



# Australasian College for Emergency Medicine

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Select Committee on Electronic Cigarettes and Personal Vaporisers  
Legislative Assembly of the Northern Territory  
15 Mitchell Street  
Darwin city  
NT 0800

Email: [LA.Committees@nt.gov.au](mailto:LA.Committees@nt.gov.au)

Dear Select Committee on Electronic Cigarettes and Personal Vaporisers,

## Re: Inquiry into Electronic Cigarettes and Personal Vaporisers (Vaping)

The Australasian College for Emergency Medicine (ACEM) welcomes the opportunity to provide feedback on the Select Committee's Inquiry into Electronic Cigarettes (e-cigarettes) and Personal Vaporisers (the Inquiry).

As you are aware, ACEM is the peak body for emergency medicine and has a vital interest in ensuring the highest standards of emergency medical care for all patients. ACEM is responsible for ensuring the advancement of emergency medicine in emergency departments (EDs) across Australia and Aotearoa New Zealand, the training of emergency physicians in these regions, and the accreditation of EDs for emergency medicine training.

The College acknowledges the serious health risks associated with e-cigarette and vape use. Smoking has been identified as a significant contributor to respiratory and cardiovascular disease, cancer, as well as other health issues that our members confront frequently. While the Inquiry covers a broad range of topics, ACEM has focused its responses on measures to safeguard the well-being of individuals in the Northern Territory.

As an organisation with a vested interest in the health effects of e-cigarettes and vapes, ACEM supports both national and international regulatory measures aimed at regulating and minimising their use. Specifically, regarding emergency medicine, we wish to highlight several important actions that must be taken into consideration during this inquiry.

## II. The Health Impacts of the use of e-cigarettes and personal vaporisers

E-cigarettes and vaping have been marketed as a less harmful alternative to traditional tobacco smoking, but there is a lack of long-term clinical data to support this claim. In fact, there is substantial use of e-cigarettes and vapes is a gateway to tobacco smoking exposing individuals that otherwise would have never initiated smoking to become tobacco smokers.<sup>1</sup>

There has been some uptake of e-cigarette use in groups that were previously statistically unlikely to start smoking, especially young people. Research shows that one in six Teenagers aged 14-17 and one in four young Australasians aged 18-24 have vaped.<sup>2</sup> 20 Australian e-cigarette and vape websites were examined in 2023, and found to market e-cigarettes as "sleek, stylish and sexy", with 70% of the marketed e-cigarettes

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<sup>1</sup> Eissenberg T, Bhatnagar A, Chapman S, Jordt S-E, Shihadeh A, Soule EK. Invalidation of an Oft-Cited Estimate of the Relative Harms of Electronic Cigarettes. *AJPH*, Vol 110, No. 2; 2020.

<sup>2</sup> Turnbull T. Australia to ban recreational vaping in major public health move [Internet]. *BBC News*. BBC; 2023. Available from: <https://www.bbc.com/news/world-australia-65446352>

and vapes containing nicotine.<sup>3</sup> While some people use e-cigarettes to quit tobacco smoking, there is a lack of evidence to support this as a viable, non-addictive, and less harmful means of long-term smoking cessation. Retailers have sold these products on the unsubstantiated notion that they are “95% safer” than traditional cigarettes, however, changes in the e-cigarette devices over the last decade, have led to increased presence of nicotine and other toxic aerosols. E-cigarette aerosol contains propylene glycol which is one of the primary constituents which is toxic over a long period of time and vegetable glycerin, which causes inflammation in human lungs. The use of both these products has been linked to cardiovascular disease.<sup>1</sup>

E-cigarettes have also been associated with nicotine-independent specific harms, such as e-cigarette or vaping product use- associated lung injury (EVALI). Since first reports in 2019, there have been over 2600 cases reported to the United States Centre for Disease Control and 57 confirmed deaths, predominantly affecting young people with the median age of EVALI patients being 24.<sup>4</sup> 100% of e-liquids have been found to be inaccurately labelled in Australia, with 21%-25% containing nicotine, despite nicotine in e-liquids being illegal in Australia.<sup>5</sup>

It is crucial to encourage e-cigarette and vape cessation during several key periods, including pre-conception, pregnancy and early childhood, adolescence, and middle age and later years. These ages are significant because of reduce health outcomes that are significant linked to these periods, such as e-cigarette can produce carcinogenic products that could be exposed to the fetus during pregnancy.<sup>1,6</sup> ACEM has a vested interest in strongly advocating for legislation, policies, programs that support smoking cessation, specifically e-cigarette and vape cessation, to reduce the burden of nicotine-related health harms in EDs.

