Inquiry into the Use of Electronic Cigarettes and Personal Vaporisers in Australia

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Thank you for giving me the opportunity to comment on your inquiry. I make some brief comments on your terms of reference below. I have based these on my research on electronic cigarettes both in the UK and internationally and reviews of the evidence. I led the evidence review published by Public Health England in 2015¹ and was also a contributor to the Royal College of Physicians (RCP) report entitled Nicotine without smoke². I have been a tobacco researcher since 1985 exploring patterns of use and how best to reduce tobacco smoking among both children and adults. I believe that a comprehensive tobacco control strategy is what works best to reduce smoking which should include measures to: 1) to prevent young people from taking up smoking, 2) encourage smokers to stop smoking and 3) support smokers who do not want to, or cannot, stop to reduce the harmfulness of their nicotine use. In my view, based on the current evidence, e-cigarettes make a contribution to all three of these important goals.

1. **The use and marketing of E-cigarettes and personal vaporisers to assist people to quit smoking;**

There is good evidence from the UK and elsewhere that e-cigarettes can support people to stop smoking and this is against a backdrop where authorities have largely not endorsed their use for this purpose and in which there were widespread misunderstandings about the relative health risks of tobacco and electronic cigarettes. In Australia, as in many other countries, smoking is predominantly now an addiction of the poor and disadvantaged including those with mental health problems. It is incumbent on policy makers to ensure they use all tools to help people to stop smoking as quickly as they can. Existing evidence – based cessation treatments help, but in the UK we have observed e-cigarettes quickly becoming the most popular cessation aid and an acceleration of quit rates and continuing declines in national smoking prevalence over this period. The Cochrane review on electronic cigarettes for stopping smoking concluded that they can help smokers stop based on randomized controlled trials (RCTs) where typically smokers have been supplied one type of e-cigarette. This is despite the fact that such RCTs don’t mirror what happens in real life, where smokers experiment with different types of e-cigarette until they find one that suits them. E-cigarettes are reaching people who have been untouched by other tobacco control approaches, for example we allow them to be used in our mental health trust where service


users have very high rates of smoking. Their use is allowed alongside a care plan, and we have observed previously very incalcitrant and heavily dependent smokers being able to stop.

Some e-cigarette users stop vaping after a period of stopping smoking, others continue to use the vapouriser for longer periods. This is in a similar way to how some ex-cigarette smokers continue to use nicotine replacement therapy after they have stopped as a form of relapse prevention.

2. The health impacts of the use of E-cigarettes and personal vapourisers;

We reviewed this evidence in both the PHE and RCP reports, finding
dthat e-cigarettes are significantly less harmful than tobacco cigarettes. The RCP concluded thus:

“although it is not possible to precisely quantify the long-term health risks associated with e-cigarettes, the available data suggest that they are unlikely to exceed 5% of those associated with smoked tobacco products, and may well be substantially lower than this figure.”

In my view it is unethical to withhold a significantly less harmful nicotine product from smokers. Smoking is uniquely dangerous and highly addictive; nicotine contributes very little to the massive harm risks caused by smoking.

3. International approaches to legislating and regulating the use of E-cigarettes and personal vapourisers;

In the RCP report we discussed the wide range of approaches to regulation of e-cigarettes. In the UK we regulate e-cigarettes as consumer products according to the EU Tobacco Products Directive, where, inter alia, manufacturers provide information on the products to our Medicines and Healthcare Products Regulatory Authority, and comply to certain product standards; most advertising (cross-border) is banned. We are compliant with the recommendations of the WHO on e-cigarette regulation.

We have published evidence showing that the regulatory framework impacts the effectiveness of e-cigarettes as a cessation tool3: in the UK and US where there was a more liberal regulatory environment for e-cigarettes, they were significantly more effective than unassisted quitting; in Australia and Canada with more restrictive EC regulations they were significantly less effective than unassisted quitting. Given the potential reach of e-cigarettes

(they are more popular than other treatments), it is clear that they can have an overall positive population impact on smoking prevalence if the regulations are not overly restrictive.

4. The appropriate regulatory framework for E-cigarettes and personal vaporisers in Australia; and

Getting the balance right is important. Even when there was little regulation for e-cigarettes in the UK we saw few problems with their use. In the RCP report, we gave the following principles for nicotine and electronic cigarette regulation:

“A balance is needed to make products attractive, palatable, satisfying and effective substitutes for tobacco smoking, but also as safe as is reasonably possible, and avoiding use by adolescents and never-smokers.”

and

“proportionality in nicotine regulation must also incorporate the consideration that regulation that discourages or delays the development and use of non-tobacco nicotine is likely, in effect, to sustain tobacco smoking and hence perpetuate harm to smokers and wider society”

In Australia I therefore believe that nicotine containing e-cigarettes should be exempt from the poisons standard, as nicotine in tobacco products is exempt.

Australia has previously led the way internationally in comprehensive tobacco control, and I believe that these are important principles to adopt in order to protect further the health of Australians and, importantly, reduce the significant, and persistent, health inequalities still caused by smoking.

5. Any other related matter.

In the UK we are also observing declines in youth smoking, which are at their lowest ever levels. Whilst we have observed some experimentation with e-cigarettes among youth, we are observing very few never smokers regularly using e-cigarettes\(^4\) \(^5\).
