



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

Wednesday, 31 May 2023

Brisbane

WEDNESDAY, 31 MAY 2023

The committee met at 10.12 am.

CHAIR: I declare open this public hearing of the Health and Environment Committee's inquiry into reducing rates of e-cigarette use in Queensland. Thank you for joining us this morning. I am Aaron Harper, chair of the committee and member for Thuringowa. I 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 here today are: Rob Molhoek, the member for Southport and deputy chair; Joan Pease, the member for Lytton; Ali King, the member for Pumicestone; and joining us via phone is Stephen Andrew, the 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 webpage. 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 potentially misleading the committee is a serious offence. The proceedings are being recorded by Hansard. All those present should note that 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 mobile phones to silent.

BRECKENRIDGE, Mr Mark, President, Queensland Secondary Principals Association

CAMERON, Ms Annette, Deputy Principal, Gympie State High School, Queensland Secondary Principals Association

JACKSON, Ms Meegan, Acting Research Officer, Queensland Teachers' Union

KOSTOWSKI, Ms Denise, Principal, Forest Lake State High School, Queensland Secondary Principals Association

RICHARDSON, Ms Cresta, President, Queensland Teachers' Union

CHAIR: Thank you for your written submissions and for appearing here today. Ms Richardson, would you like to make an opening statement on behalf of the Queensland Teachers' Union? Then we will move to Mr Breckenridge.

Ms Richardson: Thank you for the opportunity to provide insight into vaping in state schools. We really appreciate the opportunity to be here with you today. I also acknowledge the traditional owners of the land on which we meet and acknowledge elders past, present and emerging.

The Queensland Teachers' Union has 48,000 members across state schools and TAFEs and we reach out to predominantly secondary and primary schools. A lot of them have reached out in relation to vaping. We represent teachers, school leaders, guidance officers and many others. We have done significant media on vaping in the past four years.

Initially, member feedback on vaping was patchy and it was not experienced everywhere. In the past 12 to 18 months, though, we have really seen a change in this. Our members have been leaders in the community. They have been responding to the issue of vaping as it has developed. There has been education in schools using the curriculum via health, legal and humanities links and via school student councils making resources and materials from students to educate and support their classmates. They have educated parents and the community, as they do on all issues that affect students in their schools.

Vaping has become a significant distraction in our schools. They are easy to conceal, hard to detect and can be used discreetly. It is making the work of teaching and learning more difficult and, as a result, it can make learning harder for our students. It is also important to note that the majority of kids do the right thing. Teachers and school leaders manage a whole range of complex issues every day, and vaping is one of them. We recently surveyed our members about their views on vaping and cigarettes. They strongly to overwhelmingly agree that they should be dealt with, and not as a minor offence.

Delivering the Australian Curriculum is at the core of what our Queensland schools do. There is scope within the P-10 curriculum, if public health messaging was more prominent, though, across all forms of media, to educate members of the wider community and not just members in our schools. Both primary and secondary schools have communicated accessing external programs as targeted interventions as well as school-based messaging and education. Expressing the value of school-based nurses, health professionals and guidance officers as part of a wraparound approach is really important, but we need to be able to access them in both primary and secondary. Resourcing remains an issue there. There are some limitations to the effectiveness and financial human costs of installing vape detectors, but we have had a principal say that they invested in it and it means that at least the kids can use the bathrooms. Schools cannot do this alone. In our view, we really need a wider campaign around this.

CHAIR: Thank you. Mr Breckenridge?

Mr Breckenridge: Thank you for the opportunity to provide a submission to the committee and the chance to discuss in more detail today. Vaping is a significant issue in our communities and correspondingly in our schools, no matter what school or where the school is in Queensland. Schools across the state report significant time and expense as they try to address a rapidly growing and seemingly unstoppable wave of vapes that are readily accessible to young people. Schools often report feeling alone in their efforts to address what is a community-wide health issue. We believe it is important the committee hears the impacts of vaping on students, staff and schools. We look forward to doing that today.

CHAIR: I was very interested in having the principal and deputy principal talk as well. I want everyone to have an opportunity to make comment on this. I pass over to you for some general comments before we move to questions.

Ms Kostowski: I echo the sentiments from both Cresta and Mark. The challenge for us is, I believe, the perception often from students that it is not such a big deal. I believe that five years ago if you asked students who still chose to smoke, 'Do you think smoking is harmful?' they would all say yes, but they still do it. The challenge we are dealing with at the moment is that still quite often students are choosing to vape because they do not realise or understand that it is such a significant health issue.

The challenge in school is: how do we maintain focus on what we see as our core business—running the education program—while acknowledging that the health and safety of our students is paramount? We are conflicted. I think Cresta used the word 'distraction'. It is a significant distraction in school which we know we cannot ignore. We do not have the answers. Our children are very agile at finding ways to make sure they are accessing something that we know is not good for them. They actually do not necessarily agree with us. That is what I see as our significant challenge.

