

Committee Secretary
Select Committee on Tobacco Harm Reduction
Department of the Senate
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CANBERRA ACT 2600

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5 November 2020

Re: Protecting the health of adolescents from nicotine vaping products (e-cigarettes, smokeless tobacco)

I write on behalf of the <u>Australian Association for Adolescent Health Ltd</u>, the national organisation that brings young people and professionals together to promote the health and wellbeing of adolescents and young adults throughout Australia.

AAAH expresses deep concern about increasing e-cigarette use among adolescents and the growing evidence of the harm caused by e-cigarette use.

We respond to selected terms of reference of the Select Committee as follows:

The treatment of nicotine vaping products (electronic cigarettes and smokeless tobacco) in developed countries similar to Australia (such as the United Kingdom, New Zealand, the European Union and United States), including but not limited to legislative and regulatory frameworks

At present, 70 countries have enacted e-cigarette specific policy. Australia, as well as other countries, has effectively banned the sale of nicotine-containing e-cigarettes, with Jamaica, Japan, and Switzerland also enacting similar approaches (McCausland et al., 2020).

The impact nicotine vaping products have had on smoking rates in these countries, and the aggregate population health impacts of these changes in nicotine consumption.

The National Drug Strategy Household Survey 2019 reported continued decline in cigarette smoking among Australians aged 14 and older (from 24% in 1991 to 11.0% in 2019). This trend has been countered by steady increases in e-cigarette use since 2016 among both smokers and non-smokers. (Australia Institute of Health and Welfare, 2020)

The National Academies of Sciences Engineering and Medicine consensus study report on public health consequences of e-cigarettes (Stratton et al, 2018) states that there is *limited evidence* that e-cigarettes may be effective aids to promote smoking cessation and *moderate evidence* from randomized controlled trials that e-cigarettes with nicotine are more effective than e-cigarettes without nicotine for smoking cessation. There is *insufficient evidence* from randomized controlled trials about the effectiveness of e-cigarettes as cessation aids compared with no treatment or to Food and Drug Administration—approved smoking cessation treatments. While the overall evidence from observational trials is mixed, there is

Australian Association for Adolescent Health Ltd

moderate evidence from observational studies that more frequent use of e-cigarettes is associated with

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an increased likelihood of cessation. However AAAH cautions against extrapolating findings from any such experimental studies to an adolescent population.

The established evidence on the uptake of e-cigarettes amongst non-smokers and the potential gateway effect onto traditional tobacco products

There is growing evidence that the relationship between cigarette smoking and e-cigarette use among adolescents is different compared to established cigarette smokers. E-cigarette use can lead to the uptake of cigarette smoking in young people and dual use of cigarettes and e-cigarettes. (Public Health Association of Australia, 2018)

There is *substantial evidence* that e-cigarette use increases risk of ever using combustible tobacco cigarettes among youth and young adults (Stratton, 2018; Soneji et al., 2017) Among youth and young adult e-cigarette users who ever use combustible tobacco cigarettes, there is *moderate evidence* that e-cigarette use increases the frequency and intensity of subsequent combustible tobacco cigarette smoking. Among youth and young adult e-cigarette users who ever use combustible tobacco cigarettes, there is *limited evidence* that e-cigarette use increases, in the near term, the duration of subsequent combustible tobacco cigarette smoking.

Evidence of the impact of legalising nicotine vaping products on youth smoking and vaping rates and measures that Australia could adopt to minimise youth smoking and vaping

The United States, where e-cigarettes sales are subject to very few restrictions, has observed an exponential increase in vaping, particularly among youth, now being referred to as an 'epidemic'. (Food and Drug Administration, 2018) In 2017, e-cigarettes were the most commonly used tobacco product among American high school (11.7%; 1.73 million) and middle school (3.3%; 0.39 million) students. (Wang et al., 2018) In contrast, the prevalence of vaping in Australia remains relatively low, however, a significant increase in current and lifetime use has been reported. (Australian Institute of Health and Welfare, 2020)

E-cigarettes are particularly dangerous when used by children and adolescents, due to the highly addictive potential of nicotine and its impact on brain development. There is evidence that in some settings adolescents who have never smoked cigarettes but use e-cigarettes at least double their chance of starting to smoke cigarettes later in life. (St Claire, 2020)

Access to e-cigarette products under Australia's current regulatory frameworks

Australians have access to nicotine-containing e-cigarette products via the internet and those who choose to import nicotine-containing products are not currently actively prosecuted. Approximately 70% of Australian e-cigarette purchases are made online. (Australian Institute of Health and Welfare, 2020; Euromonitor International, 2018)

Tobacco industry involvement in the selling and marketing of e-cigarettes

Attempts have been made to lobby AAAH by Phillip Morris Limited since August 2020. AAAH has not engaged in their requests for support.

The tobacco industry has a long track record of targeting vulnerable populations such as adolescents and young people, and those in low and middle income countries.

Bowing to pressure to weaken Australia's tobacco control laws to make an exemption for nicotine vaping could also permit the sale of tobacco industry produced heated tobacco and vapour products. Australia is a signatory to the World Health Organization Framework Convention on Tobacco Control

which is designed to protect public health policies from commercial and other vested interests and applies to the tobacco industry irrespective of the type of products they are selling. Until there is adequate evidence that e-cigarettes are safe and an efficacious smoking cessation product they should not be promoted as such. This lack of evidence and the power and influence of the tobacco industry justify the application of the precautionary principle and stress the need to future-proof tobacco control legislation against current and future novel tobacco and vapour products. (McCausland, 2020)

Any other related matter

Additional health and safety concerns

There are thousands of e-liquid flavours available for retail purchase (Hsu et al., 2018) and from home vendors. (Cox et al., 2019) These products have been found to contain various excipients, flavourings, additives, potentially hazardous ingredients (Chivers et al., 2019; Cox et al., 2019) and inaccurately labelled nicotine content. (Buettner-Schmidt et al., 2016; Chivers et al., 2019; Goniewicz et al., 2015; NSW Government, n.d.; Trehy et al., 2011) Some participants reported mild adverse effects after using some e-liquids, including dizziness, sore throat, dehydration and nausea. These experiences are not uncommon and have been documented elsewhere. (Chen et al., 2020; Cooper et al., 2016) Incorrect labelling and discrepancies between the labelled amount and actual nicotine content are misleading and may result in unintended addiction to nicotine and other adverse health effects (Buettner-Schmidt et al., 2016; Chivers et al., 2019).

Very recent research in the USA has found that COVID-19 infection was associated with the use of e-cigarettes only and dual use of e-cigarettes and cigarettes (Gaiha et al., 2020) and that e-cigarettes use is significantly associated with asthma and had an additive effect beyond smoking cigarettes. (Wills et al., 2020)

In summary, this is a time of unprecedented low rates of smoking in Australia, the only age group reporting an increase in smoking rates over the past three years is Australian adolescent males aged 14 to 17. Adolescent males aged 14 to 17 also reported a 26% increase in e-cigarette use over the same period.

We urge the committee to put the health of Australian adolescents and young adults at the forefront of its considerations. We recommend a tightening of controls on e-cigarette access to protect our youth from further increases in e-cigarette use and prevent the epidemic and associated harms reported in countries such as the United States.

Thank you for your time and consideration of our submission,

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Australian Association for Adolescent Health Ltd

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