

ATODA Policy Position Statement

E-cigarettes and Tobacco

Preamble

There is a long-standing and well-established body of evidence around the negative health impacts of tobacco-containing products. While tobacco use rates in the ACT are currently at less than five percent, there are still specific sub-populations where tobacco use remains high.¹ Nicotine, the main psychoactive ingredient in tobacco products, is associated with high rates of dependence, and supporting individuals to reduce tobacco harms remains a public health challenge.

Electronic cigarettes (e-cigarettes)—also referred to as vapes—are a more recent public health concern, in particular due to their high uptake amongst young people. These products heat and vapourise a liquid that is then inhaled. These liquids potentially contain unknown quantities of nicotine and flavouring chemicals. Although there is some evidence to indicate that e-cigarettes may be a less harmful alternative to tobacco smoking and may assist some people to quit smoking tobacco cigarettes,^{2,3} there is emerging evidence that e-cigarette use, including the use of nicotine containing e-cigarettes, can be associated with a range of health harms. Of additional concern are the public health harms arising from the increasing dual use of both tobacco-containing products and e-cigarettes. In the ACT, 17.3 percent of people who currently smoke also use e-cigarettes, compared to 5.7 percent in 2019.⁴

Although there are some distinct health and policy issues related to tobacco and e-cigarette use, this policy position statement considers these nicotine-containing products concurrently. ATODA's recommendations seek to enhance efforts to reduce tobacco and e-cigarette use and their associated health harms comprehensively and responsively – based on population needs. This must be inclusive of diverse population groups, including those with lower health literacy or less general contact with the health system and those who experience greater harms overall from tobacco and e-cigarette use.

Key recommendations

ATODA recommends that the ACT government:

1. Continues to meet its commitments under the *National Tobacco Strategy 2023-2030*, including achieving the daily smoking target of less than five percent by 2030.
2. Sets targets for reduced daily tobacco use and e-cigarette prevalence among priority and specific populations and monitors progress against these targets.
3. Funds and appropriately resources the development and implementation of evidence-based interventions for nicotine-dependence treatment with a focus on populations experiencing the greatest harms from tobacco and e-cigarette use.
4. Funds and supports alcohol, tobacco and other drug (ATOD) services in the ACT to provide evidence-based interventions to support cessation of tobacco and e-cigarette use.
5. Appropriately funds targeted and evidence-based health campaigns to reach populations experiencing or at risk of experiencing the greatest harms from tobacco and e-cigarette use.
6. Continues to counter the tobacco industry's influence by enforcing current regulations and legislation regarding the manufacturing, sale, and distribution of illegal e-cigarettes.
7. Adopts a harm reduction approach, including through ensuring there are no criminal penalties for personal possession of nicotine-containing e-cigarettes.

1. Meeting commitments under National Tobacco Strategy 2023-2030

In line with the *National Tobacco Strategy 2023-2030* (NTS), the ACT government has committed to reducing the prevalence of tobacco, e-cigarettes and novel nicotine products, and reducing associated health, social, environmental and economic harms.⁵

The *ACT Drug Strategy Action Plan 2022-2026*⁶ is underpinned by the *National Drug Strategy 2017-2026*⁷ and the NTS⁵ and also outlines the ACT Government's commitments to reducing e-cigarette and tobacco harms in the ACT.

Tobacco

There is a well-established evidence base for the harms associated with the use of tobacco.⁸ As stated in the NTS, tobacco use remains the leading cause of preventable death, disability and disease in Australia.⁵

ATODA acknowledges the success of tobacco cessation campaigns to date. However, a subset of the population is not being reached by these health interventions. The ACT Government has made the following commitments under the NTS:

- to achieve a national daily smoking prevalence of less than 10 percent by 2025 and five percent or less by 2030;
- reduce the daily smoking rate among First Nations people to 27 percent or less by 2030.⁵

In order to achieve these commitments, the ACT government must continue to prioritise tobacco as a public health policy concern.

