



COVER PAGE

PLEASE DO NOT PUBLISH COVER PAGE ONLINE

As requested under your Terms and Conditions, this page contains contact details and the registered address of our organisation. **The submission attached to this cover page is a public submission.**

Committee Secretary
Select Committee on Tobacco Harm Reduction
Department of the Senate

The attached public submission relating to the Senate enquiry on Tobacco Harm Reduction has been submitted by:

Julie Woessner
Chief Executive Officer
The International Network of Nicotine Consumer Organisations (INNCO)



4 November 2020

Committee Secretary
Senate Select Committee on Tobacco Harm Reduction

Re: Public Submission of International Network of Nicotine Consumer Organisations (INNCO)

Dear Senators,

The International Network of Nicotine Consumer Organisations (INNCO) is grateful for the opportunity to provide a public submission to this important inquiry.

INNCO was formed in October 2016 to support and represent consumers of low-risk, alternative nicotine products as the front-line stakeholders of Tobacco Harm Reduction (THR) on the global stage. THR is a public health policy that empowers consumers to make safer choices and offers pragmatic solutions to combat use of high-risk forms of tobacco such as smoking. For those who smoke but have felt unable or unwilling to quit, THR offers a lifeline, an alternative to the “quit or die” philosophy that leaves millions smoking . . . and dying.

INNCO is a democratically run organisation with Board members nominated and elected annually by our member organisations. INNCO’s membership spans six continents, with 35 organisations in its network. It is a requirement of membership that voting members formally agree that all decisions taken by their board are consumer driven and independent of any outside influence from the tobacco or vaping Industry.

In response to the Senate Select Committee on Tobacco Harm Reduction’s request for submissions, we urge Australia to adopt a THR strategy similar to its much lauded drug harm reduction policy. THR does not supplant traditional tobacco control tools, but, rather, complement them. We respectfully submit that in a country like Australia where declines in smoking prevalence have stalled despite a robust tobacco control policy, strategies such as THR should be seriously considered as a complementary, pragmatic and cost-effective means of reducing the smoking rate and the attendant health and economic cost associated with smoking.

The International Harm Reduction Association (IHRA) defines harm reduction as the “policies, programmes and practices that aim to reduce the harms associated with the use of psychoactive drugs in people unable or unwilling to stop. The defining features are the focus on the prevention



of harm, rather than on the prevention of drug use itself, and the focus on people who continue to use drugs.”¹

Harm reduction has been a principle of Australian government’s approach to drug use for several decades, beginning in the 1980s. We respectfully ask the Senate Select Committee to examine the apparent dichotomy that exists between Australia’s national drug strategy and its commitment to adopt harm reduction strategies versus its approach to safer nicotine products, which entirely ignores general harm reduction strategies. The result is the imposition of a regulatory framework which prevents people who use nicotine from gaining access to a less harmful alternative than combustible cigarettes.

The current National Drug Strategy specifically contemplates “a national framework which identifies national priorities relating to **alcohol, tobacco and other drugs**, guides action by governments in partnership with service providers and the community, and outlines a national commitment to harm minimisation through balanced adoption of effective demand, supply and harm reduction strategies.”² (emphasis supplied) This is in stark contrast to the Australian government’s approach in connection with e-cigarettes. The government ignores the goal of minimising the human and economic cost caused by smoking cigarettes and instead chooses to restrict/eliminate access to less harmful nicotine alternatives stating, “Any change to regulation of e-cigarettes in Australia will have protecting children and young people as its primary focus and goal”.³

People have used psychoactive substances, legal or illegal, throughout history and will continue to do so. Rather than cast judgment on people who use nicotine, INNCO believes that governments should adopt the same pragmatic approach to THR as they do for Drug Harm Reduction, an approach already endorsed within The Human Rights Act, The United Nations and WHO.

The primary role of regulation should be to identify areas of known harm and enact proportional measures designed to reduce or eliminate them. There is now a substantial amount of robust evidence which confirms e-cigarettes to be significantly less harmful to health than combustible cigarettes--not safe in the absolute sense of the word, but definitely far safer. This is also the general consensus amongst the majority of western democracies. The bone of contention lies in establishing ‘how much’ less, not ‘if’.

