



Australian Government

Australian Government response to the
Standing Committee on Health, Aged Care and Sport

Report on the Inquiry into the Use and Marketing of
Electronic Cigarettes and Personal Vaporisers in
Australia

JUNE 2020

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Introduction

The Australian Government thanks the House of Representatives Standing Committee on Health, Aged Care and Sport (the Committee) for their work on this inquiry into the use and marketing of electronic cigarettes (e-cigarettes) and personal vaporisers in Australia.

This response addresses the five recommendations made in the *Report on the Inquiry into the Use and Marketing of Electronic Cigarettes and Personal Vaporisers in Australia* published by the Committee on 28 March 2018. It has been coordinated and prepared by the Department of Health, with input from relevant Commonwealth agencies.

Additional contextual information in relation to e-cigarettes in Australia is provided at **Appendix A**.

Recommendations and Australian Government responses

Recommendation 1

The Committee recommends that the National Health and Medical Research Council fund an independent and comprehensive review of the evidence relating to the health impacts of electronic cigarettes (E-cigarettes). This review should be updated every two years to take into account the findings of new research into E-cigarettes. Topics covered by the review should include:

- *The effectiveness of E-cigarettes as an aid to help people quit smoking tobacco cigarettes;*
- *The health effects of ingredients commonly used in E-cigarette liquids. Following the review, any ingredients found to have significant negative impacts on human health should be prohibited from use in E-cigarette liquids;*
- *The likelihood that E-cigarettes will increase the number of young people using nicotine and the number of young people smoking;*
- *The health impacts of long term E-cigarette use;*
- *The relative health impacts of E-cigarettes as compared to tobacco products.*

Australian Government response to Recommendation 1

The Australian Government **supports** the principle of this recommendation and acknowledges the importance of robust evidence to support public health policy development and implementation.

There are existing mechanisms in place to support evidence-informed decision-making in relation to e-cigarettes and a number of credible health authorities overseas are continuing to monitor, update and report on the current state of evidence in relation to these products. For example, in 2014¹ and 2016², the World Health Organization (WHO) published reports that included information on the health impacts of e-cigarettes, their efficacy for smoking cessation, their impacts on existing tobacco control efforts, and potential regulatory options. More recently, comprehensive reports examining evidence relevant to e-cigarettes have been published by the United States (US) Surgeon-General (in December 2016³ and January 2020⁴) and by the US National Academy of Sciences and Medicine (in January 2018).⁵ The Australian Government will continue to monitor the evidence base in relation to e-cigarettes having regard to information and advice issued by these and other health agencies.

The Government also supports a range of its own research activities relating to e-cigarettes.

¹ World Health Organization, 2014. Electronic nicotine delivery systems. Available at: http://apps.who.int/ib/ftc/PDF/cop6/FCTC_COP6_10Rev1-en.pdf?ua=1

² World Health Organization, 2016. Electronic nicotine delivery systems and electronic non-nicotine delivery systems (ENDS/ENNDs). Available at: https://www.who.int/ib/ftc/cop7/FCTC_COP_7_11_EN.pdf?ua=1&ua=1

³ U.S. Department of Health and Human Services, 2016. E-Cigarette Use Among Youth and Young Adults. A Report of the Surgeon General. Available at: <https://e-cigarettes.surgeongeneral.gov/resources.html>

⁴ U.S. Department of Health and Human Services. *Smoking Cessation. A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2020.

⁵ National Academies of Science, Engineering, and Medicine, 2018. Public Health Consequences of E-cigarettes. Available at: <http://nationalacademies.org/hmd/Reports/2018/public-health-consequences-of-e-cigarettes.aspx>.

During 2018 and 2019, the Australian Government Department of Industry, Innovation and Science commissioned a literature review into the use and health impacts of e-cigarettes and personal vaporisers. The review was led by the Commonwealth Scientific and Industrial Research Organisation and included external scientist consultants. Findings from this review were published in August 2018.⁶

During 2018 and 2019, the Government's National Industrial Chemicals Notification and Assessment Scheme (NICNAS) conducted a research project into the chemistry of liquids used in e-cigarettes in Australia. The findings from this project were published in October 2019.⁷

In 2019, the Government commissioned the National Centre for Epidemiology and Population Health at the Australian National University to conduct a public health assessment of electronic cigarette use for the Australian context. The overarching aim is to maximise the health of Australians by providing evidence to support high-quality decision-making on e-cigarettes for the Australian context. All elements of the project will include consideration of specific population subgroups, including: current smokers, former smokers and people who have never regularly smoked tobacco; different age groups, including youth; and Aboriginal and Torres Strait Islander peoples. The final report is expected to be provided to the Australian Government Department of Health in December 2020.

