



Understanding of and Attitudes Towards Tobacco Harm Reduction Products

**Insights from the Australian Public and
Healthcare Professionals**

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Appendix: About Our Research

Tobacco smoking is the single most important preventable cause of ill health and death in Australia,¹ and smoking cessation is the only intervention with the potential to reduce tobacco-related morbidity and mortality in the short and medium term.

Australia is considered a global benchmark for tobacco control policies, which include significant increases in tobacco excise and import duty, world-leading plain packaging laws, and smoking restrictions in public places. Between 1991 and 2016, the national smoking rate approximately halved from 29.5% to 14.9%,² which some commentators at least partially attribute to these policies. However, the most recent statistics indicate no statistically significant reduction in the smoking rate between 2013 and 2016.³ Given ongoing population growth, this presents the possibility that the number of smokers may have actually started to increase.

The challenge in continuing to reduce the smoking rate is creating growing interest in tobacco harm reduction (THR) interventions, including the role of THR products which provide nicotine in a potentially less harmful way than conventional cigarettes for smokers who are otherwise unable to quit. These include products known as electronic nicotine delivery systems (ENDS), such as E-cigarettes and heated tobacco products, as well as other THR products. In many jurisdictions, usage of these products is being supported as a central plank in tobacco harm reduction policies.

In Australia, however, the sale of ENDS is currently illegal in all states and territories, significantly limiting their usage. The legal status of ENDS has drawn some controversy. A recent Parliamentary enquiry was split, with some members, including the Chair, advocating a more liberalised regime for ENDS.

To gauge the level of understanding of and attitudes towards THR products and particularly ENDS, we surveyed both individuals (comprising a representative sample of Australians aged 18 and over, and referred to as “consumers” in this report) and Australian healthcare professionals (HCPs). We interviewed 1,008 consumers,

representatively split between current, former and never smokers, as well as 126 HCPs, including 50 GPs, 26 registered medical specialists (including psychiatrists, oncologists, radiologists and surgeons), and 50 other HCPs (including registered nurses, dentists, pharmacists and toxicologists). Full details of our samples can be found in the Appendix.

Our research indicates that smoking rates remain a major area of concern in Australia, with a broad consensus that the Government needs to do more. Familiarity with some THR products is generally high among respondents (specifically E-cigarettes; awareness of heated tobacco products and other THR products is much lower). However, there is a significant lack of awareness about their current regulatory status. Almost four in 10 individuals are unaware of the current legal status, while three in 10 mistakenly believe that they are legal.

Among HCPs, more find that the current regulatory regime is inappropriate than are supportive of it. Overall, there is a widespread view that THR products can play a role in tobacco harm reduction, with a majority of respondents believing that there should be greater awareness of this potential role among HCPs as well as among smokers and their families.



“In order to assist the millions of smokers struggling to quit tobacco smoking and improve their quality of life, nicotine E-cigarettes should be made available as consumer products.”

– Trent Zimmerman MP, Chair, House of Representatives
Standing Committee on Health,
Aged Care and Sport

¹Australian Institute of Health and Welfare, Smoking Overview, <https://www.aihw.gov.au/reports-statistics/behaviours-risk-factors/smoking/overview> accessed November 2018

²Australian Institute of Health and Welfare (AIHW), National Drug Strategy Household Survey (NDSHS), 2017, Table 3.1, includes daily and occasional smokers

³Ibid

Australia has some of the most developed tobacco control measures in the world, including high excise duties on tobacco products, plain packaging laws, and restrictions on smoking in public places.

The policies have been enacted as part of a concerted effort to reduce the detrimental health impacts of smoking. Through the National Healthcare Agreement in 2008, and as updated in 2012, the Council of Australian Governments is committed to reducing the national smoking rate to 10% of the population by 2018.⁴

The 25% hike in excise and customs duty on tobacco products in 2010 and subsequent 12.5% annual increases since 2013⁵ have pushed up the retail prices of cigarettes substantially. For example, the price of a packet of 25s of one of Australia's most popular brands has increased from \$7.35 in 2000 to \$29.60 in 2017, an increase of over 400%.⁶ The net result has been to significantly increase the price of tobacco products in comparison to the broader consumer price index (CPI). In 2014, average cigarette prices in Sydney and Melbourne were the highest among the 10 most expensive cities in the world, and the gap is likely to have subsequently widened further.⁷

Plain packaging laws were enacted in 2011 to regulate the retail appearance and packaging of tobacco products to reduce their appeal to consumers, increase the effectiveness of health warnings, and reduce the ability of the retail packaging of tobacco products to mislead consumers about the harmful effects of smoking or using tobacco products. Australia was the first country in the world to introduce plain packaging laws, which has since been followed by other jurisdictions such as the United Kingdom.

Since the introduction of a smoking ban in enclosed public places, except for exempt restaurants and licensed premises, in the Australian Capital Territory (ACT) in 1994, every state and territory has now enacted measures to prohibit smoking in enclosed public places, and in some cases impose restrictions on smoking in outdoor areas and in vehicles when children are present.⁸

In line with other developed countries, smoking rates in Australia have declined over the past three decades. From a 29.5% rate of smoking among people aged 14 years and older in 1991 (including daily and occasional smokers), smoking prevalence had dropped to 14.9% by 2016, with the percentage of never smokers increasing from 49% to 62% over this period. Between 2010 and 2013, there was a notable 2.2% reduction in the smoking rate.⁹

When applied to the population, the number of smokers in Australia is estimated to have declined by approximately 1 million between 1991 and 2016. However, almost 3 million Australians continue to smoke, and the rate of smoking has largely stopped declining. Between 2013 and 2016, there was no marked difference in overall smoking rates, when, for the first time in more than two decades, the daily smoking rate did not significantly decline. The decrease in smoking rates is primarily driven by people never taking up smoking rather than smokers quitting, with the ex-smoking rate falling only marginally in recent years.¹⁰ It is now highly unlikely that Australia will attain its 2018 target of reducing smoking to 10% of the population.¹¹

Between 2013 and 2016 there was no significant decline in the smoking rate in Australia, and almost **3 million** Australians continue to smoke.

⁴Intergovernmental Committee on Drugs, National Tobacco Strategy, 2012-2018

⁵The Cancer Council, Tobacco Taxes in Australia, <http://www.tobaccoinaustralia.org.au/13-2-tobacco-taxes-in-australia> accessed November 2018

⁶The Cancer Council, the Price of Tobacco Products in Australia, <http://www.tobaccoinaustralia.org.au/13-3-the-price-of-tobacco-products-in-australia>, accessed November 2018

⁷The Cancer Council, the Price of Tobacco Products in Australia, <http://www.tobaccoinaustralia.org.au/13-3-the-price-of-tobacco-products-in-australia>, accessed November 2018