Ms Cameron: I echo those sentiments. Vaping is considered an attractive option. In fact, some parents have admitted that they are supplying their children with vapes so that they do not engage in other illicit substances. They are seeing it as a preventive measure so their students do not engage with drugs, not recognising that their child now has an addiction. I have asked a number of students after we have found them vaping: 'Do you smoke cigarettes?' The students will say no. I ask: 'Why do you vape?' They say, 'I like the taste of it. It's not harmful to me.' They do not have that understanding that what they are putting into their body is harmful to them.

They are also then engaging in antisocial behaviours. Most of the vaping in schools occurs in bathrooms. Students are actually damaging bathrooms so that other students cannot access those facilities to use for their normal use. One school reported to me that a number of female students have damaged the toilets to the extent that they cannot be used which means the sanitary bins are not being used. Vapes are being hidden in the sanitary bins and that is the changeover spot for people who are dealing.

CHAIR: Wow! Meegan, I want to make sure everyone gets on the record.

Ms Jackson: Thank you for the opportunity. I think my colleagues here have covered pretty much most of the issues. Our members do consider it to be a major offence and it is a significant health issue. The only real consequence available to schools at this point in time is the use of school disciplinary absences, known as suspensions, because there is a lack of alternative learning programs—which at the moment are about to undergo a review—that are funded to be able to access as prevention and wraparound programs that are necessary. Additionally, we commonly hear parents say, 'It's not smoking.' That broader campaign and the messaging in the broader community is so necessary in terms of its trickle-down effect into our schools and for our young people and the influence that is out there. I think that is going to be a necessary piece as well.

It is also very difficult. The information and the data we have is based on those students who get caught. I heard from one school that students can turn an asthma puffer into a vape. Our members are not trained detectives. They do not have that level of expertise to investigate and determine whether that is occurring or not. There are some pretty extreme behaviours going on that are very difficult to detect, even though vapes themselves are difficult to detect.

CHAIR: I am probably showing my age here, but back in my schooldays we would go behind the shed and share a cigarette. There was a coordinated effort in this country—and it is something that we should be proud of in Queensland—to reduce smoking rates. We all remember the Winfield Cup. We all remember Benson & Hedges—'When only the best will do'. I take the points you have made. There was a coordinated campaign throughout the nation to educate people on the harms of cigarette smoking. I take your point that schools cannot do it by themselves. This is a whole-of-community, whole-of-government problem to educate people about the real harms of vaping. The Lung Foundation, the Heart Foundation and a number of other very concerned medical bodies appeared yesterday and talked about the real risks to people. This is probably more a comment, but kids are curious; they are not informed.

Ms Richardson: They are social beings, so they like to do what their friends are doing as well.

CHAIR: Yes.

Mr Breckenridge: Vapes are marketed in such a way—the people marketing these are very clever people. They absolutely know their target audience and that is who they have homed in on. In terms of the messaging at the moment, there is a level of information available on a number of social media platforms that young people are able to engage with. To your point, there is very little in the mainstream media. I think I am yet to see a billboard anywhere in any major centre about vaping. You certainly do not hear it on the radio. Reflecting back to the Slip, Slop, Slap campaign and getting Norm off the couch to exercise, they were big campaigns that were very visual. We have not reached that point with vaping yet. We need to if we are going to make sure we get the anti-vaping message out there.

CHAIR: Media will have a role to play in this.

Ms Kostowski: We need to be mindful that the Slip, Slop, Slap campaign and the media that was used there may still help to educate parents but our children will not see that. I have young adult children. They do not watch mainstream media. If it is not on TikTok, social media or whatever the latest platform is, it will not get to our students. That is the media that we need to be in.

Mr MOLHOEK: Thank you to all of you for the work you do. I have family members who are teachers. I hear some of the stories and the challenges they face. Our teachers are probably one of the most valuable frontline services that we have as a state in terms of shaping the minds of our young people. I can understand that it must be very challenging and perplexing.

We heard in a private briefing earlier from some students from a youth advisory council. They were saying that if you say 'no' to kids you are basically holding out the red flag and they are just going to do the opposite. They were talking about the importance of education. How can we incorporate education within the school curriculum? Where would that fit? They talked about the need to educate younger children about the dangers. I am assuming you would have to start with year 7 and year 8 students. Is that early enough?

Ms Jackson: Yes. Through our research we have discovered that as young as years 3 and 4 are having to get targeted intervention programs in certain schools. The majority in primary we hear are the years 5 and 6 being targeted, but others are going a bit earlier where there are suspicions and concerns. Most are outreaching to external providers. I believe that one of the submissions was from a provider to primary and another was from a provider to secondary. It is probably not within our scope to make commentary about those other providers. Schools are reaching out to them for as young as year 4 and possibly year 3 curriculum intervention programs and wraparound programs where necessary.