The National Health and Medical Research Council (NHMRC) has funded a range of initiatives to support and build on the existing evidence base in relation to e-cigarettes to support the formulation of Government policy in this area. Since 2011, the NHMRC has funded 13 grants, committing over \$12 million in funding into a range of matters in relation to e-cigarettes. This research is variously investigating the efficacy of e-cigarettes for smoking cessation, including amongst disadvantaged and vulnerable populations; the health effects of e-cigarettes; potential impacts of e-cigarettes on smoking uptake; and the effect of new media platforms on e-cigarette promotion and consumer behaviour. It is anticipated that the outcomes of this research will begin to be realised over the coming years.

Additionally, in 2017 the Chief Executive Officer of the NHMRC issued an updated statement on e-cigarettes⁸ to assist consumers and policymakers in understanding the current evidence about the safety and efficacy of e-cigarettes.

⁶ Commonwealth Scientific and Industrial Research Organisation, 2018. E-cigarettes, smoking and health. Available at: <https://www.csiro.au/~media/BF/Files/E-cigarettes/E-cigarettes-Consolidated-Final-Report240618-pdf.pdf?la=en&hash=F03466E531949D4A93E61B03FA730F45347A3919>.

⁷ Available at: <https://www.nicnas.gov.au/chemical-information/Topics-of-interest2/subjects/non-nicotine-e-cigarette-liquids-in-australia>

⁸ National Health and Medical Research Council, 2017. CEO Statement: Electronic Cigarettes. Available at: <https://www.nhmrc.gov.au/about-us/resources/ceo-statement-electronic-cigarettes#block-views-block-file-attachments-content-block-1>

Recommendation 2

The Committee recommends that the Department of Health convenes an international meeting of health experts from similar economic jurisdictions to discuss different policy and legislative approaches to electronic cigarettes.

Australian Government response to Recommendation 2

The Australian Government **notes** this recommendation and considers current arrangements are sufficient.

Australia already participates in a variety of international fora which provide appropriate opportunities to convene discussions with overseas jurisdictions regarding potential policy and regulatory approaches to e-cigarettes.

The majority of the Australian Government's international engagement on issues related to e-cigarettes has occurred either directly or indirectly via the Conference of the Parties to the WHO Framework Convention on Tobacco Control (FCTC). The Conference of the Parties is the governing body of the WHO FCTC and is comprised of all Parties to the Convention, including Australia. The Conference of the Parties has been examining issues relating to e-cigarettes for around a decade since their emergence on international markets and Australia has been an active participant throughout this time.

Recommendation 3

The Committee recommends a national approach be taken to the regulation of non-nicotine electronic cigarettes.

Australian Government response to Recommendation 3

The Australian Government **supports** this recommendation, noting that a national approach to the regulation of e-cigarettes and their components (such as e-liquids) already exists, regardless of their nicotine content.

The Ministerial Drug and Alcohol Forum (MDAF) have agreed to national guiding principles for e-cigarettes. The guiding principles affirm that Australian governments are taking a precautionary approach to e-cigarettes, and that the current national regulatory framework with respect to these products remains appropriate.

The Government also notes the existing regulatory arrangements that apply to these products are not limited to nicotine containing e-cigarettes.⁹ For example:

- Products claiming to help people quit smoking are therapeutic goods regardless of their nicotine content.
- Controls governing the availability of substances for use in e-cigarettes as outlined in the Standard for the Uniform Scheduling of Medicines and Poisons (Poisons Standard) are not limited to nicotine. For example, subject to state and territory legislation, controls also apply to some other harmful substances that have been found in e-cigarette liquids, including acrolein and tetrahydrocannabinol (THC).¹⁰
- Provisions under the Australian Consumer Law relating to the safety of consumer goods and the accuracy of representations made about those goods are not specific to products containing nicotine.
- All states and territories have provisions that relate to e-cigarettes under their tobacco control legislation. While there is some variation in the application of these measures with respect to e-cigarettes, they are generally not limited to products containing nicotine.