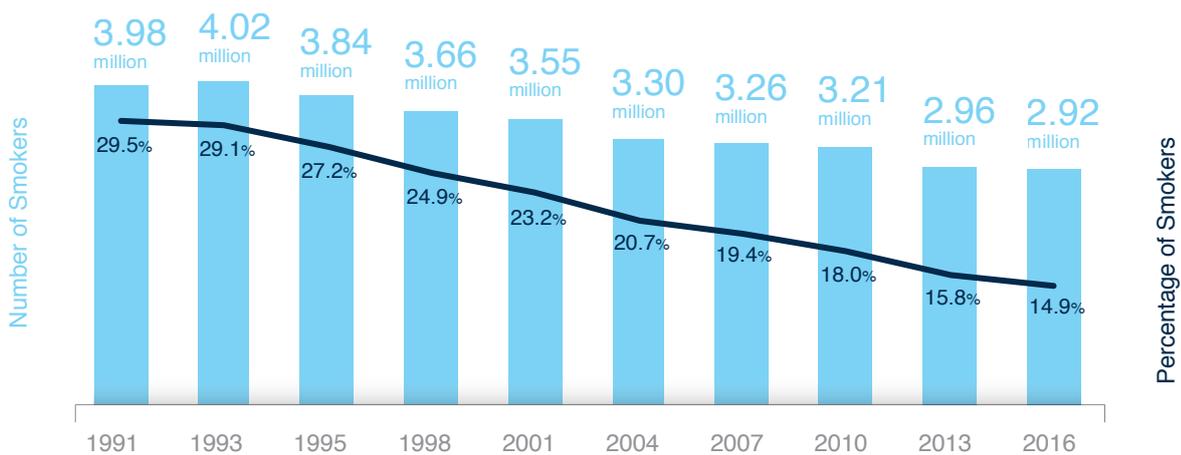
⁸The Cancer Council, Summary of Smokefree Legislation across Australian States and Territories <https://www.tobaccoinaustralia.org.au/table-15-7-1-implementation-dates-aus#> accessed November 2018

⁹Australian Institute of Health and Welfare (AIHW), National Drug Strategy Household Survey (NDSHS), 2017, Table 3.1

¹⁰Australian Institute of Health and Welfare (AIHW), National Drug Strategy Household Survey (NDSHS), 2017, Table 3.1

¹¹Parliament of the Commonwealth of Australia, Report on the Inquiry into the Use and Marketing of Electronic Cigarettes and Personal Vaporisers in Australia, 2018

Figure 1: Smoking Rate and Estimated Number of Smokers, Australia, 1991 to 2016



Source: AIHW, NDSHS 2017; Australian Bureau of Statistics (ABS), Australian Demographic Statistics, 2018; ABS, Australian Historical Population Statistics, 2014

The most recent data from the National Health Survey supports the picture of smoking rates remaining static. In 2017–18, the smoking rate (daily and occasional) for 15 years and over was 14.7%, and 15.2% for 18 years and over.¹² This compares to 15.5% and 16.0% in 2014–15.¹³

Despite targeted interventions, smoking rates remain high among certain sections of the population, exceeding the national average. These groups include people living in Outer Regional or Remote areas of Australia, where the smoking rate is close to twice the national average. Similarly, smoking is more prevalent among people living in the most disadvantaged areas, with a daily smoking rate over three times that of people living in the least disadvantaged areas.¹⁴ Smoking remains highly prevalent among the Aboriginal and Torres Strait Islander population at 45% (93% of who smoke daily), having declined from 55% in 1994.¹⁵ The drop is much less significant than among the general population over this period, suggesting a challenge in driving smoking cessation among more marginalised and disadvantaged members of the Australian community.

45% of Aboriginal and Torres Strait Islander people smoke;
of these, **93% smoke daily.**

Smoking rates for Australians with a mental health condition are also much higher than among the general population. About 22% of the four million plus Australians with a mental health condition smoke daily, and this jumps to 60% to 70% among people with psychotic conditions such as schizophrenia.¹⁶ While a majority of smokers wish to quit smoking, successfully stopping remains a challenge for many. Between 2013 and 2016, the National Drug Strategy Household Survey (NDSHS) showed significantly fewer smokers who succeeded in giving up smoking for at least a month before the survey (a decline from 20% to 17.2%), and in 2016 almost 30% of smokers had unsuccessfully tried to quit.¹⁷

Additionally, there is a significant group of smokers who are unwilling to quit. Our consumer research indicated that 62% of smokers wish to quit smoking, with 38% either not sure or unwilling,¹⁸ broadly in line with findings from the 2016 NDSHS which identified that 31% of smokers do not wish to quit.¹⁹ This is due to four main reasons – enjoyment of smoking (59% of current smokers that do not wish to quit), relaxation from smoking (40%), addiction to nicotine (21%), and unsuccessful attempts to quit in the past (17%).²⁰

The plateau in the smoking rate, the difficulty many smokers face in successfully quitting the habit, and the significant cohort of smokers that do not wish to quit are generating growing interest in the potential of THR products to reduce the harm caused by tobacco consumption. These products, which include E-cigarettes and heated tobacco products, present, are likely to present or have the potential to present less risk of harm to smokers who switch to those products versus continued smoking.

¹²Australian Bureau of Statistics, 4364.0.55.001 - National Health Survey: First Results, 2017-18

¹³Australian Bureau of Statistics, 4364.0.55.001 - National Health Survey: First Results, 2014-15

¹⁴Australian Bureau of Statistics, 4364.0.55.001 - National Health Survey: First Results, 2017-18

¹⁵Australian Bureau of Statistics, 4737.0 - Aboriginal and Torres Strait Islander Peoples: Smoking Trends, Australia, 1994 to 2014-15

¹⁶Australian Health Policy Collaboration, Australia's Mental Health and Physical Health Tracker, 2018

¹⁷Australian Institute of Health and Welfare (AIHW), National Drug Strategy Household Survey (NDSHS), 2017, table 3.30

¹⁸Frost & Sullivan survey of 1,008 consumers, 2018

¹⁹Australian Institute of Health and Welfare (AIHW), National Drug Strategy Household Survey (NDSHS), 2017, table 3.36

²⁰Australian Institute of Health and Welfare (AIHW), National Drug Strategy Household Survey (NDSHS), 2017, table 3.38



Harm reduction approaches are predicated on the basis that whilst nicotine addiction is the primary reason for smoking, the harm arises principally from tobacco smoke. If nicotine can be delivered effectively and acceptably to smokers without smoke, most of the harm of smoking could probably be avoided. Harm reduction policies aim to encourage those who continue to smoke to switch to a less hazardous source of nicotine.²¹

“

“Only once safety and efficacy have been thoroughly established should consideration about changing regulatory approaches take place.”

– Australian Medical Association

Countervailing arguments to the usage of THR products include that they may act as a “gateway” for youth and non-smokers to transition to smoking conventional cigarettes.

Additionally, the fairly recent development of some THR products (for example, E-cigarettes were developed in 2003 and commercially launched in the UK in 2007) means that conclusive scientific data about the potential health and social impacts is still in the future. To date, these concerns have prevented any change in the regulatory regime for THR products such as E-cigarettes and heated tobacco products, with a precautionary approach adopted until long-term research is able to rule out negative health consequences. The Australian Medical Association, for example, has argued that consideration of any change in the regulatory status should only occur “once safety and efficacy have been thoroughly established”.²²

A recent report by the Commonwealth Scientific and Industrial Research Organisation (CSIRO), based on a literature review, concluded that “based on the current evidence it is not possible to determine whether E-cigarettes have a positive or a negative effect on health in countries where they are permitted”.²³

²¹Royal College of Physicians, Nicotine Without Smoke, Tobacco Harm Reduction, 2016

²²Australian Medical Association, submission to the Standing Committee on Health, Aged Care and Sport Inquiry into the Use and Marketing of Electronic Cigarettes and Personal Vaporisers in Australia, 2017

²³CSIRO, E-cigarettes, smoking and health, a Literature Review Update, 2018

TOBACCO HARM REDUCTION PRODUCTS – AN AREA OF CONTROVERSY

THR products that deliver nicotine are available in several forms (such as Swedish Snus, a moist tobacco product that is placed in the upper lip for an extended period), but the most common is ENDS, including E-cigarettes and heated tobacco products.*

**In this report, E-cigarettes (sometimes known as personal vaporisers) are defined as containing nicotine. Products not containing nicotine are not categorised as ENDS, and are subject to a different regulatory regime. Heated tobacco products (sometimes known as heat-not-burn products) heat tobacco to release nicotine at a lower temperature than combustion. Both E-cigarettes and heated tobacco products are subject to regulatory restrictions on their sale.*

Currently, ENDS cannot be legally sold in Australia, as nicotine is classified as a poison and is subject to restrictions under the Poisons Standard. The regulation of ENDS is a mixed responsibility between the Commonwealth and state and territory governments, and currently the commercial supply of nicotine for ENDS is illegal in all states and territories (people may personally import nicotine for personal consumption subject to certain requirements).

