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 M Salisbury—Assistant Committee Secretary

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

TRANSCRIPT OF PROCEEDINGS

Tuesday, 30 May 2023

Brisbane

TUESDAY, 30 MAY 2023

The committee met at 10.10 am.

CHAIR: I declare open the Health and Environment Committee's inquiry into reducing rates of e-cigarette use in Queensland. Thank you for joining us this morning. I am 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 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.

Other committee members with me today are: Rob Molhoek, deputy chair and member for Southport; Joan Pease, member for Lytton; Ali King, member for Pumicestone; and joining us via telephone is Stephen Andrew, member for Mirani.

On 14 March 2023 the Legislative 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 terms of reference for the inquiry are available on the committee's website. The purpose of today's hearing is to assist the committee with its inquiry.

This hearing is a proceeding of the Queensland parliament and is subject to the parliament's standing rules and orders. Witnesses are not required to give evidence under oath, but intentionally misleading the committee is a serious offence. Proceedings are being recorded today by our parliamentary Hansard reporters.

All those present should note it is possible you may be filmed or photographed during the proceedings and images may appear on the parliament's website or social media pages. I ask everyone present to turn off their mobile phones or put them onto silent mode.

Our very first witness is Theo Foukkare, Chief Executive Officer of the Australian Association of Convenience Stores. He has dropped out. We are being challenged with technology. Due to the technical challenges in getting Theo online we might move to the second witness, Bede Tansley, the Director of Juice Freak and Aleksandra Moore. It is good to see you both again.

MOORE, Ms Aleksandra, Business Partner, Juice Freak

TANSLEY, Mr Bede, Director, Juice Freak

CHAIR: Good morning. Would you like to start with an opening statement before we move to questions?

Mr Tansley: My name is Bede Tansley and this is my business partner Aleksandra Moore. Together with my fiance and Aleksandra, we are the owners of Freak Australia, which is a Queensland owned company that manufactures and distributes nicotine-free e-liquid for use in reusable vapes. All of our e-liquids are manufactured in our factory on the Gold Coast and sold to over 450 stores on a wholesale basis.

Ms Moore: On 13 April we appeared before the committee at the public hearing in Southport in which we addressed the manufacturing process and the ingredients we used. We informed the committee that the products we manufacture are safely made in our state-of-the-art clean room. I thank the committee for allowing us to appear today. On 3 May the federal health minister in a Press Club address stated an intention to ban vaping and permit limited sales of flavourless nicotine vapes which will only be available on prescription from a pharmacy.

As the committee has no doubt read in the paper and heard on the radio, this proposal by the health minister has been widely criticised and is just bad policy. It is for this reason that we address you again today. This committee and the government of the day will be asked by the federal health minister to implement this bad policy: a policy that will destroy thousands of businesses, leave thousands of employees without employment, leave millions of smokers without a lawful and effective path to quit smoking and force millions of vapers to once again take up smoking—a lethal and addictive habit that will place further strain on the already broken health system. The struggling health system cannot and should not be forced to handle hundreds of thousands of Queensland vapers making regular doctors appointments to obtain a prescription for a product that does not need to be

sold on a prescription and is not sold on a prescription in all other western countries. Further strain will be placed on the health system if those vapers become smokers. After all, smoking kills over 24,000 Australians per year.

Contrary to the health minister's claims, the individuals in our industry are not criminals preying on youth for a profit and our products are not marketed towards children. For the most part, vape businesses are family owned and operated which have, despite the influx of illegal disposable vapes, continued to comply with the existing laws. Unlike the health minister, we challenge the committee to recognise and understand the distinction between reusable vapes with zero-nicotine e-liquids that we and other businesses lawfully manufacture in Australia and sell to adults to quit smoking and, on the other hand, illegal disposable vapes which are manufactured mostly overseas in China and sold on the black market here in Australia with high amounts of nicotine.

A goal of this committee is to stop vapes falling into the hands of schoolkids. We submit to the committee that youths and schoolkids are not being sold or found with reusable vapes but, rather, they are purchasing black market disposable nicotine vapes. Legitimate vape retailers and manufacturers are not participating in this black market. They operate under existing laws and sell zero-nicotine reusable vapes. They are also businesses that employ Queenslanders and pay tax. A total ban on the retailing and manufacturing of vapes will destroy those businesses and our business, Juice Freak.

Whilst it has been suggested that pharmacies may still be able to sell those limited vape products with a prescription, the practical effect is that Australian vape manufacturers and retailers will be put out of business overnight by big pharma which has a monopoly on that sector. This is a very bad outcome for smokers looking to quit. By way of example, one month's supply of nicotine e-liquid from a pharmacy will cost approximately $280 as opposed to $50 if the e-liquid was purchased in a shop and the nicotine was purchased using the current prescription model. It is just bad policy and puts lifesaving vapes out of the reach of ordinary Australians whilst at the same time making smoking more attractive. If the health minister's concern was really about the health of Australians, why would he not just ban smoking entirely? Instead, he will be asking you, the committee, to implement this bad policy that forces more Queenslanders back to the deadly cigarettes, conveniently just after the recent excise increase.

Whatever the motivation of the proposed reform may be, it is difficult to see how the proposed reforms would stop vapes falling into the hands of young Queenslanders. The health minister failed to acknowledge that the black market has only arisen from the prohibited approach taken by the former health minister and that all disposable vapes being sold to youths are already illegal such that imposing further bans on reusable vapes and e-liquids which do not contain nicotine and are not being sold to children will have no benefit to society; secondly, will only create more of a demand for the black market; and, lastly, will only punish those who are trying to use vaping as a smoking cessation tool.

Additionally, a flavour ban does not make sense. Alcohol can be purchased in many different flavours and has colourful labels. In a properly regulated environment, alcohol is only sold over the counter upon production of identification. Why would that model not work for vapes? Why should adult Queenslanders not have access to vape flavours which might assist them quit smoking once and for all? The health minister has failed to acknowledge the peer reviewed studies which have been conducted in other western countries, including the United Kingdom and New Zealand, which prove that vaping is 95 per cent better than smoking, which prove that vaping is the most effective smoking cessation tool on the market and which prove that individuals who vape, including youths, are not more likely to take up smoking.

The health minister failed to acknowledge the evidence that proves that the legislation and proper regulation of vaping in other western countries has resulted in a reduction in youth vaping, a significant reduction in youth smoking, a significant reduction in smoking amongst their Indigenous population and a reduction in overall smoking rates across those countries, with most of these countries, including Switzerland, the United Kingdom and New Zealand, on track to be smoke free within the next five to 10 years as a result of vaping, when Australia is struggling to achieve its 2030 target of less than five per cent smoking.

We on behalf of our industry and the hundreds of thousands of Queenslanders who rely upon vaping to stay off cigarettes ask the committee—plead with the committee—to properly consider the reforms proposed by the health minister and acknowledge that these reforms are not the way forward. Legitimate businesses and ex-smokers should not be punished as a result of the actions of criminals. Youth vaping can only be controlled via proper regulation which makes nicotine vapes accessible and affordable for Australian adults. Vaping products should be sold by dedicated vaping stores that are

subjected to very strict licensing requirements and penalties for noncompliance—the same as those imposed upon the alcohol industry. It goes without saying that if nicotine vapes are more accessible for adults there will be no demand for the black market. It will also bring the manufacturing of these products back to Queensland to enable the government to monitor who is making these products, how they are being made and who is purchasing these products.

The legislation of nicotine without a prescription must be introduced at a federal level. However, Queensland can take positive steps to move towards a more regulated model. Licensing requirements can be introduced for retailers and increased penalties for those participating in the black market. Resources can be dedicated to enforcement to deter participation in the black market and, importantly, Queensland can refuse to participate in the health minister's prohibition. If Queensland does intend to implement laws that will destroy Queensland vape businesses, it is incumbent upon the government to implement a statutory compensation scheme to compensate those businesses that will be destroyed by this policy.

Mr Tansley: Various vendors from across the country have formed the Vaping Association of Australia. This association represents hundreds of legitimate business owners who operate various businesses within the vaping industry that have not participated in the black market, and most of the association's members are also ex-smokers and Queenslanders. We have operated our businesses in accordance with the ever-changing laws surrounding vaping to ensure that adult Australians are able to access safe vaping products in compliance with the law. We strongly oppose any further prohibition of vaping on behalf of our businesses and all of our customers who have successfully used vaping to quit and stay off smoking. Our lives and businesses should not be destroyed by underdeveloped reforms which are not backed by any evidence. We are happy to work with the government to create a reform that puts Australia on a smoke-free path whilst keeping the vapes out of the hands of youths.

CHAIR: Thanks for coming back here today and for appearing before the committee and unpacking your concerns. What is happening in the federal space is a matter for the federal government. Of course we have terms of reference that largely look at the impact of vaping on youth, particularly in schools. I picked up on a couple of things that I wanted to ask some questions on, but firstly just remind us: Juice Freak does the flavouring of nicotine? Can you just explain?

Mr Tansley: All of our juices do not contain nicotine. We sell zero-milligram juices to vape retailers across Australia. People with a prescription model may add nicotine to their juice if they choose to, but otherwise people use it at zero milligram.

CHAIR: Just to pick up on a recent report that was tabled from 17 vapes that were tested, does it concern you—and I understand you unpacked the pharmacy prescription model, which is up to 100 milligrams per mil of nicotine—that those vapes all had nicotine and minimum trace levels were 200 milligrams per kilo up to 47,000 milligrams per kilo? What is your commentary around that?

Ms Moore: Thank you for mentioning that study. In that study which tested 17 disposable vapes, no bottles of e-liquids were tested and none of those products were manufactured in Australia. Each of those disposable vapes contained nicotine which means they are being sold on the black market. Most of these vapes do not identify that they contain nicotine on the label because the nicotine content is concealed to attempt to conceal the illegal sale of vapes. This misleading label is done by overseas, mostly Chinese, manufacturers to enable the products to get through Customs. Australian manufacturers are not permitted to put nicotine into their e-liquids unless they have a licence—we do not—and all of the labels of an Australian-made e-liquid correctly identify that they are nicotine free, including the labels that we place on e-liquid bottles.

The report fails to elaborate on the dosages of chemicals that were allegedly identified. Dosages are critical as a substantial amount of chemicals and metals that were identified are also present in other substances including water, fruit and vegetables. However, the doses are so low that they are not of concern. This is the same with vape e-liquids. Several previous studies which identified metals in vape juice were debunked as the vapes had been operated at such high temperatures for metals to be present and no individual would be able to use a vape at such a high temperature. The method used for testing is not properly identified in the report. The test is not representative of what would be present in a bottle of e-liquid.

The nicotine concentrates are exaggerated. A single cigarette contains between eight to 20 milligrams of nicotine, with the average being 12 milligrams. That is one cigarette, so the individual smoker is consuming that amount of nicotine with every cigarette. A pack-a-day smoker is consuming, on average, 240 milligrams a day. Illegal disposable vapes usually contain approximately 50 milligrams of nicotine in each vape and each vape would last a person an average of three to five

days, depending on their use. A bottle of e-liquid on average contains approximately three to 10 milligrams of nicotine per 120-mil bottle. A 120-mil bottle of e-liquid lasts a vaper on average seven days. Nicorette inhalers contain 15 milligrams per cartridge. The Nicorette box recommends three to six cartridges a day which is 90 milligrams of nicotine a day—significantly more than a vape.

The study is proving what everyone is saying: there is a black market in Australia selling nicotine disposable vapes which are unregulated and manufactured overseas. The only way to combat this is to implement proper regulation which makes nicotine vapes accessible in Australia and enables manufacturers to manufacture nicotine vapes safely and responsibly here in Australia.

Mr MOLHOEK: I will add my thanks to that of the chair's for appearing again today. Hypothetically, let us say we banned the import of illegal vapes and we opened the market up for re-usable vapes. Given that the market is already being driven by illegal vapes that are misrepresented predominantly in the market—by having nicotine when they say they do not or they are not supposed to—do you think that that would effectively shut that down and would it be possible to manufacture disposable vapes in Australia and actually regulate it? Clearly the market wants the disposable vapes because it is convenient. It is a bit like people want Big Macs because it is quick and easy. How do we overcome that as an issue if we were to move forward with some sort of approval or legalisation of vaping?

Ms Moore: I think the key is with the regulation. I certainly think it is very much achievable to have Australian companies manufacture disposable vapes with or without nicotine. It really comes down to ensuring regulation is in place and increasing the fines. At the moment the fines are nominal, if fines are being issued at all to any shops that sell these illegal disposable high-nicotine vapes. That is why this has happened. It comes down to regulation. I think that is very much achievable.

Mr Tansley: I also think that it is not just disposable vapes everyone wants because they contain nicotine and they are being sold on the black market and are easily accessed. If people were able to buy a bottle of e-liquid with nicotine in it in Australia more people would use that. It is the same premise as people rolling their own cigarettes compared to buying pre-made cigarettes. It is a money saver. People are going to buy more bottles of e-liquid and use a re-usable vape because it will save them money in the long run and they are not going to have to spend more on disposable vapes that they are going to go through quicker.

Mr MOLHOEK: I suspect tailor-made cigarettes are the dominant product in the market, even though you are right, I guess, that it is cheaper to roll your own. I suspect making your own vapes would probably lose out against simply being able to buy things that are disposable and ready-made.

Mr Tansley: We never had this issue before. There were pretty much no disposables in the country before the prescription model was introduced. At that stage there were over a million vapers in Australia who were still using re-usable vapes and would buy e-liquid. They would use the Personal Importation Scheme to buy their nicotine into the country, add it to their juice and use that. When the prescription model came in, that is when disposable vapes started hitting the country because people were finding that they now had to go to a pharmacy or get on a website, get a prescription, pay extra for that, then get their nicotine. You have just added two extra steps to what they were already doing, where I can go to my corner store that is selling the illegal product and I do not have to go through those extra steps.

Ms KING: Thank you for coming in. I recognise this is a frightening moment for you. You have set up a business. You have mentioned that there has been changing regulatory requirements over time and the federal government's announcement has placed your business in some jeopardy and I want to acknowledge that that is a hard thing to be facing. You did make a number of statements, in particular about the value of vaping as a smoking cessation aid. I am aware of some of the studies that you have mentioned. I am also well aware from the Queensland Health report that we received that there are also many more competing studies that question the efficacy of vaping as a smoking cessation aid. In particular, I have a statistic before me that comes from New South Wales data that notes that of 14- to 17-year-olds who had tried a vape in the last year, 54 per cent of them had never used tobacco prior to using vapes. I just want to ask you for your reflections on that. Black market or re-usable, these are cool looking devices, I can see the appeal in whatever model was there. Can you please provide your comments on what we can see from the data: that some people are taking up vaping having never smoked before?

Ms Moore: Can I just get you to repeat the exact study that you are referencing?

Ms KING: I have to find it. There is so much evidence I have before me questioning the efficacy of vaping for smoking cessation and also noting its prevalence among people who have never smoked before. That was from the New South Wales Population Health Survey and the Cancer Council New South Wales Generation Vape research. Together they found that 54 per cent of

adolescents 14 to 17 who had ever used an e-cigarette had not smoked tobacco prior to starting vaping and that adolescents who had ever smoked tobacco were seven times more likely to have ever vaped, but that adolescents who had ever vaped were 18 times more likely to ever smoke tobacco compared to those who had never vaped. I would love your reflections on that information.

Mr Tansley: Personally, I started smoking cigarettes when I was 14 years old—in Australia—buying them from any store where I could get my hands on them, and I know plenty of teenagers who back in the day who tried cigarettes because there was no vaping around. There are plenty of people who are trying these things, but a lot of the studies that are being done are showing that kids may try these things at parties with their friends, but whether they are everyday vapers is another question. In context, to say a kid has vaped—tried something one time—is different to saying they are consistently vaping every single day.

Ms KING: Having been a teenager who did whatever was available in terms of cigarette smoking and things, I take your point. There was also evidence contained within this very long paper that talked about 'have ever tried a vape' versus 'vaping regularly' and the evidence was consistent through those groups that if you had vaped as a child, whether just the one time or more consistently, you were much more likely to go on to take up cigarette smoking.

Mr Tansley: You may try cigarettes after vaping, but if you are going to go to something that tastes much worse and is way worse for you, you are not going to continue it. When you are talking about vaping, which has been proven overseas to be 95 per cent better than smoking, are they going to continue to keep smoking cigarettes when vaping is available? I think with a ban you are likely going to see kids taking up smoking much more. If they cannot get access to vapes anymore and they are addicted to nicotine, what are their options? They are going to probably buy black market tobacco, to be honest, because that is what they are going to be able to get their hands on. That was another thing that we thought with Mark Butler's statement. I know this is at a federal level, but there are hundreds of kids in schools who are now addicted to nicotine—thousands of kids. What are we going to do about that now that they are addicted? What is their option?

Ms KING: Thank you for your comments on it.

CHAIR: In the paper provided by Queensland Health, it states between 2017 and 2022 the Queensland Poisons Information Centre received 356 calls about exposure to e-cigarettes with suspected nicotine or other chemical poisonings. Of these over half related to young people. There were 194 calls for poisonings of infants and toddlers; 29 calls about children five to 14; and the rest 15 to 19 years of age. Further, between January 2021 and February 2023, there were 55 presentations to emergency departments. Some of those presentations related to poisoning, with three people requiring immediate resuscitation for a vaping device that was not being used as intended, misuse of the device, do-it-yourself vapes and product failure. What do you say about some of those numbers? They are startling, I guess, in terms of presentations to our emergency departments

Ms Moore: I would say to that that a lot of those circumstances would be caused by the illegal high-dose nicotine vapes that are coming in from China and that are being left around the home. That is why in our view it is important to ban those products, those illegal disposable high-nicotine vapes. Those figures are shocking. The same thing can happen leaving a packet of cigarettes around and a lighter. That is my comment to that.

Mr Tansley: That is it. The thing we want as well, if we are to look at a regulatory model, is proper education around vaping. There is not enough proper education in Australia about how to use a vaporiser and who should use a vaporiser, and that should be introduced with a regulatory model. It is not something that should just be like run free. There is plenty of education out there on smoking and why you should not smoke. The parents of these children are not properly educated. The kids are not properly educated. Nobody is properly educated around how to use vaping as a cessation tool and that is what it is used for, not as a recreational device.

CHAIR: Sorry to close this off, but you would support a ban to children; is that what you just said?

Ms Moore: Absolutely.

Mr Tansley: Yes, 100 per cent.

Ms Moore: May I just make one final closing remark? In terms of a regulation model, we do not need to reinvent the wheel. We can replicate the same models that New Zealand and the United Kingdom have. We do not need to invent something new. Thank you very much for your time.

CHAIR: Thank you both for being here today. We do appreciate your contribution.

FOUKKARE, Mr Theo, Chief Executive Officer, Australian Association of Convenience Stores (via videoconference)

CHAIR: Good morning, Theo. I understand it is one o'clock in the morning where you are.

Mr Foukkare: It is.

