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To: Joint ACMS-ACCS #24 - medicines.scheduling@health.gov.au
Areas: Proposed Amendment To Exempt 'Tobacco Prepared and Packed for Heating' From Schedule 7 of the Poisons Standard
From: Stephanie Thuesen, Director of Stakeholder Engagement at The Progressive Public Health Alliance
Date: 29th January 2019

About The Progressive Public Health Alliance

The Progressive Public Health Alliance is a collaboration that started in 2018, growing out of the struggle to achieve universal publicly funded access to health services and treatment for all Australians, and in particular, pioneering drug harm reduction programs.

We are driven by the decades long experience of our members in working with people and families affected by problematic drug use, smoking and alcohol abuse. The Progressive Public Health Alliance has been set up to achieve positive change in access to publicly funded healthcare and harm reduction.

We are a not-for-profit incorporated association based in Melbourne, Australia and we are funded by donations from our members and supporters. Progressive Public Health Alliance will not accept any funding or in-kind resourcing from industry or industry bodies in areas that it has involvement and does not accept any funding or in-kind resources from weapons manufacturers, pharmaceutical, gambling, tobacco and alcohol companies.

We work across and Australia and our region, linking in with other progressive health organisations and movements who are committed to the same goals in their communities. Our members work with health professionals, carers, policymakers and the public to achieve our goals in providing universal healthcare, evidence based best practice in harm reduction and the detection, treatment and prevention of non-communicable diseases.

We have a governing board responsible for the direction and governance of the organisation, an executive officer and a small team of staff and volunteers who support our board.

1.0 Smoking in Australia

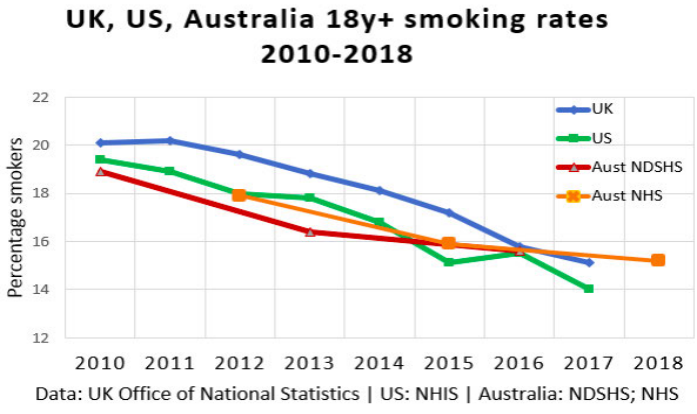
1.1. One of the leading causes of preventable illness and early mortality in Australia is tobacco smoking. Over 70 of the reported 7000 chemicals in cigarette smoke are known carcinogens. 15.2% of Australians smoked tobacco products in 2017-2018, of which 13.8% were daily smokers[1]. Tobacco continues to be the leading cause of cancer in Australia contributing a staggering 22% of cancer burden[2]. It is estimated that around 19,000 people die every year due to cigarette smoking and this burden is made up of heart disease, diabetes, stroke, cancer, renal disease, eye disease, asthma and emphysema[3], therefore it is no surprise that cigarette smoking continues to be a cause of preventable health burden and injury[4] that needs to be reduced for the benefit of our community.

1.2. According to the Australian Institute for Health and Welfare, those living in remote and very remote communities are 1.5 times more likely to be daily smokers[5]. Hence smoking rates in the Northern Territory continue to top all of the states and territories at a rate of 1 in 5 [6]. Much like trends seen in the US[7], Canada[8], New Zealand[9] and the UK[10], Victorian Cancer Council findings for the 2017-18 period showed that communities in the most disadvantaged areas in Australia are 3.2 times as likely to smoke tobacco compared to those living in the highest socio-economic areas[11].

1.3. As of 2018-19, 41.4% of Aboriginal and Torres Strait Islander people ages 15 years and over were smokers compared to 14.4% of non-Indigenous Australians[12]. It has been reported that daily smokers are twice as likely to have high or very high levels of psychological distress as non-smokers and are twice as likely to be diagnosed with or treated for a mental health condition[13]. The statistics of those in institutional settings such as psychiatric facilities[14] and prisons[15] are also unacceptably high.

1.4. The estimated social cost of tobacco smoking in 2015-16 period was a staggering $136.7 billion[16] and disproportionately affects the most vulnerable communities in Australia given the geographic and social groups that take up and continue to smoke tobacco.