Within the current regulatory regime, these products could be legal if approved as therapeutic goods, however, as of October 2018 no ENDS product has yet achieved this status. In Australia, the legal status of ENDS is an area of current controversy, and follows a path that is different from other countries with which Australia has close links, that have implemented, or are in the process of implementing, a liberalised regulatory regime. E-cigarettes can be legally purchased in the UK, the rest of the European Union, and the United States, as well as Canada and New Zealand. A recent UK Parliamentary report on E-cigarettes concluded that “E-cigarettes present an opportunity to significantly accelerate already declining smoking rates, and thereby tackle one

of the largest causes of death in the UK today. They are substantially less harmful – by around 95% – than conventional cigarettes” and advocated that there should be greater use and acceptance of E-cigarettes if that serves to reduce smoking rates.²⁴

Opinions in Australia on ENDS are divided. A recent Parliamentary enquiry did not recommend any immediate change to the legal status, subject to a recommended independent and comprehensive review of the evidence relating to the health impacts of E-cigarettes. However, dissenting comments from enquiry members, including the Chair, concluded that “nicotine E-cigarettes should be available as a consumer good to Australians, subject to regulations which will limit their appeal to non-smokers and young people”.²⁵

Our survey of consumers and HCPs revealed a considerable lack of understanding of ENDS and confusion over the regulatory status. That stated, respondents did highlight current rates of smoking as a major area of concern and recognised ENDS as a potential tool in tobacco harm reduction.

²⁴House of Commons Science and Technology Committee, E-cigarettes, Seventh Report of Session, 2017-19

²⁵Parliament of the Commonwealth of Australia, Report on the Inquiry into the Use and Marketing of Electronic Cigarettes and Personal Vaporisers in Australia, 2018

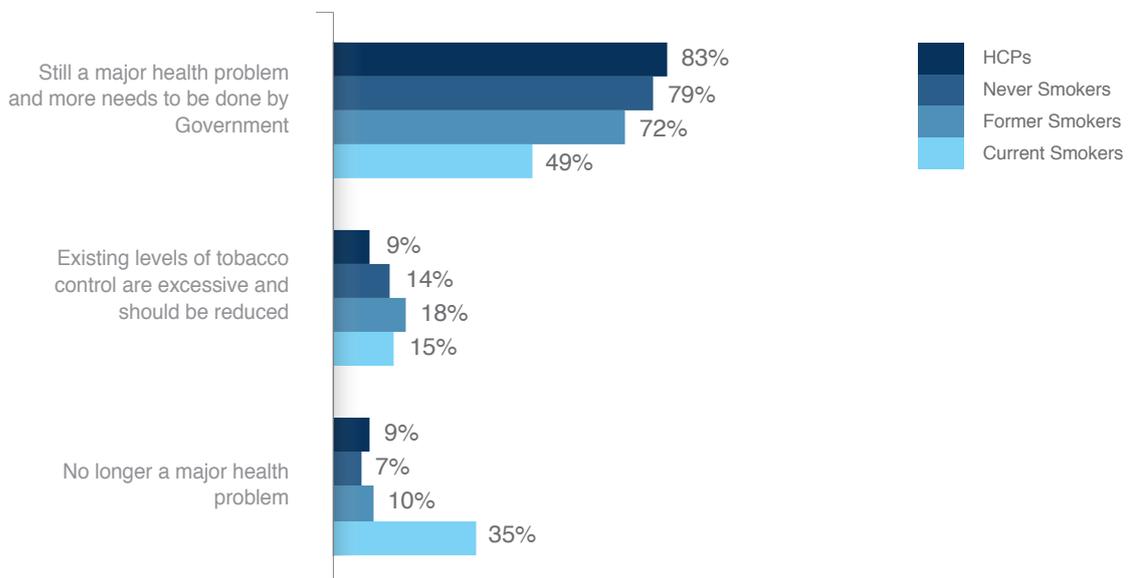
SMOKING RATES ARE A CONCERN, AND MORE NEEDS TO BE DONE BY THE GOVERNMENT

Smoking remains a major health concern. 83% of HCPs, 79% of never smokers, and 72% of former smokers indicated that the Government needs to do more to reduce smoking rates.

Our research showed a widespread consensus among never smokers, former smokers, and HCPs that smoking is still a major area of public health concern. 83% of HCPs, 79% of never smokers, and 72% of former smokers indicated that Government needs to do more to reduce smoking rates. Only 9% of HCPs, 14% of never smokers, 18% of former smokers, and 15% of current smokers, 18% of former smokers, and 15% of current

smokers opined that existing tobacco control policies are excessive and should be loosened. Current smokers, however, are less likely to favour additional policy measures than other groups; while 49% believe more needs to be done, 35% believe that cigarette smoking is no longer a major health issue.

Figure 2: With regards to cigarette smoking in Australia, which statement best matches your opinion on the current Government policy?

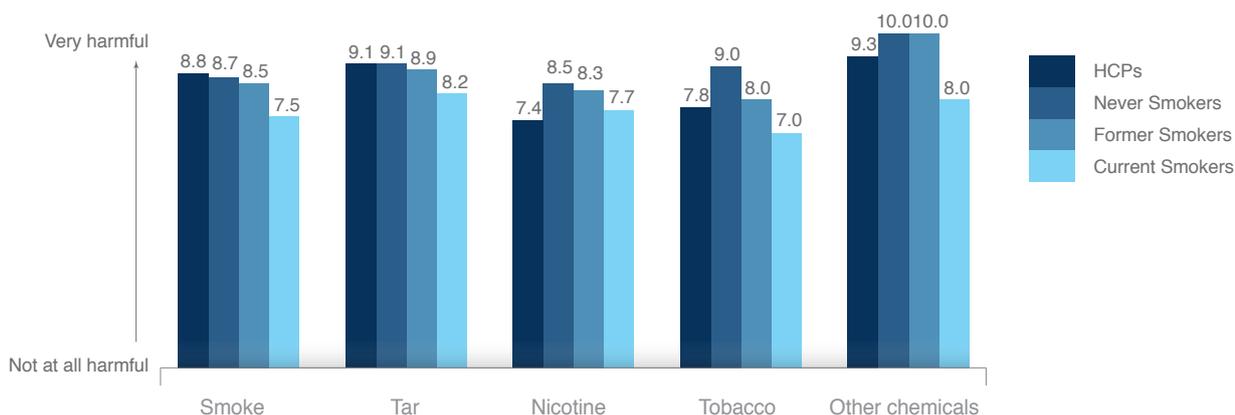


Source: Frost & Sullivan surveys of HCPs and consumers, 2018
N=1,008 consumers, 126 HCPs

Scientific research and opinion largely concludes that the main harmful elements in cigarettes are smoke and tar generated by the combustion of tobacco. Since ENDS products do not involve tobacco combustion, they may be significantly less harmful than conventional cigarettes. For example, evidence from Public Health England concluded that “E-cigarettes are 95% less harmful than conventional cigarettes”.²⁶

However, our research identified a lack of differentiation among both HCPs and consumers regarding the relative degree of harm from various elements in cigarettes. All groups surveyed view other chemicals and tar as the most harmful elements in cigarettes. Nicotine and tobacco itself are considered as only slightly less harmful. However, all groups agree that all elements in cigarettes are relatively harmful.

