

ATODA Policy Position Statement

E-cigarettes

Key Messages

- E-cigarettes are vapourising devices that heat an e-liquid to produce a vapour that is inhaled by the individual using an e-cigarette.
- E-cigarettes are marketed as containing nicotine or nicotine-free, however purportedly nicotine-free e-cigarettes have been found to contain nicotine and other harmful substances.
- A range of harms are associated with the use of e-cigarettes.
- E-cigarette use is increasing, particularly amongst young people.
- The majority of e-cigarette use is intended to mimic the use of traditional tobacco cigarettes and is promoted by the tobacco industry (regardless of whether the e-cigarettes or e-liquids are purportedly nicotine-free). Vapourising devices for illicit drugs such as cannabis are not within the scope of this policy position statement.

ATODA Policy Position (Summary)

- In order to safeguard general population health, facilitate access to e-cigarettes as a cessation method and explore the potential harm reduction benefits of e-cigarettes, ATODA makes the following recommendations:
 - ATODA urges policymakers to consider making the manufacture, importation and sale of all e-cigarettes (nicotine- or allegedly non-nicotine- containing) and e-liquids in or into Australia illegal, with the exception of nicotine-containing e-cigarettes used as a cessation tool. ATODA does not support the criminalization of the purchase or use of e-cigarettes or e-liquids.
 - To ensure equitable access to nicotine-containing e-cigarettes as a cessation method where other NRT measures have been exhausted, measures should be taken to inform, educate and train GPs on e-cigarettes and on evidence-based NRT measures, and to reduce the cost of scripts for e-cigarettes as a cessation method.
 - ATODA encourages policymakers to fund research into the efficacy of e-cigarettes as a harm reduction method for individuals who would otherwise smoke tobacco cigarettes.

Date Adopted: 28 March 2023

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Note

While the term AOD (alcohol and other drug) is commonly used to refer to the alcohol, tobacco and other drug sector, ATODA's preference is to use the term ATOD. This acknowledges the role that specialist service providers in this sector play in providing tobacco cessation support, and because tobacco use is the leading preventable cause of the burden of disease in Australia, contributing far more than alcohol or all illicit drugs combined.

Disclaimer

The views expressed in this Policy Position Statement are ATODA's alone. However this Statement was reviewed by the Specialist ACT Alcohol, Tobacco and Other Drug Executives Group, and the views of people who use drugs were incorporated via input from the ACT consumer peak, Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) and through consideration of research involving consumers. As a policy position statement rather than a decision-making process, the development of this statement was outside the scope of ATODA's statement on [Involving People who Use Drugs in Decision-Making Processes](#), however that statement should inform any decision-making that may result from consideration of the recommendations made here.



Background

This section covers information about what e-cigarettes are, the role of the tobacco industry in the promotion of e-cigarettes, who uses e-cigarettes, evidence about the harms associated with e-cigarettes and current health advice.

What are e-cigarettes?

E-cigarettes, or vapes, are vapourising devices that heat an e-liquid to produce a vapour that is inhaled.^{1, 2} Contents of e-cigarettes are largely unregulated and vary considerably, with many containing harmful ingredients and particulate matter.² E-cigarettes are marketed as containing nicotine or nicotine-free, however purportedly nicotine-free e-cigarettes have been found to contain nicotine and other banned substances.^{3, 4} Nicotine is an addictive chemical that can cause significant adverse health effects, and is considered a poison - as such “all nicotine vaping products will be regulated under the *Therapeutic Goods Act 1989* (the Act) as Schedule 4 (prescription only) medicines in the Poisons Standard”.⁵ There has been a significant increase in e-cigarette related nicotine poisoning: from 2020-2021, e-cigarette related calls to the Australian Poisons Information Centers have more than doubled.⁶

Role of the tobacco industry in promotion of e-cigarettes

It is important to note at the outset the role of the tobacco industry in the manufacture and promotion of e-cigarettes. As sales of tobacco cigarettes have declined, tobacco companies have invested significantly in new addictive products for consumers. For example, Philip Morris has pledged nearly \$1 billion (USD) to create a foundation advocating for the use of e-cigarettes.⁷ As recently as mid-2022, tobacco companies in Australia have been promoting the use of e-cigarettes through cash incentives for pharmacists.⁸ Given successful litigation against the tobacco industry in a number of countries for deceptive practice, it is prudent for policymakers to exercise a great deal of caution in interrogating the evidence and alleged therapeutic benefits. There are increasing concerns about the resurgence of the tobacco industry’s influence to undermine tobacco control efforts, including through industry interference on policy-making on e-cigarettes in Australia.⁹