If you refer to our submission, we even make a reference to the health curriculum in the P-10 curriculum. School's core business is delivering the curriculum, but as early as year 2 in the health curriculum students are able to access health messages and link that to making choices. That is where the prominent health messages out there are a major piece needed so that those targeted interventions can occur.

I acknowledge what the honourable Aaron Harper MP said earlier about the cigarette campaigns. A key piece is not just around the education. Researchers overwhelmingly acknowledge the success of Australia's denormalisation campaign around smoking. We need that same denormalising to happen here. Our young people are still social beings. They still need that sense of belonging. Therefore, to make it 'uncool', to denormalise this, is going to be a really critical piece to them. The fear of not fitting in or belonging is probably going to be more powerful for young people than a strong health education message anyway.

Ms Richardson: It is really important that, if you go down the path of creating curriculum materials, they be age-appropriate as well. Mark talked about the fact that he has not seen anything. Denise said that, if you do it, it has to go to the right platforms or whatever. It is really important that those materials are age-appropriate across the curriculum, from as early as we can up to year 12s.

Mr MOLHOEK: Is there capacity within the existing curriculum to add that into a module or a particular stream?

Ms Richardson: Schools can make decisions within the curriculum they have within the Australian Curriculum K-10 and, like Meegan said, with health, but there is stuff within legal and humanities, I am sure. If that is the need or the view of the school within that environment then they can generate materials in and around that and lessons, and they are reflective of the achievement standards within the curriculum. Teachers do that.

Mr MOLHOEK: With the health curriculum in primary schools, for example, teachers make those decisions but the kids do not get a choice of subject. Once they get to high school they start to choose their subjects. Is it possible for them to choose subjects around the health curriculum so they would miss out on that education of health risks and other programs like choices and consent?

Ms Cameron: Students typically have core studies in health and physical education, which covers the health curriculum up until years 9 and 10. From that point students then select their electives, so at a key age they would no longer necessarily be involved in the health curriculum. It is typically the older students who are operating as dealers in the schools, so they have been able to purchase vapes and then sell them to the younger students.

Ms PEASE: I would like to begin by acknowledging the great work of all of our educators in Queensland. My son is a high school teacher and my sister is a high school teacher. I thank you for all the wonderful work that you and your members do each and every day. We have talked a fair bit about the successful anti-smoking campaign, and I would just like to comment and then ask my question. I know that teachers did a huge amount of work with students, and it was a really great program in terms of guilting a whole heap of parents into giving up smoking because their seven-year-olds were coming home and saying, 'You shouldn't be smoking.' It has been a successful program.

I have been speaking to my local teachers, and many of them have commented on how savvy the kids are. They are hiding what look like USBs under their jumpers and coats and vaping like that. One of the things they have all raised—because we know there is nicotine in these vapes, although they are advertised as not having nicotine—is the change in behaviour of students once they go off, have their little vape and come back. Would you agree there is evidence of that kind of disruptive behaviour in classrooms?

Ms Cameron: Yes, we are seeing a significant amount of disengagement in the learning environment. Students are waiting for their next hit. Staff are reluctant to release students during class time to access the bathroom. When they choose not to release students, staff are then met with a barrage of language and abuse because students are wanting to leave the classroom. Some students have taken to vaping, like you said, in their sleeve, and that is generally reported by other members of the class after the fact because they do not want to be seen to be snitching on their peers for fear of retribution, which typically happens in the bathrooms later.

Bathrooms in general, as I said before, are the most prominent place where vaping happens in schools, and then students are fearful of entering those spaces. One strategy is that a number of schools are investing in vape detectors in bathrooms along with CCTV, because then when the vape alarm goes off and the students exit the bathroom you are able to identify who was there. That is coming at considerable cost, but that is one way schools are trying to identify who needs intensive support, understanding and education around the choices they are making with vaping.

Ms PEASE: I have also been advised that young people have discovered there are other ways they can inhale vapes. They can hold it in so that, when they release the vape, there is no evidence of smoke or vape liquid going out. Are you aware of that?

Ms Jackson: Yes, I think in our submission we somewhat alluded to the fact that olfactorily you cannot just pick it up. With cigarette smoking you can smell it; there is residue. If a student was to try to hide a cigarette down their jumper and puff on it while on assembly, they would burn their clothing. There are a whole range of reasons this is so much stealthier and far more difficult to detect. Students exhaling down the toilet can make it undetectable in terms of detectors, but also the way they can exhale. There is an assumption there is a huddled mass all puffing vape into the air and you can see a big cloud a vape. A lot of the time if they exhale slowly—that is why there is even some evidence this is occurring in classrooms, on assemblies et cetera, even though the majority is occurring in bathrooms—it is far more difficult to smell, see, sense. There is not the residue. There is not the same evidence.

Mr ANDREW: Thanks for coming in, teachers. The percentage of people who are vaping at the moment here in Mackay just blows me away. We had some people tell us how they can stop vaping with vape detectors. At the end of the day, do students understand the danger? Has anyone been sick from vaping at any of the schools? Has there been a scare that has pulled everyone up and they are coming to you and saying, 'We didn't realise how dangerous this was'?

