QoN 013-01

Do you agree with Dr Skerritt of the TGA statement that “the evidence is that vaping is less harmful than tobacco smoking”?

a. If no, do you think that the current TGA model does not go far enough
b. If yes, do you then agree with the Australian Tobacco Harm Reduction Association’s view that “The bottom line is that vaping is not risk free and if you don't smoke you shouldn't vape. However, if you are a smoker who can't quit you will dramatically reduce your risk of dying from cancer, heart and lung disease if you switch to vaping”.

Do you agree with Dr Skerritt of the TGA statement that “the evidence is that vaping is less harmful than tobacco smoking”?

We note firstly that the evidence Dr Skerritt provided to the Committee was to this effect *“This [95%] was a figure that was stated by a consensus meeting of I think about a dozen, or 13, academics coordinated by Public Health England in 2015. Since that time, eminent medical journals such as The Lancet have questioned pulling that 95 per cent figure out of the sky. The concern they have is that it may lull people into a false sense of security as to the safety or otherwise of these products. So, we don't endorse the 95 per cent figure. It's probably fruitless to ask whether it's 20 per cent safer, 30 per cent safer or whatever. No-one knows. Clearly smoke tobacco has tars and other things that contribute to lung and other cancers. Nicotine is of course responsible for cardiovascular and other effects, but I think it is actually misleading to keep on quoting the figure of 95 per cent.”*

Dr Skerritt gave a simpler response to a question from Senator Canavan – *“I believe that smoking is more harmful than vaping but that does not make vaping harmless—in the same way that being hit by a car on the freeway is less harmful than being hit by a truck but it is not desirable.”*

This question clearly is an important one and cannot be answered in a simplistic fashion.

A young never-smoker should not vape or smoke. The incremental harms of commencement of vaping include the developmental and neuropsychological harms of nicotine exposure including the development of nicotine dependence, the hazards of vaping device use(explosive injury and burns), risk of severe acute lung injury, economic loss, harms associated with increased likelihood of transition to exclusive combustible tobacco use or ongoing dual use of tobacco with vaping as well as the long-term intrinsic harms of exposure to known or unknown chemicals for as long as that continues.

The second common scenario is that of an adult smoker contemplating long-term vaping as an alternative to continued combustible tobacco use. Here the evidence, at least out to 6 years in the Flacco study referred to in testimony, is that there is no risk reduction for those who switch to vaping rather than continue smoking. Moreover, complete switch to vaping is a much less likely outcome than continued dual use which again as explained to the Committee is more hazardous to lung health than smoking alone.

By way of summary, TSANZ believes that any risk reduction is substantially smaller than the oft-quoted 95% figure and that there may be no risk reduction at all. As Dr Skerritt comments – “no one knows”. People should neither vape nor smoke.

We note the late submission to the Committee from Professor Tony Blakely and others and that his updated assessment appears to concur with our opinion.

If no, do you think that the current TGA model does not go far enough?

TSANZ has made a submission in response to the draft determination, a determination that in itself has many aspects.

We strongly agree with the TGA that there is no role for electronic cigarette use as a non-therapeutic or consumer product and that this should be crystallised in any final position.

As espoused in written and oral testimony, TSANZ believes that a product that is proven safe and effective could be prescribable if consistently implemented in conjunction with personal behavioural support. This would be used primarily in a smoker who had failed proven evidence-based approaches and could not foresee a quit attempt otherwise. It would be short-term

Many TSANZ members have discomfort with the proposition put to Senate Estimates by DR Skerritt that doctors could prescribe a nicotine solution and that in a "let the buyer beware" situation the EC user could then dilute with the flavour of their choice. Those concerned feel strongly that the uncertainties associated with risks and benefits of flavours cannot be excised from the medical decision to prescribe a base solution.

Do we agree with Australian Tobacco Harm Reduction Association's view

This is a statement in two parts.

"The bottom line is that vaping is not risk free and if you don't smoke you shouldn't vape."

We agree with that statement and add importantly that ex-smokers should not vape other than for the shortest period possible in the scenario described above

"However, if you are a smoker who can't quit you will dramatically reduce your risk of dying from cancer, heart and lung disease if you switch to vaping"

TSANZ disagrees with this statement. It is an opinion unsupported by evidence and misinforms the public that there is a dramatic change in risk. Smoking cessation without transition to vaping reduces mortality.