CHAIR: I am going to hand over to you for an opening statement before we go to any questions. Thank you for joining us.

Mr Foukkare: I wanted to start by thanking the chair and the committee for the chance to speak on behalf of the Australian Association of Convenience Stores at this hearing today. AACS is the peak body for convenience retailing in Australia. Nationally the industry employs 81,000 people across 7,200 stores. Along with our corporate retail brands such as 7-Eleven, BP, Coles Express and Ampol, the AACS represents a high number of stores that operate as small family-run businesses, often under licence or franchise agreements or with independent ownership. These local stores regularly employ family members and people from local communities in which they operate, and I am sure many in each of your respective electorates. AACS represents the interests of these corporates and small businesses, their owners, staff, suppliers and customers. That is why we are here today and I thank you again for the opportunity.

As you would have seen from our submission, we firmly believe the prevalence and availability of nicotine vaping products, or e-cigarettes as they are commonly known, is too widespread and should be curtailed. We also believe this is a direct result of successive government policies—namely, the 2021 decision by the Morrison Liberal government to require vaping products to be prescribed by doctors and purchased from pharmacists.

Clearly, this system has not worked. This is evidenced by the new government and minister for health, Mark Butler, reworking, in our opinion, the same policy, doubling down on the prescription requirement and saying he will stop vaping products from being imported into the country. AACS believes that there is a better option that is viable for states and territories and will curtail the prevalence of youth vaping. It is tough, but in our view it is simple. Through a regulated retail model with tough restrictions on colours, flavours, packaging, marketing and, critically, age restriction on sales, the black market can be dismantled and youths can be restricted from accessing vaping products.

Today I want to discuss the opportunities for the Queensland government and discuss how this tough regulated model can fix our broken system because, while I may not be an expert on nicotine or health risks, I do know a lot about black markets and controlled products. Before we commence the hearing, I would like to briefly outline the opportunities for Queensland as Australia's stance on vaping is also impacting the state's budget bottom line.

According to Roy Morgan, 92 per cent of Australia's 1.3 million adult nicotine vaping product users purchased vapes through the illicit black market rather than through the pharmacy and GP approach. For Queensland, data shows there has been an increase in vapers of 236 per cent in the last four years. That is adult consumers only and does not include the rates of youth vaping. We estimated recently that the federal budget will have a hole of $5 billion due to a combination of lost excise from declining tobacco sales and missed revenue from failing to regulate nicotine vape products as consumer products.

I note that in the federal Senate estimates hearing last week, Border Force Commissioner Outram outlined the many challenges with detecting and stopping illegal vaping products at the border. He said that it is going to be expensive and, instead of collecting taxes as would be the case through tough but simple retail regulation, we are going to have to pay a lot for this dubious approach. Through endorsing a regulated retail model, the fiscal hole could begin to be filled without additional state resourcing and an estimated $254 million per annum in additional GST revenue would be available immediately to be redirected to other state government services like health or education. Based on the current GST distribution, this would see Queensland benefit from around $215 million in extra payments to Treasury from Canberra over the four-year forward estimates period of the federal budget. This stands in stark contrast to the likely enforcement costs that will accrue to Queensland under the federal government's new policy while criminals continue to reap the benefits of the black market sales. Let us be clear: the products that youths are accessing are illegal black market vapes mainly imported from Chinese manufacturers and sold by criminals.

Queensland can be a tough and practical leader in this space and show the way in curbing the youth vaping crisis by stopping the supply of unregulated vaping products to our schoolchildren through a tough regulated retail model. Such a model would mean nicotine vaping products are

treated like alcohol and tobacco products are currently, with strict regulatory and licensing regimes and compliance officers monitoring their sales. This will also protect adults from purchasing harmful imported vapes by implementing product and electrical safety standards and would boost the economy by making a now mainstream product legitimate and subject to taxes, creating real jobs for Queensland.

CHAIR: Thank you very much, Theo. You have made some very good points there. I want to tackle online availability and the ease with which these illegal vapes are getting into young people's hands. Do you have any commentary around that?

Mr Foukkare: I do. That is an area on which we have written to the previous federal communications minister as well as the current federal communications minister on multiple occasions, providing them with evidence of both Australian-based websites as well as all of the social media platforms because we believe they have the ministerial power to shut those websites down. We have had absolutely no response from either the current federal government or the prior federal government. This is something that we have tabled again on multiple occasions with all of the respective bodies. They should not be available online. Unfortunately, children are accessing both through the likes of Facebook, Snapchat and Instagram. It is extremely disappointing when nothing is done. Additionally, we have provided Australian-based websites that are clearly breaking the law by advertising nicotine vaping products to anyone with effectively no age verification and shipping as soon as the consumer wants it. We are astounded by the lack of reply or response from the federal government.

CHAIR: Thanks very much. I will open up to questions. Deputy Chair, do you have a question?

Mr MOLHOEK: I am okay for the moment, thank you.

Ms PEASE: I acknowledge all of your members across Australia and the great work that they do, and their dedication, particularly caring for our communities given that they are open at all hours. Often they are the first people to make a donation to the many different events in our communities. I acknowledge all the great work that they do. I would like a little bit of clarity with regards to your comment in the submission similar to the Northern Territory's policy regarding vaping. Are you suggesting that convenience stores be allowed to sell vapes that include nicotine and also vape juice that includes nicotine?

Mr Foukkare: In our submission, very clearly we have outlined what we believe is the only way to curtail the black market. For reference, we estimate that approximately 90 million illegal unregulated vaping products were imported into Australia in the 2022 calendar year. We know through other products that the government has no control over that, where you have significant demand, supply will find that demand. Unfortunately, with the products that are being supplied nobody actually knows what is in them. I note the findings by the Queensland government that came out the other day. All of those products that were tested are illegal Chinese manufactured imports that do not meet any of the standards.

If we look to other regulated western markets, such as New Zealand, the United Kingdom and many parts of the EU, they have tightly controlled product regulation and a very strict age restricted retail licensing framework. They are able to sell to 18-plus consumers a product that is not the product that is available in the market today. It is actually regulated to ensure that they have all of the relevant nicotine content, they do not have all the ridiculous flavours that are targeting children, they have electrical safety standards and they have controlled requirements around the actual ingredients. What we are suggesting is that responsible retailers, just like retailers that we represent and many other tobacco retailers that sell tobacco and, in a lot of cases, alcohol—we believe that through the controlled supply within that framework, adults should be able to buy regulated products through responsible retailers.

I note your point on the NT. In the Northern Territory submission to the TGA, they were one of the states and territories that was clear in their support for a regulated retail model with tight restrictions. I also note that they launched their own inquiry into this. That was prior to the federal government actually releasing their findings or Minister Butler's preview of what he is looking to do. Since then they have cancelled that inquiry and are not moving forward with that and they are working with the guidelines as set by the federal government.

Ms PEASE: Further to that, currently your retailers and convenience stores, as would other tobacco retailers, would be selling vapes that do not contain nicotine. Where are those vapes purchased?

Mr Foukkare: A small number of our members are selling zero nicotine vapes. A lot of our retail members have chosen not to sell them predominantly given that some of the suppliers that are providing these products are falsifying what the products contain. We have provided very clear guidelines to all of our retail members, which is communicated down to the stores, of all of the brands that have been identified on the TGA's website through testing that failed. We absolutely tell our retailers, 'You do not buy these products and these are the suppliers that are providing them.' There are a number of suppliers that are providing them. To that point, one of those suppliers is actually Perth based. We identified that supplier to the federal government and, again, no action has been taken in that sense.

Ms PEASE: You made some comments around what is happening in other jurisdictions and you mentioned New Zealand. Evidence has been given that the rate of vaping has increased between 15- and 17-year-olds three times in the years 2020 and 2021. Are you aware of that increase?

Mr Foukkare: Yes, I am aware of that increase. However, in the year 2022 those numbers have actually started to decline. We believe that the data that has been presented is actually outdated. We have seen that trend happen in the UK as well. I think what we see in particular with children is that they go through an experimental stage. In the absolute majority of cases—and I am not a health expert but I do a fair amount of research on this—it is short term and their usage is extremely temporary. They do it to experiment and they move on.

The absolute vast majority of consumers, both in New Zealand and in the UK, who are actually vaping regularly versus being asked, 'Have you vaped ever before?' is vastly different. That is our understanding. I suppose it brings it back to the root basis of our argument: we do not have children buying alcohol freely over the counter and we do not have children buying tobacco products freely over the counter. Yes, there are instances where children get access to those products, but very clearly, through a strong responsible retail framework that is licensed, we believe that we can assist the government in actually addressing the supply to any children. However, it also needs the government, both federal and state, to step up. When websites are reported to them but are not shut down we feel that all Australians are being let down. That is a serious concern that we have, that the governments have not taken the approach where they can.

I have also participated in the retail working group with the Department of Health in Queensland for the past 12 months. We worked with them on the development of the legislation that has recently been passed. I am very happy to say that part of the proposal that we and other retail bodies put forward to government was collaboratively worked on to develop what we believe now—

Ms PEASE: I was going to mention that, particularly in light of the fact that in the NT all retailers of tobacco and smoking products have to be registered. I think the chair has a question before we run out of time.

CHAIR: We are the Health and Environment Committee. I note in your submission that you do talk about waste management of vaping products. In some previous public hearings, we have heard and read data of some 90 million of these illegal vapes entering the country and ending up in our waterways. Some of the lithium batteries have reportedly caused fires. What is your suggestion in terms of managing the waste?

Mr Foukkare: Firstly, it is very difficult for retail or industry to be able to support illegal products in the recycling process. I hope you can understand the rationale behind that. We have support from the retail community, in particular our members, that if they were to sell any vaping products that were regulated and legal, it would be a requirement that they would have to agree to a recycling program with their supplier. There would have to be a place at their premises to allow consumers to return to that premises or any premises within that retailer's network to ensure that they can be disposed of safely and managed correctly rather than end up in the environment.

CHAIR: Thank you very much for that. We will take that as a closing comment. We really appreciate your contribution and time early in the morning on the other side of the world. Thank you, Theo.

GERANDONIS, Mr Leo, Queensland Business Manager, TSG Franchise Management

CHAIR: Thank you for your written submission. Over to you for an opening statement.

Mr Gerandonis: I am the franchise operations manager in Queensland. I appear here representing TSG Franchise Management Group and 195 TSG small business owners here in Queensland. We are not big tobacco. From day one nicotine vapes have been illegal unless you have a prescription from a doctor. The current illicit trade in nicotine vapes as opposed to legal non-nicotine has exploded in Queensland for well over 18 months now. It is estimated that over 350 illegal outlets have opened, selling illicit nicotine vapes and illicit cigarettes in this time, and these outlets are allegedly controlled by criminal gangs. Nicotine vapes are available to purchase in hundreds of outlets. Nicotine vapes are not put through any quality control checks; therefore, exposing consumers to substandard products and potentially placing more pressure on the Queensland health system. These same criminals are responsible for the sale of illegal vaping products to minors. They do not care who they sell to. It is imperative that Queensland Health and police are provided with the necessary resources to stop this illegal activity.

We recommend that the Queensland government has a task force in place that continues to raid these illicit outlets on a regular basis, confiscate illegal products and hand out serious fines followed by jail time for subsequent offences. A licensing system has been suggested for outlets selling tobacco—which has come through—and the same should be in place for selling vapes, and only non-nicotine vapes. This provides a clear point of difference between the illegal stores operating in the black market and the legitimate small business owner. Illicit nicotine vaping outlets, along with illicit cigarettes, are also contributing to a loss of revenue within legitimate small business outlets by as much as 40 per cent. Shut down these illicit stores and, therefore, the availability of non-nicotine vapes and vaping numbers in general will drop.

CHAIR: That idea of the task force is not a bad idea, but I think they would be very busy in Queensland. How enormous is this to try and stop it?

Mr Gerandonis: It is huge. In any electorate you want to point out, we can probably nominate stores that are popping up regularly. At one stage police officer Tony Parsons said to me, ‘One, two, three a week are just popping up.’ It is out of control. Obviously they do not have enough numbers to be able to continue the raids. Statements have previously been made about the fines being very weak. I recall at the Southport hearing where Queensland Health said there were 12 convictions and the highest fine was $600—that is, ridiculous.

CHAIR: That has changed with the alignment of the Medicine and Poisons Act and the Tobacco and Other Smoking Products Act. That should result in increasing opportunities to manage that. From a federal point of view, what about trying to stop these products coming across the border?

Mr Gerandonis: From a TSG point of view, we agree with previous statements in terms of limiting access. It is unfortunate that you keep hearing the words ‘Chinese product’ and ‘unregulated’. That needs to stop. I would strongly support Australian-based manufacturing, if that were viable, because that would be controlled. We have to accept that plenty of studies—whether they are by Queensland Health, federally, the cancer foundation—have shown that tobacco declined with control. Stop the illicit product in these illicit stores and you will see a decline, because responsible retailers—whether it is Coles, Woolworths, TSGs, petrol stations—ask for ID. If you are not 18, you do not get the product. It is as simple as that.

Ms KING: Thank you for coming in and for taking the time to make a submission. It is so important that we hear from stakeholders across the sector. I thought I heard you say that in your view tobacco shops should be allowed to sell non-nicotine vapes; did I mishear?

Mr Gerandonis: Yes.

Ms KING: Or is that what you said?

Mr Gerandonis: Yes. In terms of the proposal of banning, we are saying that we believe there should be an option for non-nicotine vapes if the Queensland government decides to ban nicotine full stop.

Ms KING: I am taken back to some submissions we received in our Townsville hearings from proprietors of chain tobacco shops. They talked about the anxiety that they face when they stock what are sold to them as non-nicotine vapes. These are disposable vapes. They stated that their product safety data sheets indicate that these vapes do not have nicotine but the batch numbers are identical to ones that they see that do. They expressed anxiety that they were perhaps inadvertently selling nicotine vapes. Can you comment on that given you have noted the interest of your member outlets in continuing to sell non-nicotine vapes? Is that a concern for the businesses that you represent?

Mr Gerandonis: It is a concern in terms of the quality control of the current manufacturers. Regular comments are, 'We are getting products, we are selling them and we have the safety data sheets.' We can only go on that part of it. The way that I talk to franchisees in terms of their concerns is this: 'There is a plant operating. If 90 per cent of their volume being produced is nicotine-based, they have to stop the machine, clean it down and run non-nicotine product.' Obviously that is not being done properly because the tests that have come through from Queensland Health, whether it is a one per cent or 0.0001—

Ms KING: Some have a trace but, overwhelmingly, they had non-therapeutic levels. They had addiction-feeding levels of nicotine present in them. That was over 80 per cent of ones that were allegedly non-nicotine vapes. It was not a question of dirty machinery. There was deliberate inclusion of nicotine in most of those products. The ones with the trace amounts are probably more what you are describing. What kind of non-nicotine products would you see your outlets being comfortable retailing—those continued disposable vapes?

Mr Gerandonis: Both. Liquid as well as disposable vapes. They have been around for a while. In terms of the trend of disposables, that hit from 2021. It was a gradual increase and schoolkids were vaping in the toilets because they became available in all these illicit stores.

Ms KING: Without, of course, any blame necessarily being attached to your outlet proprietors who are relying on product safety data sheets which may or may not be accurate, do you not think that continuing to have the sale of non-nicotine vapes as is happening at the moment will simply lead to people coming to you with the expectation that the vapes at outlets have nicotine in them? It would be the status quo would be my suggestion.

Mr Gerandonis: They do that now. The simple statement is, 'We do not sell nicotine vapes. We have this product here. It is labelled zero milligrams.' We have the safety data sheets the suppliers are giving us to support that. What else can you do? When someone sells you a can of Coke, you do not open up the whole box of cans of Coke to make sure that they have Coke in them. As a retailer, you are taking on trust that what you are buying in is faithfully being portrayed correctly.

Mr MOLHOEK: In terms of the actual amount of nicotine, I know in some countries they label the cigarettes with the different amounts so it is really clear. We do not do that in Australia to the same level. If vapes were to be regulated or legalised, do you think that actually labelling them and saying what the nicotine levels were would be a smart move?

Mr Gerandonis: Absolutely. It should be for cigarettes as well as vaping—plain packaging, put a tax on it, limit the quantity of nicotine that you feel for safety—

Mr MOLHOEK: As we say, we want to educate people, but if they do not know what they are getting in the product that they are purchasing and the amount then they are not really making an educated choice, are they?

Mr Gerandonis: That needs to be considered as well. From a safety point of view or a health point of view, you are making comments about vaping. We are here for vaping but, like I said previously, cigarettes are not labelled in any kind of way for you to know what milligrams are in them. Straight away, if they get into the hands of a minor and they are smoking a product that has high levels of nicotine, they do not know that because it is not labelled.

Mr MOLHOEK: We actually label alcohol.

Mr Gerandonis: We do.

Mr MOLHOEK: You can get zero alcohol, 3.5, 5.6 or whatever it is.

Mr Gerandonis: Absolutely. We saw with alcohol—XXXX Gold came into play and premium beer sales dropped. It can be done. We just need to put the legislation in place.

Ms PEASE: I wanted to ask about the vaping products that you are selling. What sort of protections are in place for your franchisees with regard to the sale of those products that potentially have nicotine in them? Who do they buy them through? Do they buy them through you as an organisation? Do they go to the wholesaler independently and purchase them? What protections are there for them because essentially they are purchasing and selling illegal products?

Mr Gerandonis: They are small business owners. They are just in a franchise group. They take responsibility for what they do within their business. We provide them with wholesalers where they can purchase product, or they can source the wholesaler themselves and purchase a product. We do not enforce what products they have to carry or not carry; it depends on the supply trading terms. Tobacco is a separate in terms of vaping. From a vaping point of view, there were no tobacco suppliers, for example, selling a vaping product until just recently. British American Tobacco now

have a vaping device and have a responsible vaping campaign in Australia. They know that they can buy a product from them and it is related in terms of the standards. Other wholesalers are relying on safety data sheets et cetera.

Ms PEASE: Can you elaborate on the statement you made about the tobacco manufacturers in that there is safe vaping, there is a campaign on and that your franchisees can purchase from them? I assume that they are nicotine free?

Mr Gerandonis: Correct. They are nicotine free. Responsible Vaping Australia is the website.

Ms PEASE: Do you provide any training to your franchisees with regard to the legislation around the selling of nicotine-based products, particularly around vaping?

Mr Gerandonis: Yes. Any legislation that is out there from Queensland Health is on the website. We give access to our members through our own portal. We have links in there. There are regular updates within our weekly newsletters or bimonthly newsletters and we provide any kind of education that we feel is warranted to allow them to be able to sell a product confidently and responsibly and at the same time educate the end user.

Ms PEASE: If a member of the public came to the head office of your organisation with concerns about one of your operatives selling vapes to under-age people, what action do you undertake in that instance?

Mr Gerandonis: As part of the franchise agreement, they are given notice that they have 30 days to remedy any concern that has been raised by the public. If they fail, their franchise agreement can be terminated.

Ms PEASE: You have that within your—

Mr Gerandonis: Correct.

