

RACP response to the Select Committee's questions on notice:

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”.**

Dr Skerritt's comments at the hearing, in their full context, outline his concern that while it is very difficult to quantify the degree of any potential harm reduction of using e-cigarettes compared to tobacco, it is therefore desirable to use neither.

Dr Skerritt: 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 desirable¹.

The RACP has expressed support for the precautionary approach taken by the TGA and we support the intent of the interim decision put forward by the TGA on the scheduling of nicotine. We do believe that the precautionary approach should treat e-cigarettes with the highest level of risk mitigation and contend that further consideration is required of the mechanism for prescribing unapproved nicotine e-cigarette products and the need for development of evidence-based prescribing guidelines for such products. We suggest that further time is taken by the TGA to address these important concerns before implementation commences.

The current evidence is unable to quantify the degree of harm reduction and to ascertain, in particular, long-term health impacts to vapers, including long-term health outcomes in their organ systems. What is known for certain at this point in time is that vaping is not without adverse health impacts.

A study in 2016 suggested that nicotine-containing e-cigarettes are linked to an elevated risk of aortic stiffness and increased blood pressure in young smokers². A systematic review of case reports found that e-cigarettes can have a negative impact on respiratory, gastrointestinal, cardiovascular, neurological and immune systems³. Experimental data suggest that e-cigarettes can induce lung inflammation, a hallmark for the development of lung cancer and chronic obstructive pulmonary disease (COPD), though much less than tobacco smoking⁴.

Both e-cigarettes and tobacco products pose risks to health. The safest option for the community is not to use either. Thus, the RACP holds that not smoking tobacco or using e-cigarettes remain the safest options for the community; the proven and registered smoking cessation treatments are advised to be used ahead of vaping.

The risk reduction potential of vaping will also depend on what and how the products are being used (e.g. dual use, duration, manipulation, and ingredients and their concentrations). There is evidence indicating

¹ Proof Committee Hansard, Senate Select Committee On Tobacco Harm Reduction, Canberra, 13 Nov 2020, Cwth of Australia , Page 10

² Vlachopoulos C, Ioakeimidis N, Abdelrasoul M, et al. Electronic Cigarette Smoking Increases Aortic Stiffness and Blood Pressure in Young Smokers. *Journal of the American College of Cardiology*. 2016;67(23):2802-3

³ Talbot P. Potential health effects of electronic cigarettes: A systematic review of case reports. *Preventive medicine reports*. 2016;4:169-78

⁴ Shields PG, Berman M, Brasky, et al. A review of pulmonary toxicity of electronic cigarettes in the context of smoking: A focus on inflammation. *Cancer Epidemiology and Prevention Biomarkers*. 2017.

that the potential benefits of e-cigarettes can only be realised provided there is full cessation of tobacco smoking⁵. Otherwise, there is little to no beneficial impact on health risk and effects, as outlined by the WHO⁶.

Given that e-cigarettes are not without the potential to cause harm⁷, their labelling as a 'harm reduction' methodology has impacted the perceptions of adolescents and young people who view vaping as far less harmful or even harmless in comparison to tobacco cigarettes⁸.

We therefore do not 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."

The evidence is growing that vaping is attractive to those who do not smoke, particularly youth and young people as outlined above, and a liberalised regulatory environment facilitates increased access to vaping. It is merely not sufficient to suggest that those who do not smoke, shouldn't vape.

ATHRA's comment also suggests that the intent is not to cease a nicotine addiction but to replace tobacco cigarettes with e-cigarettes. The RACP does not support open-ended use of e-cigarettes which sustains nicotine dependence and renormalises smoking behaviours. Any potential use must be for purposes of smoking cessation, with support from medical professionals.

⁵ Shahab L, Goniewicz ML, Blount BC, Brown J, McNeill A, Alwis KU, et al. Nicotine, Carcinogen, and Toxin Exposure in Long-Term E-Cigarette and Nicotine Replacement Therapy Users A Cross-sectional Study E-Cigarettes and Toxin Exposure. *Annals of internal medicine*. 2017;166(6):390-400

⁶ WHO Report on the Global Tobacco Epidemic, 2019. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO.

⁷ Sohal SS, Eapen MS, Naidu VGM, et al. IQOS exposure impairs human airway cell homeostasis: direct comparison with traditional cigarette and e-cigarette. *ERJ Open Res* 2019; 5:00159-2018 [<https://doi.org/10.1183/23120541.00159-2018>]

⁸ Substance Abuse and Mental Health Services Administration (SAMHSA): Reducing Vaping Among Youth and Young Adults. SAMHSA Publication No. PEP20-06-01-003. Rockville, MD: National Mental Health and Substance Use Policy Laboratory, Substance Abuse and Mental Health Services Administration, 2020