



HEALTH AND ENVIRONMENT COMMITTEE

Members present:

Mr AD Harper MP—Chair
Mr R Molhoek MP
Mr SSJ Andrew MP (virtual)
Ms AB King MP
Ms JE Pease MP

Staff present:

Ms R Easten—Committee Secretary
Ms R Duncan—Assistant Committee Secretary

PUBLIC BRIEFING—INQUIRY INTO REDUCING RATES OF E-CIGARETTE USE IN QUEENSLAND

TRANSCRIPT OF PROCEEDINGS

Wednesday, 3 May 2023

Brisbane

WEDNESDAY, 3 MAY 2023

The committee met at 11.05 am.

CHAIR: I declare open this public briefing for the inquiry into reducing rates of e-cigarette use in Queensland. My name is Aaron Harper, 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 respect 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 peoples, whose lands, winds and waters we all now share. With me today are Rob Molhoek, member for Southport and deputy chair; Joan Pease, member for Lytton; and Ali King, member for Pumicestone; and joining us on the phone is Stephen Andrew, member for Mirani.

On 14 March 2023, the Assembly agreed to a motion that the Health and Environment Committee inquire into and report on reducing rates of e-cigarette use in Queensland. The purpose of today's briefing by representatives of the Department of Environment and Science, the Department of Education, the Chief Health Officer and Queensland Health is to inform the committee about the environmental impacts of e-cigarette products and use, policies and educational activities about the use of e-cigarettes by schoolchildren, health and medical issues associated with vaping, and the public health response to e-cigarette use to date in Queensland.

The briefing is a proceeding of the Queensland parliament and subject to the Queensland 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 and broadcast live on the parliament's website. I remind committee members that officers are here to provide factual or technical information, and questions seeking an opinion about policy should be directed to the minister or left for debate in the House.

CONNOR, Mr Andrew, Executive Director, Office of Circular Economy, Environment and Heritage Policy and Programs, Department of Environment and Science

HAUSLER, Mr Simon, Policy Manager, Office of Circular Economy, Environment and Heritage Policy and Programs, Department of Environment and Science

CHAIR: Good morning and thank you for being here. As part of the terms of reference there is an impact, and we heard that during our public hearings, particularly in Townsville, about what people are doing, particularly with vapes and the millions of them that are being distributed throughout Queensland. We look forward to your contribution here today. Gentlemen, I invite you to make an opening statement and then we can move to questions.

Mr Connor: Good morning, all. Thank you for the opportunity to appear before the committee. The prevalence of vaping in Queensland is increasing. The Department of Environment and Science understands that e-cigarettes, or vapes, increased by 40 per cent between 2018 and 2022. Vapes are powered by lithium ion batteries, and many devices are designed to be used once and then disposed of when the contents of the device are used. Disposable vapes are not rechargeable. Some vapes have integrated batteries that are not meant to be removed or replaced. These batteries have a limited number of recharges, after which the device needs to be disposed of. A small number of devices have removable batteries which can be replaced and the battery disposed of through battery collection points and recycled. Removable batteries are typically found in more advanced equipment.

Some estimates indicate that, conservatively, each year around 100 tonnes of vape e-waste could be generated in Queensland. The Waste Reduction and Recycling Act 2011 currently contains provisions that apply penalties for littering and illegal dumping offences. The act also differentiates between general littering, such as a burger wrapper, and dangerous littering, such as a lit cigarette butt. Due to the known hazards that are associated with lithium ion batteries, including risks associated with fires or ingestion and explosions that often relate to overcharging, it is likely that littered vapes containing removable or integrated batteries could be considered to be a dangerous littering offence, which attracts a maximum penalty of 40 penalty units.

It is likely that a number of vapes will also end up in the yellow-top kerbside bin, as people think they are recyclable. This also creates a fire hazard in the recycling truck or at the material recovery facility, as the lithium ion battery in the vape has the potential to start a fire. Vapes that are instead disposed of in the red-top kerbside bins similarly create a fire hazard in the collection vehicle or at the transfer station or landfill. Lithium ion batteries that are damaged due to compaction, puncturing or crushing have the potential to catch fire as the electrolyte used in the battery is flammable. Producer responsibility is an important consideration in considering approaches to tackle these issues associated with end-of-life vapes.

There is merit in exploring opportunities to increase awareness of the risks that are associated with inappropriate management of end-of-life vapes, particularly those where the battery cannot be removed. There are opportunities to partner with local governments, retailers and other government agencies to provide public awareness information and clarity on the level of penalty that vape littering will attract. There is also considerable merit in exploring options that work to prevent the items from becoming litter in the first place. The Waste Reduction and Recycling Act contains provisions that allow for the development of voluntary, co-regulatory or mandatory product stewardship schemes in Queensland. The development of any scheme would be undertaken in consultation with impacted stakeholders to determine the most appropriate framework. Ideally, schemes that involve national suppliers should be national schemes, and an opportunity exists for Queensland to advocate for a national framework to support a consistent approach.

In recognition of the broader issues that exist around improving outcomes for waste associated with e-products, the Queensland government has released a draft e-products action plan that is currently out for consultation. This draft plan contains a range of potential strategies and programs that are aimed at improving the durability, repair and re-use of e-products. This extends into consideration of disposal bans and product stewardship arrangements for problematic e-products. While consultation on the draft plan closes shortly, there is an option for the Queensland government to work with relevant stakeholders to design and pilot a holistic preventive framework for vapes including, for example, a mix of bans on non-refillable, disposable items combined with product stewardship arrangements for re-usable vapes.

With growing interest from governments and businesses in adopting circular economy principles, which include options at the upper end of the waste management and resource recovery hierarchy, such as avoidance and re-use, there are increasing drivers for actions that can influence design. Many of these actions cannot be implemented by one jurisdiction alone and will require a coordinated national effort. The purpose of a pilot would be to help inform any potential national scheme, including identifying where the most appropriate intervention points are along the whole supply chain. Thank you.

CHAIR: Thank you very much. Notwithstanding the news yesterday from the federal minister around vapes only being available through pharmacies, we heard during our Townsville public hearing there were some vape shops that were collecting disused vapes. I am not sure if you can comment on that. What they do with them, we do not know. Obviously this will take a period of time. Some of the numbers we heard were around 90 million coming into the country per annum, which is a lot of litter and a lot of vapes. I am not sure whether the department has any comments about what those shops are doing with those collection points. It is concerning, as you rightly pointed out, that if you are dumping vapes into a recycling bin or a general garbage bin they can create fires. There were some reports that the committee received around fires that had been started as a result of this, so the impacts are huge. Are you aware of those collection points?

Mr Connor: We are certainly aware of some collection points and not particularly familiar with the retailers that were identified in that evidence. From a state perspective, there is information published on the website by Queensland Health around the opportunities to return vapes to pharmacies or local public health units as collection points.

CHAIR: That is going to take some coordinated effort as well for those who are on them.

Mr Connor: Correct. I guess the challenge around that is that there are also multiple markets in terms of the sales of the vapes. It does create expenses in terms of the subsequent disposal of those vapes that are collected through the pharmacies and public health units.

CHAIR: I want to get an update on that action plan you mentioned. Could we see that action plan and what it looks like?

Mr Connor: Absolutely. The draft action plan is published on the web now and I am happy to provide a copy for the committee's information. It was released for the purpose of consultation. The consultation remains open but it will close towards the end of the week. We are about to embark on

a phase of considering submissions received around e-products generally. At a Queensland level by weight, the scale of e-product waste that we are looking to wrap management strategies around is about 100,000 tonnes per annum. It is quite significant when you start looking at all of the different types of appliances that fit within the e-waste category. We are really looking forward to receiving some submissions. I suspect that we will receive submissions related to vapes with some suggestions for inclusion in that space.

Ms KING: Could you please mention again the conservative estimate of the tonnage of disposed vapes? Was it 100 tonnes per year?

Mr Connor: Yes, 100 tonnes per year.

Mr MOLHOEK: I thought you said 100,000 tonnes. I am glad you clarified that.

Ms KING: The 100,000 tonnes per year was the total e-products waste. Is that correct?

Mr Connor: That is right. That includes things like TVs and fridges.

Ms PEASE: I am interested in the 40 penalty units. What does that equate to in dollar value?

Mr Connor: A penalty unit is around \$143 per unit, so 40 penalty units is \$5,750.

Ms PEASE: That is lovely. I am interested in the lithium ion batteries and the potential for them to combust. What sort of an impact will that have on airlines? The airlines make you declare if you have a chargeable battery et cetera. Will that fall into that category?

Mr Connor: It is a good question, but I am not really qualified to answer what it might mean in the context of airline regulation or legislation. We have engaged with other departments that are active in the space—for example, Queensland Fire and Emergency Services—around the risk profiles that are associated with batteries. Within our portfolio around waste and resource recovery, generally it is issues like compaction that happens inside collection trucks that damage the casing and create a risk. You can see that occur at facilities like material recovery facilities—even landfills, for example.

CHAIR: Is there any available evidence of fires being started by these?

Mr Connor: There will be evidence and I can source some evidence to provide you. There is certainly a bit of interest within Queensland Fire and Emergency Services around acknowledging that there is a risk associated with lithium ion batteries. They are obviously a very useful product, but there are some risks that need to have controls put around them as well, so we are working with them to try to take some collective actions towards better management of batteries.

We fortunately have within Australia a battery stewardship scheme to enable the safe collection and recycling of batteries. With respect to vapes, though, some of those design elements associated with the vapes—like the integrated batteries that you cannot easily remove to put in a recycling deposit area, or the single-use ones that I know are already flagged for ban through that federal announcement—are the particular problematic battery types in terms of how you successfully remove them from the item to enable safe handling and recycling.

CHAIR: I think there was some data presented of people getting burns through not the single-use ones but the disposable and everyday ones, the prescription ones.

Ms KING: The re-usable ones.

CHAIR: Yes, the re-usable ones. I think there was evidence given to us around fires, burns and things like that. We will talk to the Chief Health Officer about that.

Ms KING: I am interested in the difference in the potential environmental harm between the pharmaceutical grade vapes that are currently legally available containing nicotine and the cheap disposables that we all saw are available at, it seems, every over-the-counter convenience store at the moment. Can you comment on the varying environmental impacts of those products?

Mr Connor: I think the more advanced products that are designed with removable batteries that you can either recharge or replace effectively enable them to be a re-usable product. Re-usability sits higher on our waste management resource recovery hierarchy because of the fact that you do not need to source more materials to make new ones and you are also not creating the same level of waste that needs to be managed at the end of life of a product. The single-use vapes are more problematic from a waste management perspective. They create complexities around recycling because the process of trying to dismantle those single-use products is labour intensive and it introduces much more costs.

Ms KING: Could it potentially be dangerous for the person doing the disassembling?

Mr Connor: In terms of the handling of the different types of liquids—and I know nicotine is obviously one of the well-known chemicals; I am not fully across the different types of chemicals that might be present in those liquids—I think there has to be a fair effort put into considering workplace health and safety aspects associated with having people perform that task of disassembly. There is consideration of the types of chemicals and appropriate disposal treatment. There is more complexity associated with that process of disassembly, particularly for the disposable models that cannot be re-used.