CHAIR: Thank you very much for being here today and for your contribution.

Mr Gerandonis: I appreciate it. Thank you.

HALL, Dr Wayne, Emeritus Professor, National Centre for Youth Substance Use Research, University of Queensland

MENDELSOHN, Dr Colin, Private capacity (via videoconference)

CHAIR: I welcome Professor Wayne Hall to the table and Dr Colin Mendelsohn online. Thank you for your submission. I invite you to make an opening statement and then we will move to questions.

Dr Mendelsohn: I am an Australian medical doctor who has worked in tobacco treatment and tobacco harm reduction for 40 years. I am a member of the committee that develops the college of GP national smoking cessation guidelines. I was an associate professor in the School of Public Health at the University of New South Wales. I work full-time now in the field of vaping as an adult quitting aid—and I have published quite widely in this area. My work in this field is entirely at my own expense. I have never received funding from e-cigarette or tobacco companies.

I wanted to start by saying young people should not smoke or vape and we should be discouraging both and that vaping should be tightly regulated so it is available as a lifesaving adult quitting aid but less accessible for young people. That is the balance we need to find. I have read through the transcripts of the hearings so far. I was quite alarmed but not surprised at some of the misinformation being presented to the committee by medical experts. I want to go through some of those points.

Firstly, vaping is the most effective and most popular quitting aid in Australia. We have good evidence from randomised controlled trials, from real-world studies and from population studies that it is significantly more effective than nicotine patches and gum and probably more effective than pills. Secondly, rather than being a threat to tobacco control, vaping is associated with accelerated declines in national smoking rates in countries where it is readily available. It could be especially helpful in Queensland where the adult smoking rate has not fallen significantly in the last eight years.

Thirdly, vaping is not risk free but it is beyond reasonable doubt that it is far less harmful than smoking. The 95 per cent safer estimate was from comprehensive reviews by the Royal College of Physicians and Public Health England and is based on substantial reductions in toxin exposure, in biomarkers of harm—which are toxic chemicals in the body—and clinical improvements when people switch from smoking to vaping.

Regarding young people, it is important to break down the smoking rates according to the frequency of use and whether individuals have smoked. Most vaping by young people who have never smoked is experimental and short term—often just once or twice. In international studies, generally less than one or two per cent of young people who have never smoked vape frequently. Frequent vaping is mostly confined to current or former smokers, and for former smokers vaping is likely to be beneficial to their health. There is no good evidence that vaping causes young people who would not otherwise have smoked to progress to regular smoking. That is the gateway theory. In fact, the evidence suggests that vaping is displacing smoking at the population level. Increases in vaping in young people are associated with accelerated declines in smoking.

Fourthly, the documented health effects of vaping are relatively small in young people who have never smoked. There is no evidence of harm to the human adolescent brain or of functionally important respiratory effects. Serious harm to the lungs is extremely rare. That is not to say it is harmless, but any small risks to young people need to be balanced against the substantial and immediate health benefits to adults smokers who switch. Nicotine dependence in young people who vape but who have not smoked is very uncommon and occurs in the minority of cases—a small minority.

Finally, the problem with vaping is that we have not regulated it properly. In every other western country, vapes are sold as an adult consumer product from licensed retail outlets with strict age verification. Seventy-nine per cent of Australians said they would purchase vapes legally if they were available in that way, according to a Roy Morgan survey.

The prescription model has created a thriving black market which sells dodgy products to adults and to children. Only two per cent of vapers have a script and purchase from pharmacies. Under the consumer model that I would encourage, the black market would become less profitable, illicit sales would likely diminish over time and be largely replaced by a legal market. They are my introductory comments.

CHAIR: Thank you. I will come back to you in a moment. I now hand over to Professor Wayne Hall.

Prof. Hall: I will be fairly brief, as Colin has covered a lot of the same points that I was going to cover. As background, I have over 35 years of research experience in the area of youth alcohol, tobacco and other drug use. I was the director of the National Drug and Alcohol Research Centre for 10 years and the National Centre for Youth Substance Use Research at the University of Queensland. I have advised Australian and state governments and the WHO on issues around drug policy.

I would agree with Colin. The prescription model has been in place since 2008. People tend to assume it only happened in 2021. Since 2008 it has been technically illegal to use vapes without a medical prescription. Until the TGA allowed the prescription of these unapproved products in 2021, all use was illegal. I would agree that the policy that we have put in place has failed smokers who can only access these products illegally and it has clearly allowed people to sell these disposable products to young people.

I think the bigger point is that we have not had to ban cigarettes in order to reduce adolescent smoking. We do not need to ban vaping in order to reduce vaping. I think that is an important point to be made. There is something perverse about a policy that bans and criminalises a less harmful product while allowing the most harmful to continue to be sold in corner stores. I think people do not appear to be aware of the fact that it is a criminal offence to possess a vape without a medical prescription. You could go to jail for it. It seems to me odd that this is not widely known and it certainly has not discouraged lots of smokers or people from purchasing those products.

I would agree with a lot of what Colin said. We should be allowing the regulated sale of these products to adults, with proof of age required—only 18 and over can purchase. I think something that should be put in place with licensed outlets is CCTV coverage of all purchases. This is something that has been done in the US around the legalisation of cannabis in states that have legalised it. It makes it a lot easier to enforce. They are required to keep, say, a month's worth of records of CCTV purchases so that the police and public health officials do not have to be on the scene to see someone selling a product to an underage person. I will stop there so there is plenty of time for questions.

CHAIR: We have a bit of time with both of you. We welcome you both being here today. I am glad to hear that you agree that it should not be available to young people. We are seeing this boom in schools and in general society. Doctor, if I can go back to your initial comments, on page 9 of your submission you talk about nicotine dependence. There are a couple of points I want to pick up on. You say at the top of that page, 'Vaping likely causes nicotine dependence in some young never-smokers.' I want to clarify that because I thought you said in your opening remarks that there was no nicotine dependence.

Dr Mendelsohn: No. If I did say that, I will correct that. I meant to say that it is very uncommon in non-smokers according to the research that has been done.

CHAIR: You say it is 'very uncommon' but then you say 'vaping likely causes nicotine dependence'.

Dr Mendelsohn: Yes, in some never-smokers but it is only a very small minority of never-smokers.

CHAIR: The committee has literally received a truck load of papers from around the world. I am not going to able to identify the one I recently read. Around e-cigarette or vaping associated lung injury, or EVALI, you say, 'There is no evidence that vaping nicotine causes the serious lung disease ... (EVALI). There is a rare risk of burns and injuries from explosions.' I am trying to recall—and bear with me—there was a recent UK study with a number of deaths associated with vaping.

Ms KING: Was it this one, Chair: the United States and the United Kingdom in 2019-20 reported 2,800 young people presenting to EDs with acute mysterious respiratory illness known as EVALI, relating to 680-odd deaths?

CHAIR: Yes, thank you.

Prof. Hall: Could I interject there because that is something that I have published on. That was not connected with nicotine. The CDC concluded that that was contaminated marijuana or cannabis oil that was the cause of that.

CHAIR: Was it in vapes?

Prof. Hall: Yes, it was in vapes but it was cannabis oil.

CHAIR: I do not want to get into an argument, but we have heard that some people are presenting to EDs because of making their own juices. Is there a problem there?

Prof. Hall: I am sure it is a bad idea for people to be manufacturing their own products. I think the point about the risks is that the best estimate is something like 400,000 Australians have vaped in the last year—this is adults—with some frequency, not just a puff or two. If these sorts of diseases were as common as critics claim they were, where are the bodies?

CHAIR: I am looking for clinical certainty. Does vaping cause harm to lung tissue?

Prof. Hall: I am sure it is not good to be inhaling anything. I think Colin Mendelsohn can probably better answer this as a medical doctor, but I think the evidence is fairly clear that there is a lot less harm involved in inhaling vaping from—

CHAIR: Maybe I should clarify. We picked up some data from Queensland Health about young people particularly presenting to emergency departments. Does vaping cause injury to young developing lungs? Doctor, over to you.

Dr Mendelsohn: We reviewed the evidence recently. We have a paper being published next week about youth vaping in the *International Journal of Drug Policy*. The review found that there is no functionally important damage to lungs from vaping nicotine in young people who have not smoked. Yes, young people report symptoms—they cough, they get nausea, they get headaches. Of course young people should not inhale anything into their lungs except fresh air.

We have to remember that there are 7,000 toxic chemicals in very large doses in tobacco smoke. In the typical e-cigarette, there are about 100 chemicals. They are mostly less than one per cent of what they are in smoke. We are talking about very small amounts of chemicals and proportionally less risk of harm. There is no evidence that vaping nicotine triggers asthma in young people. To answer your question, it is better not to do it but there is very little evidence of harm from vaping nicotine. I would agree with Professor Hall that EVALI has nothing to do with nicotine vaping which is what this inquiry is about. It is about vaping nicotine solutions to help people quit smoking.

Ms KING: No, that is not what the inquiry is about.

CHAIR: I will come back to your clinical commentary. On page 8, you say—

Nicotine “represents minimal risk of serious harm” in the doses used in vaping. Nicotine does not cause cancer or lung disease and it has only a minor role in cardiovascular disease.

Talk to me about that.

Dr Mendelsohn: Nicotine puts up the pulse rate, it puts up the blood pressure, it has a vasoconstrictive effect. There is some evidence it can trigger an irregular heartbeat. There have been reviews of the role of nicotine in vaping and cardiovascular disease. It is said to have a very minor role. It only plays a very small part in the development of cardiovascular disease, so that is the answer. It has a very minor role.

CHAIR: We had a recent report that said trace elements of between 200 milligrams per kilo and up to 47,000 milligrams per kilo were found in some of those disposable vapes. Does that concern you at all?

Dr Mendelsohn: First of all, it was referring to the concentration of nicotine in those vaping liquids. They are the sorts of levels that we expect. That equates to roughly 12 to 50 milligrams per ml. They used very unusual units. I have never heard of the units they used ever used in measuring nicotine concentrations. I do not know why they used those levels. Typically it was 12 to about 47 milligrams per ml, which is what vapers use. They did not measure the amount of nicotine, just the concentration. So it did not really tell us anything.

Ms PEASE: Thanks so much for coming in. I just wanted some clarity over one of the statements that you made, Doctor, in your opening statement, particularly around the potential effects that vaping has on young people. You mentioned there is no evidence to suggest that it has any impact on their brains. You talked further to the chair about the lungs. You also made a comment that the damage that might be associated with it is far outweighed by the benefits to adults who quit smoking. My very big concern in that regard is that kids’ health is expendable if it assist adults to quit smoking. Secondly, there is the concern that we will create a whole new cohort of smokers in this state because people who are vaping then go on to take up smoking or continue to vape using nicotine.

Dr Mendelsohn: Fair enough. I will answer those comments. There is no good evidence that vaping is a gateway to smoking. In fact, it is having the opposite effect. The research shows that, as vaping rates go up in young people, smoking rates decline faster than they ever have. Young people are being diverted from smoking to vaping.

Ms PEASE: If that is the case, if they continue to vape instead of taking up cigarettes there is still going to be a whole new cohort of people who are addicted to nicotine, which has significant health issues in terms of the cardiovascular system but surely the lungs as well.

Dr Mendelsohn: Let me answer that. First of all, we do not regard nicotine dependence as an addiction. The definition of addiction is something that you do compulsively which causes harm and you do it anyway. There is very little harm from nicotine use. That is not just my view; the Royal Society for Public Health, Public Health England and the Royal College of Physicians all say that nicotine is relatively benign. It is dependence forming, but it is relatively benign. We have demonised nicotine and we are very worried about it, but the risks have been exaggerated.

The other thing is that in many cases use by kids is just experimental and short term. In the US, in the last three years the vaping rate dropped by 50 per cent. I think to a large extent this is a fad that kids are trying like fidget spinners. They are going to do it for a while and then they stop. We know that a lot of the use is experimental.

If I can just take up the third thing you said. In terms of the overall public health impact, I think the decisions we are making should look at the overall impacts to public health. All of the modelling studies that have been done that measure potential harm to young people and potential benefits to adults show substantial benefits overall to public health.

Ms PEASE: I am just staggered that, as a parent, the overall benefit for adults to quit smoking far outweighs stopping young people from taking up vaping and getting addicted to nicotine.

CHAIR: Before I go to the deputy chair I want to pick up on a point the member asked. In your executive summary you say, ‘The precise long-term risk of vaping nicotine will not be known for decades.’ Most of all of the data that is coming in says that we will not know what it looks like in our health system for 10 or 20 years. Are you confident to say that we are not going to be managing something in a decade that is going to have a huge impact on our health system?

Dr Mendelsohn: That is an important question. I think it is fairly clear that, if you have 7,000 chemicals in smoke in high doses and you have around 100 chemicals in aerosol from vaping in very low doses, there is clearly going to be a huge difference. Based on what we know so far, when people switch there is a dramatic reduction in their exposure to chemicals, there is a dramatic reduction in the levels of chemicals in their body and we see clinical improvements. Of course we are not saying that vaping is risk free, but the Royal College of Physicians has looked at all of that evidence and said that in the long term—of course we will not know the precise long-term risk for years—it is unlikely to be more than five per cent of the risk of smoking. For someone who switches it is a positive thing. For someone who starts who does not smoke, and who would not have smoked but continues vaping, of course there is some added risk, but it is likely to be very small based on what we know now.

CHAIR: I apologise, Deputy Chair, I just wanted to get that line of questioning.

Mr MOLHOEK: Following up on your assumption that nicotine is safe, one would then have to conclude that it is actually the delivery mechanism of the nicotine that is unsafe. I would be interested for you to explain the dangers of vaping versus normal smoking with a traditional cigarette. I am curious, are there other ways you can consume nicotine that are safe that have health benefits? It seems to me the problem is you get addicted to the nicotine and then it is the delivery mechanisms that actually do the harm. That seems to be what you are saying.

Prof. Hall: Could I interject, Colin, and say something in response to that point. There is a very good example in Sweden where a great majority of people there use nicotine via snus, an oral product that does not involve any inhalation or vaporisation. The Swedes are going to have their smoking prevalence under five per cent. They will be the first country in the world to have cigarette smoking under that level. We banned these products in Australia in 1991. If we are serious about reducing harm there are other ways of doing it that do not raise the concerns around vaping, but we have blocked that way as well. There definitely are ways of delivering nicotine that very substantially reduce any of the harms that we see from smoking or even vaping, but they are not allowed either.

Mr MOLHOEK: Back to my question around the delivery mechanism.

Dr Mendelsohn: We have known for decades that people smoke for nicotine. That is what they are dependent on, that is what they enjoy and that is what they find hard to stop. They get pleasure and benefits from it. Nicotine improves concentration, attention and short-term memory. It relieves anxiety and improves mood. There are a lot of benefits. People smoke for the nicotine but they die from the combustion. What kills people are the 7,000 toxic chemicals from burning tobacco. If you can separate the smoke from the nicotine then you can have the benefits of nicotine—or at least you can continue to use the nicotine if that is what you want—without almost all of the harm.

That is the answer to your question. There are safer delivery systems. As Wayne suggested, there is snus in Sweden. There are nicotine pouches which are little teabags that you put in your mouth. The nicotine is absorbed directly into the system without any combustion and a minimum of chemicals. There are ways to get the nicotine, and that is what is driving smoking.

Mr MOLHOEK: That is why there is such a health risk, because nicotine is highly addictive. My GP once said to me, 'If you could just have one cigarette a night and a glass of red wine, you would probably live a pretty good life.' The problem is that both of them are addictive and eventually you are not going to stop at one cigarette and one glass of wine. You are going to want more, and that is where the danger comes from.

Dr Mendelsohn: Could I just clarify that. There are numerous studies now and general agreement that vaping is considerably less addictive than smoking. That is because cigarette smoke has other ingredients in it which increase the addictiveness of smoking. Just nicotine on its own is less addictive. It also depends on how quickly it is inhaled. In smoke it is absorbed very quickly. Vaping does not deliver nicotine as quickly, so dependence is less. It is easier to stop vaping than it is to stop smoking.

Ms KING: Thank you for taking the time to be with us today and provide us with your thoughts. I noted your comments. You talked about some of the benefits of nicotine. You also talked about vaping having, in your view, a low risk of causing nicotine dependency in young people. Given that vaping amongst young people is a fairly new activity—I know it has been available for a decade or so, but in any real numbers it is a fairly recent social development amongst high school-age students, for example—how can we know about the long-term likelihood of nicotine dependency brought on by vaping amongst young people?

Dr Mendelsohn: What specifically are you are referring to? Are you referring to harm from nicotine or—

Ms KING: No. I am talking about the likelihood of young people becoming dependent based on vaping.

Dr Mendelsohn: There is a study from the National Youth Tobacco Survey in the US which looked at the risk of dependence in young people who have never smoked who try vaping. They found that, amongst young people who are currently vaping, fewer than four per cent had signs of nicotine dependence. In young people who have never smoked it seems to be relatively uncommon because it is much less addictive when you take nicotine through vaping than from smoking and also because young people who have never smoked mostly just use it experimentally, socially and short term. Yes, there will be some who will stay on it long-term because probably they get benefits. We know that nicotine helps ADHD, it helps concentration and it is good for schizophrenia and Parkinson's disease. People use it for positive benefits. I think we have to weigh up the benefits against the risks. Overall, the Royal College of Physicians and Public Health England say it is a relatively benign drug. That is just not my perception.

Ms KING: We have received submissions through the course of this inquiry and also our recent inquiry into the Tobacco and Other Smoking Products Amendment Bill—now passed—from schools and students who talk about an increasing number of them sometimes accidentally becoming addicted to, or dependent on, their vapes. I would ask you whether the short amount of time we have had to gather the data may mean there is currently insufficient data, but in fact there may be a real problem of nicotine dependency developing that could last a lifetime amongst our young people.

Prof. Hall: Certainly it is short term here, but Colin has referred to over a decade of experience in the US with the promotion of Juul.

Ms KING: I was specifically talking about here and the critical mass of young people who engage in vaping. Ten years ago it may have been possible for a young person to engage in vaping, but it is only in the last year that we are hearing reports from parents that their kids cannot go into the bathroom at school without being encased in a cloud of vape smoke. I think we can all agree it is a problem that has recently emerged.

Prof. Hall: It is recently emerging and I think there has been an amplification of the extent. I think a lot of the tabloid coverage is creating an impression that everybody is doing it. It is undesirable because it is encouraging lots of young people to think, 'What am I missing out on?' If you look at the data, and the Pettigrew study which was done is probably the most recent national study, 93 per cent of young people who vaped had been smokers. Of those who had not smoked, there were eight out of over 1,000 who had vaped without ever having smoked—less than one per cent.

Ms KING: We have got some different data from New South Wales about the 54 per cent.

Prof. Hall: I know. This is national data. The New South Wales data is a panel. It is a market research company panel—

Ms KING: No, this was from the New South Wales—

Prof. Hall: Yes, I know. It is a market research panel. I know the study. There were 700 young people and they were selected because they knew something about vaping so you are overestimating the prevalence.

