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Aboriginal Medical Services Alliance Northern Territory (AMSANT)

Submission to the NT Select Committee on Electronic Cigarettes and Personal Vaporisers (Vaping)

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AMSANT is the peak body for community-controlled health services in the NT. We have 26 member services located from urban centres to some of the most remote communities. The Aboriginal Community Controlled Health Services (ACCHSs) sector, as the largest provider of primary health care to Aboriginal people in the NT, has been a primary driver of the impressive health gains for Aboriginal people in the NT over the last three decades.

Our member services provide trusted evidence-based health advice about e-cigarettes to patients attending our clinics and also provide messages about e-cigarettes as part of our health promotion activities in our communities. In particular, many of our member services have Tackling Indigenous Smoking teams (funded by the Commonwealth Department of Health) which include messages about vaping alongside their work about smoking.

The Australian e-cigarette policy settings changed dramatically on 2 May 2023. Commonwealth Health Minister Mark Butler announced he would work with states and territories to ban the sale of e-cigarettes as consumer products, ban flavours, ban disposables, ban e-cigarettes with high nicotine content, while maintaining access to e-cigarettes for those trying to quit smoking but only on prescription in pharmaceutical-like packaging.[1] The planning for the implementation of this announcement will take some time. These changes will determine e-cigarettes policy and regulations in the NT for the next few years.

AMSANT welcomes the opportunity to provide this submission to the NT Select Committee on Electronic Cigarettes and Personal Vaporisers (Vaping), which can inform the NT Government's planning for these and any other changes to e-cigarettes policy and regulations in the NT.

Introduction

Electronic cigarettes (e-cigarettes) heat liquid to produce an aerosol to be inhaled and exhaled, which is known as vaping. The e-cigarette market is evolving rapidly, with a wide variety of older and newer types of devices available. Most e-cigarettes now used in Australia are disposables, and most contain nicotine (even though this is illegal except with a prescription).[2] These newer disposable and pod devices use nicotine salts rather than freebase nicotine, with higher concentrations of nicotine than older e-cigarettes.

Since colonisation began, many harmful new substances have entered NT Aboriginal communities. E-cigarettes follow substances such as alcohol and sugary drinks which continue to cause so much harm and sickness while generating profits for the industries which manufacture and sell these products. AMSANT continues to work with governments and other organisations to advocate for the regulation and restrictions on these commercial determinants of health and wellbeing in our communities.

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Australia is among 180 countries which have ratified the World Health Organisation's Framework Convention on Tobacco Control which states in Article 5.3 that 'in setting public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry'.[3] The Australian Government has provided guidance for all Australian public officials, which would include the NT MLAs on the Select Committee, on protecting public health by refusing any contact with the tobacco industry.[4]

AMSANT notes that transnational tobacco companies have recently moved into and are now a large influence in the e-cigarette market.[5] Their claims of shifting their companies from cigarettes to safer e-cigarettes are generally met with scepticism. Philip Morris has approached Aboriginal and Torres Strait Islander organisations to support the legitimacy of their harm reduction claims, with no success.[6] Philip Morris International has pledged US$80 million for the Foundation for a Smoke Free World. The foundation only focuses on switching to vaping and alternative products as the way to end smoking and has provided funding for a 'Centre of Research Excellence on Indigenous Sovereignty and Smoking' in Auckland.[7] Australian Aboriginal and non-Aboriginal researchers have pledged to not accept any funding from this foundation, consistent with Article 5.3 of the Framework Convention on Tobacco Control.[7]

The tobacco industry should not be allowed to use e-cigarettes to re-establish its legitimacy and influence on government policy-makers and policies affecting Aboriginal and Torres Strait Islander peoples.[8] Consistent with the obligations in the Framework Convention on Tobacco Control, it is recommended that the Select Committee not meet with, and note the conflict of interest of any submissions from, organisations with possible links to the tobacco industry

Recommendation 1: AMSANT recommends that the Select Committee not meet with, and note the conflict of interest of any submissions from, organisations with possible links to the tobacco industry.

