

6 July 2017

Committee Secretariat
Standing Committee on Health, Aged Care and Sport
Parliament House
PO Box 6021
Parliament House
CANBERRA ACT 2600

Sent by email to: Health.Reps@aph.gov.au

Re: Inquiry into the Use and Marketing of Electronic Cigarettes and Personal Vaporisers in Australia

Dear Committee Secretary,

The Australian Dental Association (ADA) thanks the Committee for the invitation to comment on its inquiry into the *Use and Marketing of Electronic Cigarettes and Personal Vaporisers in Australia*.

Terms of Reference 1. The use and marketing of e-cigarettes and personal vaporisers to assist people to quit smoking;

There is an increasing trend and proliferation of e-cigarettes/personal vaporisers and other Electronic Nicotine Delivery Systems (ENDS) – particularly via marketing online and suggestions that they are a safer alternative to smoking tobacco or can assist smoking cessation.

The ADA's review of the research literature finds that much more research must occur to confirm whether the use of e-cigarettes/PV/ENDS assists people to quit smoking and does not cause further health impacts. The ADA will further elaborate on this below.

Terms of Reference 2. The health impacts of the use of e-cigarettes and personal vaporisers;

E-cigarettes pose oral health and health dangers as they contain harmful chemicals, including carcinogens which are absorbed when inhaled.

Whatever the method, the transmission for human consumption of nicotine, a highly addictive substance, has a myriad of short and long-term side effects. Nicotine is classified as a Schedule 7 dangerous poison. The liquids used in electronic cigarettes are unregulated and not accurately labelled and high doses can lead to poisoning.

Further, many of these devices are being presented to the market as the 'healthy' alternative to smoking or claim to help people quit smoking. However, ENDS, of which e-cigarettes are one example, have not been rigorously assessed for efficiency and safety by the Therapeutic Goods Administration (TGA) and therefore the quality and safety is unknown.

In April 2017, the National Health and Medical Research Council Chief Executive Officer issued a statement pertaining to electronic cigarettes which states:

“there is currently insufficient evidence to support claims that e-cigarettes are safe and further research is needed to enable the long-term safety, quality and efficacy of e-cigarettes to be assessed. ... There is currently insufficient evidence to conclude whether e-cigarettes can assist smokers to quit. Smokers wishing to quit should consult the Quitline or their general practitioner. Health authorities and policy-makers should act to minimise harm to users and bystanders, and to protect vulnerable groups such as young people, until evidence of safety, quality and efficacy can be produced.

The ADA shares concerns expressed by other health associations that in the absence of a strong evidence base supporting the purported benefits of the use of e-cigarettes, the potential risks of harm to the user and to those who are exposed to e-cigarette emissions must be taken into account by policy makers. Furthermore, adopting a regulatory or policy approach which supports e-cigarettes risks re-normalisation of smoking, particularly by young people.

The *Medical Journal of Australia* suggests that people who consume e-cigarettes are less likely to quit smoking.¹ Another study found that the amount of damage experienced by gums and oral cavity was influenced by how often e-cigarettes are smoked. The study also found that the flavoring chemicals play a role in damaging cells in the mouth. At the same time, the study also stated that further research was needed in this area.² Because of this limited research, the ADA urges policy makers to continue supporting the use of traditional clinically proven methods, products and programmes to aid smoking cessation. From a dental practice perspective, the discussion pertaining to the use of e-cigarettes/ENDS should only be considered after all other avenues were attempted. That discussion would require the practitioner to inform the patient about the limited research about the efficacy of e-cigarettes/ENDS for smoking cessation, and would be urged to not use such products indefinitely if the patient does not find its use has helped them to quit smoking. Other warnings would also include to refrain from using such products in the presence of children; so as to limit exposure to passive e-cigarette emissions and exposure to nicotine.

