Vaping in focus: health policy and regulation

Moderator | Dr Kate Seear, La Trobe University

Panellist | Dr Hester Wilson, RACGP
Panellist | Dr James Martin, Deakin University
Panellist | Dr David Hayward, RMIT
Panellist | Dr Mary Walker, La Trobe University
Panellist | Emeritus Prof. Wayne Hall, Queensland University

Carl* age 59 – complains of chronic cough

- Lives with his mum and 2 dogs, mum is frail, is her carer, volunteers at local service, walks dogs daily, on DSP

- Tobacco age 12, Cannabis age 14, Alcohol age 16, Heroin age 19, methadone in 20s, off and on treatment

- Homeless in his 20s, some drug related charges/short jail sentences, intermittent employment

- In last 10 years stable on opioid dependence treatment (currently LAIB), daily tobacco, occasional ice and alcohol use

- Hypertension, chronic obstructive airways disease, acute myocardial infarct age 52, chronic back pain

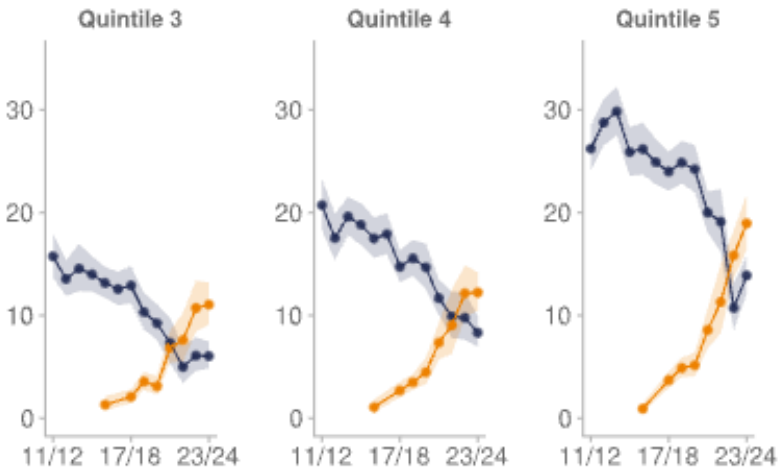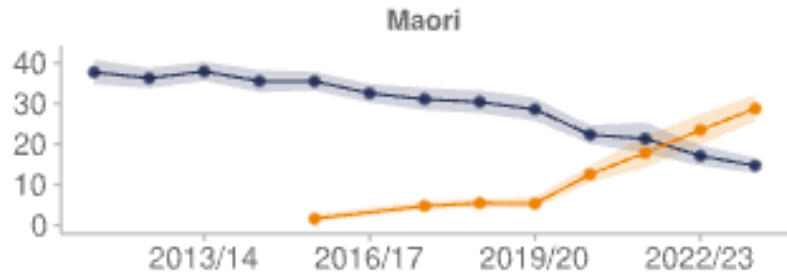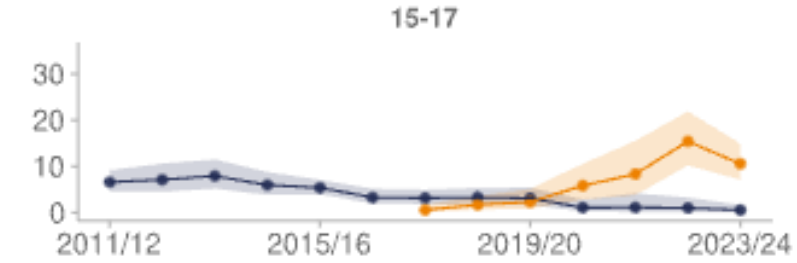Diagnosed lung cancer – died 9 months later

Do we do enough in AOD to support people to decrease harm from nicotine?

How do we have a nuanced response that decreases harm?

