

E-cigarettes

Policy Position Statement

Key messages:

1. While Australia has historically had strong policies on tobacco and nicotine control, we have alarmingly fallen behind in the past decade in regard to e-cigarette control. Recent measures announced by national, state and territory governments are recovering our position.
2. The goals of government policies on tobacco and novel nicotine-based products, including e-cigarettes, should include the prevention of the uptake of all forms of nicotine use by all people, and the cessation of use by all current users.

Key policy positions:

1. PHAA strongly supports the proposed measures outlined in the National Tobacco Strategy 2023-2030.
2. PHAA supports the recent (2022, 2023) Australian Government position to continue to allow access for therapeutic purposes under the prescription model, while prohibiting the importation of non-prescription vapes, raising the minimum quality standards for vapes, introducing pharmaceutical-like packaging of vapes, reducing allowable nicotine concentrations and volumes, and prohibiting the sale of single-use disposable vapes.¹
3. PHAA supports the independent advisory roles of the National Health and Medical Research Council (NHMRC) and the Therapeutic Goods Administration (TGA), which have the appropriate statutory authority, processes and frameworks to make evidence-based, scientific determinations on matters of public health and medical science.
4. Article 5.3 of the World Health Organisation (WHO) *Framework Convention on Tobacco Control* (FCTC), which calls for the exclusion of involvement by tobacco industry interests in policy-making relating to tobacco (including e-cigarettes and other novel nicotine products), should be strictly upheld.

Audience:

Federal, State and Territory Governments, policymakers and program managers, PHAA members, media.

Responsibility:

PHAA Alcohol Tobacco and Other Drugs Special Interest Group

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E-cigarettes

Policy position statement

PHAA affirms the following principles:

1. The goals of government policies on tobacco and novel nicotine-based products (including e-cigarettes) should include the prevention of the uptake of all forms of nicotine use by all people, and the cessation of use by all current users.
3. Policy on tobacco and nicotine products should be evidence-based.
4. In common with other leading health organisations, such as Cancer Council Australia, Heart Foundation and all Australian Governments, PHAA supports the independent advisory roles of the National Health and Medical Research Council (NHMRC) and the Therapeutic Goods Administration (TGA), which already have the appropriate statutory authority, processes and frameworks to make evidence-based, scientific determinations contributing to policy-making on matters of public health and medical science.
5. Article 5.3 of the World Health Organisation (WHO) *Framework Convention on Tobacco Control* (FCTC), which calls for the exclusion of involvement by tobacco industry interests in policy-making relating to tobacco (including e-cigarettes and other novel nicotine products), should be strictly upheld.

PHAA notes the following evidence:

The health risks and health outcomes of e-cigarette use

6. E-cigarettes expose the user to several chemicals. The precise health harms from inhaling these chemicals are not yet fully understood, although some now have clear evidence.²
7. Short-term harms of e-cigarette use are clear and include respiratory diseases such as bronchitis, exacerbation of asthma, and cardiovascular symptoms with evidence of damage to cardiovascular and respiratory tissue.³
8. The use of contaminated 'e-liquids' has led to several hospitalisations and deaths.⁴
9. Smoking nicotine e-cigarettes can cause inhalation toxicity (including seizures).⁵
10. The long-term harms of e-cigarette use are also becoming clearer, and include respiratory and cardiovascular conditions, decrease in endothelial function,⁶ an increase in blood pressure^{7,8} and heart rate⁹, and a decrease in systolic blood pressure.¹⁰ There is also strong evidence linking e-cigarettes to 'e-cigarettes or vaping product use-associated lung injury' (EVALI), particularly in cases involving e-liquids containing THC and the additive vitamin E acetate.^{11,12}
11. The use of e-cigarettes containing nicotine can cause addiction.¹³ E-cigarettes can contain very high levels of nicotine by comparison with ordinary cigarettes, resulting in vaping being extremely addictive.¹⁴
12. Use of nicotine-containing e-cigarettes increases the likelihood of using combustible tobacco cigarettes.^{15, 16} Many people continue to use both combustible cigarettes and e-cigarettes, increasing risk of tobacco-related and e-cigarette related harms.¹⁷