## V. Best practice national and international regulatory responses to e-cigarettes and personal vaporises.

ACEM urges the Northern Territory to adopt evidence-based approaches to nicotine cessation, including treating e-cigarette and vape addiction from a health perspective. To achieve this, incorporating brief interventions such as nicotine replacement therapy, and nicotine cessation referrals from EDs are essential.

Moreover, we acknowledge that Aboriginal and Torres Strait Islander people’s communities are being disproportionately affected. On average an Indigenous Australians are more likely to use tobacco, specifically in the form of e-cigarettes and vaping.<sup>7</sup> Aboriginal and Torres Strait Islander students were observed to have greater likelihood of ever vaping overall, compared to their non-Indigenous peers.<sup>8</sup> Therefore, it is crucial that Indigenous leaders and organisations are directly and comprehensively consulted on any proposed changes to e-cigarette and vaping laws. This will help the Northern Territory

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<sup>3</sup> Riwu Bara RP, McCausland K, Swanson M, Scott L, Jancey J. “they’re sleek, stylish and sexy:” selling e-cigarettes online. *Australian and New Zealand Journal of Public Health*. 2023;47(1):100013.

<sup>4</sup> King BA, Jones CM, Baldwin GT, Briss PA. The EVALI and youth vaping epidemics—implications for public health. *New England Journal of Medicine*. 2020 Feb 20;382(8):689-91.

<sup>5</sup> E-cigarettes and Vaping [Internet]. Lung Foundation Australia. 2023. Available from: <https://lungfoundation.com.au/lung-health/protecting-your-lungs/e-cigarettes-and-vaping/>

<sup>6</sup> Australian Institute of Health and Welfare (AIHW). 2020. Australia’s children. <https://www.aihw.gov.au/reports/children-youth/australias-children/contents/health/smoking-and-drinking-behaviour>

<sup>7</sup> Australian Government Department of Health and Aged Care. Smoking and tobacco and Aboriginal and Torres Strait Islander peoples [Internet]. Australian Government Department of Health and Aged Care. Australian Government Department of Health and Aged Care; 2022. Available from: <https://www.health.gov.au/topics/smoking-and-tobacco/smoking-and-tobacco-throughout-life/smoking-and-tobacco-and-aboriginal-and-torres-strait-islander-peoples>

<sup>8</sup> Heris C, Scully M, Chamberlain C, White V. E-cigarette use and the relationship to smoking among Aboriginal and Torres Strait Islander and non-indigenous Australian Secondary students, 2017. *Australian and New Zealand Journal of Public Health*. 2022;46(6):807–13.

government to understand the implications of any changes on these communities and mitigate any negative, unintended consequences.

With the harms associated with e-cigarettes and vaping, including nicotine addiction and specific harms like EVALI, it is essential to address e-cigarettes and vaping issue from a health perspective. By adopting evidence-based approaches to nicotine cessation, including provision of brief interventions, nicotine replacement therapy and nicotine cessation referrals from EDs, the Northern Territory government can reduce the burden of tobacco-related health harms on EDs and improve health outcomes for all Territorians, including those from Aboriginal and Torres Strait Islander communities.

### ACEM recommendations

ACEM supports the following approaches to achieve the complete cessation of smoking specifically the use of e-cigarettes and vapes, in the Northern Territory, with reference to the WHO Framework Convention on Tobacco Control:<sup>2,9</sup>