The Government does, however, recognise that there are some challenges in ensuring that the regulation of e-cigarettes and their components is nationally consistent and uniformly enforced. The Government will continue to work with the states and territories through the MDAF on these matters.

⁹ As noted at Appendix A, e-cigarette regulation in Australia is a shared responsibility between the Commonwealth, state and territory governments.

¹⁰ Independent testing has identified the presence of carcinogenic substances including acrolein in vaping liquids sold in Australia. Acrolein is in Schedule 7 of the Poisons Standard, meaning that it is classified as a Dangerous Poison.

Recommendation 4

The Committee recommends that the Therapeutic Goods Administration continues to oversee the classification of nicotine and relevant exemptions, and the assessment of any electronic cigarette product as a therapeutic good.

Australian Government response to Recommendation 4

The Australian Government **supports** this recommendation on the understanding that the Therapeutic Goods Administration (TGA) will only regulate e-cigarettes as therapeutic goods where an appropriate therapeutic claim is made (e.g. as an aid to cessation of smoking).

The Government considers that the TGA's role in assessing applications to supply products making therapeutic claims, and in regulating the classification of relevant medicines or chemicals for supply to the public, remains appropriate in the context of e-cigarettes and substances for use in e-cigarettes (such as nicotine). Further information on the regulatory framework underpinning the TGA's role is outlined at Appendix A.

Recommendation 5

The Committee recommends that the Australian Government establish a regulatory process for assessing and, if necessary, restricting colourings and flavourings used in electronic cigarettes.

Australian Government response to Recommendation 5

The Australian Government **notes** this recommendation and considers that there are existing regulatory mechanisms, such as the National Industrial Chemicals Notification and Assessment Scheme, that are able to undertake risk assessments of colourings and flavourings (and any other industrial chemical ingredient) used in electronic cigarettes, and if necessary, recommend restrictions to the substances used in e-cigarettes, including colourings and flavourings, via the application of the Poisons Standard.¹¹

The Government continues to support the application of the Poisons Standard with respect to the substances used in e-cigarettes, as well as the corresponding state and territory legislation governing the availability of these substances in Australia. These arrangements continue to support the precautionary approach agreed by all Australian governments with respect to e-cigarettes and remain flexible to change in light of new evidence.

The Government will continue to monitor evidence pertaining to the colourings and flavourings used in e-cigarettes in consultation with states and territories through the Ministerial Drug and Alcohol Forum.

¹¹ Further information regarding these regulatory mechanisms is at Appendix A.

The Australian Government's position on e-cigarettes

The Australian Government continues to take a precautionary approach to electronic cigarettes (e-cigarettes). The Government's position on e-cigarettes is based on the need to consider the overall impacts that e-cigarettes pose to population health.

There growing evidence linking the marketing and use of e-cigarettes to nicotine addiction, tobacco use and a range of other public health harms. In the United States (U.S.), the largest e-cigarette market globally, rates of current¹² e-cigarette use among U.S high school students have surged to 27.5% in 2019, up from 20.8% in 2018 and 11.7% in 2017.¹³ Rates of e-cigarette use among youth have also increased in other countries in recent years although there is variation across different markets and cohorts.

At present, most e-cigarettes marketed globally contain nicotine,¹⁴ and there is evidence that children and youth who are exposed to nicotine can become addicted at lower or more intermittent levels of consumption compared to adults.¹⁵ Nicotine is highly addictive and exposure during adolescence may have damaging and long lasting effects on brain development.¹⁶

In addition to the public health harms specific to nicotine, the evidence is also consistent in suggesting that use of e-cigarettes by non-smoking youth predicts future smoking.¹⁷ There is also evidence that concurrent (dual) use of e-cigarettes and conventional tobacco products is common. This is problematic as in addition to any independent health risks introduced by e-cigarettes, even light smoking still poses serious health risks.¹⁸

On 13 September 2019, the Commonwealth Chief Medical Officer and state and territory Chief Health Officers issued a statement on e-cigarettes following emerging evidence linking their use to lung disease.¹⁹ The statement follows reports from the United States (U.S.) Centres for Disease Control and Prevention (CDC) of a 'national outbreak of e-cigarette, or vaping, product use-associated lung injury (EVALI).'²⁰ As of 18 February 2020, 2807 EVALI cases and 68 deaths have been reported to the CDC. The CDC has advised that while vitamin E acetate is strongly associated with the outbreak, evidence is not sufficient to rule out the contribution of other chemicals of concern, including chemicals in either THC²¹ or non-THC products.