Safety concerns about e-cigarette use

13. Nicotine is a scheduled poison and is regulated under the Poisons Standard.¹⁸ The availability of nicotine liquids within Australian households presents a significant poisoning risk to children, particularly where imports are not regulated.¹⁹ During 2022, Victoria's poisons hotline took 50 calls about children under 4 becoming sick from ingesting nicotine or using a vape.²⁰
14. All pharmaceutical products sold in Australian pharmacies are required to meet TGA standards for child-resistant packaging, labelling and ingredients. There are also special TGA regulations applying to e-cigarette products, even though these products have not been approved as being therapeutic.²¹ However these standards are not in practice controlling the large quantity of products on the market in defiance of existing TGA guidelines. This raises concerns as to manufacturing processes, ingredients, and product safety risks, particularly for children.
15. Currently, Australians are permitted to import nicotine at a significantly higher concentration level compared to other international jurisdictions of 100mg/ml. Around 34 national regulators in other jurisdictions have set a maximum nicotine concentrations of 20mg/mL. Recently announced TGA regulatory reforms will see a reduced maximum nicotine concentration of 20mg/mL for both freebase nicotine and nicotine salt products in Australia, in line with other countries.²²
16. Unregulated e-cigarette devices use a range of interchangeable parts (e.g. batteries and chargers) from different manufacturers, not subject to quality controls. Burn injuries from exploded e-cigarettes lithium batteries within e-cigarettes have been reported.²³ Safe use of e-cigarettes cannot be guaranteed.²⁴
17. Disposable e-cigarette devices are made with nicotine salts, which provide a more concentrated, higher strength nicotine hit without the harsh throat feeling. This means very high levels of nicotine can be inhaled more easily and with less irritation, making them a lot more palatable and appealing.²⁵ Most youth prefer disposable e-cigarettes.²⁶

E-cigarette use among youth and young people and cigarette uptake

18. There is strong evidence indicating widespread use of e-cigarettes among young people,^{27, 28} with around 1 in 6 teenagers aged 14-17 having vaped.²⁹
19. Vaping has gained widespread social approval amongst young people.³⁰ School children are being found using e-cigarettes in school bathrooms and classrooms, with many students believing that they are safe to use.³¹
20. Young people (under 18 years old) report easily accessing vapes through friends or "dealers" at school or outside of school.³² Young people also report ready access to e-cigarettes online and in stores.³³
21. E-cigarette products and marketing are often targeted at young people.³⁴ For example, unregulated e-cigarettes can be found in over 7,000 flavours, many of which are youth-oriented with different types of fruit and candy.^{35, 36} Adolescence is a time of major plasticity of brain systems. Nicotine exposure poses a significant risk to developing brains.^{37, 38} All young people who use e-cigarettes are at risk of developing nicotine dependence.³⁹
22. There is a link between adolescents who use e-cigarettes and mental health problems such as depression and suicidality. More evidence is needed to explore the direction of this relationship.^{40, 41}
23. There is strong longitudinal evidence that adolescent e-cigarette use leads to subsequent uptake of cigarette smoking.^{42, 43}

E-cigarettes as a cessation aid

24. There is limited evidence of the efficacy of e-cigarettes as cessation products.^{44, 45, 46} There is some evidence that e-cigarettes may be comparatively less harmful than tobacco cigarettes.⁴⁷
25. The TGA has not approved any e-cigarette product for therapeutic use. The availability of liquid nicotine under this ‘prescription model’ is not an endorsement of any claims of therapeutic benefit, safety or harm reduction.^{48,49}
26. Since 1 October 2021, Australians with a prescription have been able to access liquid nicotine from Australian pharmacies or purchase from international stores and import into Australia under the Personal Importation Scheme.⁵⁰
27. The recently revised (2022, 2023) Australian Government position is to continue to allow access for therapeutic purposes under the prescription model, while prohibiting the importation of non-prescription vapes, raising the minimum quality standards for vapes (by restricting flavours, colours, and other ingredients), introducing pharmaceutical-like packaging of vapes, reducing allowable nicotine concentrations and volumes, and prohibiting the sale of single-use disposable vapes.^{51, 52}

