6 July 2017

End Smoking NZ Submission to the
Inquiry into the Use of Electronic Cigarettes and Personal Vaporisers in Australia

Who are we?
End Smoking NZ is an independent unfunded charitable trust. Our members collaborate to conduct research and provide up-to-date information to inform public health policy and practice about reducing tobacco smoking in New Zealand (NZ).

End Smoking as an organization has no tobacco industry links, nor any commercial interest in electronic cigarettes (e-cigarettes), or in nicotine replacement therapy.

End Smoking NZ was formed in 2006 to raise awareness of, and lobby for, the acceptance of a harm reduction approach to reducing smoking-related morbidity and mortality. At that time we advocated for a law change to enable NZ smokers access to Snus.

Switching from smoking tobacco to Snus has regrettably remained an option for Swedish and Norwegian smokers only. Enviably, smoking prevalence in Sweden has dropped to 5% - the rate of New Zealand’s 2025 aspiration goal.

The lowered incidence of smoking-related disease and life years saved in Sweden and Norway is a buoy marking a lowered risk route all countries could have followed. Instead, we in NZ and Australia have let thousands of people continue smoking instead. Tens of thousands of New Zealanders and Australians have suffered longer and died earlier than they needed to. The Swedish experience stands as a warning not to make the same mistake again!

Our experience with electronic cigarettes and vaping
Almost 10 years ago we began to investigate the potential of e-cigarettes. Over the intervening years our members have continued to conduct and support a range of studies on e-cigarettes and vaping. On balance the evidence has led us to become more convinced that e-cigarettes present the first real threat to smoked tobacco.

E-cigarettes don’t just have potential as a smoking cessation tool, they can deliver the Endgame.

Basic general points about electronic vaporisers and vaping

1. E-cigarettes are not tobacco products.
2. Whilst nicotine is extracted from tobacco, or can be synthesised, we do not consider nicotine liquid produced for the purpose of vaping to fit the definition of a tobacco product.

3. Electronic vaporisers are not solely, nor necessarily, a smoking cessation device.

4. Electronic vaporisers were created to be a safer alternative nicotine delivery device compared to smoking tobacco products.

5. The use of nicotine replacement products is well established as a safe practice.

6. Vaping nicotine is estimated to be at least 95% safer than smoking tobacco. The estimated risk is as low as many of the established nicotine replacement products.¹

7. Millions of smokers worldwide have found that vaping, with and without nicotine, has enabled them to achieve sustained abstinence from smoking tobacco. E-cigarettes are very clearly showing their potential to significantly reduce smoking rates.² A significant proportion of these people go on to stop vaping as well. Many others enjoy vaping and have no intention to quit in the near future.

8. Vaping nicotine hasn’t resulted in sustained abstinence from smoking for all smokers who have tried it. The devices have and continue to vary greatly. Government restrictions are critical to supporting or undermining switching from smoking to vaping.

9. Other alternative nicotine delivery products are in development, or are on the market overseas. No one cessation product or alternative nicotine delivery product will help every smoker either switch off or abstain from smoking tobacco. A range of products are required. We should not limit smokers to just one type of e-cigarette or just one type of greatly harm-reduced alternative to smoking product.

Tobacco control has irrevocably changed with the introduction of greatly harm-reduced alternatives to smoking tobacco, particularly the electronic nicotine vaporisers. Smokers now have more alternatives to smoking if allowed.

The huge difference between the alternative nicotine delivery devices is that vaping nicotine can (if allowed) provide an equal or better experience than smoking tobacco. This is


evidenced by the millions of smokers who have already switched to vaping around the world. Research shows clearly that the huge majority of that use is for smoking replacement or for cessation. Very few never-smokers use e-cigarettes.¹

- Vaping, even with nicotine, is likely to be less addictive than smoking tobacco.

There are good scientific reasons from animal studies to suspect that e-cigarettes should be less addictive than smoking³, and some strong indications from cessation trials⁴ and observational studies that e-cigarettes will prove less addictive than smoking.

