



Position Statement

Personal vapourisers (e-cigarettes)

Background

In New Zealand, cigarette smoking remains a leading cause of preventable death and disease, with Māori and Pacific peoples disproportionately affected (1). New Zealand has a goal to become Smokefree by 2025, but modelling suggests we are not on track to achieve this goal (2, 3). Consequently, there is an urgent need not only to strengthen existing measures, but to consider innovative approaches with potential to reduce smoking prevalence and tobacco-related harm such as personal vapourisers¹ (commonly referred to as e-cigarettes²).

E-cigarettes may help reduce smoking prevalence – and achieve the Smokefree goal – if they act as an effective aid to quitting smoking, completely (4-8) particularly as they have a high degree of acceptability as a quit tool amongst smokers (9-14). E-cigarettes may also help reduce smoking prevalence by acting as a substitute for smokers who cannot or do not want to quit and who switch completely to their use, as they are likely to be very much less harmful than tobacco smoking, although not harmless (15-18).

As of June 2018, nicotine-containing e-cigarettes and e-liquids can now be legally sold in New Zealand and regulations are being developed (19).

Summary of recommendations

The Cancer Society of New Zealand supports the cautious implementation of legislation to encourage e-cigarette use to help smokers stop smoking, whilst safeguarding vulnerable non-smokers from taking up their use by:

- (a) Improving access to quality-controlled nicotine-containing e-cigarettes/e-liquid for smokers
- (b) Ensuring formalised e-cigarette cessation pathways are in place, including the provision of practical support by smoking cessation services and in places where e-cigarettes and e-liquids are sold and,
- (c) Regulating the sale, marketing, use and safety of e-cigarettes to minimise harm and use by non-smokers, particularly young people.

¹ Personal vaporisers/e-cigarettes usually have three parts: a battery, heating device, and cartridge or tank. The part that heats up is called a vaporizer. To use an e-cigarette, a cartridge is inserted or the tank is filled with a liquid solution (common ingredients include flavourings, water, propylene glycol and/or vegetable glycerine/glycerol). This liquid may or may not contain nicotine. When the e-cigarette is puffed, the vaporizer heats up. It turns the nicotine-containing liquid in the tank or cartridge into an aerosol. Users then inhale and exhale this vapour. This is often described as 'vaping'.

² Also referred to as e-cigs, vape pens, eGos, electronic nicotine delivery systems, Juul, cig-a-likes, mods, mod pens etc.

Recommendations

Improving access to quality-controlled nicotine-containing e-cigarettes/e-liquid and smoking cessation support and advice for smokers

1. Nicotine-containing e-liquids, e-cigarettes and paraphernalia should be made available for sale through a restricted range of retail outlets (e.g. specialist 'vape shops' and participating pharmacies) best able to advise and support smokers to quit with e-cigarettes or switch to exclusive vaping (20). Such shops would have trained staff who can effectively restrict sales to those aged 18 years and over, assist new users in the use of e-cigarette technology and e-liquids, and who are able to offer practical quit advice³, and referrals to complementary cessation support.
2. The quality and safety of e-cigarettes and e-liquids is largely unknown but should be subject to monitoring and regulation to ensure it is as safe as practicable. Potentially unsafe flavourings such as diacetyl should be prohibited.
3. Labelling of nicotine-containing e-cigarette and e-liquids should include information about nicotine content, constituents and possible harms, and information about potential health gains for smokers who switch from cigarettes to exclusive e-cigarette use.
4. Making nicotine-containing e-cigarettes and e-liquids more accessible to adult smokers to aid quitting or as a substitute for smoking should be implemented as a component of a strategy to achieve the Smokefree 2025 goal of minimal smoking prevalence by 2025. It should be accompanied by other measures, such as those laid out in the 'Achieving Smokefree Aotearoa Action Plan' (22), to make smoked tobacco products relatively less affordable, appealing and accessible compared to e-cigarettes.

Ensure formalised e-cigarette cessation pathways are in place, including the provision of practical support by smoking cessation services

5. Smokers wishing to quit using e-cigarettes should be supported to do so by trained cessation providers and use of e-cigarettes for quitting should be included in the training of smoking cessation support staff.

Regulating the sale, marketing and safety of the product to minimise harm and use by non-smokers

6. The 'gateway effect' to smoking from e-cigarettes remains uncertain although an increasing body of evidence suggests this is a real concern (23), and as the long-term health effects of e-cigarette use are also unclear, it is important to protect non-smoking minors from using e-cigarettes and becoming addicted to nicotine. Therefore, robust steps should be taken to minimise the risk of children and young people accessing and trying e-cigarettes by ensuring

³ 'Practical quit advice' may include advice on appropriate nicotine levels, suitable devices, how to maintain a device as well as provision of key messages i.e. 'vaping will not fully replicate smoking', and 'you will still need considerable motivation to quit' (20).

that the sale, distribution, marketing and advertising of e-cigarettes to young people and the products, are prohibited and accessible only to adult smokers.

7. Strict regulation is needed to restrain manufacturers from using misleading claims or engaging in marketing practices likely to appeal to (young) people (i.e. 'youth-oriented' brand names, flavourings, sponsorship) or co-branding with cigarettes.
8. Marketing of e-cigarettes and e-liquids, other than possible health education campaigns and messages, should be restricted to the point-of-sale where they are sold in controlled retail outlets.
9. The Smoke-free Environments Amendment Act 2003 should be extended to prohibit the use of e-cigarettes in all public indoor spaces in which smoking is prohibited. Outdoor public spaces promoted as smoke-free should also be promoted as vape-free.
10. In general, e-cigarettes should be subject to policy and regulatory measures applied to tobacco products, in line with the WHO Framework Convention on Tobacco Control.

Other considerations

11. The Cancer Society of New Zealand supports the implementation of more intensive tobacco control measures along with current Government restrictions on the influence of the tobacco industry. This includes appropriate regulation of levels of excise, product design, and restrictions on availability and marketing of smoked tobacco products.
12. The Government should ensure that there is monitoring of the patterns of use of e-cigarettes and their impact on smoking prevalence (particularly among priority high prevalence groups) and should remain responsive to emerging evidence regarding risks and benefits, including long-term health effects of e-cigarettes. Policies for the regulation of e-cigarettes and e-liquids should be re-evaluated and changed as appropriate in the light of new evidence and data.

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