Promotion and public messaging

28. E-cigarettes have been widely advertised through a range of different channels, including video and banner ads, social media, print media, television, and physical stores.⁵³ Studies have shown a positive correlation between e-cigarette marketing exposure and the uptake and use of e-cigarettes.⁵⁴
29. Use of e-cigarettes undermines public health gains in relation to the de-normalisation of smoking achieved through strong tobacco control measures.⁵⁵ Public health experts and commentators have advocated for bans on the promotion of e-cigarettes.⁵⁶ Proposed changes to federal legislation relating to the promotion of tobacco products will include e-cigarettes.⁵⁷

PHAA seeks the following actions:

30. The PHAA strongly supports the proposed measures outlined in the *National Tobacco Strategy 2023-2030*, as endorsed by all state and territory governments and associated. The Strategy includes the following changes to Commonwealth, state, territory or local government legislation and regulations:
 - i. Restricting the marketing, availability, use, and end-of-life disposal of all e-cigarette components in Australia, regardless of their nicotine content.
 - ii. Prohibiting the sale of flavoured e-cigarettes, regardless of their nicotine content.
 - iii. Raising awareness about the marketing and use of e-cigarettes and their immediate and long-term impacts on individual and population health.
 - iv. Developing and implementing an evidence-based comprehensive regulatory framework for e-cigarettes and all novel and emerging products that pose risks to tobacco control and population health.
 - v. Prohibiting the use of e-cigarettes and novel and emerging inhaled products such as shisha in areas where smoking is prohibited.
 - vi. Prohibiting advertising, promotion and sponsorship relating to e-cigarettes and other new and emerging products.

- vii. Exploring the feasibility of having a consistent licensing scheme in place covering all aspects of the e-cigarette supply chain in Australia.
- viii. Continuing to monitor the supply and use of illicit e-cigarettes and other novel and emerging products in Australia; continue enforcement efforts to prevent illegal importation and supply; and enhance technology and staff capability to identify and respond to illicit trade.
- ix. Strengthening research, monitoring and surveillance activities pertaining to the marketing and use of e-cigarettes and novel and emerging products.

31. Other appropriate regulatory actions should include:

- i. Increased checks of proof of prescription for overseas importation of nicotine and the number of seizures at the border.
- ii. Increased domestic enforcement and compliance activities and seize products that continue to be sold illegally, including through vape retailers, tobacconists, and convenience stores.
- iii. Harmonisation of state and territory bans on sales and supply of e-cigarettes with and without nicotine (and vaping devices) to minors in line with tobacco and alcohol.
- iv. Implementation of robust e-cigarette control policies at the school level.⁵⁸
- v. Regulators and policy makers ensuring that changes to regulations and legislation do not inadvertently permit the sale of heated tobacco products. These must continue to be controlled as prohibited imports.

32. Detailed marketing control, communication and health literacy actions should include:

- i. Advertising, promotion and retail display bans that apply to tobacco must continue to be applied to e-cigarettes, including those that claim to be nicotine-free. Particular consideration should be given to restricting digital media promotion of aspects of e-cigarettes appealing to youth (such as flavours).⁵⁹
- ii. Communications to ensure clear understanding that adults, including parents, cannot supply e-cigarettes to children as well as child-to-child supply is also not allowed.
- iii. The harms associated with e-cigarette use, including addictive properties, should be communicated as part of regular evidence-based antismoking social marketing campaigns.⁶⁰
- iv. Where e-cigarettes are available as 'pharmaceutical-like' products through prescription, advertising should be prohibited in line with rules for other prescription products in Australia.⁶¹
- v. Health professionals should continue to reinforce the message that e-cigarettes are not approved for therapeutic use. They should recommend evidence-based cessation supports, including behavioural counselling combined with pharmacotherapy.^{62, 63}
- vi. Health professionals should continue to communicate that ceasing all commercial tobacco and e-cigarette use is the healthiest choice, and that most people who quit smoking do so unassisted (ie: without support or without transitioning through other products).⁶⁴

PHAA resolves to:

- 1. Advocate for the above steps to be taken based on the principles in this position statement.

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