



## Katter Australian Party Vaping Policy

### Overview

The risks of cancer, cardiovascular disease, and respiratory illness are considerably reduced by the use of electronic cigarettes when compared to smoking regular cigarettes.

This is because the harmful chemicals present in cigarette smoke are either not in electronic cigarette vapor or only found at much lower levels when compared to smoke.

Australian law presently prohibits the domestic sale of nicotine vaping products, despite the fact that these products – which are 95 per cent less harmful than cigarettes, according to Public Health England – are legal and properly regulated in more than 50 countries around the world, including in every OECD nation with the exception of Australia and Turkey.<sup>1</sup>

Vaping is much safer than smoking, but is not harmless. The key to reform is finding a balance between encouraging smokers to switch their cigarettes for e-cigarettes, while at the same time discouraging non-smokers from taking up vaping. This is why a robust regulatory regime around e-cigarettes and vaping products in general is so important to the future health of Queenslanders.<sup>2</sup>

Despite having some of the strictest tobacco control measures in the world - including graphic packaging, high excise taxation and no advertising – including at the point of sale - Australia's smoking rates have remained relatively static over the last eight years. In this context, the current range of policies have failed to achieve Australia's 10 percent smoking rate target by the due date of 2018, and an extension of the same target to 2025 is very unlikely to be achieved, particularly in North Queensland.

According to the latest Australian Institute of Health Welfare Data, North Queensland now has the highest smoking rates in Australia at 17.4% (eclipsing even the Northern Territory) which creates and even greater urgency to act on vaping reform in the interested of the long term health of Queenslanders.

### Vaping: The Science

The overwhelmingly most harmful part of smoking a cigarette is the smoke itself. Smoke, (even from something as simple as a campfire) contains thousands of toxic particles that, when ingested, cause harm to the body.

The essential harm from smoking is caused by the burning of the tobacco, which produces thousands of chemicals, tars, carbon monoxide, other toxic gases and solid fine particles. Contrary to popular belief, nicotine has only a minor role in smoking-related disease. Nicotine, whilst addictive, does not cause cancer or lung disease and plays only a small part in cardiovascular disease. This is in large part why nicotine is readily available in non-prescription form such as gums, patches and inhalers all of which are available at the local supermarket or convenience store without a prescription.<sup>3</sup>

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<sup>1</sup> <https://www.gov.uk/government/news/e-cigarettes-around-95-less-harmful-than-tobacco-estimates-landmark-review>

<sup>2</sup> <https://mckellinstitute.org.au/app/uploads/McKell-Institute-Vaping-in-Australia.pdf>

<sup>3</sup> <https://www.cancerresearchuk.org/about-us/we-develop-policy/our-policy-on-preventing-cancer/our-policy-on-tobacco-control-and-cancer/our-policy-on-e-cigarettes>

Vaping replicates smoking in two ways: It delivers nicotine and relieves the urge to smoke and, also provides a 'smoking-like experience'. That is, it addresses the behavioural (hand-to-mouth action), sensory hit (taste, inhaling and exhaling) and social aspects, i.e, pleasure of the smoking ritual yet without most of the harmful toxins found in smoke.<sup>4</sup>

Vaping has helped hundreds of millions of smokers to quit all over the world and the overwhelming scientific consensus is that it is substantially less harmful than smoking. Some former smokers continue to vape long-term to avoid relapsing to smoking. Others use vaping devices briefly as a quitting aid, switching to vaping for a time, then ceasing vaping altogether.

### **Vaping: The Health Benefits**

There are a number of emerging studies that reflect the overwhelming health benefits from switching from smoking to vaping. For example, a study in recent times by Professor Tony Blakely, of the University of Melbourne and Associate Professor Coral Gartner of the University of Queensland conducted a study on the total of hours smokers in New Zealand would get back on their lives by switching to vaping at a range of stages in their lives.<sup>5</sup>

The model used a computer simulation model to estimate the likely net health impact of relaxing access to e-cigarettes in New Zealand and taking in account the lower risk of using e-cigarettes compared with smoking tobacco, as well as the greater risk compared to using neither product. The results show that the New Zealand population (alive in 2011) would most likely gain 236,000 health adjusted life years over the remainder of the population's lifespan. This is equivalent to adding about 19 days of healthy life to the life expectancy of everyone living in New Zealand. Since this study was conducted, vaping in New Zealand has been legalised and, in effect, this study is now playing out in real terms across the New Zealand population. Indeed, by clicking on [www.quit.org.nz](http://www.quit.org.nz) a smoker would be strongly encouraged to try vaping as a means of quitting.