Responses to the Select Committee's Terms of Reference

1. The current scale and trends of e-cigarette and personal vaporiser use in the Northern Territory, including amongst children and young people

Our member services have reported increasing use of e-cigarettes by NT Aboriginal people, especially in towns but also in bush communities. As elsewhere, this is particularly common among young people in their 20s and 30s. Of particular concern are reports of widespread use of e-cigarettes in boarding schools, with use spreading to remote NT Aboriginal communities when students return home.

However, our member services must rely on out-of-date national survey for estimates of prevalence and trends. Nationally, the National Aboriginal and Torres Strait Islander Health Survey in 2018/19 reported that 1.3% of Aboriginal and Torres Strait Islander adults were using e-cigarettes daily or weekly (and 2.0% of those aged 18-24).[9] Nationally, more Aboriginal and Torres Strait Islander adults in cities (10.1%) and regional areas (8.7%) than remote areas (2.6%) had *ever* used e-cigarettes. While NT vaping results for the National Aboriginal and Torres Strait Islander Health Survey in 2018/19 have not been included in published reports, they can be calculated using the Australian Bureau of Statistics' only TableBuilder tool. Using TableBuilder, we found **only 0.4% of Aboriginal and Torres Strait Islander adults were currently using e-cigarettes** (and 2.3% had *ever* used e-cigarettes) **in the NT in 2018/19**.

AMSANT, our member services and the community require timely NT data. Results from the current National Drug Strategy Household Survey, National Aboriginal and Torres Strait Islander Health

Survey and Australian Secondary Students' Alcohol and Drug Survey are expected in 2024, following delays since the last published surveys due to the COVID pandemic. NT results from these large national surveys may require additional analyses of the data; NT results are not always publicly available for previous surveys.

Recommendation 2: AMSANT recommends that the Select Committee request that the Department of Health collate NT estimates of the prevalence and trends of daily (or current) use of e-cigarettes from national surveys which will be released in 2024 and previous surveys.

Most community concerns about e-cigarettes are about people, especially young people, becoming addicted to the nicotine in e-cigarettes leading to long term use and potential long term health harms. Estimates of 'ever use' of e-cigarettes include the many people who experiment and try e-cigarettes only a few times and are at negligible risk of nicotine addiction or health harms. For example, the most recent National Drug Strategy Household Survey in 2019 reported only 1.1% of people aged 14+ used e-cigarettes daily, compared to the often reported 11.3% who had *ever* used e-cigarettes (including 6.7% who had only used them once or twice). The Select Committee should be reassured that most people who have tried e-cigarettes are not currently using them, but therefore should avoid referring to the numbers who have 'ever used' e-cigarettes. Media reports of 'ever use' of e-cigarettes distort the size of the problem, raise community fears and concerns, and potentially normalise vaping (more people may think that 'most young people are doing it').

Recommendation 3: AMSANT recommends that the Select Committee concentrates on descriptions of the prevalence and trends of daily (or current) use of e-cigarettes and be wary of reports of 'ever use'.

Ideally, AMSANT and our member services require estimates of Aboriginal e-cigarette use for each NT region. National surveys may not be of sufficient sample size to provide accurate regional estimates of Aboriginal e-cigarette use. The NT Department of Health could consider conducting NT surveys or providing additional funds to organisations currently conducting triennial national surveys to include larger samples from the NT.

2. The health impacts of the use of e-cigarettes and personal vaporisers

Recommendation 4: AMSANT recommends to the Select Committee the summary of the research evidence in the 2022 National Health and Medical Research CEO Statement on Electronic Cigarettes and associated literature reviews.

The 2022 National Health and Medical Research (NHMRC) CEO Statement on Electronic Cigarettes and associated literature reviews summarise the latest evidence about the harmful effects of e-cigarettes.[10] AMSANT shared the Statement with its member services soon after it was released.

