

Standing Committee on Health, Aged Care and Sport Inquiry The Use and Marketing of Electronic Cigarettes and Personal Vaporisers in Australia

Memo to accompany appearance before the Committee

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Introduction

In recent history, the UK has had substantially higher levels of smoking than Australia, but in 2016 that gap finally closed. Both countries have comprehensive tobacco policies – albeit with some differences in the details and Australia generally the first to do new measures, like plain packaging. But there is one major difference. UK (and especially England) now encourages smokers to switch to low-risk alternatives like vaping, while Australia actively prevents it and actually criminalises people who try to protect their own health in this way.

Five talking points inspired by the Royal College of Physicians

We argue that Australia is missing an opportunity, and there is a human cost for that in terms of cancer, heart and lung disease and premature death. To frame a discussion we draw on five key findings of the excellent April 2016 Royal College of Physicians (London) report: see [Nicotine without smoke: tobacco harm reduction](#) and [press release](#). It was the RCP that first put the dangers of smoking on the public agenda with its ground breaking 1962 report, [Smoking and Health](#).

1 On the relative risks of vaping and smoking

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. (RCP Section 5.5 page 87)

People who smoke need to know that they have the option to switch to vaping and that doing this will radically reduce their incremental risks. Likewise, professionals involved in health care and policy need a good feel for the relative risks. The RCP aimed provide some clarity and has provided its own best estimate of relative risk based on what is known about these products – and this estimate is independent of other studies. Vaping involves completely different chemical and physical processes, and the main harmful or potentially harmful agents in cigarette smoke are either not present or present at levels well below 5% of those found in cigarettes. Even if new harmful agents are discovered, it is much easier to remove them from e-liquids than it is to remove target chemicals from cigarette smoke. Note how carefully worded this statement is – it is steering the reader to the right ball-park, acknowledging uncertainty, and pointing out it is a cautious estimate.

2 On the idea that allowing e-cigarettes will somehow cause people to smoke

There are concerns that e-cigarettes will increase tobacco smoking by renormalising the act of smoking, acting as a gateway to smoking in young people, and being used for temporary, not permanent, abstinence from smoking. To date, there is no evidence that any of these processes is occurring to any significant degree in the UK. Rather, the available evidence to date indicates that e-cigarettes are being used almost exclusively as safer alternatives to

smoked tobacco, by confirmed smokers who are trying to reduce harm to themselves or others from smoking, or to quit smoking completely. (RCP Key recommendations)

The finding is what a rational observer would expect – that people will use much safer products to reduce the risks to their health and as a way of quitting smoking, rather than to smoke more. The rise of vaping in the UK and US has been accompanied by rapid falls in adult smoking, exceeding the rate of decline in Australia – despite Australia’s sharply increased tax and pioneering move on plain packaging. There are no signs of a “gateway effect” anywhere – and the American experience is of *rapidly declining teenage smoking* coinciding with the rise in vaping, much of which is occasional and without nicotine. Likewise, a [2017 analysis of UK survey data](#) concluded:

In summary, surveys across the UK show a consistent pattern: most e-cigarette experimentation does not turn into regular use, and levels of regular use in young people who have never smoked remain very low.

3 On the potential for bad policies to cause additional harm

A risk-averse, precautionary approach to e-cigarette regulation can be proposed as a means of minimising the risk of avoidable harm, eg exposure to toxins in e-cigarette vapour, renormalisation, gateway progression to smoking, or other real or potential risks.

However, if this approach also makes e-cigarettes less easily accessible, less palatable or acceptable, more expensive, less consumer friendly or pharmacologically less effective, or inhibits innovation and development of new and improved products, then it causes harm by perpetuating smoking. Getting this balance right is difficult. (RCP Section 12.10 page 187)

The Royal College draws our attention to the challenge of unintended consequences and the idea that supposedly cautious policies are not necessarily cost-free if the risk “*perpetuating smoking*”. Policy-makers can believe they are being ‘precautionary’ and risk-averse, while actually being ‘reckless’ by protecting the cigarette trade and discouraging smokers from quitting. This is perhaps the greatest concern in Australia – that nicotine is allowed onto the market as a consumer product only in a form “*prepared and packed for smoking*” – there is nothing precautionary about that.

4 On quitting smoking as a consumer behaviour

E-cigarettes are marketed as consumer products and are proving much more popular than NRT as a substitute and competitor for tobacco cigarettes.

*E-cigarettes appear to be effective when used by smokers as **an aid to quitting smoking**. (RCP Key recommendations, original emphasis)*

Vaping products are *consumer products* marketed as an alternative to smoking. They are not smoking cessation medications any more than diet soda is an anti-obesity drug. The overall public health impact of any given approach is a function of both uptake and impact on the person’s health. Vaping works well on both of these – by being attractive as an alternative to smoking and by mirroring many of the things that people want from smoking it is an effective low-risk substitute. We now have 1.5 million ex-smoker vapers in the UK. The number of UK smokers fell by 1.5 million between 2014 and 2016 (from 9.7 to 8.2 million) – a dramatic decline. Another 1.1 million people both smoke and vape – and many may be on a journey to quitting or substantially cutting down.

5 On the public health interest in supporting vaping as a harm reduction strategy

However, in the interests of public health it is important to promote the use of e-cigarettes, NRT and other non-tobacco nicotine products as widely as possible as a substitute for smoking in the UK. (RCP Key recommendations, original emphasis).

Professor John Britton, chair of the RCP's Tobacco Advisory Group, said:

The growing use of electronic cigarettes as a substitute for tobacco smoking has been a topic of great controversy, with much speculation over their potential risks and benefits. This report lays to rest almost all of the concerns over these products, and concludes that, with sensible regulation, electronic cigarettes have the potential to make a major contribution towards preventing the premature death, disease and social inequalities in health that smoking currently causes in the UK. (Press release)

This is a strong recommendation from the Royal College of Physicians to embrace the concept of tobacco harm reduction as a public health policy. *That is not an alternative to other tobacco policies* – in fact it makes the traditional tobacco control policies more effective and less ethically challenging by giving smokers a viable way to respond to incentives or pressures

This message has been taken on in England and to some extent, the UK. England/UK is taking a leadership role in this new phase of tobacco policy: [Vaping and tobacco harm reduction – highlights from England](#). But recent development in the United States, Canada and New Zealand suggest change is afoot in the countries that have traditionally been the leaders in tobacco control.

Could Australia regain tobacco policy leadership?

There are really only four main strategies in tobacco control: promote cessation; prevent initiation; protect bystanders; and reduce harm to users. New technologies have made the harm-reduction strategy much more important and viable, but this is where Australia is now falling behind. Australia has a 'second-mover' advantage and could define the world's best policy on tobacco harm reduction. Such a policy would be 'risk-proportionate' and would aim to harness consumer choice and the power of markets to challenge the dominance of cigarettes.

About the author

Clive Bates is director of Counterfactual, a consulting and advocacy practice focused on a pragmatic approach to sustainable development, energy policy and public health that he founded in 2013. From 1997 to 2003, he was the United Kingdom's director of Action on Smoking and Health, campaigning to reduce the harms caused by tobacco. From 2003 to 2013 he was a senior civil servant in the UK and for the UN in Sudan on unrelated business. Clive Bates and Counterfactual have no competing interests with respect to e-cigarette, tobacco or pharmaceutical industries.