The tobacco industry has intentionally glamourised the use of e-cigarettes through various terminologies such as “vape”, “vaping” and “e-cigs”, to appeal to consumers. For this reason, ATODA urges policymakers to avoid using terminology like “vapes” and “vaping” to prevent further glamourisation of the use of e-cigarettes.

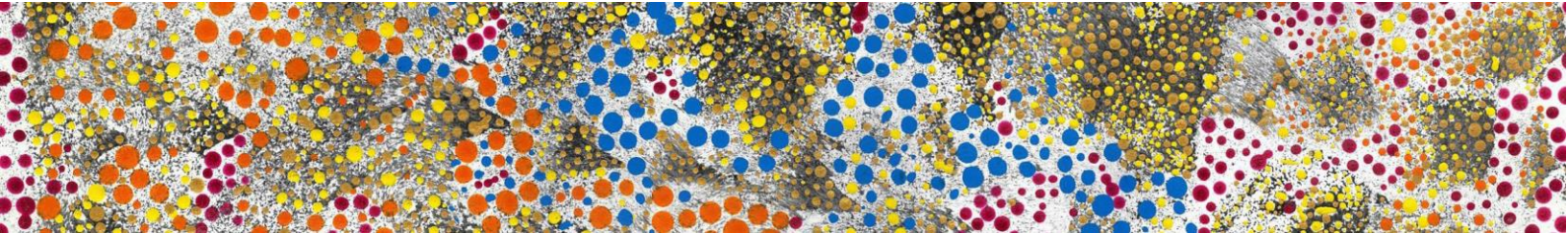
Evidence

What are the harms associated with e-cigarette use?

Studies to date have identified a range of potential health-related harms associated with the use of e-cigarettes, including addiction; poisoning; burns; lung injury; indoor air pollution; dual use with cigarette smoking; increased smoking uptake in non-smokers; and adverse effects on cardiovascular health markers, lung function and adolescent brain development and function.^{1, 10} Further research into e-cigarettes is needed to establish all the risks associated with their use, however e-cigarettes are associated with significant health harms and risks.^{6, 10} Of particular concern is the nicotine content in e-cigarettes, and as detailed above, nicotine content can be found in e-cigarettes marketed as being nicotine-free.¹¹

Who is using e-cigarettes?

Use of e-cigarettes is increasing. Between 2016 and 2019, the proportion of people who had ever used e-cigarettes rose from 8.8% to 11.3%, with the greatest increase amongst young people.¹²



Emerging evidence indicates that the uptake of traditional tobacco cigarettes may be up to three times more likely in people who use e-cigarettes.¹⁰ E-cigarettes can be used in combination with tobacco cigarettes, referred to as dual use. Emerging evidence indicates that up to 53% of current tobacco cigarette smokers dual use with e-cigarettes.^{10, 12} It is not certain if current tobacco cigarette smokers reduce their consumption of tobacco cigarettes when dual using with e-cigarettes.

Current Health Guidance

The National Health and Medical Research Council (NHMRC) CEO Statement on E-Cigarettes, published in June 2022, provides the most current advice on health impacts of e-cigarettes, and highlights the following:

