

Smoke Free Tasmania

Submission to the Tasmanian Government E-cigarettes (ENDs)



Introduction

Smoke Free Tasmania (SFT) considers that more research is needed on e-cigarettes (ENDs) as a matter of high priority.

State and federal governments and pharmaceutical

companies need to fund and encourage such research as a matter of urgency, due to the increasing unregulated use of e-cigarettes, and the continuing smoking pandemic, and the inadequacy of current cessation support and medications in achieving a very high quit rate amongst regular smokers.

Governments should work to reduce the red tape surrounding approval process for research projects on ENDs conducted within existing legitimate academic research facilities, and facilitate the fast tracking of approval processes for projects which comply with standard academic human ethics approval processes.

We need new products to help people quit. There are currently over 70,000 smokers in Tasmania, and on current trends, two thirds of them will die from smoking related illnesses unless they can quit. The latest [Cochrane Review](#) (see Appendix 1) indicates that e-cigarettes can assist with quitting. However, we believe that the prohibition on the sale of nicotine based ENDs should continue in the short-term at the very least, and that there should be a prohibition on the sale of any type of ENDs to minors (irrespective of whether or not they claim to have no nicotine in the product) and to any person born since the year 2000. An alternative to this might be to prohibit the sale of e-cigarettes to any person born since the year 2000 for example, unless they have a medical certificate approving the use of e-cigarettes as a cessation aid. This would likely become redundant if e-cigarettes passed the TGA – and became a prescription device. However, children should not be sold or supplied ENDs in any form in any circumstance.

We hold this view because of the illegal and unscrupulous behaviour of the tobacco industry over many decades. Entire books have been written on this subject including “Golden Holocaust” by Robert Proctor, which calls for an end to tobacco sales. ENDs are a commercial product and are sold and [marketed](#) as such to teens and children. The tobacco industry cannot be trusted in any way to produce a product which is safe or non-addictive. Indeed we know that ENDs are yet another addictive product. Addictive products sold and marketed on a commercial basis have the potential to renormalise smoking and to attract children, and ensure that they are addicted. ENDs may become a “gateway” to smoking or other drug use.

Tasmanian administrative scope

Vaping and use of ENDS should be banned in all public places where smoking is currently banned. If this inadvertently includes persons using lawful prescription inhalers, then that is unfortunate, but not a desperate problem for those users. Persons using prescription inhalers can still go outside, or the law could exempt these devices. The problem then would be one of enforcement as a bar-tender or restaurant worker would have no way of knowing the difference between prescription device and an e-cigarette. Therefore it is simpler in enforcement terms to prohibit the use of these devices indoors. This would protect children and persons with respiratory or cardiac problems.

Each e-cigarette company potentially uses different compounds, and they are unregulated therefore it is impossible to know whether or not they are “safe.” Vaping on beaches and in malls, may have little likelihood of injury to persons nearby in such a wide open outdoor environment. However, the [bottles containing nicotine](#) are not safe, contain [attractive flavourings](#) and be a risk for children if left lying around as litter, with the allegedly “child-safe” caps left off. Given the propensity of smokers to litter, it is just as likely that vapers will do so. [Nicotine](#) is toxic, accidents happen and children are naturally curious. The most recent studies show there is [minimal risk](#) from second hand vapour – but that of course might depend on the product studied. There is simply not enough known at this time about the products, and they all differ.

The sale of e-cigarettes of any kind should be under or behind the counter, and not visible to purchasers or children, as it has been found that these products are being sold near confectionary in [Australia](#). Therefore all e-cigarettes, nicotine or otherwise, should not be publicly displayed.

Furthermore warnings, such as that from [NSW](#), should be given to the public, carers, nursing homes and similar facilities not to use ENDS near oxygen equipment.

National issues

In the longer term, government could give consideration to the sale of regulated content electronic cigarettes, (e.g. through TGA) following strict laboratory testing by independent authorities to ensure public safety, and with similar restrictions around advertising and promotion that exists with tobacco. It is important that these products not be glamorised, nor targeted at children and young people.

We do not support the short-term legalisation of ENDS, however, in the event that e-cigarettes are made available for lawful sale, but not regulated by the TGA, it is important that they comply with strict regulations regarding the content. These should be independently tested and not rely on any form of “self-regulation” by industry. A large (multi-million dollar) separate license fee for companies proposing to sell ENDS could be applied, in order to provide full cost recovery of independent testing by laboratories. This will ensure that tax-payers do not have to pay for such testing. An independent authority, a Tobacco Products Agency (TPA) for managing tobacco and ENDS should be established, such as the regulated market model outlined by [Borland](#), and funded from license fees. This should also include enforcement cost recovery, which might mean allocating resources to the states for enforcement. Self-funding eliminates the need for government budgetary scrutiny, as the TPA becomes an independent statutory authority. It would still have government oversight but not be a burden on the public purse, and could relieve the burden of administering the [TAP Act](#) from the ACCC.