¹² 'Current' refers to e-cigarette use once or more in the preceding 30 days of being surveyed.

¹³ Available at: <https://www.fda.gov/news-events/press-announcements/trump-administration-combating-epidemic-youth-e-cigarette-use-plan-clear-market-unauthorized-non>.

¹⁴ Available at: https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html#flavors-marketing-appealing-to-youth.

¹⁵ Doubeni et al 2010. Early course of nicotine dependence in adolescent smokers. *Paediatrics*. Available at: <http://pediatrics.aappublications.org/cgi/reprint/peds.2009-0238v1>.

¹⁶ U.S. Department of Health and Human Services, 2016. E-Cigarette Use Among Youth and Young Adults. A Report of the Surgeon General. Available at: <https://e-cigarettes.surgeongeneral.gov/resources.html>

¹⁷ Commonwealth Scientific and Industrial Research Organisation, 2018. E-cigarettes, smoking and health. Available at: <https://www.csiro.au/~media/BF/Files/E-cigarettes/E-cigarettes-Consolidated-Final-Report240618-pdf.pdf?la=en&hash=F03466E531949D4A93E61B03FA730F45347A3919>

¹⁸ Hackshaw et al 2018. Low cigarette consumption and risk of coronary heart disease and stroke: meta-analysis of 141 cohort studies in 55 study reports. *BMJ*. Available at: <https://www.bmj.com/content/360/bmj.j5855>

¹⁹ Available at: <https://www.health.gov.au/news/e-cigarettes-linked-to-severe-lung-illness>

²⁰ Available at: https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html

²¹ THC (tetrahydrocannabinol) is the principal psychoactive constituent of cannabis.

Aside from the case reports of lung disease following e-cigarette exposures that have been predominantly reported in the U.S. to date, findings from surrounding evidence has implicated the use of e-cigarettes in a range of harms to the heart²² and lungs.²³

Collectively, these developments reinforce the Government's precautionary approach to e-cigarettes, particularly given the substantial progress that Australia has made in reducing smoking prevalence to date, especially among children and youth, which are at historically low levels. Protecting this progress is paramount.

The Government will continue to monitor the impact of e-cigarettes on smoking cessation. However, at a population level, there is currently insufficient evidence to promote the use of e-cigarettes for smoking cessation. The Government will also continue to monitor emerging evidence regarding the direct harms e-cigarettes pose to human health, their impacts on smoking initiation, uptake among youth and dual use with conventional tobacco products.

Finally, the Government's current approach to e-cigarettes is premised on ensuring flexibility to change in light of new evidence. A notable example is the Therapeutic Goods Administration's (TGA) legislation and underlying decision making processes, which in many cases are implemented and enforced by state and territory governments. The Government considers it appropriate that this feature continues to underpin Australia's regulatory framework with respect to e-cigarettes.

National policy context

Consistent with Australia's National Drug Strategy 2017-2026 (NDS) and National Tobacco Strategy 2012-2018 (NTS), Australia's approach to e-cigarettes is underpinned by an overarching objective to minimise the harms associated with drug use. The concept of harm minimisation encompasses the three pillars of demand reduction, supply reduction and harm reduction, which apply to all drug types but in different ways.²⁴

In November 2019, the Ministerial Drug and Alcohol Forum, which includes Commonwealth and State and Territory Ministers, agreed to a set of updated national guiding principles for e-cigarettes and an accompanying evidence statement.²⁵ The principles reaffirm the precautionary approach to e-cigarettes being taken by all Australian governments and note that any change to the regulation of e-cigarettes in Australia will have protecting the health of children and young people as its primary focus and goal. The Government's response to this inquiry is consistent with the guiding principles.