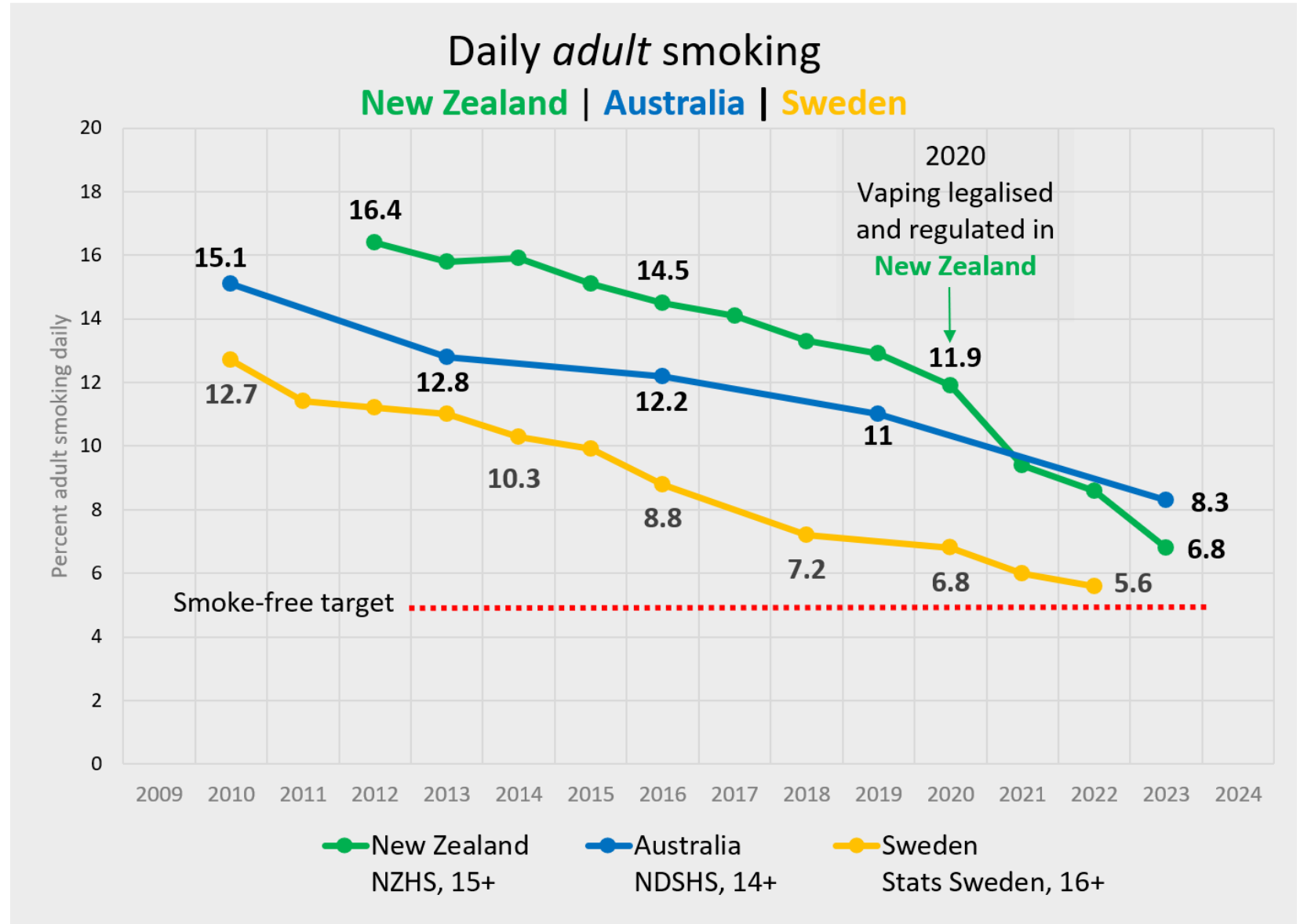Can a person make informed choice about nicotine use when nicotine dependent?

*not his real name

	Neoliberal	Public Policy	Ethics of care
Unit:	• Self interested individuals	• Individuals with rights	• Relationships
Key concepts	• Self regulating market • Choice • Consumer is boss (utility) • Dislike government intervention	• Human rights • Public health ethics	• The right to care • Complex relationships; anxiety and trauma etc. • Ambiguity, caution and situation • The need to listen
Solution	• There is a right answer • More information • No prohibition • E-cigs with prescriptions as a choice	• There is a right answer • Prohibition, restrict access, give information • health professionals as gatekeepers	• There is no single right answer • Enable decision that makes sense in context of specific relationships
Example	• Kenkel et.al (2024)	• Freeman (2023)	• Giovanni, M (2018)

15-17

Maori

Quintile 3   Quintile 4   Quintile 5

78

(NZHS 2025)

Daily *adult* smoking
New Zealand | Australia | Sweden

2020
Vaping legalised
and regulated in
New Zealand

15.1
16.4
14.5
11.9
12.8
12.2
11
10.3
8.8
7.2
6.8
8.3
6.8
12.7
5.6

Smoke-free target

Percent adult smoking daily

2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024

New Zealand
NZHS, 15+

Australia
NDSHS, 14+

Sweden
Stats Sweden, 16+

(Glover et al. 2024)

Does vaping regulation have a legitimate aim, efficiency, necessity, + proportionality?

Based on an operationalisation by Kass N. 2001 An ethics framework for public health. *American Journal of Public Health* 91(11):1776

	Smoking cessation	Harm reduction	Prevention
1. What are the PH goals of e-cigarette regulation?			
2. How effective is it at achieving these goals?	Mixed evidence	Less harmful than smoking	Currently ineffective
3. What are the known or potential burdens?		Current system may make it more difficult to access	Stigmatising/criminalising people; shifting consumers to more harmful products; Impacts on illegal markets, environment
4. Can the burdens be minimised? Are there less harmful approaches?		Pharmacy supply without script positive but still access issues	What form of regulation could prevent uptake while undercutting the black market?
5. Does the PH intervention fairly distribute benefits and burdens?	Places burdens on some less advantaged groups to benefit others?		

What's wrong with Australia's e-cigarette policy?

Wayne Hall

Emeritus Professor

The National Centre for Youth Substance Use Research,

The University of Queensland

Major problems with Australia's e-cigarette policy

- Australia implemented de facto e-cigarette prohibition in 2016
  - a prescription model without approved products
  - strong discouragement of prescribers by AMA and NHMRC
  - Very few vaping products prescribed after unapproved products allowed 2023

- The policy has failed to achieve its key objectives:
  - To prevent adolescent uptake of vaping
  - To provide smokers with legal access to vapes
  - Discouraged doctors from prescribing and smokers from using vapes
  - It has generated an illicit market in vapes (plus tobacco)

- The policy has been defended by:
  - Discounting evidence that vapes are effective for smoking cessation
  - Exaggerating the harms of vaping e.g. EVALI and "gateway to smoking"
  - Refusing to engage in public debate about the merits of the policy
  - Stigmatising critics as tobacco industry shils