Ms KING: I have one final question for Dr Mendelsohn. You have talked about the benefits of nicotine and we have heard your other submissions today. I did a quick google and I will very briefly read the headline statements on these articles with your name: 'Flawed report on vaping will harm public health', 'NHMRC statement on vaping seriously flawed', 'The Banks review of vaping is flawed and misleading', 'Professor Chapman's criticism of Cochrane review findings is deeply flawed' and 'NHMRC vaping position is a disgrace'. Would you agree with the description of you as a pro-vaping crusader?

Dr Mendelsohn: I would like to say that all those claims I have made are entirely evidence-based. Our criticism of the NHMRC report was published in the leading addiction journal called *Addiction*. It was co-authored by leading international experts including: Professor John Britton, who is head of the Royal College of Physicians Tobacco Advisory Group—they develop their guidelines; Professor Ann McNeill, who is the lead author of the Public Health England reviews; and Neal Benowitz, who is probably the leading nicotine expert in the world. When you ask whether I am a crusader, I would say that I am trying to present the evidence and that evidence is that all of those statements are based on the evidence as we interpret it.

Ms KING: Thank you.

Mr MOLHOEK: I note that Professor Hall's area of expertise, I suppose, is youth substances more broadly. I think this question might be amusing or it might be quite meaningful. Which is more concerning, addiction to vaping or addiction to social media?

Prof Hall: They tend to go together.

Mr MOLHOEK: And is that something your department looks at?

Prof. Hall: We are. We have done quite a bit of work on particularly the promotion of e-cigarettes on social media, on TikTok, Facebook and other sources. I think a lot of the promotion of these products is from young people to one another through social media. A lot of the social media presents very glamorous—

Mr MOLHOEK: My question was more about whether there have been any studies on the effects or the harm of social media in terms of the addictive nature of it.

Prof. Hall: The US Surgeon General issued a report in the last week or two saying that he thought social media posed as big a threat to young people's mental health as alcohol and other drugs. I think there is a lot of legitimate concern about social media in and of itself, as well as—

Mr MOLHOEK: Sorry, did you say you have just completed a report?

Prof. Hall: No, it was the US Surgeon General. If you google it, you will come across it. That has just been released in the last couple of weeks.

Dr Mendelsohn: To put that in perspective, if I could just add to that and say that, of all the risk-taking behaviours that young people take, vaping is probably one of the least harmful. Young people die every year from alcohol, opiates and suicide, and vaping in itself in comparison to all of those risk-taking behaviours is a relatively minor health concern.

CHAIR: I will end with your paper, Dr Mendelsohn, titled 'How should nicotine vaping be regulated in Australia?' I will go to the conclusion, because I think it actually makes sense. You state—

> Regulations for vaping and tobacco smoking should focus on reducing the net public health harm. Policymakers need to find a balance between allowing ready access to NPVs for adult smokers while restricting access to youth.

Obviously, the terms of reference of our inquiry are particularly around young people accessing that. With the federal government's proposal from Mark Butler on banning, do you support the prescription model that is being offered for people to continue to vape to quit smoking? Is that something that sits comfortably in your mind?

Dr Mendelsohn: No, because it is clear from the experience so far that that has not been successful and we do not think doubling down on it in a prohibitive way will be any better. In fact, we think it will make it worse and I think it will lead to a continuation of the black market and sales to young people. It will slow the decline in smoking and it will lead to more smoking related death and

illness. We wrote a 20-page letter to Mr Butler yesterday explaining why, and I will send a copy of that to you. It is co-signed by 41 leading Australian tobacco control and addiction experts explaining why we think this is the wrong approach and why we think a regulated, licensed retail consumer model is the way to go forward for adults and for children.

Prof. Hall: I would endorse that. The other problem with the prescription model is you have the AMA and the Royal Australasian College of Physicians discouraging doctors from prescribing so surprise, surprise people are purchasing on the black market. I think the Pettigrew survey was about eight per cent of smokers had actually legally accessed these products.

CHAIR: Let us go to a country that has banned it and I think it is Japan, as I read in some of the papers recently. You can correct me if I am wrong. There are some countries that have banned it. Do they have ongoing health issues in some of those countries in relation to the illegal import? If you did a proportional study across health related issues related to smoking or vapes compared to population size, is there any data to suggest those countries that have banned it are doing far better versus us who are in this situation now and trying to deal with it?

Prof. Hall: There is one big difference. Japan allow these heat-not-burn products—the ones the tobacco industry produce. They involve heating tobacco rather than vaporisers and they have made big inroads into their tobacco sales. They have banned e-cigarettes but they have not banned these other heat-not-burn tobacco products. To answer your question, we do not really have good data on the scale of black markets. The Australian tax office has been estimating that we have lost about a billion dollars in excise from the illicit tobacco market, and presumably there would be a smaller amount that has been lost through the sales of unregulated vapes. You would expect to see big increases in both of those with the current policy if that is continued.

Ms PEASE: I want some clarity. In a response you made to the chair's previous question with regard to enabling vapes to be sold to adults, you also mentioned children. Can you clarify what you mean by that and what you class as a child who would be able to have access to nicotine-based vapes?

Dr Mendelsohn: We support the 18-year-old age limit which is for smoking as well as for vaping.

Ms PEASE: It is just that in your statement you said that children and adults should have access to—

Prof. Hall: No. Adults should have access in ways that minimise youth access.

CHAIR: I think that has been clarified. I thank you both for your contributions and your time here today. The committee will now take a short break and we will return in approximately 30 minutes.

Proceedings suspended from 11.54 am to 12.34 pm.

BARNETT, Dr Belinda, Research and Policy Officer, Queensland Nurses and Midwives' Union

BREADSELL, Ms Denise, Acting Director, Organising and Professional Services, Queensland Nurses and Midwives' Union

DAVIDSON, Ms Linda, National Director Professional Practice, Australian College of Nursing (via videoconference)

WARD, Adjunct Professor Kylie, Chief Executive Officer, Australian College of Nursing (via videoconference)

CHAIR: Welcome. I invite you to make an opening statement and then we will move to questions.

Ms Breadsell: Good afternoon. Thank you to the committee for the opportunity to speak with you today. My name is Denise Breadsell. I am an acting director for organising and professional services at the QNMU, the Queensland Nurses and Midwives' Union. With me today is QNMU research and policy officer Dr Belinda Barnett. I would like to acknowledge the traditional owners of the land upon which we meet, the Yagara and Turrbal peoples, and pay my respects to elders past, present and emerging. I also pay my respects to any First Nations people present here today.

The QNMU welcomes the committee's vaping inquiry to reduce the use of e-cigarettes in Queensland. We are here to represent the interests of our membership—over 71,000 nurses and midwives—who provide health services across Queensland. The QNMU is a branch of the ANMF, the Australian Nursing and Midwifery Federation, which is Australia's largest union and professional nursing and midwifery organisation. Like the ANMF, the organisations that have an interest in protecting and building community health and wellbeing, the QNMU welcomed the recent announcement by the Hon. Mark Butler, federal Minister for Health and Aged Care, that the federal, state and territory governments plan to reduce the use of e-cigarettes through four particular issues: stronger legislation, for example through prescription-only access; enforcement of existing legislation; investment in targeted public health campaigns to discourage vaping; and investment and enhanced support for smoking and vaping cessation. We reiterate a recommendation included in our submission that these smoking cessation programs should not promote the use of e-cigarettes as the evidence for their use as a smoking cessation strategy is not conclusive.

The QNMU also commends the Queensland and federal governments for agreeing to establish a national e-cigarette working group to reduce e-cigarette use for committing to work together to implement the National Tobacco Strategy 2023-2030. We consider the coordinated action by the Queensland and federal governments to implement the strategy's commitments, particularly in relation to the strategy's priority area 9, 'strengthen regulations on e-cigarettes and novel and emerging products', will greatly contribute to preventing the uptake and use of e-cigarettes.

With regard to priority area 9, specifically action 9.3, the QNMU recommends that the Queensland and federal governments could develop integrated health promotion plans to raise public awareness about the immediate and longer impacts of e-cigarette use, particularly targeted at priority groups such as children and young people. We consider that school-based youth health nurses are well placed to be involved in the education of secondary students in Queensland state schools regarding the harmful effects of e-cigarette use.

Given concerns that vaping normalises and acts as a gateway to smoking, we are pleased that the federal and Queensland governments have agreed to implement measures to restrict the sale of flavours, colours and other ingredients in e-cigarettes, given that confectionery and fruit flavours have been increasing the appeal and use of these cigarettes, particularly among young children and young people. That concludes our opening remarks. We are happy to address any questions the committee may have. Thank you.

Prof. Ward: The Australian College of Nursing is the national voice of the nursing profession, focused on policy, advocacy and education to advance the status, recognition and respect for nurses. We are committed to our intent of shaping health-advancing nursing to enhance the health care of all Australians. Our membership, events and higher education services allow nurses at all levels to stay informed, connected and inspired. We are excited to lead change and create a strong collective voice for our profession by bringing thousands of extraordinary nurses from across the country. The Australian College of Nursing is the Australian member of the International Council of Nurses headquartered in Geneva, in collaboration with the ANMF.

To introduce myself, I am a fellow of the Australian College of Nursing, a registered nurse and the chief executive officer of the college. Appearing with me is Linda Davidson, who is also a fellow of the Australian College of Nursing and national director of professional practice for our college. I have over 30 years of experience as a nurse, and Linda brings over 49 years of experience as a registered nurse and registered midwife on behalf of our members and organisation.

The Australian College of Nursing is a member-based organisation with a corporate and individual membership reach of over 150,000 nurses in all states and territories. Our membership consists of clinical nurse experts, organisational leaders, academics, educators and researchers as well as early and mid-career nurses looking to move into leadership roles within the profession. The Australian College of Nursing is an accredited higher education provider. We are also an accredited registered training organisation. We have graduated well in excess of 100,000 nurses in the past 15 years with postgraduate qualifications. We have also provided hundreds of thousands of clinicians with clinical professional development training in all settings, including immunisation qualifications and, in more recent times, vaccination training. I would like to thank the Health and Environment Committee—the chair, Mr Aaron Harper; the deputy chair, Mr Robert Molhoek; and all other members—for this opportunity to answer questions from the perspective of the Australian College of Nursing.

Vaping is one of the main emerging public health issues in children and young adults. It is reassuring to see both the federal and the Queensland governments take the lead in providing funding to support legislation to tighten controls on the importation and supply of vaping and e-cigarettes in Australia. However, I would like to highlight the key concerns of our members, including concerns regarding the vaping epidemic in young people, along with the potential health risk associated with the use of e-cigarettes or vaping devices.

There are currently 82 million users worldwide, with one in six Australian children between the ages of 14 to 17 having tried vaping, and one in four between the ages of 18 to 20 years. This significantly concerns the nursing profession. Some of the potential health consequences include lung damage, nicotine addiction, exposure to harmful chemicals and risk of fire or explosions that may be caused by device malfunction.

As the largest healthcare profession in Australia, nurses have a unique insight into not only the care experience of people in Australia but also the healthcare workforce. Nurses provide care from first breath until last breath and are well placed in early childhood centres, schools and primary healthcare environments to provide the important health promotion message and combat the inaccurate messaging being promoted regarding the benefits of e-cigarettes and vaping.

ACN continues to advocate for equitable access to health care for all members of the Australian community. In the current climate of an increasing health burden related to chronic conditions and multi-morbidity, the nurse’s role as a culturally attuned promoter of health as well as provider is invaluable. Linda and I welcome the opportunity to answer your questions and also to sit alongside our colleagues from the QNMU.

CHAIR: Thank you very much to both organisations for being here and thank you to all of your members, who are dedicated nursing professionals offering care every day of the year to our great state. I will just touch on the QNMU submission. You talk about the fact that the NHMRC, or the National Health and Medical Research Council, and specifically in Queensland the Queensland Poisons Information Centre have experienced a 486 per cent increase in calls since 2020 involving children and those under five years of age being exposed to cigarettes and vaping products. That is an incredibly alarming number straight-up for young people.

Ms Breadsell: It is.

CHAIR: Clearly, the terms of reference of our inquiry are focused on young people. With the wideranging membership of both of your organisations, have either of you conducted any surveys of your members with regard to their concerns about vaping, or is there an opportunity to do that? This inquiry does not conclude until August. We want to hear from the ground troops their concerns that have been passed on to you particularly about presentations to our emergency departments due to vaping. I will open it up to some broad comments before moving to other questions.

Ms Breadsell: Thank you very much for that question. To the point about whether we have surveyed our members around e-cigarettes in particular, no, we have not undertaken that specific survey at this time. Our information has come out of the research that we have been able to acquire when we have undertaken our investigation. We have indications that with the emergency

department, for example, it is only anecdotal evidence and we do not have any survey evidence around that either. However, there is significant evidence that in Queensland e-cigarettes are certainly affecting the younger cohort of our population, so the under-25s and in particular the teenagers and the children.

Dr Barnett: To add to what Denise said, e-cigarettes and vaping were such an important topic to our members that the QNMU developed a position statement regarding e-cigarettes and vaping to express the QNMU's position back in 2021 and it was finalised last year, in 2022. We included that as an appendix in our submission. That is an illustration of the importance of this topic to the membership.

Ms Breadsell: That committee is made up of the membership from the rank and file members of the community.

Prof. Ward: We did not do a survey, per se, but we could. We did put out questions for the membership and that is how we collated our responses. Linda may want to speak to that. If there are specific questions on which we could add value by surveying the membership, we are certainly willing and open to do that.

CHAIR: Thank you.

Ms Davidson: I am happy to interject with a little bit more detail from the membership. Their greatest concerns were around the placement and the marketing of the e-cigarettes and vaping—where they were placed in the shop, the flavours, the gimmicking and all of that. That should all be covered with that. However, our membership is of course national. There was across-the-board concern about the ages. The kids are putting them into pencil cases as highlighters. It is really interesting.

Mr MOLHOEK: It would be interesting to understand clearly what your position would be. Do we ban them outright? Do we regulate them and tax them to discourage their sale? We have heard a lot of evidence about concerns around illegal vapes that have been imported en masse full of nicotine and varying levels of that. It seems to me that there are so many other illicit substances or substances that are bad for you that we seek to control. What approach should we adopt as a government and as a state in regulating or seeking to control the rise in vaping?

Ms Breadsell: Specifically, the QNMU has been on the record with our submission that we are not supportive of e-cigarettes being available to the public unless they are on the PBS, but I would like to draw that out further. We also have evidence in the research that there are other products available on the PBS that appear to provide better results with cessation of nicotine use. For that reason I would have to raise the question: given it is not on the TGA now, does it need to go on the TGA? Does it need to go on the PBS at all, because we have other products we are able to use for nicotine cessation? That is the only place where we feel that e-cigarettes may be suitable: on the PBS. Drawing it further, when we look at it, we think even it being on the PBS is not necessary and you should consider making it illegal altogether in Australia.

Mr MOLHOEK: What is the College of Nursing's view?

Prof. Ward: This is an important question. The challenge for us, which we have considered at great length, is: what are the unintended consequences? I completely agree and support where my colleagues are coming from. The challenge for us if we make it illegal is: who is at risk? What are the consequences? We do not want to see concerns in a punitive way of, particularly with the demographics of youth, incarceration or issues with the law.

In the instances we absolutely support that this should not be made available. I do support my colleagues in what they are saying. However, what we would want to see a government do is put in place very strong education, awareness and alternative solutions to support the need to basically eliminate the desire for the vaping, the nicotine and the other risks. It is not only the nicotine but also the other harmful risks in that we do not know what people are inhaling.

I would happily go to Linda to see if she has any more add. Whilst we in best practice principles would like to see that this is not available, it is about what will happen and we do not want to reinforce illegal activity and what that means to Australia's young people.

Ms Davidson: If you look at the global response, it is not the same across the world. The UK for instance has their Swap to Stop campaign, so they are actually encouraging vaping and using statistics to say it has reduced the tobacco use but increased the vaping use. I think it would set up a black market or some form of getting it in.

In our response we ask that there be some further marketing strategies to go against the marketing approach of it being good for reducing anxiety in kids who feel stressed and that sort of thing. The other is that research needs to be done on why kids are feeling stressed. What are the anxieties? We all know post pandemic the levels have been greater, but what are the other strategies that we can use to do that? With the marketing to say that it is not good—and the grim reaper was something that worked in the tobacco industry. The marketing going out saying, 'This is not tobacco. It's not harmful,' is really about what nicotine is not and that is harmful. I think that is it.

CHAIR: I will quickly turn to the ACN before I move to other questions. On page 6 of your submission there are two paragraphs that I want to quickly read. It states—

Young people who vape nicotine are exposed to a toxic chemical that can harm adolescent brain development—

and that is evidenced by a paper—

Ms Davidson: 26, yes.

CHAIR: Yes, 26—

and cause nicotine dependence. This exposure to vaping, nicotine, and chemicals negatively affects the area of the brain that regulates attention, learning, mood, and impulse control.

There are reports of patients who, through vaping, have rapidly progressed to acute respiratory failure requiring intubation and mechanical ventilation. The cardiovascular, respiratory, immune, and reproductive systems are just a few of the physiological systems that are impacted adversely by nicotine.

We have just had two fellows appear prior to the break who have an opposing view, that it does not cause harm. They have their research and this is just an interesting space to explore for a moment. I am not sure if you caught that last bit, but it will be in *Hansard*. In terms of people who might be in that camp, so to speak, and say that it does not cause harm, what are your views? We will go to ACN first as it is your submission and then over to QNMU.

Prof. Ward: I guess you could be like a lawyer and can fight either side of any argument. We are not lawyers; we are nurses. In the best interests of the health and wellbeing of all Australians, both physical and mental, we are going to support the evidence that is an inherent knowing to what our profession is based upon. There has been enough awareness and care delivered to people, whether that is smoking back in the day or an understanding of respiratory illnesses.

I can appreciate you can find research for either side. This is fairly early days. Linda has already mentioned that more research would need to be done. What I will say on behalf of the Australian College of Nursing is that we do not want anybody impaired, especially young people who are impressionable. We do not want to set up lifelong addictions and patterns of behaviour that will have devastating effects in years to come. We very firmly stand by the fact that when you do not know the substances that are being provided to young people and they are inhaling them, there is inherently going to be the risk of respiratory disease and other diseases within the body that negatively impact on somebody's optimal functioning.

I appreciate their research. I did not hear it, but what I will say is that you can probably bring some research at this early stage for different sides of the argument. However, we will fall back on being absolutely convinced that this is not in the best interests of individuals to keep having access to e-cigarettes and vaping in the way that they are currently accessible to young Australians and all Australians.

CHAIR: Is there any general commentary from QNMU?