There is also an increasing amount of independent public and private health institutions and association that endorse the use of e-cigarettes as quit smoking tools, including:

- The Royal Australasian College of Physicians
- The Royal Australian College of General Practitioners
- The Royal Australian and New Zealand College of Psychiatrists
- The New Zealand Health Promotion Agency
- The New Zealand Medical Association
- Hāpai Te Haora (Maori Public Health)
- The New Zealand College of General Practitioners
- Heart Foundation New Zealand
- Cancer Society New Zealand
- Quitline NZ
- Pharmacy Guild of New Zealand
- Public Health England
- The British National Health Service
- Royal College of General Practitioners
- Royal College of Physicians
- Royal College of Psychiatrists

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<sup>4</sup> <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-018-0237-7>

<sup>5</sup> <https://pursuit.unimelb.edu.au/articles/access-to-e-cigarettes-will-improve-australia-s-health>

- The Royal College of Midwives
- Royal College of Nursing
- Cancer Research UK
- The British Medical Association
- The British Lung Foundation
- The British Heart Foundation

## **Vaping: The Economic Benefits**

### **Benefits to the individual**

Vaping is substantially cheaper than smoking. Australia has the highest cigarette prices in the world and the tobacco tax has risen 12.5% every year since 2015 and that was on top of other very sharp increases in tax since 2010. A pack-a-day-smoker (20 cigarettes of the leading brand) spends approximately \$10,580 per year on smoking. The cost of vaping depends on the vaping device used and the level of vaping, however many people start with a simple pod device or a refillable tank of which the typical cost is about \$35-\$50 as an initial outlay.

Nicotine e-liquid for refillable devices can be purchased for \$20 per 30ml bottle. A typical vaper uses 4ml e-liquid per day or 1,460 ml per year, which is 50 bottles. Replaceable pods cost \$3-\$6 and deliver 200-300 'puffs' on average. This sees the total cost of vaping on average around \$1,150 per year, per person.<sup>6</sup>

To this end, switching to less harmful vaping products would potentially save the same 'pack-a-day' smoker over \$9,000 a year.

### **Benefits to Government**

The impact on the Queensland Budget from smoking related disease can be significantly reduced by adopting and embracing vaping products as an alternative to smoking.

Currently, there are 600,000 daily smokers in Queensland. This number equates to around 1 in 6 Queenslanders, which represents a significant over indexation on smoking rates compared to the rest of Australia where the number is approximately 1 in 8.

21,000 Australians die every year as a result of smoking which costs the Australian community \$136.7 billion in direct and indirect economic, social and health costs annually.<sup>7</sup> The Federal Government collects in excess of \$17 billion in tobacco tax however it is the States and Territories that endure the economic and social burden of the effects through their health budgets each year.

Moreover, people from lower socio-economic backgrounds, people living in rural and remote Australia and people with mental health problems are significantly more likely to be a smoker whilst also incurring the same disadvantages that align with these demographics.<sup>8</sup>

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<sup>6</sup> <https://www.athra.org.au/vaping/vaping-cost/>

<sup>7</sup> <https://www.cancer.org.au/media-releases/2019/new-report-highlights-the-137-billion-cost-of-smoking>

<sup>8</sup> <https://www.rdaa.com.au/documents/item/719>



### **Benefits to local business**

There are now around 500,000 people vaping regularly in Australia and around 100,000 in Queensland. As vaping with nicotine is illegal, this cohort is currently ordering their nicotine juice from overseas which translates to a loss for local businesses that could be servicing this market.

### **The Politics of Vaping**

Unfortunately for people in Australia wanting to use vaping as a means to quit smoking, the politics of vaping have become mired in misinformation, opportunism, perceptions of the industry and an extremely well organised counter-movement.

There are a range of factors that have either merged or created their own levels of perception that continue to hold back meaningful reform in Australia, despite there now being considerable scientific evidence to support the case for change. The following is an extended summary of the key reasons why Australia has not adopted this type of policy, despite almost every other OECD country now embracing the science behind vaping and capitalising on the social and economic benefits.

### **They are not intentionally illegal**

Vaping with nicotine is only illegal now in Australia by coincidence, it's not intentional. When conventional cigarettes were being regulated and framed in legislation over 40 years ago, nicotine was put in the poisons schedule of each State and the Commonwealth as a dangerous poison – which, in reality, it's not in the doses contained in cigarettes of vaping products. However, under the poison's schedules, nicotine is "exempted" as a dangerous poison where it is "prepared and packed for smoking." This is the instrumental mechanism in Australia and individual States that makes it legal to smoke. This is an unintended consequence of Australia legislating everything down to the last letter and this very specific (unintentional) reference prevents nicotine to be "exempted" for anything else.