The liquids used in e-cigarettes (e-liquids) may contain many chemicals and, like the devices, their composition is constantly changing, leading to uncertainty and concerns about their safety.[10] The NHMRC toxicological review found most (69%) of the 369 assessed e-liquid chemicals had some harmful health effects, but almost all (89%) had no information on toxicity when inhaled as an aerosol, leaving little confidence in the safety of the inhalation of aerosols from e-liquids.[11] Vaping indoors increases airborne particulate matter.[10]

E-liquids may contain nicotine even when labelled 'nicotine-free'.[10] Vaping nicotine-containing e-cigarettes can lead to nicotine dependence.[10] This dependence may be less than from smoking cigarettes but more than from using nicotine replacement therapy.[10,12] The US Surgeon General warns that nicotine exposure can harm the developing adolescent brain.[13]

The NHMRC review found very little evidence about the impact of e-cigarettes on health outcomes.[10,12] This does not mean that e-cigarettes are harmless, just that there is insufficient evidence yet about their safety and harms. While there is little evidence of the impact of e-cigarettes on important long-term clinical outcomes, e-cigarettes can cause uncommon immediate serious health problems: poisoning (from nicotine toxicity) and seizures. E-cigarette or Vaping Associated Lung Injury (EVALI) has led to 2,807 hospitalisations and 68 deaths in the USA, and is mainly linked e-liquids containing tetrahydrocannabinol (THC) or vitamin E acetate. While almost all cases have been reported from the USA, one case of EVALI has been reported in Australia. E-cigarettes also cause less serious immediate health effects, such as throat irritation, cough, dizziness, headache and nausea.

Given the well-established harms of smoking, the NHMRC review also assessed the impact of vaping e-cigarettes on smoking uptake and smoking cessation. More never smokers who use than who do not use e-cigarettes start smoking (Adjusted OR 3.19, 17 observational studies).[10,14] Some of this association may not be causal but due to confounding by common causes of vaping and smoking, such as impulsivity and risk-taking, even though the included studies in the review did make a variable but probably insufficient attempt to control for this confounding.

3. The efficacy of e-cigarettes and personal vaporisers in helping people to quit smoking.

Recommendation 5: That the Select Committee notes that the efficacy of nicotine-containing e-cigarettes is based on less research evidence than other approaches to assisting smoking cessation.

The benefit from vaping nicotine-containing e-cigarettes to assist quitting remains contentious and based on less research evidence than other approaches to assisting smoking cessation.

For example, a network meta-analysis was confident that counselling increased smoking cessation compared to no behavioural support (OR 1.44, 194 studies).[15] More sessions of counselling and advice increase successful cessation.[15,16] Four or more sessions have been recommended.[17]

Systematic reviews have also found that all three smoking cessation pharmacotherapies available in Australia increase cessation compared to placebo or no drug: nicotine replacement therapy (NRT, any form, RR 1.55, 133 trials), varenicline (RR 2.24, 27 trials) and bupropion (RR 1.64, 46 trials).[18] Combination NRT combines a patch with a faster-acting oral form (gum, spray, lozenge or inhalator) which can be used to deal with breakthrough cravings and withdrawal symptoms. Combination NRT is more effective than a single NRT (RR 1.25, 14 trials).[18] The shared decision between the two most effective pharmacotherapies (varenicline or combination NRT) involves patient preference and their past experience.[19] A review of 65 trials found that providing behavioural support increased cessation by pharmacotherapy alone (RR 1.15).[18]

Aboriginal and Torres Strait Islander people who smoke daily are less likely to use NRT and other smoking cessation therapies than all Australians, even though they are just as likely to believe that these therapies help people quit smoking.[20] This is particularly relevant in the NT, where 50% of NT Aboriginal adults smoke daily.[21] These medicines can often be dispensed at no or reduced cost to Aboriginal and Torres Strait Islander patients, either through Remote Area Aboriginal Health Service program in remote areas or elsewhere through the Closing the Gap PBS Co-Payment measure.[22] It has been particularly frustrating the varenicline was not available in Australia for about a year until recently. Similarly, previously many remote clinics have only had access to a limited range of short-acting NRT products to complement long-acting patches.

AMSANT is not aware that any of its member services are promoting e-cigarettes to help people quit smoking. However, if the above pharmacotherapies are unsuccessful, the evidence suggests it is reasonable to consider short-term use of nicotine e-cigarettes after discussion of the lack of information about long term risks of e-cigarettes.[19] A review found nicotine-containing e-cigarettes increased cessation compared to behavioural or no support (RR 2.66, 7 trials), or compared to a non-nicotine e-cigarettes (i.e. placebo)(RR 1.94, 5 trials), but the certainty of this evidence is limited by imprecision due to the small number of trials.[23] The considerable variation in the nicotine vaping products used also increases uncertainty. The long-term health effects of vaping are uncertain, so dual use (smoking and vaping) and long-term vaping should be avoided.[19]

4. The approaches being taken to discourage uptake and the use of e-cigarettes and personal vaporisers, including but not limited to, in Northern Territory Schools.