Dr Barnett: I suppose we would echo what ACN's CEO just mentioned. We also referenced in our submission—there is obviously a lot of research that has looked into this and we understand there are obviously competing ideas or perspectives about interpretation of the evidence. Given that there has been a systematic review examining the global evidence that was commissioned by the federal health department just recently by Banks and colleagues, which we referenced in our submission, which indicates a lot of the harmful health impacts of e-cigarettes, we would probably be veering on that side of things. We really do support the work that has been done in terms of developing that National Tobacco Strategy, which looked at a whole range of areas within that priority area 9—ways you can restrict e-cigarette use—and we were talking about younger people and children particularly.

Ms PEASE: I am interested in hearing from you in respect of your workplaces. I suppose you can only really comment anecdotally around the number of people who are vaping. Are they trying to vape inside the hospitals when they are patients? Have you seen any evidence of that?

Ms Breadsell: I have not seen any evidence of that at all in the hospitals in terms of e-cigarette use. I have not seen it in the community settings where we have health and aged-care services either, so the evidence is not necessarily that strong but it is happening in the workplace.

Ms KING: Thank you all for being here. I know every member of the committee would like to acknowledge your members and the work that they do caring for Queenslanders and Australians, and that is the direction of my question for both organisations. We know that over time smoking rates in Queensland have come down to just above 10 per cent. I want to reflect on your members who may have had long careers caring for people with emphysema and in palliative settings caring for people with smoking induced illness, COPD and lung cancer. We heard today submissions that stated that nicotine is beneficial and that it is not actually very harmful for young people to become addicted to or dependant on—there was some debate about the wording—nicotine. What would your organisations' and your members' views be of enabling a generation of young people who may never have taken up smoking to become confirmed vapers, with the future health system implications that that could have?

Ms Breadsell: It was very disappointing to the QNMU to hear the previous witnesses who presented that nicotine is not necessarily harmful. I do have concerns for the younger generation that are currently using e-cigarettes. We know that it has only been on the market for about 10 years now and has probably become more prolific in the last five years. What we do not have is that longitudinal evidence, public health evidence particularly, around e-cigarettes. We know that the nicotine level is lower than cigarettes. However, we do not have the longitudinal studies that we now have available to us with cigarettes. We know with cigarettes and the amount of nicotine that it causes chronic diseases such as, as you have mentioned, lung disease, heart disease and stroke. There are a number of chronic diseases that affect the population health of Queenslanders and more broadly Australia and globally. I would be very concerned to go down the pathway of allowing young children and young adults, who seem to be particularly using e-cigarettes, to continue with that because we do not have the evidence on e-cigarettes but we do have the evidence around smoking more broadly and I would believe that we would probably see similar amounts of harm going forward in the future, but that is something that we need more research into.

Ms KING: Would the college like to make any comment?

Prof. Ward: I will make a few comments and then hand over to Linda. Every nurse who has graduated and is registered and regulated has a responsibility for the health and wellbeing of the people in the communities they serve, so I would not expect any nurse to endorse vaping or e-cigarettes. It goes against everything we train for and everything we aspire to professionally. I shared with you Linda's and my experience at the beginning, so between us we have decades. What I will say before I hand over to Linda—and I have nursed too many patients in palliative care, intensive care, aged care and hospital settings to their death and sat with them as they have died and watched families—is that the last thing we need to do—and if we have any opportunity to have an impact it is our responsibility—is create dependencies that create lifelong health issues for individuals and their families. We already have an epidemic in this country of mental illness and young people's ability or perceptions around coping. To couple that with a device or a vice that feeds into a dependency is not where we want to go as a nation or as an industry, and certainly I would not be supporting that as the CEO of the Australian College of Nursing on behalf of the nursing profession. I will let Linda finish.

Ms Davidson: Nicotine is harmful. It is an addictive ingredient. I can talk from an experiential perspective: I was a smoker. I can tell you that nicotine is addictive. Trying to move away from it and to have children being addicted to it—you cannot just stop them and say, 'You can't do it.' You have to look at harm minimisation. You have to look at education. You have to look at research to say, 'Why are they taking it up and how can we do it better for them?' I think that is where we really need to look at it. The mental health issues for our children, regardless of whether it is nicotine or whether it is eating disorders or anything else, are at an epic level and we really do need to sit up and take notice. I think we will have lobbies to and fro, but, talking with our drug and alcohol colleagues recently, we have not even started to explore what the colourings and preservatives put into the vapes are going to do to the kids as well, let alone the nicotine.

CHAIR: I know that we have gone over time. We have a lot of people to come up to the table, but the deputy chair has one more question, and we will extend our time for the next session.

Mr MOLHOEK: Perhaps this is to the QNMU. Have your members observed any trends or is there any data around what is happening with the ice epidemic? That was all everyone talked about a couple of years ago and now we have this vaping epidemic. Has there been a decrease in people

presenting in emergency departments and hospitals with ice issues as a result of the vaping crisis? Is there any data? Has anyone even looked at that as an issue? Is it possible people are replacing one with the other?

Ms Breadsell: It appears that we do not have the research evidence around that, so that would be something that we could have a look at into the future. I am not aware of that being studied at all.

Mr MOLHOEK: We heard earlier from some of the doctors who presented suggestions that—

Ms Breadsell: That is what they are seeing?

Mr MOLHOEK:—nicotine was not necessarily bad for you; it was the delivery mechanisms. I think one of the suggestions was that it is just a trend or a fad and it is going to pass, which just made me wonder whether people who would have perhaps been more likely to try ice are now vaping instead.

Ms Breadsell: Ice is very addictive. It is my understanding with ice that once you use it once—

Mr MOLHOEK: You are stuck, yes.

Ms Breadsell:—it fairly well gets you hooked, whereas that is not my understanding about e-cigarettes.

CHAIR: We have been presented with a paper with Queensland Health talking about the presentations to EDs, so that might be beneficial, member. Thank you very much for your time. I will end this with a little bit of old ambo humour: when you take someone into the emergency department you would see sick people with their drips walking across to have a cigarette just to take a break from being sick—I always found that slightly amusing—and then they would be back to hospital again to continue being sick.

Ms Breadsell: It is a good thing it is illegal now.

CHAIR: Anyway, I am sure you could all relate to that in your careers.

Ms PEASE: Thank you very much for everything you do.

Prof. Ward: And we both said with their oxygen tanks, but we will not mention that.

Ms PEASE: My father did that.

Ms Davidson: Or with both legs amputated out the front of a hospital.

CHAIR: I know. It is terrible. Thank you very much. Thank you to your members.

BOULTON, Dr Maria, President, Australian Medical Association Queensland

BROOKE, Mr Mark, Chief Executive Officer, Lung Foundation Australia

CHIN FAT, Ms Sharyn, Senior Manager, Information and Programs, Cancer Council Queensland

CLARKE, Ms Laura, Policy Adviser, Asthma Australia

HUGHES, Ms Sheree, General Manager Queensland, National Heart Foundation of Australia

MARSHALL, Associate Professor Henry, Thoracic Physician, Research Fellow, Thoracic Research Centre, University of Queensland, Thoracic Society of Australia and New Zealand

CHAIR: I welcome representatives from the Lung Foundation, the Australian Medical Association Queensland, the Thoracic Society of Australia and New Zealand, the Cancer Council Queensland, the National Heart Foundation of Australia, Asthma Australia, the Public Health Association Australia and Arthritis Queensland. These organisations have provided a joint submission. Thank you all for your written submissions and your participation today. I invite you to make an opening statement and we will move to questions after that.

Mr Brooke: As you can see, I am joined by a range of my colleagues across the not-for-profit sector. Before I begin, I want to acknowledge the traditional owners of the land on which we meet, the Turrbal and Yagara people, and pay my respects during National Reconciliation Week and acknowledge the tremendous success that Aboriginal and Torres Strait Islander people are having in smoking cessation right across Australia.

To begin, I think we would like to acknowledge that we are not here to demonise in any way, shape or form people trying to quit traditional tobacco products. It is very important that we acknowledge that trying to quit smoking is incredibly challenging and has a whole range of complex factors. More importantly for the Lung Foundation and our colleagues, we also need to separate out e-cigarette usage for smoking cessation and recreational vaping that is currently the No. 1 issue for teachers, parents and schools right across Australia. We would like to thank the committee for the opportunity to talk today, and it is through the lens of recreational vaping that we will have our commentary.

In 2019 the Lung Foundation first strategic plan looked very carefully at vaping as an issue and made a whole range of comments about the uptake of vaping by young people and young adults in this country, noticing that there was an observable trend away from smoking cessation to young people who were never smokers taking up vaping. Five years later, we now see it as one of the main concerns. The No. 1 downloaded resource on the Lung Foundation website is no longer stage 4 lung cancer treatment but how to talk to your children about vaping. That contextualises the way in which vaping is seen within the Queensland community.

Unlike previous presenters this morning, we do not stand here with vested interests interested in profit; we stand here in public health. If I have hypertension I do not go to the local corner store for medical advice, yet some of your previous presenters this morning would argue that the consumer model in the United Kingdom and other places is the panacea for smoking cessation. What that has inadvertently done, though, is lead to a generation that has seen and taken up e-cigarettes not in, as many have presented, an experimental approach but rather as a now addicted property.

The statement that nicotine is benign is one that is both misleading and inaccurate clinically and we would address that. In 2021, as part of a national project, the Lung Foundation commissioned Curtin University to conduct a chemical analysis, one of the first chemical analyses of vapes. We ordered 50 and got 52—we got a couple thrown in for free—onshore manufactured and overseas manufactured vapes, and I make the point about onshore manufactured. That study, which looked at the aerosol and the liquid contents of those, was revealing and subsequent research conducted by Cancer Council and the Minderoo Foundation—the Generation Vape project—has shown similar results: 100 per cent of those vaping liquids were inaccurately labelled. One hundred per cent contained chemicals with unknown effects on respiratory conditions including such things as the products we would use to euthanise fish. One in five, despite being labelled as nicotine-free,

contained nicotine—we know from more recent research that that number is much greater than our original 20 per cent estimate—and 62 per cent contained chemicals which ingested repeatedly were likely to cause both short and believed long-term harm.

We asked the Queensland public what they wanted to do about vaping in a recent YouGov report. Eighty-three per cent of Queenslanders felt that vaping was the No. 1 behavioural issue for children, likely to reduce the impacts of decades of smoking cessation work in our state. I guess we are very clear in acknowledging that the recent federal government National Tobacco Strategy has taken a mature and sensible approach to e-cigarettes as a therapeutic product and, if we are to be honest, that is where it belongs. It is a therapeutic product that may—may—help a small number of smokers, noting that the vast majority of people who are addicted to traditional tobacco products quit unaided. It is being sold as a panacea when it is clearly not. The unintended consequence, or perhaps the intended consequence, is that we now see a generation who are addicted to nicotine and are having all the types of behavioural issues that come with that. We are happy to answer any questions about both the impact and potentially the opportunities that arise from the National Tobacco Strategy. Thank you.

CHAIR: Dr Boulton, would you also like to make an opening statement?

Dr Boulton: Thank you, Chair. I thank the committee for the invitation to attend this public hearing into reducing rates of e-cigarette use in Queensland. Given there are a number of organisations appearing today, I will keep my opening statement short and focus on key important points to doctors and our patients. I am a GP. I work in the community. I have been a GP for 20 years. I have not seen an issue that has caused as much distress amongst my patients, especially parents, as has the rapid rise of vaping. The use of e-cigarettes and other smoking products amongst children is particularly alarming. After working so hard to stop our young people from smoking, Queensland is set to create a new generation that will suffer the devastating health impacts of these products unless we change.

As a doctor, I treat patients every week who are trying to quit smoking. I have never prescribed a vaping product. There are many clinically proven alternative cessation treatments that are recommended as first and second line in patients that are trying to quit smoking. Quite simply, the evidence of the effectiveness of vaping products is limited and the long-term harm is unknown so I will not risk prescribing them to my patients as first or second line. That is why the reforms announced by the federal government in the May budget that will make vapes prescription-only must be backed up by Queensland legislation.

We must control the availability and marketing of these products. There must be appropriate penalties for people who supply and sell e-cigarettes illegally and they must be enforced. The Queensland government must fund locally relevant education campaigns to reduce the appeal of such products among key groups including children, young people and vulnerable communities Queensland-wide.

Likewise, it is vital that big tobacco companies are prevented from targeting pharmacies to stock and promote their products. This is a very real threat to the integrity of our hardworking pharmacy colleagues and has been attempted by tobacco manufacturers and wholesalers already. The prescribing and dispensing of e-cigarettes and smoking products must remain strictly separated. If not, a perverse incentive will be created and exploited by those with vested interests in profiting from the sale of vapes.

Finally, AMA Queensland calls on the Queensland government to add e-cigarettes and other smoking products to the Monitored Medicines Standard and associated legislation. Requiring prescribers to check QScript will reduce the risk of prescriber shopping to thwart the regulations. Thank you for your time and I am also happy to take questions.

CHAIR: We have so many respected organisations here and I want to give each of you some time to make some opening remarks.

Ms Hughes: Good afternoon, everybody. My name is Sheree Hughes. I am the general manager for the Heart Foundation in Queensland and we are very grateful to be invited to be witnesses in this inquiry. The Heart Foundation commends the Queensland government for shining a spotlight on reducing the rates of e-cigarette use in Queensland. Together with the passing of the Tobacco and Other Smoking Products Amendment Bill, we are pleased that this process is occurring. I will not take too much of your time. As we have said, there are lots of us and we have plenty of things to say, but we also want to be able to give you the opportunity to ask questions.

I have been listening this morning and I have heard some of the comments relating to cardiovascular disease so I thought I should have my say in particular around the evidence of nicotine as a risk factor for cardiovascular disease. The evidence shows that nicotine does increase blood pressure, increases heart rate and increases arterial stiffness. This could increase the risk of developing cardiovascular disease. That is proven. Cardiovascular disease kills nearly 8,000 Queenslanders every year. We are passionate about reducing the statistics by reducing the risk factors—nicotine and others.

It is pleasing this morning that there has been agreement that vaping of any kind should not be available to young people. That message was loud and clear and you will hear it again in this session. There is absolutely no benefit to children having access to vapes. We commend the Queensland government on their research to look into the ingredients of vapes. While we can debate whether nicotine is in a vape or not, we cannot discount the cocktail of other harmful chemicals that vapes contain. Thank you. I am also available for questions.

Prof. Marshall: The Thoracic Society realigns with what the Lung Foundation, the AMA and the Heart Foundation have said. I do not have an opening speech, but I am very happy to answer questions.

CHAIR: I have great concerns with some of the earlier witnesses, and I will point out Professor Wayne Hall and Dr Mendelsohn. I asked some really pointed questions: does vaping injure lung tissue? I thought that was a good starting place. Then I went into the cardiovascular question, and thank you for picking that up. Can you talk about the evidence in that regard?

Mr Brooke: You will have heard about the Australian National University review conducted by Professor Banks, commissioned by the government, but I have to say, and listening to evidence done at arm’s length, there seems to be this nonsense put forward that that international review and the credibility of those researchers is somehow in question. That is not the case. That report clearly identifies a whole range of changes to lungs, from epithelial cells through to breathlessness, to heart palpitations to cognitive impairment as a consequence. That report is definitive in its response. We know that you have a copy of that and we make reference to that, but to suggest, as we knew with tobacco, that it was safe and then 20 years later found out it was actually not safe—we have seen repeatedly young people with a whole range of hospitalisations across the state and across the country as a consequence, not just in terms of their mental health and addiction but more so in terms of breathlessness. There is no doubt that the short-term inhalation of any product other than air is bad for your lung health.

Prof. Marshall: What we have already is preclinical evidence—so laboratory evidence in animals and in human cell lines—to show how damaging it is. The vape can damage three cells in three different ways. It can directly kill cells, so that is cytotoxic damage; it can change the DNA; and it can also cause oxidative stress. All of these pathways affect how the lung protects itself. The lung, remember, is on that interface between the environment and the body. It has the area of a tennis court in terms of surface area and with every breath we are breathing in particles, germs and all the rest of it that we have to defend ourselves against. Long-term and day-to-day inhalation of—it could be anything but, if it seems very mild, if you do that over a long period of time then you are going to damage those natural defences. Those changes can happen quite quickly.

There was some really visual research presented at the Thoracic Society’s annual scientific conference in New Zealand just this year and it was looking at the cilia, the tiny hairs on the lining of the airway epithelium. Vaping basically destroyed those within a few days. With vaping over a five-day period, those cilia were not able to recover. If you had just a short exposure over a few days the cells could heal, but over five days that was it; they were gone. Those cilia are really important for clearing out infection, particles and all the rest of it.

CHAIR: To Asthma Australia, what is vaping doing to an asthmatic or COPD patient who already has a broncospastic chest or decreased alveoli-carrying capacity, and can you discount any of the stuff we read about it helping asthmatics?

Ms Clarke: It absolutely does not help, and I can only concur with what Mark has said: the ANU’s systematic review has shown that it does affect asthma and that people with asthma have greater risks of asthma flare-ups when around those products.

CHAIR: Talk to me about EVALI. Who wants to go first?

Prof. Marshall: If you listen to the pro-vapers, they will say EVALI was a very geographically constrained event that only happened in North America and was only really related to people who were vaping with cannabis oil and with vitamin E as an added component. That is not the case.

COVID followed very hot on the heels of EVALI, as you may remember, and it was very difficult to separate out an acute lung injury, particularly when your hospital was swamped by new COVID cases. The whole kind of reporting mechanism for EVALI just got subsumed in the pandemic. The ICD10—this is the coding classification of diseases—brought in a new code for vaping related acute lung injury and in the US last year 31,000 cases were coded under this code; data from the UK under this code, 500 cases last year; Australian data I do not know. Again, there is, I think, an under-reporting of this. Certainly as a respiratory physician I definitely ask my patients about smoking and vaping history, but I would say that I would be in the minority of hospital doctors. I would think that asking people about vaping is probably not the first run of questions that patients get asked. I suspect those numbers may be potential underestimates. Those are the kinds of numbers that we are looking at when vaping is a common consumer product.

CHAIR: Are there any other comments on EVALI before we move to questions? We have Stephen Andrew on the line. I will go to the deputy chair first and then over to the member for Mirani.

Mr MOLHOEK: I am playing devil's advocate. I was reading earlier that the UK is running a program to encourage one million people to 'swap to stop'. Somebody over there obviously thought that was a great idea. Dr Boulton, you said that there are plenty of other products on the market that provide a pathway or opportunity for people to cease smoking. How does a committee of non-doctors decide who is right? I would be interested in your comments on the 'swap to stop' campaign that the UK government is running and the approach that the New Zealand government is taking on the issue. I am happy for anyone to answer.

Mr Brooke: I think the comparisons between Australia and the UK are unhelpful, if I am to be perfectly honest, because Public Health England, which was the organisation that first championed vaping as a smoking cessation tool, has subsequently been disbanded. This is a case of policy overreach by a government that is not the norm across the world. If we tend to compare ourselves to New Zealand, we actually need to look at the young people in New Zealand who had never smoked but who are taking it up, particularly the number of Maori and Pasifika young people. It is easy to make that comparison but it is a completely different smoking policy framework in Australia.

