

25 November 2020

Patrick Hodder  
Committee Secretary  
Senate Select Committee on Tobacco Harm Reduction  
PO Box 6100  
Parliament House, Canberra 2600

Via email: [tobaccoharmreduction.sen@aph.gov.au](mailto:tobaccoharmreduction.sen@aph.gov.au):

Dear Mr Hodder,

Thank you for the opportunity for the Royal Australian College of General Practitioners (RACGP) to provide evidence at the public hearing on Tobacco Harm Reduction. Thank you also to Senator Hughes for her written questions on notice. Our responses to Senator Hughes' questions are below:

#### **Question 1**

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

The RACGP takes a precautionary approach to the available evidence on the safety of e-cigarettes. As the long-term harms of vaping are yet to be determined, the RACGP views the use of e-cigarettes in the context of short-term use for the purpose of smoking cessation, for certain groups of people who have failed to quit using pharmacotherapy and other strategies. As such, while it is likely that vaping will prove to be less harmful than tobacco smoking, it is not possible to say this definitively given the lack of evidence on long term use.

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

The current TGA model aims to limit the use of nicotine containing e-cigarettes by making e-liquids available by prescription only. The RACGP fully supports this step, which will assist in reducing recreational vaping, uptake in non-smokers, and dual use of nicotine vaping and tobacco products.

**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”.**

The RACGP understands that certain population groups, such as people with mental illnesses can find quitting smoking difficult. We support the use of e-cigarettes as a short-term strategy to assist with quitting. The evidence on the effects of longer-term vaping is not available and so we do not agree that it can be stated that “you will dramatically reduce your risk of dying from cancer, heart and lung disease if you switch to vaping”.

#### **Question 2**

**Do you or has your organisation ever received direct or indirect support from the Pharmaceutical industry, including travel, attendance at conference, or events sponsorships, including from manufacturers of Nicotine replacement therapies?**

The RACGP is a member organisation and our committees are made up of doctors with various interests. All of our committee members must declare their interests in order to determine where there may be conflicts arising. The RACGP has stringent processes in place to manage potential and existing conflicts of interest within its various committees. As such our members have received support for conference attendance etc from the Pharmaceutical industry and including manufacturers of Nicotine replacement therapies.

The declaration for Professor Zwar (which remains current) is as follows:

Professor Nicholas Zwar has provided expert advice on smoking cessation education programs to Pfizer Pty Ltd and GlaxoSmithKline Australia Pty Ltd, and has received support to attend smoking cessation conferences. He has no interests to declare in the last five years