Terms of Reference 3. International approaches to legislating and regulating the use of e-cigarettes and personal vaporisers

From May 2017, the UK introduced a series of safety and labelling rules requiring amongst other things, that producers and importers of e-devices and liquids be registered with the government; abide by maximum volume limits for containing with liquids that contain nicotine; ensuring these containers are child/tamper proof; nicotine concentration limits. Commentary has observed that there are no restrictions on e-liquids that do not contain nicotine nor have age restrictions to access. This gap poses a risk to act as gateway to nicotine and tobacco products.³

¹ McKee M, Daube M, Chapman S. ‘E-cigarettes should be regulated’, *Med J Aust*, 2016; 204 (9): 331.

² Editor, ‘First-ever study shows e-cigarettes damage gums’, November 24, 2016, *Bite Magazine*, http://bitemagazine.com.au/first-ever-study-shows-e-cigarettes-damage-gums/?utm_medium=email&utm_campaign=Weekly%20Dental%20News%20%20Bite%20Magazine&utm_content=Weekly%20Dental%20News%20%20Bite%20Magazine+CID_3acb9ca4cd99e92771d80e23388e69b7&utm_source=Engage%20Campaign%20Monitor&utm_term=First-ever%20study%20shows%20e-cigarettes%20damage%20gums; the study referred to is Sundar I.K., Fawad J, Georgios E.R., Rahman I ‘E-cigarettes and flavorings induce inflammatory and pro-senescence responses in oral epithelial cells and periodontal fibroblasts’, *Oncotarget*. 2016; 7:77196-77204. doi: 10.18632/oncotarget.12857

³ <https://www.tradingstandards.uk/news-policy/news-room/2017/tobacco-and-vaping-laws-are-changing-london-trading-standards-reminds-smokers-and-retailers>

Canada also regulates the manufacture, sale, labelling and promotion of e-cigarettes and vaping products. Canada is considering prohibiting the promotion of flavours that appeal to youth, such as candy flavours.

While in the United States the individual states can pass their own laws relating to e-cigarettes, the Food and Drug Administration regulates the manufacture, import, packaging, labelling, advertising, promotion, sale, and distribution of ENDS.

However, where the product is marketed for therapeutic purposes (for example, to help people quit smoking), they are regulated by the FDA through the Center for Drug Evaluation and Research (CDER).

Terms of Reference 4. The appropriate regulatory framework for e-cigarettes and personal vaporisers in Australia;

The model taken to regulate the marketing of e-cigarettes and personal vaporisers should mirror those that pertain to the smoking of tobacco products.

With the body of scientific and clinical research about the health impacts of e-cigarettes/personal vaporisers still in their early stages of infancy, the Australian Government should draw from lessons pertaining to public policy debates regarding the health impacts of tobacco products in the 20th century. The ADA urges the Australian Government to adopt in the precautionary principle and adopt the same regulations that underpin the use, manufacturing and marketing of tobacco products; applying them to e-cigarettes and personal vaporisers and ENDS.⁴ Noting that the States and Territories can delineate the nature of the restrictions in internet advertising of tobacco products, at all levels of government the advertising of e-cigarettes, personal vaporisers and ENDS should be restricted as outlined in the *Tobacco Advertising Prohibition Act 1992* (the Act). The Act makes it an offence for a person to publish a tobacco advertisement on the internet or by other electronic media in Australia, for example, via mobile phone.

Terms of Reference 5. Any other related matter.

No comment.

Should you require further details regarding the ADA's feedback, please contact, the ADA Chief Executive Officer, Damian Mitsch at ceo@ada.org.au or 02 9906 4412.

Yours sincerely,



Dr Hugo Sachs
President

⁴ Other associations have expressed this position such as the Canadian Public Health Association, the World Health Organization and Centers for Disease Control and Prevention (CDC), see Maillet P., 'E-cigarette use in Canada: A call to action', *Can J Dent Hyg*, 2015;49(1): 3-5. For the European Association of Dental Public Health who also share this position, see Jones C. & Moore F., 'Editorial: The European Association of Dental Public Health conference resolution on the control of e-cigarettes', *Community Dental Health* (2014) 31, 194–195.