Smokers now have an option. They can receive all of the benefits that they enjoyed from smoking tobacco from a significantly less harmful and probably less addictive behaviour.

**New Zealand’s position on e-cigarettes and vaping**

Following public consultation, the NZ Government has opted to amend the Smoke-Free Environments Act to permit and regulate the import, marketing and sale of nicotine for vaping.

The NZ Ministry of Health is also establishing an e-cigarette product safety Technical Expert Advisory Group. They are also progressing consultation on what regulatory or other framework to use to determine a NZ position on emerging tobacco and nicotine delivery products.

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**Why Australia should support Australian smokers to switch to vaping nicotine**

Tobacco control policies have contributed to reducing smoking rates in Australia. But, unacceptable disparities in smoking prevalence by ethnicity remain. Australian Indigenous and Torres Strait Islanders have much higher rates of smoking than non-Indigenous Australians. Some sub-groups, such as mental health consumers also have disproportionately high smoking rates.

We believe that nicotine liquid for vaping and vaporisers should be legal to import for sale and distribution in Australia.

Further, it would be unethical to delay access to legal nicotine for vaping and instead wait until the market provides pharmaceutically approved nicotine containing e-cigarettes or other alternative products. Vaporisers are already being used in Australia by people who are trying to improve and protect their health. The Australian society should help, not hinder, this trend.

Australia and New Zealand have enjoyed a history of alignment on our tobacco control programmes. Since the 1980’s, Australia and New Zealand have emulated each other’s policies resulting in both our countries being seen to be world leaders in tobacco control.

Of relevance to your deliberations, there are various trade and investment agreements between Australia and New Zealand, such as the Australia New Zealand Closer Economic Relations Trade Agreement (1983) (CER) and The Trans-Tasman Mutual Recognition Arrangement which established mutual recognition to labelling and product standards, including those for tobacco products.

Divergence on how Australia and New Zealand regulate e-cigarettes needs to be considered in light of the 2013 New Zealand-Australia CER Investment Protocol and the great amount of work that has been done towards New Zealand and Australia’s commitment to creating a seamless trans-Tasman business environment, known as the Single Economic Market (SEM).

**The appropriate regulatory framework for E-cigarettes and personal vaporisers in Australia**

An appropriate regulatory framework for nicotine vaping products must:

1. Recognise that vaping e-cigarettes is significantly less harmful than smoking

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tobacco.\textsuperscript{7}

2. Ensure it is easier, or at least as easy, to find and buy vaping products as it is to buy tobacco for smoking.

3. Avoid imposing any additional or specific tax over and above GST on vaping products. The initial setup cost for vaping has to be able to be recouped within a short time frame, or people will not switch.\textsuperscript{8}

4. Protect the opportunity for Australian and foreign vaping product manufacturers and suppliers who are independent of combustible tobacco product companies to operate in Australia. Policies should not favour established tobacco industry giants. E-cigarettes represent a major threat to the tobacco industry.

5. The primary aim of any regulation should be to enable current smokers to switch to vaping and to have vaping products widely and readily accessible for ex-smokers facing relapse to smoking.

\textit{Specific recommendations}

1. Vaping products should be able to be sold wherever tobacco products are sold and in additional retail outlets that currently do not sell and have no desire to sell tobacco products, such as dedicated vaping product retailers (vape shops).

2. Advertising of vaping products should not be restricted to the same extent as combustible tobacco products. Applying the same type and level of bans on advertising of tobacco products to vaping products sends the misleading message that vaping is as dangerous as smoking tobacco and this will put some people off vaping. The primary purpose of controls on advertising of vaping products should be to avoid the promotion of tobacco products.

3. It is important that independent vape shops be allowed to have a shop-front and/or on-line presence, so people know where to get which products and at what price. Vendors also need to provide information to assist smokers to distinguish between


different types of products to ensure that they purchase a vaping kit most likely to speed and assure their complete transition from smoking to vaping.

