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**Submission re:
Inquiry into the Use and Marketing of Electronic Cigarettes and Personal Vaporisers in
Australia**

I am a social scientist involved in smoking cessation research. I have no links to any e-cigarette or tobacco manufacturers.

Australia seems to have taken some bad advice on the issue of e-cigarettes (EC). Restricting vaping does not serve public health well. Australian regulators seem to have accepted the claims of anti-vaping activists that vaping lures children to smoking, that it is dangerous, and that it undermines quitting smoking. The Committee may consider this brief analysis of how such claims are made and where they are contradicted by existing evidence.

Vaping lures children to smoking: Such claims are usually based on misrepresenting survey data by labelling ever trying an e-cigarette as 'use', and trying it in the past month as 'current use'. Another 'trick' is to interpret the fact that the same young people who try one product also try the other as showing that vaping leads to smoking. Finally, nicotine is presented as a highly addictive substance with an implication that if a teenager tries it, in whatever form, they will become hooked.

There is no evidence that vaping provides a gateway to smoking. All surveys that enquired about weekly and daily vaping found this restricted almost exclusively to smokers, with negligible or no such use reported in non-smokers; and countries that allow vaping are reporting an accelerated decline in smoking among teenagers. Regarding the last claim, nicotine on its own, separated from other tobacco constituents, has very low addictive potential, if any. It is difficult to get laboratory animals to self-administer it, and as with e-cigarettes, it is extremely rare for nicotine replacement treatment products to appeal to non-smokers.

Vaping may be as dangerous as smoking: This claim is typically based on unrealistic exposure levels (cells bathed in e-liquid, rodents poisoned with huge nicotine doses, e-liquid fried at high temperatures); interpreting any presence of toxins, however low and harmless, as a sign of danger; and avoidance of comparisons with cigarette smoke.

The Royal College of Physician review of relevant literature estimates the risks of vaping to be only a small fraction of risks of smoking, taking into account future uncertainty. This is based on both the existing data, which did not identify any substantial risk so far, and simple logic. E-cigarette vapour does not contain the majority of toxins that cause smoking related disease and those that are present are there at only a small fraction of levels present in tobacco smoke. Ingredients specific to EC may present some risks, but these are low compared to risks of smoking, and mostly modifiable by product adjustments.

Vaping undermines quitting smoking: This claim normally uses irrelevant data as if they were providing an assessment of EC efficacy in smoking cessation. Among people who tried to stop

smoking with the help of e-cigarettes, the subgroup who failed to stop smoking is compared with other smokers in quitting over the next period of time, usually a year. The EC failure group sometimes comprises of more dependent smokers who find quitting more difficult, but this is not because their experience with vaping somehow increased their dependence.

There are only three randomised trials of EC, but they show efficacy. Much more importantly though, EC are helping smokers quit outside clinical settings, on the population scale. In the EU, 6.1 million of smokers reported switching successfully to vaping by 2015. In the UK alone, there are some 1.5 million such ex-smokers in 2017.

In summary, as long as conventional cigarettes are freely available, preventing smokers from switching to vaping is illogical and harmful.

Below are two references that include individual papers on which the statements above are based.

UK Centre for Alcohol and Tobacco Research: Commentary on who report on electronic nicotine delivery systems and electronic non-nicotine delivery systems, UKCTAS 2017
<http://ukctas.net/news/commentary-on-WHO-report-on-ENDS&ENNDS.html>

Royal College of Physicians: Nicotine without smoke: Tobacco harm reduction. RCP 2017.
<https://www.rcplondon.ac.uk/projects/outputs/nicotine-without-smoke-tobacco-harm-reduction-0>

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