Control, 2020). Australia is not the only country to effectively ban the sale of nicotine-containing e-cigarettes, with Jamaica, Japan, and Switzerland also enacting similar approaches (Institute for Global Tobacco Control, n.d).

*\*Quoted from paper currently under review (McCausland et al., 2020b).*

**b. the established evidence on the effectiveness of e-cigarettes as a smoking cessation treatment**

We would refer to the National Academies of Sciences Engineering and Medicine (2018) report which states:

- Conclusion 17-1. Overall, there is *limited evidence* that e-cigarettes may be effective aids to promote smoking cessation.
- Conclusion 17-2. There is *moderate evidence* from randomized controlled trials that e-cigarettes with nicotine are more effective than e-cigarettes without nicotine for smoking cessation.
- Conclusion 17-3. There is *insufficient evidence* from randomized controlled trials about the effectiveness of e-cigarettes as cessation aids compared with no treatment or to Food and Drug Administration–approved smoking cessation treatments.
- Conclusion 17-4. While the overall evidence from observational trials is mixed, there is *moderate evidence* from observational studies that more frequent use of e-cigarettes is associated with an increased likelihood of cessation.

**c. the established evidence on the uptake of e-cigarettes amongst non-smokers and the potential gateway effect onto traditional tobacco products**

We would refer to the National Academies of Sciences Engineering and Medicine (2018) report which states:

- Conclusion 16-1. There is *substantial evidence* that e-cigarette use increases risk of ever using combustible tobacco cigarettes among youth and young adults.
- Conclusion 16-2. Among youth and young adult e-cigarette users who ever use combustible tobacco cigarettes, there is *moderate evidence* that e-cigarette use increases the frequency and intensity of subsequent combustible tobacco cigarette smoking.
- Conclusion 16-3. Among youth and young adult e-cigarette users who ever use combustible tobacco cigarettes, there is *limited evidence* that e-cigarette use increases, in the near term, the duration of subsequent combustible tobacco cigarette smoking.

*See also - Guerin and White (2018) (Youth use)*

**d. evidence of the impact of legalising nicotine vaping products on youth smoking and vaping rates and measures that Australia could adopt to minimise youth smoking and vaping**

The United States, where e-cigarette sales are subject to very few restrictions, has observed an exponential increase in vaping, particularly among youth, now being referred to as an 'epidemic' (Food and Drug Administration, 2018). In 2017, e-cigarettes were the most commonly used tobacco product among American high school (11.7%; 1.73 million) and middle school (3.3%; 0.39 million) students (Wang et al., 2018). In contrast, the prevalence of vaping in Australia remains relatively low, however, a significant increase in current and lifetime use has been reported (Australian Institute of Health and Welfare, 2020). The most recent national survey estimates that 2.6% of the Australian adult population currently use e-cigarettes, up from 1.2% in 2016, with use among smokers (4.4% 2016, 9.6% 2019) more prevalent than non-smokers (0.6% 2016, 1.4% 2019) (Australian Institute of Health and Welfare, 2020).

*\*Quoted from paper currently under review (McCausland et al., 2020b).*

**e. access to e-cigarette products under Australia's current regulatory frameworks**

Australian's have access to nicotine-containing e-cigarette products via the internet and those who choose to import nicotine-containing products are not currently actively prosecuted. Approximately 70% of Australian e-cigarette purchases are made online (Australian Institute of Health and Welfare, 2020; Euromonitor International, 2018), of which more than 40% of vapers use nicotine-containing products (Yong et al., 2015).