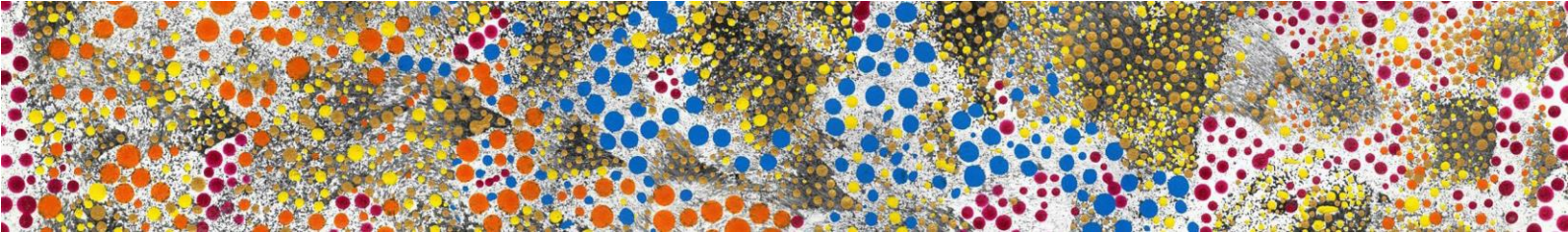
- There are a range of health-related harms associated with the use of e-cigarettes due to exposure to potentially dangerous chemicals and toxins in addition to nicotine.¹³
- Evidence suggests that the use of e-cigarettes can result in individuals using tobacco cigarettes (sometimes referred to as ‘the gateway effect’).
- There is limited evidence available about the use of e-cigarettes for smoking cessation purposes, and approved, evidence-based nicotine replacement therapy (NRT) measures should be utilised for smoking cessation in the first instance and exhausted, before General Practitioners (GPs) prescribe nicotine-containing e-cigarettes for smoking cessation.
- The NMHRC is currently funding further research into the efficacy of e-cigarettes as a smoking cessation aid, the health impacts of e-cigarettes use, and patterns and use of e-cigarettes, including uptake of e-cigarettes in children and adolescents and potential impact of e-cigarettes on smoking uptake.¹³

A number of relevant public health bodies have also made statements regarding e-cigarettes, including the Royal Australian College of General Practitioners (RACGP), the Public Health Association Australia (PHAA), the Australian Medical Association (AMA) and the Cancer Council.

- The RACGP, the PHAA and the AMA note the limited evidence available regarding the efficacy of e-cigarettes as a smoking cessation tool.^{2, 14}
- The RACGP and PHAA recommend that for smoking cessation, evidence-based NRT tools are exhausted before GPs prescribe nicotine-containing e-cigarettes to people who want to quit smoking tobacco cigarettes.^{2, 15} The PHAA notes that the promotion of e-cigarettes may lead to renormalising smoking behaviours, particularly in young people.²
- The AMA opposes all uses of e-cigarettes, including for smoking cessation purposes, unless approved by the Australian Therapeutic Goods Administration (TGA) for safety and efficacy.¹⁴
- The Cancer Council’s Tobacco Issues Committee has recently called on all Australian governments to take stronger action to address this “rapidly accelerating public health crisis” by banning the import and supply of all e-cigarette products unless for pharmacies or people with a prescription and ban all forms of advertising and promotion of e-cigarette products.¹⁶ This call for action has been endorsed by a number of public health organisations, including the PHAA, Lung Foundation Australia and the Heart Foundation.¹⁶

ATODA’s Policy Position

There are multiple populations and potential uses of e-cigarettes that require separate policy approaches. Proposed responses are set out below.



What is an appropriate public health response regarding people who do not currently smoke and may take up e-cigarettes?

Given the harms articulated above, there are significant risks and no therapeutic benefits for people who do not currently smoke and who may take up e-cigarettes. Currently, purportedly nicotine-free and nicotine containing e-cigarettes are widely available. Of particular concern is that increasing numbers of young people are using e-cigarettes.¹⁶ Young people in Australia are readily accessing e-cigarettes and their use is becoming increasingly normalized.⁴

Given the potential harms and risk to public health, ATODA urges policymakers to consider making the manufacture, importation and sale of all e-cigarettes and e-liquids in or into Australia illegal, with the exception of nicotine-containing e-cigarettes for use as a cessation tool where approved evidence-based NRT measures have been exhausted, as detailed below. ATODA does not support the criminalization of the purchase or use of e-cigarettes.

ATODA acknowledges that restricting access to e-cigarettes in this way is inconsistent with the current availability of traditional cigarettes. However as discussed above, powerful industry lobby groups have in the past and continue to promote the sale of tobacco cigarettes. It is important that policymakers take advantage of the current environment to appropriately legislate to prevent harms, ahead of increased lobbying from the tobacco industry.¹⁷ In this instance of e-cigarettes, policymakers have an opportunity to learn from the past and to put effective safeguards and regulations in place given diminished power from these lobby groups and in a more health literate society.

