



HEALTH AND ENVIRONMENT COMMITTEE

Members present:

Mr AD Harper MP—Chair
Mr R Molhoek MP
Mr SSJ Andrew MP
Ms JE Pease MP
Mr ST O'Connor MP

Staff present:

Ms R Easten—Committee Secretary

PUBLIC HEARING—VAPING: INQUIRY INTO REDUCING RATES OF E-CIGARETTE USE IN QUEENSLAND

TRANSCRIPT OF PROCEEDINGS

Thursday, 13 April 2023

Southport

THURSDAY, 13 APRIL 2023

The committee met at 1.03 pm.

CHAIR: Good afternoon. I declare open this public hearing of the Health and Environment Committee's inquiry into reducing rates of e-cigarette use in Queensland. Thank you for your interest and attendance today. I am Aaron Harper, the member for Thuringowa and chair of the committee. I would like to start by respectfully acknowledging the traditional custodians of the land on which we meet today and pay our respects to elders past and present. We are very fortunate to live in a country with two of the oldest continuing cultures in Aboriginal and Torres Strait Islander people, whose lands, winds and waters we all now share. The other committee members here today are: Rob Molhoek, the member for Southport and deputy chair; Joan Pease, the member for Lytton; Sam O'Connor, the member for Bonney; and Stephen Andrew, the member for Mirani. There are apologies from the member for Pumicestone.

On 14 March 2023 the Legislative Assembly agreed to a motion that the Health and Environment Committee inquire into and report on the rate of e-cigarette use in Queensland. The terms of reference for the inquiry are available on the committee's webpage. The purpose of today's hearing is to assist the committee with its inquiry. We will first hear from invited witnesses. Then we will have a session to hear from people who may want to speak from the floor. If you would like to speak, please see Renee, our secretariat, to give your details. There is a registration form up on that table.

This hearing is a proceeding of the Queensland parliament and is subject to the parliament's standing rules and orders. Witnesses are not required to give evidence under oath, but intentionally misleading the committee is a serious offence. These proceedings are being recorded by Hansard. All those present should note it is possible you may be filmed or photographed during the proceedings and images may appear on the parliament's website and social media pages. I ask everyone present to turn off their mobile phones or put them onto silent mode. I might just throw over to the deputy chair, because he is the local MP down here. Do you want to say a couple of words and welcome people while we ask Gold Coast Public Health Unit officers to come to the table?

Mr MOLHOEK: Thank you, Chair, for the opportunity. We do not have a lot of inquiries down our way, so it is nice when we can drag the parliamentary staff and Hansard down to Southport Sharks. We thought it was particularly important to have at least one of the hearings down on the Gold Coast in respect of the tobacco and other legislation bill but probably more importantly just raise the issue of vaping. Thank you to all of those who are here today. We look forward to hearing what people have to say and what ideas and suggestions you have around dealing with the challenges of vaping, particularly in our schools.

COLBRAN, Dr Candice, Public Health Physician

COWDRY, Ms Anne, Acting Director, Public and Environmental Health, Gold Coast Public Health Unit

Ms Cowdry: Thank you to the committee for giving us the opportunity to speak today. On behalf of the Gold Coast Public Health Unit and the Gold Coast Hospital and Health Service, thank you very much. In around 2016 the vaping industry consisted of a handful of shops that sold e-liquids without nicotine. Business owners were generally compliant with the requirements of the Tobacco and Other Smoking Products Act or were willing to modify their practices to ensure compliance. The products being sold were aimed mostly as a smoking cessation method and were relatively expensive due their nature as re-usable or refillable. Due to the relatively small number of vape retailers, the Gold Coast Public Health Unit was able to effectively regulate them under TOSPA, the Tobacco and Other Smoking Products Act. Since 2021 there has been an explosion of vape retailers specialising in prefilled disposable vapes which predominantly contain nicotine. Unlike traditional cigarettes, these vapes are cheaper for the consumer to purchase and are available in a wide variety of attractive fruit and confectionery style flavours.

Dr Colbran: While these flavourings might be considered safe in food and beverages, when we inhale them into our lungs they are not safe. In addition to these flavourings, all vapes contain toxic chemicals, including carcinogenic ones, even when they do not contain nicotine, so it is not just water that is being inhaled. It is thought there are more than 200 chemicals present in vapes, including acetone, which is often found in nail polish remover, and formaldehyde, which is often found in glue, cleaning products and even mortuaries. When we think of the delicate nature of our airways, which are only designed really to breathe in air, these chemicals can cause a lot of damage. Unfortunately, e-cigarette products are not required to have labelling outlining their ingredients or the concentration of these ingredients.

The Gold Coast Public Health Unit has conducted an investigation, and of the vapes we seized that have undergone chemical testing over 80 per cent failed nicotine testing, indicating that these products, which were seized outside of authorised retailers, contained nicotine. That is a high amount. Nicotine can lead to serious health events including poisoning, particularly through the ingestion of liquid nicotine and acute nicotine toxicity. Sadly, toddlers in Australia have died from this. Nicotine is highly addictive, as we all know, and exposure during the teenage years can change the structure and function of brain. Another health effect from e-cigarette use includes burns. There are batteries inside these e-cigarettes which can catch fire or explode. They can also lead to lung injuries. E-cigarettes or vaping can lead to an e-cigarette or vaping associated lung injury. Because vaping has not been around as long as conventional cigarette smoking, more research is needed on potential long-term effects, including cancer, cardiovascular disease and reproductive health.

Ms Cowdry: Feedback from our officers who go out and do routine inspections is that there has also been a change in attitude in many of these retailers. They are now deliberately flouting the laws, which are made more complex because nicotine-containing vapes are regulated under the Medicines and Poisons Act, legislation which predominantly targets registered health professionals. Due to limitations under the MPA, our officers are generally only able to respond to the sale of nicotine vapes by obtaining a court issued warrant. Due to the security risk, execution of the warrant is generally only done with the assistance of QPS. Once in a store, officers are able to seize vapes. Over the past three years we have seized almost 800 kilograms of vapes comprising more than 10,000 individual items. Of the 150 smoking product retailer inspections conducted on the coast since the beginning of 2022, 72 have been noncompliant inspections.

Many repeat offenders are not affected by the loss of the vapes or the monetary penalty we can enforce due to the lucrative nature of the sale of vapes. Many businesses are able to purchase directly from the manufacturer overseas for the relatively cheap price of approximately \$2 to \$3 a vape. They then sell them on for at least \$30 or \$40. Any seizure that we undertake of the nicotine vape stock sees a retailer restock rapidly again by the afternoon. Stores that traditionally do not sell tobacco products are now stocking vapes as a sideline to increase their profit.

Complaints from the community have increased, including from school principals. This has obviously impacted on the work of our unit. Complaints from the community are in relation to noncompliance by vape retailers, with sales to under-age children and vapes containing nicotine being the main concerns. Especially alarming to the unit is the number of children who are easily accessing vapes through retailers, online sales and even through other school students.

Dr Colbran: In 2017 it was estimated that 15.6 per cent of Queensland schoolchildren aged 12 to 17 had ever used an e-cigarette. According to the 2019 National Drug Strategy Household Survey, 66 per cent of 14- to 17-year-olds acquired their vapes from friends or family and 20 per cent purchased them online. Most of the time children use vapes out of curiosity; however, an Australian National University report found that people who have never smoked tobacco and use vapes are three times more likely to take up regular smoking than those who do not use vapes. If we think about the kids who have not tried them before, are just trying them for fun, there is a high chance they could become addicted to vapes.

Ms Cowdry: In conclusion, the costs involved in regulating this issue include the time for investigation, analysts' costs and disposal costs. The impact of this industry has encroached upon other important public health activities we conduct within the unit. The future health impact cost to Queensland has not yet been realised.

CHAIR: Thank you both very much. Doctor, we heard the same yesterday in Townsville from Dr Steven Donohue, particularly that they are three times more likely to take up smoking in later life if children vape at a young age. Is that because of the nicotine in these vapes?

Dr Colbran: I am not sure, to be certain. It is very difficult, as I was saying. We do not know. It is estimated that over 80 per cent of the product we seized contained nicotine. We do not know if that is the same across the board and across the country. That is just based on local information. Certainly nicotine is an addictive product, but then you also have behaviours in general that are addictive. When people give up smoking, they often associate that hand-to-mouth situation and they pick up eating instead of smoking. I do not know if there is enough evidence out there as to what causes the increase in cigarette consumption following the use of vaping. It is probably multifactorial.

CHAIR: We heard yesterday from some retailers who set up shops that have regulations around them. They will not sell to under-18s. They use an Australian vaping liquid that is, I think, made here in Queensland—we have someone here today who will speak to that—versus the pop-up shops happening near schools. These disposable vapes are clearly designed to attract children. We heard yesterday that one is called IGET ice cream, strawberry and peach flavoured. They look like lollies. That was a real issue that was highlighted yesterday. Do you think more needs to be done in that area where these illicit products are being sold? In some instances we have heard they can be delivered to your home via Uber online from stores.

Dr Colbran: Online, through stores. As I mentioned, a lot of people rely on friends or family who may be over the age of 18 to go and purchase them. Just remember, it is legal to buy them, so they are not necessarily illegal. When you talk about the flavourings, someone who is over 18 can go and purchase a vape from a store, as long as it does not have nicotine.

Ms Cowdry: Most of the vapes that we are seeing which do contain nicotine do not have labelling. There is no indication that they have nicotine in them. We have done testing of similar products—same brand, same flavour—where one might come back with 100 milligrams of nicotine in it while another might have 1,900. The amount of nicotine in the products varies even though they are the same. Most of the flavours are strawberry, grape—everything that is very attractive to children—plus the packaging is brightly coloured. Compare that to cigarettes. They are in plain packaging with all the warning stuff on them and they are also regulated in the fact of the ingredients. These are not, especially the ones from overseas.

CHAIR: How many have you tested here on the Gold Coast and seized?

Ms Cowdry: We have actually tested 1,518, and 83 per cent of those failed. They had nicotine in them.

CHAIR: That is a pretty big number.

Mr O'CONNOR: What else was in them?

Ms Cowdry: We did not actually test that, but I know that colleagues in the TGA have done testing and have tested for other products. There are heavy metals—lead and stuff like that—in them.

Mr O'CONNOR: You just do a yes/no on nicotine?

Ms Cowdry: Yes, that is what we have been after. We have actually seized 10,718 in total, which is about 700 kilograms worth. It is quite a lot. Do you want to know the cost of analysis?