McCausland and colleagues (2020b) conducted a study which aimed to understand how e-cigarette users navigate restrictions to access vaping products and the health and safety issues they encounter in an environment that is relatively unaccepting of the promotion of e-cigarette use as a population health measure. Thirty-seven interviews were conducted with current (n=33, 89%) and former vapers (n=4, 11%). Thirty-two participants (86.5%) were current

or former cigarette smokers and five participants (13.5%) vaped despite having never been a regular smoker. The authors found local vape retailers were circumventing Western Australia's e-cigarette restrictions by selling the components of 'open system' devices that do not necessarily resemble a tobacco product when sold individually. Several participants were unsure of the legality of importing, accessing and using nicotine and e-cigarettes, however, the majority continued to use nicotine-containing vapourisers and implemented strategies in an attempt to avoid detection and safeguard their health. The internet, in particular, was used in a variety of ways to facilitate their access to the required products, exchange information, and obtain new knowledge.

Despite Australia's nicotine restrictions, 81% (n=30) of participants in this study currently used nicotine. Of concern is that the majority of participants who had never smoked preferred these products compared to non-nicotine equivalents, of which similar results have been found in an online survey of Australian vapers (Jongenelis et al., 2018). The use of nicotine-containing products has been documented to increase one's risk of nicotine addiction (Cobb, Hendricks, & Eissenberg, 2015) and act as a 'gateway' to combustible tobacco product use (Chapman, Bareham, & Maziak, 2019).

Although an investigation by Scott (2019) found some Perth based retailers display minimum age entry requirements and/or restrictions to purchase signage, and some participants in the study by McCausland and colleagues (ref – under review study), some of whom were local retailers, described the local e-cigarette industry as "self-regulating", concerns have been raised about underage vaping in Australia (Fitzsimmons, 2020; Guerin & White, 2018). In an effort to dissuade youth vaping with or without nicotine, we concur with Scott (2019) that minimum age requirements for purchasing should be established and consistent regulation of the promotion of these products across Western Australia's brick and mortar retail environments be implemented, as evidence indicates e-cigarette products, displays and promotions vary and are exhibited in diverse outlets (i.e. newsagencies, supermarkets, petrol stations) accessed by youth. It seems reasonable to suggest these findings should be applied consistently across Australia.

An unintended outcome of Australia's framework, however, has been the development and rapid expansion of a local independent industry who are exploiting loopholes to sell e-cigarette devices (Scott, 2019). Australia's current regulatory framework does function to mostly control the drivers of negative use (i.e. uptake among youth and non-smokers) through limiting nicotine availability, obstructing tobacco industry produced nicotine-containing e-cigarette and heated tobacco products (Tobacco Tactics, 2020) from entering Australian retail stores, and unfettered marketing (Rahman, Hann, Wilson, & Worrall-Carter, 2014) while fostering a local vaping community of predominantly former smokers (Australian Institute of Health and Welfare, 2020) who can meet most of their needs, although through a convoluted process, and without engaging in the criminal system.

*\*Quoted from paper which is currently under review (McCausland et al., 2020b).*

*See also - Liber (2020) AND Waa, Maddox, and Nez Henderson (2020) (Indigenous research)*

#### **f. tobacco industry involvement in the selling and marketing of e-cigarettes**

The Association supports the current evidence and position of leading health and medical bodies with respect to industry involvement in e-cigarette sales and marketing. For example in their [position statement on e-cigarettes](#), the Cancer Council Australia and National Heart Foundation Australia cite a range of evidence which suggests that "Significantly, electronic cigarette brands, including those owned by tobacco companies, are increasingly becoming involved in sophisticated promotional arrangements reminiscent of strategies previously used to glamorise tobacco". They note that that "Young people are likely to be susceptible to the advertising techniques and new technology associated with electronic cigarettes. Given that electronic cigarettes resemble tobacco cigarettes and allow users to simulate the physical behaviour of smoking tobacco cigarettes, images of smoking behaviour in electronic cigarette advertisements could re-normalise smoking behaviour among young Australians and encourage children to use tobacco cigarettes."