We can only work within the Australian National Tobacco Strategy, not the UK's model. I can tell you now that many of our colleagues overseas regret some of those decisions. I think it is an unnecessary equivalency to make that comparison because Public Health England made a whole range of recommendations including, from memory, that fracking was good. I think this is an organisation that worked on the premise that it was 95 per cent safe, and you have already seen the evidence about where that number came from.

Mr MOLHOEK: That was a great response. I was curious.

CHAIR: Dr Boulton, go ahead.

Dr Boulton: Australia has one of the best health systems in the world. As GPs, we are guided by guidelines. It is the guideline of the Royal Australian College of General Practitioners that swapping someone from smoking to vaping is not first line when it comes to smoking cessation.

CHAIR: Member for Mirani, do you have a question?

Mr ANDREW: Chair, I do. Professor Marshall, in your opening statement you said that it can change DNA. Could you please expand on that?

Prof. Marshall: Sure. It can damage DNA and that DNA damage can accrue over many years. That is one of the mechanisms for causing carcinogenesis. You build up enough mutations in your DNA and eventually a tumour can grow. This is a process that happens very slowly and incrementally. For lung cancer and smoking, for example, it takes about 20 to 30 years for lung cancer cases to start to come through after your peak population use. I think the opportunity here with vaping legislation is not to wait for 20 to 30 years to find out who is right and who is wrong but to look at the preclinical evidence and say, 'Hang on, here are some building blocks for some future ill health'—cancer and all the rest of it. This is enough evidence, really, to say that we need to put a halter on this right now and not wait.

Ms KING: Thank you all for being here and for the work that you do on behalf of the people and the families impacted by a whole range of conditions. There are so many things I would like to ask. Throughout this inquiry process, I think it is fair to say that as members of parliament we have been quite heavily lobbied in a range of ways. We have been sent books and we have been emailed. There has clearly been a campaign to get people who vape in our communities to tell us how vaping is saving their lives and all those things, in quite an organised way. Mark, I think it was you who made some commentary earlier in your opening statement about the financial interests that bring people

before us. For example, the financial interest of convenience stores is quite evident, and we take their submissions understanding that clearly. Are there any other financial interests that you could point out that may not be, on face value, visible to us and what should we know about them?

Mr Brooke: I think there are a couple of things. We do know that there are still political parties and the National Party still takes donations from Philip Morris and tobacco companies. We know there are a whole range of members within lobby groups that are tied to tobacco companies. The argument goes that these are small enterprises that are start-up businesses that are making liquids in their backyard. That may be the case in a small number of individuals, but if you look at the substantial ownership of many of these overseas companies then it does not take long—and we will provide you with evidence from a number of world-leading researchers that show the number of connections back into tobacco corporations now buying into and having active ownership in tobacco companies. One of the world's leading respiratory device techniques, Vectura, for example, which designs the inhalers that many people with asthma and COPD use, was bought out by Philip Morris two years ago. That was a $1 billion transaction. This is an intent to 'health wash' or re-present.

I think we need to acknowledge that many of these organisations receive funding from something called the Smoke-Free Foundation, which is directly funded by PMI and its colleagues. You need to question an organisation where its very title is 'Smoke-Free Foundation' but then globally across the world challenges every attempt by every government to introduce sensible smoking regulations, whether it is plain packaging or age restrictions. The antecedents of these organisations and corporations are very well known.

I would make one point: I do not doubt there are individuals who believe that their vaping is helping them. I have no doubt about that. We do not seek to demonise or alienate those members of the community. However, there is a very clear and orchestrated lobby group out there that has some serious vested interests. None of us at this table have those conflicts of interest.

Ms KING: Can you comment about whether any of these large entities with a commercial interest in vaping or smoking are funding research?

Mr Brooke: Absolutely. Henry will concur: many of the researches that were produced this morning were clearly funded by organisations that have ties or researchers who are directly contracted to foundations funded by industry.

Ms KING: To me, it was very reminiscent of watching *Mad Men*, set in the 1960s and they are saying, 'You can make this claim about the safety of cigarette smoking but don't go any further.' Do you feel that we are in a battle for hearts and minds with the production of deliberately competing research?

Mr Brooke: I think there are questions about the veracity of much of the research as well. There will always be a shadow hanging over those. Unlike previous generations in tobacco control, I think Australians are much smarter and wiser about being duped about their health this time. There is something about young people. We did not mention the environmental damage of single-use pods. Young people are passionate about their environment and they are passionate about their health. We hope that they will see through what is a cynical attempt to keep them addicted and create a new market.

CHAIR: Member for Wynnum?

Ms PEASE: Everything has been asked and answered.

CHAIR: I want to make sure that we get everyone on record. Sharyn, over to you.

Ms Chin Fat: I do not have a lot to add. I do agree with what my colleagues have said about the long-term concerns with vaping. We do not yet know what impact it will have on cancer in Australians. Our concern is that in 20 years we will see an increase in cancer conditions related to vaping. That is our main concern at this stage.

CHAIR: Is there any final commentary from Asthma Australia or anyone else to wrap up? Thank you all very much for being here today. It was a very instructive and helpful contribution from each of you. We value you being here today and thank you for your time.

HESTER, Dr Cathryn, Deputy Chair, Royal Australian College of General Practitioners Queensland (via videoconference)

HSING, Dr Jay, President, Australian Dental Association, Queensland Branch

CHAIR: Welcome, Dr Hester. Would you like to make an opening statement? Then we will go to Dr Hsing.

Dr Hester: Today I am joining you from Yagara country. I am sorry for not being there in person, but the practicalities of clinical life make that difficult sometimes.

Thank you for the opportunity to provide input into reducing the rates of e-cigarette use in Queensland. By way of introduction, the RACGP is Australia's largest professional general practice organisation. We represent over 40,000 members—doctors—who are working in or towards a specialty career in general practice. This includes four out of five of our rural general practitioner colleagues. We set the standards for general practice and we also advocate for better health and wellbeing for all Australians. My feedback is based and provided from a fairly clinical perspective today.

The RACGP has significant concerns regarding the use and availability of vaping products in Queensland. Over the past two decades, the Queensland population has made commendable progress in the reduction of and the denormalisation of tobacco smoking, especially in our younger adult population. These positive changes are, unfortunately, being eroded by an increase in the use of vaping products. We now observe that one in five adults and, more concerningly, one in six children have used vaping products.

Vapes are not benign devices. Nicotine is both highly addictive and poisonous to the human being, with well-established negative health consequences. Unfortunately, even vapes sold as non-nicotine-containing often do contain significant amounts of nicotine. These are the types of vapes that are candy and bubblegum flavoured. They are packaged in really bright colours that pop and they are readily available. They are clearly, sadly, aimed at and clearly predate on the younger market.

Other vape ingredients are no less concerning and have been associated with significant negative health effects, especially chronic lung disease. In particular, a compound called diacetyl is commonly found in vapes. It is implicated in causing bronchiolitis obliterans, or what is popularly called popcorn lung. In my career I have had the sad privilege of caring for patients with such lung conditions. It is not something that I would wish upon anyone, much less younger people in our community. So the RACGP supports the ban of recreational vaping products.

GPs provide the vast majority of smoking cessation counselling in Australia, so we feel we are well placed to comment on using vapes potentially as a smoking cessation tool. We would say that vapes form only a small and possibly insignificant addition to other well-established and safe options. Vapes are used relatively infrequently as a smoking cessation tool because there is currently a lack of quality and safety data around them and there are currently no approved products on the market. It also should be noted at this point that most people who successfully quit smoking do so without any assistance from medications or pharmaceutical devices.

If nicotine-containing vapes must be used as a smoking cessation tool, the RACGP calls for very strict regulation. The products should be registered with the Australian Register of Therapeutic Goods. They should only be sold in plain pharmaceutical packaging. The devices themselves should be self-contained and tamper-proof and, if they do contain any flavourings, the flavouring should be limited to tobacco. These products should only be available by a prescription written by a medical practitioner. It is really important to note that the prescription and the dispensing of these items should be separated so that there are no implications of prescribing for financial gain. Their use should be evaluated for quality and safety within established safety standards.

GPs remain able, willing and engaged. We really want to help to assist our communities to quit smoking and also to quit vaping. We would welcome further involvement in the establishment of safety standards for vaping and education programs, including perhaps school-based education programs. We thank the Health and Environment Committee for the opportunity to provide this feedback. I am happy to take any questions. If you do have any queries offline, we are also very happy to be contacted. Basically, we look forward to working together to ensure the ongoing health and safety of the Queensland people.

CHAIR: Thank you, Dr Hester. I thank every single, hardworking GP throughout Queensland that you represent. Just recently this committee has undertaken other work with regard to rural generalists. We certainly acknowledge the work our GPs do in the community. I also welcome to the

table Dr Jay Hsing. I apologise: we did have some others who were going to speak. We would welcome an opening statement from you as the president of the Australian Dental Association. Then we will move to questions.

Dr Hsing: Thank you, Chair. Good afternoon, all. My name is Jay Hsing. I am the president of the Australian Dental Association—Queensland Branch. Thank you to the committee for the invitation to attend this public hearing. Vaping devices are widely popular and are easily accessible to adolescents. As a dentist, I regularly treat patients in this age group who have personally witnessed vaping at their school. They often mention the distinctive sweet smell in school bathrooms which has become synonymous with vaping. The term 'youth appealing e-liquids' has been used overseas to define the latest generations of vapes. It highlights the fact that they are manufactured and marketed at adolescents, the fastest growing customer base for this industry. This is deeply concerning.

Today we know the effects of tobacco smoking well, but the long-term health effects of vaping e-liquids are still uncertain, especially in young users; however, we know enough to warrant immediate action. As witnesses from other health professions have already mentioned, there is good evidence of the negative impacts of vaping on lung function, respiratory conditions, cardiovascular diseases, mood disorders and function in the growing brain. The effects of nicotine and its addictive properties are well known.

As a dentist, I am especially concerned about the oral health of those who vape. There is an increasing amount of research that shows the chemicals in e-cigarettes start to inflict damage right where they enter the body—the mouth. This is a point not often discussed, but we can see the damage right now. There is a growing body of research that shows that those who vape have higher rates of decay and gum disease. Research has also linked e-cigarette use with specific changes in the bacteria and microbes in the mouth. This change in the oral microbiome predisposes users further to increased risk of infections. The sweeteners and flavours in e-cigarettes when aerosolised have the same physical chemical properties as sucrose in soft drinks. For modern vapes in particular, there is the added risk of oral-facial trauma from malfunctioning devices which is quite horrific in itself. I have pictures if you want to see.

CHAIR: We will get you to table those after your evidence. Is leave granted? Leave is granted.

Dr Hsing: Studies have shown that the use of e-cigarettes for smoking cessation is not as effective as initially thought. In fact, non-smokers are more likely to take up smoking. Dentists are pleased with the federal government's announcement of upcoming reforms on the sale and import of vaping devices and e-liquids. We look forward to seeing successful implementation of these reforms to reduce the loopholes in regulation exploited by the vaping industry in the past couple of years.

As trusted health professionals, dentists can raise awareness about vaping's harmful effects, educate young patients and help addicted teens quit. After my patients eagerly share their school experiences, I can easily discuss vaping with my patients. They are curious about its impact, asking whether it affects their overall health and dental wellbeing. Dentists' expertise in tobacco-smoking cessation applies to vaping discussions, too. I have found that patients' receptiveness to quitting vaping is actually higher than long-term tobacco smokers. As we have done with tobacco smoking, we will support effective public health intervention policies and campaigns in any way we can to reduce the use of e-cigarettes.

To summarise, the prevalence of e-cigarette use is high, particularly amongst adolescents and young adults. The negative effects of vaping are widespread, affecting the cardiovascular and respiratory systems, the brain and the oral cavity, which is often not talked about. The time to act is right now. The dental profession can significantly contribute to it by raising awareness, promoting cessation and supporting effective public health policies on this issue. Thank you to the committee again for the invitation, and I am happy to answer any questions.

CHAIR: Thank you. We will get those images off you at the end. I think they will be very helpful. As soon as I saw the Australian Dental Association on our witness list I knew that I had to ask—you are at the pointy end, where you are seeing the damage—whether you could share some of the research that you mentioned in your opening statement. Can you unpack the research? What kinds of numbers have been examined, particularly in terms of oral health? You mentioned gum disease and oral decay. We would like to try and unpack that research a little bit. It would be very helpful for the committee.

Dr Hsing: Most of the research actually comes from America. As you probably know by now, they are a few years ahead of where we are. They have had vaping issues for longer. Most of the research basically examines different groups of patients—those who vape and those who do not vape. Almost across the board, those who vape end up with higher rates of decay. There are also

studies to talk about the actual mechanisms, which is what causes the decay in the first place. According to first principles, when the ingredients become aerosolised they literally have the same properties as sugar or sucrose. Essentially, it is like giving kids an aerosolised form of sugar. As far as gum disease goes, we all know that nicotine affects other parts of the body. At the same time, nicotine restricts blood vessels to the gums which further increases infections because there is less chance of healing. I can go on.

CHAIR: Can you provide that research, if it is not already in your submission? Do not leave the table until we get those images. I think that will be helpful for the committee. Dr Hester, from a GP point of view, I am sure young people themselves will come and see you to talk to you about vaping. Are you hearing concerns from parents?

Dr Hester: Yes. Every week I have many consults with parents who are concerned about their children vaping—vaping on school grounds, vaping with their friends—that vapes are so freely available and that there are so few pathways for young people. In establishing our smoking cessation guidelines—they are in the RACGP information that has been submitted—in some ways we have not moved fast enough to cover the possibility of a 12-year-old needing vaping cessation counselling. It is very hard to pick up the tools and to actually make sense of this. It is very distressing, because it is becoming such a peer normalised process, which I guess forms a large part of my concern.

It is purely anecdotal and from my experience but, if I see an adolescent patient taking longer to recover from respiratory tract infections such as influenza or COVID—it took me a while to work this out, but my patients who vape take much longer to recover from those infections and seem to suffer more significant side effects and complications. It certainly took a little while for the penny to drop, especially at the start of COVID, but I did have a small cohort of patients and when I asked them they said, ‘Yes, I vape regularly.’ They became quite unwell with these respiratory tract infections. This is not research; this is purely anecdotal based on my day-to-day work as a GP, but I am certainly seeing it. For some of those patients, that was enough: that was a bit of a wake-up call and they stopped vaping. There certainly needs to be more work done to support our young people to cease vaping.

CHAIR: Certainly. Some of the terms of reference really do go to that. It is probably an opportunity, with your broad group of 40,000, to maybe explore how much longer it takes those patients who vape and who are suffering respiratory disease to recover. Anyway, that is up to you.

Ms PEASE: Thank you both very much for coming in. It is really interesting to hear from you both and thank you for the great work you do. With regard to your patients concerned about their children who are taking up vaping, we know that vapes are not meant to be sold to people under the age of 18. These family members are obviously getting them from somewhere. Do the parents talk to you about where they are getting them from?

Dr Hester: I do not have any evidence base to answer that other than that they are freely circulated among school-age kids.

Ms PEASE: It is pretty scary, isn’t it?

Dr Hester: Absolutely. I cannot comment on whether they have been sold incorrectly or if they have just been passed along down the chain of social connections. It seems that there is certainly very ready access to vapes should a child want to vape.

Ms PEASE: Dr Hsing, you have obviously spoken to your patients. Do they disclose to you where they are getting these vapes, particularly if they are under the age of 18?

Dr Hsing: Most of my patients tell me they are not the ones who are vaping. From accounts, it is usually from older schoolmates, from older friends who have access to them or simply online, because it is not that hard to get it online. All you have to do is click a button to say that you are over 18 and you are over 18, even if you are not.

Ms KING: Surely no young person would misrepresent that fact!

Dr Hsing: No.

Ms KING: Dr Hester, recently a family member came to me—somebody who ceased smoking a generation ago—and disclosed to me, with a quite a lot of shame, that they were now addicted to nicotine once more through the use of vapes. This is a person I think who, for a range of reasons, would not take on the social burden of cigarette smoking—the smell, the visibility to others. It was a secretive behaviour for them. Can you comment on whether vaping presents a risk of relapse to former cigarette smokers, in your experience?

Dr Hester: Yes. I do not have objective data before me. In my subjective experience, that is definitely the case. Nicotine is highly addictive and patients who are vulnerable to this, especially socio-economically disadvantaged people and people living in rural and remote locations, seem to be much more at risk and vaping provides a vehicle to do that with. I think it is important to realise that not only does vaping provide nicotine in terms of the chemical addiction but also there is the behavioural side of it—the physical actions of vaping which replicate smoking, unfortunately. This can be a very hard thing to shift. Often the smoking cessation counselling I offer to patients includes the fallback position of what to do when you relapse or if you relapse using vaping as well. I definitely see that as a risk.

Perhaps it is more socially acceptable to vape these days than it is to smoke. I hope that changes. I hope it becomes denormalised in the same way that tobacco smoking has. It is certainly a risk. What I would say is that there are very good alternatives for the delivery of nicotine that we know are safe and cost-effective, especially when they are available on PBS, and can be prescribed as a course of smoking cessation along with counselling, which we know is one of the key ingredients to help people stop smoking. Patches, lozenges, gums—there is a multitude of different options available currently. I would encourage people to talk to their GP about these options, which are much safer than taking up vaping.

Ms PEASE: Dr Hester, are the patients you see aware of the legalities around vaping—what the current legislative requirements are? Do they have any education, background or understanding of that?

Dr Hester: I think on one level, yes. We are talking about the age group from 12 to 17 in particular?

Ms PEASE: Yes.

Dr Hester: Yes. I think on one level they do but then they have what is normalised within their peer group. Unfortunately, what our statistics show is that vaping is increasingly being seen as a normal thing that you do.

Ms PEASE: That is for the parents. Have you had to work with any young patients around the nicotine cessation programs at this point in time?

Dr Hester: I have not at the moment. They have managed to quit under their own steam.

Ms PEASE: Well done.

Dr Hester: Yes, well done to them, definitely. It is very important for their future health. I would actually find it very difficult. Like I said, nicotine cessation for a 12-year-old is going to be a different ball game compared to a 35-year-old, right?

Ms PEASE: Yes, for sure. With that 12-year-old cohort, have you come across any that have an understanding of how potentially dangerous vaping is to them?

Dr Hester: I think at 12 it is very hard to look forward and see consequences of actions that may be many years away. Part of this is just the way that your brain is developing. You really do not have an idea of long-term consequences—probably not until you are in your early twenties, to be honest. From a cognitive point of view, it is very hard to put it on a 12-year-old to understand that they should not be doing it. It should be something that is so difficult for a 12-year-old to access that we do not have to worry about them having access to it. Vapes are a good example of this. You cannot grow a vape in your backyard. It has to be sold to you somewhere along that point of contact. We should not be relying on 12-year-olds to have the best judgement. We should be keeping them safe.

Ms PEASE: Thank you very much. That is great.