CHAIR: No. We just got an idea actually.

Mr O'CONNOR: We just got a quote back from a university and it was a bit higher than we were thinking.

Ms Cowdry: Okay. So far it has cost the Queensland government \$329,000.

Ms PEASE: For your testing alone?

Ms Cowdry: Yes.

Dr Colbran: And then the disposal fees.

Ms Cowdry: And the disposal fees on top of that.

Ms PEASE: That is just for the testing of the 1,518 that you have done or is that all across?

Ms Cowdry: No, that is just for ours.

Mr O'CONNOR: Do you have the capability to look further into what is in these?

Ms Cowdry: Yes. We use Queensland Health scientific services.

Mr O'CONNOR: Are they Brisbane based?

Ms Cowdry: Yes, Coopers Plains. We use them. We can ask for other tests, but what we are looking for under the Medicines and Poisons Act is whether it has nicotine or not, because it is a scheduled poison. It is a schedule 4. Unless you are authorised, you cannot possess a schedule 4.

Mr O'CONNOR: Predominantly, those vapes were the disposable ones?

Ms Cowdry: The one use, yes. They have numerous puffs in them, but once they are done they are done. You then have the flow-on effect of the e-waste and the plastic that cannot be recycled.

CHAIR: You have just highlighted something. Do you believe that the Medicines and Poisons Act and the Tobacco and Other Smoking Products Act need streamlining so you can better access these stores for investigation?

Ms Cowdry: If there were a licensing scheme, it would allow us to check better and regulate better than we currently are able. For example, pharmacists are registered under the Medicines and Poisons Act and there are some poison licences that they require. Vapes are not included in that. For tobacco, again, there is no licensing for that. If they become a tobacco product or a smoking product, if they could fall under a licensing scheme that would be ideal because then we could look at that. Our powers under the legislation seem to depend quite a lot on whether somebody is registered. If you are not, you fall through the cracks a little bit and our powers are not as strong.

Mr O'CONNOR: What sort of staffing levels do you have? In Townsville I think they had six staff. I know you have a lot more that you cover than just this issue.

Ms Cowdry: We have approximately 12 environmental health officers who are the enforcement side of the tobacco and medicines and poisons laws.

Mr O'CONNOR: Can you clarify those figures on how many locations you visited? Are a lot of them a co-response with police?

Ms Cowdry: In respect of seizures?

Mr O'CONNOR: Yes.

Ms Cowdry: We actually conducted 12 warrants in the last couple of years. We would not do routine inspections with police. They are just routine—go in and check to see if people are complying. From there we can escalate—education initially or enforcement notices or fines. If necessary, we have to go back and get a warrant.

Mr O'CONNOR: Do you have any idea how many shops are on the coast?

Ms Cowdry: I could not tell you that.

Mr O'CONNOR: It is in response to feedback or inquiries that you get?

Ms Cowdry: We do have a list of some retailers that we are aware of—they would have routinely been captured under the tobacco act—but we will get complaints about others that pop up.

Ms PEASE: Thank you for your great work. I want to go back to your testing regime. I have written down '1,518'; is that correct?

Ms Cowdry: Yes.

Ms PEASE: With those 1,518 vapes that you have picked up, are they randomly from across the Gold Coast or is it from one location?

Ms Cowdry: They would have all come from those 12 warrants, plus other seizures that may have been taken at the time of an inspection—various different places across the coast.

Ms PEASE: What sorts of venues were they? You said that there has been an explosion of vaping stores, and that is across Queensland and in my own electorate. We have our tobacconists who have been there who have started taking up and selling vapes, but we have had a huge influx of these little hole-in-the-wall, cash-only places. Of those 12 centres, were they tobacconists or the pop-up shops?

Ms Cowdry: Pop-ups, or they have been set up specifically as a vape retailer. They are not traditional newsagents, where you would normally buy cigarettes in that traditional sense. They have been set up mainly as a sale location for vapes.

Ms PEASE: Of those 1,518, 83 per cent contained nicotine?

Ms Cowdry: Correct.

Ms PEASE: Did the packaging indicate that they had nicotine?

Ms Cowdry: No, it did not.

Ms PEASE: We heard in some of our other inquiries yesterday that, with the IGETs for example, the nicotine ones might have a batch number that is the same as ones that do not have. Obviously some nicotine is slipping through.

Ms Cowdry: Of the ones we have seized, none even have batch numbers on. We are seeing that it does not have nicotine on it. We can say to the vendor, 'Can you prove to us that it does not have nicotine?' They might produce a certificate from the manufacturer overseas. Basically, if you tell the manufacturer overseas to give you a certificate that says 'no nicotine', that is exactly what they will give you. There is no way of us to know without testing.

Ms PEASE: Just for clarity, of the 1,518 that were tested for nicotine, were they all disposable? Were there any that were premade such as the refillable ones with the juice?

Ms Cowdry: As far as I am aware, I do not think we have actually seized very many e-juice. Most of those do not tend to have nicotine in them specifically, whereas the ones we have seized recently have all been the one-use, disposable kind. They are not refillable.

Mr ANDREW: It is good to see that some testing is being done. Probably some of the heavy metals and so on need to be looked at as well. With the doses of the nicotine and the strength, did you find anything in certain products that was so high that it just blew off the charts?

Ms Cowdry: I think 190,000 was the highest that we saw. They average around 3,500.

CHAIR: Is that milligrams per litre?

Ms Cowdry: Milligrams per kilogram. It is a science thing. I could not possibly explain.

CHAIR: Milligrams per kilogram, and you had 190,000?

Ms Cowdry: Yes, that was in one particular product. I do not know how that equates to the average cigarette, for example. I do not know how many nicotine milligrams are in a cigarette. Some of the nicotine vapes that you have are different amounts of puffs. Some of them might be 1,200 puffs; some of them might be 6,000 puffs. The highest we found was 190,000.

Mr ANDREW: What does that equate to?

Ms Cowdry: I do not know how much is in a normal cigarette to do the comparison.

Mr ANDREW: For a child taking on something with 190,000, it is obviously going to have adverse effects on that child.

Mr O'CONNOR: Was that millilitres of nicotine?

Ms Cowdry: Milligrams per kilogram.

Mr O'CONNOR: We heard evidence yesterday that it is eight to 10 times a cigarette. I think that is what the doctor from Townsville public health said.

Mr ANDREW: That is extremely high, considering most of them are around that 3,500 mark.

Dr Colbran: Yes.

Ms PEASE: When you undertook those seizures, you had to get a court order? You could not do that enforcement without having that court order?

Ms Cowdry: Correct. Under the Medicines and Poisons Act, we have limited powers. The legislation was designed for us to go in and do routine inspections of a pharmacy. Where a pharmacist is registered, they have to allow us entry. A vape retailer is not really covered by this legislation. Vapes were not really a thing when this legislation was written. It has just fallen by the wayside. If we do not get consent to enter, that is it; we are done. If we suspect that there are vapes being sold there with nicotine in them—usually from a complaint from a member of the community—we will go and get a warrant from the court, and that allows us to go in and do searches.

Ms PEASE: You cannot use TOSPA to go in?

Ms Cowdry: No.

Ms PEASE: It does not cover that.

Ms Cowdry: TOSPA and MPA have totally different powers of entry. They do not really match. We cannot go in under both.

Ms PEASE: At the time, what made you suspect that there might be nicotine or that they were flouting the law? Were there kids in there buying these vapes, or did they just look suspect? What prompted it?

Ms Cowdry: Usually we get complaints from members of the community. We have had a number of complaints from parents finding vapes in their kids' schoolbags. It is more that anecdotal—

Ms PEASE: A referral?

Ms Cowdry: Yes, that sort of thing. At the beginning of this, it started to snowball and we did some routine testing just to see. That is when we started to find that stuff was in there.

CHAIR: Doctor, you were talking about the damage to young people in the clinical setting—brain development and young lungs. What is your message to parents who might know that their children are partaking in this practice at primary school or high school?

Dr Colbran: I think it is really important to have open and honest discussions with your children around the harms of putting substances in our bodies that are not really meant to be there—not just vapes but also alcohol and drugs. I think it is very important to have that strong relationship with your child. It is important to make sure you have all the appropriate information on hand—not going through word of mouth. There are rumours out there that vapes do not cause any issues, that vapes are better than cigarette smoking or that vapes will help you stop smoking. There is a lot of anecdotal information out there. You just need to make sure that you have the correct information and that you are able to impart that to your children.

Mr O'CONNOR: In terms of complaints from members of the public, we heard yesterday that legitimate tobacconists will make complaints about other operators that they find. Do you have any figures on how many complaints you have had? Is it easy to find you? Does the public know that you are the body that would regulate this?

Ms Cowdry: I do not know how well we are known. There is an online system now through Queensland Health where you can actually put complaints through. We get those sent down to us from Brisbane. We have had 30 complaints about sales to minors in the last two or three years. Prior to 2019 we had none involving vapes. Seventy per cent of the complaints about sales to minors have been since January 2022. It has gone up. Since COVID, it has just gone up.

Mr O'CONNOR: How many complaints in total would you have had?

Ms Cowdry: I do not actually have that figure. We have had quite a lot.

CHAIR: You can take that on notice, if you like.

Ms Cowdry: Whereas people know that they cannot smoke inside, people do not consider that they cannot vape inside. We had complaints about concerts on the Gold Coast recently, about people vaping in the crowd.

Mr O'CONNOR: Does OLGR have to cover some of that?

Ms Cowdry: No, they do not do the tobacco smoking inside. We do routine late-night inspections with police and Liquor Licensing. We did some back in March and we found patrons vaping inside pubs and clubs. Traditionally, someone who smokes would know that they cannot do that. We have also had complaints about people vaping at children's sporting events, where you cannot smoke. The laws for vaping and smoking are the same, but people have not put two and two together.

Mr O'CONNOR: Is that venue operators as well?

Ms Cowdry: Yes. We have actually engaged with the Broadbeach and Surfers—

Mr O'CONNOR: Safe night precincts?

Ms Cowdry: Yes. We have provided information to that group. We have provided signage as well, so they are aware of that now. Some of them were not aware that patrons could not smoke vapes inside. We did a bit of education with them. Hopefully, moving forward, that is going to stop.

Mr O'CONNOR: Could you touch a bit more on the school situation? What have you observed from Gold Coast schools? We did attempt to get representatives from the principals association from the public schools.