Mr MOLHOEK: Is there risk of harm to the people who are actually disassembling these items as well?

Mr Connor: I think from a workplace health and safety perspective—and I do not manage the legislation that sits around that, I will make that clear, but just thinking that through logically—there are chemicals that are considered to be harmful that are existent within vape products, so managing exposure to those chemicals for anyone who is working on it, in my mind and my view, would be an important consideration.

Ms KING: I note that the briefing paper we received from the department was very helpful and very comprehensive. It brought up for me a lot of new matters that I had not previously been familiar with. One in particular is this question of nanoparticles. On page 2 you state, 'The association of metals with nanoparticles is notable, as such particles may be more readily transported through soil and sediment than relatively reactive metals that are fully dissolved.' Can you please put that into context for me? What are nanoparticles? What is the relationship with vapes? What are the risks to the environment or to health that we know of?

Mr Connor: In layman's terms, it is really about the minute size of a particular particle that then leads to a potential for it to be transported. You think about potential contamination associated with disposal sites, with leachate being a particular issue that requires management.

Ms KING: Leachate is such an unpleasant word.

Mr Connor: That is right. Leachate that moves through ground is simply a reference to a risk profile associated with the size of those particles.

Ms KING: Are we talking about metals that are potentially dissolved into the vaping liquids themselves, or is it more about the component parts of the vape machine, so to speak?

Mr Hausler: We are aware of a number of studies which indicate that there are concentrations of metals in the e-liquid itself, but also there can be products which come from the process of heating, so off the coil as it were. Both of those are potential factors.

Ms KING: It seems to indicate that disposal creates a risk, because if you have unremoved liquids or whatever there potentially leaching with that toxic burden of metals in potentially very small particles, they can get into our food chains. Would that be a concern?

Mr Connor: Particularly associated with illegal disposal—so if it was illegal dumping or littering, for example, those sorts of chemicals are not contained in that circumstance.

Ms KING: So if you drop your vapes at the creek where you go to vape.

Mr Connor: That is right. That kind of behaviour would certainly increase the risk that you are talking about. Importantly, around any of those materials that might be disposed of in landfill facilities, they are typically engineered to contain leachate but, even within that context, the nature of those chemicals will obviously add to the mix of that leachate that requires management.

Mr MOLHOEK: With regard to landfill, I understand we have pretty good environmental practices around managing landfill these days, but I do not think anyone really knows the full impact of heavy metals and other toxic substances and their ability to leach into watertables and spread further afield. There is risk, isn't there, to agricultural land and other areas? For example, near Stapylton and other landfill facilities, there are cane fields, and that whole area is literally a giant swamp land, isn't it?

Mr Connor: Yes. It is certainly a risk; hence, any leachate within those landfill facilities requires ongoing monitoring so that you can detect issues where the containment that is being constructed might be breached, and to intervene into it. Yes, there is a risk.

Mr MOLHOEK: Extending on from that, when we did water and sewage testing through COVID, they picked up different strains. I do not fully understand the science of it. Is there any evidence that, as a result of people vaping, some of those chemicals are starting to appear in water and sewage samples and are therefore turning up in wastewater treatment plants that are then pumped out to Moreton Bay or the ocean? Is that an issue, or is it a bit of a long bow?

Mr Connor: It is not an issue that I am aware of. I would not be surprised if it did show up in that testing. I think it would be within the remit of Queensland Health that I know overlooks a lot of that broad-scale monitoring across that network. They may be able to provide a response to that query.

Mr MOLHOEK: It would be interesting to understand that, because I know when we were debating recycled water use, probably a decade or two ago now, there were concerns about hormones and residue from a lot of antibiotics and other things—that as good as the water-recycling processes were, there was a general view that there were some things that could never be removed from the water and there was concern. I do not think you need to go and embark on a major scientific expedition, but it would be interesting to know if there was any information around that.

CHAIR: Following on from that, is there evidence of vapes ending up in our waterways and beaches?

Mr Connor: From a littering perspective, I am sure that has happened. I do not have any direct evidence on that particular part of the environment, but we have just started specifically including vapes as a captured dataset in our litter surveys. The first time that was looked at was November last year. It did detect the littering of vapes. It was not at a particularly high level, but, noting my comment in the opening statement, we are seeing a rapid increase in the use of vapes within our communities. We have effectively established a baseline for our first monitoring round that has captured that in November and we will continue to look at that moving forward with our future litter audits as well.

CHAIR: What is happening in other jurisdictions internationally, in the US and the UK? What are they doing to tackle the environmental impacts of vapes?

Mr Connor: Do you have the UK data?

Mr Hausler: No, I do not have UK data. We know that there are some specific considerations in the European Union. I do not have data in particular, but they have been looking at an environmental response into removing the exemption on vapes or e-cigarettes in terms of the categories of items that avoid some of their taxation arrangements. That in part was a response to the environmental factors that were identified.

Ms PEASE: Anecdotally—and I am sure the member for Pumicestone would have experienced the same thing—I am down on the bay and vapes are getting washed up and they are in the parks; people are just throwing them out. I picked up my grandson on the footpath the other day and there was one there. I did not know what it was; I had to look to see what it was. Anecdotally, vapes are making it into the waterways.

Thank you for your briefing. One of the areas I wanted to explore a little further, and which we have also talked about, is the battery in the disposable vapes particularly. As to the components of the vape itself, there is the coil and also the foil or the other piece where the filter goes in—the metal in there is the metal you are talking about. What happens to that little filter? Can it be combustible or is it biodegradable? Do we know anything about that as well as the plastic coating?

Mr Connor: I do not know the specifics about the filter and whether or not—

Ms PEASE: I do not know that they call it a filter; I think they say it is cotton, but it has plastic components in it, I think.

Mr Connor: Yes. I am not particularly familiar with how it is constructed. The vapes themselves have a number of different types of materials within them, so the ability to recycle them exists. We have spoken to some company involved in battery recycling around their potential to be recycled and, yes, they can be recycled, but it is a very labour-intensive process to pull them all apart.

Ms PEASE: That is right. That is another part. We talked about the battery, but what happens to the other components of it?

Mr Connor: We have been looking at e-products at the broader level, and I think some of the statistics around that which exist and are published in our draft e-products action plan indicate that, while 50 per cent of e-products are being collected and recovered from the waste streams, that is translating in current terms to only about 18 per cent of total material within those products being recycled. I suspect that materials like that are probably still going to live within a residual waste stream.

Mr MOLHOEK: For clarification, that 100 tonnes was an estimate for Queensland, was it?

Mr Connor: Yes.

Mr MOLHOEK: What was the 100,000 tonnes?

Mr Connor: The 100,000 tonnes is the total amount of e-waste in Queensland.

Mr MOLHOEK: So computers and—

Mr Connor: Yes, that is right.

CHAIR: I am not even going to try to pronounce the author you quoted in your briefing. I am looking at the discussion paper conclusion.

Ms PEASE: 2023.

CHAIR: Yes. A lot of it looks at what is going on in South Africa, by the looks of it.

Mr Connor: That is not our briefing?

Mr Hausler: I am not aware of it, no.

Mr Connor: Chair, I am just curious as to whether that is the Department of Environment and Science briefing.

CHAIR: Sorry, no. It was another one. It talks about waste. There is no doubt there is a huge impact on the environment and it is a serious matter, as the federal Minister for Health addressed as well. We will continue to progress through the inquiry that is before us. We thank you very much for your contribution here today. It is very helpful.

Proceedings suspended from 11.36 am to 12.05 pm.

HANSEL, Ms Stacie, Deputy Director-General, Schools and Student Support, Department of Education

STEVENSON, Ms Hayley, Acting Assistant Director-General, Disability Inclusion and Student Services, Department of Education

CHAIR: I welcome representatives from the Department of Education: Stacie Hansel and Hayley Stevenson. Thank you both for being here. The terms of reference do particularly look at education and the harmful effects of vaping on children. That has been well ventilated through the media. We appreciate you being here today. I invite you to make an opening statement before we move to questions.

Ms Hansel: Thank you so much for having us. It is our pleasure to be here this afternoon. I respectfully acknowledge the traditional custodians of the land on which this hearing is taking place—the Yagara and Turrbal people—and I pay my respects to elders past, present and emerging. The department welcomes the opportunity this afternoon to contribute to the inquiry and acknowledges the important role that schools play in educating our young people and the harm associated with vaping.

We know that the number of people who are vaping and using e-cigarettes is on the increase. Certainly we acknowledge the growth within our young people within our schools. There are approximately 570,000 students currently enrolled in our state school system, and over 40 per cent of those—approximately 240,000—are enrolled in our secondary schools, so years 7 to 12.

We know that being healthy, confident and resilient builds a strong foundation for engaging in learning which is why wellbeing is a key focus of our department's new Equity and Excellence strategy. Along with the broader community, schools have always played a critical role in educating children and young people in making healthy life choices, and ensuring that our young people are aware of the harmful effects of alcohol, tobacco, including vaping and e-cigarettes, and drugs is critical. For this reason, it goes without saying that the use of e-cigarettes by our young people is a significant concern to the department and our communities.

There are many misconceptions around vaping—which I am sure you have heard—and the use of e-cigarettes that we believe has perpetuated that this is potentially a safe option in some of our young people's eyes. The negative health impacts of vaping are clear. My question is: are they clear enough in the eyes of our young people and in their understanding across the state?

We know that vaping products, including e-cigarettes, commonly include toxic chemicals and harmful substances that present a serious health danger to users and cause poisoning, lung disease, cancer and other serious effects, but we are not so convinced that our students would feel the same way. We also know that, while the sale of e-cigarette products are restricted in Australia—and with the recent announcement yesterday—we also know that they are easily obtainable by our young people including school-age children. We look forward to hearing the outcomes of this committee—and, as I mentioned, with the recent announcements yesterday of the federal government—as to how we can all work better together to strengthen our preventive approaches within our schools.

As you would be aware, smoking and the use of e-cigarettes is banned in all of our Queensland state and non-state schools and the five-metre boundaries are also put in place. While these measures are absolutely foundational and important, the critical work for schools is in the educative space. To empower young people to make healthy choices and prevent them from using the harmful products is probably our first priority. We also need assistance though to highlight the negative effects of vaping through the broader community including our parents and our carers. We would support a statewide approach to a campaign in relation to this.

In all of our Queensland state schools we provide health and wellbeing curriculum through the implementation of the Australian Curriculum and through our pastoral care programs. Additionally, the department has the Alcohol and other drugs education program, which is available to all Queensland schools for students in years 7 to 12. In 2022, the Queensland government released its response to the *Queensland alcohol-related violence and night time economy monitoring* report, which supported the department to undergo a review of that program. The current government, through the Department of the Premier and Cabinet, has provided us \$600,000 over two years to review that program, to strength it in terms of that review.

Due to the growing concerns that we have in terms of vaping, we will strengthen our program to have a strong focus and contemporary elements of what that program will look like, working in partnership with the University of Queensland, who won the tender to be able do that piece of work for us. The revised program will be available to all Queensland schools by early 2024 and will embrace

teaching guides, resources for students about the impacts of alcohol and other drugs, including vaping and e-cigarettes, and resources to support our parents and community. Hayley has some information around that which she will be able to address.