CHAIR: Dr Hsing, thank you so much for these images. It occurs to me that the regulated tobacco industry has plain packaging with warnings of people with oral cancer, losing limbs and all kinds of things associated with smoking. I want to read from this so it is on the record. This is from the *New England Journal of Medicine*. The photo is of an injury from an e-cigarette explosion. It is pretty graphic. The article reads—

> A 17-year-old boy presented to the emergency department with pain and swelling in his jaw 2 hours after an e-cigarette exploded during use ... He had a circular puncture to the chin, extensive lacerations in his mouth, multiple disrupted lower incisors, and bony incongruity of the left mandible ... displaced mandibular fracture ...

It is extensive. Why can’t that image be on the packaging, instead of the strawberry or peach flavoured vapes that are sold to young people? That may be a general comment. If that image was put on the packaging for vapes and it was a regulated industry, do you think things might change and we might see a decrease in the uptake of vaping, as we have seen, as the doctor said, a significant decrease in smoking rates?

Dr Hsing: I am not a qualified public health person. As a dentist, whenever you tell someone of the consequences and it is so graphic, I think that can only help. The member for Lytton asked about whether 12-year-olds understand the consequences—which is related to what you said. For example, there are TikTokers who have vaped in the past and have had devastating lung issues and now they post about it on TikTok. There was one post that was shared with me and there were 65 million views. When you read the comments, people are saying that they have quit vaping because of it and saying that they are three months clean now. Social media is used in a negative way sometimes, but perhaps for the younger generation it might be something we can look at in a positive way. They are not going to listen to older adults but they might listen to other young people on TikTok.

CHAIR: They are probably not going to listen to politicians. That is a great way to summarise. Do you have any concluding remarks, Dr Hester?

Dr Hester: No. Thank you very much for the opportunity. I am looking forward to Queensland being slightly safer for young people in the future.

CHAIR: That is a great way to wrap up this session. Thank you both for being here. We appreciate your contributions.

BEATTIE, Ms Susan, Director, Policy and Systems, Queensland Network of Alcohol and Drug Agencies

LALOR, Dr Erin AM, Chief Executive Officer, Alcohol and Drug Foundation

LANG, Ms Rebecca, Chief Executive Officer, Queensland Network of Alcohol and Drug Agencies

MILNE, Mr Martin, Queensland Manager, Alcohol and Drug Foundation

CHAIR: Welcome. I am sorry we have gone over time by a few minutes, but we will take as much time as we need. Thank you all for being here. I invite you to make an opening statement. I would like to hear from all of you.

Ms Lang: Thank you for the opportunity to come and talk to you today. We are the peak organisation for the non-government treatment and harm reduction sector here in Queensland. We have around 55 member organisations operating in more than 100 locations across the state.

The reason we made a submission and the point of us being here today is not to provide more information on the science around vaping or smoking cessation. You have had some really great advice on that so far today and you have some more coming up after us. I think it is important, though, to keep the public policy limitations and opportunities in really clear focus. Sometimes when we focus really deeply on the research evidence, particularly when it is emergent as it is right now, we can fall into some traps that, if you look at other areas of drug policy, might have been more foreseeable. A really great example of that is: often when we seek to restrict access to a substance we end up making it more available because we create space for an unregulated market, which is arguably what has happened in Australia since 2021 with the TGA deciding to schedule nicotine—which arguably was not unforeseeable because they are the Therapeutic Goods Administration, so they come at it with a particular view.

We do not have a national regulator that has the capacity to look at a substance that is not through a therapeutic or a law enforcement lens. The reality is that already our tobacco reduction strategies have started to plateau. There is now some fairly solid evidence that the increase in taxation on cigarettes is pushing parts of our population into the illicit tobacco market. We need to keep in focus that, while vaping might not compare favourably to breathing clean air, there is a fairly well developed consensus that it is better than smoking tobacco.

In seeking to preserve those public health gains, which are impressive public health gains, I think it is really important for us to not lose sight of the fact that there is an opportunity here to move adult smokers off smoking. Even if they do not then quit, vaping is still less harmful to them than smoking. Most people who look to switch to vapes might not necessarily be looking for a cessation effect in the same way as someone might change their relationship with alcohol—drink less frequently or drink a lower strength alcohol. These are all good harm reduction strategies. At the moment our current policy settings are failing us because we have the worst of both worlds. We have the exactly foreseeable consequence of the fact that, in failing to regulate the market, we have a market that has levels of nicotine in products that we would never agree to and products that are flavoured and marketed in ways that, if we regulated, we would never agree to. Let us not make the perfect the enemy of the good. While tobacco still exists in our community and is accessible to adults, I think we have a responsibility to look at ways to make liquid nicotine available to that cohort and, in doing so, perhaps make it less available to young people.

CHAIR: You have just answered one of my questions in your opening statement.

Mr Milne: Thank you for the opportunity to present to the committee today. I would like to start by acknowledging the traditional owners of the land upon which we meet—the Turrbal and Yagara people—and pay my respects to elders past and present.

The supply of vaping products in Australia is currently structured around nicotine vaping products available legally via prescription from a pharmacy or via importation through the Personal Importation Scheme and a supply of non-nicotine vaping products that is being imported and sold in retail. The supply of unregulated non-nicotine vaping products is the main area of concern, as many have been found to contain nicotine and other harmful substances.

The sale of non-nicotine vaping products containing nicotine, particularly to young people, has emerged as a key public health and regulatory challenge. The regulatory issues are federal issues. However, federal changes to these regulations will have a large impact on the supply of vaping

products in Queensland. The federal government has recently responded to the TGA report and announced the banning of the import of vaping products as well as the end of the Personal Importation Scheme. They have also introduced further regulation of nicotine vaping products supplied via prescription including restrictions on nicotine content, flavouring and packaging.

Due to these changes, the supply of vaping products in Queensland will dramatically shift and change issues to which this inquiry is responding. We expect to see a significant reduction in the availability of non-nicotine vaping products, particularly the disposable products that are being sold at convenience stores and are of most concern with young people. The changes will also affect the supply of nicotine vaping products available via therapeutic pathways and increase the number of GPs able to prescribe them.

This reform will require additional investment and enforcement from the states, particularly in addressing the retail sales of non-nicotine vaping products. It is likely that people who use vaping products regularly and who may be dependent on nicotine may find themselves suddenly unable to access these products and may face rapid withdrawals. This may be further compounded by the fact that many of the people using non-nicotine vaping products are not aware that their devices have nicotine in them and may not be expecting to experience withdrawal symptoms. The Queensland government has also recently introduced a positive licensing scheme for smoking product sales which may impact on the sale of illicit vaping products, further contributing to potential rapid changes in supply.

Changes to regulations can have unintended consequences and over-regulation can increase access to the black market, where products are not regulated at all. This can increase the very harms we are seeking to address. As the new reforms are rolled out, we must be mindful of this and monitor the impacts of the reforms on harms associated with vaping. This includes how easily people who require nicotine for either smoking cessation or nicotine cessation are able to access it.

Responses to individual vaping product use should be non-punitive and non-stigmatising, particularly for young people. They are currently significant fines in Queensland for possessing a schedule 4 substance without authorisation—200 penalty units, which is around $30,000. While this is not currently being enforced, the threat of enforcement remains. If the supply of vaping products changes significantly, those who continue to access products illicitly may be at greater risk of penalty as their behaviour becomes less normalised. Once again, thank you for the opportunity to speak today.

CHAIR: Thank you for your opening statements. Just picking up on your point around enforcement, particularly in relation to the illicit trade, other submitters have talked about potentially—this is away from the recent bill just passed—setting up a task force to try and shut down the illicit trade in vaping versus the regulated tobacco industry. Would you support something like that? We have heard reports of a vape store being raided, products taken away, and within 24 hours they are back up and operating.

Mr Milne: If you want to approach reducing the amount of vapes in the community, there is obviously a legal enforcement approach, but equally there is addressing the reduction in demand by education campaigns particularly targeted at school pupils in schools. Often those are more productive, effective and more cost-effective than law enforcement approaches to limit supply. Often educational and proactive health approaches to reduce demand are more cost-effective than legal and police action to reduce supply.

CHAIR: I take your point that over-regulation increases black market sales. Can you point to any other jurisdictions where you have seen that occur? I will move on to another question if that one is a bit curly for you. South Australia put a banning notice on the sale of e-cigarettes. Do you have any comments around that? Could Queensland follow suit? It is for the committee to make recommendations, but we would be really interested to hear from both organisations.

Dr Lalor: The situation is going to really change once the federal reforms come into place. We are not sure yet what impact that will have on the retail sale of non-nicotine vaping products. We expect they will drop significantly because you will not be able to import those products anymore, but it is a bit unknown at the moment. We looked at other jurisdictions where non-nicotine vaping products are banned from retail sale, like Western Australia. You can still buy vaping products in those jurisdictions. What we understand from recent data is that vaping rates amongst children are not significantly lower than they are in jurisdictions where the retail sale of non-vaping products is available. Partly that is due to the fact that about 50 per cent of kids who talk about where they get their vaping products from say they get them from their friends. It can be up to 80 per cent of kids who say they are accessing vaping products through their peers and not through retail stores.

To Bec's point and Martin's point, when we have an over-regulated market we can sometimes have those unintended consequences. I do not think we yet know what the federal reforms will mean for a new way of people accessing nicotine vaping products. Certainly they have made it a bit easier because GPs are now more able to prescribe nicotine and will be able to when the reforms are implemented, but we are just a bit uncertain at this point in time on what will happen to vaping rates, particularly nicotine vaping rates.

CHAIR: I did not quite pick up what you said about 80 per cent. Can you just repeat that?

Dr Lalor: In some groups of children, about 80 per cent of them say they are accessing non-nicotine vaping products, or vaping products, from their peers and not through retail stores.

CHAIR: Do you think they really are non-nicotine?

Dr Lalor: They are purchasing them as vaping products, expecting them to have no nicotine in them. In some instances children are looking for vaping products with nicotine in them but some are not.

Ms Lang: I would just add to that. If we look to other illicit drug markets, methamphetamine has not been legal in this country for a long time yet it is available. Cocaine is not legal in this country—it cannot be imported—and yet it is available. The risk we have in just outright banning vaping is that you make it attractive to those sorts of transnational crime groups that are already seeking to bring other types of substances in because there is a demand for it in the community. What we need to do is strike the right balance, because people will choose the regulated market where it is accessible. The thing that concerns me is that we report a lot about the difficulty in accessing GP services in this country, and even if you do get in to see a GP your only access to get nicotine, liquid B, would be by saying that you are intending to cease, so it is only going to be a short-term solution for some people anyway.

In an environment where we already have a burgeoning illicit tobacco market—there was a parliamentary inquiry into that earlier this year—we cannot separate this issue from that. Some of the focus on children is questionable in terms of prevalence rates. The data that we have is outdated now. Our prevalence surveys were COVID impacted. We expected updates to both the National Drug Strategy Household Survey and the Secondary Students Survey in 2022. Now we are looking at 2024, which means we are looking back to 2017, so we are missing a gap right where we changed the rule, if you will. We need to get better at monitoring, because as this evidence base emerges we will have opportunities to target our activities depending on what population we are trying to reach.

I think what we have learned from tobacco is that when you give people good, evidence-based information about the impacts their drug use is having and the more common outcomes, people will take that advice if they think it is credible. Even hearing some of the people who spoke before us talking about nicotine addiction—in and of itself nicotine addiction is not particularly problematic—it is exposure to the illicit market or the exposure to sanctions in schools. Most people's vaping use, particularly with young people, will be short term, so supporting those young people to come through that experience with as few life-limiting factors as we can I think is the best thing we could do.

Mr MOLHOEK: Is there any evidence or trend data that would suggest that the use of vaping is steering people away from other illicit substances?

Ms Lang: I do not know that anyone has done that work. There is a fairly solid displacement theory that is accepted in the research literature around how people will often use the substance that is available. Ten years ago, not many people were using methamphetamine. Five years ago we had a spike in use but, because of the nature of methamphetamine, now you are seeing it drop off again because people tend not to choose to use substances where there is high harm. The rates of use of illicit substances, particularly amongst young people, but even in the general population, are so low. Cannabis, our most frequently used illicit drug, sits at about 11 or 12 per cent of the population in any given year, so there are not a lot of people to shift onto other substances. Nicotine is very short-acting, which is partly why it is so addictive, because it encourages you to want to reapply in a really short time frame after using. There is definitely more work that could be done to understand why people choose to use particular substances, but availability tends to be the driving factor for the most part.

Ms KING: Thank you all for coming in. Rebecca, my question is to you, if I may. I am thinking about community members who use services under the QNADA umbrella—the people who may have substance issues or may have had substance issues of various kinds, whether that is alcohol or whatever it may be. We know that for people who use substances or have or are in recovery from that there is a high smoking rate. I wondered if you have any comment to provide about how these changes are likely to impact those people.

Ms Lang: My fear is that they will be pushed into an unregulated market and potentially criminalised—

Ms KING: Are they not already engaged in an unregulated—sorry to interrupt.

Ms Lang: No, that is a fair comment. My understanding is that vapes existed in this grey space where they were not strictly speaking legal, but they were not strictly speaking illegal either. Potentially, the reason we have so many vapes that are not labelled as containing nicotine is an effort to capitalise on that grey area. We know that, for a lot of people who go into residential treatment, when they find out that residential service is smoke-free it is kind of a deal-breaker. For that reason we do still have some residential services in Queensland that will take people who are still using tobacco and manage that within the community.

People will often want to change their relationship with one substance but do not necessarily want to be substance-free in totality. For many people, because nicotine and tobacco are so freely available it becomes a really difficult thing to think about life without it, in the same way that people who have alcohol problems will forever notice how many licensed establishments we have in our community once they have been through treatment. In a sense, it is a perennial problem. It seems to be that the cat is a bit out of the bag already. What we need to really be clear on is that we are doing a lot of work in other parts of the system to reduce the criminalisation of people who use drugs. We have a particular focus on women and girls because that is a really fast growing part of our prison population. We know that drug possession is a driver of that, so whatever we can do to hold people in a regulated market will be of benefit to the whole community, I think.

Ms KING: I wonder if you have any comment to offer about cost impacts. People in my community, which is a low-income community, tell me they shifted to vaping because it is more affordable. It also means they are using vapes with unknown substances.

Ms Lang: That is right. A lot of the risks that have been identified around vaping could arguably be said to be the effect of an unregulated market. We would have much better visibility over the individual chemicals inside vapes if we regulated more closely. The flavourings issue is one that has been well canvassed as well. I just lost my train of thought halfway through a sentence, which is not very helpful.

CHAIR: We are all vaped out.

Ms Lang: Yes. I imagine I was about to say the smartest thing I have ever said and it just floated out of my brain.

Ms KING: I am sure it was exceptionally clever. We can take it on notice, if you like.

Ms Beattie: I thought I would just touch on that and say that the National Drug Strategy Household Survey does make it clear that rates of tobacco use are highest in socio-economically disadvantaged communities. Any sort of regulation is disproportionately going to affect those communities. I think the increasing illicit drug market is the best example of what happens when we try to over-regulate substances that now represent 11 per cent of the total market and become a multibillion dollar industry for organised crime entities. If they see opportunities then they will use those opportunities.

CHAIR: You are spot-on. A figure just fell into my head. The smoking rate now in remote and Indigenous communities, 42 per cent, is startling compared to the rest of Queensland. You absolutely make a good point.

Ms Beattie: The challenge is that access to healthcare services in those communities is severely limited, and one of the biggest challenges around moving to primary healthcare providers delivering these services is that the cost associated with accessing that is quite significant for many in the community at this point in time.

CHAIR: Thank you very much. We are back on time, which is good. Thank you for your contributions. They have been very insightful and helpful.

Proceedings suspended from 2.29 pm to 2.49 pm.

JONGENELIS, Associate Professor Michelle, Principal Research Fellow, Melbourne Centre for Behaviour Change, Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne

RIMMER, Dr Matthew, Professor of Intellectual Property and Innovation Law, Faculty of Business and Law, Queensland University of Technology

CHAIR: I welcome our final witnesses for today's hearing: Professor Matt Rimmer, who is well known to the Health and Environment Committee, and Professor Michelle Jongenelis. Thank you for your written submissions and your participation today. I invite you to make an opening statement.

Prof. Jongenelis: Thank you for the opportunity to appear here before the Health and Environment Committee. It is really pleasing to see the Queensland government take e-cigarette use seriously and investigate ways in which it can be addressed. The committee is no doubt aware of the federal Minister for Health, Mark Butler, who describes e-cigarettes as a public health menace, and Australia's Chief Medical Officer, Professor Paul Kelly, has declared e-cigarettes to be the next big health issue after COVID.

E-cigarettes contain toxic chemicals that are harmful to health, and people who have never smoked but vaped are three times more likely than those who do not vape to initiate tobacco smoking. The harms associated with e-cigarettes are not limited to nicotine exposure. There has been a focus on nicotine today, but studies show that it is the additives, flavourings and other chemicals in these products that are also harmful.

Preventing increases in vaping and minimising related harms have become public health priorities, and recent announcements by Minister Butler have great potential to address the illegal importation, sale and distribution of these products. It is pleasing to see the federal government take action to ensure these products are accessible to those who may benefit while protecting those for whom use has multiple harms. It is important that states support the federal government in their efforts, and it is excellent to see that Queensland has recently committed to implementing a positive licensing scheme. This will make it easier to enforce legislation. However, further action at the state level is needed if we are to protect Australians from an industry that is determined to maintain its profits.

It is critical that all states including Queensland: prohibit the supply of all e-cigarette products regardless of nicotine content except through pharmacies; bolster monitoring and enforcement to address the illegal sale of e-cigarette products; ban all forms of advertising, promotion and sponsorship of products; and ensure ongoing community education and support for those wanting to quit. Proponents of a consumer model will argue that e-cigarettes should be as available as cigarettes. This is short-sighted. We should be reducing the accessibility of cigarettes, not introducing another harmful product into society. Both the federal and Queensland state governments have committed to taking action on smoking, which is pleasing to see.

These products are not a panacea for smoking cessation. While use may be beneficial for those who use the products to quit promptly and completely, this is not the reality. Research has shown that, among those who use both cigarettes and e-cigarettes, 55 per cent will go back to exclusive cigarette use two years later, 26 per cent will continue to use both products and just 12 per cent will switch completely to e-cigarette use. This means that, for the vast majority of smokers, e-cigarette use does not assist with cessation. We should not be condemning a new generation to nicotine addiction based on these so-called success rates. The reality is that we will soon be in a situation, if we are not already, where the number of non-smokers who take up vaping outnumbers the smokers who will successfully quit using this product.

Further to this, in recent research I conducted on people aged 12 years and older only a quarter of smokers said that they started vaping to quit smoking. This means that the vast majority are not using these products to quit. If the vast majority of smokers are not using these products to quit smoking and only 12 per cent of those who are using these products to quit smoking are doing so successfully, these are not promising figures, yet these are the figures that are being used to argue for widespread availability. These are the figures being used to argue for why these harmful products should be sold in convenience stores. This is unnecessary. There is a pathway in place that provides smokers who want to quit with access to products. Importantly, this involves going to the GP where they can receive behavioural support to quit. This is critical. Behavioural support increases the chances of successfully quitting smoking, so if we allow these products to be sold by retailers people will not be receiving this critical behavioural support.

