

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS



**INQUIRY INTO THE USE AND MARKETING OF ELECTRONIC CIGARETTES AND
PERSONAL VAPORISERS IN AUSTRALIA**

Submission to the Standing Committee on Health, Aged Care and Sport

July 2017

INTRODUCTION

Established in 1927, the Royal Australasian College of Surgeons (RACS) is the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand. RACS is a not-for-profit organisation representing more than 7,000 surgeons and 1,300 surgical trainees.

EXECUTIVE SUMMARY

Smoking is the single most important preventable cause of ill health and death in Australia.¹ Tobacco use is known to cause certain cancers and increase the risk of other diseases and congenital abnormalities. Surgical outcomes are consistently poorer for smokers than non-smokers, with patients who smoke experiencing longer recovery times, increased risk of wound infection, and significantly increased risk for myocardial infarction and stroke. Smokers also have a higher post-surgery mortality rate than non-smokers.

RACS is therefore a strong supporter of the goal outlined in the Commonwealth Government's National Tobacco Strategy 2012-2018 to reduce the smoking rate from 15.1% of the population in 2012 to 10% by 2018. In 2012 Australia became the first country in the world to introduce plain packaging laws, and alongside yearly excise increases, plain packaging has proven to be an effective form of tobacco control.²

While RACS supports proven products that will help people quit smoking, the evidence regarding the efficacy of e-cigarettes as a means for smoking cessation, their health effects, and their impact on surgery is inconclusive. For example the impact of e-cigarettes on different procedures, notably plastic surgical procedures that rely heavily on the vascularity of skin tissue, is unknown.³ Until the risks and any such benefits are better understood through further research, governments should implement tighter controls around the sale and supply of e-cigarettes.

RACS does not endorse the use of e-cigarettes in any way, either for therapeutic or recreational purposes, and believes they should be treated with the same level of caution as tobacco products.

RACS recommends:

- Prohibiting the sale of e-cigarettes to minors under the age of 18.
- The requirement of a specific licence to sell e-cigarettes and/or components.
- Prohibiting the display e-cigarettes in sales outlets.
- Prohibiting the sale of e-cigarettes via vending machines.
- Introducing and tightening regulations concerning e-cigarette ingredients, with particular regard to flavours which appeal to children and young people.
- Requiring the use of child-proof caps, tamper-evident packaging, health warnings and ingredient lists on e-cigarette and e-liquid products.
- Prohibiting the use of e-cigarettes in areas that are smoke-free under other regulations.
- Prohibiting free distribution and awards associated with sales of e-cigarettes.
- Prohibiting advertising and sponsorship associated with e-cigarettes.

Many of these recommendations are in line with the findings of the South Australian Parliament Select Committee on E-Cigarettes.⁴

THE USE AND MARKETING OF E-CIGARETTES AND PERSONAL VAPORISERS TO ASSIST PEOPLE TO QUIT SMOKING

The Therapeutic Goods Administration (TGA) is Australia's regulatory authority for therapeutic goods, and aims to ensure that these types of products available in Australia are of an acceptable standard. It rigorously assesses Nicotine Replacement Therapy products for efficacy and safety before approving them as aids to assist people to quit smoking; however no assessment of e-cigarettes has been undertaken to date.

It further notes that products claiming to help people quit smoking are therapeutic goods, and that the importation and supply (including sale) of therapeutic goods is illegal in Australia unless authorised by the TGA.⁵

The National Health and Medical Research Council (NHMRC) holds the position that there is currently insufficient evidence to conclude whether e-cigarettes can assist smokers to quit. In fact there is some evidence from longitudinal studies to suggest that e-cigarette use in non-smokers is associated with future uptake of tobacco cigarette smoking.⁶

RACS is concerned about the use of e-cigarettes as a marketing tool to younger people which may eventually lead to the uptake of tobacco smoking. An analysis of four longitudinal studies that investigated the use of e-cigarettes and smoking found that not only are e-cigarettes not an effective tool for smoking cessation among adolescents, but they are actually associated with higher incidence of traditional cigarette smoking.⁷