We know that many of our schools are already doing a really great job in this space and taking some positive steps towards minimising vaping by students using an educative approach in our schools. One of those examples in the south-east is Elanora State High School. I mentioned just before to the member for Thuringowa that that would be a good school to have a conversation with around the positive approaches that they are doing.

This school has implemented a number of successful measures to minimise student vaping. Students identified using vapes are provided with counselling support through weekly sessions with guidance officers, with our mental health nurses and with our head of student wellbeing. The school also provides two-week vaping education programs as part of a lunchtime support for students to educate them in terms of what that might look like and some practical strategies that if they do need to give up what that might look like.

The school is committed to working in partnership with their community, with their students, with their parents and with their carers to support those students to make better health decisions. That is just one example to share with you today around this fast growing problem that we have in some of our high schools.

CHAIR: Sorry to interrupt, Stacie. Could you clarify the school?

Ms Hansel: Elanora State High School.

Mr MOLHOEK: Rochelle is the principal there, I think.

Ms Hansel: Rochelle? Yes.

Mr MOLHOEK: She is amazing.

CHAIR: Whereabouts is that?

Ms Hansel: On the Gold Coast.

Mr MOLHOEK: Near Currumbin down the southern end.

CHAIR: Thank you.

Ms Hansel: The department, as I mentioned before, will continue to support all of our schools across Queensland to implement the proactive and effective solutions as part of the findings of this committee but also as launched yesterday from the federal government. This is an issue that we know we cannot do on our own in terms of a response to our young people, but we certainly know it is one that we are willing to tackle and willing to take collaboratively together. Thank you. We welcome questions that you may have for us today.

CHAIR: Thank you both very much for being here. In Thuringowa I attended a vaping forum last year at Kirwan State High School. The school paid for a private provider to do that. There was a small crowd. I would love it to have been much bigger. In terms of trying to address this growing trend which is clearly impacting young people in the school, when you talk about working collaboratively with Health and other state agencies, from a campaigning point of view—I think you mentioned \$600,000 from QUT?

Ms Hansel: The \$600,000 was from the Queensland government to fund a review through a procurement process. The University of Queensland was the successful tender for that. They are reviewing our program and then will work with us to strengthen that. Obviously we are working in that space with Queensland Health around that as well.

CHAIR: What does that program look like at the moment and where do you anticipate it going?

Ms Hansel: Hayley has some specifics there. It was a program around alcohol and other drugs. While it did reference e-cigarettes, it probably was not as contemporary in terms of vaping and what the new research and approaches look like now in terms of how that is going across our communities. The program focuses on not only vaping and tobacco usage; it promotes, obviously, the safe use of other drugs and alcohol and use around that. Hayley, you have some examples there if you wanted to share them.

Ms Stevenson: Yes. The approach that we will look to really strengthen is the harm minimisation approach. The first element of that is around reducing demand for vaping and for other drugs. That is through the educative approach for our students, building their knowledge and skills around making those decisions. The next is around reducing the harm. It is about delaying, as late as possible, experimentation with drugs and alcohol. The third element is around reducing supply. The restrictions announced by the Australian government will certainly go a long way to doing that.

In strengthening the program we want to make sure that is contemporary, that we mention vapes, that we unpack to young people what they look like and their harmful effects, but also some of the things that they might not realise such as the prevalence of them containing nicotine when it is suggested that they should not. We also want to make sure that we expand the resources. While they are for students, we also want to provide information to parents and educators around those issues. We want the message going to young people from a variety of trusted sources so it is not just the classroom teacher or the pastoral care teacher.

We learned a valuable lesson from the resources that we have developed around respectful relationships in response to the review that the department did around sexual consent education. We have a public facing website that has material specifically designed for each of the audiences: information for students that they can access on their own outside of school time that unpacks the issues for them; information for parents around vaping and around alcohol use, but also how to have that conversation with their child, how to have a supportive conversation, what the key elements of that would look like, how to start it and just those skills around it; and then for our teachers, for teachers to be really the knowledgeable experts around it so that when they are delivering education sessions or even having a supportive or a disciplinary conversation with a student in the school that they can do that in a way that is going to reduce harm and provide that supportive mechanism.

CHAIR: It is going to require additional funding to get a significant campaign out there and that is something that the committee will take on board, without burdening particular agencies. The GPs in schools—there is one in Heatley Secondary College, which is my former school—I think they would play a role in some of that work.

Ms Hansel: Hayley has led this fabulous piece of work so I will not steal her thunder around that. What an amazing initiative to be able to provide access to a medical professional to many students. It is sad to say that many students had not accessed that service before and now we are able to provide it to potentially our most vulnerable. You are absolutely right: to be able to have someone in the schools providing that specialist support. It is not just GPs. There is a raft of people who we default to.

Ms Stevenson: It is an initiative that is really fantastic. We have 44 GPs currently based in secondary schools in Queensland. We have another six we are working with to get them started. There is a GP shortage out there, but we have 44 in our schools. The reports that we hear back from the schools and the students themselves are remarkable as to the positive impacts. I would certainly see the GP being able to provide some of the educative materials, but also to look at the reasons a young person is vaping.

Stacie was with us when we consulted the Ministerial Student Advisory Council on vaping. That involves young students from years 9 to 12 from across the state. That was incredibly insightful. They spoke of the different reasons young people might be vaping. We need to be cognisant of that and design our responses accordingly. For some young people, it is a bit of peer acceptance and being part of the group. For other young people, it is a coping mechanism. There might be some mental health concerns or other concerns and young people are choosing that as a coping strategy. I think GPs, with the wraparound support that is available in our schools, could certainly intervene and assist there. Other young people become addicted to the nicotine element of it. That is when the GP can tap in. We have school-based youth health nurses. Some of our other schools have other health professionals.

Part of the Queensland government's election commitment with the GPs in schools was increasing the number of wellbeing professionals in our schools as well. Since July 2021, we have an additional over 330 psychologists, social workers and counsellors in our schools. They form part of that wellbeing team that wraps around the GP. The GPs can make referrals for mental health plans. They can tap into the psychologist or the social worker who they believe can give support or it might be more down the medical side with the school-based youth health nurse. The school-based health nurses who are employed by Queensland Health have access to a therapeutic service called Dovetail.

CHAIR: I know Dovetail.

Ms Stevenson: They can refer individual students to Dovetail. I think it is fortunate that we have those wellbeing hubs in our schools. I hear from principals all the time describing the multidisciplinary teams that they have in place in their schools.

CHAIR: When we have time, I will come back and expand on what Dovetail is for the benefit of other committee members.

Mr MOLHOEK: I am not sure where to start. I have been looking at the material from Dovetail. In the teaching material they talk about different programs that could be run, how to support young people, the availability of one-off special presentations. They make the point that you should not be using fear or scare tactics. It is a complex issue, but there seems to be so many complex issues. Does the department need to look at maybe curriculum and should we be having more of an all-encompassing life skills subject stream?

I hear all the time from different groups that the police want to come in and do special presentations on certain things. Then you get the Alcohol and Other Drugs Council and all these breakaway groups that do different sessions on ice addiction. Transport will want to talk to young drivers and then there is sex education, and now we have vaping. It seems to me that it is very piecemeal. Do we need a more coordinated and clear response to the way we educate our kids around all these issues or at least provide information to them, rather than each school doing its own thing? I am hearing some schools are doing really well, but I have also heard from some principals that they are really struggling with the issues and there is almost no discipline, no regard.

Ms Hansel: That is a great question. We are very fortunate in Queensland that we implement the Australian Curriculum as written, which means that all of those topics that you have referenced are part of HPE. In my day at school, the health element was separate to the physical element. That is where those topics sit. They nest in there.

One thing that we are really proud of within our state schools in particular is around having the community conversation and consultation around those topics. With all of those areas that you have referenced, schools have the autonomy to be able to say, 'There is an issue in my community around vaping and, therefore, I am going to access this provider or this program' or 'I need the specialist program on driver education or consent education', if something has come up. We provide the resources in the background, as we have referenced. There are support curriculum materials for schools to access in order to teach those topics and lessons around all of those for their students if that is their need right there and right now. It is a mandatory element of the curriculum for the 7 to 12 year levels and would be taught in our schools around that.

I take your point: there are lots of providers out there around our consistent message, which we need to be advocating for. One of the big bits that we see and we heard from our students, which was insightful, is that they want the facts. They want no gimmicks. They do not want to share any of the tricks or any of that. They just want the clear facts around what the outcomes are. A lot of them were unaware of some of the significant consequences of vaping. They want the education around that and what are the harmful effects.

Ms PEASE: Thank you for your great work. You talked about having a whole-of-education approach to this matter. With regards to that, are the schools responsible for making the decisions about disciplinary measures or the processes, or is it consistent across all state schools?

Ms Stevenson: School principals have the autonomy to make decisions around school disciplinary absences, suspensions, exclusions or other measures. Every state school is required to have a student code of conduct. We set the parameters around what should be included in the student code of conduct and we provide an exemplar. It is for the principal, with their leadership team, to draft that and consult with their parent community so that the school sets the expectations around behaviour and also sets what some of the disciplinary consequences can be.

It is important to point out that it is not cut and dried. The individual circumstances, the individual characteristics of the students, are taken into consideration. It is not that a particular instance automatically attracts any type of disciplinary action at all. Every incident needs to be considered based on its own characteristics.

Ms Hansel: Just to add to that, Joan, as part of our submission we will include a copy of that for you so that you can see what the parameters of that look like. We do have policy and procedure around that. That is consistent across the state in terms of our state schooling. We will share all of that with you.

Ms PEASE: Thank you for that. So there is no mandatory requirement? If we come up with this educational requirement around vaping and what is actually happening at the schools, and we are doing all of this work about the impacts and effects and the damage that vaping might do, do the schools have to adopt the code of conduct around vaping? You did say that smoking is not allowed on school premises. Can that not apply to vaping as well?

Ms Hansel: It does now. Smoking and e-cigarettes are banned from all government sites. That is the current ruling.

Ms PEASE: You also talked about the programs that you run. Are you looking at them being age specific? From what we have heard, basically vaping is creating the next cohort of smokers. Rather than waiting to hit the 14-year-olds, maybe we should start at primary school. Has any consideration been given to some education around that age group?

Ms Hansel: Absolutely. I think it speaks to the point around what is included in the Australian Curriculum. From prep all the way up, we talk about body awareness and relationships. We are talking about investing in all of those skills around, self-regulation, healthy choices. Really, it is about making sure that the content matches the skills and the attitudes that we are educating our young people about. Certainly, I believe that in the upper years of primary school it would be relevant to be talking about vaping and having those discussions with students around what their level of understanding is and maybe busting some of the myths.

I guess that is where we also want our parents to work in partnership with us, because we want the parents armed with that same information so that they can continue the conversation. I do not know that all parents realise the dangers or realise that almost all of these vapes have nicotine in them and that young people are attracted to the vapes that have the nicotine in them for the ‘head spin’, as they call it. As a community, we all need to be aware. I do not think it is too young to talk about it and to unpack any of the mystery that surrounds them. Certainly, it is about developmentally appropriate programs all the way through the years of schooling and getting more sophisticated as we go into senior schooling around how to negotiate those potentially difficult social situations where there might be pressure involved or mental health concerns involved.