It is not yet clear if the approaches used to prevent uptake of smoking and to assist smoking cessation can be effectively applied for vaping. As nearly half (46%) of current adult e-cigarette users also smoke ('dual users'), they may approach smoking cessation services (e.g. Quitline) to quit vaping.[2] A recent systematic review found many children and adults report wanting to quit vaping and having made quit attempts, but there was considerable variation between studies.[24]

Curiosity was the most common reason given for trying e-cigarettes reported in the 2019 National Drug Strategy Household Survey (54% of those aged 14+), especially for young adults aged 18-24 (72%) and never smokers (85%).[25] While curiosity was the commonest reason for all age groups under 40, for all age groups 40+, the commonest reason was to help quit smoking. The next most common reasons were thinking they were less harmful than regular cigarettes (23%) and to try to cut down the number of cigarettes smoked (22%). Different strategies to prevent e-cigarette uptake are likely to be needed for young people and older people.

In some remote NT Aboriginal communities, where there is as yet no vaping, it may be best for health staff to avoid mentioning vaping and to not run media or health education campaigns about vaping, as this may inadvertently increase curiosity about e-cigarettes, increasing uptake.

Clinical approaches

There is almost no high-quality research evidence about what health staff can do to prevent their patients from starting to vape e-cigarettes or to help patients to quit vaping. So far, there has been only one completed RCT of a vaping cessation intervention, other studies have been case series or small pilot studies.[24] In this study of 2588 e-cigarette users aged 18-24 in the USA, more of the participants who were allocated to the nine weeks of tailored text messages than no treatment had successfully quit by seven months (24% vs 19%, OR 1.39, $p<0.001$).[26]

Even without rigorous research evidence, given the potential harms of e-cigarette use, it is reasonable for health professionals at our member services to ask their patients about vaping and advise all who vape (but do not smoke) to quit vaping. Given the well-established harms of smoking, and the probable benefits of e-cigarettes in helping people quit smoking, but concerns about prolonged vaping after quitting smoking, it is reasonable for these health professionals to advise all who vape and smoke to quit smoking, and then quit vaping as soon as they can to prevent going back to smoking.[27]

Public health approaches

Most of the public health approaches to reduce e-cigarette uptake and prevalence at the population rather than the individual patient level require regulatory changes and will be addressed in the next

section.

Media campaigns

The research evidence is building about the most useful elements in media campaigns to reduce uptake and prevalence of e-cigarette use, especially those targeting children and young people.[28] These include addiction, health harms of vaping, anger at the e-cigarette and tobacco industries. Given the use of social media by young people and the evidence that exposure to marketing of e-cigarettes on social media increases uptake of e-cigarettes (see below), researchers are also building the evidence about e-cigarette campaigns on social media. Most of this research has been done in North America.

School campaigns

There is wide variety in the school-based e-cigarette education campaigns and only very limited and mixed information about their impact on e-cigarette uptake and use.[28] Most of this limited research on impact is from North America.

Tackling Indigenous Smoking teams at some of our member services are delivering education sessions at NT schools. This has included health education about e-cigarettes to students, teachers, parents and carers using NSW Health's 'Get the facts – vaping toolkit' campaign (https://www.health.nsw.gov.au/tobacco/pages/vaping.aspx). This campaign material has been supported by the NT Departments of Education and Health. While the materials include clear information about e-cigarettes, like most school campaigns there is, as yet, no research evidence of this campaign's impact of e-cigarette use and uptake among students.

Some NT schools have installed vape detectors in bathrooms, and suspend those caught vaping. AMSANT is not aware if the impact of these policies on e-cigarette use in these schools has been evaluated. There is some evidence from a Canadian study of the introduction of school vaping bans reducing trends in self-reported e-cigarette use by students at these schools compared to schools without bans.[29] However, such punitive approaches may undermine the involvement of already marginalised students who vape in more supportive vaping prevention and cessation activities and in other important educational and school activities. This is of particular concern to AMSANT as NT Aboriginal students already face many challenges in school participation without another reason that keeps them away from their education.