These latter ideas are beyond the scope of Tasmanian government legislation and regulation, but could be put forward as ideas from Tasmanian government officials or ministers at national meetings about tobacco control and ENDS at an inter-governmental level.

Conclusion

SmokeFree Tasmania supports the regulation of ENDS in the same way as tobacco products at this time, both in terms of a ban on display; ban on sales to minors and those born since the year 2000 of any such product, (with or without nicotine); and a ban on advertising and vaping in the same places as tobacco products.

We have concerns about the potential for people to leave bottles of nicotine with flavourings on beaches which might be attractive to children and cause harm. Given that smokers already litter beaches, this is likely. ENDS bottles of nicotine are harmful. Prohibition of vaping on beaches is therefore sensible.

We strongly support more research on ENDS, both at a local level and nationally.

We do not support legalisation of ENDS nationally, however, should there be moves to legalise ENDS we believe that strict regulations should apply, and structures established to regulate these, with similar powers to ASIC, APRA, ACCC and the TGA.

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Convenor

July 2015

Appendix 1

New Cochrane Evidence shows that electronic cigarettes facilitate smoking cessation

Press Release

Embargoed: 00.01 GMT Wednesday 17 December 2014

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Do electronic cigarettes help smokers to quit? Yes, but....

[New Cochrane Review](#) finds emerging evidence that smokers who use electronic cigarettes can stop or reduce their smoking.

The first Cochrane Review on this subject, published 17 December in the [Cochrane Library](#), gives some early insights into electronic cigarettes as an aid to stopping smoking and reducing consumption. The review draws on two randomised trials and found that while nicotine containing electronic cigarettes were more effective than electronic cigarettes without nicotine ([placebo](#)) in helping smokers kick the habit, the results need to be confirmed by more studies. Smoking is a major global health problem, is costly and is highly addictive. Despite many smokers wanting to stop, few succeed in the long term. One of the most widely used strategies to help combat the cravings associated with nicotine addiction is to deliver nicotine by patches and chewing gum.

Electronic cigarettes have been around in some form for a number of years, but recently their popularity has increased substantially. Unlike chewing gum and patches, they mimic the experience of cigarette smoking because they are hand-

held and generate a smoke-like vapour when used. They provide smokers with a nicotine 'hit' and help to recreate similar sensations of smoking without exposing them or others to the smoke from conventional cigarettes. They are used by many smokers, but little has been known about how effective they are at helping people to stop, nor their long term effects.

The team of researchers from the UK and New Zealand found two randomised trials that had analysed data from 662 current smokers. The researchers looked at the effects of electronic cigarettes on quit rates and the number of people who were able to reduce the number of cigarettes they smoked by at least 50%. They also looked at any adverse effects reported by electronic cigarette users. The team also considered evidence from 11 observational studies.

The results show beneficial effects of electronic cigarettes, but are limited by the small number of trials and limited sample of people who were analysed in the studies. About 9% of smokers who used electronic cigarettes were able to stop smoking at up to one year. This compared with around 4% of smokers who used the nicotine-free electronic cigarettes. When the researchers looked at the data on reducing cigarettes in people who had not quit, they found that 36% of electronic cigarette users halved the number of conventional cigarettes. This compared with 28% of users who were given the placebos. Only one of the trials looked at the effects of electronic cigarettes compared with patches and this suggests similar [efficacy](#) of the two treatments. No serious adverse effects occurred over short to mid-term electronic cigarette use.

Author, and Professor of Clinical Psychology Peter Hajek, commented, "Although our confidence in the effects of electronic cigarettes as smoking cessation interventions is limited because of the small number of trials, the results are encouraging. Both trials used electronic cigarettes with low nicotine delivery and it is likely that more recent products are more effective as previous research suggests that higher and faster nicotine delivery facilitates treatment effects. Several ongoing studies will help to answer the question more fully."

Author Jamie Hartmann-Boyce said, "Electronic cigarettes have become popular with smokers who want to reduce the risk of smoking. None of the studies in this review found that smokers who used electronic cigarettes short-term (two years or less) had an increased health risk compared to smokers who did not use electronic cigarettes. We did not find any evidence from observational studies that people who used electronic cigarettes at the same time as using regular cigarettes were less likely to quit smoking. Findings suggest electronic cigarettes with nicotine help people stop or reduce smoking when compared to electronic cigarettes without nicotine, but more studies are needed."

Cochrane's Editor in Chief, David Tovey, said this is an important study. "This review provides a timely reminder of the challenges faced by smokers who find it hard to stop smoking. The results so far need to be strengthened with further comparisons between electronic cigarettes and other traditional ways of stopping smoking such as chewing gum and patches, and evidence on long term safety."

-ENDs-