



The Royal
Australian &
New Zealand
College of
Psychiatrists



6 July 2017

Committee Secretary
Senate Standing Committees on Health, Aged Care and Sport
PO Box 6021
Parliament House
Canberra ACT 2600

By email to: health.reps@aph.gov.au

Dear Committee Secretary

Re: Inquiry into the use and marketing of electronic cigarettes and personal vaporisers in Australia

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to contribute to the Senate Standing Committee on Health, Aged Care and Sport's Inquiry into the use and marketing of electronic cigarettes and personal vaporisers in Australia (the Inquiry).

The RANZCP has almost 6000 members, including more than 4000 qualified psychiatrists, many of whom have specific interest and expertise relevant to the Inquiry. The RANZCP is guided on policy issues by a range of expert committees, including the Practice, Policy and Partnerships Committee and the Faculty of Addiction Psychiatry, whose membership is made up of leading psychiatrists as well as consumer, carer and community representatives.

Smoking rates are of particular concern to psychiatrists whose patients suffer disproportionately from the harms of tobacco smoking. People living with mental illness are not only more likely to smoke, but they also tend to smoke more heavily than people without mental disorders. People living with mental illness also experience significantly poorer physical health outcomes when compared to the general population too and smoking is the leading cause of this gap.

The RANZCP believes that harm minimisation is an essential component of any policy framework that aims to improve health outcomes for people who smoke. E-cigarettes and vaporisers provide a safer way to deliver nicotine to those who are unable to stop smoking, thereby minimising the harms associated with smoking tobacco and reducing some of the health disparities experienced by people with mental illness. The RANZCP is concerned that policies with an unduly narrow focus on smoking cessation risk exacerbating the health disparities, and perpetuating the discrimination, which people living with mental illness currently experience.

However, despite growing evidence of the benefits of e-cigarettes, there remains conflicting evidence regarding both the associated harms and the role which e-cigarettes play in smoking cessation. The RANZCP therefore supports a cautious approach that takes into account both the significant health benefits which these products present and the need to mitigate potential risks. In the RANZCP's view, an appropriate legislative framework for e-



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cigarettes and vaporisers is one where they are controlled proportionate to their risks while still allowing for individuals to have appropriate access to these products at a reasonable cost.

Please see the attached submission for further details of recommendations that we hope will be of assistance.

If you would like to discuss any of the issues raised in the submission, please contact Rosie Forster, Executive Manager, Practice, Policy and Partnerships

Yours sincerely

Dr Kym Jenkins
President

Ref: 0779o



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Senate Standing Committee on Health, Aged Care and Sport
**Inquiry into the use and marketing of electronic cigarettes and
personal vaporisers in Australia**

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**maximising
opportunities for
recovery**

Royal Australian and New Zealand College of Psychiatrists submission

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About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and as a bi-national college has strong ties with associations in the Asia-Pacific region.

The RANZCP has almost 6000 members including more than 4000 qualified psychiatrists and around 1500 members who are training to qualify as psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey of recovery.

Introduction

The RANZCP welcomes the opportunity to contribute to the Senate Standing Committee on Health, Aged Care and Sport's Inquiry into the use and marketing of electronic cigarettes and personal vaporisers in Australia (the Inquiry). With conflicting evidence regarding the harms associated with e-cigarettes and the role they play in smoking cessation, the RANZCP strongly supports the purpose of the Inquiry to facilitate discussion on appropriate policies around the use and supply of e-cigarettes and vaporisers. This is especially timely given recent legislative changes in the European Union (EU, 2016) and proposed changes in New Zealand (Ministry of Health, 2017). Any proposed changes in Australian regulation would need to pay particular attention to the potential consequences of the impending legalisation of e-cigarettes with nicotine in New Zealand (Newshub, 2017).

Smoking rates are of particular concern to psychiatrists whose patients suffer disproportionately from the harms of tobacco smoking. Research shows that 70% of people with schizophrenia and 61% of people with bipolar disorder smoke compared to 16% of those without mental illness (Cooper et al., 2012). People with mental disorders are not only more likely to smoke, but they also tend to smoke more heavily than people without mental disorders (Ratschen, 2014). People with mental illness experience significantly poorer physical health outcomes when compared to the general population too, including increased comorbidities and reduced life expectancy (RANZCP, 2015) and smoking is the leading cause of this gap (Sharma et al., 2017).

