

1310 L Street, NW, 7th Floor
Washington, DC 20005
cei.org



2 November 2020
Public Submission by the Competitive Enterprise Institute

Committee Secretary
Select Committee on Tobacco Harm Reduction
Department of the Senate
PO Box 6100
Parliament House
Canberra Act 2600
Australia

Dear Dr Hodder and Select Committee Members,

I am writing to you on behalf of the Competitive Enterprise Institute, a non-partisan, non-profit think tank in the United States. I am an American, but I write to the Committee out of deep concern for health and wellbeing of my friends in Australia. In recent years, misinformation about nicotine vapor has spread throughout the world, prompting many governments to enact regulations based on fear rather than a sound consideration of the evidence about how these products may benefit public health. Laws that prevent smokers from obtaining safer forms of nicotine legally will push many people back to smoking—a habit that kills approximately half of those who maintain it over their lifetime. Many others will turn to the illicit market, which presents its own dangers. Neither outcome is good for individual or public health. Unfortunately, much of the blame for this vaping panic can be placed on an American-led anti-vaping propaganda campaign.

Prohibiting the legal purchasing of nicotine vapor products will not stop Australians from using nicotine, as we have seen from evidence in Australia and around the world. All such limitations only make the products consumers use, and how they obtain them, more dangerous. As people always do under a prohibition, they will turn to the illicit market or try to make the products they want at home. Illegal dealers do not check customers' ages, and there are no quality standards or accountability for tainted or adulterated products.

The concerns about nicotine poisoning in children raised by Minister Greg Hunt as a reason to restrict nicotine importation is exactly why nicotine vaping should be made legal and regulated. By preventing Australians from having readily available access to commercial nicotine vapor products, the current law compels many to purchase large quantities of nicotine concentrate from overseas and keep those supplies in their home. This makes nicotine poisoning *more likely* than would be the case if people could buy pre-packaged, sealed vaping liquids as needed. Yet, reducing the likelihood of nicotine poisoning is not the only reason Australian authorities should allow adult smokers to have legal access to vaping products.

On behalf of the more than 200,000 Australians who rely on lower-risk nicotine products to stay smoke-free, the 3 million Australians who continue to smoke, and their loved ones, I urge members of the Committee to not only reject proposed restrictions on nicotine importation, but to abandon the country's failed abstinence-only approach and embrace a strategy of harm minimization that helps adult smokers to transition to lower-risk products, including nicotine vapor products.

Background. American billionaires and well-funded advocacy groups have waged a campaign to divert global public health efforts toward their preferred policy goals. They have used statistical wizardry to construct an “epidemic” of youth vaping in the U.S. But, while youth vaping is something to keep an eye on, the evidence indicates no such “epidemic.” Most youth who use e-cigarettes in the U.S. merely experiment with these products and the vast majority of those who use the products habitually are current or former smokers.

Beginning in the summer of 2019, these policy-driven groups sought to create another false alarm by exploiting the outbreak of lung injuries in the U.S. caused by illicit and adulterated THC vapor products. Rather than providing the public with pertinent information about the source of the outbreak, they sought to conflate the harms caused by this illicit market with the supposed harms of nicotine vapor. Unfortunately, this effort has been successful, both in the U.S. and around the world, convincing many government officials that commencing a new drug war on nicotine would somehow improve the safety and welfare of citizens. Instead, it has resulted in what prohibitions always do: an enormous and dangerous illicit market.

Prohibition has never stopped people. Illicit markets only increase dangers to consumers. The risks of tobacco alternatives, whatever they may be, are only amplified when consumers are forced to obtain them on the unregulated market, where products are made with substandard materials or in unsanitary conditions, have unknown constituents, and may be tainted with life-threatening ingredients.