Figure 3: On a scale of 1 to 10, please rate how harmful to health you believe is each of the following elements in cigarettes?

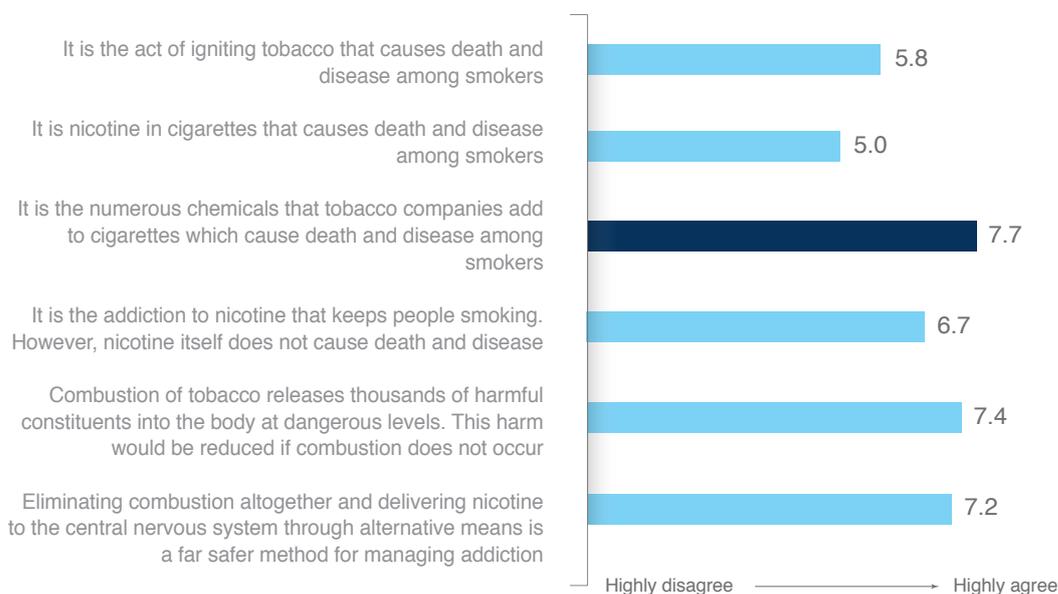


Source: Frost & Sullivan surveys of HCPs and consumers, 2018
N=1,008 consumers, 126 HCPs

There is a high average level of agreement among HCPs that it is the chemicals added to cigarettes that cause death and disease among smokers and that the combustion of tobacco is harmful. Eliminating combustion altogether and delivering nicotine to the central nervous

system through other means is widely agreed to be a far safer method for managing addiction. The level of agreement with the statement that nicotine causes death and disease among smokers is lower.

Figure 4: Please state your level of agreement with the following statements on a scale of 1 to 10 (HCPs only)



Source: Frost & Sullivan survey of HCPs, 2018
N=126 HCPs

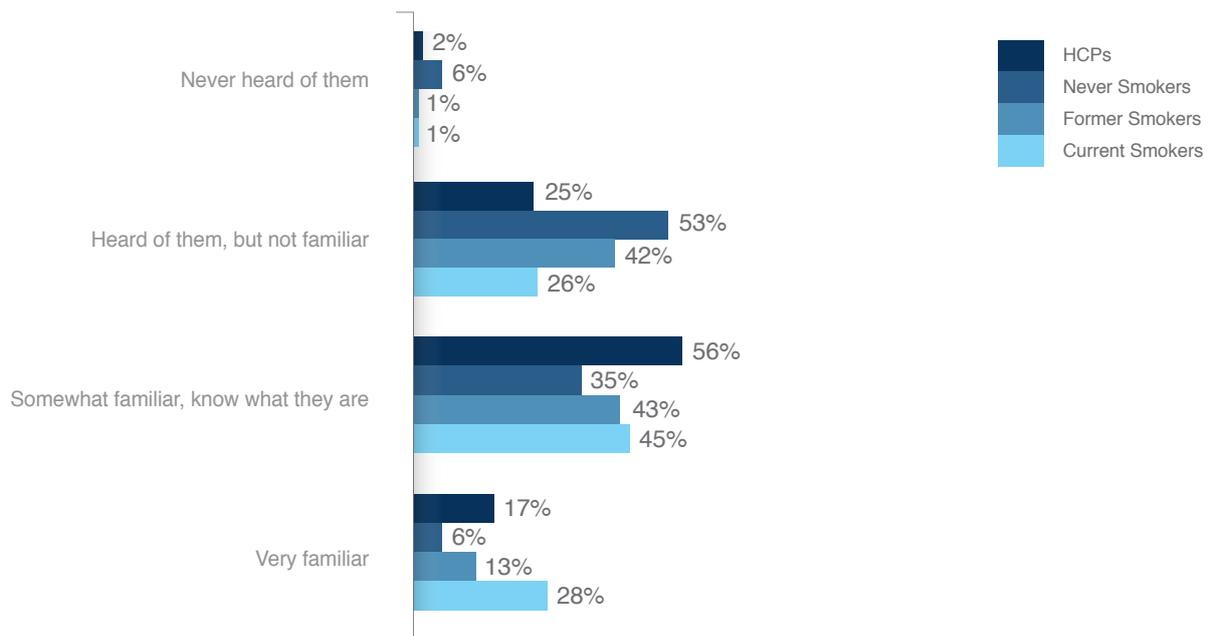
²⁶House of Commons Science and Technology Committee, E-cigarettes, Seventh Report of Session, 2017-19

HIGH FAMILIARITY WITH E-CIGARETTES; HOWEVER, THERE IS CONFUSION ABOUT THEIR LEGAL STATUS

There is a relatively high level of awareness of E-cigarettes, with our research showing that 73% of HCPs are somewhat familiar or very familiar with these products. Among consumers, awareness is, not surprisingly, higher

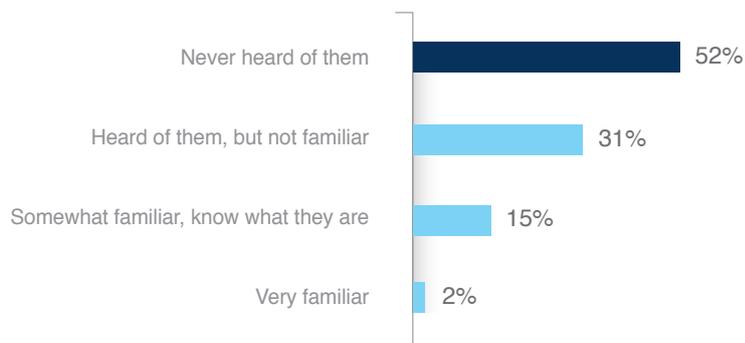
among current and former smokers. Awareness of heated tobacco products is much lower. Of the HCPs surveyed, only 17% are somewhat or very familiar with these products, while 52% have never heard of them.

Figure 5: How familiar are you with E-cigarettes?