Alternatively, if the Queensland (or any other States) Poisons Schedule read: "Nicotine is exempt for tobacco prepared and packed for smoking **and/or heating.**" Vaping would be legal. In its most basic form, it's literally a 3 word amendment.

It's not intentional, because these laws were written many years before vaping was invented. This is why it's been allowed to be so badly unregulated in other countries, but is not banned outright. Essentially, there has never been an originating effort to ban this, it's merely happen coincidentally. This legislative reality gives those wanting to keep it banned a very distinct advantage and places the capacity for change at the feet of politicians who are the only ones who can amend the legislation.

### **Perception of the war on smoking being won**

Vaping is used around the world as a smoking cessation tool. Governments have thus embraced the science and technology behind vaping to curb their smoking rates and reduce the impact that smoking related disease on their health budgets. In Australia, despite there still being almost 3 million smokers in the country, there is both a political and public perception that 'the war on smoking' has been won.

This perception comes from the fact that smoking rates have been coming down essentially since the 1970s, however over the last 7 to 8 years the rate of decline has slowed to a crawl.<sup>9</sup>

In context, on the 16<sup>th</sup> of July 2020, the Australian Institute of Health and Welfare (AIHW), through its triennial National Drug Strategy Household Survey, released its most recent evidence on smoking prevalence in Australia. The NDSHS data confirms that the rate of decline in daily smokers has slowed significantly in recent years. The average annualised rate of decline in the six years after 2013, at 2.4%, is 40% lower than the six years before 2013, at 4%.<sup>10</sup>

This newly published data is pertinent because, despite having some of the most stringent tobacco control measures in the world - such as confronting imagery on packaging, strict point-of-sale restrictions and multiple increases to tobacco excise tax - Australia's smoking rate is declining both more slowly than it has in the past, and also more slowly than jurisdictions overseas that have legalised and regulated smoke-free products.<sup>11</sup>

The critical take away from this, is that almost 3 million Australians are continuing to smoke and, at the same time are being denied access to appropriately regulated, vaping products.<sup>12</sup>

Moreover, this most recent data indicates that the stated target of reducing smoking rates below 10% by 2025 will not be achieved and the same target of 10% was not achieved when it was originally set back in 2012 by Kevin Rudd as a target to be achieved by 2018.

### **The Australian anti-tobacco lobby**

Australia has the best resourced and most organised anti-tobacco lobby in the world. Whilst this group has made many meaningful contributions to the debate on smoking over the years, they are now out of step with many of their colleagues overseas on this issue.

The reason for this not clearly definable however is largely because the tobacco and retail industry has stood toe-to-toe in battle over smoking issues such as advertising in the 1980s, significant tax increase and in recent years the debate over plain packaging and gruesome imagery with the Rudd-Gillard Labor Governments.

These battles created a divide between the industry and health groups that will never be bridged and this divide is a large factor in their opposition to vaping in Australia, even in the face of very strong evidence.

Senior people within this lobby also have very easy access to high office in government and are underpinned by State and Federal Health Departments with an "armada" of people who are institutionalised to not believing a word the industry says.

The unfortunate consequence of this is the everyday smoker, who cannot quit through any other means, is denied access to less harmful vaping products.

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<sup>9</sup> [https://www.athra.org.au/blog/media\\_releases/tobacco-control-policies-failing-australian-smokers/](https://www.athra.org.au/blog/media_releases/tobacco-control-policies-failing-australian-smokers/)

<sup>10</sup> <https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019/contents/table-of-contents>

<sup>11</sup> Ibid.

<sup>12</sup> <https://www.aihw.gov.au/getmedia/23904f0a-942b-435d-bbf4-3686d58ecbf2/aihw-phe-270-fact-sheet-QLD.pdf.aspx>

There is however an increasingly large amount of vaping advocates in the Australian medical community who battle their colleagues constantly to bring about reform and see quite plainly that a harm reduction model is necessary in Australia.

These include but are not limited to:

- Professor Coral Gartner from the University of Queensland;
- Dr Alex Wodak from St Vincent's Hospital in Sydney
- Perth based Dr Joe Kosterich
- Professor Ron Borland, the University of Melbourne
- Professor Colin Mendelsohn from ATHRA

### **Federal Government moving in the wrong direction**

One of the last remaining loopholes on people wanting to import nicotine juice themselves under the TGA's Personal Importation Scheme is currently scheduled to be closed off at the end of 2020.

These changes, if effected, will ban all individuals from importing nicotine themselves and require them to obtain a prescription from their GP to access nicotine juice.