5. Best practice national and international regulatory responses to e-cigarettes and personal vaporisers.

There is some limited evidence from North America to support the possible effectiveness of the existing regulatory approaches in the NT and the rest of Australia: including vaping in smokefree laws, restrictions on advertising and promotion of e-cigarettes, and banning e-cigarette sales to minors.[28] Even though Australia has banned sales of nicotine e-cigarettes to all except those with a prescription, the most recent large Australian survey found that most (58%) people who had vaped in the past year reported that they usually vaped e-cigarettes containing nicotine, but less than 9% of these reported having a prescription for this nicotine.[2]

In spite of these regulations, the prevalence of e-cigarette use in Australia appears to have been increasing. The effectiveness of the new regulatory approaches announced on 2 May by Minister Butler will be determined by how well they are implemented; the details of this implementation will require considerable detailed effort over coming months between all governments and many other stakeholders. It will be important to monitor and research the impact of these new Australian

regulations: bans on all e-cigarettes as consumer products, total bans on disposables, flavours and high nicotine content, and a requirement that prescription e-cigarettes be sold in plain packaging.[1]

AMSANT expects that some of this research and monitoring will examine the impact of these changes on NT Aboriginal people and any unintended negative consequences. In particular, AMSANT could be concerned about the possible negative impacts of criminalising possession (rather than sale) of banned e-cigarettes. While supportive of efforts to reduce e-cigarette use, especially among young people, AMSANT is wary of the possibility that attention on new concerns, such as e-cigarettes, distracts and reduces attention on other larger long-standing health priorities in NT Aboriginal communities.

There are other regulatory approaches that have not yet been announced or adopted in Australia. There is some evidence to support the effectiveness of e-cigarette taxes and health warning labels on e-cigarette packaging. While not yet planned for Australia, 28 countries have total bans of e-cigarette sales and at least 13 ban use of e-cigarettes. As with any bans, the effectiveness of these bans is determined by their implementation and enforcement, and may lead to unintended consequences associated with criminalising e-cigarette use and sales.

A final word about the established smoking epidemic and the tobacco industry

While AMSANT welcomes discussion of stopping the emerging vaping epidemic among young people we urge the Select Committee to take a moment to consider the existing smoking epidemic in the NT.

Smoking was estimated to cause 20,000 Australian deaths in the 2015/16 financial year and 9% of Australia's total burden of disease, more than any other single risk factor.[30,31] Smoking was estimated to cost Australia $137 billion in 2015/16, and cost the NT $764 million in 2005/6.[30,32] Globally, smoking causes 8 million deaths each year.

The Northern Territory (NT) has the highest Aboriginal and non-Aboriginal smoking prevalence of any Australian jurisdiction: 50% of NT Aboriginal people (in 2018/19) and 17% of NT Non-Aboriginal people (in 2017/18) aged 18 and over smoked daily.

The research evidence of the harms of smoking are now well established compared to the as yet limited evidence of the harms of e-cigarettes.

The evidence for what works to reduce smoking prevalence, to reduce smoking uptake among young people and to assist cessation is well established compared to the limited evidence for what works for vaping.

Why is the NT Government the only Australian jurisdiction to not have a mass media campaign to reduce smoking, and has not had such a mass-media campaign since 2012, at a time when it is considering e-cigarette campaigns? An NT Government media campaign could complement the excellent local media campaigns by our member services.

Why is the Australian Government not considering banning sales of cigarettes (or banning all except very low nicotine cigarettes, as in New Zealand), when it has banned sales, except on prescription, of nicotine-containing e-cigarettes since 2021 and now announced the ban of the sale of all e-cigarettes? AMSANT notes that there has been excellent Māori involvement in and leadership of the New Zealand tobacco endgame policies.

The attention on e-cigarettes must not distract the urgent and necessary work by AMSANT, our member services and the NT Government in reducing the suffering caused by the established NT tobacco epidemic and the tobacco industry in NT Aboriginal communities and families.

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