Source: Frost & Sullivan surveys of HCPs and consumers, 2018
N=1,008 consumers, 126 HCPs

Figure 6: How familiar are you with heated tobacco products? (HCPs only)

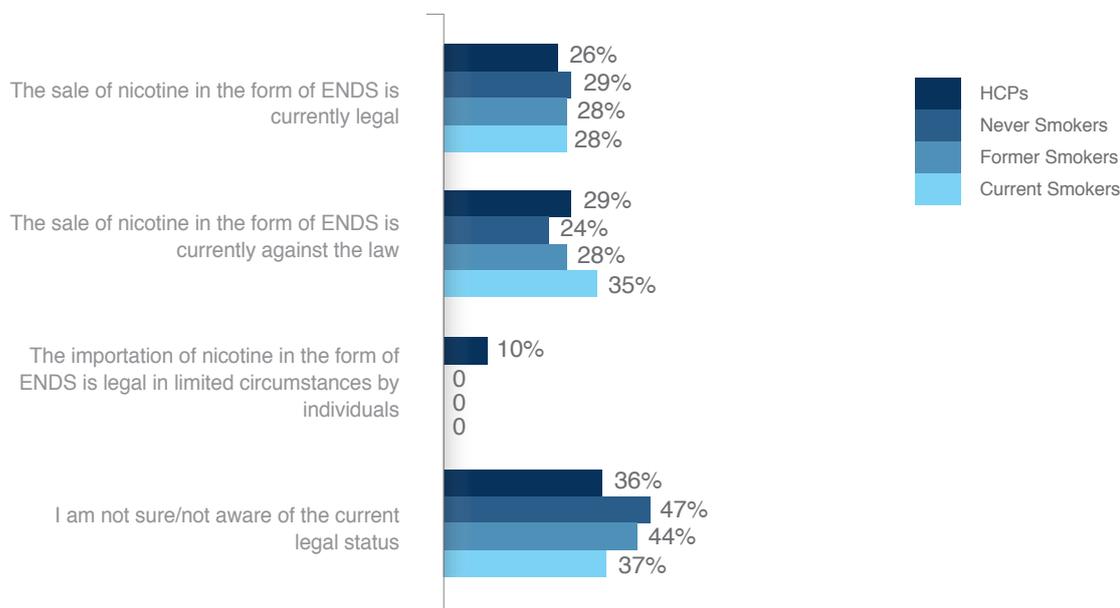


Source: Frost & Sullivan survey of HCPs
N=126 HCPs

The current legal status of ENDS in Australia is unclear for many consumers and HCPs. Overall, 44% of consumers and 36% of HCPs are uncertain of the legal status, while 29% and 26% respectively incorrectly believe that the sale of ENDS is legal. Less than three in

10 individuals in both groups are correctly aware of the current legal status. Smokers are somewhat better informed than never smokers and former smokers, with 35% of smokers recognising that the sale of ENDS is currently against the law.

Figure 7: What do you believe the current legal status of ENDS (E-cigarettes/heated tobacco products) is in Australia?

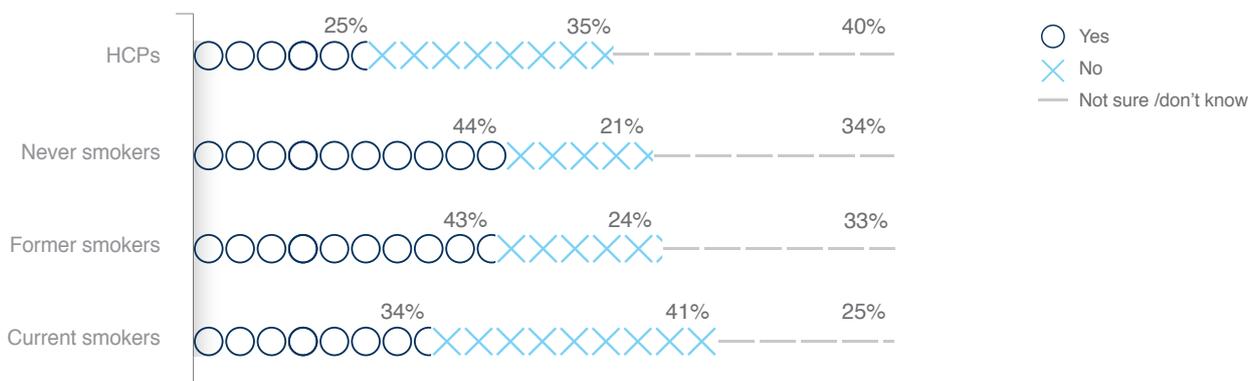


Source: Frost & Sullivan surveys of HCPs and consumers, 2018
N=1,008 consumers, 126 HCPs

When explained that currently the sale of ENDS is illegal in Australia (with some limited exceptions), less than half of all groups feel this is appropriate, with the majority split between not appropriate and unsure. A higher proportion of never smokers (44%) and former smokers (43%)

support this policy than are against it (34% and 33% respectively). The converse, however, applies to HCPs (25% support the current legal status, with 35% believing it is inappropriate and 40% unsure) and smokers (34%, 41%, and 25% respectively).

Figure 8: Currently, the sale of ENDS such as E-cigarettes and heated tobacco products is in fact against the law in Australia (with some limited exceptions). Do you believe this is appropriate?

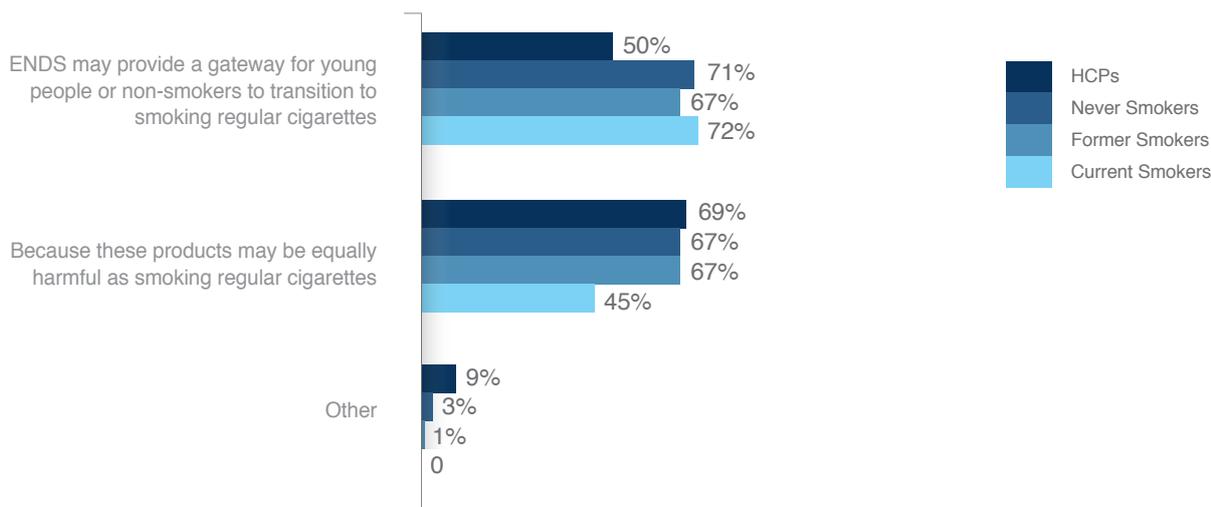


Source: Frost & Sullivan surveys of HCPs and consumers, 2018
N=1,008 consumers, 126 HCPs

The principal concerns among HCPs and consumers who support the current regulatory situation over any changes to the current legal status (i.e., liberalisation of existing regulations) are that ENDS may be equally harmful as conventional cigarettes (shared by 69% of HCPs and 64% of consumers overall) and that ENDS may act as a “gateway” for young people or non-smokers to transition to smoking conventional cigarettes (50% of HCPs and 70% of consumers overall).