Ms PEASE: We have also heard that children are importing the vapes—buying them online and then selling them through WhatsApp, which is effectively trafficking drugs because it is an illegal thing that they are selling. I am assuming then that there will be some sort of program around the legality of that and the impact of being caught onselling products?

Ms Hansel: Yes, it is a really serious offence that you have just articulated. While that might be the approach they taking now, what may that lead to in the future? I take Hayley’s commentary before about the importance of a whole-of-community approach to exactly what you have just articulated and educating parents around not only what may or may not be happening in their homes for their students doing that but from a schooling perspective how we educate kids around the right and wrong of exactly what you have just said. I do not disagree.

Ms Stevenson: I think that legal element of the health issues often really grabs the attention of our students. I know when we were talking around cybersafety we ask: do know what the legal age is to sign up for an Instagram account or a TikTok account? Many students do not know. Then when we are talking about sexual consent we unpack the legal ramification around sexting or other things. I do think that legal element can certainly be something that grabs their attention and would form part of the education program that we roll out.

Ms KING: Throughout this inquiry and throughout the public conversation about it, it is notable—and it has been mentioned over and over—that Queensland has been remarkably effective at bringing down the rates of smoking, going from around 30 per cent of women in 1985 I think it was to less than 10 per cent of both genders smoking now. Given your comments earlier about harm reduction—and one of the elements of that being delaying uptake—clearly schools have had a big part to play in the reduction of smoking rates in our adult population, simply by their work discouraging and preventing students from taking up cigarette smoking. I think back to when I was a young person and there were always people smoking in the toilets every day. I think that is a lot less common now, although vaping is beginning to take its place. Can you talk to us about what strategies the Department of Education or schools have used over the years to discourage the uptake of cigarette smoking and whether there is any potential crossover? Do any of those need to be reinvigorated or such?

Ms Stevenson: I think that vaping is smoking but just in another vein. Absolutely, it is about those approaches. We know that it needs to be that comprehensive approach. If we talk about increasing a student’s personal knowledge about the dangers, then it is about the dangers of vaping, it is about making the environment conducive to alternative behaviours—the monitoring of what is occurring.

Ms KING: You mean stopping them doing it?

Ms Stevenson: Yes, stopping them doing it and being able to detect when they are and doing things like looking around the school environment and identifying areas of concern or areas where there is no line of sight—getting the general intel and then everyday school practices around supervision and the pathway that staff take can start to impact on that. We also know there are

broader environmental influences as well—what is happening outside the school gate, what shops in the local area might be doing or not doing, access online. Then how the message aligns with the broader community message. I think what helped with smoking is that it became more difficult and not socially acceptable. We then had regulation and other measures that backed it up. We know that that approach works around drink-driving and other health issues as well. It is that comprehensive approach where everything is in alignment and schools play a role in educating young people. Research is starting to show that young people who vape are three or four times more likely to go on to smoking. We do certainly see if we can reduce that, that it is about an early intervention approach. We also know that the vapes are so accessible to young people so restricting supply is a key component of that.

Ms Hansel: It is critical as a community to restrict access and supply. Obviously, as Hayley mentioned, smoking was a little bit antisocial. Now the smokers go over there. If we are having dinner or those things, that is where they go. You are not in with that in crowd. Kids relate to that—being part of something bigger than themselves. They like that sense of ownership and belonging. If we remove that and you have to go somewhere else and be segregated, they do not like that. That was probably one of the things with smoking that we have seen for years. It sounds a bit odd when I say this, but we do have a very health conscious generation who are very aware of the environment, of health and nutrition and whether it is influencers around that. Some of our students said to us that they do see their sporting stars, prominent athletes and media personalities vaping. Maybe that is another area that we need to approach. Back in the day, we did a campaign around smoking where we had prominent people. I cannot remember what the slogan was—‘butt out’ or something—but whatever it was it was quite prominent and people of influence actually stood up and said, ‘I am not okay with that.’

CHAIR: That is a great idea. We saw that with smoking. You cast your mind back to the Winfield Cup—a huge campaign—

Ms Hansel: Yes, absolutely.

CHAIR: It is the same as car safety, reducing road trauma, wearing seatbelts over the decades. This is going to take a coordinated approach by all jurisdictions and the federal level.

Ms PEASE: Dr Karl’s vaping video has been quite successful too.

Ms KING: I was going to ask you about your point about broader environmental influences, for example local shops. This committee has heard at length about the issues with convenience stores, illegal tobacco retailers and whatever all selling vapes and all cheap. Invariably, the vapes of legal tobacco stores do contain nicotine although they may feel otherwise. What would help schools on the ground to improve those environmental influences? Is it a hotline that they could call to say, ‘Hey, there is somebody selling vapes illegally down the street from the school’? What are the tools that schools could use to get on top of those environmental influences that are unhelpful at present?

Ms Hansel: I think we saw yesterday federally a significant announcement around what as a community and as a nation those approaches will look like in terms of the supply element. I think that will play a significant—

Ms KING: I agree with you about that. Imagine that that is already in place. What are the triggers that you would need if somebody were doing the wrong thing down the road from the school or maybe a parent was trafficking vapes to young people to make money? What would help your schools activate—

Ms Hansel: I do not think students will come out openly and want to dob in a mate. If it were anonymous and they could let someone know. Something accessible for them. They are on their phones all the time. Is it an app? Is it something that they could do there around that? I do not think they would personally come forward and dob in their neighbour or a friend around that. The majority of our young people have a good moral imperative and core around what is right and what is wrong. I do not think at the moment that they fully understand that vaping is wrong. I think at the moment many of them probably just think it is a trend or a thing that they do. I think that there needs to be an education approach around right and wrong in terms of this approach. I think it is a few things, but maybe it could be a hotline or an app that you could use. We have seen that sometimes in some other initiatives like at the football where you can dob in a hooligan—

Ms Stevenson: Antisocial

Ms Hansel: Antisocial behaviour. You can text—

Ms KING: Take a photo of them in their seat throwing their beer.

Ms PEASE: The Brisbane City Council aware—it could be—

Ms Hansel: It could be something like that.

Ms PEASE:—‘vape stopping’, like Crime Stoppers.

Ms Hansel: I am not sure if that works! Maybe that is something you could think about.

Ms Stevenson: I guess it would only work if then that resulted in the supply stopping because then that would reinforce the behaviour to do them in or to advise. I think the other element is how available they are online. That is a real issue. Even in some cases, it is parents or family members purchasing vapes and them being in the house. I think there is a supply issue that may be influenced by education around either the dangers or their being illegal that we could address.

CHAIR: I think that supply issue is at the very core of this. I was just on my phone on IGET and I can buy in bulk 2½ thousand banana vapes and take them into any remote community or mining community and sell them off. All I have to do is say I am over 18. There is nothing there. I think we are looking at any other jurisdictions that have stopped the marketing. There is no doubt that at the core is stopping the supply or tracking down the supply.

Ms PEASE: Even further are the digital platforms that the students are using such as Snapchat and whether there is any legal responsibility that we can make on those.

Ms Hansel: Or even a partnership with those platforms. Facebook, just to mention one, partners very closely with us and are very responsive in terms of students when a law has been broken or a student has been put in harm’s way. They are very responsive to us in terms of removing something if we need it to be removed or if it is inappropriate. The large companies could be where you tend to go in terms of that as well.

Ms KING: Do you have a special phone number that you use to call?

Ms Hansel: We have a cybersafety team, obviously like most state government departments would. The minute that you put a child at harm, promote, have an inappropriate photo or something along those lines online, they are very responsive in terms of getting that removed from our perspective. Our team has a hotline to them, so to speak, around that.

Ms Stevenson: I think most of the social media platforms have a wellbeing committee or policies around that. I certainly do agree that tapping into that is a possibility.

Ms PEASE: I know this is probably outside of your realm, but surely in terms of legal responsibility—because it is illegal to sell things on a carriage service—for them to be facilitating trafficking online is not good for them.

Ms Hansel: No.

CHAIR: You talked about head spin before. I think you mentioned anxiety and peer pressure. Are they just doing it for fun to get that nicotine high?

Ms Stevenson: Yes. I think it is a combination of all things. I guess that speaks to how we need the individual approach that schools may implement so they can get to the bottom of what is the function of this behaviour. Why is this student or these students engaging in it? I was referencing an article that was published a couple of days ago from the School of Public Health in the University of Sydney and that is what they have quoted—a vast number of students are intentionally selecting vapes that have nicotine in them so that they do get the head spin as opposed to just having the vapes that are of the sweet flavour variety. There is an intention around there. I think a young person was quoted as saying, ‘Otherwise, what’s the point?’

CHAIR: Can you pass on that study?

Ms Stevenson: Absolutely. I am happy to hand that over.

Ms Hansel: I am also happy to share with you—and it will be in our submission—as Hayley mentioned, we have a student ministerial advisory council which is a real mix of demographic of students and young people. If there were specific questions that you wanted them to respond to on your behalf, we would be more than happy to take those questions to them. They are a fabulous group.

CHAIR: Yes, please.

Ms Hansel: They will share their insights initially with us, but if there are specific questions that you want us to take forward, we are meeting in May, in a couple of weeks time, which could be quite timely.

CHAIR: Yes, most informative. Thank you very much for that.

Mr MOLHOEK: I would be interested to see what they think about the proposed complete ban of vapes.

Ms Hansel: Yes.

Mr MOLHOEK: Whether they see that as an infringement of some sort of basic freedoms or whether they see it as actually a good thing, it will be interesting to get their view.

Ms Hansel: It was interesting. They are a real mix of student demographic and even age, and even of those who were in the room—some who had, some who had not—and they were quite open in sharing all of their thoughts around that. You will definitely get an opinion and a view around that which I think we need to promote student voice and agency in the response.

CHAIR: I wonder if we can meet them.

Ms Hansel: Yes. Let's take that as an action, as a follow-up then.

CHAIR: That would be most helpful. If we are not listening to young people, what is the point?

Ms PEASE: That is why we are doing this.

Ms Hansel: That is right.

Ms KING: I would be interested in particular, just to flag, to know what their thoughts would be about education, focusing on the environmental damage caused by vapes. We had our briefing this morning. People buy and do things that cause environmental harm all the time—we all do; every human does—so I would be interested to see if they thought that was persuasive.

CHAIR: What was the figure—100,000 tonne?

Ms KING: It is 100 tonnes a year at present, but increasing by about 40 per cent a year.

Ms PEASE: Of single-use waste.

Ms Stevenson: I think they would be interested in hearing about that. I think it would strike a chord with some of them.

Ms Hansel: I think it absolutely would. This is totally off the topic, but we had a fabulous response from them in terms of the Share the Dignity installation into schools. What they have then challenged us on though is more sustainable products and more sustainable approaches, so I think your line of environment would really hit in terms of the demographic and their interests. They are very aware of the environment and sustainable choices.

CHAIR: I want to come back to harm minimisation. Can you talk a little more about Dovetail?