Further however, only doctors, pharmacies, and commercial organisations handling prescription e-cigarettes will be able to import affected products using courier services.

This is further draconian in nature by the fact that, where doctors wish to follow the smoking cessation guidance and indeed prescribe vaporiser nicotine to patients they will need to:

- Apply online themselves to the TGA for an approval to supply goods under the Special Access Scheme B / seek authorisation as an authorised prescriber. There are detailed instructions for both options on the TGA website.
- Prescribe the relevant products.
- Apply online to the Office of Drug Control for an import permit OR arrange importation through a pharmacy or commercial organisation that imports products for this purpose OR direct the individual to an Australian pharmacist who can dispense or compound vaporiser nicotine.

Additionally, returning travelers will be able to bring in affected products if for medical treatment and under a prescription (individuals will need to hold a copy of the prescription).<sup>13</sup>

All of this is currently taking shape while at the same time, the most deadly way to consume nicotine, in cigarettes, can still be readily bought on every street corner.

This type of imposition will, ironically, move the nearly 500,000 people (including 100,000 Queenslanders) back to smoking because obtaining vaping products is simply too hard and particularly harder for people in regional and remote Australia.

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<sup>13</sup> [https://www.athra.org.au/blog/media\\_releases/greg-hunt-delivers-death-sentence-to-300000-australian-vapers/](https://www.athra.org.au/blog/media_releases/greg-hunt-delivers-death-sentence-to-300000-australian-vapers/)

## **The TGA**

The TGA approves medicines however, e-cigarettes are not therapeutic medicines but consumer products that still carry elements of harm, albeit much less harmful than smoking. To this end, e-cigarettes are an alternative to cigarettes, but are not a medicine. This reality renders the TGA incapable of assessing them in a consumer centric way because the scope of their remit is not geared to this type of issue or product.

Unlike the in the US, Australia does not have an adequate public agency to assess this type of consumer product. The US Food and Drug Administration (FDA) has a very specific division that just deals with regulating new tobacco consumer products. This is why in recent time, the TGA has rejected e-cigarette applications and similar institutions such as the FDA have authorised them.<sup>14</sup>

## **Recent stories out of the US on vaping deaths**

The tragic events that took place in the US last year were caused by a black market batch of oil based products that contained THC and Vitamin E Acetate - both known to be deadly by the scientific community. The sheer rate of the spread of the problem and the fact that it also stopped very suddenly, logically indicates that this is a tragic, highly localised event in a handful of US States, and caused by un-regulated black market products.

Sadly, the longer the highly unregulated market continues in Australia, the closer it is to experiencing something like this. There are currently around 300 million people vaping globally each day. If this recent event in the US was fundamental to vaping itself, most of these 300 million people should be dying in the streets right now, however this is simply not happening. The US Centre for Disease Control (CDC) reflected the specifics of this isolated incident in their findings, which can be found [here](#).<sup>15</sup>

## **Youth uptake**

This is the task Government has to tackle head on, not avoid the issue altogether because it concedes that it can't prevent something. By saying it's too hard, governments are effectively conceding that they can't stop people from smoking as well.

In real terms it's quite simple. People below the age of 18 should not be able to purchase vaping products just like people under 18 cannot buy cigarettes now.

Almost the exact same regulations that govern smoking products should be in place for vaping products: No advertising; No vaping in cars; No vaping in restaurants and so on and so on.

If a policy shift is to be successful however, governments need to tweak the capacity of point of sale vendors to allow them to, at the very least, inform adult smokers that better alternatives are available to them and to assist them to switch successfully.

Uncontrolled youth uptake is usually seen in countries that do not have adequate regulation. In place where strong regulation is place such as the United Kingdom, surveys have shown most e-cigarette experimentation (that would

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<sup>14</sup> <https://www.fda.gov/tobacco-products>

<sup>15</sup> [https://www.cdc.gov/tobacco/basic\\_information/e-cigarettes/severe-lung-disease.html](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html)

otherwise be done with cigarettes) does not turn into regular use, and levels of regular use in young people who have never smoked remain very low.<sup>16</sup>

## **Legislative Changes Required**

### **General**

Like any legislative changes, KAP will consult with the Office of the Queensland Parliamentary Counsel Legislative Draftsmen when seeking to amend a law or enact a new one.

In Queensland, smoking is effectively regulated by the [Tobacco and Other Smoking Products Control Act 1998](#) which covers all of the social and commercial restrictions placed on both smokers and the industry.

