Australian Tobacco Harm Reduction Association

3 October 2018

Select Committee on Personal Choice and Community safety
Legislative Council Committee Office
Parliament House
4 Harvest Terrace
West Perth WA 6005

Thank you for the opportunity to put in a submission to the Inquiry on Personal Choice and Community Safety.

The Australian Tobacco Harm Reduction Association (ATHRA) is a health promotion charity established to improve public health by reducing the harm from tobacco smoking in Australia. ATHRA aims to raise awareness of tobacco harm reduction strategies and to provide accurate information to the public, health professionals and other stakeholders on reduced-risk alternatives to smoking.

ATHRA is managed by a Board of Directors, which consists of four independent medical practitioners and one consumer representative with an interest in public health. None of the directors have any financial or commercial relationship with any electronic cigarette or tobacco company.

As such this submission is focussed on vaping and e-cigarettes as this is the area of our expertise. However, we support the wider availability of other reduced-risk tobacco alternatives for the same reasons. These include

- Swedish snus
- Heated tobacco products

We will also focus mainly on the health aspects rather than the liberty ones. That said, it should be the right of a smokers to be able to choose a method of ham reduction which has been demonstrated as effective wherever it has been used.

It is also important to note that quit rates in Australia have flat lined since 2013 despite plain packaging, the highest prices in the world and very strict tobacco control laws. [link] Smoking rates are particularly high in disadvantaged groups such as such as low income groups, those with mental health problems or substance use disorders, Indigenous Citizens, the homeless and prisoners. Some of these people do not want nor relate to a medicalised model of quitting smoking.

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In seeking to treat or help people in medicine we need a variety of options. No antidepressant or antihypertensive works for everyone. Different approaches are required and we must tailor what is best to the individual. The more options we have the greater the number we can help.

With illicit drug use we find there are a range of strategies to either get people off the drug or to reduce the harm from it. Methadone programs do not get addicts off opiates but convert them to a safer form. Injecting rooms do not stop the injecting of drugs but reduce the chances of overdose and "dirty" needle use transmitting viruses such as HIV or Hepatitis C. These are all supported by public health.

The aim is to reduce the harm that the individual is exposed to, not necessarily change the entire behaviour.

Smoking has been the biggest cause of preventable premature deaths in modern times. Since the 1960's smoking rates have fallen in the developed world. Numerous strategies have been used to achieve this. Yet there is a group who either are not able to quit or actually enjoy using nicotine or enjoy the hand mouth action that smoking entails.

The question then arises, why should this group be denied a way to reduce harm?

We know that two out of three smokers will die from a smoking-related illness. [link] On average, smokers live ten years less than non-smokers. Anyone not living under a rock for the last 50 years knows that there are significant harms from the use of combustible tobacco. Yet people still smoke. This is actually less surprising when you consider nicotine and tobacco have been part of human cultures for between 500 and 3000 years.

The late Dr Michael Russell determined in the 1970's that smokers came for the nicotine (which of itself is relatively harmless) but were killed by the combustion of tobacco which liberates tar and other harmful chemicals.

Nicotine replacement therapies (like patches gums and sprays) contain nicotine to help smokers wean off cigarettes and are legal. In fact, patches can be bought at supermarkets. This is the same nicotine that can be found in liquids for vaping.

Australian smoking rates

While Australia has always had a leadership role in tobacco control, smoking rates have stalled for the first time in decades. Some of the evidence for this is:

