

## Submission to TGA on proposed amendments to the Poisons Standard

The scheduling of nicotine for human therapeutic use should not be changed, unless in ways that liberalise the access to nicotine liquid for addicted adult smokers and vapers i.e. the legal importation, possession and use of nicotine liquid for use in ENDS in low doses for the purpose of smoking cessation or prevention of relapse for non-smoking vapers.

Any policy that further restricts access to nicotine liquid for Australia's adult smokers and vapers would be contrary to the public health duty of care, especially since nicotine in "tobacco prepared and packed for smoking" is readily accessible. Tobacco "prepared and packed for smoking" kills around 21,000 Australians every year and leaves many others with debilitating illness. Vaping with nicotine is being used by millions in Australia and globally (>40M) to either reduce harm from smoking or to eliminate harmful smoking, and has killed nobody in over a decade of use.

Tobacco harm reduction is recognised in many western countries where vaping has been legalised and where smoking prevalence rates are declining faster than ever before, partly due to ENDS use. Australia's once laudable record of smoking prevalence has taken a huge hit in the last six years with abysmal rates of decline in smoking prevalence and failed strategies to control prevalence.

Australia is increasingly out of step with other western democracies when it comes to the availability of nicotine liquid for vaping. How much out of step does Australia need to be before it becomes a pariah in international public health affairs?

The "precautionary approach" to the legalisation of nicotine liquid and vaping in Australia has always been wrong, will always be wrong, as long as it continues to prevent or restrict addicted adult smokers from accessing a proven less harmful option to quit their deadly habit, and as long as it allows unrestricted access to nicotine in deadly tobacco products. Also, that the government makes 17 billion dollars at the expense of Australian smokers' lives and health is treacherous. The ready sale of tobacco products that kill over 21,000 Australian smokers yearly, and the attempt to ban nicotine and less harmful vaping products that have killed almost nobody, cannot be reconciled.

The science behind the harmfulness and the risks and benefits of nicotine has been ignored by many in public health in Australia. Nicotine is not carcinogenic, is about as addictive as caffeine in coffee, has many benefits for users e.g. focus, memory and attention benefits, and could have benefits for mild cognitive impairments, Parkinson's disease and the onset of dementia. The LD50 of nicotine and potential for death has long been overstated by public health bodies in Australia. Statements by public health bodies regarding nicotine and damage to adolescent brains cannot be reconciled with the current population of smokers and vapers in Australia that have no discernible brain damage.

I am 66 years of age; before quitting, I was a smoker of more than 60 cigarettes daily. I smoked for over 40 years. 6 years ago, I switched immediately from smoking to vaping with nicotine and not smoked a cigarette since. I feel immensely better, and my doctor agrees that vaping has probably saved my life. I will probably not add ten years to my life because of my age and time spent smoking, but I will more than likely add some years to my life expectancy. I am the living proof that vaping works as a smoking cessation method, and I am not alone, there are millions of vapers globally with a similar story to tell. I am the proprietor of a vape shop that has helped many hundreds of smokers to improve their health by switching from smoking to vaping, and I have done so under severe legislative restrictions in my state that are disproportionate to the stated objectives.

The uptake of vaping in Australia would be higher, and smokers far less, if proportionate regulation was enacted that allowed unrestricted access to ENDS products and nicotine for adult smokers.

The legalisation of nicotine and vaping in Australia would have the immediate effect of reducing the smoking prevalence rate and reducing the burden of public health expenses on the taxpayers of Australia. Vaping has not cost the Australian government a cent, vapers pay for their own smoking cessation devices and liquid, and if not for misrepresentation of the relative risks and benefits, adult smokers would willingly flock to it in large numbers. Sales of smoking and vaping products to underage users is prohibited by law in all states of Australia and protects them from harms.

Medical doctors in Australia are bound by duty to care for their patients (including smokers) and currently, the College of Psychiatrists, College of GP's, and the College of Physicians all support vaping as a less harmful alternative for addicted adult smokers.

If nicotine in low doses was harmful to public health in Australia, nicotine replacement therapies (patches, gum, lozenges, strips and sprays) would not have been approved for sale by the TGA and made available to anyone over the age of twelve years old at Coles and Woolworths without a doctor's prescription. The efficacy of NRT pharmacological remedies for smoking cessation is poor.

If common sense were to prevail, it would be nicotine "packed and prepared for smoking" that should be included in a scheduling category that made it harder to access and require a doctor's prescription. I have never heard a satisfactory explanation as to why nicotine "packed and prepared for smoking" continues to be scheduled the way it is today, "an historical anomaly" is the explanation offered by the TGA. Nicotine has been responsible for very few deaths worldwide, smoking of combustible tobacco products, however, is responsible for an intolerable amount of deaths worldwide, is the leading cause of preventable death, and yet, not the current focus of public health in Australia. EVALI lung issues in the USA had nothing to do with nicotine vaping despite currently unretracted statements by Australia's CMO and State Health Officers.

The first and utmost priority of public health in Australia should be to eliminate the death and disease from tobacco smoking in accordance with WHO FCTC article 1d. To ban or restrict access to nicotine and less harmful vaping products whilst allowing ready access to the most harmful products is inhumane, unethical and immoral on many levels. Freedoms and liberties are also curtailed.

Australian public health attitudes to tobacco harm reduction must change. The underlying stigmatising messages such as "Smokers and vapers are disgusting", "Nicotine is a dangerous drug", "Vape companies are pushing addictive nicotine onto our children", "Just stop smoking", and other harmful ideologies are not helpful and make no allowance for tobacco harm reduction, while at the same time, the government is allowing the sale of deadly tobacco products that kill 21,000 smokers a year and burden public health resources. This type of harmful thinking could result in Australian citizens (including smokers and vapers) being left to believe that public health simply doesn't care about them or their health, and cannot be reconciled with public health duty of care or public health's core purpose. Australia's smokers and vapers are humans and citizens that need help.

Now is the time to change, decriminalise nicotine accessibility, possession and use for addicted adult smokers based on science and evidence or be left in an immoral limbo of innuendo and doubt.

Australian Public Health and the TGA have a choice to make, and for the sake of Australia's addicted smokers and its vapers, and in memory of those smokers who have died and the smokers who will die unnecessarily in the future, I hope it makes the right one.

Charlie McCracken – Vaping advocate, nicotine user, ex-smoker.