Dr Colbran: We have a health promotion officer within the public health unit. She has been fantastic. She has been working locally with the high school communities to help discourage vaping. She was also invited to participate in the Gold Coast Secondary Principals' Alliance vaping roundtable discussion last year. This year we are also hoping to undertake a project on the Queensland Education Research Inventory portal to understand the behaviours, perception, views and attitudes of high school students with regard to e-cigarette and vaping use.

Mr O'CONNOR: Do you have some more feedback that you could share? I have heard from secondary school principals around here who say that they have had to put vape detectors in every toilet. Even a primary school principal told me that it is their No. 1 cause for suspensions.

Dr Colbran: I think there has also been some research conducted on suspensions. I do not know the exact figures, but some Australian research was conducted last year. We only have anecdotal stories as well. You would have to get more information from the Department of Education.

We also developed a vaping video that has been distributed to high schools. Hopefully with the project we are doing we can understand a bit more of the behaviours of children—why they are choosing to vape—and what we can do to help steer them in the right direction and not to vape.

CHAIR: Do you think stronger laws are needed around these pop-up shops that are around the schools?

Dr Colbran: Absolutely. I think there should be stronger laws in general. I think the location is useful to consider. You do not want these sorts of stores in close proximity to these schools, especially when kids are able to leave school grounds at lunchtime or if they have a free period. There should also be restrictions in terms of selling them and who they are selling them to. Unfortunately, because there is that gap where vapes are thought not to contain nicotine and therefore are able to be sold—in fact, we know that 83 per cent of vapes probably do contain nicotine—I think there needs to be greater restriction around that.

Ms PEASE: Given the explosion in this industry, has it had a big impact on the way you operate and do business? Have you had to realign all of your environmental officers so that they are concentrating on that?

Ms Cowdry: Yes.

Ms PEASE: I understand that you have a whole range of areas that you look after.

Ms Cowdry: For example, we undertook four warrants on the same day, and that involved the whole unit. You have to send at least three members of staff out for each warrant because you need someone to lead the conversation with the person. Then you have people who need to search, then bag and tag, and collect the evidence. It is quite resource intensive. Every complaint that we get we go out and investigate. Where we are getting more and more complaints about those, we respond. That necessarily takes us away from other things.

Ms PEASE: What has been the outcome of those 12 seizures? Have people been charged or convicted? Have the products been disposed of?

Ms Cowdry: There were a couple that we prosecuted. For the rest, we have forfeited the products to the state and they are awaiting disposal. They have been taken away from the operator.

Ms PEASE: What sort of enforcement was given to that? When you say they have been prosecuted, what does that look like? What has happened to them?

Ms Cowdry: They were issued with a fine. I cannot tell you off the top of my head what the fines were. Two in particular—one was a business and one was an individual—were convicted in court for possession of nicotine.

Ms PEASE: Is there any way you can find that out and tell us?

Mr O'CONNOR: You can take it on notice if you need to.

Ms Cowdry: Yes, absolutely.

Ms PEASE: When you say it was an individual, was it a shopfront or was it from a home or online?

Ms Cowdry: That was from a home, actually.

Mr O'CONNOR: You mentioned co-responding with police. Is that because of safety concerns for your officers?

Ms Cowdry: Predominantly, yes. We are not equipped with weapons. Obviously, they have scope to arrest or contain someone. We do not have the training, either, to do that.

Mr O'CONNOR: Have you had threats, though? Have you had situations where your staff have had a safety risk that has led to that, or is just a pre-emptive?

Ms Cowdry: Yes, we have. The verbal abuse that officers receive can be quite substantial. Thankfully, touch wood, no-one has been physically harmed.

Mr MOLHOEK: Are these your officers or police officers?

Ms Cowdry: Our officers.

Mr ANDREW: I note the high amount of nicotine. Will we capture poisonings from vapes? Do we understand what this is across the community? Are we seeing any trend in this?

Dr Colbran: We will take that on notice. We do not have the data on hospital admissions.

Mr ANDREW: Do we ask the question, though? If kids come in and they are as crook as anything, is it part of the questioning?

Dr Colbran: I am sure as part of the clinical workup, the doctors in the emergency department would ask all the relevant questions.

Mr MOLHOEK: It would be interesting to see how that data compares with, say, other illegal substance admissions to give us some context.

Dr Colbran: Yes.

Mr MOLHOEK: I respect the fact that you may not be comfortable commenting on policy, but what sorts of initiatives do you think the government should consider in terms of policy and regulation around this?

Ms Cowdry: Initially, plain packaging and no flavours would be great. The attractiveness of both the colours and the flavouring to children is an issue. A vape smells very sweet; it smells like strawberries. It does not smell bad. Perhaps moving towards plain packaging and no flavours, in line with cigarettes, would be quite good. Higher monetary penalties is another measure. At the moment, especially in terms of tobacco, on-the-spot fines are about \$600 for some offences. Someone can make that in a morning selling vapes. It is not really a deterrent; it is part of their business costs.

Dr Colbran: There is also regulation of the product itself. I know you have mentioned the flavourings, but also the ingredients.

Ms Cowdry: What is actually in them—be more transparent as to the make-up of a vape, with a permitted percentage—

CHAIR: On that line of questioning, do you know of any other jurisdictions or other countries that have increased regulations or penalties?

Ms Cowdry: No.

CHAIR: We might get our parliamentary research people onto that one. I thank you both very much for being here. It has been very informative for the committee to get a view from the public health unit here on the Gold Coast. You are doing good work. We heard in Townsville that they are really struggling to get the results you are getting. Credit to you and your team. Thank you very much for being here.

HARVEY, Mr James, Vape Vendor

TANKARD, Ms Leah, Vape Vendor

CHAIR: Welcome. Would you like to make an opening statement?

Ms Tankard: We would like to start out by thanking the government for considering different voices on this matter. We own a vape store on the Gold Coast.

Mr Harvey: We started one of the first on the Gold Coast, about seven years ago.

CHAIR: What is it called?

Mr Harvey: Australian Vaping Supplies. We started the business on the high hopes that we were going to follow the rest of world and start to believe in vaping as a healthier alternative to smoking. The UK has quite a lot of research behind this. There are actually vape shops in the hospitals over in England.

CHAIR: Is that right?

Mr Harvey: Yes. They give you free vapes at the hospitals over there. We are quite opposed to it over on this side of the world, unfortunately. America is quite big on it, too.

Ms Tankard: One of the main points we would like to address today—with our seven years of vaping retailing experience behind us—is that there are two sides to the vaping industry here in Australia. I think you have already heard about that with the disposable vapes. The vape industry, with vaping retailers, has been steadily growing for the past 10 years. Then there is the black market disposable vapes. It is very important that the government understands the distinction between the two as we discuss this matter further. I want to outline to the committee what the vape industry in Australia stands for, that being not the disposable vapes. We support adult smokers who want to use vape devices to transition away from the more harmful cigarettes.

As James was just saying, it has been proven in many studies overseas, including in a study from the UK Royal College of Physicians, as being a healthier alternative to smoking—by 95 per cent in fact. As an industry, we support the ban on black market disposable vapes. We do not see them as a part of the vaping industry because this industry—our vaping industry—supports quality and safety. I would like the government bodies to understand that within the industry we sell quality, world renowned brands of re-usable, refillable vapes and e-liquids which have been manufactured in a clean-room facility.

This industry, as it stands, exists to assist those looking at coming off cigarettes. Vaping vendors are generally passionate and well versed in vaping and will offer information on our websites as well as in store on how to use the vaping products and how to go about the government's scheme in regard to legally obtaining nicotine. That is information that we as vape vendors supply.

We also welcome the sensible regulation of vape products to make them accessible and safer for adult smokers to purchase as well as to protect the vulnerable like the youth. We would like to see legal nicotine products more available to adult smokers rather than the failed prescription method. The UK and New Zealand have very similar healthcare systems to Australia and they both have very sensible regulation methods for the sale of vaping products.

Mr Harvey: As far as I can see, what has happened with this epidemic is quite similar to what happened in the United States where Philip Morris—the owner of big tobacco, Marlboro and so on—started their own product called the Juul. We will get into that a little bit later. It took off like a rocket through the schools. All the kids took it up. It was everywhere. It was all over the news here. You probably would have seen it.

The reason that happened is how easily accessible they are and how easy they are to operate. You just pick it up and you are right to go and vape. They are appealing to a larger market. By making it easier for people to obtain, the kids can do it—everyone can do it. It was on the radio today that they were sued for \$670 million for making it marketable towards children. That was Juul.

We do not have Juul here, but we do have the Chinese market where they replicate these things, and they are good at it. They have done what Juul did and that is make disposable vapes. They are now selling them to us for quite a cheap price. We do not sell them, but the mark-up is about 1,000 per cent. On our products we get 30 per cent.

Ms Tankard: We do not buy into that vaping industry. There is lovely profit in it. In fact, our vaping industry is slowly declining because of them. We are losing 30 to 50 per cent worth of sales. That is our customer base. That is adults who are looking for a healthier alternative but instead they have been directed over to disposable vapes because they are so accessible.

Mr Harvey: Governments have made it hard to obtain their nicotine. You used to be able to import it for yourself and for family use, I think it was. That was a few years ago. Now you have to go to the doctor, get a prescription for nicotine and then import only a small amount to last you for three months, and that goes on and on. They have made it too hard for adults to vape so now the adults just want the disposables.

Ms Tankard: It is easy. It is accessible, unfortunately. It is more accessible than the legal vapes in Australia.

Ms PEASE: What was that product called?

Ms Tankard: Juul. We are happy for regulation to occur, and we hope it does. We want to get rid of disposables. Please regulate, because we want a healthy market. We do not want regulation in the hands of big tobacco because big tobacco are proven liars. They have lied about the addiction of nicotine in their products previously.

Mr Harvey: They are good at marketing, too. Look at how much money they have. They are probably one of the best marketers in the world.

Mr O'CONNOR: You still want re-usable vapes with nicotine?

Ms Tankard: Re-usable vapes, yes—refillable, re-usable.

Mr O'CONNOR: But still with nicotine?

Ms Tankard: We want nicotine more accessible than the current prescription model that is available to vape at the moment.

Mr Harvey: Two or three years ago, when they made it harder, is when we lost 50 per cent of our sales.

Mr O'CONNOR: When the prescription model came in?

Ms Tankard: Correct. We did not have this thriving black market of disposables back then.

Mr Harvey: There was not a need for it. No-one in their right mind would spend \$40. They are quite expensive when you consider it lasts you three days and you could have refillable vapes—

Mr O'CONNOR: But is it not still the same concept as what you are saying about big tobacco—it is still feeding a nicotine addiction?

