

1. The importance of flavours:

- When surveyed, our members, who only sell to adults, reported that 87% of all e-liquid sold is not tobacco or menthol flavoured, showing flavours are popular regardless of age. The age profile of purchasers of flavours that are commonly referred to as “obviously not intended for adults” is in fact not significantly different to that of more mundane flavours. It tends to have mean and mode of average age in people in their late 30s.
- An analysis of over 600k age-verified online customers of IBVTA’s members found the average age of a single use vape customer to be 37 and the average age of typical, so-called “child friendly” flavoured single use products (e.g., Cotton Candy Ice / Cherry Cola), was 36.
- IBVTA members report that 97% of their customers have smoked in the past and given that 90% of these customers are no longer smoking, it demonstrates how flavours also are key to preventing relapse to smoking.
- Studies indicate that vapers who used non-tobacco flavours were more likely to transition away from cigarette smoking and quit cigarette use, at least in the short term, compared with those who used tobacco-flavoured or unflavoured vape products.
[\(Li L, Borland R, Cummings KM, Fong GT, Gravelly S, Smith DM, Goniewicz ML, O'Connor RJ, Thompson ME, McNeill A. How Does the Use of Flavored Nicotine Vaping Products Relate to Progression Toward Quitting Smoking? Findings From the 2016 and 2018 ITC 4CV Surveys. Nicotine Tob Res. 2021 Aug 18;23\(9\):1490-1497. doi: 10.1093/ntr/ntab033. PMID: 33631007; PMCID: PMC8500174.\)](#)
- The removal of JUUL flavours in the US in 2019/20 demonstrated that removing flavour options was far more effective in reducing adult vaping rates, and indeed increasing youth smoking rates, than it was in reducing youth vaping.
[\(Friedman AS. A Difference-in-Differences Analysis of Youth Smoking and a Ban on Sales of Flavored Tobacco Products in San Francisco, California. JAMA Pediatr.2021;175\(8\):863–865.\)](#)

2. On the erroneous claim that vaping causes ‘popcorn lung’:

[UK Health Security Agency:](#)

“One of the most commonly held concerns is that e-cigarettes might cause ‘popcorn lung’. This came about because some flavourings used in e-liquids to provide a buttery flavour contain the chemical diacetyl, which at very high levels of exposure has been associated with the serious lung disease bronchiolitis obliterans.

The condition gained its popular name because it was initially observed among workers in a popcorn factory.

However, diacetyl is banned as an ingredient from e-cigarettes and e-liquids in the UK. It had been detected in some e-liquid flavourings in the past, but at levels hundreds of times lower than in cigarette smoke. Even at these levels, smoking is not a major risk factor for this rare disease.”

[Cancer Research UK:](#)

“Does vaping cause popcorn lung?”

- E-cigarettes don't cause the lung condition known as popcorn lung
- There have been no confirmed cases of popcorn lung reported in people who use e-cigarettes”

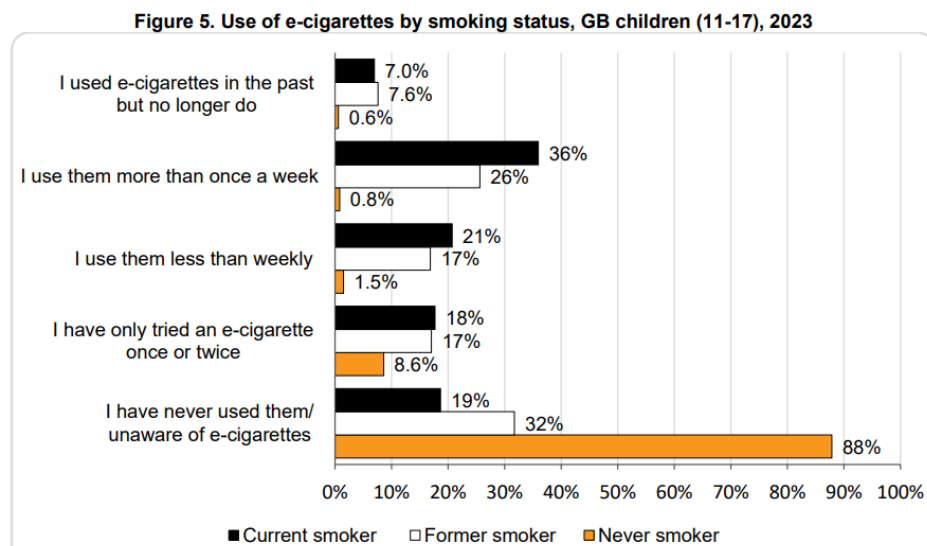
[NHS:](#)

“Vaping does not cause “popcorn lung” – the common name for a rare disease called bronchiolitis obliterans, found in workers exposed to a chemical used to flavour popcorn.”

3. On the percentage of children who claim never to have heard of vapes

It was claimed during the session that the percentage of children claiming not to be aware of vapes was high, and it was implied this was a figure made up by industry. The IBVTA believes the research being referred to may have been this research, published by ASH.

Use of e-cigarettes remains largely confined to current or former smokers with 88% of never smokers never having vaped (including those saying they are unaware of e-cigarettes). (Figure 5)



ASH Smokefree GB Youth Survey, 2023. Unweighted base: All 11-17 year olds (never smokers=1,673, former smokers =58, current smokers =88).