For people to switch to better alternatives such as vaping products however, vendors at the point of sale should be empowered to notify existing smokers that better products are available to them and provide small incentives for smokers to switch to them. To do this, amendments to the *Tobacco and Other Smoking Products Control Act 1998* would be required.

To give legal effect to e-cigarettes containing nicotine, it is likely that amendments would be made to the [Queensland Health \(Drug and Poisons\) Regulation 1996](#) which could create an exemption for nicotine to be sold in approved personal vaping devices.

### **Taxation**

Tax on conventional cigarettes is a Federal issue and this would likely remain a Federal issue for the proper regulation of vaping products. If a State like Queensland was to legalise vaping prior to the Federal Government doing so, the onus would fall to the Federal Government to make a decision on any related tax regime.

It should be noted however, that high taxation in the form of tobacco excise on cigarettes is designed to compensate the health system for the harm caused by smoking. In this context, with vaping products being substantially less harmful than cigarettes, the consensus is that the taxation should be proportionate to the harm. In the UK for example, there is no tax on nicotine-vaping e-liquid. This has had a net positive consequence of encouraging more people to switch from smoking because they not only enjoy better health, but they save considerably more money as well.

### **Summary**

With Queensland smoking rates being much higher than the national average and about 600,000 Queenslanders smoking daily, a different approach needs to be taken to improve people's health and alleviate pressure on future health budgets.

Katter Australian Party Leader endorses the legalisation of vaping in Australia and calls on both the Queensland Government and the Commonwealth Government to act now to not just make vaping products legal, but make them more accessible than cigarette products, to adults who currently smoke.

Everyday Australia hesitates on this is a day lost in making life better for smokers and their families.

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<sup>16</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5615510/>

**ANNEX**

**Scientific Evidence from key health bodies and OECD Countries**

Summary of Comments from Independent Health Agencies	
Extract	Source
<p>“The RACGP guidelines recommend that nicotine containing e-cigarettes may be a ‘reasonable intervention’ to consider for people who have tried to achieve smoking cessation with approved pharmacotherapies and failed, but who are still motivated to quit smoking and have brought up e-cigarette usage with their healthcare practitioner.”</p>	<p><b>Royal Australian College of General Practitioners (website)</b></p> <p><a href="https://www1.racgp.org.au/newsgp/racgp/the-efficacy-of-e-cigarettes">https://www1.racgp.org.au/newsgp/racgp/the-efficacy-of-e-cigarettes</a></p>
<p>“Recommendation 15 – Nicotine-containing e-cigarettes are not first-line treatments for smoking cessation. The strongest evidence base for efficacy and safety is for currently approved pharmacological therapies combined with behavioural support. The lack of approved nicotine-containing e-cigarettes products creates an uncertain environment for patients and clinicians, as the constituents of the vapour produced have not been tested and standardised. <b>However, for people who have tried to achieve smoking cessation with approved pharmacotherapies but failed, but who are still motivated to quit smoking and have brought up e-cigarette usage with their healthcare practitioner, nicotine containing e-cigarettes may be a reasonable intervention to recommend.</b>”</p>	<p><b>Royal Australian College of General Practitioners, <i>Supporting smoking cessation: A guide for health professional (2<sup>nd</sup> Edition)</i></b></p> <p><a href="https://www.racgp.org.au/getattachment/00185c4e-441b-45a6-88d1-8f05c71843cd/Supporting-smoking-cessation-A-guide-for-health-professionals.aspx">https://www.racgp.org.au/getattachment/00185c4e-441b-45a6-88d1-8f05c71843cd/Supporting-smoking-cessation-A-guide-for-health-professionals.aspx</a></p>
<p>“Vaping poses only a small fraction of the risks of smoking and switching completely from smoking to vaping conveys substantial health benefits over continued smoking. Based on current knowledge, stating that vaping is at least 95% less harmful than smoking remains a good way to communicate the large difference in relative risk unambiguously so that more smokers are encouraged to make the switch from smoking to vaping. It should be noted that this does not mean e-cigarettes are safe.”</p>	<p><b>Evidence review of e-cigarettes and heated tobacco products 2018: Executive Summary, Public Health England, 02/03/2018</b></p> <p><a href="https://www.gov.uk/government/publications/e-cigarettes-and-heated-tobacco-products-evidence-review/evidence-review-of-e-cigarettes-and-heated-tobacco-products-2018-executive-summary">https://www.gov.uk/government/publications/e-cigarettes-and-heated-tobacco-products-evidence-review/evidence-review-of-e-cigarettes-and-heated-tobacco-products-2018-executive-summary</a></p>
<p>“PHE’s advice remains that smokers should switch to e-cigarettes to help them quit smoking...”</p> <p>“E-cigarettes are much less harmful than tobacco but are not completely safe. They contain significantly less harmful chemicals which cause diseases related to smoking...”</p> <p>“Smokers should continue to be encouraged to try regulated nicotine vaping products along with other</p>	<p><b>False fears preventing smokers from using e-cigarettes to quit</b></p> <p><a href="https://www.gov.uk/government/news/false-fears-preventing-smokers-from-using-e-cigarettes-to-quit">https://www.gov.uk/government/news/false-fears-preventing-smokers-from-using-e-cigarettes-to-quit</a></p>