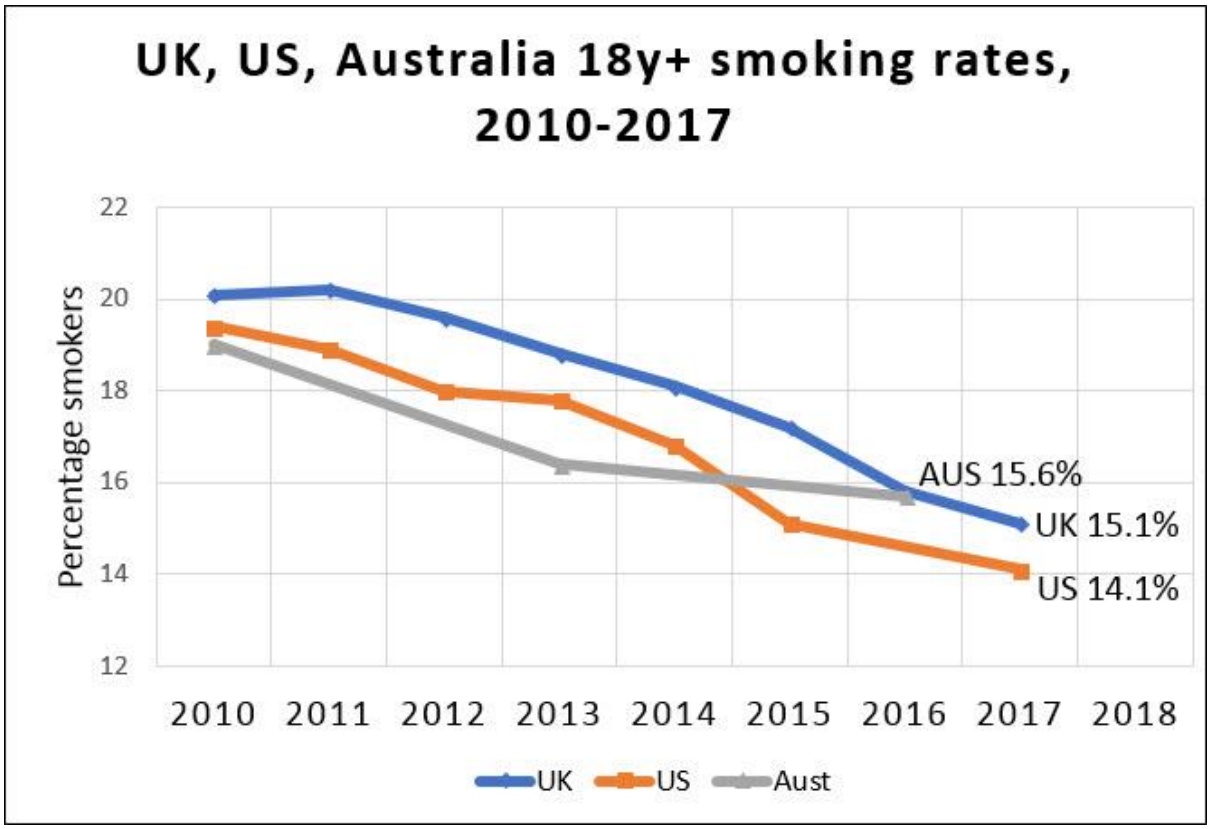
- There was no significant decline in the daily smoking rate for the first time in decades, from 2013-2016 (AIHW National Drug Strategy Household Survey) [link]

- 2.6% increased tobacco consumption from December 2016- December 2017, compared to average annual decline of 7.9% over the previous 5 years (ABS National Accounts 2017) [link]
- No change in nicotine level in wastewater from August 2016-December 2017 (National Wastewater Drug Monitoring Program Report 2018) [link, p39]
- Smoking has increased significantly in the most recent state population surveys in NSW 2015-2017 [link] and South Australia 2016-2017 [link].

The Australian daily adult smoking rate in 2016 was 12.8% (18+y) [link]. Australia will not meet the target set in the National Tobacco Strategy 2012-2018 to 'reduce the national adult daily smoking rate to 10% of the population' [link]. More importantly there is a huge human cost to this continuing public health crisis. Smoking remains the leading preventable cause of death and illness in Australia, responsible for 19,000 premature deaths annually [link].

Effective tobacco control not only requires an injection of funding but also consideration of new and effective approaches including tobacco harm reduction. In our view, Australia should make it easier for smokers to switch from combustible cigarettes to a lower-risk option, such as vaping e-cigarettes.

The decline in smoking prevalence in Australia has fallen behind other similar countries such as the US and UK, since 2014 when e-cigarettes became widely available to adults. Most experts agree that it is very likely that e-cigarettes are playing a significant role in this faster decline. In the case of the US, the decline in smoking rates has been faster than ever.



Data: UK. Annual Population Survey, Office of National Statistics; US. National Health Interview Survey, CDC National Centre for Statistics; Australia. National Drug Strategy Household Survey, Australian Institute of Health and Welfare

Tobacco Harm Reduction

Complete cessation of all tobacco and nicotine is always the preferred goal. However, a large proportion of smokers are unable or unwilling to quit unaided or with conventional therapies and remain at high risk. Tobacco harm reduction (THR) aims to reduce the health risks in continuing smokers. This involves switching from combustible tobacco to a lower-risk alternative that delivers the nicotine smokers are addicted to, but without smoke. The most effective products available are e-cigarettes, Swedish snus (a moist oral smokeless tobacco in small pouches placed in the mouth) and heated tobacco products (which heat a special tobacco stick without combustion).
E-cigarettes can replace smoking by delivering high doses of nicotine as well as the behavioural and sensory aspects of the smoking ritual.

Nicotine has only a minor role in smoking-related disease. It does not cause cancer, lung disease or heart disease. Almost all the harm from smoking is caused by burning tobacco, which produces thousands of chemicals, tars, carbon monoxide, other toxic gases and solid fine particles. The overwhelming scientific consensus is that e-cigarettes are substantially safer than smoking, at least 95% less harmful according to the UK Royal College of Physicians [link] and Public Health England. [link]

Harm reduction has already been successfully employed in other fields, such as HIV / AIDS, road safety and intravenous drug use. Here government programs have addressed high-risk behaviour (e.g. unsafe sex), through strategies, education and products to help change to lower-risk behaviour. Tobacco harm reduction is no different.