Wherever there has been a prohibition on products people want, we have seen a robust illicit market arise to fill demand for those products. In the U.S., it was such an illicit market for cannabis that caused the outbreak of lung injuries in various states, thanks to illegal THC vapor makers cutting their cannabis oil with vitamin E acetate. Similar episodes can be observed throughout history and around the world, wherever people cannot afford or legally purchase the alcohol, drugs, or tobacco products they desire. Yet, officials in many countries, including Australia, continue to believe they can stop people from using risky products simply by banning them.

The American-led misinformation campaign about vaping has been succeeding. Those of us in America who care about sound science and evidence-based policy have watched in dismay as these campaigns have influenced other nations supposedly committed to science, freedom, and human health. Around the world, governments have begun to eschew science in favor of alarmism, enacting policies that undermine adults’ freedom of choice and condemn smokers to a horrible death. It was not a dispassionate analysis of the risks and benefits of nicotine vaping that convinced many to pursue bans on nicotine vapor, but rather an initiative to spread unfounded fear about their hypothetical harm.

Evidence from around the world shows that harm reduction works. The millions of lives already saved worldwide by lower-risk cigarette alternatives are not theoretical—they are real fathers, wives, husbands, mothers, grandparents, and friends. *It should be their human right to try any product that could help them stop smoking.* For their sake and the sake of anyone who has ever had to watch someone they love die a slow, painful death from a smoking-related disease—disease that *can* be prevented by switching to non-combustible nicotine—I plead with you to abandon the current prohibitionist approach to tobacco regulation and embrace harm reduction. By offering adult smokers legal, regulated, lower-risk alternatives to combustible tobacco, we can reduce or eliminate smoking, along with the death and disease caused by it.

Australia has yet to do so. Other countries that have acknowledged that it is impossible to prevent nicotine use and embraced harm reduction have already reaped the benefits. Sweden, where snus—a moist tobacco chew—is popular, has become virtually smoke-free. Though banned throughout the European Union,

snus continues to be legal in Sweden, which, incidentally, boasts the lowest prevalence of smoking of any EU nation.¹ Furthermore, because snus is a non-combustible and therefore less harmful form of nicotine consumption, Sweden also has the lowest rates of lung cancer and tobacco-related cardiovascular disease among men in Europe.²

In Japan, smoking rates have been plummeting, reduced among men by 50 percent between 2001 and 2018. The declines have only accelerated over the last four years thanks to the nation's acceptance of "heated tobacco products," such as Philip Morris' IQOS, a device that gives smokers an experience similar to smoking cigarettes, but causes less harm since it heats, but does not burn, the tobacco. Launched nationwide in 2016, the IQOS managed to capture nearly 16 percent of the tobacco market in Japan within two years.³ As IQOS sales increased, cigarette sales declined. Researchers estimate that this trend will lead to 8.5 to 11.4 percent reductions in smoking-related diseases—including lung cancer, heart disease, stroke, and COPD—over the next two decades.⁴

In the United Kingdom, policy makers have embraced electronic nicotine devices ("e-cigarettes") as a tool of harm-minimization. By 2016 2 million smokers in that country had quit smoking completely by switching to these products, according to government estimates.⁵ Researchers attribute accelerated declines in smoking in the U.K. to the rise in e-cigarettes' popularity.⁶

Even the United States, home of the "anti-vaping" and abstinence-only movement, the decline in smoking, as in the U.K., has accelerated during the same period that nicotine vaping has gained in popularity. This accelerated decline cannot be attributed to just increased taxes and health campaigns, with the evidence indicating that nicotine vapor products are at least partly responsible for the U.S. reaching historically low rates of smoking.⁷

In contrast, in Australia, where only 1.2 percent of the adult population uses nicotine vapor products, the decline in smoking has stalled since 2013, despite the country having some of the highest priced cigarettes in the world, plain packaging mandates, and other strict tobacco control laws.⁸ Banning the importation of nicotine and maintaining bans on vapor products will not accelerate declines in smoking, but embracing lower-risk products might.