Mr Breckenridge: I have not had that reported to me at this stage so I cannot comment any further.

Ms Jackson: From our research, we have not had any reported to us. The closest we have had is obviously addiction behaviours such as needing to leave the classroom because they need their next hit. Apart from addiction behaviours, and those being concerning, we have not had any other health scares.

CHAIR: Some of the comments are that people are going to do this for a 'head spin' and that is purely because of the nicotine levels, which we found through evidence are extremely high in some. Is that something that is common—the head spin or rush they are looking for?

Ms Kostowski: That has not been reported, and I think for us that is the challenge. Those extremes are not as well known among the youth. They still see vaping as being quite an innocent, healthy alternative to smoking. When they hear of other stories it is quite remote from them. There is little belief this is going to happen to them.

Ms KING: Thank you all for your contribution to the education of your young people. I will just note that, as a teenager, smoking cigarettes illicitly for head spins was what you did, so it does not surprise me at all that nicotine in vapes is being used the same way. I wanted to follow up on the comments that I think Denise made, or it may have been Annette, about the dealing of vapes by students in schools. Can you tell us a bit more about what you know about that? What are the social impacts? What other concerning behaviour, if any, is linked to that that you have had reported to you by your members?

Ms Cameron: One school has reported a couple of senior male students who are able to procure vapes. When we have conducted searches of those students, they are carrying huge quantities of cash because they are able to sell before we can get to them. We are discovering names from parents because parents are finding vapes in their children's bedrooms and they are making contact with the school and also with the QPS. What we are finding is that students are unwilling to give us names because of the fear of retribution. With the CCTV that we have in my school we are able to monitor who is going in and out of the bathrooms to see when the dealing is most likely happening. That is when students are coming up with other methods where they are hiding them in the cisterns in clip-seal bags. They can be a changeover point or, as I shared earlier, sanitary bins in one school are being used as a changeover point, so it is not always easy to find a person in the process of dealing. We have had reports from our local primary schools of secondary school students at bus stops trying to deal to primary school students as well.

Ms Kostowski: The bus stop is a very public and accessible area to students, so it is not only students dealing with students but external adults dealing with students. We just recently had some of our toilets refurbished and we quite intentionally put the cisterns in behind the wall, so that prevents some of the opportunity that is available to students, but we do have quite innovative ideas. They find a solution.

Ms KING: I was talking to some friends of mine who were here for the reconciliation awards last night, and they were telling me that their kid's school bus stop is in front of the illegal vape shop, which has proven very unfortunate. Do you have a comment in relation to those sorts of retail outlets?

Ms Richardson: That is where I was going to go on from what Denise and Annette were saying. They are in the community. They are easily accessible. There is a lot of pressure on schools to deal with this issue, but our kids are at school between nine and three. There is a lot of time where they are not at school, so within the community there is a responsibility. If these products are illegal or not accessible to kids under 18 but they are still able to get them fairly easily, then that is being played out in our schools. The issue of access is really important, and us being able to work with a multiagency approach is really important. I know of many principals who have tried to approach local businesses that may be selling vapes by whatever means necessary, whether that is legally or not, but also liaising with the Police Service as to how to manage that within schools. Members are really trying to be proactive about reducing consumption and access in schools, and for the last four years they have been doing that on their own.

Ms KING: Can you provide an amount? You mentioned large amounts of cash that students were found with. Can you elaborate as to what sorts of amounts?

Ms Cameron: We are talking in the hundreds, close to thousands, of dollars in cash. The other point is that some of our year 12 students are hitting 18, so they are adult students and therefore able to purchase.

Mr MOLHOEK: I think it was Ms Jackson who mentioned the use of external providers, so I was curious. Are there enough external providers available to provide the teaching or programs that we need around vaping and other risks?

Ms Jackson: Given that there was a primary provider and secondary provider who provided submissions, I think they would be best to ask about that. One of them is a well-known provider of a range of health education programs, healthy choices et cetera, to primary schools so therefore would have a range of staffing available, but that would have to be increased in its access as well. It is limiting, though. Whether it is vape detectors or even external programs, they are financially limiting because there is no additional resourcing for our schools to tackle this insidious issue that has crept into our schools. Schools are having to defer funding away from other learning programs or intentional curriculum learning programs and curriculum time to pay for and allocate the half-day, day or days that need to be dedicated to these intensive programs as well. With any of these things that come with a cost there are real limitations. It is not just about the accessibility of those programs; it is about the school being able to find a way to defer or shift priorities in their learning programs to be able to access them.

Mr Breckenridge: If I can add to that, many secondary schools have school-based youth health nurses, guidance counsellors, social workers and other paraprofessionals who work with students. Many schools report that the full-time job of those people is providing anti-vaping programs for students. That means they are then taken away from significant other priorities around youth mental health, so we have this backlog of work that needs to happen that just cannot happen within the current resourcing constraints in schools.