Ms Stevenson: Absolutely. Dovetail are engaged by Queensland Health as a non-government organisation. They are experts in that harm minimisation approach, in providing that generally individual support for students who might be engaged in harmful behaviours like vaping, alcohol or drugs, so really having that tailored approach for the young person and that wraparound support. I know that our schools value that and that our school-based youth health nurses take advantage of their services. Then they can also provide some more educative approaches for groups of students.

Ms KING: In regards to your comments about Elanora State High School doing a really good job in their vaping education program, you seemed to be mentioning that they offered cessation services for young people who wanted that.

Ms Hansel: Counselling and support if a young person presented, rather than just saying, 'Stop vaping.' The potential there is that some of those students may already be addicted and unable to just stop on their own. What does that look like from a school/health perspective for that young person and their family to be able to support them out of that? They would be able to share some examples of what that may have looked like for young people.

Ms KING: Would it be possible to ask for some more information about the different approaches that that school or any other standout schools use?

CHAIR: And is that scalable obviously to share within the department?

Ms Hansel: Certainly. Elanora is a fabulous example. I am happy to take that one offline as well.

Ms PEASE: Is Elanora one of the schools with a school-based GP?

Ms Hansel: Not a GP, but they do have very strong wellbeing support wraparound service for the whole approach. The principal shared with us only recently the significant strong leadership, but focused on putting kids at the centre. 'What does this young person need? What can I do as a significant adult in that young person's life to support them through that?' We know, as Hayley has mentioned, the school disciplinary absence is not a decision that any of us take lightly. It is actually a life-changing decision that we are making at that time, so how can we do that differently.

Ms PEASE: I know that particularly in South-East Queensland and along the coast in Townsville and Cairns vaping is an issue. Are you able to give any information about remote communities to see if vaping has made it there. I have been at Aurukun and they have not had any experiences of it there, but tobacco is a very big issue. Is it impacting other remote communities?

Ms Hansel: It would be, and I will reference Chinchilla only because we had that principal the other day also who mentioned that it had not yet become a significant issue out there for his community because it had not yet got there, in terms of the supply arm around that. He was reporting that it was not an issue in his community around that as well. I am certainly happy to look into whether we are seeing it in the more remote locations rather than just rural locations around that as well.

Ms PEASE: It would be interesting to see because many of the particularly remote places like Aurukun—it would be difficult because they have the other issue with the alcohol management plans—but in terms of their FIFO workers in health, police officers and those sorts of people coming in and out, they would potentially be likely—I am not saying they are—to bring the vaping in. I am wondering if there are any real controls at an educational level, and given that if it has not started, what can we do to make sure it does not get in there. It would be just so devastating for those communities.

Ms Hansel: Yes, absolutely.

Ms Stevenson: I think that community place-based approach is really important. If there is a particular industry or others in the community, we need to make sure that there is that community centred approach to guard against it coming in, or to be able to respond swiftly if there is a concern.

CHAIR: There being no further questions, I thank you both for being in here. Your evidence was very informative and very helpful. There were some questions on notice. If we can have answers to those back by Monday, 15 May, that would be helpful. For anyone who might be watching these proceedings, we will suspend these proceedings on vaping. We will come back at 1.30 pm for the surgeons' bill, but for anyone who wants to watch the evidence of the Chief Health Officer, we will be back at 2.45 pm to talk about the impacts of vaping as well. Thank you very much.

Proceedings suspended from 12.53 pm to 2.46 pm.

CHAIR: Good afternoon. I reopen this public briefing of the inquiry into reducing rates of e-cigarette use in Queensland. My name is Aaron Harper, chair of the committee and member for Thuringowa. 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 peoples whose lands, winds and waters we all now share. Joining us via teleconference is Stephen Andrew, the member for Mirani. With me I have: Joan Pease, member for Lytton; Ali King, member for Pumicestone; and we will be joined shortly by Rob Molhoek, the deputy chair and member for Southport.

GERRARD, Dr John, Chief Health Officer, Queensland Health

MAHLER, Mr Karson, Director, Legislative Policy Unit, Strategy, Policy and Reform Division, Queensland Health

SMYTH, Ms Colleen, Manager, Prevention Strategy Team, Preventive Health Branch, Strategy, Policy and Reform Division, Queensland Health

WHITEHEAD, Ms Rebecca, Senior Health Promotion Officer, Preventive Health Branch, Strategy, Policy and Reform Division, Queensland Health

CHAIR: I welcome the Chief Health Officer and representatives from Queensland Health here today. This is a very serious issue that we are seeing growing, particularly in trends. We just had the Department of Education appear before us in regards to vaping in schools. The terms of reference certainly are aimed at young people. Notwithstanding the announcements made yesterday, we are charged with this inquiry and we will continue to move forward. We welcome the Chief Health Officer being here today. Dr Gerrard, I invite you to make an opening statement and then we can move to questions.

Dr Gerrard: Thank you very much. Firstly, I wish to thank you, Chair, for inviting me and my colleagues from Queensland Health to brief the Health and Environment Committee's inquiry into reducing rates of e-cigarettes in Queensland. As Queensland Chief Health Officer, I have been deeply troubled by the rising rates of e-cigarette use across the state, particularly among young people. I was very encouraged by the Queensland government's decision to call this inquiry. This demonstrates the seriousness with which I believe this issue must be treated. I was further heartened to see the Commonwealth health minister's statement yesterday announcing sweeping reforms to the importation and sale of e-cigarettes and related products, and I look forward to hearing further from the Commonwealth regarding how their changes will be implemented.

Research regarding the long-term health effects of vaping is in its infancy. However, from the studies that have been undertaken, the evidence suggests that e-cigarettes may cause significant harm. The use of e-cigarettes involves the inhalation of chemicals in the form of a vapour. The delicate tissue of the lungs and respiratory tract are directly exposed to these chemicals. There is no data on the safety of any chemical inhaled regularly in this form.

Whilst standard e-liquids typically contain water, nicotine, propylene glycol and glycerine, an Australian review of e-liquid emissions identified an astonishing 243 unique chemical compounds, 38 of which were listed as poisons. Further, 27 chemical reaction products were identified in their study, including carbonyls such as acetaldehyde, acetone, acrolein and formaldehyde, all of which have been associated with adverse health outcomes in humans. Studies have also shown early warning signs of adverse events of e-cigarettes on cardiovascular health markers, including blood pressure, heart rate and lung function. For most major health outcomes such as cancer and cardiovascular disease, we simply do not know what the impacts of e-cigarettes are; it is just too early to tell.

Of primary concern to me, as Queensland Chief Health Officer, is the potential for e-cigarette use to act as a gateway to nicotine addiction, particularly among those younger members of our community. We know that e-cigarette use is increasing both in Queensland and across Australia at an alarming rate. Recent data from my 2023 report into the health of Queenslanders shows that the use of e-cigarettes among adults has increased a massive 40 per cent in the four years between 2018 and 2022. Additional research undertaken in New South Wales found that, alarmingly, one in three high school students are vaping, and I am aware that the committee has heard from Queensland educators about the devastating impact e-cigarette use is having on Queensland schools.

We also know from Queensland Health analysis of 4,591 e-cigarettes and liquids seized from Queensland retailers that up to 82 per cent of products currently on the market contain nicotine, despite not being labelled as such, and being sold over the counter without prescription. Based on these findings, we can assume that the majority of e-cigarette users, including children, are consuming nicotine containing products.

Nicotine is one of the most addictive substances known, and there is substantial evidence that e-cigarettes are capable of causing dependency in non-smokers and that they increase smoking uptake around threefold. Nicotine containing e-cigarettes may have a role to play in smoking cessation. I will say they may have a role to play in smoking cessation—the evidence is not that strong—but as such, these products should remain available only on a prescription basis through pharmacies for the purpose of smoking cessation. I do not believe that nicotine containing vaping products should be available through retailers for the purposes of recreation and, as it stands, the Medicines and Poisons Act does not allow that process.

One point which I think has not been made clear in this discussion is that it is doubtful whether any vaping products would be readily available through retailers without the presence of illegal nicotine. It is not clear to me that this is a business model that would function. Therefore, the whole process depends on the illegal presence of nicotine in these vaping products.

It is extremely concerning that we are seeing an explosion of black market nicotine containing products being explicitly marketed towards and available to young people. There is evidence that suggests that nicotine can negatively affect adolescent brain development. Across species, including humans, adolescence is a key period of rapid growth of brain circuits that regulate social, emotional and motivational processes, as well as decision-making. The prefrontal cortex which is involved in high-level regulatory control of complex behaviours, such as planning, impulse control and working memory, continues normal development into young adulthood. That means that adolescents are more susceptible to initiating substance use and the development of dependence. Scientific animal studies have demonstrated significant adverse effects on the developing adolescent brain. Human studies have suggested an association between adolescent nicotine use and increased risk of anxiety disorders, depression and disruptive disorders such as ADHD. Of course, it is totally unethical to perform rigorously controlled scientific studies of nicotine on the behavioural development of minors, yet thousands of Queensland children are exposed regularly to nicotine through e-cigarettes as we speak.

Despite everything policymakers have done over the past 10 years, smoking remains Australia's leading cause of preventable death and disability, responsible for approximately 20,000 deaths in Australia annually. Over time, smokers in Australia have been increasingly motivated and able to quit and, as such, smoking is continuing to decline.

A key and important driver for progress in this domain is a declining rate of smoking initiation among the youth. However, we are seeing increasing numbers of young people taking up vaping, many of whom are knowingly or unknowingly consuming nicotine containing products. We are seeing cartoon themed e-cigarettes and bubblegum flavoured e-liquid being sold to children, alongside lollies, chocolates and soft drinks. This is simply unacceptable. The use of e-cigarettes among adolescents is leading to a new generation of Australians forming addiction to nicotine.

It is still early in the vaping epidemic. As time goes by, our window of opportunity to change the course of this epidemic is becoming increasingly narrow. We know that people who vape are three times more likely to take up smoking combustible cigarettes than those who do not vape. We cannot let this happen. It is my strong position that we must act quickly and decisively to minimise or stop access to e-cigarettes and liquids. If we do not act now, we risk undoing the decades of hard work we have undertaken to reduce smoking rates and enhance the health and wellbeing of Queenslanders. Thank you very much. I will now hand over to Colleen Smyth.

Ms Smyth: I have a couple of statements to make on other terms of reference outside of the health outcomes.

CHAIR: Happy to move to it now. Thank you.

Ms Smyth: Good afternoon, Chair, and committee members. Thank you for the opportunity to come and brief you today on this important issue. I would like to also acknowledge the traditional owners of the lands on which we are meeting, and I acknowledge that that land has never been ceded. My name is Colleen Smyth. I am the Manager of Prevention Strategy in Queensland Health. I also have my colleagues here, Rebecca Whitehead who is an Advanced Health Promotion Officer, and Karson Mahler, who you know as the Director of our Legislative Policy Unit.