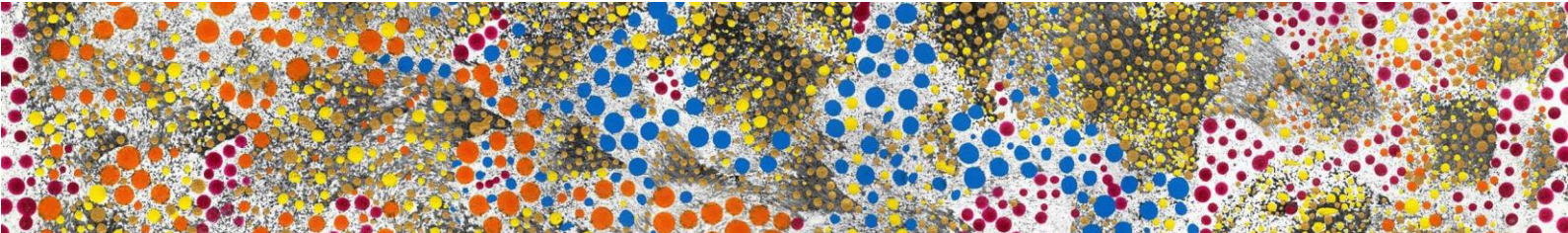
What is an appropriate public health response to people who could benefit from the use of e-cigarettes as a cessation method?

To date, the TGA has not approved any nicotine-contained e-cigarette product as a safe and effective smoking cessation aid – ATODA would welcome such an approval process. There are increasing concerns about e-cigarettes distracting from effective, evidence-based based measures to support tobacco cessation.⁹ Evidence indicates that e-cigarettes may be a less harmful alternative to tobacco smoking and may assist some people to quit smoking tobacco cigarettes.¹⁰ According to the NHMRC, e-cigarettes should not be used as a first option for cessation treatment, but only where evidence-based NRT measures have been exhausted and only be used in consultation with a health practitioner.⁶

GPs can prescribe nicotine containing e-cigarettes as an alternative to traditional NRT smoking cessation tools or pharmacotherapies. Prescription nicotine-containing e-cigarettes are commonly ordered online through the TGA's personal importation scheme from a registered dispensing pharmacy.¹⁸

There have been accessibility issues identified in accessing GPs willing to prescribe e-cigarettes to individuals who wish to use e-cigarettes as a smoking cessation tool. For example, according to the TGA website there is only one GP listed in the ACT and as of August 2022 this doctor was not taking on new patients.¹⁹ This list does not provide a complete picture of availability of e-cigarette prescribers in the ACT, as some doctors have not provided consent to be included on the list to prescribe vaping devices.²⁰ However, it is indicative of a level of inaccessibility that could result in individuals seeking these products by illegal means. The cost of obtaining prescriptions may also be a barrier to a potentially valuable cessation method where other evidence-based NRT measures have not proven effective, and means of reducing that cost should be explored.

To combat the accessibility issue of finding GPs willing to prescribe nicotine containing e-cigarettes, measures should be taken to inform, educate and train GPs, to provide them with the confidence to



prescribe nicotine containing e-cigarettes to individuals looking to use them as a smoking cessation tool after other traditional NRT tools are exhausted.

What is an appropriate public health response to people who want to use e-cigarettes as a harm reduction method?

An appropriate public health response to the use of e-cigarettes as a harm reduction method, has been an overlooked aspect of policy regarding e-cigarettes to date. Harm reduction is a core principle of the National Drug Strategy 2017-2026, along with demand reduction and supply reduction as part of a comprehensive harm reduction approach to reduce and prevent drug related harms.²⁰

ATODA encourages policymakers to fund as an immediate priority research into the efficacy of e-cigarettes as a harm reduction method for individuals who would otherwise smoke tobacco cigarettes, given anecdotal feedback that a substantial number of people use e-cigarettes for this purpose, rather than as a cessation method. ATODA notes the significant financial harms that can come from dependence on cigarettes and the potential for e-cigarettes to partially alleviate this. This is another reason to support research into the holistic health costs and benefits of the use of e-cigarettes in place of cigarettes.

These recommendations collectively are proposed to safeguard general population health, facilitate access to e-cigarettes as a cessation method where required, and explore the potential harm reduction benefit of e-cigarettes.



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Artwork: Unspoken History, Map of Pain by Sharon (2020).

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