Ms Richardson: That is secondary schools, but primary schools do not have that same level of resourcing. It is fantastic that secondary schools do have that. I am sure that our secondary colleagues would agree that to have a reflection of that in primary schools would be needed because the issue is in primary as well.

Mr MOLHOEK: Chair, it may be worth asking the Department of Education to provide some further information.

CHAIR: I think they are coming before us.

Ms Kostowski: When we talk about external providers, what I believe many schools find is that the power of any program is when it is actually embedded in the learning. It can be either 'come in for one day with shiny things and they are gone tomorrow' or an ongoing, continual message in the context of a bigger picture. We are talking about vaping today, but in two or three years time who knows what will be the new opportunity? We want students to be empowered to say, 'I need to make a good healthy choice for myself in the long term.' My experience is, yes, we would appreciate some resources being built that we can build into our programs so it is part of a holistic program rather than a bolt-on that may not have a long-term impact. I think that would be relevant for primaries and secondaries.

CHAIR: I think you make a very good point. I assisted one of the local schools in my electorate to host a vaping forum. There was a significant cost to that school of 2,000 students and we had about 30 people turn up in the evening. It is bang for buck. You have to make sure it is consistent. You make a very good point. I need to wrap up this session. I thank you all for your contributions. They are appreciated by the committee.

RIGBY, Mr James, Member, Queensland Youth Policy Collective

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

Mr Rigby: Members of the committee, by way of a brief introduction, I am a solicitor currently living in Townsville. I hold Bachelors of Laws and Economics from UQ and the Bachelor of Civil Law from the University of Oxford. I am appearing today on behalf of the Queensland Youth Policy Collective, a non-aligned grouping of university students and young professionals who seek to contribute youth perspectives in public debate.

I would like to make two preliminary points. The first is about terminology. I will try to avoid using the term ‘vaping’ today because we think it is important to be clear that users of e-cigarettes are just smoking. The language matters because there has been clear health messaging for decades—which this government has invested in—that smoking is harmful. That is also consistent with the language in the Tobacco and Other Smoking Products Act, where the use of a personal vaporiser is described as smoking or to smoke. The second point relates to this state’s powers and responsibilities. The protection of vulnerable children, particularly school students, and the management of dangerous substances are both core state responsibilities.

This committee and the Queensland parliament should act now to lead the way in protecting the health of vulnerable children without waiting for other states, territories or the Commonwealth. Although Commonwealth intervention in relation to the importation of relevant products and intervention by other states, particularly neighbouring states, will no doubt assist with internal regulation by this state, the key ways to protect Queenslanders from e-cigarettes will need to be enshrined in Queensland law. This parliament should not let the perceived virtue of national consistency lead to the vice of inaction.

With those matters addressed, as you will see in our written submission, the QYPC submits that this parliament should lead the way in controlling e-cigarettes in Australia. Consistent with policy announcements that have been made federally, the QYPC supports the banning of e-cigarettes of all kinds except by sale in pharmacies on prescription.

Stepping back from the obvious health benefits of such a ban, there is a key underlying question, which is the principled basis for such a restrictive position. We are a free society. We generally tend against prohibiting choices where the harms are mostly to the individual and we prefer to regulate to minimise harm to others in society. That is the case for tobacco, to take the obvious example. The question that arises is then why a more stringent approach is warranted in the case of e-cigarettes rather than traditional tobacco products, despite some suggestion that, in at least some respects, e-cigarettes are less harmful than traditional cigarettes.

I propose two possible answers to that question, which are related. The first is because of the observed prevalence of smoking vapes amongst children, and the committee has just heard from educators about the serious prevalence in our schools. The premise of allowing individuals to make choices about their own health—even choices that may cause them long-term harm—is that they are best placed to make those decisions, but we know that in the case of children that premise is lacking because they are vulnerable to make poor long-term decisions because they have not fully developed their decision-making skills.

The second more general point—and the key reason for the difference in treatment between traditional tobacco products and our proposed treatment of e-cigarettes—would seem to be that it is not possible to regulate to achieve an acceptable level of social harm here, the reason being that nicotine vapes and vape fluid containing nicotine are reported to be readily available despite attempts to limit them. Although there is also a problem with unregulated traditional tobacco products on our streets, it is perhaps easier to control those due to a reasonably simple physical characteristic, which is the concentration of nicotine in the products. A whole packet’s worth of cigarettes can be carried in a small volume of vaping fluid, which makes it much harder to limit illegal access to that product simply because of its basic physical characteristics. The committee has also heard this morning about how hard it is to regulate that conduct in schools in other ways because of other physical characteristics, such as the lesser olfactory detection of these products, as was described earlier.