Queensland Health is very concerned about the impact of e-cigarettes and its overturning of decades of hard-won success in smoking product use. As you have heard, there is also concern about the harmful effects of these products on health and the long-term impacts which we do not fully understand. I will not go into those impacts further, as you have heard from the CHO, but I will say that we are proud of the success in recent decades in reducing smoking rates. A large part of this success is really because we have stopped people developing nicotine addiction. It is much harder to get people to quit. That is why the rates of smoking and increasing rate of e-cigarette use is of such concern to us. We are investing in a public health response in Queensland, particularly focused on youth, and we acknowledge that the reforms announced yesterday by Minister Butler may further complement the Queensland approach.

In terms of the impact on our health services that we are seeing, we collect data on poisonings and injuries from e-cigarettes and nicotine, primarily through calls to the Poisons Information Centre and what we can gather from emergency department presentations. Between 2017 and 2022, the Poisons Information Centre received 356 calls about exposure to e-cigarettes with suspected poisonings. Of these calls, over half were people between infancy and 19, but the age group that most calls were received about was for infants, between zero and four. That was 196 of the 356 calls. The frequency of these calls is also increasing. In 2022, the number doubled the number of calls we received in 2021, so it is going up.

There is also evidence of an increasing number of presentations in our hospitals. I have some data from the Queensland Injury Surveillance Unit, and I want to start by saying it only captures about 25 per cent of our emergency departments. We have lodged a request to cast that net wider and we will bring that back to the committee. However, what I do have is that between 2014 and 2020, there were four presentations regarding e-cigarettes, but more recent data shows that in the two-year period from 2021 to 2023, there were 55 presentations. Most of them related to poisoning, with three requiring immediate resuscitation. In most cases, the vaping device was being used as intended. Some presentations followed misuse of the device, and a small number were from product failure. In addition to poisoning and injury, some of the presentations related to vaping other substances like cannabis and ecstasy. By age group, a third of these presentations were for children, zero to 14, and almost half related to adolescent and young adults between 15 and 24. This is all detailed in our submission when you receive that.

Anecdotally we also hear reports from clinicians as well, including those at the Children's Hospital and the youth mental service there. Clinicians note e-cigarettes are impacting mental health presentations including increased anxiety, agitation, low mood and difficulty with concentration associated with nicotine, as John Gerrard outlined. Other issues of note include reports of increased conflict with their caregivers and suspension and exclusion from school relating to e-cigarette use, as you would have heard this morning from Education.

In terms of the Queensland Health response, we obviously have a proactive and reactive compliance approach that is enforced through our public health units that enforce the Tobacco and Other Smoking Products Act and Medicines and Poisons Act. Together those laws are meant to prevent e-cigarettes from being advertised, displayed, sold to children and used in any smoke-free area. They apply regardless of the absence or the presence of nicotine. The Medicines and Poisons Act goes further to control the commercial supply of nicotine unless it is on pharmacy prescription.

We have focused our recent proactive efforts around school areas and transport networks. Between January 2020 and March this year officers conducted 69 seizures and removed about 100,000 e-cigarettes from circulation. The challenge there is, as you know, often these products do not declare the presence of nicotine on them and there is an evidentiary burden there that we need to meet, which often means having to test anything before it is taken away. As you have heard, the representative samples that we have seized and submitted for analysis resulted in a finding that 82 per cent had nicotine in them.

I noted this morning the question to Education about a hotline. We do take calls through the 13QGOV service and those complaints about alleged breaches of retailing laws are directed straight to our public health units for follow-up. We acknowledge that people do not always want to use a phone though so we also have a web intake form. Those are important ways to target our compliance and enforcement efforts so we encourage people to use those.

We also invest in a broader suite of reforms around research, surveillance, communications and quit services to assist Queenslanders to better understand the harmful effects and to get support if they are worried about their nicotine use. This includes a lot of the market research that we have done which led to the Dr Karl campaign—and we could share that with you, if you are interested in understanding more about the motivations there for young people.

Some of the other initiatives include collection of e-cigarette data in our annual population and parent surveys, communication through information materials, websites and the Dr Karl campaign. There will be another campaign in the market next month. We are doing formative research for the younger cohort at the moment to target a campaign towards them.

We have recently extended quit support to e-cigarette users through the Quitline service. They started to assess all callers for nicotine use through e-cigarettes and offer support, including with nicotine replacement therapy if that is appropriate for the eligible cohort. That can be provided to anyone down to 12. They are getting calls from children, although it is not typically a child-like service.

We also offer training to clinicians to bolster their confidence in intervening where they encounter people who may be struggling with e-cigarette addiction or any kind of nicotine addiction and assist them to refer them into quit services. We support facilities with smoke-free areas through signage and we collaborate on a number of key research projects with leading academics in the area.

You are aware of the legislative reforms that we have before the parliament so I will not talk about those further, but we do also have a very strong jurisdictional collaborative working relationship with other states and territories and the Commonwealth. We are looking forward to working further with them on the reforms that were announced yesterday.

There are strict controls already in place, but, as you know, these are regularly circumvented and e-cigarettes are illegally accessed through retail outlets, the web, social media platforms, offshore providers and through family and friends. Our public health units tell us there is a growing supply of illegal or suspicious products in an increasing number of retail outlets. There is likely considerable quantities crossing the borders. It is a low-risk, high-reward commodity with serious organised crime involvement and it is beyond the capacity of Health to control alone. Options to further strengthen or extend those legislative controls to reduce the amount of product coming into the country and lower the appeal of the e-cigarettes to stop that demand from young people are important future steps. We acknowledge what the Commonwealth announced yesterday and the strong signals in that direction. We will happily work with our jurisdictional partners on that. That is it from me. Thank you for your time. I stress that it is an important issue.

CHAIR: Thank you very much, Ms Smyth. Dr Gerrard, it is a very serious issue. We have undertaken some regional hearings and heard directly from people who have vaped. We have all seen the disturbing images of, to your point, young people and infants on Facebook and where parents are putting vapes in babies' mouths. That is incredible.

I was trying to find an article I read recently—I cannot put my finger on it—where someone was ventilated. I think he may have had a prior respiratory disease or whatever, but he took up vaping. I think it was in Queensland somewhere. The point I am trying to make is that these things, with the 243 chemicals and all the rest of it in them, obviously affect lung tissue to the point where they can kill. This fellow did tragically pass away after vaping. I think it was in Airlie Beach or Whitsunday and was recently on the news. Can you talk to that a little? I do not think the public quite understand that.

Dr Gerrard: First of all, there are unregulated chemicals in these products. We do not know what is in these products. What is written on the label will not necessarily correlate with what is in them. The biggest outbreaks of major harm that we have seen in the United States is with what was called popcorn lung. There were large numbers of cases because of products which contained chemicals that were unknown. This is less common—unless you have data—at the moment with the current products that we have in terms of admissions to intensive care, on ventilators et cetera in Australia. Again, because this product is unregulated we do not know what will happen next.

To me—and I know I have said this—the biggest issue is the nicotine addiction and what that effect is going to have. This is somewhat personal for me. I have been Chief Health Officer since the beginning of last year. I think we have been very distracted by COVID. During this period of distraction this extraordinary public health disaster has occurred. This has occurred while we were not focused. I think we have to move to stop it now because I think we were all focused on other matters. This has happened very quickly.

CHAIR: Supply is a massive issue and we welcome the federal government's initiatives as well. We will be working closely with them. I was given the IGET website and I could purchase 2½ thousand or 50,000 of these things and take them into a remote community very cheaply. There have to be some controls around supply, particularly the online advertising and the ease of it. All you have to do is say you are 18. Obviously children are accessing these and through their other platforms sharing them with other children. There are some huge steps we need to take and quickly. We take the point that this is an urgent matter for us.

Dr Gerrard: Just to emphasise: this is the time to do something. In five or 10 years time—once it is well and truly established—it is too late. It is like trying to stop smoking now. We cannot ban cigarettes now—it is not a thing—but we have the opportunity to take an aggressive control of this right now. This timing is perfect.

CHAIR: I cast my mind back 25 or 30 years to the Winfield Cup. We should be applauded for the decrease in smoking rates. The rates have dropped significantly in the last 20 years because of the campaigning and advertising on TV that smoking is doing harm. You talked a little about prevention and informing people, is there an intention by the department to ramp that up at a point in time?

Ms Smyth: In terms of the advertising controls, the state controls the advertising and promotion mostly in that retail setting and potentially in print media, but the Commonwealth has a role in broadcast services, internet service providers, television and so on. It was in November last year that Minister Butler foreshadowed that they would align e-cigarettes with their existing controls for tobacco in that space. That is foreshadowed in the National Tobacco Strategy that was released yesterday.

Mr MOLHOEK: Please do not take this as me not supporting the broad position—

Dr Gerrard: Sure.

Mr MOLHOEK:—but one of the things that has been troubling me, and perhaps you could comment on, is if we go down the path of prohibition does that help or not? We prohibit so many other illicit substances. We have seen in the past where there has been a prohibition on alcohol—not in Australia but certainly other countries. Is it going to help?

Dr Gerrard: How exactly the government decides to reduce access to these products, I guess that is for you to decide. I do not want to get into the legal side of this. At the moment we have these products readily available in retail outlets clearly attracting children in attractive packaging and flavouring. That has to stop. That is untenable. It is unconscionable. The alternative ways of approaching this to reduce that exposure is the prohibition approach. That is one approach. That is the approach that has been put forward by the federal government. What alternatives are there? There are alternatives where we could heavily regulate the non-nicotine containing product.

What I would say to you is that the industry as it exists at the moment is a sham. These retail outlets are ostensibly selling a non-nicotine containing product. That is not a viable business model. I do not believe that that is how these businesses survive. They survive because of nicotine. They survive because we are effectively forcing them to do something illegal to maintain their businesses. That is not viable. We have to move on from that. We know—and we have already said it—that by having these nicotine products it will encourage people to go onto smoking. Whether they are in fact effectively smoking cessation devices is quite debatable. We know that people who vape are much more likely to take up cigarette smoking.

Mr MOLHOEK: The other day I visited an organisation where people with lived experience are dealing with people who come in with drug and alcohol addictions. They heard the news in the media. It had just broken that the federal government are looking to intervene. Some of the workers were shocked. They were saying, 'Vaping is such a great alternative to having people on illicit drugs.' They were expressing concerns around that. If we were to have a complete ban, would we be likely to see an increase in ice addiction and other illicit substances?

Dr Gerrard: I do not want to talk on behalf of the federal government, but it would not be a complete ban that is proposed. The products would be available on prescription through pharmacies. These people could still access the products, but they would just be in a controlled and regulated manner not freely available in these retail outlets. That is my understanding of the proposal.

Mr MOLHOEK: Has there been any research or is there any evidence around people who have transitioned from illicit substances to vaping that it has actually helped them through that process? Again, I am not trying to advocate for it. I would hate to see us shut that down and then find that we have a massive uplift in ice.

Ms Smyth: Absolutely. I am not aware of vaping being promoted, used or researched as a harm reduction method for illicit drug use. Certainly it is promoted as a harm reduction method for smoking, and I can talk to you a little more about the actual evidence there if you are interested. That is the first time I have heard that. I do not think removing access to these products where we have other viable nicotine replacement therapies is going to signal any kind of increase in ice use. That does not make any sense to me.

Ms KING: Just to clarify: it is certainly the case, is it not, that people who have lived experience of drug use often have a high nicotine use rate?