Ms Tankard: No, it is not feeding a nicotine addiction. Let me—

Mr Harvey: It is replacing one.

Ms Tankard: It is not even that. It is a means to an end. It is the lesser of two evils. The vaping industry does not exist to rein in adults—it has nothing to do with children—to make money off them and say, 'Come on over to the vaping industry.' The vaping industry exists to assist adult smokers towards a healthier alternative and then off the vapes. It is a means to an end. It is a quitting aid. It is a tobacco harm reduction method. That is what it is.

I want to go on a little about the disposable vapes. I was talking about our vape industry and what we represent because I think it is important that you know that. I will explain why we are against the disposable vapes. The Gold Coast Public Health Unit representatives spoke quite well on this. These are what are causing growing rates of children taking up vaping and causing environmental issues—disposable batteries in the environment. They are cheap and nasty. They are not being made to the same standards as the world-renowned brands that vape vendors stock. They are held to certain standards overseas. That is what we put on our shelves. There is no regulation around these disposable vapes. They are cheap and nasty. There are no safety standards around them. It means that if the battery inside them gets too hot it can melt or blow up. Within the legal vape industry there are safety regulations built into these devices.

Mr O'CONNOR: Do you have one of your vapes with you? We had some vapes shown yesterday. It is a wrapped lithium battery that you are talking about, is it not—the ones that you pop out?

Mr Harvey: Replaceable batteries, yes.

Mr O'CONNOR: So they are the same as the ones we saw yesterday.

Ms Tankard: Even within the vaping industry there is the choice to have the internal battery which is eventually disposable, but it is not as disposable as your disposable vape batteries.

Mr O'CONNOR: It is like your mobile phone?

Ms Tankard: Exactly. It is going to last two or three years.

Mr Harvey: At least 12 months. It depends how you take care of things.

Ms Tankard: You are going to keep refilling and keep using it. We all have laptop batteries—there are batteries in the world—but we are against the ‘throw away in two seconds’ batteries.

Mr Harvey: These are like AA batteries—a little bit larger.

Mr O’CONNOR: We saw examples yesterday.

Mr Harvey: You can take them in and recycle them.

Mr O’CONNOR: We had a lovely collection of vapes yesterday. Some were all metal and some had leather integrated into them. We had all varieties yesterday.

Ms Tankard: The other thing with the disposable vapes, as you also heard, is the high levels of nicotine in them, which is obviously going to be a problem. We do not want them in the hands of children. We do not want our vapes in the hands of children. It is an adult product. We feel that if you get rid of disposable vapes you are going to get rid of the problem with children. I will tell you why very quickly.

It is an easy system. It is an all-in-one system. The children who are accessing them will get their device. It will be prefilled with a liquid and that liquid will almost always contain nicotine. It is a one-stop shop. You buy it and the next thing you know you are vaping nicotine. With the legal vape industry, it is a three-step process and children will not be interested in this. Here is why. You need to purchase your device and you need to purchase your e-liquid. You purchase that from a vape vendor and we are not going to sell to children. Then you also need to purchase your nicotine to put in your e-liquid to put into your device. Children are not going to be bothered with that.

Mr O’CONNOR: And they are more expensive too; is that right? I think we heard about \$120.

Ms Tankard: They are different prices. It depends on what model and what brand you go with.

Mr O’CONNOR: They are not the cheap ones that are—

Mr Harvey: It is up to \$400 for some.

Ms Tankard: The disposables actually work out more expensive because you are, let us say, spending \$40 on your disposable vape. You might use it for two weeks and then throw it away and then you need to buy another one. With a re-usable, refillable vape your average price is \$60 to \$100. It is more expensive to set up but it is cheaper in the long run for the adult user who is going to be purchasing the e-liquid to continually refill it and the heating element that sits inside as well. You have to repurchase that. Are you aware of the different components that make up the vape—the battery, the tank—

CHAIR: They took us through it yesterday.

Ms Tankard: Perfect; that is awesome.

Mr O’CONNOR: Rob, do you want to run through what one of these vapes looks like? You can touch it if you want, Rob.

Mr MOLHOEK: It is all right. I have adult kids.

Ms Tankard: The other thing with disposables is that the main point, as we were saying with Juul, big tobacco—Philip Morris—is to get people addicted. With the high amount of nicotine in them plus all the added sweeteners, therein lies the problem.

We want the government to understand the distinction between the disposables—these pop-up stores—and the actual vaping industry, which is a productive and great industry because vaping is important for people trying to stop smoking. Often people are coming to vaping because they have first tried all the other methods—the patches, the gums, Champix, hypnotherapy. We have had people on the same day that they have done hypnotherapy—

Mr Harvey: Most of our customers have tried it all and have not been successful. With vapes there is probably an 80 per cent success rate.

CHAIR: We had a consumer yesterday talk about leaving tobacco to go to vaping and actually declining in their use of vaping. It was good to hear that personal story.

Mr MOLHOEK: I am just a bit confused by that, though. I had thought, or had been led to believe, that vapes are more addictive because they have a much higher level of nicotine. How does that help you transition from normal smoking to vaping to giving up?

Ms Tankard: The way most people will do it—and we are putting disposable vapes aside in answering this question because disposable vapes are more addictive; they already have more nicotine in them than tobacco ever did—

Mr Harvey: They use nicotine salt in those disposables. With the salt you do not feel it in your throat. You could not possibly vape 50-milligram strength of free-based nicotine. There are two different types. There is a free base and salt. The nicotine salt you will not feel. Typically, you could have 100 milligrams—they mentioned earlier that they have found some with 100-milligram strength—

Ms Tankard: You will get your head feel and your body feel from it, so they are still getting their hit but it is gentle on their throat, which is how and why these companies are able to get so much nicotine into those products. Over to our products, when we are helping a customer transition to vaping, we will generally suggest—

Mr Harvey: Twelve milligrams or 10 milligrams—the same as they have been smoking.

Ms Tankard: It depends what device they are purchasing and it also depends on, like James said, a ballpark amount that they are already smoking. That is what we would suggest they move to with their vaping device. Flavours are really important, by the way. I want to get to that and the ban on the flavours. Flavours are really important for them to be satisfied with this product. Obviously the nicotine content is super important. Once they are able to make that transition off the cigarettes to vapes—it is same with where they were with cigarettes—then it is a gradual move down and move off. We see customers and wave goodbye to them and wish each other well all the time. They have said, 'Thank you so much for assisting us with this. We are smoke free and vape free.' This is how it works.

CHAIR: Leah, it is the committee's job as we progress through this to make recommendations to government. If you had the ability to say what you wanted, to be clear, is it stronger laws or is it some kind of task force to take this on? It is a mammoth task when you think about the ease of online, federal imports—

Mr O'CONNOR: A ban on disposables? You touched on that.

Ms Tankard: Totally; 100 per cent. Ban the black market disposables. Crack down on who is selling them. Please find the people who are selling them. They are everywhere, ask anybody. They will tell you where they are buying them.

Mr Harvey: Help the vapers access their vapes and not have to jump through rings and hoops to obtain them.

Ms Tankard: The current prescription model is a flop. There were really good intentions behind it in terms of trying to cut down accessibility to those parties, children and whatnot. We are trying to drive it in a direction where it is harder for the wrong people to get hold of it and for the right people to get hold of it, but it has not worked like that, unfortunately. It just has not. I heard that eight per cent of adult vapers are using the prescription model. It is just too difficult. They could not be bothered. It is so much easier to go and find a disposable vape, to go and grab cigarettes or—

Mr Harvey: Even our next door neighbour is on the disposables vapes. You cannot convince them.

Ms Tankard: We live right there with them.

Mr O'CONNOR: That is eight per cent are using the prescription model and 92 per cent are not? Where does that figure come from?

Ms Tankard: I am not sure where I read that. I cannot tell you the source. I read that.

Mr O'CONNOR: But that sort of fits with what you see through your retail stores?

Ms Tankard: Pretty much, yes.

Mr Harvey: You just cannot beat it.

Ms Tankard: We are there. We have information on our website. We are most responsible; not your cowboys who are out just for that profit. Honestly, the profit in your vape store is not massive; the profit in your disposable vapes are. Most responsible vape vendors are so passionate about this industry. They have the information up on their websites on how to go about this government scheme. It is so jolly complicated. People just go, 'What? Say that again? How?' Do you know what I mean? 'I have to pay money for the prescription?' They are just not interested. Honestly, it has not worked. But you take places like New Zealand, which has things in place where there must be licensing. There is some sort of regulation. It must be similar to what has been done with the alcohol industry, where

people have to show their ID. They can walk into a shop in New Zealand and they can access premixed nicotine right there on the shelf into a flavour. So they can go and buy their device and buy their flavour with some premixed nicotine in it. That might be sending red flags because you are like, 'Oh dear! They can buy this in a shop,' but it is working. They are not going to sell it to children. They value their industry. They value their livelihood.

Mr O'CONNOR: Have they banned disposables; do you know?

Ms Tankard: I do not know. I could not tell you. But I know it is not as big a problem over there as it is here.

Mr O'CONNOR: But your solution is a complete ban on disposables—

Ms Tankard: One hundred per cent.

Mr O'CONNOR:—and to better regulate nicotine—regulate nicotine, not just the prescription model?

Ms Tankard: Please do, but do not restrict it either in terms of going to big tobacco. We do not want it in big tobacco's corner. We do not even want it in the pharmacies.

Mr Harvey: Tobacconists.

Mr O'CONNOR: The disposable ban and crackdown would stop the issue with young people in schools in particular because they just would not be able to get access.

Ms Tankard: You would think so, because it is so easy for them to access these disposables vapes. Like I mentioned, it is an all-in-one scenario for them. There they go, they press the button and away they go with a lovely nicotine hit that they are all getting addicted to.

Mr Harvey: There is big money to be made in them too. I know there are employees who work for my father, and they have bought a whole bunch of them and come up to me and said, 'Hey, I've got heaps of these. Do you want to buy them?' I'm like, 'No. What do I want to buy them for?'

Ms Tankard: The Chinese are contacting everybody left, right and centre. You can buy them in nightclubs, anywhere.

Mr Harvey: Every man and his dog is trying to sell them.

Ms Tankard: Every man and his dog is trying to sell them. I do not know where they are all coming from, but I know they are out there. I also want to make it clear that it is not part of our industry.

CHAIR: You have made that very clear. You have articulated that well. We are nearly out of time. I will take a final question from the member for Lytton.