- In line with evolving federal regulations, prevent the sale of e-cigarette and vaping products.
- Immediate actions must be taken to achieve lower smoking rates in all age groups, in particular preventing and delaying nicotine initiation for youth and other high-risk groups, including the use of e-cigarettes and vapes.
- E-cigarette and vape promotion, advertisement, and sponsorship should be banned.
- All e-cigarette and vape products and advertising must be produced with accurate health warnings.
- Current smokers including e-cigarette and vape users should be supported to quit. Health systems must improve access to evidence-based measures that assist with smoking and e-cigarette cessation. All health professionals should receive appropriate training to support patients to quit.<sup>7</sup> ED physicians should be provided with the resources to give their patients who smoke or use e-cigarettes tailored advice on the health risks and to make referrals to quitting services.<sup>10,11</sup> Access to evidence-based nicotine replacement therapies and other pharmacological and non-pharmacological supports should be improved, including removing barriers such as high costs which disproportionately affect those at greatest risk of nicotine addiction.<sup>12</sup>
- Culturally safe strategies to reduce use of e-cigarettes and vaping for Aboriginal and Torres Strait Islander communities.
- Implement measures to provide protection to non-smokers from passive smoking.
- Normalise smoke-free environments through introducing regulations around stealth vaping, vaping in prohibited areas. This should include the banning and enforcement of nicotine smoking and the use of e-cigarettes and vapes in public places, all healthcare facilities, and other designated spaces.
- All nicotine, e-cigarette and vape products must be produced with plain packaging. This is particularly important for products that target younger people through colourful and enticing packages, such as e-cigarettes and e-liquids. Greater funding is needed for research on the longer-

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<sup>9</sup> WHO. 2003. WHO Framework Convention on Tobacco Control. [https://www.who.int/fctc/text\\_download/en/](https://www.who.int/fctc/text_download/en/)

<sup>10</sup> Carson KV, Verbiest MEA, Crone MR, Brinn MP, Esterman AJ, Assendelft WJJ, Smith BJ. Training health professionals in smoking cessation. Cochrane Database of Systematic Reviews 2012, Issue 5. Art. No.: CD000214. DOI: 10.1002/14651858.CD000214.pub2. Accessed 18 October 2021.

<sup>11</sup> Stead LF, Buitrago D, Preciado N, Sanchez G, Hartmann-Boyce J, Lancaster T. Physician advice for smoking cessation. Cochrane Database of Systematic Reviews 2013, Issue 5. Art. No.: CD000165. DOI: 10.1002/14651858.CD000165.pub4. Accessed 18 October 2021.

<sup>12</sup> Pelletier JH, Strout TD, Baumann MR. A systematic review of smoking cessation interventions in the emergency setting. The American journal of emergency medicine. 2014 Jul 1;32(7):713-24.

term health impacts of e-cigarettes. Further research is also needed to identify effective strategies to support smoking cessation in high-risk groups.<sup>13,14</sup>

- Liquid nicotine refills continue to only be available via prescriptions.
- E-cigarettes and vapes should only be sold in specialist shops that are not within one kilometre of a school.
- A smoke free generation policy would prohibit the sale, and the supply in public place, of smoking nicotine products including e-cigarettes and vapes, to new cohorts from a specific date. For example, if legislation commenced on 1 January 2025, then people younger than 18 years at that time or those born after 1 January 2004 would never be able to lawfully be sold nicotine products or e-cigarettes.

For more information, ACEM has produced a position statement on e-cigarettes and vaping:

- Position Statement on [Tobacco Smoking and E-Cigarettes](#), which highlights the harms associated with tobacco use and their disproportionate impact on various communities in Australia and Aoteroa New Zealand. The statement emphasizes the need for tailored approach to address tobacco use among priority populations, including First Nations peoples, culturally and linguistically diverse (CALD) communities, people with disabilities, and people with mental health illnesses, as this is crucial to reducing tobacco use and its related harms.

We understand that the issue of e-cigarettes and personal vaporiser laws is quite complex, but requires the utmost attention to halt the detrimental impacts on multiple groups. If you require any further information, please do not hesitate to contact Cassandra Beer, Manager, Policy, and Advocacy, [cassandra.beer@acem.org.au](mailto:cassandra.beer@acem.org.au); (03) 8679 8857.

Yours Sincerely,



**Dr Lai Heng Foong**  
Chair, Public Health and Disaster Committee

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<sup>13</sup> Hartmann-Boyce J, Chepkin SC, Ye W, Bullen C, Lancaster T. Nicotine replacement therapy versus control for smoking cessation. Cochrane Database of Systematic Reviews 2018, Issue 5. Art. No.: CD000146. DOI: 10.1002/14651858.CD000146.pub5. Accessed 18 October 2021.

<sup>14</sup> McNeill A, Gravelly S, Hitchman SC, Bauld L, Hammond D, Hartmann-Boyce J. Tobacco packaging design for reducing tobacco use. Cochrane Database of Systematic Reviews 2017, Issue 4. Art. No.: CD011244. DOI: 10.1002/14651858.CD011244.pub2. Accessed 18 October 2021.