E-cigarettes

ATODA supports the steps taken towards e-cigarette regulatory and supply reforms in Australia in 2023 and 2024. This includes the expansion of the therapeutic model to enable e-cigarettes to be dispensed by pharmacists as Schedule 3 medications as of 1 October 2024. These changes expand availability of, and access to, e-cigarettes for tobacco cessation or the management of nicotine dependence, while continuing to address the uptake of e-cigarettes amongst those who have not been regular users of tobacco, including young people.

ATODA maintains that prescription and pharmacy supplied e-cigarettes – where the product is known and regulated and there is oversight from a health practitioner – can potentially be a useful harm reduction option for people who wish to reduce their tobacco use. Further research into e-cigarettes is needed to establish the range of risks associated with their use, as well as the efficacy of e-cigarettes for smoking cessation.

At the time of writing, these reforms have not been implemented and we encourage a robust monitoring and evaluation framework to ensure the changes are implemented as intended.

Other novel nicotine products

ATODA notes that there are other nicotine containing products that are harmful and can cause nicotine dependence. Novel nicotine products, such as nicotine pouches are often marketed as a healthy alternative to tobacco smoking.⁸ However, there remain challenges in identifying the contents and harms associated with their use.⁹ There is also concern regarding novel products that may not contain nicotine but are designed to appeal to young people and to mimic tobacco products or e-cigarettes in ways that normalise their use and encourage uptake.

Recommendation 1.1: The ACT government continues to prioritise and resource tobacco harm-reduction, including publicly funded NRT programs, as a priority public health concern, alongside e-cigarettes and other novel and emerging nicotine products.

Recommendation 1.2: The ACT government remains responsive to emerging evidence on the risks associated with e-cigarettes and novel nicotine products to design policy based on best practice.

2. Setting targets for priority populations

There are subsets of the population that experience heightened harms from tobacco and e-cigarette use, and as such require targeted, comprehensive smoking and vaping cessation interventions. Setting specific targets for reducing tobacco and e-cigarette prevalence in these high-risk populations will help with meeting the ACT and national tobacco and e-cigarette targets. ACT ATOD services can identify service user needs and support ongoing monitoring and evaluation towards reaching targets.

Tobacco

The NTS outlines populations that are at greatest risk of tobacco use and dependence, and at most risk of experiencing tobacco related health harms.⁵ The NTS also sets a specific target for reduced smoking prevalence in Aboriginal and Torres Strait Islander communities by 2030. Setting targets and linking these to comprehensive smoking cessation interventions, has been—and will continue to be—key to achieving reductions in smoking rates for Aboriginal people and Torres Strait Islanders (see case study below). Similarly, the ACT Government should identify and set ACT-specific smoking-cessation targets for other high-risk populations and link these targets to funded comprehensive smoking cessation interventions.

E-cigarette use is increasing

In 2022-23, the percentage of the Australian population currently using e-cigarettes was seven percent; an increase from 2.5 percent of the population in 2019.⁴ In 2022-23, 2.3 percent of people in Australia identified as dual users of e-cigarettes and tobacco, an increase from 0.7 percent in 2016.⁴

In the ACT, there has been a significant uptake in the use of e-cigarettes, with approximately one in five (18 percent) of the population having ever used e-cigarettes in 2022-23 (an increase from 11.3 percent in 2019).¹⁰ For people who are currently using e-cigarettes, there has been an increase from approximately two percent in 2019 to 5.7 percent 2022-23.¹⁰ The age group that is most likely to be using e-cigarettes is 18-24-year-olds, with 20 percent of this cohort currently using e-cigarettes.⁴