*See also -*

- *Freeman, Hefler, and Hunt (2019)*
- *Watts and Freeman (2019)*
- *Watts, Hefler, and Freeman (2019)*
- *van der Eijk, Bero, and Malone (2019)*

**g. any other related matter.**

**Health and safety:** There are thousands of e-liquid flavours available for retail purchase (Hsu, Sun, & Zhu, 2018) and from home vendors (Cox et al., 2019). These products have been found to contain various excipients, flavourings, additives, potentially hazardous ingredients (Chivers, Janka, Franklin, Mullins, & Larcombe, 2019; Cox et al., 2019) and inaccurately labelled nicotine content (Buettner-Schmidt, Miller, & Balasubramanian, 2016; Chivers et al., 2019; Goniewicz et al., 2015; NSW Government, n.d; Trehy et al., 2011). Some participants reported in the study by McCausland and colleagues\* mild adverse effects after using some e-liquids, including dizziness, sore throat, dehydration and nausea. These experiences are not uncommon and have been documented elsewhere (Chen et al., 2020; Cooper, Harrell, & Perry, 2016). Incorrect labelling and discrepancies between the labelled amount and actual nicotine content are misleading and may result in unintended addiction to nicotine and other adverse health effects (Buettner-Schmidt et al., 2016; Chivers et al., 2019).

*\*Quoted from paper currently under review (McCausland et al., 2020b).*

*See also - Wylie et al. (2019)*

**Australian studies – social media promotion:** *See - McCausland et al. (2020a); AND Amin, Dunn, and Laranjo (2020)*

**The application of the precautionary approach to e-cigarettes:** Although some contend that countries adopting a precautionary approach to e-cigarettes penalise tobacco smokers seeking an alternative smoking cessation product (Gartner, 2018; Levy et al., 2017; Mendelsohn, Hall, & Borland, 2020), those who are motivated, as demonstrated by the vapers in the study by McCausland and colleagues,\* manage to navigate the restrictions to obtain the required products through importation and purchasing at local retail stores. Australia's precautionary approach aims to safeguard public health and restrict youth and non-smokers taking up the practice in large numbers (Australian Government Department of Health, 2019), which has been documented in other countries who have liberalised nicotine vaping (e.g. United States, Canada and New Zealand (Cullen et al., 2018; Hammond et al., 2019; Walker et al., 2020)). The continued application of the precautionary principle to e-cigarette use in Australia (Jancey, Maycock, McCausland, & Howat, 2018) may prevent future adverse public health consequences (Bush, Holsinger, & Prybil, 2016), as we have seen occur with the tobacco epidemic (World Health Organization, 2020). Efforts to curb tobacco smoking rates have stigmatised smokers, which can act as a barrier for people to seek support and treatment (Bell, Salmon, Bowers, Bell, & McCullough, 2010). All smokers must be offered non-judgmental, evidence-based support to quit smoking and that smoking cessation is fully integrated into the health system (White, McCaffrey, & Scollo, 2020).

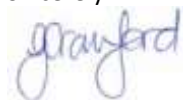
Bowing to pressure to weaken Australia's tobacco control laws to make an exemption for nicotine vaping could also permit the sale of tobacco industry produced heated tobacco and vapour products. Australia is a signatory to the World Health Organization Framework Convention on Tobacco Control which is designed to protect public health policies from commercial and other vested interests and applies to the tobacco industry irrespective of the type of products they are selling. Until there is adequate evidence that e-cigarettes are safe and an efficacious smoking cessation product they should not be promoted as such. This lack of evidence and the power and influence of the tobacco industry justify the application of the precautionary principle and stress the need to future-proof tobacco control legislation against current and future novel tobacco and vapour products.

*\*Quoted from paper currently under review (McCausland et al., 2020b).*

*See also - Jancey et al (2015) (General commentary)*

Thank you for the opportunity to raise these important issues with you. If you have any queries or comments, or if you would like to discuss this further, please feel free to email us via: [national@healthpromotion.org.au](mailto:national@healthpromotion.org.au).

Sincerely



Dr Gemma Crawford  
National President | Australian Health Promotion Association

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