Ms PEASE: Thanks very much for coming in. You talked about disposables. Do you sell disposables at all?

Ms Tankard: No, not at all.

Ms PEASE: You do not have any?

Ms Tankard: Absolutely not. We refuse to. Even the ones with zero nicotine in them, which some of the vape stores are trying to combat their whole problem of they are now losing profits—

Mr Harvey: We get phone calls all the time about it.

Ms PEASE: Can I also ask about your juice that you get—

Ms Tankard: It is zero nicotine.

Ms PEASE: I understand that. What I want to find out is where do you get your vape juice from? What sort of guarantees do you get from the manufacturers of those that they are nicotine free and that there are no dangerous chemicals in them? Particularly in the flavourings there might be acetone et cetera. Where do you get them? Do you get them from one supplier? What guarantees do you have that they are safe?

Ms Tankard: We purchase from two different places. It is overseas, so generally the brands we purchase are going to be world-leading brands. They are from the UK, the USA and there are some here in Australia as well who manufacture. The people we purchase from are pleased to tell us—because we ask the questions and we are very particular about it—that they are manufactured in clean-room facilities.

Ms PEASE: Do they provide you with certification?

Ms Tankard: They did in the beginning. We have not asked for a while, so I will be honest about that.

Ms PEASE: Have you ever tested the vape juice?

Ms Tankard: I am not a scientist, so I have no ability to test it. All we know is that when we vape it and they have claimed it is zero milligram, I am not going to get any—I do not actually vape nicotine at all myself, so I am very sensitive to it. There is no nicotine in it. If it is marked zero milligrams, it is zero milligrams.

Ms PEASE: The juice itself does not have the flavouring? The flavouring is separate as well, is it?

Ms Tankard: No. You will have flavoured e-juice.

Ms PEASE: In the juice?

Ms Tankard: Yes.

Mr O'CONNOR: Is there a distinction between the juice that comes from Australia and from overseas in your mind? Is there more of a guarantee if it is an Australian—

Mr Harvey: In the beginning it was. There is no regulation on it here, so you can just do it in your bathroom sink at home.

Ms Tankard: Yes, you could do it in your jolly bathtub.

Mr Harvey: Some companies did it in their bathrooms.

Ms Tankard: Yes, and slapped a premium on it. But thankfully—and you will hear from the guy behind us—as the industry has grown, the industry regulates itself. It demands a lot from itself. So as the question was put to the manufacturers, 'Where are you making these? How is it being manufactured?' the industry has grown in Australia and a lot of the juice makers are now being very careful to manufacture class.

CHAIR: That is a great segue to conclude. Thank you very much for being here today and informing the committee from your point of view. You have raised some very good points and it has been very helpful for the committee today.

TANSLEY, Mr Bede, Director, JuiceFreak E-Liquid Manufacturing & Distribution

MOORE, Ms Aleksandra, Shareholder, JuiceFreak E-Liquid Manufacturing & Distribution

CHAIR: Thank you both for being here. If you would like to make an opening statement, we will then ask questions.

Mr Tansley: My name is Bede Tansley and this is my associate, Aleksandra Moore. In conjunction with my fiancée and Alek's husband, we own and operate JuiceFreak Australia, which is a Queensland manufacturing company that designs and manufactures e-liquids to be used in non-disposable vaping devices. In addition to my role at JuiceFreak, I am a former smoker myself. I smoked for 14 years and tried to quit using all different types of methods—Nicorette patches, gums and Champix. Nothing worked. In 2017 I tried vaping with nicotine for the first time and I have been smoke free ever since. I have worked in the vaping industry for the last five years and I have heard hundreds of stories from customers, store owners and other manufacturers that pretty much mirror my story.

Despite this, all arms of the Australian government are refusing to acknowledge its benefits under the misguided position that vaping is a significant health risk and will encourage users to start smoking—the alleged gateway theory. It is incomprehensible that the Australian and Queensland governments can take such an unwarranted and unjustified stance against vaping in complete ignorance of reliable peer-reviewed studies and the rest of the modern world. In my opinion, this ignorance has resulted in a thriving black market and an increase in youth vaping which has led to this inquiry. In my opinion, this inquiry wrongly limits its focus to how we can reduce rates of vaping instead of asking the right question, which is how can we utilise vaping to reduce rates of smoking whilst imposing proper regulation to reduce rates of vaping amongst youths.

The Queensland government has alleged there are serious toxic chemicals in vaping e-liquids which pose a significant health risk to the public. From a manufacturer's point of view, this is simply not correct if the e-liquids are properly and safely manufactured. All of the e-liquids that we manufacture at JuiceFreak contain three ingredients: vegetable glycerine, which is a common ingredient in food products such as gummy bears and other lollies; propylene glycol, which is a common ingredient in various pharmaceutical products, including those which are inhaled and other various food products; and a mixture of food-grade flavourings, being the same that are used in everyday foods such as chewing gum and ice cream. At most, the flavour percentage of concentrates used in our e-liquids are between 0.5 per cent and five per cent, made up of six to seven different concentrates. Each of these concentrates contains different ingredients and chemicals in their make-up, all of which are recorded on our register of chemicals. Each ingredient is only an extremely small percentage of each flavour concentrate, and each flavour concentrate is only an extremely small percentage of the make-up of our e-liquids, so the chances of these individual chemicals causing any serious health risk is extremely low. The science behind this has been openly discussed on numerous occasions by Dr Colin Mendelsohn, who is a big advocate for vaping. This is in contrast to cigarettes. Some cigarettes have been measured to have over 7,000 chemicals each in moderate to high doses which are known to cause bad health issues. Two in three people die from smoking cigarettes.

At JuiceFreak we only use the highest quality ingredients and we take all necessary steps to ensure that none of our e-liquids contain any harmful dosages of harmful chemicals. All of our products are manufactured and bottled inside a clean-room facility, which is a clean and sterile environment that is constantly pressurised by 12 HEPA-filtered fans that force air downwards and constantly expel dust and any other contaminants. These fans operate 24/7 to ensure the clean room is never compromised, and the filters are replaced every six months to maintain air quality inside the room. Each of our staff members is required to wear all necessary PPE upon entering the clean room including coats, gloves, shoe covers, hairnets and face masks. The only way into the clean room is via a sealed walkthrough air shower. Every shift inside the clean room our staff is required to sanitise the floor and every surface with isopropyl alcohol.

Ms Moore: This inquiry focuses on: how do we reduce the rate of vaping? The simple answer is that we do not. We need to differentiate between disposable vapes and the vast majority of them containing nicotine and potentially other harmful chemicals that are flooding our communities and contrast that with e-liquids that are manufactured in a sterile and safe environment in Australia with known and safe ingredients. There is a huge difference. It is these disposable vapes that contain high concentrates of nicotine that are being sold on the black market and are being used by children—not your proper devices that contain e-liquids manufactured by Australian businesses. The solution, as

we see it, is: firstly, banning the sale of disposable vapes, imported e-liquids and prefilled vapes so as to confine the manufacturing of these products to Australian businesses to enable Queensland Health to regulate the ingredients that can be used in these products and eliminate the black market; secondly, legalising the sale of e-liquids containing nicotine within Australia to enable Australian businesses to manufacture and supply Australian vape stores with e-liquids containing nicotine and make nicotine vapes more accessible as a smoking cessation device; thirdly, imposing restrictions on the concentration of nicotine which can be contained in the vaping products that are sold within Queensland—this is similar to the UK and New Zealand model; and, fourthly, imposing regulation across the vaping industry, including licensing requirements on manufacturers and retailers of vaping products, so that vape devices and e-liquids can only be sold at vaping speciality stores and increasing the fines on individuals and organisations that fail to comply with these laws.

This solution will ensure that vapes are not readily available to children and will assist Queensland adults to access a safe, effective and proven method to quit smoking. Let's not forget that smoking kills over 24,000 Australians each year and that vaping is 95 per cent less harmful than smoking. I have with me today a copy of the submissions that were prepared by us and tendered to the TGA on 16 January which set out how we would like the vaping industry regulated.

CHAIR: Is leave granted? Leave is granted.

Ms Moore: I have made six copies.

CHAIR: Thank you very much. In your opening statements you expressed some views that the Queensland government—we will check *Hansard* later—had a predetermined view. I just want to go through the terms of reference for the inquiry that the Premier has asked us to undertake. We are to consider—

- a. prevalence of e-cigarette use, particularly amongst children and young people;
- b. risks of vaping harmful chemicals, including nicotine, to individuals, communities and the health system; and
- c. approaches being taken in Queensland schools and other settings relevant to children and young people to discourage uptake and use of e-cigarettes.

There is a real focus here on young people. You supply, no doubt, to people you have just heard—people like Leah—

Mr Tansley: Yes.

CHAIR: I do not know if Leah takes your particular products. They have the re-usable vapes. Your juice is for them?

Mr Tansley: Yes.

CHAIR: What are your views on the disposables? We have heard from the public health officials that 82 per cent have nicotine in them. What are your views on that industry? We heard yesterday in Townsville—they are words I will repeat—that there has been an increased effort to overwhelm the industry with online access of the disposable vapes, to literally try to put pressure onto the agencies. It is everywhere. The real focus is on young people. We have to make recommendations to try to stop that and align with the terms of reference. I just wanted to get a view on disposables and perhaps your thoughts on what is in them?

Mr Tansley: The biggest thing about disposables is that we do not know what is in them. They are coming into the country as a closed system. It is completely closed; you cannot open it up, put it back together and make it work again. They are being manufactured mostly out of China. As Leah said before, we do not know what their standards are and what they are sticking to. At the same time, they do have huge amounts of nicotine in them. It is much too much. I was in the UK last year. The UK laws restrict to a maximum of 20 milligrams. In the UK, with all e-liquids or disposables—most shops still sell both—they are restricted to a maximum of 20 milligrams of salts. Most of what you are talking about that are coming into the country are 50 milligrams.

Mr ANDREW: How many cigarettes actually have 20 milligrams in them?

Mr Tansley: You are also talking about a bottle of juice that contains 20 milligrams of nicotine. The nicotine delivery is not such that you are heating it and getting 20 milligrams in one hit.

Mr MOLHOEK: If you use the entire vape.

Mr Tansley: Yes. If you were to use the entire bottle, you have ingested 20 milligrams of nicotine. But you are talking about a bottle of juice that is going to take days or weeks to go through.

Ms PEASE: Is there anywhere in Australia that manufactures the disposable ones that you are aware of?

