E-cigarettes
Policy Position Statement

Key messages:
Scientific evidence is building on the health harms of e-cigarettes, the role they play in increasing smoking uptake, particularly for young people, and concerns that they may depress smoking cessation rates.

Claims that e-cigarettes can help people quit smoking have not been proven. Neither the safety of e-cigarettes nor their alleged superior efficacy in smoking cessation have been scientifically demonstrated.

Tobacco companies, which are prominent in the e-cigarette market, may be using e-cigarettes and other novel products to promote their own commercial interests, seek involvement in policy processes, undermine key tobacco control initiatives, and advertise and promote these products in ways that will normalise (or re-normalise) smoking behaviour, particularly among young people.

Key policy positions:
1. The sale of alternative nicotine and non-nicotine delivery systems including e-cigarettes should be prohibited unless they have received TGA approval.

2. Advertising and promotion of e-cigarettes should be prohibited and consistent with tobacco advertising prohibitions.

3. If any claim is made that a product such as e-cigarettes has a therapeutic potential (such as in relation to smoking cessation), the matter should be determined by the Therapeutic Goods Administration through its normal processes.

Audience: Federal, State and Territory Governments, policy makers and the general public.

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 should include the prevention of the uptake of tobacco use (including products such as e-cigarettes) by all people, and the cessation of smoking by all current users.

2. Policy on tobacco should be evidence-based.

3. 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 tobacco issue policy-making, should be strictly upheld.

4. Australia’s National Health and Medical Research Council (NHMRC) and the Therapeutic Goods Administration (TGA) have the appropriate statutory authority, processes and frameworks to make evidence-based, scientific determinations contributing to policy-making.

5. 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 NHMRC and TGA on matters of public health and medical science.

**PHAA notes the following evidence:**

6. An electronic cigarette (e-cigarette), is a hand held device that heats liquid to produce a vapour that the user inhales. The contents of the liquid vary significantly and are largely undisclosed, and contain a range of chemicals including pesticide solvents and flavourings. The liquid may or may not contain nicotine.

7. In Australia, there is very little regulation on the content of e-cigarettes. There is a lack of quality control standards in the manufacture, distribution and use of e-cigarettes.

8. It is currently unlawful to sell e-cigarettes that contain nicotine in Australia, as nicotine is a scheduled poison that can only be sold in the form of tobacco, or in a therapeutic medicine approved by the TGA.\(^1\) However random testing in New South Wales and other jurisdictions have found high levels of nicotine in over 70% of samples, despite being labelled as non-nicotine.\(^2\)

9. Neither the safety of e-cigarettes nor their alleged superior efficacy in smoking cessation have been scientifically demonstrated.\(^3\) Scientific evidence is building on the health harms of e-cigarettes, the role they play in increasing smoking uptake, particularly for young people, and concerns that they may depress smoking cessation rates.

10. There is evidence that second-hand exposure to e-cigarette vapour can have adverse health effects.\(^4\)
11. Reviews of evidence by NHMRC and other leading international and national evidence-based agencies are consistent in their findings and show increasing cause for concern, including the following:

- There is growing evidence that e-cigarette use can lead to the uptake of smoking in young people.
- There is growing evidence that regular use of e-cigarettes is likely to have adverse health consequences.
- There is growing evidence to suggest that e-cigarette use in non-smokers is associated with future uptake of tobacco cigarette smoking, and ‘dual use’ (using both e-cigarettes and conventional cigarettes) is common.
- There is insufficient evidence to determine the extent to which e-cigarettes might reduce harm to the user through exposure to fewer toxic chemicals than conventional tobacco cigarettes.
- There is insufficient evidence that e-cigarettes are an effective aid to quitting smoking.

12. A WHO report notes that there is a need for more research on various aspects of e-cigarettes. These include:

- short- and long-term harms
- efficacy as a smoking cessation measure (including consideration of dual use)
- the overall impact of e-cigarettes on tobacco prevalence and smoke exposure
- the impacts of e-cigarette promotion and use on re-normalising smoking behaviour.

13. There are grave concerns from WHO and other health authorities about the role of tobacco companies, which are prominent in the e-cigarette market, in using e-cigarettes and other novel products to promote their own commercial interests, seek involvement in policy processes, undermine key tobacco control initiatives, and advertise and promote these products in ways that will normalise (or re-normalise) smoking behaviour, particularly among young people. These developments may lead to a reversal of positive trends in Australia.

PHAA seeks the following actions:

14. Based on current evidence, and in line with recommendations from the WHO, the World Federation of Public Health Associations, the Cancer Council, Heart Foundation, Cancer Australia and other leading evidence-based organisations, the PHAA strongly supports a precautionary approach to the use, promotion and availability of e-cigarettes in Australia.

15. If any claim is made that a product such as e-cigarettes has a therapeutic potential (such as in relation to smoking cessation), the matter should be determined by the TGA through its normal processes.

16. The NHMRC should be deferred to for scientific advice in relation to e-cigarettes and other novel products.

17. The TGA should be deferred for product regulation of e-cigarettes and other products.
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18. The sale of alternative nicotine and non-nicotin e delivery systems including e-cigarettes should be prohibited to all, not just those under 18 years, unless and until approved by the TGA for a therapeutic application.

19. The use of e-cigarettes should be prohibited in all smoke-free areas.

20. The tobacco industry should not be allowed to use e-cigarettes and other novel products as a means of re-normalising smoking behaviour, or of bypassing Article 5.3 of the FCTC.

21. Advertising and promotion of e-cigarettes should be prohibited and consistent with tobacco advertising prohibitions.

PHAA resolves to:

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

ADOPTED 2018

References