Summary of Comments from Independent Health Agencies	
Extract	Source
<p>stop smoking aids and behavioural support, to increase their chances of successfully stopping smoking.”</p> <p>“E-cigarettes are far less harmful than smoking, which causes 220 premature deaths a day in England. Our advice remains that for anyone who smokes tobacco, the most important thing is to stop smoking altogether and e-cigarettes can be an effective way to help smokers do that.” (John Newton, Director of Health Improvement at Public Health England)</p> <p>“The best thing a smoker can do for their health is stop smoking completely. Electronic cigarettes can help some people quit smoking and are a safer alternative.” (Chief Medical Officer for England Professor Chris Whitty)</p> <p>“...research so far shows that vaping is less harmful than smoking tobacco and can help people to stop smoking. This report gives further reassurance to smokers about the relative harms of e-cigarettes compared to smoking tobacco, and also shows the UK is not seeing a rapid uptake in vaping among non-smokers and children, which is good news.” (George Butterworth, Cancer Research UK’s Senior Policy Manager)</p> <p>“Helping more smokers quit is vital if we’re to achieve the government’s vision of a smokefree society by 2030, and vaping has a role to play. Vaping has helped many thousands of smokers quit to date. But many thousands more could benefit if they were not put off by the persistent, worsening and inaccurate beliefs the public hold about vaping. Smokers should be reassured by today’s authoritative and detailed report which shows that the UK’s e-cigarette regulations are effective and vaping remains a safer alternative to smoking. I urge smokers to have confidence in our regulatory system and not be put off by alarmist headlines about the risk of vaping which are not backed up by the evidence.” (Deborah Arnott, Chief Executive of Action on Smoking and Health)</p>	
<p>There has been a growing body of research evidence that gives us greater confidence in suggesting that for smokers, e-cigarettes should be something that they should be encouraged to move towards if they can't directly quit smoking through the other established</p>	<p><b>Professor Chris Bullen, RACP, Testimony to NZ Health Committee, 16/04/2020</b></p>

Summary of Comments from Independent Health Agencies	
Extract	Source
<p>evidence-based means of smoking cessation support. So our position is that vaping is not for non-smokers, but it is something that should be available for smokers who are keen to improve their health and move away from cigarette smoking.</p> <p>“They are not safe products but by all accounts they are safer about smoking. I don’t think there is any question about that. Our position is that they have a place and that they are for people who want to quit smoking, and we should encourage them, particularly for population groups where current strategies have not been helpful in bring smoking rates down...”</p>	<p><a href="https://athra.org.au/wp-content/uploads/2020/04/RACP-oral-submission-to-NZ-inquiry-16April2020.pdf">https://athra.org.au/wp-content/uploads/2020/04/RACP-oral-submission-to-NZ-inquiry-16April2020.pdf</a></p>
<p><b>“In the time since the release of the Policy, further evidence has become available to the efficacy of vaping as a smoking cessation tool. For example, Public Health England estimated that e-cigarettes were contributing to at least 20,0000 successful attempts to quit smoking a year in England.”</b></p> <p><b>“For those who do smoke, the RACP believes that vaping has potential as a smoking cessation tool.”</b></p>	<p><b>Dr Jeff Brown, RACP Submission to NZ Health Select Committee: Smoke-free Environments and Regulated Products (Vaping) Amendment Bill</b></p> <p><a href="https://www.parliament.nz/resource/en-NZ/52SCHE_EVI_94933_HE8645/c4e837f0a83e03b04fdde1125fa43a0d9cd0de5d">https://www.parliament.nz/resource/en-NZ/52SCHE_EVI_94933_HE8645/c4e837f0a83e03b04fdde1125fa43a0d9cd0de5d</a></p>
<p>“The RANZCP also acknowledges that e-cigarettes and vaporisers provide a less harmful way to deliver nicotine to people who smoke, thereby minimising the harm associated with smoking tobacco and reducing some of the health disparities experienced by people living with mental illness. It is on this basis that the RANZCP supports the legalisation and regulation of nicotine-containing e-cigarettes to facilitate their use as harm reduction tools. This may be relevant for both tobacco and cannabis smoking.”</p> <p>“While few randomised controlled trials have been conducted in this area, a Cochrane review estimated the odds of smoking cessation using nicotine-containing e-cigarettes to be approximately doubled compared to placebo (Hartmann-Boyce et al., 2016). However, the effectiveness of e-cigarettes for smoking cessation continues to be disputed (Peters, 2017). The RANZCP recognises the potential of e-cigarettes and vaporisers as a smoking cessation tool, and supports further research to clarify the role of these products in smoking cessation.”</p>	<p><b>E-cigarettes and vaporisers, Position Statement, Royal Australian and New Zealand College of Psychiatrists, 01/10/2018)</b></p> <p><a href="https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/e-cigarettes-and-vaporisers">https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/e-cigarettes-and-vaporisers</a></p>