Tobacco harm reduction is mandated by Australia's international treaty commitments and our own national tobacco strategy:

THR is an integral part of the World Health Organisation's Framework Convention on Tobacco Control (FCTC) treaty, under Articles 1(d) and 1(f). As a signatory of the FCTC Australia is obliged to introduce THR strategies along with other tobacco control measures. [link]

THR is also one of the objectives of the National Tobacco Strategy 2012-2018, "reduce harm associated with continuing use of tobacco and nicotine products (Part 5.2, page 11). THR is complementary to conventional tobacco control strategies.

The latest evidence

The most recent evidence on electronic cigarettes was summarised in the UK Parliament House of Commons Science and Technology report on e-cigarettes, which concluded e-cigarettes are substantially less harmful than conventional cigarettes and are a proven stop-smoking tool. [link]

The report recommended:
'Existing smokers should always be encouraged to give up all types of smoking, but if that is not possible they should switch to e-cigarettes as a considerably less harmful alternative'

It also found that

- Vaping is at least 95% less harmful than smoking.'
- E-cigarettes lack the tar and carbon monoxide of conventional cigarettes—the most dangerous components of conventional cigarettes—which are produced by combustion. Some potentially harmful components are present but at substantially lower levels
- Second hand vapour does not cause harm'.
- Concerns about e-cigarettes being a "gateway "for young people to start smoking have not materialized in jurisdictions where e-cigarettes are legal. In fact, youth smoking rates are in decline in those countries.

- British youth experiment with e-cigarettes but regular use is rare and very largely confined to young people who have smoked.

- Regular use of e-cigarettes by never smokers is extremely rare, and the decline in smoking prevalence in young people has been as great or greater than in previous years". A US survey of teens showed that two thirds do not even use nicotine in their vaping.

These findings are in close agreement with independent, comprehensive reviews of the evidence by other UK authorities:

Royal College of Physicians (UK)
https://www.rcplondon.ac.uk/projects/outputs/nicotine-without-smoke-tobacco-harm-reduction-0

Public Health England (UK)
https://www.gov.uk/government/publications/e-cigarettes-and-heated-tobacco-products-evidence-review

Other international, independent reports which support vaping include:
National Academies of Sciences, Engineering and Medicine (US)

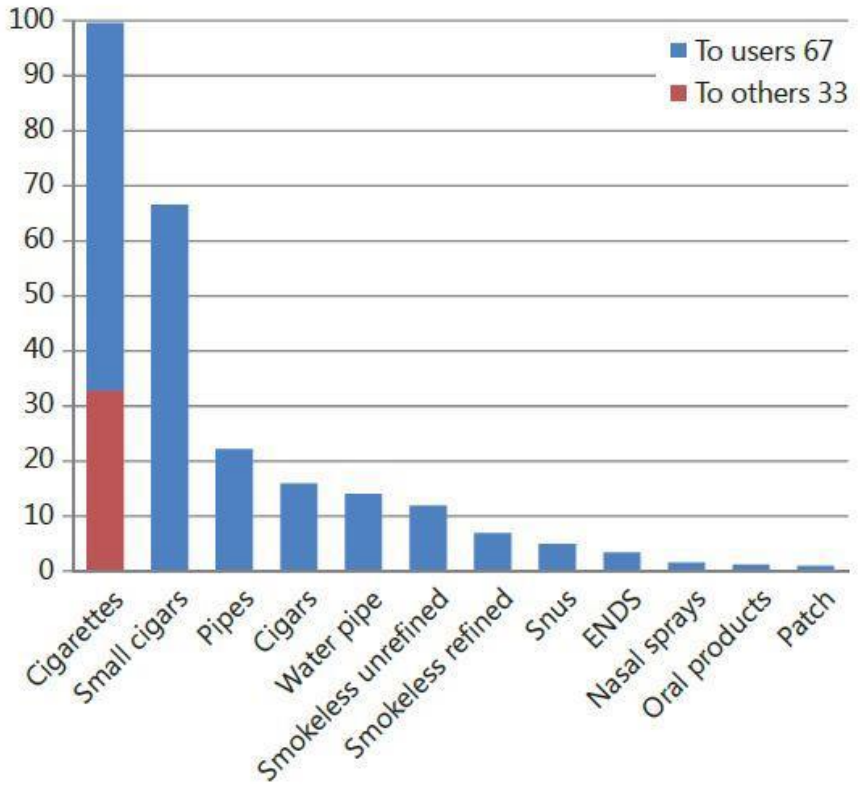
https://www.nap.edu/login.php?record_id=24952

Canadian Institute for Substance use research

https://www.uvic.ca/research/centres/cisur/assets/docs/report-clearing-the-air-review-exec-summary.pdf

Proportionate, risk-based regulation

All nicotine products fall on a risk-continuum and should be regulated according to their level of risk. At the high-risk end of the continuum are combustible cigarettes; at the low-risk end are nicotine replacement products and e-cigarettes. The following table shows the range of nicotine products and their level of risk [link]. The harm from e-cigarettes (ENDS) is only marginally higher than approved nicotine replacement products.