²² Kennedy et al. 2019. The cardiovascular effects of electronic cigarettes: A systematic review of experimental studies. *Preventive Medicine*. Available at: <https://www.sciencedirect.com/science/article/pii/S0091743519302464?via%3Dihub>

²³ Gotts et al. 2019. What are the respiratory effects of e-cigarettes? *BMJ*. Available at: <https://www.bmj.com/content/366/bmj.l5275>

²⁴ The MDAF is ultimately responsible for the oversight, implementation and monitoring of Australia's national drug policy frameworks, including the NDS and NTS. Its membership consists of Ministers from across Australia with responsibility for alcohol and other drug policy from the health and justice/law enforcement portfolios from each jurisdiction.

²⁵ Available at: <https://www.health.gov.au/resources/publications/policy-and-regulatory-approach-to-electronic-cigarettes-e-cigarettes-in-australia>

Regulatory arrangements applicable to e-cigarettes in Australia²⁶

In Australia, e-cigarette regulation is a shared responsibility between the Commonwealth, state and territory governments. The current regulatory framework draws on existing legislation and regulations that may apply to tobacco products, poisons, therapeutic goods and consumer goods.

Therapeutic goods

The Commonwealth *Therapeutic Goods Act 1989* (TG Act) and associated regulations establish a uniform, national system of regulatory controls to ensure the quality, safety, efficacy and timely availability of therapeutic goods.

Products claiming to help people quit smoking are therapeutic goods, regardless of whether they contain nicotine. It is illegal to supply products in Australia that make therapeutic claims, unless they have received market authorisation by the TGA.

All smoking cessation therapy products (such as nicotine replacement therapies [NRTs]) lawfully available for commercial sale in Australia have been evaluated by the TGA for quality, safety and efficacy, and have been registered on the Australian Register of Therapeutic Goods. To date, the TGA has not approved any e-cigarettes for smoking cessation. The only restriction on who might apply to the TGA to market an e-cigarette as a therapeutic good in Australia is that they would need to have an Australian sponsor.

Medicines, Chemicals and the Standard for the Uniform Scheduling of Medicines and Poisons

The Standard for the Uniform Scheduling of Medicines and Poisons (Poisons Standard) is a legislative instrument made under the TG Act which supports a national classification system that controls how medicines and chemicals are made available to the public. Medicines and chemicals are classified into Schedules in the Poisons Standard according to the risk of harm and the level of access control required to protect public health and safety. Substances or groups of substances may be considered for potential scheduling (or rescheduling) on the basis there might be a public health benefit if they were down-scheduled or up-scheduled. Decisions regarding the scheduling of substances for inclusion in the Poisons Standard are made by the Secretary of the Australian Government Department of Health or their delegate.²⁷

Anyone can lodge an application to the TGA to amend the Poisons Standard. However, the implementation of the Poisons Standard as it affects access to and supply of medicines and poisons, is given legal effect through relevant state and territory drugs, poisons and controlled substances legislation.

²⁶ Further information is included in submission 297. Available at: https://www.aph.gov.au/Parliamentary_Business/Committees/House/Health_Aged_Care_and_Sport/ElectronicCigarettes/Submissions

²⁷ The Secretary of the Department of Health (or their delegate) may make decisions on the scheduling of medicines or chemicals, as well as changes to other parts and appendices of the Poisons Standard, by exercising powers under Sections 52D, 52E and 52EAA of the *Therapeutic Goods Act 1989* (CTH), and in accordance with the Therapeutic Goods Regulations 1990. Scheduling decisions involve a risk-benefit consideration in the context of protecting public health. This risk-benefit consideration takes into account factors such as those set out in section 52E of the *Therapeutic Goods Act 1989* (CTH), including: the risks and benefits of the use of a substance; the purposes for which a substance is to be used and the extent of use of a substance; the toxicity of a substance; the dosage, formulation, labelling, packaging and presentation of a substance; the potential for abuse of a substance; and any other matters that the Secretary of the Department of Health considers necessary to protect public health.

Regulatory controls governing chemical safety

A range of Australian and state and territory government agencies share regulatory responsibility for chemical safety, with each chemical being regulated according to its use, whether as a therapeutic good (e.g. medicine), veterinary medicine, pesticide, food additive or industrial chemical (which includes any chemical with a use not falling into one of the other categories).