Summary of Comments from Independent Health Agencies	
Extract	Source
<p>“Between 2011 and 2015, cigarette sales in Japan were declining at a slow but steady pace. However, the pace of decline in cigarette sales accelerated beginning in 2016, corresponding to the introduction of HTPs into the marketplace. This finding is consistent with the conclusion of Stoklosa and colleagues [3] who examined data on sales of tobacco products from participating supermarkets and convenience stores in different regions of Japan between 2014 and 2018. The accelerated decline in cigarette sales in Japan after 2016 is rather remarkable since it appears to have happened independent of efforts made by public health groups that have largely opposed the marketing of HTPs [9]. Also, Japan does not have strong smoking control measures in place and prohibits the marketing of electronic nicotine delivery systems (ENDS), which have been associated with declining cigarette sales in the United States and England [10,11,12].”</p>	<p><b>International Journal of Environmental Research and Public Health</b></p> <p><a href="https://www.mdpi.com/1660-4601/17/10/3570/htm">https://www.mdpi.com/1660-4601/17/10/3570/htm</a></p>
<p>“The introduction of IQOS likely reduced cigarette sales in Japan.”</p>	<p><b>Effect of IQOS Introduction on Cigarette Sales: Evidence of Decline and Replacement, 2019</b></p> <p><a href="https://pubmed.ncbi.nlm.nih.gov/31209129/">https://pubmed.ncbi.nlm.nih.gov/31209129/</a></p>
<p>“In April 2019, the U.S. FDA Center for Tobacco Products issued a marketing order for PMI’s HTP, authorising its sale in the United States . The decision of the U.S. FDA followed “[a] rigorous science-based review through the Premarket Tobacco Product Application (PMTA) pathway” based on which “[t]he agency determined that authorizing these products for the U.S. market is appropriate for the protection of the public health....”</p>	<p><b>Food and Drug Administration (FDA) press release (2019) available at</b></p> <p><a href="https://www.fda.gov/news-events/press-announcements/fda-permits-sale-iqos-tobacco-heating-system-through-premarket-tobacco-product-application-pathway">https://www.fda.gov/news-events/press-announcements/fda-permits-sale-iqos-tobacco-heating-system-through-premarket-tobacco-product-application-pathway</a></p>
<p>FDA Authorizes Marketing of IQOS Tobacco Heating System with ‘Reduced Exposure’.</p> <p>“Through the modified risk tobacco product application process, the FDA aims to ensure that information directed at consumers about reduced risk or reduced exposure from using a tobacco product is supported by scientific evidence and understandable,” said Mitch Zeller, J.D., director of the FDA’s Center for Tobacco Products. “Data submitted by the company shows that marketing these particular products with the authorized information could help addicted adult smokers transition away from combusted cigarettes</p>	<p><b>Food and Drug Administration (FDA) press release (2020) available at</b></p> <p><a href="https://www.fda.gov/news-events/press-announcements/fda-authorizes-marketing-iqos-tobacco-heating-system-reduced-exposure-information">https://www.fda.gov/news-events/press-announcements/fda-authorizes-marketing-iqos-tobacco-heating-system-reduced-exposure-information</a></p>