1.5. For the period of 2013-2016 the reduction in the rate of adult smoking in Australia slowed dramatically[17] despite consistently large price increases and the implementation of plain packaging. In comparatively similar countries rates of smoking are falling much more strongly by implementing a broader range of measures, including a range of alternative, lower-risk nicotine-based products. According to a 2019 McKell Institute Report on tobacco harm reduction, “smoking rates are declining faster in many other countries than in Australia, especially where tobacco harm reduction strategies are available. Smoking rates in the UK and US are lower than in Australia for the first time.”[18]



1.6. Whilst overall smoking rates have dropped, the rapid rate of price increases on cigarettes since 2010[19] has done little to aid community members living in remote or low socio-economic areas, where tobacco use continues to be a leading cause of health and financial instability[20].

2.0 True Tobacco Harm Reduction

2.1. Of all nicotine products available, the most dangerous way to consume nicotine when it is inhaled in a cigarette. The method of burning nicotine "created a matrix of thousands of chemicals which are toxic to living tissue".[21] Celebrated public health advocate Dr Michael Russell explained that, "people smoke for nicotine but they die from tar"[22]. In 2015, organisations such as Public Health England[23] and the UK Royal College of Physicians[24] both estimated after comprehensive scientific reviews, that e-cigarettes are 95% less harmful than cigarettes. Following this the UK Royal College of Physicians determined that "the risks associated with e-cigarettes are unlikely to exceed 5% of those associated with smoking tobacco products, and may well be substantially lower."[25] This finding was echoed by the US National Academies of Sciences, Engineering and Medicine stating that "the evidence suggests that while e-cigarettes are not without health risks, they are likely to be far less harmful than conventional cigarettes".[26]

2.2. According to the head of the Australian Drug Law Reform Foundation, Dr Alex Wodak AM, in his submission into a previous enquiry into alternative nicotine delivery products, numerous studies have shown far lower concentrations of toxicants in E-cigarette vapour than cigarette smoke.[27]

> *"Many studies have shown partial improvement in physiological measures (such as improvement in blood pressure, asthma outcomes, weight gain, lung function and COPD exacerbations) when smokers have switched to 'vaping' Electronic Cigarettes. It is hard to understand the extremely hostile attacks on E-cigarettes and their advocates until the history of other harm reduction interventions is returned into focus. Mandatory car seat belts, the distribution of condoms to reduce teenage pregnancy and Sexually Transmitted Infections, needle syringe programs to reduce the spread of HIV among and from people who inject drugs, and methadone for treating heroin dependence are some of the other harm reduction interventions which were met with skepticism and hostility at the time of their introduction and for many years later. E-cigarettes (and snus) are examples of harm reduction"*
> **Dr Alex Wodak**[28]

2.3. According to Dr Wodak, the concept of 'harm reduction' has been part of Australia's National Drug Strategy since 1985 and is also included in Australia's National Tobacco Strategy and in the World Health Organisation Framework Convention on Tobacco Control.[29]

2.4. Harm reduction is centered on the notion of eliminating harm as opposed to being solely focused on eliminating usage. We have seen the detrimental effects of implementing policy based solely on eliminating usage as opposed to harm with many wasted years fighting a 'war on drugs'. The elimination of all smoking is the ultimate goal but it completely dismisses the potential positive outcomes in developing policy and practice based on evidence. Developing policies that are focused on recognising the behavior of smokers and looking to change this, as opposed to blanket-rule legislation or punitive regulation, will be of increased benefit to our community.

2.5. The implementation of a robust regulatory regime that is consistent between jurisdictions and centered on the principles of harm reduction will clearly aid the cessation of cigarette smoking. At present many Australian consumers are accessing nicotine in various concentrated forms via a range of overseas markets. It is out contention that this is far more unsafe as there are no safeguards for consumers. Currently the importation or sale of these goods is either prohibited, regulated poorly and/or policed poorly with a confusing mix of responsibility falling across customs, state and federal police. Furthermore, the mixtures or regulations across state and federal jurisdictions in relation to the importation of these goods is varying and complex and deters many people who are wanting to switch from cigarettes to alternative nicotine products.