Dr Gerrard: Yes.

Ms KING: That is not ideal from a health perspective—and I have family members who have lived experience of that kind. It is not that cigarettes replace drug use. It is far more complicated than that. It is not at all that vaping is some kind of drug use substitute that you use to wean yourself off other substances. Is that an accurate reflection?

Dr Gerrard: Yes, but it may be a substitute for cigarette smoking and, as you have said, many people who use other substances are often cigarette smokers. Just to emphasise, and I do not want to speak on behalf of the federal government proposal, the idea is to liberalise the availability of nicotine containing vaping products through pharmacies and doctors. I think the plan was to make that more easily accessible.

Ms KING: I think the federal health minister mentioned removing the limitations that require GPs to have done special training or something in order to prescribe vaping products, so that any GP will potentially be able to prescribe them. That is my understanding.

Ms Smyth: That is right. It would no longer be through the Authorised Prescriber or the Special Access Scheme. That is the proposal as I understand it too.

Ms KING: Dr Gerrard, I take your comment about the loophole and the sham of this. To the extent that you can comment, do you think that the uptake in vaping and the use and availability of vaping products in Australia has been brought about by a deliberate and targeted campaign internationally? Do we have any evidence of that?

Dr Gerrard: I do not know that I can comment on that. I am aware of the media reports of this. You are talking about organised crime—

Ms KING: Not necessarily. I was in Europe after Christmas, and there were gigantic billboards with half naked people and there were vaping boutiques. They were high-status products being marketed in the same way that cigarettes were once marketed but we do not allow that here.

Ms Smyth: We do not, and we should be grateful for that. I think the point you are getting to is that the tobacco industry is heavily invested in nicotine vaping products.

Ms KING: Why might that be? Can we provide any comment?

Ms Smyth: Nicotine addiction is a powerful driver of sales of nicotine containing products.

Ms KING: You may consider this question outside your purview. We still have political donations legally able to be accepted from tobacco companies. Is there any international evidence about the harm or otherwise that that can cause? Is there any correlation between nation states that allow tobacco donations and more liberal legislation around tobacco?

Ms Smyth: I am not sure about the research on that but we could certainly come back to you. What we can say is the World Health Organization has the world framework agreement on tobacco control and Australia is a signatory to that. That does acknowledge the irreconcilable differences between the tobacco industry's interests and public health. That is why as public servants and all of us sitting around this table who are part of that signatory are not to let the tobacco industry interfere with the setting of good public health policy.

Ms KING: If we see the number of people who take up vaping turn into long-term nicotine users, what could be the public health implications of that in 20, 30 or 40 years time?

Dr Gerrard: I think they are twofold. One is the conversion of vaping use to cigarette use, with all of its concomitant effects on cardiovascular disease, lung disease and the myriad impacts of smoking. I fully acknowledge that is probably worse in terms of its health impacts than vaping—it probably is. The other thing is just the simple impact of nicotine on the brain development of young people, adolescents, young adults. We are not sure exactly what impact that is, but it is likely to have a behavioural impact on these young people long term.

Ms PEASE: This information is very sobering and very concerning. In my eye, vaping products are creating a whole new cohort of people who are smokers and nicotine users which I imagine will have a huge impact on the health system. I was devastated to hear in your release about the age ranges of the people who are presenting to hospital as a result of vaping. Can you give some more detail around that? Is that because the infants have consumed the actual juice? Is it juice from the single-use vapes, or is it that they have opened them, or is it those reusable vapes? We have heard a lot from the people who provide the reusable vaping machines and the juice that goes in it and how it is safe with no nicotine and all the rest of it. I imagine that juice would be easier to access than the juice in the single-use vapes. Can you comment on that? What sorts of people are presenting to hospital?

Ms Smyth: That is potentially the case. I do not have information on the distinction between those presentations in terms of whether they are related to particular types of devices. We could try to do the free text search to see if that was possible from the admission records, but that would be very dependent on whether the clinician chose to capture that and they obviously have more pressing things before them. I doubt that information is there but we will look. There are a range of devices, as you know, so it could be a range of ways. People can pick up the safer prescribed devices as well and inhale them if they are left around the house, and that could potentially poison a young child, I would imagine as well.

Ms PEASE: With the presentations, have they inhaled the actual product? Have they done the puff, or whatever they call it, or have they swallowed the juice? Do you know?

Ms Smyth: I am not sure. It could be either. You can also get it on your skin and absorb the nicotine poisoning if it is in high enough concentrations. If you are mixing your own products, there can be a risk of poisoning with that as well.

Ms Whitehead: I do not have data so I cannot give you that in that granularity. In conversations I have had in the past with the Poisons Information Centre, it certainly depends on how a family or someone is storing their liquids. I have heard that sometimes it goes in the freezer to keep a product stable. I guess there is an education point there for the community as well—that is, if you do have a prescription, because that is the legal way you have that product, you need to carefully think through the way you are storing it so that an infant does not come into contact with that product. There might be a product that is left around that might be the more disposable product that you are talking about. Some of the instances I have heard of where there is a more serious case has been where it has been a very concentrated vial of nicotine and it has not been stored in the safest place. With the prescription model and having that kind of process, that obviously gives a pharmacy that opportunity to be able to give more information and some fact sheets like you get from a pharmacy on how a medicine should be stored. That is a better way for the community to understand.

Ms PEASE: You spoke about community education and raising awareness of how dangerous these vapes are. I was at a school just yesterday and I asked the kids whether they had used vapes and they all said 'No, Miss,' and I said, 'Well, don't.' However, it is attractive. As you said, I have seen them beside lollies. How do we let people know that something that is advertised as tasting like raspberry lemonade is actually incredibly unhealthy for you?

Dr Gerrard: I have an opinion about that. I am not sure that children and adolescents respond to health messages like that. I think it has to be about making it uncool and unattractive. That is what worked with cigarettes and cigarette consumption went down. There was the tax element, which helped, but it also was difficult to smoke and it became antisocial. I think that has become effective. That is my opinion and I have been speaking to marketing people about this recently.

Ms PEASE: That is interesting you say that. The education people said that too. Excluding the young people and making them have to go away somewhere makes it become really antisocial and young people want to hang together. We hope to be able to meet with the young ministerial advisory council to talk about how we talk to young people, because it is an insidious, creeping, terrible thing that people do.

CHAIR: Ms Smyth, you talked about the data survey and you could only capture about 25 per cent. Taking away from the nicotine addiction for a moment and just looking at the mechanics of this, is there any data to support people with facial burns or airway burns from the device itself where it has actually failed? Could we get some data?

Ms Smyth: I believe so, yes, and I will make that part of the request. We have lodged two requests. One is for the emergency department information systems and one is for those admitted patients, so people who ended up in hospital.

CHAIR: We have heard a bit about the failings of the devices themselves.

Ms Smyth: Some of those emergency department presentations were in relation to explosions. The majority are poisonings but there are some explosions and burns in that data so we can provide you with as much granularity as we can.

Ms KING: I wanted to ask for some commentary around the impact of the introduction of plain packaging legislation for tobacco. What kinds of changes did that lead to in terms of smoking uptake or continuation? Do we have any way of extrapolating that to the vaping situation?

Ms Smyth: Potentially. The Commonwealth did a huge post-implementation review because that was such a significant legislative reform and that did demonstrate the impact on smoking rates. Certainly, a change to the packaging and the nature of these products would be one of the appeal mechanisms that we would suggest would be useful to drive down demand in children.

Dr Gerrard: If they continue to be sold.

Ms KING: Presumably, the pharmaceutical versions come in pharmacy style packaging anyway.

CHAIR: If the pharmacies themselves were the only people under the federal guidelines to distribute nicotine vapes—and just taking away from those poisonings, with 356 calls and 196 infants, or whatever it was—do you think it is worthwhile for the committee to consider making it that access to the vape juice should be stored responsibly by an adult? It would be just like any other medication, be it a beta-blocker or anything else, where kids can take a medication. Do you think we should consider doing something in that role in enforcing responsibility of safe storage, if you like?

Ms Whitehead: I can tell you that currently under the TGA's standard on those products they are required to be in child-safe packaging. That came in with the 2021 change. Some of the examples I gave predate that. There is also the way that a person might use that product at home, in that they put it into a different container or have a little decanter that they use to draw it up and put it into their device. Yes, there is an opportunity to educate the community—just as we do about the harm it causes—about how they store those products and the best way to do that, whether there needs to be any stronger regulation.

Ms KING: I would like to find out more about the pharmaceutically available products. I do not know whether they are a vial and a device that you get given or if it is an integrated device.

Ms PEASE: And are they flavoured?

Ms Smyth: Typically, they offer mint and tobacco for the prescribed products. I believe that is where—

Ms KING: But not strawberry lemonade.

Ms Smyth: No, not bubblegum.

Dr Gerrard: In reality, they are not actually being prescribed a great deal. Is that correct?

Ms Smyth: Not a huge amount but they are available on prescription online, and a more limited number of community GPs will be prescribing them.

Ms KING: Are they eligible for PBS funding or anything of that kind? What do they cost to your average consumer who has a prescription?

Ms Smyth: That is a very good question. We can come back to you with that information.

Mr MOLHOEK: We could get the Pharmacy Guild in to answer those questions. This is curiosity on my part: if people were to vape without the nicotine, are there significant health issues with that?

Dr Gerrard: There probably are. These are the chemicals that are in there—the glycerol, the propylene glycol. The glycerol has that funny foggy appearance, and the propylene glycol is in there principally to bind the flavour component to it, and then there are all these various chemicals and flavours in there. We do not know what long-term damage these chemicals do to lung tissue. It is probably less than smoking—it is likely to be—because there are a lot more chemicals in combustible tobacco than there are in these products, but we do not know in reality what the long-term effects are. It has been too soon.

Ms KING: We have already clearly seen a high uptake and presumably addiction rate through the medium of vaping among our young people. What additional resources are we going to need to put in place, assuming we move to the model forecast by the federal health minister, in order to get those young people supported with replacement therapies or to engage in cessation programs? What additional resources are going to be required to do that? It sounds like we have a cohort of young people who may not even realise that they are addicted.

Ms Smyth: Yes, a nicotine addiction is serious. It is not as simple as being told to stop using nicotine by your parent. Often you need support to come out of that. We mentioned that the Quitline has expanded its service and it is available. I believe that the federal government announcement yesterday foreshadowed an additional investment in this area, including through potentially some quit apps and things that may be more youth friendly or attractive than calling the Quitline. In terms of putting a dollar figure on it, I am not sure. Maybe the Commonwealth already has.

Dr Gerrard: I know anecdotally that some adolescents are being put on nicotine replacement because of vaping addiction. It is already happening.

Ms PEASE: I think you mentioned in your opening statement that it is down to the age of 12.

Ms Smyth: Yes, so nicotine replacement therapy is your inhalers, your patches, your lozenges and they are approved by the Therapeutic Goods Administration on the ARTG. They are available for use down to 12. Quitline will use them with under 16s in consultation with a general practitioner, but certainly they can be safely used in children where it is appropriate, where the nicotine dependence is such that it is necessary.