The RANZCP believes that harm minimisation is an essential component of any policy framework that aims to improve health outcomes for people who smoke. Though smoking rates of the general population in Australia have decreased significantly in the past 20 years, the rates of smoking in the severely mentally ill have not decreased at all (Cooper et al., 2012). This population group would greatly benefit from policies focussed on harm minimisation. The RANZCP is concerned that policies with an unduly narrow focus on smoking cessation risk exacerbating the health disparities and perpetuating the discrimination which this group continue to experience.

The RANZCP therefore supports a multi-pronged approach to tobacco-related harm reduction encompassing a wide range of clinical interventions and public policy initiatives, based on an appropriate balance between smoking cessation and harm minimisation approaches. In the RANZCP's view, a comprehensive approach should include the proportional regulation of e-cigarettes and vaporisers. Considering the complex legal status of cigarettes in Australia (Quit, 2016), the RANZCP believes there would be substantial benefits in having a uniform approach to regulation across the country.

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Smoking cessation

Internationally there is significant debate about the effectiveness of e-cigarettes and vaporisers as tools for smoking cessation. Many recent studies have demonstrated that e-cigarettes may be effective in helping people to quit smoking (Public Health England, 2015; RCP, 2016; Stimson, 2016; Bullen, 2013) although these results continue to be disputed (Peters, 2017; Kalkhoran and Glantz, 2016). The RANZCP recognises the significant promise of e-cigarettes and vaporisers, and supports further research to clarify the role of these products in smoking cessation.

Health impacts

The RANZCP believes that e-cigarettes and vaporisers will provide a safer way to deliver nicotine to those who are unable to stop smoking, thereby minimising the harms associated with smoking tobacco and reducing some of the current health disparities experienced by people with mental illness.

As e-cigarettes are a relatively new invention, there are no long-term studies recording the magnitude of long-term vapour inhalation on people's health and the research which does exist can be conflicting (Scollo and Winstanley, 2016). The Royal College of Physicians in the United Kingdom has estimated that e-cigarettes are 95% less risky to an individual's health than smoking regular cigarettes (RCP, 2016). However, the long-term effects of vaping are unknown and possible health risks associated with the use of e-cigarettes and vaporisers include the inhalation of impurities in the e-liquid and the potential impact of the inhalation process on the respiratory system. Furthermore, there is simply no safe level of nicotine exposure, while excessive exposure presents the risk of nicotine poisoning. E-cigarettes and vaporisers also deliver a variety of other toxins beside nicotine (RCP, 2016). Until further evidence becomes available, e-cigarettes and vaporisers should be treated with due caution.

Regulation

The RANZCP supports a legislative framework where e-cigarettes and vaporisers are controlled proportionate to their risks while still allowing for individuals to have appropriate access to these products at a reasonable cost. The RANZCP would also suggest a review of any legislation after five or ten years to ensure that regulations reflect up-to-date research on the harms and benefits of these products.

In the RANZCP's view, e-cigarettes and vaporisers should not be regulated as a medicine as this would present significant regulatory barriers for their production and distribution. Nor should they be regulated as tobacco products which might similarly restrict their availability. This would also send a message that the risks of e-cigarettes and vaporisers are equivalent to those associated with tobacco products. E-cigarettes and vaporisers are not medicines and they do not contain tobacco; they should therefore be regulated proportionate to their own particular risks and benefits.

Safety and quality

The devices and liquids used in e-cigarettes should be subject to strict regulations to ensure users are adequately protected from the inhalation of impure or poisonous substances, as well as the potential malfunctioning of devices, noting in particular that:

- Nicotine is a toxic substance in any form, so legislation should set maximum nicotine concentrations in e-liquids.

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- There are impurities and contaminants in e-liquids which vary between batches and suppliers (RCP, 2016). Given the diversity in the manufacturing of these products, there should be requirements for the disclosure, testing and monitoring of product composition.

We note that the European Union has implemented legislation regulating safety and quality requirements, including monitoring and reporting, for e-cigarettes (EU, 2016). We suggest similar legislation is necessary in Australia.

