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Authors' response to 'Vaping nicotine should be part of Australia's tobacco control policy'

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We welcome the response from Mendelsohn¹ on this important public health topic. The letter from Mendelsohn contains multiple assertions that are not supported by published evidence. For example, the letter misinterprets data from the National Drug Strategy Household Survey. Only 9.7% of smokers aged 14-plus reported current use of e-cigarettes.² More participants reported using nicotine replacement therapy (NRT; 16.8%) than e-cigarettes (14%) to try to quit. Claiming that the use of e-cigarettes to reduce the number of cigarettes smoked is harm reduction is based on the discredited hypothesis that fewer cigarettes mean fewer harms. There is no safe level of cigarette smoking.³

E-cigarettes are already part of the tobacco control agenda as a prescribed product for cessation, but it is highly unlikely they will make a positive contribution without careful regulation. With high levels of youth vaping, e-cigarettes are likely to introduce Australians to nicotine addiction and reverse decades of tobacco control success, given e-cigarette use increases the risk of children progressing to smoking.⁴

Mendelsohn cites the 2021 Cochrane Review to claim vaping is more effective than NRT, but that review recommends more evidence is needed before making a

definitive conclusion.⁵ Likewise, the RACGP grade recommendation for e-cigarettes for cessation is: "Conditional recommendation for intervention, low certainty."⁶ There are now large longitudinal studies that have shown e-cigarettes are, in real-world use, a less-effective quitting aide than NRT and less effective than unassisted (cold turkey) quit attempts, but these studies are omitted from Mendelsohn's response.^{7,8}

We do not "lament the lack of recent progress in tobacco control"; there was a significant fall in smoking prevalence between 2016 and 2019, after all. Our lament is that we are not optimising the implementation of proven tobacco control measures that would further hasten the decline in smoking, particularly for priority populations.

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