Advisory Committee on Chemicals Scheduling Therapeutic Goods Administration

SUBMISSION ON AN APPLICATION TO AMEND SCHEDULE 7 OF THE POISONS STANDARD (CHEMICALS) – Nicotine in Heated Tobacco Products

Comments of Andrew da Roza

Introduction

1. I would like to thank the committee for the opportunity to provide my comments on the role of heated tobacco devices and consumables as substitutes for smoking, as an addition to the existing public health harm tobacco reduction measures addressing non-communicable diseases arising from smoking.

2. I am an addictions psychotherapist with Promises Healthcare Pte. Ltd.; and Chairman of We Care Community Services Ltd., a charity assisting addicts and their families. I am mental health advisor to the Singapore National Council of Social Services Committee; and a member of the Singapore Anti-Narcotics Board Association Rehabilitation and Reintegration sub-Committee.

3. I am concerned that the interim decision to not exempt heated tobacco products from Schedule 7 will seriously harm public health as a result of unintended consequences. While cigarettes remain legal, plentiful and affordable, it is submitted that restricting access to novel tobacco and nicotine products will stagnate progress made in a future without cigarettes and consign our youth and their parents to early morbidity and mortality.

4. Regulations that severely restrict accessibility of alternatives remove the ability of governments to monitor and restrict use; support the introduction of technology that will make products safer; specify and control product quality and safety; and monitor and control the distribution channels.

5. Some have expressed fears that adopting new technologies may delay or threaten the implementation of conventional measures. However, there is no practical reason why MPOWER and HNB cannot live side by side - just as NRT has been an integral part of the MPOWER Measures for 30 years. HNB is simply another form of nicotine replacement that is substantially safer than cigarettes.

6. I note that the committee was concerned about harmful and potentially harmful constituents (HPHCs), and the toxicity of the aerosol products by heated tobacco products as compared to cigarettes. The U.S. Food and Drug Administration (FDA)

decided on 7 July 2020[1] to authorize the marketing of Philip Morris International's electrically heated tobacco system (EHTS) as a modified risk tobacco product (MRTP). The EHTS is the first tobacco products to receive "exposure modification" orders, which permits the marketing of a product as containing a reduced level of or presenting a reduced exposure to a substance or as being free of a substance when the issuance of the order is expected to benefit the health of the population.

7. Notably, the US FDA determines that:
    a. Because PMI's EHTS heats tobacco and does not burn it, it significantly reduces the production of HPHCs compared to cigarette smoke,
    b. Studies showed switching completely from combusted cigarettes to the EHTS significantly reduces the body's exposure to 15 specific HPHCs,
    c. The toxicological assessment also found that, compared with cigarette smoke, aerosol produced by PMI's EHTS contain considerably lower levels of potential carcinogens and toxin chemicals that can harm the respiratory or reproductive systems.

8. Heated tobacco products have been introduced in Japan since late 2014. Cigarette volumes in Japan have fallen by 33 percent in three years, from 43.6 billion sticks in January – March 016 to 29.1 billion sticks in January – March 2019. A 4-year study[2] that was published by the American Cancer Society and another paper[3] recently published in the International Journal of Environmental Research and Public Health found that the introduction of heated tobacco products was likely responsible for this significant reduction in the sales of cigarettes in Japan.

9. I applaud the AHPPC and Australia's panel of medical experts' recognition that there is a notable group of Australian smokers who have been using these novel tobacco and nicotine products as a means to ending their cigarette smoking and that more time should be given to implement the bill on prescribing nicotine based vaporisers.

10. Typical quit rates vary between 1% and 4% globally, in countries that do not have novel tobacco and nicotine products. There should be as many avenues to encourage a smoker to quit conventional cigarettes as soon as they can for the benefit of public health.

11. I once again thank the Committee for the opportunity to provide the abovementioned comments. I urge the Committee to extend the same weighted decision with the nicotine based vaporizer bill and consider the recent MRTP

---

[1] FDA Authorizes Marketing of IQOS Tobacco Heating System with 'Reduced Exposure' Information, US FDA, July 7 2020, https://www.fda.gov/news-events/press-announcements/fda-authorizes-marketing-iqos-tobacco-heating-system-reduced-exposure-information

[2] Stoklosa M, Cahn Z, Liber A, et alEffect of IQOS introduction on cigarette sales: evidence of decline and replacement. Tobacco Control Published Online First: 17 June 2019. doi: 10.1136/tobaccocontrol-2019-054998

[3] K.M. Cummings, S. Ballin and D. Sweanor, The past is not the future in tobacco control, Preventive Medicine (2020), https://doi.org/10.1016/j.ypmed.2020.106183

authorization of heated tobacco products with the smokers using these novel products to quit cigarettes in mind.

12. Please kindly refer to my previous detailed submission, addressed on the 1st of July, attached in the same email for your easy reference.

Andrew da Roza

[redacted]