Manufacture and packaging

The RANZCP considers that some type of health warning on e-cigarettes is required as vaping may not be entirely without adverse outcomes; however, this should not be as graphic as the warnings for tobacco products so as to reflect the difference in the risks associated with these products. Nevertheless, it is important that users understand the nicotine titration when vaping to help prevent excessive exposure as subsequent generations of e-cigarettes deliver different concentrations of nicotine (RCP, 2016).

In addition to health warnings, e-cigarettes and vaporisers should be subject to good manufacturing standards including requirements that they are made child-proof. EU legislation regulating the manufacturing of e-cigarettes provides a useful starting point (EU, 2016).

Advertising

The RANZCP would support strong restrictions on all types of discounting, promotion, advertising and sponsorship relating to e-cigarettes and vaporisers. In the RANZCP's view, severe restrictions may be preferable to complete prohibition insofar as responsible advertising may raise awareness of the benefits of these products over their more harmful alternatives. However, advertisements should be subject to severe restrictions: they should not appeal to non-smokers and should never appeal to children. The use of e-cigarettes or vaporisers must not be glamourised as these devices still have the potential to impact negatively on an individual's health. It may even be appropriate to prohibit all advertisements to the public while still allowing some promotion to medical practitioners for suitable use. Nicotine is an addictive substance and people should not be encouraged to start consuming it in any form.

Public use

Further research is needed to ascertain the extent of the health risks associated with passive vaping. It is not conclusive that second-hand exposure to vaping is a serious harm to the population (RCP, 2016; Scollo and Winstanley, 2016). There is some evidence that vaping in a public place can have 'a negative impact on those individuals who are attempting to quit [smoking]' which have led some to support prohibiting the use of e-cigarettes in public places (Auf, 2014). However, allowing the public use of e-cigarettes and vaporisers would encourage uptake and be beneficial from a harm minimisation perspective. On the other hand, requiring users of e-cigarettes and vaporisers to vape in smoking areas may encourage re-uptake of tobacco products.

The RANZCP also notes that many mental health facilities are now smoke-free and there may be benefits in allowing the use of e-cigarettes and vaporisers in these settings. This may encourage patients to switch to these less harmful alternatives while reducing the conflicts which smoking bans can sometimes cause.

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Taxation

The RANZCP would suggest that any form of tax be minimal so as to make these products attractive to individuals trying to quit tobacco smoking. It should be noted that socioeconomically disadvantaged people are both more likely to have mental illness (AIHW, 2012) and more likely to smoke (Scollo and Winstanley, 2016). With continued increases in the tobacco excise, keeping e-cigarettes and vaporisers at a low cost would not only encourage uptake of these devices over more harmful products, but would also present financial benefits for vulnerable groups of people which may present flow-on benefits for public health.

Access

The RANZCP supports sensible age restrictions on the purchasing of e-cigarettes and vaporisers in line with restrictions on tobacco products. Though safer, e-cigarettes and vaporisers should not be allowed to become legal alternatives to cigarettes for young people as they are still harmful products. The RANZCP would also support prohibiting the sale of e-cigarettes and vaporisers in vending machines which, if allowed, might facilitate access for under-age users.

Flavouring

There should be sensible regulations around the use of flavouring compounds in e-cigarettes and vaporisers, although the appropriate extent of these regulations is cause for some debate. The use of flavours may trivialise the range of harms associated with vaping and make these products more appealing to younger users. Some flavouring compounds have even been identified as carrying significant risks – for instance, diacetyl has been found to be a common flavouring compound used in e-cigarettes (Farsalinos et al., 2015) despite being associated with respiratory impairment and lung disease when inhaled (CDC, 2016). The use of such compounds should clearly be prohibited. However, the RANZCP suggests that manufacturers should be permitted to use low-risk flavouring compounds as non-tobacco flavours are useful in distinguishing e-cigarettes and vaporisers from tobacco products, thereby helping to prevent relapse among people who have switched to non-tobacco products.

Other regulations

Further regulations which the RANZCP would support include:

- prohibiting the display of products in point-of-sale outlets
- requiring producers to provide annual returns on sales data to track consumption and sales
- ensuring the safe disposal of e-devices and liquids in the same manner as batteries.

The RANZCP believes that the above raft of policies would strike an appropriate balance between competing public health priorities to encourage uptake of e-cigarettes and vaporisers among users of tobacco products while mitigating the potential risks associated with these products, and ensuring that non-smokers are not encouraged to use these devices.

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