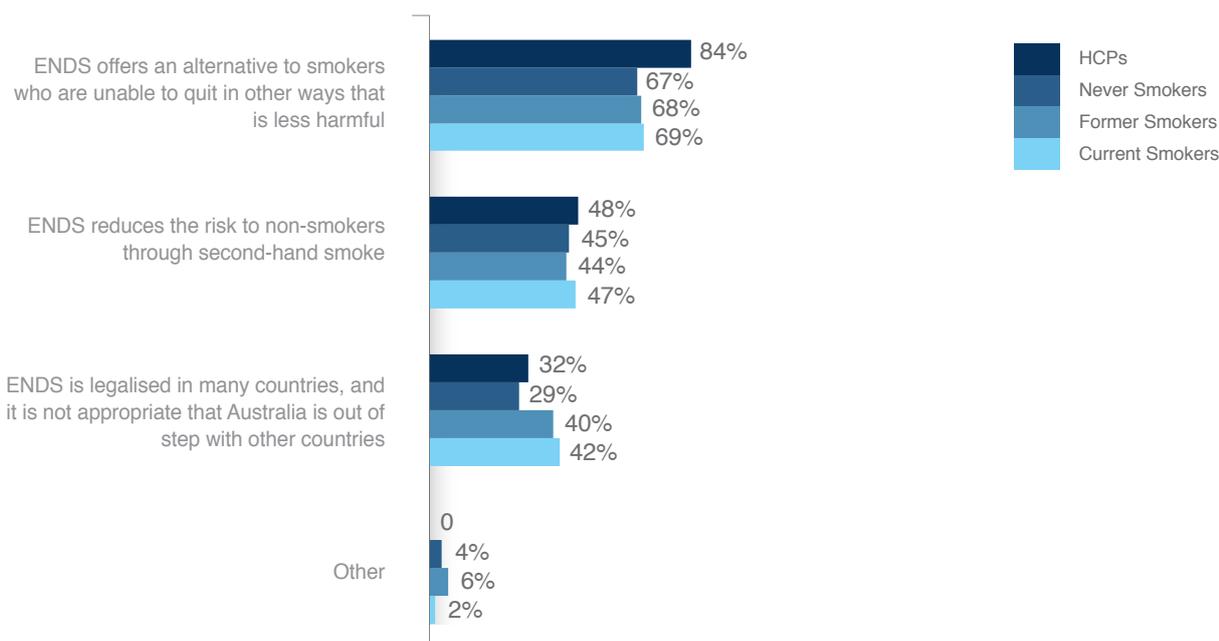
Conversely, for consumers and HCPs who support change to the current regulatory regime, the primary reason is that ENDS offers an alternative to smokers who are unable to quit in other ways that are less harmful than regular cigarettes (this view is shared by 84% of HCPs and 68% of consumers overall who feel the current regulatory regime is inappropriate).

Figure 9: Why do you feel that it is appropriate that the sale of ENDS is illegal in Australia?



Source: Frost & Sullivan surveys of HCPs and consumers, 2018. Multiple responses allowed
N=1,008 consumers, 126 HCPs

Figure 10: Why do you feel that it is not appropriate that the sale of ENDS is illegal in Australia?



Source: Frost & Sullivan surveys of HCPs and consumers, 2018. Multiple responses allowed
N=1,008 consumers, 126 HCPs

QUITTING IS A CHALLENGE FOR MANY SMOKERS, AND THERE IS A SIGNIFICANT GROUP OF SMOKERS UNWILLING TO QUIT

38% of current smokers would prefer to switch to ENDS if the products were legally available. For non-smokers with smokers in the household, 53% would prefer the smoker to switch to ENDS.

Despite relatively high levels of awareness, usage of ENDS products is low in Australia, largely a result of the significant restrictions on their availability. Based on the NDSHS data, in 2016 only 0.5% of people were using E-cigarettes daily (includes only 1.5% of current smokers). About 69% of smokers have never used E-cigarettes.²⁷ (NDSHS data includes the use of E-cigarettes that do not contain nicotine. If only E-cigarettes containing nicotine were included, the reported usage would likely be significantly lower).

Our consumer research has shown that 62% of smokers would ideally like to quit, but this has proved difficult, with current smokers on average having made 3.6 attempts to stop smoking in the past. Two reasons dominate smokers' desire to quit – reducing the risk of disease caused by smoking (41% of smokers) and the high cost of cigarettes (36%). Cold turkey is the most common approach to quitting (63% of smokers who have tried to quit); while only 21% have tried with E-cigarettes or other non-combustible forms of tobacco. However, 38% of smokers reported that they would prefer to switch to ENDS if these products were legally available.²⁸

A similar picture emerges among non-smokers with smokers in the household. Nearly 56% of these respondents reported that the smoker in the household wishes to quit, and 53% would prefer the smoker to switch to ENDS instead of continuing use of conventional cigarettes.²⁹

Additionally, while about two-thirds of smokers wish to quit, there is a significant group of smokers who do not (about 31% according to the 2016 NDSHS).³⁰ For this group, switching to THR products may present significantly less harm than continuing to smoke conventional cigarettes.

HCPs broadly recognised that additional options should be available to support patients who wish to stop smoking, but for whom existing methods of quitting are not working. 73% of HCPs agreed that there is a notable number of smokers who wish to quit smoking, but are unable to do so because current legal methods (e.g., nicotine patches or chewing gum) do not work for them.

“

“I think E-cigarettes are a good option for patients to help them quit smoking if the traditional methods of helping them to abstain from smoking have failed.”

– Healthcare Professional

²⁷Australian Institute of Health and Welfare (AIHW), National Drug Strategy Household Survey (NDSHS), 2017, Table 3.18
²⁸Frost & Sullivan survey of 1,008 consumers, 2018

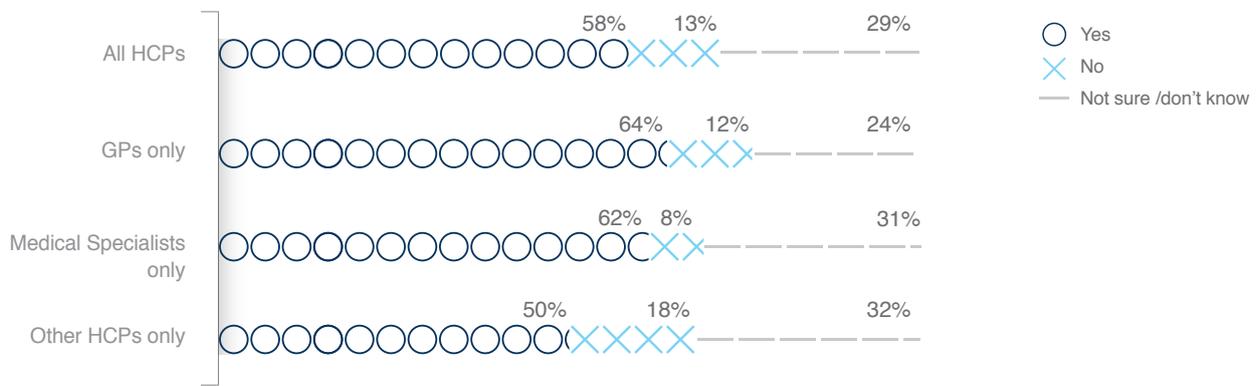
²⁹Ibid

³⁰Australian Institute of Health and Welfare (AIHW), National Drug Strategy Household Survey (NDSHS), 2017, Table 3.36

When specifically asked whether, if ENDS were legally available in Australia, they would prefer smokers to try switching to these instead of smoking traditional

cigarettes if they are unable or unwilling to quit, 58% of HCPs opined that they would. This rises to 64% of GPs and 62% of medical specialists.³¹

