

Transcript of RACP oral submission to Health Select Committee, NZ Parliament

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<https://youtu.be/NIYPnyxGY9A>

I am Chris Bullen, a public health physician and a member of the Royal Australasian College of Physicians. I am speaking on behalf of the RACP, it's a body that represents over 40 medical specialties in Australia and New Zealand. Our submission reflects a strong concern about the harms of smoking for New Zealanders, particularly for health inequalities that result from smoking related harm.

Our position has moved since more evidence has become available about electronic cigarettes.

I was on a working party for the RACP several years ago looking at this area, and the College's view was quite negative and very cautious. But since that time, I think there has been a growing body of research evidence that gives us greater confidence in suggesting that for smokers e-cigarettes should be something they should be encouraged to move towards if they can't directly quit with smoking with other established evidence based means of smoking cessation support...

Our position is that vaping is not for non-smokers but it is something that should be available for smokers who are keen to improve their health and move away from cigarette smoking.

The evidence for vaping is growing. I led the world's first RCT on ecigs, comparing them to patches in 2013. In those days, the ecigs we tested were pretty bad. The battery life was terrible, they looked like a slightly larger version than a cigarette. Since then they have evolved very rapidly. They are a class of products that is constantly changing and innovating, and perhaps that is one of the successes of these products that they respond to consumer need and changing technology.

The e-cigarettes that we have available today are these pod devices – the most popular models – they have a sealed unit, nicotine salt, hence the high concentration and they have a low power setting to deliver relatively small volumes of material that people can inhale. They are much more discreet than the old products that tended to give rise to lots of cloud. That is a good thing and a bad thing. If you are thinking about young people, they can covertly vape at the back of a classroom more readily than they could have with the older products. But the quality of products now, pharmaceutical grade ingredients, and much more standardised quality products that can be obtained by people so that. Their ability to deliver nicotine is able to match those of a cigarette. This is something the pharmaceutical industry has never been able to do with nicotine products.

For the first time, smokers have a product that can deliver nicotine. It is not perfect.

They are not safe products but by all accounts they are safer about smoking. I don't think there is any question about that.

Our position is that they have a place and that they are for people who want to quit smoking, and we should encourage them, particularly for population groups where current strategies have not been helpful in bring smoking rates down, I am thinking particularly of pregnant Maori women

The harm is largely due to the other substances in the smoke, not the nicotine per se that is the major concern. In doing so and in making ecigs more available, there is an opportunity to reduce some of the tobacco related health inequalities in New Zealand which contribute to a whole range of health consequences.

So I guess we support the legislation broadly although we have a couple of issues, some loopholes that should be addressed, relating to

- Advertising and marketing
- Packaging regime for regulated products
- Online sales

Q. What is the evidence regarding NRT vs vaping. What are the quit rates?

A couple more RCTs. NZ trial vaping + patches. UK trial in NEJM...

That showed they were very effective compared to standard stop smoking services

Our study showed they were only modestly effective but this was with minimal counselling and support

The anecdotal evidence from groups from some of the groups supporting particularly maori women to quit smoking with financial support such as Vape2save is very powerful evidence. For some groups I the population that really struggle, this has been the only thing that has got them across the line and is transformative.

As a group, the RACP is primarily concerned with seeing the health of people improve and if this is a pathway to health improvement, there is a growing body of evidence from RCTs but also other forms of research evidence suggesting these could be a breakthrough product.

The other group that is not mentioned in our submission is people with mental health problems among whom there are very, very high rates of smoking, esp people with SCZ its around 80-85% and some of these people are more likely to die from smoking than as a consequence of their condition so we think that any tool that is safer than smoking that can help to reduce their health risks and reduce health inequalities should be considered seriously, and soo the evidence around their benefits and harms needs to be taken into account.

Evidence around their harms is hotly debated but very few of the publications looking at the health harms of ecigs balance those against the harms of smoking. One of the words that we would like to emphasise here is proportionate response. Cigarette smoking is the most harmful behaviour around the globe. WE think vaping is not perfect. Its not completely safe but it is proportionally much less harmful than continuing to smoke, so the legislative framework we would like to see in place should encourage people to move down that harm curve away from harmful smoking towards ideally nothing, breathing fresh air. But we don't live in an ideal world and for many people vaping is where it is going to do the trick. Along that pathway, things like flavouring and access to products are really, really important to help move people in right direction.

The other side of the equation which you heard from the principal of GHS is youth vaping and we are obviously very concerned about that, and one of our concern relates to marketing and sponsorship and advertising. Flavouring – we wan to be careful that sweet flavours aren't luring young people on the basis of flavouring, but we think there are better ways to do that rather than blanket banning all flavours when some of those flavours are what helps some adult smokers to quit smoking.

Q. Smokefree areas

We strongly support including vaping in the smoke-free environments act in terms of avoiding potential harm from vaping products, although the evidence for second-hand vape-related harm is minimal, it is not strong.

Especially in an open space, you'd have to say from first principles it is not a great thing for adults to be vaping around children in a car but in an open space, there has to be a proportionate response. Our position there is largely about thinking about what harm this might do in terms of message sending to young people, perhaps more than the harm of secondhand vapour to adults.