QoN 015-07 Are claims that vaping is helping bring down smoking rates conflating correlation with causation, given internationally – e.g. in New Zealand – smoking rates were already declining before vaping was introduced?

QoN 015-08 A few witnesses have cited New Zealand, Canada and other countries as examples for Australia to follow. Please indicate your view on whether these overseas approaches to vaping are an appropriate, effective and evidence-based example for Australia to follow.

1. The evidence of which we are aware indicates that the approaches initially adopted in New Zealand and Canada have brought few if any benefits, but have engendered a range of concerns, especially in relation to children, young people and disadvantaged populations. As a consequence, governments in both countries have had to review their earlier approaches.

2. It is also noteworthy that as evidence on the harms of vaping and the consequences of liberalised supply policies increases, leading researchers whose work had previously been cited in support of the New Zealand approach have now taken a position that reflects the concerns above and increasing evidence on the harms of vaping, recommending against liberal approaches to access and in favour of a precautionary approach, such as that adopted by the Australian Government.

3. This is outlined in the submission from Professors Blakeley, Wilson and colleagues, which notes that:

"This year, we have used new evidence from toxicology studies on the impact of vaping on chronic lung disease, cardiovascular disease, and cancers. These studies suggest higher adverse impacts of vaping than the consensus reports (at the time of our previous analysis) that suggested vaping had only 5% of the harm of smoked tobacco. The results of this new analysis are currently under peer review, but we can say that the median health gain is now only about a quarter of that above, and uncertainty intervals now include the possibility of net harm to health."

4. The Blakeley, Wilson et al submission further notes that,

"A precautionary principle should be applied to any liberalization policy –we are not confident that net health gain will arise for a shift from the current Australian situation to something like the liberalized situation in NZ. Our recommendation on this may (appropriately) change as evidence and data improves.

Serious consideration is still warranted for targeted policy or regulation:

- Controlled access to e-cigarettes for adult smokers seeking to quit is warranted (eg, through pharmacies or via a doctors prescription).

- Conversely, unrestricted access to e-cigarettes for non-smoking adults or of youth is not justified."

5. Further reservations about claims made in relation to New Zealand are well set out in the authoritative submission from the New Zealand Cancer Society. Some claims made during hearings about youth vaping have also been addressed in a letter to the Committee from Dr. Jude Ball.

6. Some helpful data and commentary are also available in a December, 2019 "Public Health Expert blog" by Professor Richard Edwards of Otago University - https://blogs.otago.ac.nz/pubhealthexpert/2019/12/17/ten-things-we-can-learn-from-new-smoking-and-vaping-data-about-progress-to-smokefree-aotearoa-2025/

(Note, for example:

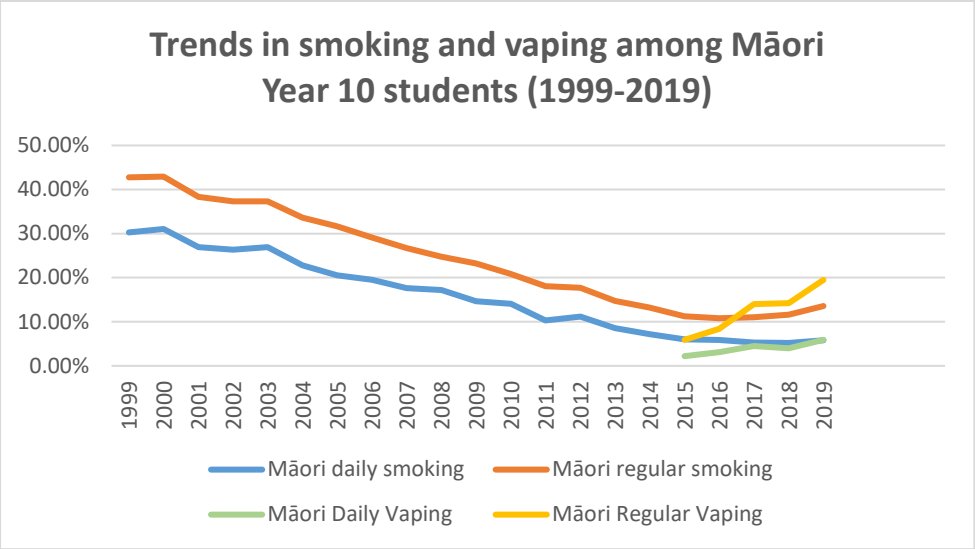
* "Quit rates among smokers have not changed greatly since the smokefree goal was adopted in 2011, and there are worrying disparities in quit rates by ethnicity and socio-economic status. After some initial promising reductions in uptake among young people, progress appears to have slowed recently, and smoking uptake continues at an unacceptably high level among young adults."

"The figures reveal a steady increase in the trial, regular and daily use of e-cigarettes/vaping from 2015/16 to 2018/19. This increase has not been accompanied by any notable acceleration in reductions in smoking prevalence or an increase in quit rates, as might be expected if e-cigarettes were encouraging and supporting large numbers of smokers to quit or transition away from smoking to vaping.")

7. There is very limited evidence from New Zealand that vaping is any more effective than NRT. As in other countries, NZ data show that the majority of people who vape to quit (63.9%) become 'dual users' (Oakley & Martin, 2019). New Zealand qualitative research found that dual use enabled smokers to navigate smoking restrictions and manage social norms (Robertson et al., 2019), reducing the incentives for EC users to quit.

8. There are indications that the long-term decline in youth smoking prevalence has stalled over the last five years, as shown in ASH Year 10 survey data, coinciding with increasing vaping prevalence.

9. Maori youth regular smoking prevalence shows a significant increase between 2018 and 2019 (Walker et al., 2020), alongside a rapid increase in Maori regular vaping (see Figure below). Youth19 data also shows that 45% of secondary school-aged students who vaped had never smoked.



Trends in Māori and non-Māori regular smoking and vaping in Year 10 students

Source: Māori and non-Māori data 1999-2019 obtained from ASH NZ website.

10. In summary:

Policies in New Zealand and Canada, while no doubt well-intentioned, have clearly not had the desired impact, have raised substantial concerns, not least in relation to groups such as adolescents and Māori, appear to justify concerns that liberalising the environment and regulating e-cigarettes as a consumer good may bring more harms than benefits, and should not be followed by Australia.