4. E-cigarettes do not burn tobacco and do not create smoke. There is no evidence of harm to bystanders from exposure to e-cigarette vapour and any risks to their health, if identified, are likely to be extremely low.\(^9\) Bans on smoking should not wholly be applied to vaping. Banning vaping wherever smoking is currently banned contains several risks for vapers. Bans on where people can smoke are extensive in Australia. Despite this, Australia’s smoking prevalence has stalled. People who smoke are experiencing sometimes extreme social exclusion, marginalisation and discrimination. If vaping is similarly treated this sends a message that vaping is as dangerous as smoking and that vapers are no different from smokers (e.g. they’re still recalcitrant addicts). In this scenario, vapers are also forced to retire to the same limited and increasingly close number of areas that smokers have to go to. As ex-smokers, this puts vapers at risk of relapse to smoking. Anything that inhibits switching to vaping is counterproductive. The ability to vape inside some places, where it is allowed by the organisation or venue offers a valuable advantage of vaping over smoking tobacco. The main argument for banning vaping anywhere that has any claim to a scientifically based theory, though not proven, is that viewing adults vaping might influence a child to initiate smoking. Firstly, vaping is not smoking. Research with NZ children has shown that they can distinguish between smoking and vaping. They also really want their loved ones to stop smoking and they, despite their young age, could see the sense in vaping over smoking.\(^{10}\)

5. Organisations should be able to set their own policies about vaping. This will enable compassionate employers to allow vapers to vape inside. Hospitals should be allowed to develop policies that provide for vaping as an alternative to tobacco smoking for patients who are unable to, or who are prohibited to, go outside and off the grounds to smoke\(^{11}\) and potentially for those patients who are not allowed to smoke prior to surgery. Banning vaping in these institutions may disproportionately

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\(^{10}\)Faletau J. Glover M. Nosa V. ‘Looks like smoking, is it smoking? Children’s perceptions of cigarette-like nicotine delivery systems.’ *Journal of Harm Reduction*, 2013;10(30).

\(^{11}\)Truman P. Gilmour M. Robinson G. (2017) Acceptability of electronic cigarettes as an option to replace tobacco smoking for alcoholics while admitted to hospital. Submitted for publication.
affect more disadvantaged smokers, such as those with mental health or drug and alcohol conditions.\textsuperscript{12}

6. Vaping products should not be required to display graphic health warnings. Vapour is not smoke. The established dangers of tobacco smoking cannot just be extrapolated over to vaping. It has not been established that vaping, even with nicotine is addictive.

Our members who are party to this submission include:

Chair - Associate Professor Marewa Glover, School of Public Health, Massey University
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Dr George Laking, Medical Oncologist, Auckland
Professor Randolph Grace, University of Canterbury, Christchurch.
Greg Town, Medical Editor, Auckland.

Appendix.

E-cigarette related research

2017

Fraser T. **Glover M. Truman P.** Vapers’ perspectives on government and public health responses to vaping nicotine in New Zealand. Submitted for publication.

**Truman P.** Gilmour M. Robinson G. (2017). Acceptability of electronic cigarettes as an option to replace tobacco smoking for alcoholics while admitted to hospital. Submitted for publication.


Tucker MR. **Laugesen M.** Bullen C. **Grace RC.** Predicting Short-Term Uptake of Electronic Cigarettes: Effects of Nicotine, Subjective Effects and Simulated Demand. Submitted for publication.

Tucker MR. **Laugesen M.** Bullen C. **Grace RC.** Subjective Effects and Simulated Demand for Electronic Cigarettes in First-Time Users: Effects of Nicotine Level. Submitted for publication.


2016

**Glover M.** ‘Future New Zealand: Vaping, the route to a smokefree New Zealand.’ *NZ Herald*, 10 November 2016.


2015


2014


2013


2012

Lauterbach JH. **Laugesen M.** Comparison of toxicant levels in mainstream aerosols generated by Ruyan® electronic nicotine delivery systems (ENDS) and conventional cigarette products. Poster # 1861, Society of Toxicology, San Francisco. The Toxicologist CD, *J of the Soc of Toxicology* 2012 Mar; 126:  See [www.healthnz.co.nz/News2012.htm](http://www.healthnz.co.nz/News2012.htm)


2011


2010


2009


2008