The other argument being made is that enforcement is too hard. The changes being made at the federal level will assist here and they will stem the flood of the products entering Australia. I find it disconcerting that something being too hard is reason enough to condemn a new generation to e-cigarette use. In recent focus groups I conducted with 14- to 39-year-old vapers and non-vapers, I asked them what we needed to do to address use. I went straight to the horse's mouth. They commented about the availability of these products and they named the stores and franchises that were present in this morning's session as being the source of these products for them. They told us that banning these products is important. While they agree that education is also important, they said that while these products are still available to them, including from stores claiming to be responsible retailers, use will continue. Education in schools simply places the burden on teachers to manage this crisis, and I think they have enough to deal with.

I have a few other points in response to questions I have heard the committee raise today. Of the adolescents who attended the focus groups I conducted, they wanted the nicotine ones. They said they wanted to experience the head spins. They could not understand why non-nicotine products even existed. Finally, again in terms of where kids are sourcing these products from, research I have conducted with adolescents shows that half are accessing it from their friends but the next highest source category—at 20 per cent—are accessing these products through tobacconists, through the so-called responsible retailers. I will end there and I am happy to take any questions.

CHAIR: Thank you. We do appreciate your opening remarks. Professor Rimmer?

Dr Rimmer: I am a professor of intellectual property and innovation law and I am also a member of the Australian Centre for Health Law Research and the BEST centre, which does work on behavioural economics. I am also part of a network of researchers doing work on the tobacco endgame. Originally, I was very interested in the development and implementation of plain packaging of tobacco products. I had a bit to do with Nicola Roxon's plan. I witnessed the High Court battle between the Commonwealth government and the big tobacco companies and then I followed further efforts by tobacco companies to challenge Australia's regime under investor laws and challenges in the World Trade Organization. Australia was able to defend those pioneering measures in those various arenas.

I have been interested in e-cigarettes as a regulatory strategy to avoid some of the pioneering public health measures that we had in relation to tobacco and getting rid of advertising and colours, and e-cigarettes seemed to be kind of a way to circumvent some of the very tight regulations that we had in place in relation to tobacco control. There has also been a lot of filing of patents, trademarks and design protection by e-cigarette companies and tobacco companies in relation to e-cigarettes. I was wondering whether those companies would make similar sorts of arguments to try to forestall regulation.

In terms of an international context, the World Health Assembly is holding its meetings this year in Geneva this week. Dr Tedros, the Director-General of the World Health Organization, recognised that it was the 20th anniversary of the World Health Organization Framework Convention on Tobacco Control. Dr Tedros said he was very worried and troubled by e-cigarettes. Far from being a means of harm reduction, he expressed his concern this week that they were a source of harm. He said in his talk that he saw e-cigarettes as a trap and that their main purpose, in his view, was to hook kids at a young age to make them lifelong customers. I think in that context many policymakers around the world are thinking about ways and means of building upon the framework convention not only to deal with tobacco but also to deal with e-cigarettes and new emerging devices.

In my submission I talk a bit about some of the policy developments in Australia. We did make a good start and there was early litigation by the ACCC against e-cigarette companies—taking action over misleading and deceptive conduct under Australian Consumer Law, and then issuing warnings to other e-cigarette companies, particularly about not properly describing contents of products. Then there seemed to be a period of regulatory delay and conflict. There seemed to be different factions within the coalition government. Greg Hunt was quite keen on taking action in relation to e-cigarettes, but there was a libertarian group who were very much opposed to regulations on e-cigarettes, and the National Party as well were very hostile towards e-cigarettes.

CHAIR: That has been spoken about today, about them taking donations from Philip Morris.

Prof. Rimmer: It resulted in a certain level of political paralysis and really stopped proper border controls being put into place. I think the problem has been one of under-regulation as a result of those kind of conflicts. In that context, I really welcome the National Tobacco Strategy, which provides a very helpful framework for the restricted regulation of e-cigarettes and vaping and provides a national strategy involving the Commonwealth and state and territory governments. I think the policy

approach to the regulation of e-cigarettes and vaping is to be welcomed. We have heard already about the different elements of that regime, and I guess we will see some legislative forms that that will take.

In that context, the Queensland government and other state and territory governments have really important roles to play, in terms of enforcement and in terms of education. I note that you, Chair, and you, Deputy Chair, in your speeches on the anti-smoking bill were really interested in the question of enforcement, and it has been interesting that there has been some more substantial enforcement action taken in Queensland recently over illegal sales of e-cigarettes and vaporisers. Metro South Public Health Unit prosecuted MNR Trading Pty Ltd which traded as Zam Zam Supermarket. Essentially, they seized 45,000 personal vaporisers and 33 e-liquids. The company pleaded guilty to two charges of possession and sale of personal vaporisers and e-liquids in the Holland Park Magistrates Court. The Magistrates Court ordered a $35,000 fine, $51,000 in court costs and more than $2,800 in professional costs and recorded a conviction. Magistrate Young in particular highlighted the risks of nicotine use, particularly to young people. Magistrate Young referred to the work of the World Health Organization. He said that the protection of the community was a relevant consideration relevant to sentencing, and 'recording a conviction was part of the denunciation of this conduct and particularly so where there is significant moral culpability upon the company', having been previously warned about this conduct and there being some information before the court the vaporisers were sold to a 13-year-old and 15-year-old. Magistrate Young emphasised that there was a need to protect young people from themselves. Metro South Health have also noted that they hope that the successful prosecution and penalty would deter others from engaging in the illegal supply of vapes containing nicotine.

It is noticeable that other states and territories are lifting the enforcement actions as well. In New South Wales, Kerry Chant in December 2022 noted that New South Wales Health had seized more than 166,000 e-cigarette products, totalling an estimated street value of over $4.6 million. My colleague here is probably more conversant with the very good work of the Victorian government in this space. They have a big new education campaign that they have just launched today. The South Australian government, led by Chris Picton, is currently really keen on trying to expand upon tobacco regulations and apply them to e-cigarettes and vaping. Hopefully we can have a kind of concerted approach by federal, state and territory governments in terms of realising that plan.

In my submission as well, I look at litigation taking place in other jurisdictions. It is striking to me the mega litigation that is taking place in the United States over e-cigarettes and vaping. The state governments in the United States have brought massive litigation against Juul, detailing a number of different harms. Some of those harms really relate to product safety. Some of those harms relate to questions of misleading and deceptive information. Some of those harms relate to the targeting of children. Juul, in a desperate effort to survive, has made billion dollar settlements with the states thus far. There have also been hundreds and hundreds of other actions by school districts, by individuals, by Indigenous communities. Juul has made settlements of $1.6 million in relation to those matters. It was also alleged in those complaints that Altria, which is the parent company of Philip Morris USA, collaborated and helped Juul in its activities. I note that Altria has agreed to a $235 million settlement to resolve Juul related cases. There has been a lot of discussion today about harms associated with vaping and e-cigarettes.

In the United States, those harms have been so significant that the companies involved have agreed to pay billions of dollars to try to settle some of those matters. I think some of those actions have been really informative about how e-cigarette companies have used the big tobacco playbook in releasing addictive products, using the same sorts of marketing strategies beloved of madmen in the United States, but also deliberately and consciously targeting kids and youth.

I also would make a number of other observations on other jurisdictions that have popped up during the conversations today. It is noticeable that key New Zealand policymakers applauded Mark Butler's plan or regulation of e-cigarettes and vaping. Ayesha Verrall, health minister for New Zealand Labour, said that New Zealand had not necessarily got its approach to e-cigarettes right and favoured a tougher approach to regulation of e-cigarettes. Christopher Luxon, the leader of the National Party for New Zealand, said that he, too, favoured a much stronger approach in dealing with the regulation of e-cigarettes. It was only really the ACT Party, a libertarian party, who still wanted a laissez-faire approach to the regulation of e-cigarettes.

There was a bit of a discussion about the United Kingdom today. I see that the Prime Minister Rishi Sunak today has said that he was deeply concerned about the sharp rise in children vaping and shocked by recent reports that some young people have obtained illicit vapes. He has said that the marketing and the illegal sales of vapes to children is 'completely unacceptable and I will do

everything in my power to end this practice for good'. He also went on to say, 'We are looking at how we can strengthen the rules on how they are marketed, promoted, what do they look like. It looks like they are targeted at kids which is ridiculous.' So the United Kingdom Conservative Party is certainly experiencing a bit of regret in its rather confused approach to the regulation of e-cigarettes.

CHAIR: Thank you, Matt. You have articulated well what is happening in those other jurisdictions. It is remarkable now what we are seeing in the big US states. The harm is clear. We had some people before us today—I think you were in the room; Michelle, I am not sure if you were—who were in another camp and discounted the UK and those comments that you made. It is interesting. For us, at the end of the day, we need to make recommendations. There is no doubt, following on from our tobacco and other legislation bill, that enforcement is necessary. The Premier was very clear when she provided the terms of reference that we need to value young people who are exposed to this trade, be it illicit. I wanted to get some remarks from perhaps both of you—Michelle first—around the ease of online access to young people. I think it was South Australia—Matt, you can probably correct me—that banned online sales. Can you perhaps give some context to the availability? I know that you did some research with focus groups, Michelle. How easy is it for young people to access vapes?

Prof. Jongenelis: Certainly the focus groups said that it was very easy, mentioning a lot of the stores that were represented this morning. They said they know exactly which store they need to go to to get the vapes. The Gen Vape Survey study that is being conducted in New South Wales also found that ease of access was incredibly high. Definitely they are able to access these products from bricks-and-mortar stores. In terms of online, we have certainly heard from focus groups. There are sales happening through SnapChat often. They will have random people enter their DMs, as the kids say, to sell them these products.

CHAIR: I don't get SnapChat. I have Facebook.

Prof. Jongenelis: Neither do I.

CHAIR: Are you saying that for someone on SnapChat an ad will pop up?

Prof. Jongenelis: It is an ad, but it is usually sponsored content with influencers that are using these products. We have the industry behind the scenes paying an influencer to market these products without saying that they are an influencer. You can also message through SnapChat, so they are getting direct messages selling these products to them. Children are getting direct messages.

CHAIR: Matt?

Prof. Rimmer: You might recall that the federal government is usually the one that has constitutional power really to try to regulate lots of matters in relation to the internet, as the technology and law become very conscious. Copyright laws are very expansive, for instance, and apply to situations where there is a nexus with Australia. We have since then developed laws to regulate all sorts of different things. I am sure the federal government will be contemplating what they need to do in terms of online sales of vapes and e-cigarettes. Advertising, promotion and sponsorship have been equally a big concern, though we have a comprehensive ban on advertising, sponsorship and promotion in relation to tobacco. Nicola Roxon had an effort of extending those regulations to the digital arena when she was a minister, but within the World Health Organization there is ongoing discussion about better regulation of some of the online platforms. There has also been discussion about litigation being taken about online influencers who are sponsored by tobacco companies or e-cigarette companies. There have been calls for legal action by those who are using dark marketing—or sometimes it is much more blatant marketing of those products online. Your counterparts in the US Congress are very concerned about those matters. Elizabeth Warren and others were expressing concerns about e-cigarettes being promoted during the COVID crisis and how concerning that is. They are really pushing for the Federal Trade Commission to really take much more decisive action in that field. That is a very important element to the debate and the discussion. I guess it sometimes works in concert in terms of border controls as well.

Prof. Jongenelis: I think it is easy to blame social media and online, and I do not dispute that there is an issue there, but, again, going back to my opening statement, 20 per cent of adolescents are sourcing this from tobacconists, from retailers, and I think it was eight per cent sourcing it online. Yes, we should definitely be doing more in the social media space, especially around advertising, but at the end of the day they talk about this black market as if it is people doing deals in car parks. It is not. These are stores that are on our high streets that are selling these products. These are the franchisees who this morning said they were responsible retailers. The evidence does not align with what they are saying.

Prof. Rimmer: There is a lot of concern as well with physical retailers engaging in misleading and deceptive representations about their products, particularly making therapeutic style claims which are not backed up by evidence. It is a big claim to say that a product is life-saving. You kind of really need substantive evidence to support those claims. If you do not, there could be action by Fair Trading officers or the ACCC for misleading and deceptive conduct or misleading and making deceptive representations. I think that was a really important issue to come out from this morning's session. On the one hand, some of those organisations were trying to make therapeutic style claims that they were good for people's health.

CHAIR: I think the big panel of the Lung Foundation through to the Heart Foundation through to Asthma Australia all disputed some of those. We needed to hear from everyone on balance. I will now open up to questions. Deputy Chair?

Mr MOLHOEK: I am okay at the moment. I am just taking it all in.

Ms PEASE: Thank you so much for sharing your expertise with us. Professor, I am interested in hearing about your focus groups. I note that many countries have introduced certain controls. In China, for example, they cannot sell flavoured e-cigarettes, only tobacco flavoured e-cigarettes. We have heard from the dental people that the flavouring can damage your gums, your teeth et cetera. Did your focus groups involve young people, firstly, and were they based in Victoria or was it all over the place? Did they comment on whether it was the flavours that attracted them to it, or would they still buy them if they tasted like tobacco?

Prof. Jongenelis: We ran 16 focus groups with 14- to 39-year-olds. We had groups in the 14- to 15-year-old category and then the 16- to 17-year-old category, vapers and non-vapers within both those groups, and we separated by gender. They were conducted in New South Wales and Victoria. The point of the focus groups was to get some ideas around campaign messaging—what they would respond to. It was a 90-minute focus group. We used the first half of that focus group to ask them about regulation: what do you know about the laws? We asked them, 'Just tell me what you know about them.' Then I actually told them what the laws are—

CHAIR: I was going to say: let me guess; they did not know anything.

Prof. Jongenelis:—and they very clearly had no idea. 'You mean there are vapes available with non-nicotine? Why is that a thing?' Then we asked them, 'What does Australia need to do to help in this space?' Yes, very few of them—they are really great at knowing that as under-18-year-olds they are not able to access that product. They know that they should not, but they also commented on the ease with which they can go to their local convenience store that shall not be named and access these products. When I asked them, 'What should we be doing?,' prohibiting the products came up but banning the flavourings also came up. That was also a common thing—banning the flavourings, banning the products entirely as well as introducing warning labels on these things. It was great to then see the federal government's announcement because, in terms of all the things that came out federally, the kids themselves said, 'If you want to address this issue, this is what we reckon you should do.'

Ms KING: Thank you for coming in. It has been refreshing to have you come in, having heard some of the claims and varying submissions this morning and comment on those. Thank you for your attendance today and giving us the benefits of your insight. You are an associate professor in behaviour change; is that right?

Prof. Jongenelis: Yes, I guess that is a formal title in terms of my day-to-day—public health, health promotion, behavioural scientist and I am also a clinical psychologist in private practice.

CHAIR: I might get your time later!

Prof. Jongenelis: You and everyone in Australia at the moment.

Ms KING: You and everyone at every party, I am sure. I want to ask for your comments, if you have any in your professional capacity, about whether anything came up through the focus groups on what young people think is necessary to support them to stop. Do they want to stop? What can you tell us about that pathway—whether they are interested in it and what it might take?

Prof. Jongenelis: It is a great question. Certainly there were some people in the groups who readily admitted to being addicted and spending thousands of dollars on these products. In terms of what can be done, we definitely need to be doing more to support children who are particularly addicted to these products. Recently I wrote a piece for The Conversation directed at parents about how they could help their teens who were addicted, what they could be doing in that space. What concerns me—and this is an industry-based narrative—is that the burden is always placed on the individual. It is up to the individual to quit; it is up to teachers and principals to be doing education

programs; it is up to parents to be dealing with this problem. There would not be a problem to begin with if we stopped the flow, if we shut down these retailers. At the moment you will hear another industry-based narrative, which is, 'The horse has bolted. The genie is out of the bottle. It's too late. It is too hard to be doing all of this stuff.' That is happening in the US and the UK. That is not happening here yet. We have a window of opportunity to act. If we put this off any longer then, yes, we will end up in the same situation that the US, the UK and now New Zealand are in. I hope that answers your question.

CHAIR: Yes, very well.

Ms KING: I am also wondering what comment you can make about the nexus between availability, appeal and behaviour? For example, hypothetically, if there was a situation where the only personal vaporiser devices you could get were those big, clunky-looking ones that you presumably buy for a couple of hundred dollars and people mix their own liquids or whatever—recognising the safety and health problems with that approach, in your view would we see the same appeal to teenagers or young people? Is it the colours, the flavours, the $15 to buy it from the corner store, buying a box of a thousand on the internet and selling it to your friends which we have heard about? In your view, would the problem continue if it was a bit less fun, colourful, vibrant—whatever?

Prof. Jongenelis: I would argue that what you are suggesting is a utopia. We have seen what happens when we ask industry to regulate, and when we impose regulations they do not do that. That is why in submissions we made federally we said, 'Look, if you want to ban flavourings you can go ahead, but if you do not stem that flow to begin with you will still get these nefarious characters working behind the scenes.' Yes, theoretically, if we lived in an ideal world and we banned all the flavourings and we only allowed these through pharmacies or through so-called responsible retailers, perhaps. However, I do not see that happening, but I am a cynic.

Prof. Rimmer: The way in which e-cigarette companies and big tobacco companies have targeted kids and youth has been very systematic. They rely upon trademarks, brands, colours and flavours to very scientifically target different demographics and different groups and different kinds of people. That is why Nicola Roxon was so keen on plain packaging for tobacco products, because it really disrupted the ability of tobacco companies to communicate with their intended audience. I do support Mark Butler's ambition to strip away all that coverage we have at the moment for vaping products.

Prof. Jongenelis: These are not assumptions that we are making around industry. When we look at freedom of information and we look at their documents, they very clearly say that e-cigarettes were created to target youth because they needed a new generation for their profits.

CHAIR: We saw this with the tobacco industry. You just have to cast your mind back to the Winfield Cup, the Marlboro man on the horse, all the farmers in regional Queensland and the Benson & Hedges slogan on the sports cars: 'When only the best will do'. All of those were designed to attract people to take up smoking. This is just a repeat of history.

Prof. Jongenelis: Absolutely. McLaren Racing in F1 is sponsored by British American Tobacco's new vaping product.

CHAIR: I really welcome your concluding remarks and we are just about out of time. We do have a window of opportunity. We really do welcome your contribution here today. They are valuable and we thank you for coming. I think you came all the way from Melbourne to be here.

Prof. Jongenelis: All the way! It was two hours.

CHAIR: That is still a long way.

Prof. Jongenelis: I am happy to be here. This is an important issue. It is one I am very passionate about so I would not miss it for the world.

CHAIR: Quite clearly. Thank you very much for your contribution. I declare this public hearing closed.

The committee adjourned at 3.23 pm.