[\(Action on Smoking and Health \(ASH\). Use of e-cigarettes \(vapes\) among young people in Great Britain. 2023.\)](#)

4. On the delivery of nicotine:

It's clear from numerous studies that the delivery of nicotine through vaping is much slower than that through smoking. This is as expected, as smoke consists of very fine particles that can deliver nicotine to the deep lungs. This cannot be achieved with an aerosol such as e-cigarette vapour, and the Royal College of Physicians have noted that nicotine delivery from vaping appears more analogous to that of nicotine in NRT such as nicotine lozenges or sprays.

“Speed of nicotine delivery seems to be important for smokers’ satisfaction and addiction potential. As outlined in Chapter 4, as a consequence of pulmonary absorption, cigarettes deliver nicotine to the brain very quickly. Although there are no available data on arterial nicotine levels after e-cigarette use, its venous

delivery kinetics appear similar to those of products delivering to the mouth or upper airway, suggesting that pulmonary absorption from currently available e-cigarettes is low. In addition to this, the addictiveness of cigarettes is probably also related to other chemicals in tobacco smoke that enhance nicotine's effects.”
[\(Royal College of Physicians. Nicotine without smoke: Tobacco harm reduction. London: RCP, 2016. Section 5.3.4, Addiction potential.\)](#)

5. On numbers of adults smoking and vaping:

In the data published by ASH in August 2022, 8.3% of current adult vapers reported they had never smoked. This equates to 1.3% of never smoker population, around 357,000 people. This is an increase from 220,000 never smokers who were vaping in 2019.

[\(Action on Smoking and Health \(ASH\). Fact Sheet: Use of e-cigarettes \(vapes\) among adults in Great Britain. August 2022.\)](#)

6. On the Australian “prescription only model”, the increased black market, and rising smoking rates

- Since 2021, only authorised medical practitioners could prescribe e-cigarettes dispensed by pharmacists, although any doctor could prescribe e-cigarettes for patients to import themselves for personal use (that is, “to be sent to them from an overseas supplier or family/friend”). Nicotine-free e-cigarettes continued to be sold as consumer products similar to tobacco. However, many retailers have continued selling nicotine containing e-cigarettes “under the counter,” few adults use the prescription pathway, and use of e-cigarettes by young people seems to have increased.

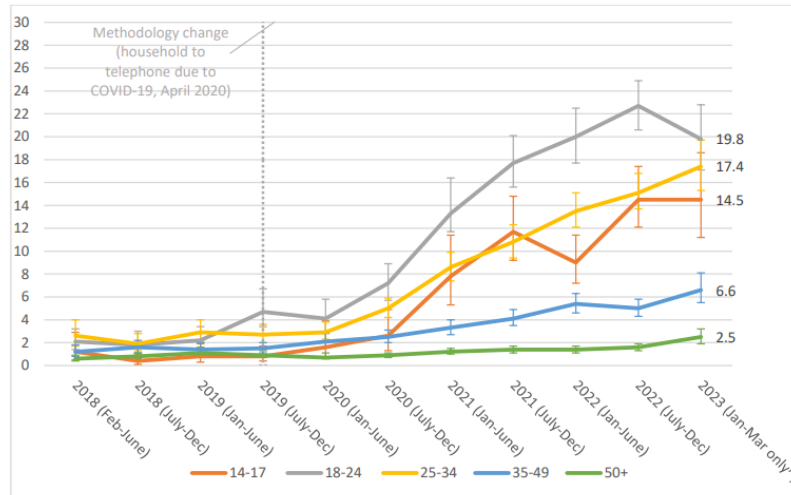
[\(Cohen J E, Gartner C, Edwards R, Hammond D. Australia tightens its prescription-only regulation of e-cigarettes BMJ 2023; 381 :p1216 doi:10.1136/bmj.p1216\)](#)

- On the 1st of May 2023, new rules were announced that would allow vapes to only be sold in pharmacies and require "pharmaceutical-type" packaging. It was reported on the 24th of June 2023 that the current influx of illegal vapes into Australia via the black market is such that their border force officials claim it is distracting from stopping guns and illicit drugs from entering the country. The Australian Border Force have called out for more workers to fulfil the Federal Government's demands of detecting, storing and disposing of every illegal e-cigarette.

[\('Border force staff diverted from illegal importations of guns and drugs to manage vape influx', The Western Australian.\)](#)

- Although the increase in uptake of prohibited e-cigarettes among 18–24-year-olds has a correlation with a large decrease in smoking, this is not the case among 14–17-year-olds. It appears therefore not only that the “pharmacy only” model for vaping is failing to reduce adult smoking rates, but that youth vaping is no more controlled than in the UK, and a youth smoking issue of similar proportions is emerging. This is likely due, at least in part, to inaccurate messaging to youths on the relative harms of vaping and smoking.
- Research published by the Centre for Behavioural Research in Cancer at Cancer Council Victoria and prepared for the Department of Health and Aged Care in May 2023, shows that despite a prescription model being in place since 2021, there has been no decrease in the numbers of young people vaping.

Figure 2: Six-monthly prevalence of current vaping by age group, 2018 to 2023 (weighted %).



Current vaping: used e-cigarettes in the past month. Error bars represent 95% confidence intervals around survey estimates. ^Data for 2023 covers three months only.

<https://www.health.gov.au/sites/default/files/2023-06/current-vaping-and-smoking-in-the-australian-population-aged-14-years-or-older-february-2018-to-march-2023.pdf>