



Response to Questions on Notice: Senate Select Committee on Tobacco Harm Reduction Inquiry, 19 November 2020

AMA President Dr Omar Khorshid gave evidence at the Inquiry's hearing on 19th November. Senator Hughes provided two additional questions on notice which are answered below.

QoN 013-01: Do you agree with Dr Skerritt of the TGA's statement that "the evidence is that vaping is less harmful than tobacco smoking"?

The AMA does not believe it is accurate to characterise vaping as less harmful than tobacco smoking, based on the current evidence available. As outlined in detail in the National Health and Medical Research Council's [CEO Statement](#) on Electronic cigarettes, there are a range of harmful health effects associated with using e-cigarettes, and "there is insufficient evidence to quantify the reduction in risk when e-cigarettes are used instead of tobacco cigarettes". The health effects of e-cigarettes include:

- Exposure to nicotine, potentially at higher levels than that included in tobacco cigarettes, which can harm adolescent brain development, including functions related to attention, learning, mood and impulse control;
- Exposure to toxins that have been classified as cancer-forming agents, such as formaldehyde and various solvents;
- Exposure to particulate matter, which may worsen existing illnesses or increase the risk of developing cardiovascular or respiratory disease;
- Adverse events ranging from mouth and throat irritation, to life-threatening injuries caused by e-cigarettes overheating or exploding; and
- Nicotine poisoning resulting from the accidental ingestion of e-liquids, with symptoms ranging from nausea and vomiting to severe life-threatening illness.

The relative novelty of e-cigarette use compared to tobacco smoking means that there is a lack of robust longitudinal studies to confirm what the long-term health effects of e-cigarette use are, *and* whether these effects can be quantified as less harmful than those associated with tobacco smoking.

a) If no, do you think that the current TGA model does not go far enough?

The Therapeutic Goods Administration's interim decision on nicotine scheduling is subject to a separate consultation process to this Inquiry. The AMA has responded in full to that consultation process via a submission on the public record, available on the [AMA website](#).

In short, the AMA has supported the TGA's proposed model, whereby nicotine-containing vaping products would be available to Australians only with a prescription from a medical practitioner, on the grounds that it would restrict access to these products and closes an existing loophole in the regulation of nicotine-containing vaping products.

- b) **If yes, do you then agree with the Australian Tobacco Harm Reduction Association's view that "The bottom line is that vaping is not risk free and if you don't smoke you shouldn't vape. However, if you are a smoker who can't quit you will dramatically reduce your risk of dying from cancer, heart and lung disease if you switch to vaping."**

N/A

QoN 013-02: Do you or has your organisation ever received direct or indirect support from the Pharmaceutical industry, including travel, attendance at conference, or event sponsorships, including from manufacturers of Nicotine replacement therapies?

I have not received support from the pharmaceutical industry in relation to any products that are related in any way to this Inquiry, including nicotine replacement therapies. Any circumstance where I may have received support, such as education, from a pharmaceutical company would relate to my practice as an orthopaedic surgeon and no such support has been received to my knowledge in the last five years.

AMA Limited does not accept support from the pharmaceutical industry and has a specific policy that precludes this. This policy is strongly supported by the AMA and its members and allows the AMA to provide independent commentary on matters such as this.

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