When the question is asked—and it is a fair question—‘why regulate vapes more strictly than cigarettes?’ the answer seems to be that regulation along the same lines is not and has not proven to be possible due to the different characteristics of the products. In the absence of effective middle-ground regulation, which is how you might describe our regulation of tobacco products, the parliament then has a choice between effectively a sort of de facto, unregulated market, as appears to be the status quo, or strict restrictions which can be effectively policed. Given the level of harm and

the risk of creating a new generation of nicotine addicts, the QYPC submits that this parliament should take strong action to end access to e-cigarettes except by strictly regulated pharmaceutical supplies. Those are my introductory remarks. I am happy to answer any questions from the committee.

CHAIR: Thanks, James. You made some good points. The ease of access, particularly online, is one of the issues at hand. How do we best manage that? I can go to IGET and buy 1,500 vapes; I could be 12 years old. There is no age. It just says, 'Are you 18?'

Mr Rigby: Exactly. That is a problem with a black market for other products as well, including traditional tobacco products. I think one way to help resolve that is to reduce the general availability in society. It is easier to order those things when they are generally available—for example, not on prescription. I think if you have very strict limitations on importation—and that is where cooperation with the Commonwealth would be necessary—that is the best way to reduce the availability of those services and purchasing them online. It being illegal is what we would propose, but that does not solve the problem since people find ways around that, particularly young people who are very innovative.

CHAIR: We keep hearing that. There was some commentary yesterday that if you do that strict regulation or banning it drives the black market and that has to be balanced, I guess.

Mr Rigby: That is a problem with any drug control measure. You need to balance the harms of having a black market, which then involves criminals, criminal profit and those sorts of things. The difficulty with the current position is that there is a grey market, if you will, which has a lot of the same problems. Given the prevalence that has been reported amongst students—and we estimate as many as 20 per cent of school students could have tried vapes and possibly five to 10 per cent could be using them regularly, based on the disciplinary absences data—when that balancing act is performed, there is significant weight on preventing that harm, which perhaps can be balanced against, you would expect, a slight increase in the black market.

Mr MOLHOEK: Could you elaborate on your comment around the terminology? We heard from some young people earlier that when you say no to young people or 'You shouldn't do this' it is kind of like code for 'Go ahead and do it'—that is, do the opposite. In trying to promote the broader health messages and concerns around the dangers of vaping, do you think changing the terminology is going to work, or are young people going to continue to call them 'vapes'?

Mr Rigby: I think by itself it would be quite ineffective, if it was the only method employed. I think it is important so there is public discourse around it. When people think about them, they do not think about vaping as a different thing to smoking; they just think about it as a different type of smoking. For example, if you smoke tobacco in a pipe, you do not call it 'piping'. Although there is a technical reason for the difference here because it is a vapor rather than a smoke, I think that is not particularly useful.

Mr MOLHOEK: Do you think by calling it a vape it does not sound as bad as an e-cigarette?

Mr Rigby: I think that is right. Even, for example, the vape truths campaign is obviously intended to engage with youth, but I think it almost seems cool—partly because it is Dr Karl—the campaign itself, which is I think is a risk when the campaigns we have seen around cigarettes have been very different, very dramatic, health focused and over the long term very effective.

If I can make one comment about the campaigns, although it is important to reach out to young people through social media and the internet where they are, a lot of them are not particularly interested in those forums in seeing advertising. A campaign still needs at its core to have mass media messaging because there is still exposure. Whether it is through outdoor advertising—although it is harder to regulate who sees that in terms of children and graphic health measures—or through television and radio, there is still some exposure to those. Having a core credible focus in those media in addition to that more targeted messaging is important, in my view.

Ms KING: Could you tell us a bit more about the Queensland Youth Policy Collective? How does one become a member? Who is represented? Where did it start?

Mr Rigby: It is a somewhat informal grouping. One of my friends who was studying law at Queensland University of Technology essentially wanted to make some submissions on various things and a few friends got together. It slowly expanded in a quite organic way: people know people. For different submissions, other people join in. It has slowly grown in that sort of way, rather than being a specific plan.

Ms KING: What kinds of other issues has the collective made submissions on?

Mr Rigby: In relation to climate change, for example. Our focus is on issues affecting youth, naturally. Although this is a health issue in some ways, it obviously has significant youth impacts, which is why we have chosen to do this.

Ms KING: Much of our inquiry terms of reference is around young people. I am interested in your comments about Queensland being prepared to act alone. I reflect on the COVID pandemic when the entire police resources of this state could not stop people coming across borders. I suspect the Gold Coast in particular would have relatively high rates of vaping. How do you imagine we could prevent vapes travelling across from unregulated states to regulated states?

Mr Rigby: It is simply not possible. The freedom of travel between the states is guaranteed in a sense, although obviously with significant exception for dramatic health crises. It would not be possible to prevent it entirely. That is just not achievable and should not be a goal that this parliament sets. The messaging from other states suggests that they are likely to adopt similar policies or more restrictive policies in any event, but I think it is still helpful to prevent those parts of Queensland which are much further from the border with New South Wales from suffering this harm. It is not a perfect solution and that would be something that needs to be regulated perhaps more by active policing, not at the border, which I think is not particularly welcomed by people who live in our border communities, but more so if you are in North Queensland and police are seeing people with vapes and they do not have prescriptions that might be the solution there.

