

# Six major flaws in the ANU report on vaping



## The report on vaping commissioned by the Health Minister from Australian National University is misleading, omits important evidence and some findings are just plain wrong

Banks E. Beckwith K, Joshy G. Summary report on use of e-cigarettes and relation to tobacco smoking uptake and cessation, relevant to the Australian context. September 2020 [[link](#)]

The conclusions of the report do not reflect real-world experience, other recent reports on vaping or the views of the Health Departments of the [United Kingdom](#) and [New Zealand](#). They include the following:

### 1 “Never-smokers who have used e-cigarettes were, on average, around three times as likely as those who have not used e-cigarettes to try smoking conventional cigarettes”

**The facts.** This statement is literally true but does not mean, as it implies, that adolescents who vape are in any way caused to smoke, the so-called ‘gateway hypothesis.’ The association between vaping and subsequent smoking is most likely explained by ‘[common liability](#)’ i.e. the young people who try vaping are also much more likely to try other risky behaviours such as smoking or use alcohol, cannabis other drugs.

Further [analysis](#) suggests that most young people who smoke would have smoked anyway, irrespective of whether they vaped first or not. This is strong evidence that vaping does not cause the uptake of smoking as implied in the ANU [media release](#).

To the contrary, the evidence shows that [most youth vaping](#) is experimental and short-term and that most young people who vape are already tobacco smokers. Vaping appears to divert youth from smoking. For example, [in the US](#) the decline in youth smoking accelerated two to four times after 2014 when vaping became popular.

The [New Zealand Ministry of Health](#) stated this year:

“Despite some experimentation with vaping products among never smokers, vaping products are attracting very few people who have never smoked into regular vaping, including young people.”

### 2 “There is insufficient evidence that nicotine-delivering e-cigarettes are efficacious for smoking cessation”

**The facts.** This conclusion is inconsistent with three other recent reviews of the same randomised controlled trials by the [Cochrane Library](#), [Grabovac](#) and the [Royal Australian College of General Practitioners](#). All three of these meta-analyses concluded that vaping is 70% more effective than nicotine gum or patches.

A complete assessment of vaping as a cessation aid needs to combine data from a wide range of study types. This includes evidence that smoking rates have declined rapidly in countries where vaping is widely available.

Combining these findings with results from randomised controlled trials provides [compelling evidence](#) that vaping helps smokers quit.



3

### “The large majority of people successfully quitting smoking do so unaided or ‘cold turkey’”

**The facts.** Unaided quitting is the **least effective** quitting method with a failure rate of **95-97 percent**. Many smokers who quit ‘cold turkey’ have had to try repeatedly over a number of years before they eventually quit and suffer from smoking-related harm during this time. The best advice for smokers is to quit as soon as possible using the most effective methods, which the evidence indicates, include vaping.

4

### “Recent declines in smoking are largely driven by very low smoking uptake in younger people with 97% of 14-17 year olds in 2019 having never smoked”

**The facts.** Uptake of smoking and vaping by young people is important but should not be the major concern of policy. A more pressing concern is reducing the harm suffered by long-term, addicted adult smokers. These smokers are at immediate and high risk of death and disease from smoking.

For addicted adult smokers who can’t quit, switching to vaping in all probability dramatically reduces their risk of death and disease which is why over 500,000 Australians have switched to vaping.

5

### “Former smokers who had used e-cigarettes were around twice as likely to relapse and resume current smoking as those who had not used e-cigarettes”

**The facts.** This conclusion is very misleading in implying that vaping increases the risk of relapse to smoking. It ignores the fact that smokers who vape are more nicotine dependent than other smokers, have made multiple unsuccessful quit attempts and generally have more difficulty quitting overall. The increased rate of relapse is more likely due to these factors than vaping.

Indeed, other studies have found that relapse is **less likely** in vapers compared to non-vapers or **the same** in both groups.

6

### “Current evidence suggests that nicotine-delivering e-cigarettes can result in prolonged exposure to nicotine through ongoing exclusive e-cigarette use”

**The facts.** This statement indicates that the authors do not understand that the purpose of substituting vaping nicotine for cigarettes is that vaping eliminates most of the toxic chemicals in cigarette smoke that cause nearly all the harm from smoking.

The continuing use of vaping is vital for many former smokers to **prevent relapse** to smoking. The health effects of long-term nicotine vaping are of minor concern compared to continuing to smoke cigarettes.



#### What is ATHRA?

The Australian Tobacco Harm Reduction Association is a registered health promotion charity established to reduce the harm from tobacco smoking in Australia. ATHRA aims to raise awareness of less harmful alternatives for adult smokers who are otherwise unable to quit. ATHRA does not accept donations from tobacco or e-cigarette companies.