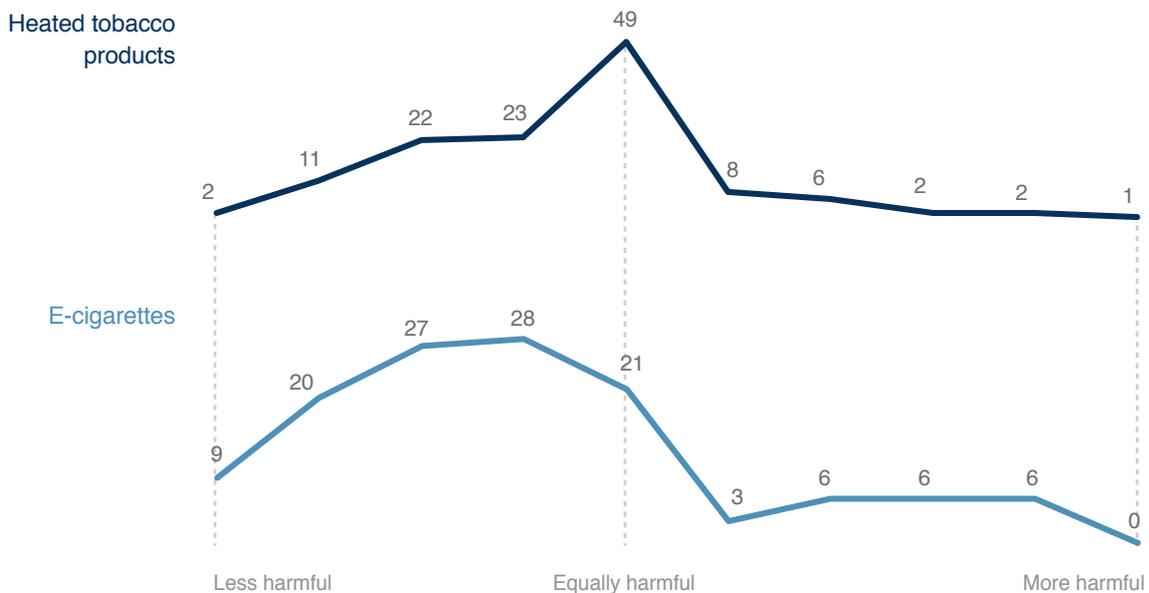
Figure 11: If ENDS were legally available in Australia, would you prefer smokers to try switching to these instead of smoking traditional cigarettes if they are unable or unwilling to quit?



Source: Frost & Sullivan survey of HCPs
N=126

HCPs consider ENDS products, particularly E-cigarettes, as somewhat less harmful than conventional cigarettes.

Figure 12: In comparison with regular cigarettes, how harmful do you believe the following tobacco harm reduction products are? (HCPs only)



Source: Frost & Sullivan survey of HCPs
N=126

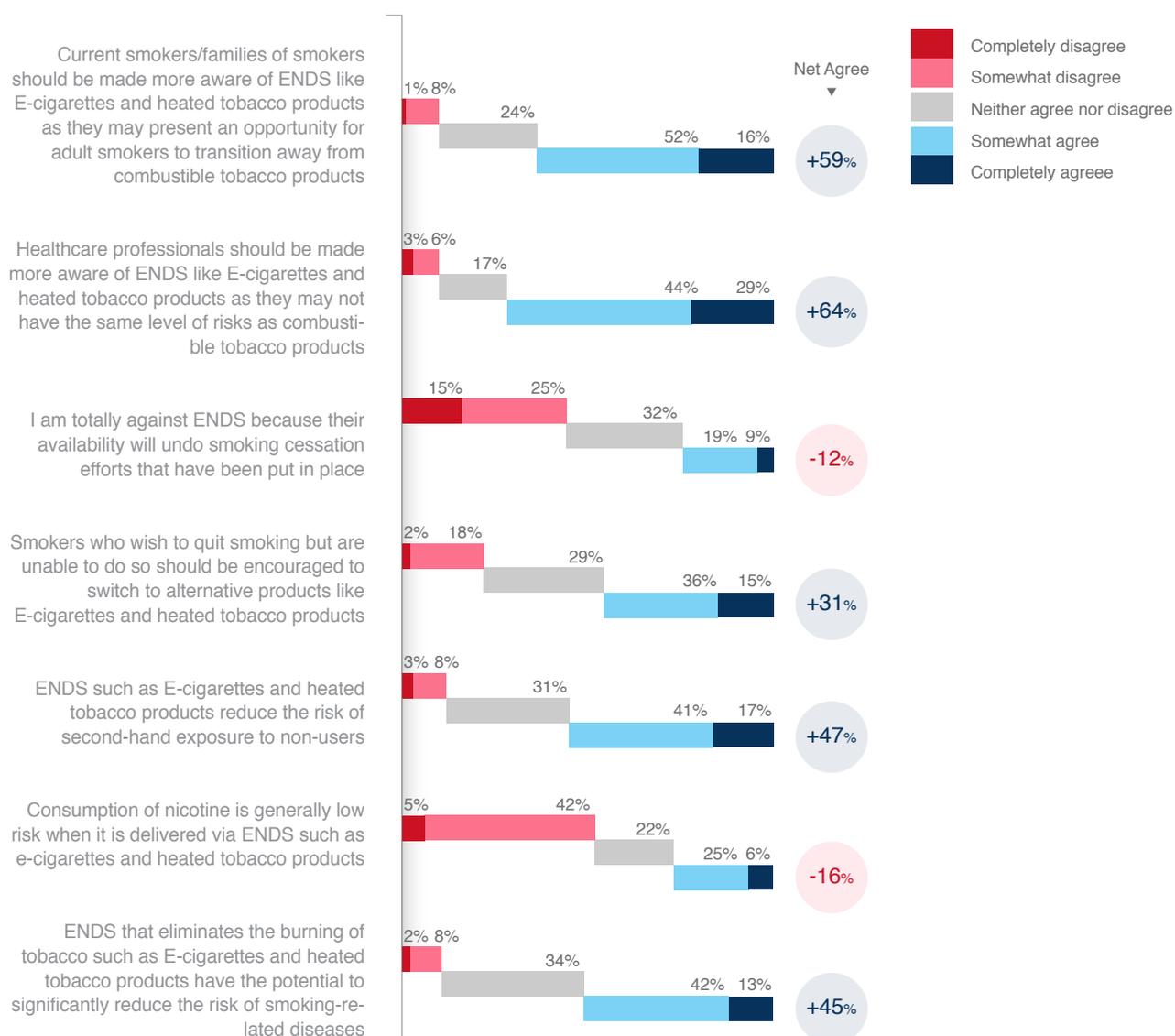
³¹Frost & Sullivan survey of 126 HCPs, 2018

The views of HCPs on ENDS are encapsulated in the level of agreement with statements relating to these products. 55% somewhat or completely agree that ENDS has the potential to significantly reduce the risk of smoking-related diseases, compared to 10% that disagree. 58% agree that ENDS products reduce the risk of second-hand exposure to non-users, compared to 11% that disagree, while 51% somewhat or completely agree that smokers who are unable to quit should be encouraged to switch to ENDS, compared to 20% that disagree.³²

28% of HCPs are against the use of ENDS, compared to 40% that are not. There is general agreement that awareness of ENDS should be raised both among HCPs (73%) and smokers and their families (68%).³³

Almost one-half of HCPs disagree that consumption of nicotine is generally low risk when it is delivered via ENDS such as E-cigarettes and heated tobacco products compared to 31% that agree with this statement, with net agreement of -16%. This may indicate a relative lack of understanding among HCPs of the relative level of harm of nicotine when delivered through THR products when compared to conventional cigarettes.³⁴

Figure 13: Agreement with statements relating to ENDS (HCPs only)



Source: Frost & Sullivan survey of HCPs, 2018
N=126

³²Frost & Sullivan survey of 126 HCPs, 2018
³³Ibid
³⁴Ibid

HEALTHCARE PROFESSIONALS PREFER TO SEE MORE EVIDENCE ON THE EFFECTS OF ENDS

57% of HCPs agree that ENDS should be legalised, provided they are strongly regulated to ensure there is no uptake among youth and non-smokers.