A chemical with a therapeutic use (such as a chemical that aids in the cessation of cigarette smoking by influencing, inhibiting or modifying a physiological process) is regulated under the TG Act.

New industrial chemicals in e-cigarettes (those not already listed in the Australian Inventory of Chemical Substances (the Inventory)), such as flavourings and colourings, are subject to risk assessment under the *Industrial Chemicals (Notification and Assessment) Act 1989* (ICNA Act). Risks of industrial chemicals already listed in the Inventory are assessed on a priority basis. Following an assessment, recommendations are made to relevant risk management bodies to ensure safe use of the chemical.²⁸

Legal status of nicotine for use in e-cigarettes

Nicotine is currently classified as a dangerous poison under Schedule 7 of the Poisons Standard, with specific exemptions for certain nicotine replacement therapies, tobacco prepared and packed for smoking, and when labelled and packed for the treatment of animals. Consistent with the scheduling of nicotine in the Poisons Standard, the commercial supply of nicotine for use in e-cigarettes is prohibited by drugs, poisons and controlled substances legislation in all states and territories.

It may be lawful for people to import nicotine for use in e-cigarettes for up to three months of personal therapeutic use under the TGA's Personal Importation Scheme (PIS). Under this scheme an importer must hold a written authority issued by a medical practitioner registered under a law of a state or territory, and the possession and use of nicotine for this purpose must also be legal within the importer's state or territory.

While schemes such as the PIS may be used to import unapproved therapeutic goods into Australia, they are intended to enable access to products only in cases when suitable TGA-approved alternatives that achieve the same therapeutic purpose are not available on the Australian market. Unapproved therapeutic goods imported into Australia have not been evaluated by the TGA and therefore there are no guarantees about their quality, safety or efficacy.

Australian Consumer Law

The Australian Consumer Law (ACL) specifies that suppliers of consumer goods, such as e-cigarette products, must ensure the goods are marketed in a way that is truthful. Suppliers must have a reasonable basis for representations they make about their consumer goods (including about the contents), and must not mislead the public about the characteristics, the suitability, or the benefits of the consumer goods.

The ACL does not specifically regulate the safety of e-cigarettes or personal vaporisers but where an e-cigarette is considered a consumer good and it is not captured by a specialist regime, the product may be captured under the ACL.

²⁸ To date, a risk assessment of any industrial chemical specifically for use in e-cigarettes has not been undertaken under the ICNA Act.

The Australian Competition and Consumer Commission's role in relation to administering the ACL's product safety provisions is to identify unsafe, or potentially unsafe, consumer goods, prevent or stop their supply and remove them from the market.

Action may be formally triggered where a consumer good causes 'serious injury or illness' through 'use or foreseeable misuse'. Serious injury or illness is defined as an acute physical injury or illness that requires medical or surgical treatment by, or under the supervision of, a medical practitioner or a nurse (whether or not in a hospital, clinic or similar place).²⁹

State and territory tobacco control laws with provisions that relate to e-cigarettes

All state and territory governments have tobacco control laws with provisions that relate to e-cigarettes.

Seven state and territory jurisdictions³⁰ have amended their tobacco control laws to treat the advertising and sale of e-cigarettes in a similar manner as conventional tobacco products in their respective jurisdictions. These jurisdictions have also prohibited the use of e-cigarettes in legislated smoke-free areas.

In Western Australia (WA), it is an offence under the *WA Tobacco Products Control Act 2006* to sell products that resemble tobacco products, regardless of whether they contain nicotine or not.³¹ In a Supreme Court of Western Australia decision, e-cigarettes were found to resemble a tobacco product.³²

²⁹ Australian Consumer Law s 2(1).

³⁰ South Australia, Queensland, New South Wales, the Australian Capital Territory, the Northern Territory, Tasmania and Victoria.

³¹ This provision is in addition to controls that apply under the *WA Medicines and Poisons Act 2014*. If any e-cigarette products contain nicotine, their commercial supply would be classified as a Schedule 7 poison under the *WA Medicines and Poisons Act 2014*. Further information is available at: https://ww2.health.wa.gov.au/Articles/A_E/Electronic-cigarettes-in-Western-Australia

³² Supreme Court of Western Australia (Court of Appeal). Decision: *Van Heerden v Hawkins* 2016 WASCA 42.