Mr Tansley: Not that I am aware of in Australia. We have nothing to do with disposables, pretty much.

Ms PEASE: Can I just be very vague here? With the juice that you make—you talked about what it looks like and all the rest of it—how much would you make in a week?

Mr Tansley: How much juice do we make in a week? It depends on the flavour and the popularity. Generally, the way it works is that we batch our e-liquid into big batches—we are talking 20 litres—and then we are breaking that into different sized bottles and distributing that to different vape shops across Australia.

Ms PEASE: Does it have to be kept refrigerated or anything like that?

Mr Tansley: No. When nicotine is added into these juices they can start to oxidise. We do have expiry dates on the flavour concentrates that are going into these e-liquids. Most of these concentrates are food derivatives. For the apple flavour, they generally are mixing the apples themselves with PG—making a concentrated flavour that we can then break down into an e-liquid.

Ms PEASE: That is interesting that you are bringing expiry dates into it. I make snow cones at different festivals for my work, and the flavourings on the snow cones have a use-by date. That would be the same with your vapes. So your vape juice would expire?

Mr Tansley: Yes. Generally, whatever is the closest to expiring that goes into that e-liquid will be the expiry date of that e-liquid. If one is to expire in, say, 2025, that is when our expiry is going to be.

CHAIR: Who regulates your industry? Are there standards? You talked about PPE and clean rooms.

Mr Tansley: We do not really have any standards around clean rooms.

CHAIR: Is that self-driven?

Mr Tansley: Yes, that is self-driven to do the right thing, from what we have seen overseas. We have taken the initiative to set up the proper facilities that they have overseas. I have toured facilities overseas and then set up our own place in Australia to do this.

Mr O'CONNOR: Based on other food science standards?

Mr Tansley: Yes, based pretty much off the food science standards and what other e-liquid distributors, the big leading brands in the world, are doing. That is what we have pretty much emulated here in Australia.

Ms PEASE: I know that you talked about the different ingredients. I would write them down, but I cannot read my writing. Does that go into a carrier—your food-grade flavouring, your VG—

Mr Tansley: Vegetable glycerine.

Ms PEASE: It is a liquid, so what is that liquid? Is all of that mixed together or is there a carrier?

Mr Tansley: No, it is all mixed together. Propylene glycol is most of the time the carrier of the actual flavours. That is what the flavour will be based in: a propylene glycol. Some are vegetable glycerine, but the majority of the time it is propylene glycol. Then it is mixed in a juice at a certain ratio. You are talking about 70 per cent vegetable glycerine to 30 per cent, for example. Some might be fifty-fifty. It varies brand to brand and flavour to flavour, generally.

Mr O'CONNOR: So the vegetable glycerine and the flavourings are pretty benign, but is there any evidence that when the propylene glycol is aerosolised that can cause damage to someone's health?

Mr Tansley: Not from what we have seen in overseas studies. At the same time, as I said before, it is used in the medical industry. Asthma inhalers have an element of propylene glycol inside them. When propylene glycol hits the lungs, it opens fibre inside the lungs. Generally when people transition from smoking to vaping they find it quite harsh on the lungs. That is because of the propylene glycol. What that is actually doing is opening the fibres inside your lungs and getting the tar and stuff out. In the first couple of weeks that somebody generally transitions to vaping they are coughing up a lot of the tar and things that are in cigarettes. There are multiple studies which I can cite from the UK, New Zealand and the USA where this has actually been properly tested and properly looked into.

Mr O'CONNOR: The aerosolised version of the propylene glycol?

Mr Tansley: Yes.

Mr O'CONNOR: If you have those, that would be helpful.

CHAIR: Again, is leave granted? Leave is granted.

Mr ANDREW: Have you ever had any of your customers come back and say that they have had an adverse reaction to any of your juice?

Mr Tansley: Adverse reactions can happen from time to time, but generally it is exactly the same as a food. If someone has a peanut allergy, they should not be vaping on something that might have a peanut. Our labels will say, like on food labels, 'this e-liquid may contain traces of nuts'. We are trying to give people the proper warnings beforehand. They are the only sorts of adverse reactions. From what I have heard, some people may have an allergy to propylene glycol or vegetable glycerine, but it seems quite rare that that happens. At the same time, it would be exactly the same as someone having an allergy to food. It is not a widespread thing.

CHAIR: The set-up of your business is interesting. Going forward, as we make recommendations, would you be opposed to some kind of regulatory framework that protects you as a manufacturer? I am just really interested in how you set it up under local council guidelines. There has to be some kind of food handling elements, because you are using some of the ingredients. Is there any framework that exists?

Mr Tansley: Not really. We do use the industrial chemical register. Everything that we import into the country has to be registered with the government. All of our flavour concentrates are broken down into exactly what chemicals may be in them.

CHAIR: Do you hire a warehouse or lease a warehouse? Did you have to go through a local government to—

Mr Tansley: It is more about the importation. We have to regulate with what we do at the moment. At the same time, we are all for it. Put us under the proper regulations so we can prove that what we do here is the right thing.

Mr MOLHOEK: From what you described earlier, though, it sounds like you have a manufacturing environment that pretty much complies with all of the standard health requirements. I do not think that actually needs more regulation; I think it is more the regulation of the sale and the import of product that is the issue. The manufacturing side of it seems to be—

Mr Tansley: We definitely agree that the sale and the manufacturing need to be regulated better, and we need to stop it from getting into youths' hands. We do not agree with that. In our submission to the TGA, we touch on things like plain packaging and flavour bans and how that will be so detrimental to the vaping industry, especially businesses like ours. We also make comparisons to the liquor industry. You can walk into any bottle shop and buy any flavoured alcohol or alcohol pop that you want. There are taxes added on to those flavours, obviously. At the same time, they all have pretty colours and so on but it is not seen to be appealing to kids. There is proper licensing on liquor and there are proper big fines, loss of licence and things like that in place so that people do not sell to those who are under-age. If they do, they potentially lose licences and so on. We think that is the way we should be regulated too—massive fines, licensing, all the proper regulations for us and proper vape vendors, people who know what they are talking about.

That is the other thing. There are a lot of stores and pop-up stores selling these disposables and not giving any warnings and not telling people how to use things properly. There are even some tobacconists and other vendors out there just selling vapes without giving people the proper guidance of how to fill them up, what nicotine levels they should be using and so on. If we restrict it to proper licensed stores, people get the right education before they buy these devices and they only get to the people who actually need it to get off smoking.

Mr MOLHOEK: As it sits now, the product you manufacture has no nicotine?

Mr Tansley: No, no nicotine.

Mr MOLHOEK: I was going to say it is almost a form of confectionery, but that would be an inappropriate way to describe it. Looking at the different flavours and so on on your website, it is a business about flavours and variety rather than nicotine.

Ms Moore: We do taste-test them as well. You can just try them.

Mr Tansley: That is it, offering variety. We do not all drink the same drinks. We do not all eat the same foods. We all have our favourite lollies and chocolates that we like to eat, and everybody differs. The point of having so many different flavours is to try to cater for everybody. Everybody needs help to get off smokes, and it might be this blue raspberry flavour that does it; it might be the tobacco flavour that does it. Everybody likes the transition. The reason that flavours are important for most vapers is that cigarettes do taste quite bad, and this is a very good way for people to have

something they enjoy and start comparing it to something different—start comparing it to the fruit they like to eat in the morning or the coffee they like to drink—and they get to experience that throughout the day, which is a good brain stimulant for them to stay off the cigarettes and not go back.

Mr MOLHOEK: Where would people typically buy your product—from vape shops or tobacconists?

Mr Tansley: We have over 400 reputable sellers who buy from us wholesale in Australia. Some run online and most are brick-and-mortar stores, but all vape specialty stores.

CHAIR: It has been very interesting hearing from a local manufacturer. We really appreciate you coming before the committee, and thank you for the additional submission to the TGA. Thank you both for being here.

SHEEHY, Ms Joanne, Principal, AB Paterson College

CHAIR: It is wonderful to have a principal here. I welcome you and invite you to make an opening statement.

Ms Sheehy: To give you context around my school at the moment, I am the principal of AB Paterson College, which is at Arundel just down the road. We are an independent early learning centre all the way through to year 12. We have about 1,800 students at our school. I wanted to give you a little bit of a different perspective from the ones you have heard today—an educational perspective.

The increasing popularity of vaping amongst students has been a concern not only for parents but also for us as educators. We believe that we are really the custodians of our next generation, so we take the view that we have an opportunity to influence the uptake of e-cigarettes in children. Whilst I can only speak about what I have done myself, I have a network of principals across Queensland and that is always something that we are first and foremost concerned about. What we have done at our school is implement strategies that can be implemented irrespective of the school and irrespective of whether it be a junior or senior school.

The prevalence of e-cigarettes—this is just in my school context—started at the beginning of 2021, predominantly in students in years 8 to 10, so 14- to 16-year-olds. That is where we became very much aware of it. None of the children who we had issues with vaping were smokers in the first instance; they were all first-time vapers.

The strategy that we employed has been multilayered and continues to this day. To give you an overview of what we have done and what we continue to do, the first was an education and awareness campaign because we needed to increase our students' awareness and understanding of the dangers of vaping and the long-term risks associated with this. Whilst we caught children who were 14, 15 and 16 doing it, our education campaign reaches the span of kids from 10 years old to 18 years old. We needed to make sure we had a pastoral care program, like most schools, to ensure we were educating our children right from a very young age, before they had the opportunity to make those choices that have long-term health consequences. We have yearly cohort information sessions about vaping and what the dangers are. We made sure that we addressed parents as well, because this was a relatively new concept and parents knew the dangers of smoking but they were not as aware initially of the dangers of e-cigarettes. We make sure that we constantly talk to our community through letters and through our online services about the dangers of it. With ACARA, which is the national curriculum, there is a HPE program, and you can have that embedded in the program from year 3 all the way through to year 10. We have done that and that has been a rolling program.

In the second phase, we made sure that the consequences of bringing vapes onto our campus were really clear to all stakeholders, and we really did reinforce that consistently across the college. There were penalties introduced for anyone who was caught bringing them onto campus. This approach really was to try and create a culture of accountability and responsibility within our student body.

The next thing we did, which Sam has already alluded to, was install vape sensors in all of our toilets and make sure that students knew about it, parents knew about it, and our staff were alerted to it should that have ever been a problem. We also have an online anonymous notification system called Stymie. Along with talking to our kids about everything, it is an opportunity for students to highlight or let us know about other students who are making choices that do not align with our college values at all.