Young people, pregnant people and people who have taken up e-cigarettes that have not previously used tobacco have been identified as high priority for e-cigarette health interventions.^{4,10} In establishing targets, key populations that ATODA would like to see considered include; First Nations peoples, aging cohorts, people experiencing mental health conditions, people living with a disability, people identifying as LGBTIQ+, people who use alcohol and other drugs, people in contact with the criminal justice system, people who are unemployed, people experiencing homelessness, and people from culturally and linguistically diverse communities. These populations should be considered in scope for priority interventions to reduce uptake and use of e-cigarettes due to higher rates of harm that may be experienced.^{4, 10} In order to set targets for e-cigarette use and harms associated with e-cigarette use, more research and data collection is required to understand harms, the populations at most risk of harms and to establish appropriate protocols for e-cigarette support and cessation.

Case study

The Tackling Indigenous Smoking (TIS) program is an example of a targeted program, that aims to reduce smoking rates among Aboriginal and Torres Strait Islander peoples.^{11, 12} It provides culturally safe and community-led strategies, support, resources, and education to empower Aboriginal and Torres Strait Islander communities to address tobacco use. This Commonwealth funded program has demonstrated good success in reducing smoking rates amongst Aboriginal and Torres Strait Islander peoples, and is continuing to demonstrate a reduction in tobacco use among this population.^{11, 12}

Several components have been key to the success of this comprehensive program, including community engagement and involvement, and collaboration across multiple partners; localised and targeted health promotion; providing referral pathways and appropriate access to quit support; building the evidence base; providing place-based responses; and high-level leadership. The broad learnings from this program can be applied to targeted programs with other at-risk populations to potentially achieve similar reductions in tobacco and e-cigarette related harms.¹²

Recommendation 2.1: All prevention, treatment, and harm reduction activities are targeted to ensure they reach and support the appropriate priority population(s).

3. Facilitating evidence-based and comprehensive nicotine dependence treatment and access to affordable tobacco and e-cigarette cessation and support

ATODA supports policy development on e-cigarette and tobacco cessation that is informed by a harm reduction approach. ATODA emphasises that harm reduction is a core principle of the *National Drug Strategy 2017-2026*.⁷

As stated above, from 1 October 2024, the *Therapeutic Goods and Other Legislation Amendment (Vaping Reforms) Act 2024 (the Act)*¹³ enables anyone of the age of 18 to obtain an e-cigarette over the counter from a pharmacy. For people aged under 18, a prescription from a General Practitioner (GP) or nurse practitioner is still required. While ATODA welcomes this expansion, we note that access to e-cigarettes as a tobacco cessation aid, or nicotine dependence treatment, may remain challenging in the ACT for some consumer groups. There are also potential public health risks that will require appropriate monitoring, evaluation and addressing if necessary.

To support effective implementation of the new regulations, pharmacists will require access to up-to-date information about the harms and benefits of e-cigarettes as a smoking cessation or harm reduction strategy. The affordability and availability of e-cigarettes needs to be monitored to ensure they are accessible to those who wish to use e-cigarettes as a cessation method. Other barriers to accessing services should be addressed, including the need for reducing stigma around seeking tobacco and e-cigarette support.

Targeted evidence-based interventions to support cessation of e-cigarettes

Although the uptake of e-cigarettes is increasing, there remains a lack of evidence-based strategies and interventions to support individuals who wish to stop using e-cigarettes. In the absence of clear evidence, guidelines have been developed to provide advice to clinicians on supporting individuals in e-cigarette cessation, most notably guidelines from the Royal Australian College of General Practitioners (RACGP),¹⁴ and a guide to supporting young people.¹⁵ This is an emerging area of need in public health research and policy making, and ATODA encourages governments and relevant research institutions to continue to invest in research to guide and inform e-cigarette cessation. This is of particular importance due to the increased risk of tobacco uptake that is associated with e-cigarette use.

Recommendation 3.1: Further research is conducted to identify appropriate e-cigarette cessation pathways and protocols to prevent the (re)uptake of tobacco.