CHAIR: I want to ask about other countries that have bans and the benefits. Is there any other jurisdictional evidence? Did South Australia put a ban on advertising?

Ms Whitehead: Are you talking about online supply?

CHAIR: And/or banning them for use. I thought Japan had banned them.

Ms Whitehead: Japan, sorry. There are other countries that have put a complete ban in place. I could come back to you, if you are interested, to give you a more detailed analysis of that, around what it looks like in terms of whether it is still a youth problem, are they still getting it through a different market, we talk about prohibition and is that working. I think any country that has a ban probably also has a suite of other measures in place. That is something that I would mention around that prohibition question. With putting a ban in place, we have some smoking products that are already not available in this country but are available elsewhere. For example, smokeless tobacco or snus is a product that is used in Scandinavian countries. They have a view on its success. It is not something that is permitted in Australia and is not used. There are some products that have been successfully controlled in that way so there is a model there of some successful control in that way.

I think banning in any way that does not also sit within a suite of appeal, demand, reduction—because, as we have heard, youth are interested in these products. They are seeing them on TikTok and on the other platforms that they are on. Those are beyond, necessarily, the control of the Commonwealth government or state governments. Certainly we have taken steps to talk to Facebook and some other social media platforms around the supply and advertising that is happening online to see what we can do to influence that. We can come back to you with a bit of an assessment. You are interested in total bans?

CHAIR: Yes and what South Australia has done in terms of online advertising.

Ms Whitehead: I can tell you that South Australia have extended a ban that was already in place around mail order and phone order. They extended that to the internet when the internet became available and a mechanism for purchasing online. We have, in consultation with our colleagues, discussed the difficulty of enforcing that as a state on its own. A national approach to that kind of ban is probably what is required there because, obviously, businesses may just move their business outside of the state and to enforce that is quite difficult.

CHAIR: My final question goes to the cost to the health system. Do you have an idea? We have some numbers about the cost of smoking. It is probably too early to try to put a figure on it from a vaping perspective. Can you remind us what the smoking costs are to the state and is there anything around vaping?

Ms Smyth: I am sure we can very quickly pull that figure of the cost to the state. It is certainly in the regulatory impact statement that we did in the lead-up to the tobacco bill coming before you. I am not aware of an economic analysis that has been done in respect of vaping, but it is probably not too far away given the focus on this issue.

CHAIR: I am sure someone has done some bean counting to look at the cost. It is significant. What does an intensive care bed cost per day these days?

Dr Gerrard: We used to say \$2,000 but an ordinary bed now costs \$2,000 a day. It must be \$5,000 or \$10,000 at least.

CHAIR: It is a significant impact. I do not have any further questions.

Mr MOLHOEK: We were discussing the concept that if you are a heroin addict then you get methadone injections to help wean you off heroin. I think that is how it works. If you get people off smoking through vaping, what is the process and the time frame? If you are prescribed vape as a means of dealing with other addictions, does that go on forever? How do you regulate that?

Ms Smyth: The current clinical guidelines are that it should be regularly reviewed because of the health risks. We do not really know what the long-term outcomes would be, but the idea would be that you try to titrate down your nicotine use and eventually come off it. It is a little bit different to what you might see with heroin and long-term opioid substitution where it can be a maintenance program for people.

On using them as a smoking cessation product, you will hear some pretty powerful stories about their role there. I can try to put it into plain language. One of the studies that came out last year is a Cochrane review so it is a good standard systematic review. You will hear it touted to you. Really, what we know is that there is actually no silver bullet in terms of treatment for smoking cessation. It is very hard to get people to quit.

If you took 100 people, when that study compared nicotine replacement therapy—which we know, we use, is safe—about six people would quit successfully at six months. If you added or you used instead e-cigarettes containing nicotine, you might get an additional two or four people quitting. That is in a controlled environment so that is a good outcome in terms of the study. The problem with e-cigarettes, as we have heard, is the health risks that you are adding. Those other 90 people who did not quit are now probably still smoking and may have well compounded their health risk by adding e-cigarettes to the mix, and the nicotine addiction is spiralling and going on. Then, you have to consider the broader community around them. We may have inadvertently unleashed e-cigarettes on them and exposed them to the health risks.

That is the kind of balancing act that we have to do as public health people around: what is the value of these as a smoking cessation device versus all the other risks for when they do not work and for the rest of the community. On balance, that is why we are very much in favour of the prescription model and carefully giving it to those people who have tried our other tools in the toolbox that are safer and can work. The most effective thing is really people's own motivation and readiness to quit. It is very hard to do. I guess, do not be overwhelmed by the evidence around these products as a smoking cessation tool.

Ms KING: Each one of us, I believe, has been sent a book about how to stop smoking you start vaping. We are getting lobbied.

Ms Smyth: I bet you are.

Ms KING: It is very clear to me that that is part of a big campaign to call for the deregulation of vaping, effectively—nicotine vaping, not the more careful regulation.

Ms PEASE: At the beginning you talked about the explosion of vaping or the use of e-cigarettes and that now is the time to do something about it. We are in a fortunate position because, whilst it has exploded in major centres in Queensland, there are remote and regional areas it has not found its way to. What can we put in place to make sure that it does not find its way there now? I was in Aurukun last week. They have no evidence. The only people who are bringing in vapes are people who are visiting, which are the FIFO workers so Queensland Health workers, police officers et cetera. Is there any action in place to make sure that, by accident, these products are not going out to places where they are not at the moment? Can we make sure that they do not find their way there?

Ms Whitehead: It was encouraging yesterday to hear the announcement. A lot of work is being done, particularly in Aboriginal and Torres Strait Islander communities that are really remote communities where we know there is a high use of tobacco and we do not want to see e-cigarettes also taken up. We want to make sure that is driven down as quickly as possible and it is reducing. We do not want e-cigarettes to take a foothold there.

Ms PEASE: Absolutely not.

Ms Whitehead: We know we are having success in young people not taking up smoking in that population. The Tackling Indigenous Smoking program is a really well established program that is proven. That was extended yesterday. Part of the announcement talked about extending that to e-cigarettes. I know they are already doing a lot of work in this space, from going to some of their program conferences where they talk about what they are doing on the ground. I know that they are already talking to the communities about that. They are already educating about the harms and they are doing what they can to monitor what is happening in supply. Under the law, if someone was to take some products and supply them then that would be prohibited by our act as it is a smoking product and you cannot supply in a mobile way; you need to be a store. When our licensing scheme comes in we will be able to monitor that really well.

Ms PEASE: Absolutely.

Ms Whitehead: There are controls in place that can stop that from occurring now but we need to know about it when it happens. One of the messages we need is for communities, when they see that happening, to tell us, to report it to Health, so that we can follow up on that. It is really encouraging to know that there is quite a lot of work already happening on the ground with these communities, to make sure that they are aware of the harms and to make the messaging fit a local community context, because that is so important in these remote communities.

Ms PEASE: Very much so.

CHAIR: This is probably more of a comment: the samples that were given to us all say not to give it to under 21s. Clearly, they are coming from other countries and they do not even meet the criteria of the regulated tobacco industry that we have here. That is a comment only.

Mr MOLHOEK: Dr Gerrard, you said earlier that the industry as we know it now is really something of a sham in that we already know that so many outlets are selling illegal products with nicotine in them. We heard earlier from the health department around compliance and intervention. Why don't we just increase our enforcement and intervention as a health department?

After the first hearing we had about a month ago, I was chatting with one of my sons about it. He said, 'Dad, no-one wants to buy vapes that do not have nicotine in them.' He said, 'Every corner store, including the Caltex petrol station around the corner from where I live, has displays of illegal vapes.' Why aren't we out there absolutely blitzing them and clamping down on them in that respect?

Dr Gerrard: I do not know whether you can help me with this, but I will answer. My simple answer is that my understanding from speaking to the people who do this is that it is not easy at all. Maybe you can give a more comprehensive—

CHAIR: Yes, we are dealing with that.

Ms Smyth: Public health units are responsible for this, of which there are a—

Mr MOLHOEK: That was the term I was looking for, 'public health units'.

Ms Smyth: There is a limited number of those bodies on the ground, but they are across Queensland and they do sit across a number of public health pieces of legislation. They use a risk-based approach to decide what they are doing and when they are doing it. What I can tell you is that this issue is chewing up a lot of their time and their reactive work. They are there, but the simple sheer volume of it coming in makes it an uphill battle. We hear constant reports of an environmental enforcement officer who may have gone in and removed all the product but the shelves are restocked the next day. I am sure you have heard that story as well. There has to be a limit, I guess, to what we can do. In the bill that we have put forward, we acknowledge that. That is why we have put in some pretty serious information-sharing provisions so that we can pass that information to other agencies that may be interested in the other aspects of this, including tax evasion, organised crime and border controls so working with the ABF, TGA, QPS as the case may be.

Mr MOLHOEK: If I hear you right, it is really a resourcing issue. If we were to increase our teams of enforcement officers and actually go and seize product and do it on a daily basis and just drive them—

Ms Smyth: It depends how much money you would want to throw after that black hole. I think a good thing about yesterday's announcement was a signal of turning off that tap at the supply end, because I am not sure how many enforcement officers you would need to keep up with the speed of this. That is not a problem that is unique to Queensland.

Mr MOLHOEK: If border security is struggling to stop the flow now, how is changing the law going to make that any easier? They are not seizing the illegal product as it is coming into the country now so how is that going to change? It is probably not a question for Health, sorry.

Ms Smyth: Potentially not, but I understand what was foreshadowed yesterday. We are all just working from media releases at this point about that announcement, but that there would be less of a distinction between the so-called legal and illegal products, and that may make things simpler at the border for interception.

Dr Gerrard: I think that's the problem. That is the crux of it, isn't it? If you can't distinguish between nicotine containing product and non-nicotine containing product, you do not know what to seize. Now all of this is illegal, they cannot sell it, full stop.

Mr MOLHOEK: I think Queensland Health said that they tested—that was in closed session I think—

CHAIR: Yes.

Mr MOLHOEK: Anyway, there was some testing done and it was pretty clear that the majority of—

Dr Gerrard: Some 82 per cent.

Mr MOLHOEK: Yes.

CHAIR: Yes, it was the same.

Mr MOLHOEK: That is the figure. Some 82 per cent actually had nicotine in them that should not have. You would have to be a rocket scientist to work out that most of it coming in illegally is going to have it. I am probably straying into issues of opinion.

Ms Smyth: Which we cannot offer you. I am sure the public health units would value an increase in their enforcement efforts.

CHAIR: We have had them before us and we are dealing with a different bill. We will probably end it there. Are there any other questions?

Ms PEASE: No. Fantastic.

CHAIR: Very informative. I think the way to best summarise it—and, Karson, you have not had a chance to say anything—is that when you say vaping is bad—

Mr Mahler: I had my fair share of questions earlier, so—

CHAIR: Yes, you did. The words that you chose to use—‘This has to stop’—really summarises the urgency in addressing this issue. Thank you very much for your contributions today. They are welcomed and are very helpful for the committee. I know that you have taken some questions on notice. Can we have them back by Monday, 15 May, please. I declare this public hearing closed.

The committee adjourned at 3.47 pm.