The last one was an education program about the regulation which we had heard a lot about. We were educating our students, parents and staff about the regulatory requirements and the law around vaping. We also know—if you have teenagers yourself or have been teaching them for a number of years you will know—that kids get access to these things in a heartbeat. I was sitting at the back and I could buy vapes in about three minutes and have them delivered to my house.

With this perspective, we believe at our college, and I think as educators as a whole, that we have an opportunity at a grassroots level to make sure we are educating our children well before they become teenagers, when they tend to adopt small risk-taking behaviours as they all go through adolescence. We decided to ensure we do that very early on—from year 4 onwards. When children are 10 years old, we start talking about healthy relationships, what choices they have in life and the consequences of those choices.

There was a marked decrease in the prevalence of the use of vapes. We were having a number a week in 2021; I think we had one last term. So the education program worked not only for students but also for our parents to realise that there are big consequences health-wise as well as consequences to being a member of our college community.

My recommendation, if I could be so bold—I have heard a lot about the pop-up and online stores. These children and teenagers do everything online, so it would be good if there was a way to regulate what they can purchase. They do not purchase just one; they will purchase a number and then through Snapchat sell it to all their friends. That is their environment. Whether you love it or hate it, whether it is something you are familiar with or not, it is about education and it is about making sure we are aware of the avenues they can use to access these things, making sure we combat that with education and making sure they understand the consequences of their choices. They would be my recommendations.

CHAIR: Joanne, thank you very much. Before I hand over to the good member for Bonney, I thank you, Sam, for reaching out to your principals.

Mr O'CONNOR: You have the whole education sector on your shoulders as their sole representative.

Ms Sheehy: Sure!

Mr MOLHOEK: You speak for every other principal on the Gold Coast that we could not get to come.

CHAIR: It is interesting. I reached out to a number as well. Part of the terms of reference is around engaging with the education sector. You might know Candi Dempster, who runs Ryan College in Townsville; she is writing a submission to us on this issue. I want to commend you on the actions your college has taken.

Ms Sheehy: Thank you.

CHAIR: It is very clear, and I hope you do see a reduction in vaping.

Ms Sheehy: We have.

Mr O'CONNOR: You said that the matter underpinning your strategy was engagement with your parents and students. You touched on enforcement with the vape sensors. Can you give us an idea of how many? Did you have to use suspensions and other disciplinary tools with some students?

Ms Sheehy: We have. It is like with everything with teenagers: adolescence is a time when they will increase risk-taking behaviour. That is very normal. No child gets through school unscathed, irrespective of your ability or engagement in a school. We very much look at our role as reinforcing boundaries and then, once they are very clear about the boundaries, reinforcing the consequences. Yes, absolutely, we did have to suspend a number of students but, as I say, that was very early on in the piece when we found out about it. We were very quick to enact an education program and very quick to make sure that the boundaries were in place and that the reason we are doing what we are doing was made very clear to everybody. As I said, our numbers are pretty clear. We had one last term, so it is pretty good, and it works. As long as kids understand and parents understand, there is very little backlash: 'We told you that you were not to do this. You chose to do it. Here are the consequences.'

Mr O'CONNOR: Is that how you have dealt with other things that have come up—mobile phones and—

Ms Sheehy: All the time. I think that is a fair and reasonable way of dealing with everything with teenagers.

Mr O'CONNOR: The proactive—that was the real success that you had?

Ms Sheehy: Getting in front. We found vapes and then enacted a very quick turnaround in our education program, almost instantaneously. We pulled year levels together that next day and then pulled parents in that next week.

CHAIR: You jumped on it quickly.

Ms Sheehy: Absolutely, because otherwise it will get out of control.

Mr O'CONNOR: That was four, five years ago?

Ms Sheehy: The start of 2021.

Ms PEASE: With regard to vaping, we have heard a lot about disposables and a lot about vape juice, so I would assume that with a cohort of 1,800 students some of those parents would be using vapes themselves and potentially using ones with vape juice?

Ms Sheehy: Possibly.

Ms PEASE: Have you had any evidence of the re-usable vapes being used at the school or just disposable?

Ms Sheehy: Not re-usable, just the disposable.

Ms PEASE: And what has been the uptake from parents who are using vapes themselves? Have they been positive, negative?

Ms Sheehy: I am not aware of parents vaping—unless they are doing it on campus, in which case they are asked not to—but for the most part parents will choose to come to our college so do align with a lot of the values, so if I—

Ms PEASE: So there has not been pushback from the parent body?

Ms Sheehy: Not at all—zero, and not from the students either. They understand.

Mr ANDREW: Was it very expensive to put the vape sensors in place?

Ms Sheehy: I think so. I cannot remember because it was a number of years ago. I think it was 10 grand per vape sensor. It is an expensive deterrent.

Mr ANDREW: Do you see any recidivism—the young ones having to be suspended again and again?

Ms Sheehy: No.

Mr ANDREW: That is because of the way you have adopted your system?

Ms Sheehy: I would hope so. I have to hang my hat on the fact that, yes, that is the way we have done it and, yes, that is the reason they do not reoffend.

Mr ANDREW: I have a young fella at home. He has been suspended four times and he is good close friends with my youngest daughter. We are trying to find a way to stop that in our schools as well.

Ms Sheehy: It is tough. Having people come in who are not parents, and sometimes not the staff, to tell them the dangers of it is actually quite effective. We have a local policeman at Arundel Police Beat who I can ring and ask to come in and talk to them about the dangers and then what that leads to later on should they decide as a teenager to not toe the line and do the wrong thing. Sometimes if you paint a picture for kids it is another layer, and we will try anything to make sure we get through to kids.

CHAIR: We had a vaping forum in our largest school in Kirwan, probably about the same size as Ryan—about 2,000 students—and I think about 12 parents and some kids turned up and it cost quite a bit to put on.

Ms Sheehy: Yes, it does.

CHAIR: That is a cost to the school always. As I said, you have done commendable work.

Mr ANDREW: If schools have these issues reoccurring, could we contact you—

Ms Sheehy: I can pass them our letters, our correspondence, our PowerPoints.

Mr ANDREW: It gives them a bit of a template to follow.

Ms Sheehy: Of course. Sam has my email address. We are happy to share.

CHAIR: I think nipping it in the bud was the key.

Ms PEASE: I have anecdotal information that kids as young as six have been caught with vapes. Has that happened at your school, to your knowledge?

Ms Sheehy: It has not happened at our school, and I preface that with 'yet'. I have been in this game a long time. We have had to roll out our Respectful Relationships education to younger and younger children. We first started seeing the vaping issue with children in year 8 and above, so 14-year-olds, but we have made sure our education plan starts from age 10, because at some stage these kids—they are all on Snapchat, despite the fact that you have to be 13 and above to use it. They still all use it and parents do not tend to not let them because all their friends use it, so their exposure to the opportunity gets younger and younger. Whilst we have not, I would hesitate to say ever; it is 'yet'. We have a program at the college. We educate from really early on to make sure they understand the consequences of it. We use our HPE curriculum, which is purpose-built for it, and hopefully it will give us the opportunity to address it very early on.

CHAIR: You talked about the HPE program. Under the curriculum it is—

Ms Sheehy: It is ACARA. It is National Curriculum, so everyone in Queensland has to do it, but you can put it in there. Schools can make the choice to put that specific information in there.

CHAIR: So it is up to each individual school?

Ms Sheehy: Well, it should, yes.

CHAIR: Are you aware if state schools have this program?

Ms Sheehy: ACARA is followed by everybody. It has to be followed by everybody. That is a legislated requirement.

CHAIR: What is ACARA?

Ms Sheehy: ACARA is National Curriculum. It is basically enforced from prep all the way through to year 10. In Queensland, years 11 and 12 are governed by QCAA, which is a still a government body but a different body. It basically prescribes what you have to teach and the sequence that you teach it through every single subject; for example, English, maths and HPE. It prescribes the number of hours that each year level has to spend in HPE in years 1, 2 and 3 all the way up to years 9 and 10. It gives staff in schools the opportunity to use that as a vehicle to constantly reinforce messaging.

CHAIR: Particularly in HPE, health and wellbeing—

Ms Sheehy: It is purpose-built. We also do it through our pastoral program, where we get guests to come in and talk to our students about the benefits of making healthy choices—all of that.

CHAIR: That is commendable work. Well done, Joanne. Thank you so much for being here today. I will ask if there are any other speakers from the floor.

GERANDONIS, Mr Leo, Franchise Manager, Tobacco Station Group

Mr Gerandonis: Aaron was saying that in Townsville you heard from retailers. I am not a retailer; I am a franchise manager who listens to retailers' feedback. A couple of comments were made which I thought were interesting. A comment was made about labelling for vapes. We do not have labelling for cigarette packets at the moment. When you hear that comment you think, 'Why isn't labelling on cigarette packets?' If that is an issue, that is something I heard and I thought—

Ms PEASE: What do you mean by that?

Mr Gerandonis: You do not know what milligrams are in a packet of cigarettes. You do not know what the blend is or what is in them. That comment was relevant if you are taking that on board for a recommendation.

I think competition is something that was not included in your comments with regard to vaping stores and probably manufacturers. I am not a smoker but I work for a tobacco franchise. Big tobacco may have a place in terms of competition; they may not. It is up to whoever makes the laws. There is current legislation in place where legitimate retailers—Coles, Woolies or whoever—are doing the right thing. I think the principal made a comment.

CHAIR: Joanne, yes.

Mr Gerandonis: In 2021 there was a spike in disposable nicotine vapes at the same time all of these pop-up shops opened up, and then you had a correlation with young kids smoking vapes. It was a bit of a coincidence. Queensland Health may be understaffed to police it properly. There were obviously some grey areas in terms of what the legislation meant. We have not stopped the products getting into the country. You can ban them, but they will still be here. There is still a black market. I do not know whether banning them is going to be your solution. I think you need to strengthen the laws in terms of fines. There should be a minimum fine—bang. My view is that if Queensland Health, police or whoever walk into a store and they find something wrong—bang, no warning. Gloves are off.

CHAIR: What about Australian Border Force? Federally I think there were year-on-year cuts of \$60 million in the last couple of years. That has to impact on checking containers. They only check about one per cent of containers at the moment. This product is coming in in bulk.

Mr Gerandonis: Absolutely.

CHAIR: We must engage with the feds around this. The online take-up is just enormous.

Mr Gerandonis: You cannot put a number on that.