2.6. There are opponents that argue that any nicotine usage is a gateway to cigarette smoking. There is a slew of international evidence that contradicts this, both through population level indicators and studies on individuals showing the very few people are not already experimenting with smoking tobacco are using these products. A study conducted in the UK into whether nicotine replacement devices re-normalise smoking unequivocally showed that there is no evidence of this. Conducted over a 2 year period, the study surveyed over 60,000 11-16 year-olds and found that only between 0.1% and 0.5% of participants who had never smoked a cigarette regularly used e-cigarettes.[30] This "most e-cigarette experimentation does not turn into regular use, and levels of regular use in young people who have never smoked remain very low."[31]

2.7. New Zealand is on the cusp of regulating lower risk nicotine delivery products with the New Zealand Ministry of Health stating that "there is no international evidence that vaping products are undermining the long-term decline in cigarette smoking among adults and youth, and may in fact be contributing to it."[32]. This was also echoed by the University of Victoria in Canada who also stated that there is "no evidence of any gateway effect whereby youth who experiment with vapour devices are, as a result, more likely to take up tobacco use"[33].

3.0 Heat not Burn

3.1. In 2017 the independent scientific advisory body to the United Kingdom, The Committee of Toxicology stated in their report to Public Health England that "people using such products were exposed to between 50 and 90% fewer harmful and potentially harmful chemicals compared with conventional cigarettes"[34].

3.2. Heated tobacco products deliver similar levels of nicotine to that of smoking without physical combustion, tar and carbon monoxide thus making it a lower risk alternative to smoking cigarettes. The nicotine is delivered to the brain much quicker than the current nicotine replacement options on the market. It has been determined that heated tobacco products are "effective in reducing cigarette craving and withdrawal symptoms …"[35]

3.3. Allowing heated tobacco provides opportunities for the government to further regulate and encourage harm reduction measures to once again drive down Australia's plateauing smoking rates. It appears that current measures implemented by various governments to deter people from smoking cigarettes have achieved maximum efficacy. The Progressive Public Health Alliance welcomes rigorous scientific assessment and reviews of current and future scientific literature, particularly relating to the use of heated tobacco products and e-cigarettes.

3.4. We welcome the recent updated guide on supporting smoking cessation by the Royal Australian College of General Practitioners who this week remarked that prescribing options for nicotine replacement therapies should be widened.

> *"The [therapies] that have been tested and been through therapeutic approval would be the first choice, but if you have someone who has not succeeded in quitting using those methods and they are interested in nicotine vaping, there is some evidence of benefit and they could be considered"*
> **Nicholas Zwar, Royal Australian College of General Practitioners[36]**

3.5. Such a statement echoes our belief that nicotine replacement therapy should be robustly regulated by the government, readily available to purchase in Australia and continuously reviewed by health professionals as it has the potential to improve the length and quality of life for the many Australians smokers who are looking to start their quit journey and may never quit smoking in the absence of an acceptable substitute.

3.6. In a response to the inquiry 'The Use and Marketing of Electronic Cigarettes (E-Cigarettes) and Personal Vaporisers in Australia' in 2017, Professors Gartner and Hall from the University of Queensland stated that e-cigarettes may:

> *"… assist some smokers to become smoke-free who would never quit smoking in the absence of an acceptable substitute. It is arguably unethical and unjust to deny smokers who have great difficulty ending their nicotine addiction from using less harmful alternatives while we continue to allow them ready access to the most harmful nicotine products (combustible tobacco cigarettes)"*
> **Associate Professor Coral Gartner and Professor Wayne Hall[37]**

4.0 Conclusion

4.1. The current situation where alternative nicotine delivery devices are poorly regulated and policed gives poor outcomes to smokers and to the Australian community. Appropriate smoking alternatives and cessation tools such as heated tobacco, vaporisers and snus should be robustly regulated and readily available to purchase in Australia whilst being continuously reviewed by regulatory authorities. This will increase the repertoire of smoking alternatives available to quit practitioners and health professionals and has the potential to benefit Australian smokers through enabling many more of them to quit smoking, giving so many more Australians longer, healthier and more productive lives. If Australia continues down the path of prohibition of less harmful nicotine-based alternatives it will limit the ability of government and regulatory agencies to feasibly further restrict and regulate the provision of tobacco for smoking. We need to acknowledge the failure of prohibition as a policy stance across the alcohol, tobacco and other drug sector and recognise that future policy must be based on the health needs of people addicted to (or at risk of addiction to) cigarette smoking rather than a punitive approach which harms the most vulnerable communities that have strong rates of addiction to smoking.

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