A US Surgeon-General report found that e-cigarettes are now the most commonly used tobacco product among youth, surpassing conventional cigarettes in 2014. The authors expressed concern about the use of flavours and a wide variety of media channels and approaches which were previously used to market conventional tobacco products to youth and young adults.⁸

In Australia, respondents were asked about their use of e-cigarettes for the first time in the 2013 National Drug Strategy Household Survey. Younger smokers more likely to have used them than older smokers (27% of 18–24 year olds compared with 7.2% of 60–69 year olds).⁹

THE HEALTH IMPACTS OF THE USE OF E-CIGARETTES AND PERSONAL VAPORISERS

While e-cigarettes may expose users to fewer toxic chemicals than conventional cigarettes, the extent to which this reduces harm to the user has not been determined.¹⁰ E-cigarettes may expose users to chemicals and toxins such as nicotine, formaldehyde, heavy metals, particulate matter and flavouring chemicals, at levels that have the potential to cause adverse health effects.

Nicotine exposure during adolescence can cause addiction and harm the developing brain. It can also cross the placenta and has known effects on fetal and postnatal development. Ingestion of e-cigarette liquids can cause acute toxicity and possibly death if the contents of refill cartridges or bottles are consumed.¹¹

Apart from the unknown long-term health effects of e-cigarettes, these types of devices have been associated with overheating, fire or explosion events.¹² Plastic surgeons in Wales warned of the dangers of exploding e-cigarette batteries in October 2016 after treating five patients for burns.¹³

INTERNATIONAL APPROACHES TO LEGISLATING AND REGULATING THE USE OF E-CIGARETTES AND PERSONAL VAPORISERS

This is outside RACS area of expertise.

THE APPROPRIATE REGULATORY FRAMEWORK FOR E-CIGARETTES AND PERSONAL VAPORISERS IN AUSTRALIA

Until the risks and any benefits of the use of e-cigarettes are better understood, they should be regulated in the same way that tobacco products are regulated.

Thank you for the opportunity to provide input to this important inquiry.

¹ Australian Institute of Health and Welfare. Risk factors contributing to chronic disease. Canberra; 2012. Cat. no. PHE 157. Available from: www.aihw.gov.au.

² Wakefield, M et al. Australian adult smokers' responses to plain packaging with larger graphic health warnings 1 year after implementation: results from a national cross-sectional tracking survey. *Tob Control*. 2015; 24: ii17. See also: *Tob Control*. 2015; 24: ii1-ii100.

³ PJ Taub, A Matarasso. E-cigarettes and potential implications for plastic surgery. *PRS Journal*. July, 2016.

⁴ South Australia Parliament. Select Committee on E-Cigarettes. Adelaide; Feb 2010. Available from: www.parliament.sa.gov.au.

⁵ Therapeutic Goods Administration. Electronic cigarettes [Internet]. Canberra. Australian Government Department of Health. [cited 4 July 2017]. Available from: www.tga.gov.au.

⁶ National Health and Medical Research Council. NHMRC CEO Statement: Electronic Cigarettes (E-Cigarettes). Canberra; 3 April 2017. Available from: www.nhmrc.gov.au.

⁷ K Chatterjee, B Alzghoul, A Innabi et al. Is vaping a gateway to smoking: a review of the longitudinal studies. 2016. *Int J Adolesc Med Health*. Aug, 2016.

⁸ US Department of Health and Human Services. E-Cigarette Use Among Youth and Young Adults. A Report of the Surgeon General. Atlanta, GA; 2016.

⁹ Australian Institute of Health and Welfare. Tobacco smoking in the general population [Internet]. Canberra. AIHW; 2017. [cited 3 July 2017]. Available from: www.aihw.gov.au.

¹⁰ Ibid.

¹¹ US Department of Health and Human Services. E-Cigarette Use Among Youth and Young Adults. A Report of the Surgeon General. Atlanta, GA; 2016.

¹² SF Rudy and EL Durmowicz. Electronic Nicotine Delivery Systems: Overheating, Fires and Explosions. 2016. *Tob Control*. Mar, 2016.

¹³ The Independent. Surgeons issue warning on dangers of exploding e-cigarettes [Internet]. London, UK; 8 Oct 2016. Available from: www.independent.co.uk.