CHAIR: What is your recommendation in terms of trying to tackle advertising on Facebook and Snapchat, whatever platform they use? It sits in the federal regulatory space, I would imagine.

Mr Gerandonis: I do not know how you stop it. It is happening. It is not supposed to happen: it is happening. Advertising of cigarettes is a law now and it is still happening.

CHAIR: Years ago NRL games had all the tobacco signage and they were sponsored.

Mr Gerandonis: With all due respect, legitimate retailers are doing the right thing. Whoever is advertising on Facebook or wherever are not legitimate retailers as such. It is going to be these pop-up shops. Then you are getting the recommendations of someone buying them and passing them on through Snapchat, which I do not even use, or whatever. There are some areas there. Whatever recommendations you put forward to the Queensland government, there is a big picture here. There is not just one area and that is it. I think Queensland Health is probably understaffed. I think they need more power. I appreciate that they go to legitimate retailers and give them a warning, but if you catch someone doing the wrong thing there is no warning; you just fine them. I would rather you guys shut their doors and made them go to court—let them be shut for three months and give them a fine in court.

CHAIR: That is what we heard yesterday. Do you think it might be more effective with a joint task force of Police and Health?

Mr Gerandonis: Something has to start somewhere. If it does not work, you just have to keep adapting. No-one is saying you are going to have the exact solution today, but you can take steps to start implementing something and then improve on it.

Mr ANDREW: See what works.

Mr Gerandonis: Yes.

Ms PEASE: We heard yesterday from a number of TSG store owners. I understand that TSG franchisees sell vaping products. Do you have an overall position as an organisation on vaping products?

Mr Gerandonis: The way we looked at vaping was that it was the transition from smoking combustibles to the vaping side of it. Our retailers were educating smokers on the benefits and how to use the product, so that was the communication and education about what the product was. At that stage there was no nicotine available.

CHAIR: Unless you went to a chemist.

Mr Gerandonis: Unless it was going through a chemist.

Ms PEASE: Did you provide advice or guidance, or did they just do that themselves? I am trying to get an understanding about the opinion of head office. Do you have a position on disposables as opposed to vape juice? Do you have a policy on that?

Mr Gerandonis: There is no policy as such. It is whatever the market is doing. It is like any business: if people go from a small can of Coke to a big can of Coke, there will be a transition in business. If people are going from smoking to vaping, you transition whatever you are doing and we just comply with whatever the legislation is. We are just retailers and we are doing the right thing by following the guidelines, following all of the acts that are in place.

Ms PEASE: We heard a fair bit of information that, of the vapes that were tested, particularly here on the Gold Coast, 82 per cent had nicotine in them. I am happy to be corrected because I know nothing about vaping and tobacco. I bought some little IGETs, which I understand you sell in TSG, so I am not sure whether that was what was confiscated and tested. The TSG mob in Townsville were selling IGETs, so potentially they have nicotine in them. Do you assist with any testing regimes to protect your distributors?

Mr Gerandonis: The suppliers of IGET that we use—and TSG—provide us with a data sheet which complies that the product has been provided with no nicotine in it, so the retailers have that backing. I do not know; that is all you have. You can get that from the supplier.

Ms PEASE: The wholesaler is giving you certification?

Mr Gerandonis: A legal document to say that it has been tested from China coming in and it has no nicotine in it. The comment was made that there could be a trace of it. If you are running a line producing nicotine vapes and then they have to shut down and clean it, obviously it is not being cleaned properly because there is still a trace of it. That is where the variation was from one per cent nicotine to 0.0001 per cent. It still contains a trace of nicotine, and that is what the law says. So it is a fine line. It is like between a heavy beer or a light beer type thing, if that makes sense.

CHAIR: Are there any other questions for Leo? Thanks for coming forward and your contribution today.

Mr Gerandonis: Obviously you would have heard that legitimate retailers are doing it tough. At the moment they are facing major problems with their rents because their income has been slashed by up to 60 per cent in some instances. Whatever the committee can recommend the government put in place in terms of legislation, we welcome it. We support it.

CHAIR: Thank you very much for that. Can we call back to the table Dr Candice Colbran.

COLBRAN, Dr Candice, Public Health Physician

Dr Colbran: Thank you for allowing me the opportunity to speak again. I just have a few points, having listened to all of the speakers today. It was very interesting to hear their perspectives on things. There was an article published in the *Medical Journal of Australia* this month. I am not sure if Steven Donohue mentioned it. It is written by Emily Banks and her team at the Australian National University.

CHAIR: Yes.

Dr Colbran: It states—

There is limited evidence that freebase nicotine e-cigarettes used with clinical support are efficacious aids for smoking cessation.

That is a review of 189 articles. It is a systemic review, which is one of the highest reviews you can do. I am aware there are numerous claims around the benefits of e-cigarette usage as compared to cigarette usage. Please keep in mind that we try and focus on the scientific literature that is available to us.

I think the other very important thing to note is that vapes are not a food and they are not a drink. If you inhale water, you drown. If you snort a gummy bear I do not know what will happen, but I do not think it is going to be good. Just because there is flavouring in something such as a gummy bear, which is considered safe to ingest, does not mean it is safe to inhale. You may also talk about food and drink regulations and the way products are made. There are food standards and drink standards to make sure that things sold in supermarkets are safe for us to eat and consume. The same should be done for things that we inhale. I know a compound was mentioned that is used in asthma inhalers. Again, it is regulated. Asthma inhalers are studied. They have gone through rigorous scientific trials with animals, people—human trials. They know that they work.

Mr O'CONNOR: That is propylene glycol?

Dr Colbran: Yes.

Mr O'CONNOR: Is there any evidence to suggest that that is dangerous aerosolised?

Dr Colbran: I do not know. I have not—

Mr O'CONNOR: But it is the unknown; that is your point.

Dr Colbran: It has also been tested and studied. When you add propylene glycol to your fruit flavours and whatever, who knows what happens? Has that been studied? Are we aware of that?

Finally, it seems that a large focus is on children and the impacts on children. Adults are able to make their own decisions. Unfortunately, with that information adults find it hard to make informed decisions and then we try and impose these decisions on children. I am trying to think back to when I was a child—maybe not a child; let's say a teenager. I grew up on the Gold Coast. I went to a few nightclubs. Cigarettes stank. If you smoked, when you left a nightclub your hands would smell. I did not smoke. Your hair would stink for days. Whether or not it was embedded in your nose, I do not know. There is something completely off-putting about cigarettes. These days, children do not have to deal with that if they want to look cool. Back then, if you wanted to look cool and you smoked there were repercussions: you smelled; it cost a lot of money. E-cigarettes do not smell and they taste nice. There is a little fad where people getting married or having photos taken do a nice e-cigarette plume photo and there are some nice lighting effects.

When you look at trying to restrict access to children, you definitely need to take a multifactorial approach. You have great work by Joanne and principals who are working on the education front, the promotion sort of thing, but we also need to make these products not suitable for children. When you think about alcoholic drinks and all the flavourings associated with that, we really need to try and curb that. People here were talking about the flavourings. They make a difference. If you are trying to quit smoking—smoking tastes disgusting. Your vapes are going to taste disgusting too. Just maybe deal with that. We do not need to have lolly flavoured inhalation devices that are potentially going to cause long-term risks and lead to an increase of smoking in later years.

Ms PEASE: I was asking yesterday if they have tobacco flavoured vapes and no-one could really answer that question.

Dr Colbran: They do.

Ms PEASE: I went on the internet and found them, but they are not sold here in Australia. I understand that it is disgusting.

Dr Colbran: Yes. Those are my closing remarks. If you need a copy of that medical journal, I do have one.

Mr MOLHOEK: The wrestle I have been having with this issue and previous issues like Uber and so many other things—in one of the earlier health inquiries we did last year we were looking at the whole issue of advertising around weight loss and false and misleading claims and all sorts of other issues—is that it seems to me that in Australia it is very hard to restrict anything. One of our values as a nation is that we believe in a whole lot of freedoms. I worry that we are having to step in and regulate everything. I think there is an issue of safe regulation of manufacturing and making sure the product is safe, but when it comes to regulating around choice and options, we no longer seem to promote the concept of personal responsibility. I really am struggling with this, as I have been thinking about this particular inquiry in light of some of the other inquiries we have done. At what point do we keep making rules?

Dr Colbran: I think you need to look at the whole harm minimisation spectrum. There are lots of things you can do, and you try to tackle it from each of the different perspectives. You have the supply; you have the demand. You need to decrease the supply and decrease the demand, particularly in this, and then you have to look at the harm minimisation—how to make the product safe. Making the product safer is making sure that we know what is in the products so that, if you are going to go and buy a vape, you know it has X number of milligrams of nicotine in it or it definitely has no nicotine in it. It is that sort of safety thing.

I see where you are coming from in terms of the regulation restriction. It is hard to ban things. I do not know—two years ago you were not able to go to your local supermarket because of COVID, so things can be done. We also have to drive with a seatbelt on because the evidence is out there which demonstrates that, even if I am a completely safe driver and I abide by the speed limit, if I do not have a seatbelt on and someone else crashes into me because of their wrongdoings then that puts me at a much greater risk of morbidity or mortality.

Mr O'CONNOR: Alcohol, tobacco and everything else—very strict regulation around dangerous drugs.

Dr Colbran: Everything is the same. Then you also need to think about the fact that some people are from a different background to you or me. They may have a different level of understanding of certain situations and health and what can impact our bodies, so we need to try and give them as much information and protect them as much as possible without wrapping them in cotton wool, like you are probably alluding to there, and make sure they can make that decision themselves with the information they have. There are certain products that are banned and not allowed in Australia—I am thinking about drugs. Other countries have a different perspective and some drugs are legalised, or decriminalised versus legalised—there is a difference between the two—and you just have to consider the spectrum as to what you want to do and what is going to impart the most benefit to the community whilst being least restrictive at the same time.

CHAIR: I think you will find, Deputy Chair, that the Chief Health Officer would echo those sentiments. You were out of the country, but he made public statements last Friday around what we have seen over the last 20 or 25 years with a decrease in smoking and now we are seeing the emergence of vaping in young people. He is worried that we will have another medical crisis like smoking in 10 or 20 years because of the impacts. I think it would be worthwhile getting the CHO in front of us to respond further to the comments you have just made.

Thank you very much, Doctor. I think it is fantastic that you have come here today. It was very informative. There being no further comments from the floor, I thank everyone for being here today. It has been very informative for the committee. I declare this public hearing closed.

The committee adjourned at 3.04 pm.