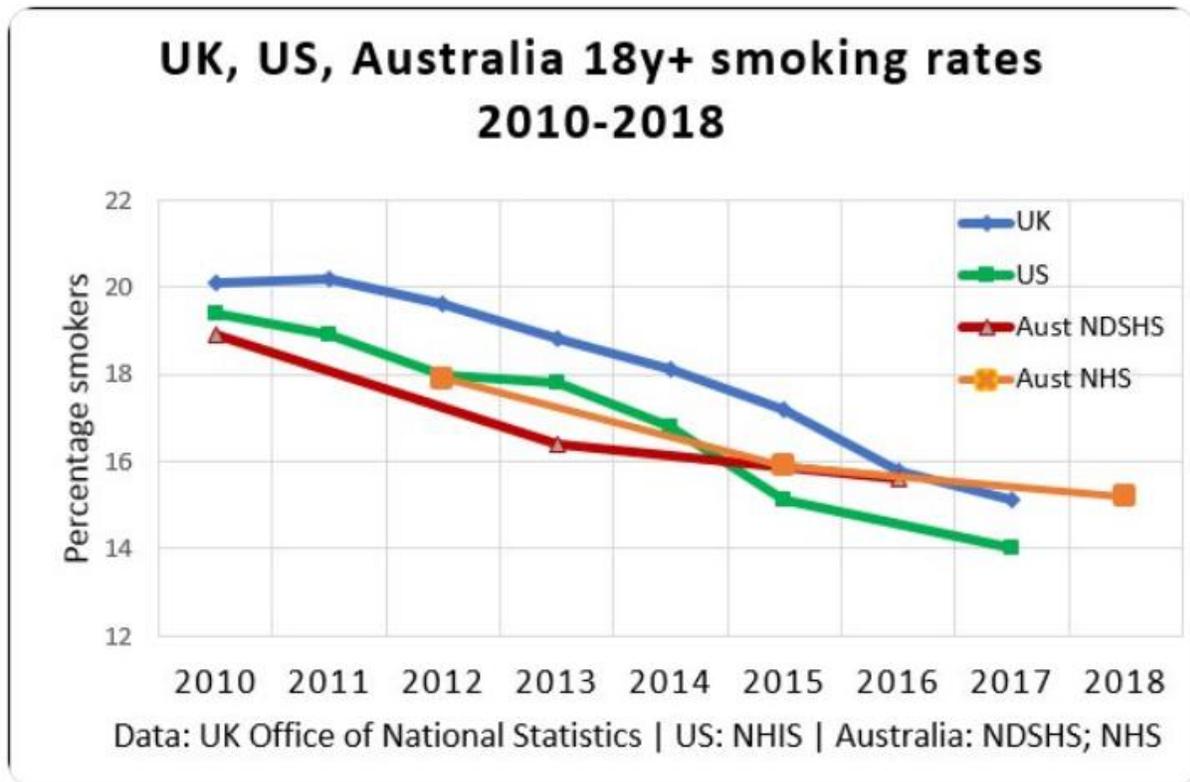


Figure 1. Source: Colin Mendelsohn, Wayne Hall, and Ron Borland, “Could vaping help lower smoking rates in Australia?” *Drug and Alcohol Review*, Vol. 39, Issue 4 (January 27, 2020), <https://onlinelibrary.wiley.com/doi/abs/10.1111/dar.13039>.

Evidence abounds that where e-cigarettes rise in popularity, smoking declines.⁹ Randomized clinical trials indicate that e-cigarettes are not only effective for smoking cessation, but substantially more effective than other available forms of nicotine replacement therapy.¹⁰ Just this October a study by the Cochrane Library—widely considered among the most reliable sources of health care evidence—found that electronic cigarettes are more effective than other cessation methods for quitting smoking.¹¹ Depriving smokers of the freedom to try these products as a way to quit a habit that will likely kill them simply because some “experts” raise unsubstantiated fears is not just irrational, it’s inhumane.