Recommendation 3.2: Approaches to e-cigarette regulation and nicotine dependence treatment and supports does not create unintentional harms by directing people who use e-cigarettes back to tobacco use.

Tobacco cessation

Currently there are well established protocols available for tobacco cessation, such as Nicotine Replacement Therapy (NRT) and other evidence-based forms of pharmacotherapy. Currently only nicotine patches are subsidised under the Pharmaceutical Benefits Scheme (PBS). However, best practice use of NRT is combination therapy, that is patches used concurrently with intermittent forms (e.g. nicotine gum, lozenges, spray). The cost of intermittent forms of NRT may be a barrier to people who are seeking best practice smoking cessation and support. In particular, people who continue to use tobacco, and are from low-income backgrounds, are at

significant risk of experiencing financial harms due to tobacco use. For this population, access to free NRT may help reduce harms and support them in smoking cessation. Advocacy to include subsidised intermittent forms of NRT through the PBS is needed; until this time, subsidised access to combination NRT should be provided to people who require nicotine-dependence treatment or cessation support.

Recommendation 3.3: The ACT government considers the funding of ongoing NRT for tobacco cessation to populations experiencing increased harms, including ATOD service users, with a focus on flexibility and service user autonomy.

Recommendation 3.4: As part of a best practice approach, combination NRT is considered under the Pharmaceutical Benefits Scheme.

Recommendation 3.5: The ACT government ensures that individuals who require nicotine-dependence treatment and cessation support have access to subsidised combination NRT.

As noted above - ATODA welcomes the expansion of pharmacies supplying e-cigarettes for tobacco cessation or nicotine dependence treatment in the ACT. However, it is important to note that the dispensing of e-cigarettes is at the discretion of the pharmacist, and may be a barrier to people accessing e-cigarettes. As the evidence for the harms and benefits of e-cigarettes become available, ATODA welcomes further policy considerations to expand the accessibility and affordability of e-cigarettes for tobacco cessation.

Recommendation 3.6: That the ACT has adequate numbers of pharmacies who dispense e-cigarettes authorised suppliers and that they are sufficiently informed by current evidence and best practice.

4. Nicotine Dependence Treatment in ATOD services

ATODA notes that individuals who access ATOD services in the ACT use tobacco and e-cigarettes at a higher rate than the general population and may face greater risk of harm, as a result of tobacco and e-cigarette use. In the 2023 Service Users' Survey of Outcomes, Satisfaction and Experience (SUSOSE), 82 percent of service users identified as smokers when they first started to use the service, and 51 percent of service users had used an electronic cigarette in the past year.¹⁶ For this reason, existing ATOD services are well placed to provide psychosocial support for tobacco and e-cigarette cessation. Integrating nicotine dependence treatment into AOD treatment and support has been found to increase smoking cessation,⁵ and improve AOD treatment outcomes for service users.^{6,7}

5. Development of targeted health interventions

Targeted health interventions are essential for reducing tobacco and e-cigarette harms in diverse populations. Evidence indicates that applying best practice strategies and standards for health campaigns ensures that at risk populations are able to have their needs best addressed.⁸

Recommendation 5.1: The ACT Government adopts best practice strategies in the development of targeted health interventions for diverse population groups.

Co-designing targeted e-cigarette and tobacco health interventions

The importance of involving people who use drugs is recognised and valued in various areas across policy and in relation to drug policy, it is recognised that “policy should be informed by the people it directly affects”.¹⁷ However, stigma and discrimination have been significant barriers to the engagement of people who use drugs in decision-making processes to date.¹⁸ The development of targeted health interventions should include the populations as outlined above (section 1, page 2), alongside specialist ACT ATOD services to ensure service user needs are met. Evidence indicates that health campaigns that include populations with lived and living experience are more effective and robust (see section 2, page 3), as they are able to meet specific population needs that may not be identified otherwise.⁸

Recommendation 5.2: The ACT government includes people with lived and living experience, people from priority populations, ATOD sector experts and other specific populations in the development of targeted health interventions.