Ms KING: Do you have any comments to make about the risks of excessive criminalisation of young people themselves? If young people are vaping at higher rates—and that is certainly my impression, although I represent the oldest state electorate in Queensland, and plenty of older people vape too—I wonder if your collective has any thoughts about that as a risk, that young people risk becoming criminalised at higher rates when criminalisation of something like vaping occurs.

Mr Rigby: That is a risk and I think there are ways to address that in the policing. For example, we have a lot of possession offences for scheduled drugs. Rather than charging people with possession offences, if we could seize the products that might be a solution. Of course, that person might go and possess more later, but I think you are right to make the point that we should not create another youth justice crisis out of what is a less important issue than other issues that we criminalise for young people.

Ms KING: Again representing a community that has a far below average income rate compared to other parts of Queensland, I am aware that for some people vaping is something that they take up because it is cheaper for them than cigarette smoking. I wonder if you could comment on that more broadly, both the implications for young people, who might already be nicotine addicts, and whether you think that young people would have been as likely to take up vaping in the numbers that they have if they had not been so affordable.

Mr Rigby: I think part of the reason vaping is popular is because we impose punitive taxation on cigarettes and as a result they are very expensive. That is not a reason not to take public health measures, but it is something to keep in mind in terms of the transition. Particularly for young people, if it is the case—as it anecdotally, at least, appears to be—that there are essentially young people in our schools who are addicted to nicotine and if you cut off one supply of it, then there is a legal—not for children—avenue by which they could obtain access to tobacco through cigarettes, which we know are very harmful to health. There needs to be that strong messaging at the same time as any regulation steps in to make sure that people are not transitioning from smoking vapes to smoking cigarettes, which obviously is not a welcome health outcome.

Ms KING: Yes. I often reflect that there is no such thing as a simple policy solution, is there?

Ms PEASE: Thanks very much, James, for coming in and for the organisation's submission. I note that you have made some comment around the environment, and you are obviously, as an organisation, very interested in the environment. You would be aware of the damage that e-cigarette containers, particularly the disposable ones, have on the environment. Perhaps you would like to elaborate on that for us.

Mr Rigby: There is not much more to say than what is in our submission. Obviously these products, just like any disposable electronic product, contain various chemicals and other things that are harder to recycle and therefore result in environmental damage, particularly if they are single use and therefore more likely to be abandoned rather than disposed of properly.

Ms PEASE: Given that young people have such an interest in the environment, do you think there is capacity there to promote that as another way to not take up vaping?

Mr Rigby: I had not thought of that idea, but I think that that is not a bad idea as one arrow in the quiver of messaging. I think by itself that is not going to be enough only because as much as youth are interested in the environment and some are very passionate about it—you see school strike protests and those sorts of things—I do not think that that is a message that will hit every young person in Queensland, but I think it could be used as part of the messaging, although I think primarily it still needs to focus on the health impacts and that is why we focused on that in our submission.

Ms PEASE: I wonder if young people give any consideration to the environmental impact of the containers.

Mr Rigby: I would say at the moment I suspect they are not aware of that and so that is why I do think it would be an effective element of essentially a marketing campaign.

CHAIR: Thank you very much for your contribution here today. It is appreciated. Thank you.

Mr Rigby: Thank you.

DAOUD, Ms Justine, University of Sydney Student Group

di BONA, Ms Katherine, University of Sydney Student Group

GANLEY, Ms Laura, University of Sydney Student Group

KHATIWADA, Ms Kusum, University of Sydney Student Group

McCULLOCH, Ms Rosie, University of Sydney Student Group

MARWAH, Ms Diya, University of Sydney Student Group (via videoconference)

CHAIR: I welcome representatives from the University of Queensland Student Group. I invite you to make an opening statement before we go to questions.

Ms di Bona: First of all, thank you for the opportunity to speak to you all today. We first wish to acknowledge the Turrbal people, the owners of the land where we gather today, and pay our respects to elders past, present and emerging. Vaping is set to become Australia's most concerning public health problem if action is not taken quickly enough to prevent it from affecting the lives of the country's youngest and most vulnerable citizens. With almost one-third of youth aged 16 to 24 vaping, this issue has reached a tipping point and is in dire need of immediate regulatory measures, social messaging and educational action. As a group of young people between the ages of 20 to 23, we are here to represent a generation of youth who have been exposed to this novel and unregulated substance for too long with a vested interest in combating this rising public health crisis as we watch friends and peers struggle with vaping addictions whilst facing the multitude of unknown future health impacts. Our aim is to prevent an entire generation from being set up for a long-term addiction to vaping.