There is no youth vaping “epidemic.” America’s supposed “epidemic” of youth vaping has provided justification for stricter laws or outright bans on vaping products in other countries. But the fact is that there is no epidemic, a term defined by the U.S. Centers for Disease Control and Prevention (CDC) as “an increase, often sudden, in the number of cases of a disease above what is normally expected in that population in that area.”¹² In reality, most youth in the U.S. do not vape, only a small portion vape habitually (and the vast majority of those are former smokers), and there are no known diseases linked with the use of commercially available nicotine vapor products.¹³

There is, however, a recent upward spike in experimentation. Even though there is evidence that a significant portion of youth who report vaping are actually vaping cannabis, not nicotine, the rising interest in “vaping” is a concern.¹⁴

Attempts by government and public health agencies to curtail this interest has only made the problem worse. According to the 2019 National Youth Tobacco Survey (conducted by the CDC), the number one reasons teens said they vaped was “curiosity.”¹⁵ This is the same reason youth in the United Kingdom

give when asked why they vape. The difference is that youth in the U.S. are experimenting with vaping at much higher rates than their British counterparts. As I argue in a recent study, the increased curiosity among American youth can be blamed almost entirely on anti-vaping messaging from our government, health charities, and the media.¹⁶ Yet, this experimentation with vaping has not resulted in more youth smoking, as many feared. Like adult smoking rates, youth smoking rates in the U.S. are lower than they have ever been in recorded history.¹⁷ In fact, among young adults, aged 18-24 years, the smoking rate has halved since 2014.¹⁸

Conclusion. Politicians and public health officials who continue to insist that nicotine vaping may cause some harm to the public are entitled to their opinion, but they are not entitled to their own facts. Their fears do not justify depriving adults of access to products that could save lives.

Nicotine vapor products cost the government nothing. People make their own choices, spend their own money, and save their own lives without assistance from the state. The only thing the government has to lose, perhaps, is the money it would no longer collect from cigarette taxes. This, however, is greatly offset by the savings governments gain by reducing the burden of lung cancer, heart disease, COPD, and other costly smoking-related ailments.

The existing bans on nicotine vapor products in Australia are counterproductive. Not only do they prevent the 3 million smokers in the country from trying products that might help them end their deadly habit, they also force the hundreds of thousands of adults who already rely on nicotine vapor to purchase nicotine from overseas.¹⁹ Stripping people trying to quit smoking of this life-line will have disastrous consequences, forcing them to pursue even riskier avenues to obtain liquid nicotine or, even worse, return to smoking.

We may not have all the answers about the risks associated with nicotine vaping, but the evidence is irrefutable on a few things: These products are extraordinarily less harmful than smoking, are effective for smoking cessation, do not encourage youth to smoke, and are safer when purchased on the legal regulated market than on the illicit market.

On behalf of the smokers who have already quit using nicotine vapor, those who might do so in the future, and their friends and families, I urge members of the Committee to reject Australia's current failed abstinence-only approach and embrace policies that protect consumers' health and freedom by giving them safe and legal access to harm-reducing products like nicotine vapor.

Sincerely,

Michelle Minton
Senior Fellow
Competitive Enterprise Institute

¹ Eurostat, "Proportion of daily smokers of cigarettes by level of consumption, 2014 (% persons aged 15 and over)," accessed June 3, 2020, https://ec.europa.eu/eurostat/statistics-explained/index.php/Tobacco_consumption_statistics.

² Chris Weller, "Sweden cut its smoking rate to just 5%—here's what the rest of the world can learn," *Business Insider*, June 14, 2017, <https://www.businessinsider.com/sweden-smoking-rate-what-world-can-learn-2017-6>.

³ Angelica LaVito, "Philip Morris unveils new smokeless cigarettes in a bid to rev up sales," CNBC, October 22, 2018, <https://www.cnbc.com/2018/10/23/philip-morris-unveils-new-versions-of-iqos-cigarettes-to-boost-sales.html>.

