

To: Standing Committee on Economics, Parliament of Australia re: E-cigarettes

Subject: Approach to regulation of E-cigarettes and related vapor devices

Summary of Findings:

- (a) Personal vaporizers have proven effective in reducing tobacco smoking prevalence and harms. **Rather than continuing to condemn e-cigarettes and related vapor products, Tobacco Control should incorporate a Tobacco Harm Reduction component into tobacco control programming, with vapor devices as prominent THR modalities.**
- (b) Risk of potentially fatal tobacco-related illness to the vaper is less than 5% the risk posed by tobacco cigarettes. **For all practical purposes, there is no risk to bystanders and no risk of undermining other anti-smoking measures.**
- (c) Given the nature of the product and the way it is being used, **there is no reason to restrict access to e-cigarettes and related vapor products** any more than restrictions are imposed on marketing and sales of over-the-counter pharmaceutical nicotine gums, patches, etc.
- (d) The most relevant other issue is that **public authorities should recognize the potential benefit of vapor products**, both to individuals and society as a whole, and regulation of these products should be done in a way that will maximize potential benefit. To date, public and tobacco control authorities have considered only theoretical harms that might be posed by nicotine vapor devices, without considering the potential benefits. They have acted on what they see as potential harms without considering the findings of studies that show that these harms are trivial to non-existent.
- (e) Experience to date, at least in the USA and UK has indicated that **open marketing of e-cigarettes and related vapor products does not recruit more than a trivial number of teens to nicotine addiction, and does not recruit any to cigarette smoking.**

Narrative Justification in Support of the Findings Noted Above

All of the statistics commonly quoted for tobacco-related addiction, illness, and death relate to a single tobacco product – the combustible cigarette. Unfortunately, tobacco control and public health authorities use the terms “cigarettes” and “tobacco” as if all non-pharmaceutical nicotine delivery products are equally addictive and equally harmful.

Smoke-free and vapor products are less addictive and far less harmful. They present less than 5% the risk of potentially fatal tobacco-related illness posed by the combustible cigarette. For all practical purposes, exhaled e-cigarette vapor presents no risk bystanders. Simply informing smokers that they could reduce their risk of potentially fatal tobacco-related illness by 95% or more by switching to a lower risk product could save millions of lives, and do so without addicting others to nicotine or tobacco.

Claims by e-cigarette opponents that vapor devices are addicting large numbers of non-smoking teens are simply not true. Many teens experiment with e-cigarettes. Very few teen non-smokers follow through. Many teen smokers switch to e-cigarettes as a gateway AWAY FROM tobacco cigarettes.

In considering how best to regulate nicotine vapor devices, I urge the following:

1. **Consider the potential benefits** to smokers reducing and eventually eliminating their use of cigarettes, and, for many, reducing and finally eliminating their use of nicotine.
2. **Explore** the scientific evidence relative to whether vapor products are addicting non-smoking teens to nicotine, and whether there is need restrict flavoring or strength of nicotine to address this issue. **Do not assume** that these products are addicting teens based on the appearance of their advertising or because of flavors considered favorites of pre-teen children.

Those opposing e-cigarettes promote pharmaceutical smoking cessation products as “proven” and “highly effective.” They have no problem with sale of the gums, patches, etc., on open shelves in drug stores and markets, in a variety of fruit and candy flavors, without enforcement of age restrictions.

This is despite the fact that the pharmaceutical products fail more than 90% of smokers who use them as directed, even under the best of study conditions, when results are measured at six to twelve months. Despite decades of over-the-counter (OTC) availability, these OTC pharmaceuticals have had no impact on smoking or cessation rates. By contrast, data available on vapor devices, especially the customizable tank and mod products, show them to be more satisfying, more effective, and, after only a month or two, far less expensive than tobacco cigarettes.

The following link will take you to a paper I wrote last year in favor of the policy guidelines noted above. This was written at the request of the (American) Food and Drug Law Institute to bring legislators and policy makers up to date on the science related to e-cigarettes. It includes a review of the then-current scientific literature and a detailed statement as to how I, as a public health physician, became involved in this issue, in opposition to many of my public health colleagues.

<http://www.rstreet.org/wp-content/uploads/2014/07/20140630FDLI-EcigForum.pdf>

I know that all this conflicts with what you are hearing from other medical and public health authorities. I urge you to consider the possibility that a half-century of hatred and distrust of “big tobacco,” and generous financial support from “big pharma” has created a mindset in which there is no consideration of using any non-pharmaceutical nicotine delivery product in any public health initiative, and no consideration of potential public health benefits.

Vaping changes the game. Prior to the advent of the e-cigarette, none of us considered the possibility that a low-risk product could satisfy smokers without attracting non-users to nicotine addiction. Vapor products can do this without medical intervention and without costly personal counseling. Together, we can save millions of lives with simple truth telling, a sensible regulatory structure, and collaboration between the vapor and public health communities in pursuit of shared public health objectives.

I welcome opportunities to debate opponents, to answer questions, to provide additional literature references, and to discuss the studies usually referenced in opposition to vapor products.

Joel L. Nitzkin, MD, MPH, DPA