Summary of Comments from Independent Health Agencies	
Extract	Source
and reduce their exposure to harmful chemicals, but only if they completely switch.	
<p>“Committees on Toxicity (COT), Carcinogenicity (COC) and Mutagenicity (COM) were requested by the UK Department of Health to perform a toxicological assessment on the available data of two novel heat-not-burn tobacco products. The committees acknowledged that the levels of the different compounds found in the aerosol of the HTPs are distinct from the levels found in the smoke of conventional cigarettes. The committees further stated that “The exposure to compounds of concern in using heat-not-burn tobacco products is reduced compared to that from conventional cigarette smoke. It is likely that there is a reduction in overall risk to health for conventional smokers who switch to heat-not-burn tobacco products ”</p>	<p><b>Committee on Toxicity: Toxicological evaluation of novel heat-not-burn tobacco products – non-technical summary</b></p> <p><a href="https://cot.food.gov.uk/sites/default/files/heat_not_burn_tobacco_summary.pdf">https://cot.food.gov.uk/sites/default/files/heat_not_burn_tobacco_summary.pdf</a></p>
<p>“The Netherland’s National Institute for Public Health and the Environment (RIVM) developed a methodology for evaluating the potential magnitude of the health impact when comparing a cigarette smoker with a consumer of HTPs. As an illustrative case study, the study applied the method to eight carcinogens occurring both in the emissions of HTPs and tobacco smoke. The change in cumulative exposure was estimated to be 10- to 25-fold lower when using HTPs instead of cigarettes and the researchers made a preliminary conclusion based on eight carcinogens that using HTPs instead of cigarettes will be associated with a substantial increase in life expectancy for the subgroup of smokers who would die from cancer.”</p>	<p><b>A Method for Comparing the Impact on Carcinogenicity of Tobacco Products: A Case Study on Heated Tobacco Versus Cigarettes</b></p> <p><a href="https://pubmed.ncbi.nlm.nih.gov/32356921/">https://pubmed.ncbi.nlm.nih.gov/32356921/</a></p>
<p>“...the decline in smoking in both the USA and UK has accelerated over the period that vaping has become widespread and population quit rates have increased.”</p> <p>“...vaping is widely used and can be effective, it is more likely than not to be contributing to this rapid decline in smoking.”</p>	<p><b>Drug and Alcohol Review, <i>Could vaping help lower smoking rates in Australia?</i></b></p> <p><a href="https://colinmendelsohn.com.au/wp-content/uploads/2020/01/Mendelsohn-C-Hall-W-Borland-R.-Could-vaping-help-reduce-smoking-rates-in-Australia.-Drug-Alcohol-Rev-2020.pdf">https://colinmendelsohn.com.au/wp-content/uploads/2020/01/Mendelsohn-C-Hall-W-Borland-R.-Could-vaping-help-reduce-smoking-rates-in-Australia.-Drug-Alcohol-Rev-2020.pdf</a></p>

Summary of Comments from Independent Health Agencies	
Extract	Source
<p>“Vaping appears to be lowering smoking rates in countries that allow its use. Vaping nicotine increases success rates for smoking cessation...”</p> <p>“Vaping has the potential to help rejuvenate smoking cessation in Australia and improve public health if smokers are allowed easier and legal access to appropriately regulated products.”</p>	
<p>“Key Recommendation: ...E-cigarettes appear to be effective when used by smokers as an aid to quitting smoking.”</p> <p>“...the hazard to health arising from long-term vapour inhalation from the e-cigarettes available today is unlikely to exceed 5% of the harm from smoking tobacco.”</p>	<p><b>Royal College of Physicians (UK)</b></p> <p><a href="https://www.rcplondon.ac.uk/projects/outputs/nicotine-without-smoke-tobacco-harm-reduction">https://www.rcplondon.ac.uk/projects/outputs/nicotine-without-smoke-tobacco-harm-reduction</a></p>
<p>“Inquiry on Personal Choice and Community Safety: Report calls for legalisation of vaping and liquid nicotine”</p>	<p><b>The West Australian</b></p> <p><a href="https://thewest.com.au/politics/state-politics/inquiry-on-personal-choice-and-community-safety-report-calls-for-legalisation-of-vaping-and-liquid-nicotine-and-relaxation-of-mandatory-bicycle-helmet-laws-ng-b881545437z">https://thewest.com.au/politics/state-politics/inquiry-on-personal-choice-and-community-safety-report-calls-for-legalisation-of-vaping-and-liquid-nicotine-and-relaxation-of-mandatory-bicycle-helmet-laws-ng-b881545437z</a></p>
<p>'New Zealand has recently endorsed the use of e-cigarettes as a means for adult smokers of combustible (traditional) cigarettes to switch to an alternative, less harmful, product in order to, ultimately, quit their smoking habit.</p>	<p><b>Australian Tobacco Harm Reduction Association</b></p> <p><a href="https://www.athra.org.au/blog/2020/05/13/wa-nanny-state-inquiry-calls-for-important-changes-to-vaping-laws/">https://www.athra.org.au/blog/2020/05/13/wa-nanny-state-inquiry-calls-for-important-changes-to-vaping-laws/</a></p>