-
- ⁴ Aleksandra Ratajczak, Piotr Jankowski, Piotr Strus, and Wojciech Feleszko, “Heat Not Burn Tobacco Product—A New Global Trend: Impact of Heat-Not-Burn Tobacco Products on Public Health, a Systematic Review,” *International Journal of Environmental Research and Public Health*, Vol. 17, No 2 (January 8, 2020), <https://www.mdpi.com/1660-4601/17/2/409>.
- ⁵ “E-cigarettes,” U.K. Parliament Website August 17, 2018, <https://publications.parliament.uk/pa/cm/201719/cmselect/cmsctech/505/50504.htm>.
- ⁶ Emma Victoria Beard, Robert West, Martin Jarvis, Susan Michie, and Jamie Brown, “‘S’-shaped curve: modelling trends in smoking prevalence, uptake and cessation in Great Britain from 1973 to 2016,” *BMJ Thorax*, Vol. 74, Issue 9 (August 6, 2019), <https://thorax.bmj.com/content/74/9/875>.
- ⁷ Colin Mendelsohn, Wayne Hall, and Ron Borland, “Could vaping help lower smoking rates in Australia?” *Drug and Alcohol Review*, Vol. 39, Issue 4 (January 27, 2020), <https://onlinelibrary.wiley.com/doi/abs/10.1111/dar.13039>. Shu-Hong Zhu, Yue-Lin Zhuang, Shiushing Wong, Sharon E Cummins, and Gary J Tedeschi, “E-cigarette use and associated changes in population smoking cessation: evidence from US current population surveys,” *BMJ*, Vol. 358 (July 26, 2017), <https://www.bmj.com/content/358/bmj.j3262>.
- ⁸ Mendelsohn, Hall, and Borland, 2020.
- ⁹ Daniel P. Giovencoa and Cristine D. Delnevob, “Prevalence of population smoking cessation by electronic cigarette use status in a national sample of recent smokers,” *Addictive Behaviors*, Vol. 76 (January 2018), pp. 129-134, <https://www.sciencedirect.com/science/article/abs/pii/S0306460317302915>. Sara C. Hitchman, Leonie S. Brose, Jamie Brown, Debbie Robson, and Ann McNeill, “Associations between E-Cigarette Type, Frequency of Use, and Quitting Smoking: Findings From a Longitudinal Online Panel Survey in Great Britain,” *Nicotine and Tobacco Research*, Vol. 17 No. 10 (October 2015), pp. 1187-1194, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4580313>. Lois Biener and J. Lee Hargraves, “A Longitudinal Study of Electronic Cigarette Use Among a Population-Based Sample of Adult Smokers: Association With Smoking Cessation and Motivation to Quit,” *Nicotine and Tobacco Research*, Vol. 17, Issue 2 (February 2015), pp. 127-133, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4375383>. Dale S Mantey, Maria R Cooper, Alexandra Loukas, and Cheryl L Perry, “E-cigarette Use and Cigarette Smoking Cessation Among Texas College Students,” *American Journal of Health Behavior*, Vol. 41, No. 6 (November 2017), pp. 750-759, <https://pubmed.ncbi.nlm.nih.gov/29025503>. Jamie Brown, Emma Beard, Daniel Kotz, Susan Michie, and Robert West, “Real-world effectiveness of e-cigarettes when used to aid smoking cessation: a cross-sectional population study,” *Addiction*, May 20, 2014, <https://onlinelibrary.wiley.com/doi/full/10.1111/add.12623>. Jamie Hartmann-Boyce, Hayden McRobbie, Chris Bullen, Rachna Begh, Lindsay F Stead, and Peter Hajek, “Electronic Cigarettes for Smoking Cessation,” *Cochrane Database of Systematic Reviews*, Vol. 9, No. 9 (September 2016), <https://pubmed.ncbi.nlm.nih.gov/27622384>.