While HCPs are generally supportive of the principle of tobacco harm reduction and the role ENDS can play, there is also recognition that liberalisation needs to be based on sufficient scientific evidence, and the need for a regulatory framework to restrict uptake among youth and non-smokers.

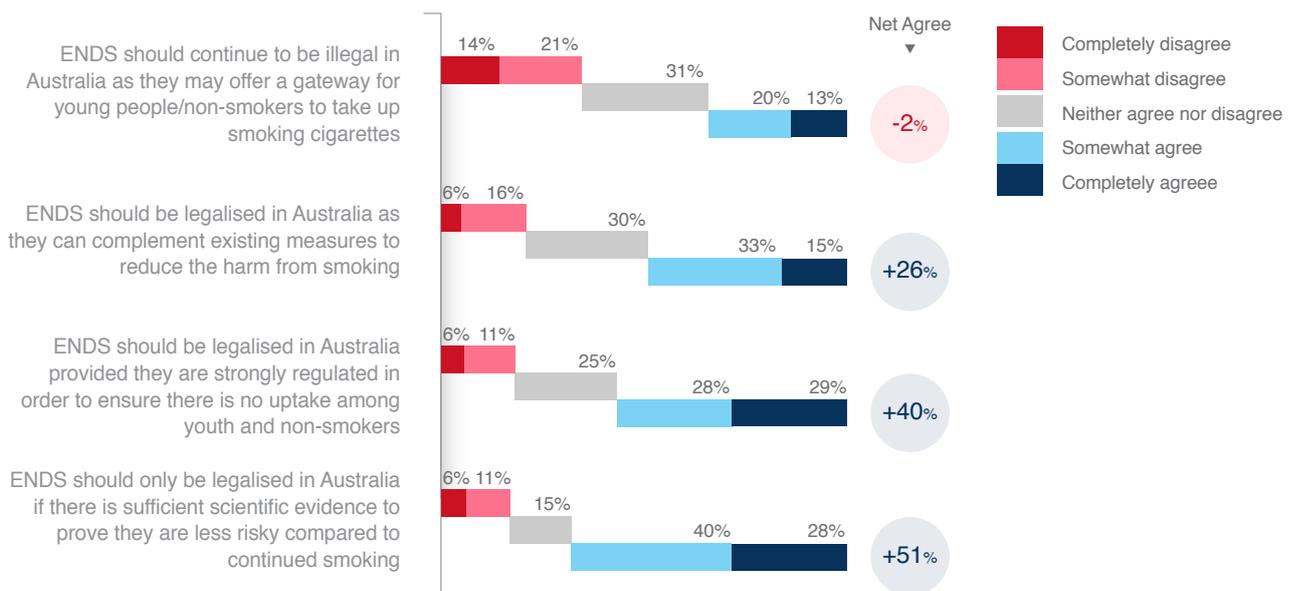
Overall, 33% of HCPs somewhat agree and 15% completely agree with the proposition that ENDS should be legalised, compared to 22% that disagree. This figure rises to 28% somewhat agreeing and 29% completely agreeing that ENDS should be legalised as long as these products are regulated to ensure there is no uptake among youth and non-smokers, compared to 17% that disagree. One-third of HCPs agree that ENDS should continue to be illegal, compared to 35% that disagree.³⁵

“

“Expert advice on the use of these products would be most useful in order to assess their place in smoking cessation.”

– Healthcare Professional

Figure 14: Agreement with statements relating to availability of ENDS (HCPs only)



Source: Frost & Sullivan survey of HCPs, 2018
N=126

³⁵Frost & Sullivan survey of 126 HCPs, 2018



THE LAST WORD

Smoking cessation is the only effective intervention with the potential to reduce tobacco-related morbidity and mortality in the short and medium term. In recent years, policy measures to reduce smoking have led to Australia being seen as the global benchmark for tobacco control. However, the most recent data indicates that smoking rates have ceased to decline. Coupled with an increasing population, this may be leading to an increase in the number of smokers. Our research shows a broad agreement among HCPs and consumers that smoking remains a major health issue in Australia, and more needs to be done by the Government to address the problem.

As smoking rates in Australia reach an apparent plateau and the number of smokers is potentially set to rise, a greater focus is being placed on alternative approaches that may act to reduce aggregate harm from tobacco consumption. THR products such as ENDS are a potential tool in tobacco harm reduction. However, the sale of ENDS is currently illegal in Australia. Our research findings show widespread ignorance of the current regulatory status of ENDS and very limited use of these products. More HCPs and current smokers believe that the regulatory status of ENDS is inappropriate than believe it is appropriate, while the converse applies to never smokers and former smokers.

Successfully quitting can be a challenge for many smokers, although 62% indicate wanting to quit smoking. About 38% of current smokers would prefer to switch to ENDS if these products were legally available. For non-smokers with smokers in the household, 53% would prefer the smoker to switch to ENDS. Slightly over half of HCPs agree that smokers who are unable to quit should be encouraged to switch to ENDS.

Additionally, there is a significant group of smokers who are unwilling to quit. For this group, as well as those unable to quit, switching THR products may be less harmful than continuing to smoke conventional cigarettes.

HCPs surveyed do recognise that changes to the legal status of ENDS should ideally be based on concrete scientific evidence on their safety and efficacy. 68% agree that ENDS should only be legalised in Australia if there is sufficient scientific evidence to prove they pose a lower risk compared to continued conventional cigarette smoking; while one-third of HCPs believe that ENDS should continue to be illegal.

The current legal status of THR products such as ENDS is unclear to many HCPs and consumers. More efforts aimed at understanding the legal status and potential contribution of ENDS, primarily in tobacco harm reduction for smokers who are unable to quit, are needed, while not detracting from the overall goal of encouraging smokers to cease smoking completely.

APPENDIX: ABOUT OUR RESEARCH

We surveyed 1,008 consumers and 126 HCPs via an online survey in October 2018. Respondents were selected to ensure that they are representative of the broader population, including age, geographic location and smoking status (in the case of consumers).

Table 1: Consumer Sample

State/Territory	Gender	Age Group	Smoking Status
NSW/ACT 34%	Male 50%	21-30 17%	Current smoker 15%
VIC 26%	Female 50%	31-40 27%	Former smoker 32%
QLD 20%		41-50 17%	Never smoker 52%
SA 7%		51-60 23%	
WA 10%		61-70 9%	
TAS/NT 3%		Over 70 6%	

Source: Frost & Sullivan survey of consumers, 2018
N=1,008

Table 2: HCP Sample

State/Territory	Profession
NSW/ACT 33%	GP 40%
VIC 23%	Specialist 21%
QLD 23%	Other 40%
SA 7%	
WA 11%	
TAS/NT 3%	

Source: Frost & Sullivan survey of HCPs, 2018
N=126

Auckland	Colombo	London	Paris	Singapore
Bahrain	Detroit	Manhattan	Pune	Sophia Antipolis
Bangkok	Dubai	Mexico City	Rockville Centre	Sydney
Beijing	Frankfurt	Miami	San Antonio	Taipei
Bengaluru	Iskandar, Johor Bahru	Milan	Sao Paulo	Tel Aviv
Bogota	Istanbul	Mumbai	Seoul	Tokyo
Buenos Aires	Jakarta	Moscow	Shanghai	Toronto
Cape Town	Kolkata	New Delhi	Shenzhen	Warsaw
Chennai	Kuala Lumpur	Oxford	Silicon Valley	Washington D.C.

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