

Submission regarding the:

Therapeutic Goods and Other Legislation Amendment (Vaping Reforms) Bill 2024

Please note that **I am happy for this submission to be made publicly available or published via any medium either anonymously or eponymously.**

**Personal Background:**

I was a conventional cigarette smoker for 6 years with an average consumption of 10-15 cigarettes per day. After **multiple attempts to quit**, including medication (Bupropion/Wellbutrin), substitution (Inhaler, Gum, Lozenges, Patches and Throat Sprays) I attempted Vaping in 2011. Since then **I have not smoked** nor felt the need or desire to return to cigarettes, and am repulsed and unable to smoke. As my health has been regularly monitored since birth for unrelated issues, my transition to vaping caused a measurable improvement to health. Additionally (and subjectively) I felt my health improved overall and my physical endurance also improved. Finally, I was able to decrease my nicotine intake from concentrations of 18-23mg/ml to 3-6mg/ml with the same volume of approx. 2-3ml per day.

**Summary of position:**

The issue of regulation is always complex and should be balanced against freedom of choice in a society. This is a delicate and difficult undertaking. My position is that vapes and vape products should be recognised for their ability to assist in smoking reduction or cessation. The only reasonable issue with vaping is underage use, which should be solved similarly to tried-and-tested regulation measures for alcohol and conventional cigarettes. I understand the noble aim protecting the health of adult Australians, however I consider the focus on vapes unfair when compared to measures for tobacco products and alcohol. The U.K. (and to a lesser extent, the EU) has recognised the potential of vapes in smoking reduction as cessation, and is the approach I most agree with. Flavouring of vapes is also important, as I believe it is a significant factor in facilitating the transition of ex-smokers to vapes. The impact of current and proposed regulations on vaping will force me to return to cigarettes after 14 years, and will severely impact my health and finances. I predict this will apply to the majority of ex-smokers who vape, and will likely apply to some people who have only vaped as well.

**I agree that:**

1. There is an impact to the population's health and, consequently, a quantifiable burden on the healthcare system, when compared to a blanket ban on any form of nicotine intake. It is unfair to compare the impact of vaping products in isolation. There was a "significant decline" in conventional smoking between 2016-2019, well beyond the historical trend, for the most part due to cigarette smokers transitioning to vapes. (Australian Institute of Health and Welfare, 2023).
2. There is a significant issue with underage use of vapes that needs to be addressed.

**Position:**

1. Vapes and related products should be treated and regulated identically to the sale of Alcohol and conventional Cigarettes.

2. (Similar to Alcohol and Cigarettes) Reasonable and equitable recuperation of these costs is justifiable. The government should not expect or attempt to use these funds as a form of income for other purposes.
3. Viewing the more than \$3bn reduction in tobacco excise income (Between 2020-2023) as a negative is a problematic view. (Tobacco in Australia, 2023).
4. Conventional cigarette smoking cost the Australian healthcare system an estimated \$6.8bn in quantifiable costs and \$136.9bn including intangible costs. (National Drug Research Institute (NDRI), 2019) **Yet, the sale of cigarettes is still permitted to all adults, and proof-of-age was deemed an adequate measure to prevent underage purchases.**
5. Alcohol consumption cost the Australian healthcare system an estimated **\$2.8bn** in quantifiable costs, and \$66.8bn in total costs. **Yet, the sale of alcohol is still permitted to adults, and proof-of-age is deemed an adequate measure.**
6. Obesity had a financial impact of \$11bn in 2018 and is estimated to cost \$87.7bn by 2032, rivalling the projections for alcohol and tobacco. **No regulations to specific products, product groups or age groups are being discussed.**
7. Vaping is healthier than smoking. The negative impacts involve non-smoker uptake and underage use. **There is no health argument against vaping that does not apply equally or more to tobacco.** (Yazidjoglou et al., 2022)

#### Questions to assist with decision making:

##### If the main argument is underage use:

1. **Why not apply the same tried-and-tested rules currently in place for alcohol and tobacco?**

##### If the main argument is citizen health and the impact from nicotine:

1. **Why not introduce a “Generational ban” against all nicotine products (including tobacco products and vapes), as attempted (or being attempted) in New Zealand and the United Kingdom?** (Reuters, 2024) (Department of Health and Social Care Media Centre, 2024) **What are the arguments against this position?**
2. **Why not apply the same pharmaceutical rules and availability proposed to tobacco products? Cigarettes should only be available via prescription and from a pharmacy, in a controlled quantity and with the combination of smoking cessation plans and treatment.**
3. **Consequently, why not introduce a “Generation ban” on alcohol?**
4. **Why not apply the same advertising, packaging and promotional rules to alcohol? Allow controlled distribution of pharmaceutical-grade Ethyl Alcohol, only via pharmacies, in specific concentrations and volumes, by prescription, and available only in unflavoured or anise-flavoured forms?**
5. **Why not place all NRTs such as gum, lozenges and sprays on the PBS? Why are transdermal patches only subsidised for a maximum of 12 weeks per year?**

**If the argument is financial impact:**

1. Alcohol and Tobacco excises **exist (or should exist in principle) to offset the financial burden from society as a whole, to those who consume these products** and, therefore, are primarily responsible for the burden. It is fair that while an adult should have the freedom to engage with whatever habit they choose, they should consequently be responsible for their choices, and specifically the cost to society. As aforementioned, obesity healthcare costs are projected to be comparable or exceed those of alcohol and tobacco. Underlying conditions aside, would a BMI tax or penalty be considered reasonable measure to offset the burden of the health system and a justifiable deterrent? Would allowing calculated, prescribed and controlled nutrient intake via IV from a pharmacy be considered?

I do not believe these questions can be answered and the current and proposed vaping regulations justified. It is unfortunate, but my conclusion is that politicians involved in these measures have unjustifiable prejudices, are promoting this specific issue for their own advancement or political benefit or, in unfortunately but very possibly, have a direct or indirect benefit from preserving (or increasing) tobacco consumption.

Thank you for your time and consideration, should this submission be accepted and used.

## References

- Australian Institute of Health and Welfare. (2023). *Alcohol, tobacco & other drugs in Australia*. Retrieved from <https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia>
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- Tobacco in Australia. (2023). *Revenue from tobacco taxes in Australia*. Retrieved from <https://www.tobaccoinaustralia.org.au/chapter-13-taxation/13-6-revenue-from-tobacco-taxes-in-australia>
- Yazidjoglou et al. (2022). *Electronic cigarettes and health outcomes: systematic review of global evidence*. National Centre for Epidemiology and Population Health.