Regulation needs to strike the right balance between allowing the use of vaping by addicted smokers who are unable or unwilling to quit smoking as well as protecting the community from unintended consequences, such as uptake by non-smokers. According to the UK Royal College of Physicians:
'There is a need for regulation to reduce direct and indirect adverse effects of e-cigarette use, but this regulation should not be allowed significantly to inhibit the development and use of harm- reduction products by smokers.

Financial impact

Cigarette prices have doubled in Australia since 2008 and are now the highest in the world. A 20-pack of Marlboro costs an eye-watering $27 in Australia or $9,855 per year for a pack-a-day smoker.

This tax is particularly cruel at a time of zero wage growth. High prices exploit the most marginalised members of the community, such as low income groups, Indigenous people and people with substance use and mental illness.

The most disadvantaged have more than twice the smoking rates of the more privileged and have more difficulty quitting. For those unable to quit, high taxes are regressive, punitive and increase financial hardship and health inequalities. A pack-a-day smoker on Newstart spends 68% of their annual income on smoking, leaving very little for food, accommodation and other essentials.

The average household in Australia spends more on tobacco than they do on domestic holidays, motor vehicles, take-away food, telecommunications or electricity.

Switching to vaping could lead to substantial financial savings for former smokers. Vaping costs approximately $1,000 to $1,500 per year compared to nearly $10,000 per year from cigarettes.

Enjoyment and wellbeing

Many smokers enjoy smoking and are reluctant to quit unless there is an equally enjoyable alternative. Many vapers also find vaping enjoyable and pleasurable. For many, it is more than a substitute but actually preferred, over time, to tobacco smoking. Vaping satisfies the nicotine addiction but also replicates the smoking ritual, the hand to mouth action and the social, sensory and psychological aspects of smoking. [link] Banning vaping will deny vapers the pleasure vaping provides and will force many back to smoking.

Smokers often describe a 'smoking identity'. They miss this familiar identify when quitting and this can undermine long term abstinence. Vaping offers an alternative but related identity which can support long-term success. [link]

Bans on vaping also infringes the fundamental right of citizens to optimal health. Smoking is a very powerful addiction and many smokers try and fail repeatedly to quit. Vaping is a far safer alternative to smoking. It is unscientific and unethical to prevent access to a much less harmful alternative which is likely to lead to substantial health improvements.

The 'harm principle' developed by John Stuart Mill should be considered

> 'That the only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant.'

As there is **no evidence of harm from exhaled vapour**, the state has no right to restrict the freedom of individuals to make safer choices which are not causing harm to others.

Furthermore, there is no justification on health grounds for a **blanket ban** or prohibition of vaping. A more nuanced approach is needed. The decision to restrict or allow vaping in private premises and workplaces should be left up to the individual owners, not the government.

People have the right to seek and receive accurate information concerning health issues. Treating reduced-risk products the same as smoked tobacco sends the incorrect messages that they are just as harmful as smoking and discourages their use.

Impact on non-users

There is no identifiable health risk from passive vaping according to the UK Royal College of Physicians and Public Health England. The issue for bystanders is one of nuisance and

etiquette, not public health and can be managed with courtesy and consideration for others, not a ban.

Secondhand vapour evaporates very quickly (within 10-15 seconds) compared to smoke, which lingers for up to 45 minutes. Vapour has a mild, usually pleasant smell and is substantially less offensive than cigarette smoke.
Concerns about the poisoning risk from nicotine in e-liquids need to be considered. Nicotine e-liquid should be regulated with mandatory child-proof containers. However, most cases of accidental poisoning result in immediate vomiting and fatalities are very rare. According to Public Health England, the accidental risk is similar that from other household chemicals and medicines.

In conclusion, vaping has the potential to significantly reduce the death and disease toll from the use of combustible tobacco. At the very least it should be no harder to access a 95% less harmful alternative to cigarettes than it is to access cigarettes. ATHRA strongly supports the legalization of vaping as a consumer option, with risk proportionate regulation. Regulation should allow vaping to assist smokers to reduce harm from smoking while minimising any risk to non-smokers.

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