Raising public awareness about e-cigarettes

Public education campaigns have demonstrated great success by reducing tobacco prevalence and increasing community understanding and recognition of harms associated with tobacco. Given the success of public education campaigns to date, a similar approach should be adopted to raising awareness about e-cigarettes harms, and the regulations around e-cigarettes.

Recommendation 5.3: The ACT Government develops evidence-based public education campaigns to inform the public about the harms associated with e-cigarettes, and to increase knowledge regarding e-cigarette dispensing pathways.

6. Minimising the influence of the tobacco industry on public health policy making

The tobacco industry has a vested commercial interest in the manufacture and promotion of tobacco and e-cigarettes. The Commonwealth amendments to the therapeutic goods and customs regulations restricts e-cigarette importation in Australia (as of 1 January 2024) and the *Therapeutic Goods and Other Legislation Amendment (Vaping Reforms) Act 2024*¹³ restricts the sales of e-cigarettes from non-pharmacy retailers (as of 1 July 2024). ATODA acknowledges that this is a significant step counter the tobacco industry's influence on public health. However, there is a need for ongoing proactive responsiveness to the influence of the tobacco industry in Australian legislative, regulatory and commercial settings.⁸

ATODA supports the following objectives arising from the NTS to counter the tobacco industry's influence:

- prevent and reduce the marketing and harms associated with use of novel and emerging nicotine products;
- ensure tobacco control in Australia is guided by focused research, monitoring and evaluation;
- protect tobacco control policy from all commercial and other vested interests.⁵

Recommendation 6.1: The ACT government continues to enhance and enforce existing regulations to counter the tobacco industry's influence, including its role in promoting, lobbying, researching, and marketing e-cigarettes.

Recommendation 6.2: The ACT government maintains momentum in countering the tobacco industry influence on both tobacco and e-cigarettes, through comprehensive and well-informed regulations as evidence emerges.

Recommendation 6.3: The ACT government aligns with the marketing and control guidelines as outlined in the National Tobacco Strategy 2023-2030.

Recommendation 6.4: All political parties divest from any revenue streams or non-monetary benefits that arise either directly or indirectly from an association with the tobacco industry.

7. Criminal penalties for non-prescription nicotine e-cigarette use

ATODA does not support the criminalisation of the purchase, personal possession or use of non-prescription or pharmacy supplied e-cigarettes or e-liquids. We note the ACT government has acknowledged the inconsistencies with e-cigarette penalties and will continue to be open and willing to support government work towards a constructive outcome.¹⁹

Recommendation 7.1: The ACT government reviews the current criminal penalties set by the relevant legislation for the purchase, personal possession and use of e-cigarettes or e-liquids to achieve broader alignment with penalties set under the drug decriminalisation reforms.

Note

While the term AOD (alcohol and other drug) is commonly used to refer to the alcohol, tobacco and other drug sector, ATODA's preference is to use the term ATOD. This acknowledges the role that specialist service providers in this sector play in providing tobacco cessation support, and because tobacco use is the leading preventable cause of the burden of disease in Australia, contributing far more than alcohol or all illicit drugs combined.

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Acknowledgment

ATODA recognises Aboriginal and Torres Strait Islander peoples as the first custodians of the lands and waterways of Australia. We pay our respects to elders past and present.

ATODA acknowledges the Ngunnawal people a traditional custodians of the land we work on and recognises any other people of families with connection to the lands of the ACT and region. ATODA acknowledges and respects their continuing culture and the contribution they make to the life of this city and this region. ATODA recognises and continues to learn from the contributions of Aboriginal and Torres Strait Islander peoples to the alcohol, tobacco and other drug sector.

Artwork: Unspoken History, Map of Pain by Sharon (2020). To learn more, go to:

<https://www.atoda.org.au/featured-artwork/>

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