¹ Harm Reduction Australia, “What is Harm Reduction” ([link](#))

² Commonwealth of Australia as represented by the Department of Health (2017) NATIONAL DRUG STRATEGY 2017–2026. ([link](#))

³ The Australian Government Department of Health, "Policy and Regulatory Approach to Electronic Cigarettes [e-cigarettes], November 29, 2019. ([link to download](#))



Harm reduction has always faced critics claiming that such approaches would increase drug use and abuse, especially with vulnerable populations like young people. It was the same regarding condoms at the beginning of the HIV crisis. It comes as no surprise that THR is today facing the same critics, even if the experience from other fields shows that harm reduction is a successful strategy that does not significantly increase drug use or sexual experimentation by young people.

With regard to e-cigarettes, USA statistics regarding youth use are often cited for the proposition that there is an “epidemic” of youth use. However, we note that use among youth (both experimental and regular use) is actually decreasing in the USA. Moreover, smoking rates are in full decline, including among adolescents, since the electronic cigarette appeared.⁴

Concerns about the possibility of renormalization of smoking leading to an increase in smoking are sometimes raised by THR critics, presumably assuming that normalizing e-cigarette use would somehow normalize smoking, something for which no basis is asserted. Encouraging e-cigarette use among people who smoke does not appear to have any “normalizing” effect on smoking. In fact, in a recent study benefiting from the use of a large, nationally representative sample of school-age children from England, Scotland and Wales, covering a long time period (17 years), the authors note: “The renormalisation hypothesis assumes that growing prevalence and visibility of e-cigarette use will reverse tobacco control successes through increasing the extent to which smoking is once again seen as a ‘normal’ behaviour, accepted and accommodated by the non-smoking majority, including young people. However, the hypothesis that e-cigarettes will renormalise smoking in young people is premised on an assumption that tobacco use and e-cigarette use are viewed by young people as sufficiently similar for one to renormalise the other.”⁵

The Australian government’s decision to delay the introduction of a risk proportionate regulation to enable people who use nicotine to access and to choose safer nicotine products whilst continuing to permit the free access to a known deadly combustible tobacco product is counterproductive. Justifying this decision by maintaining a lack of existing evidence a full fourteen years after the product entered the market is incompatible grounds to impose a precautionary de facto ban. This position is not sustainable any longer, especially since a recent Cochrane review found with moderate-certainty evidence that “(i) e-cigarettes with nicotine are 70% more effective in helping smokers to successfully quit than nicotine replacement therapy

⁴ NIDA. 2019, December 18. Monitoring the Future Survey: High School and Youth Trends DrugFacts. ([link](#))

⁵ Hallingberg et al., Have e-cigarettes renormalised or displaced youth smoking?, 2019 ([link](#))



International Network of Nicotine Consumer Organisations

(NRT) and (ii) 70% more effective in helping smokers to successfully quit than nicotine-free e-cigarettes.”⁶

We urge Australia to embark upon a new regulatory framework for THR products that incorporates proportionate regulation. This is a unique opportunity to enact policies and regulations incorporating elements chosen from evidential global best practises inspired by successful drugs harm reduction strategies to construct a robust and effective legislative framework.

We respectfully suggest Australia consider inviting a representative selected from experienced people who use nicotine as stakeholders (as, for example, the UK chose to do in creating The All-Party Parliamentary Group (APPG) for E-Cigarettes in 2014). Involving consumers in this process will provide invaluable insight and real world experience in developing effective regulations and policies.

Enacting a proportionate, effective and enforceable regulatory framework for e-cigarettes whilst minimising risks is a progressive decision to complement existing tobacco control strategies. From an ethics standpoint, we believe it is critical that Australians who smoke be allowed access not only to traditional cessation tools but also to THR alternatives. It is a violation of basic tenets of public health and human rights for governments to allow the sale of the most dangerous products such as cigarettes, while denying people access to low-risk products. Likewise, avoiding the emergence of unregulated black market products and its attendant problems is a pragmatic and prudent step forward.

On behalf of our global member organisations and the millions of people who use nicotine, we sincerely urge Australia to implement a regulatory framework that incorporates THR policies. We firmly believe that THR strategies can be of enormous value in Australia’s battle to reduce the human and economic costs associated with smoking.

Julie Woessner, CEO
The International Network of Nicotine Consumer Organisations
Geneva, Switzerland

⁶ Hartmann-Boyce et al., Electronic cigarettes for smoking cessation, 2020 ([link](#))