- ¹⁰ Peter Hajek, Anna Phillips-Waller, Dunja Przulj, et al., “A Randomized Trial of E-Cigarettes versus Nicotine-Replacement Therapy,” *The New England Journal of Medicine*, Vol. 380, No. 7, February 14, 2019, pp. 629-637, <https://www.nejm.org/doi/full/10.1056/NEJMoa1808779>.
- ¹¹ Jamie Hartmann-Boyce, Hayden McRobbie, Nicola Lindson, et al., “Electronic cigarettes for smoking cessation,” *Cochrane Database of Systematic Reviews*, Issue 10, 9. (October 14, 2020), <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010216.pub4/full>.
- ¹² Centers for Disease Control and Prevention, “Lesson 1: Introduction to Epidemiology, Section 11: Epidemic Disease Occurrence,” in *Principles of Epidemiology in Public Health Practice, Third Edition, An Introduction to Applied Epidemiology and Biostatistics*, originally published October 2006, updated November 2011, <https://www.cdc.gov/csels/dsepd/ss1978/lesson1/section11.html>.
- ¹³ Robert West, Jamie Brown, and Martin Jarvis, “Epidemic of youth nicotine addiction? What does the National Youth Tobacco Survey reveal about high school e-cigarette use in the USA? (Preprint),” *Qeios*, October 7, 2019, <https://www.queios.com/read/article/391>.
- ¹⁴ Konstantinos Farsalinos, Anastasia Barbouni, and Raymond Niaura, “Changes From 2017 to 2018 in E-Cigarette Use and in Ever Marijuana Use with E-Cigarettes among US Adolescents: Analysis of the National Youth Tobacco Survey,” *Addiction*, June 13, 2020, <https://pubmed.ncbi.nlm.nih.gov/32533631>.
- ¹⁵ Teresa W Wang, Andrea S Gentzke, MeLisa R Creamer, Karen A. Cullen, Enver Holder-Hayes, Michael D. Sawdey, Gabriella M. Anic, David B. Portnoy, Sean Hu, David M. Homa, Ahmed Jamal, and Linda J. Neff, “Tobacco Product Use and Associated Factors among Middle and High School Students—United States, 2019,” *Morbidity and Mortality Weekly Report*, Vol. 68, Issue 12 (December 6, 2019), pp. 1-22, <https://www.cdc.gov/mmwr/volumes/68/ss/ss6812a1.htm>.
- ¹⁶ Michelle Minton “Perverse Psychology: How Anti-Vaping Campaigners Created the Youth Vaping ‘Epidemic,’” *Issue Analysis* 2020 No. 2, Competitive Enterprise Institute, June 18, 2020,

<https://cei.org/content/perverse-psychology>.

¹⁷ Matthew Perrone, “Vape debate: Are e-cigarettes wiping out teen smoking?” *Associated Press*, November 21, 2019, <https://apnews.com/d64be73398c443089b0421e8f29da419>.

¹⁸ Centers for Disease Control and Prevention, “QuickStats: Percentage of Adults Aged 18-24 Years Who Currently Smoke Cigarettes or Who Currently Use Electronic Cigarettes, by Year—National Health Interview Survey, United States, 2014–2018,” *Morbidity and Mortality Weekly Report*, Vol. 68, No. 39 (October 4, 2019) p. 870, https://www.cdc.gov/mmwr/volumes/68/wr/mm6839a6.htm?s_cid=mm6839a6_w.

¹⁹ Gary Chan, Janni Leung, Coral Gartner, Hua-Hie Yong, Ron Borland, and Wayne Hall, “Correlates of electronic cigarette use in the general population and among smokers in Australia—Findings from a nationally representative survey,” *Addictive Behaviors*, Vol. 95 (August 2019), pp. 6-10, <https://www.sciencedirect.com/science/article/abs/pii/S0306460318310189?via%3Dihub>.