Ms McCulloch: In our submission to the inquiry we discussed the current prevalence of e-cigarette usage amongst young people in Australia as well as the possible health risks related to nicotine usage, addiction and flavouring chemicals. Additionally, we discussed the opportunities currently available to increase the effectiveness of antivaping campaigns or programs. We also analysed the federal government's TGA 2021 vape regulation policy and New Zealand's 2020 smoke-free environments and regulated products amendment act to gain insights into their effectiveness at reducing vape usage. When considering the youth vaping crisis, we wholeheartedly believe that significant regulatory action is needed, specifically focusing on restricting the importation and channels of vape movement; reducing the variety of vape flavours in circulation; altering the attractability of vaping packaging via blank packaging and warning labels; implementing stricter policies for vape contents, importantly nicotine contents and volumes, and the selling of vapes; and banning disposable vapes and vape elements.

It is worth noting that the aforementioned regulatory action closely aligns with recent actions committed to by the federal government. However, simply enacting regulatory change will not be enough as can be seen through the ineffectiveness of New Zealand's similar regulatory policies combined with fear-based education campaigns. Despite these measures, they continue to experience a rise in youth vaping rates, with the New Zealand Ministry of Health finding that the rate of youth aged 15 to 17 who vape daily has quadrupled in three years. Thus it is vital to tackle the issue at the root of the source, deconstructing how youth perceive vaping and why they even vape in the first place. Concerningly, recent studies have found that 50 per cent of youth find vapes cool, 44 per cent vape out of curiosity and 42 per cent vape because a friend does too, so how can we stop this?

Ms Khatiwada: When analysing an existing antivaping and similar antismoking campaigns, we found significant opportunities to increase their effectiveness. Data gathered from our anonymous questionnaire of young people found a consensus that campaigns which capitalised on emotionality and realism were the most effective in evoking a negative response. However, whilst campaigns that held fear-based messaging could be very successful, many respondents felt that they often contained overdone clichés which seemed tacky and barely engaging and did not necessarily shift their perception on the issue. Some young adults even found that existing antivaping campaigns were rather comical in their attempt to scare youth, often due to messages being opaque and linked to something they do not know much about. Instead, when analysing previous successful public messaging campaigns in Australia, we found that ads which included a shame, embarrassment or

cringe element were previously very successful such as the ‘No one thinks big of you’ RTA antispeeding campaign and the ‘Don’t be a tosser’ New South Wales government anti-littering campaign.

Therefore, an opportunity to better the effectiveness of antivaping campaigns could be achieved through creating cringe or shame-based campaigns which would provide a balance between the dangers of vaping conveyed, connecting to the perspective and language of the target audience being youth, and altering the perception of vapes away from being cool. As such, cringe or shame campaigns would play on people’s fear of social rejection or judgement of others—something our questionnaire found to be a compelling driver of change.

Ms di Bona: Ultimately, whilst it is important to focus on tackling the perceptions of youth as the demographic most affected by the vaping pandemic, the influence of youth voices can spread further than themselves. From simple peer and familial pressure to gaining a voice in our global society through platforms such as protests and social media, the youth of today have exhibited the power of actionable opinions and thus we believe capitalising on altering of attitudes towards vaping could provide a valuable avenue of exploration alongside legal changes such as government regulations.

CHAIR: Thank you. I want to make sure that everyone gets an opportunity to be heard today, so I am going to open it up to Laura, Justine and Diya, who is online. Did any of you want to make some general comments?

Ms Ganley: Sure. I thought I would just provide some general context about our group. We are an interdisciplinary group from USyd, so we have people from all different areas and faculties of the university. We were already working on a project surrounding vaping and changing perceptions since late January and February. We submitted our report to you as well, so it has been a long journey and we saw that there was this inquiry and we felt that it was really timely for us to submit to you.

CHAIR: Thank you very much.

Ms Daoud: We have been working together for a couple of months now. We have found really good evidence. We have also found that not a lot of regulation has been done because of the lack of evidence on it just because vaping is kind of recent, so it will be good if we can start getting some research on it.

CHAIR: Yes, and I think we heard that. Diya, over to you.

Ms Marwah: I echo the statements of my group members. Obviously as young people advocating for other young people, we definitely think that vaping is at a stage where there is a really narrow set of time frames for us to work towards preventing it from becoming something we cannot control, so I am really proud that we were able to present our findings to you.

CHAIR: Thank you very much for that and I commend you on behalf of the committee for the work that you have done in analysing in particular some of the TGA guidelines and particularly how New Zealand perhaps got it wrong. Would that be a reasonable summation?

Ms McCulloch: Yes, that is a reasonable assumption. The fault that we found with the TGA was that it was only just changing it to prescription for access to vapes, but they did not actually try to make changes around importation. As we heard earlier, vapes can be labelled as nicotine free but can still contain high rates of nicotine. We found one study that said that 40 per cent of youth who were vaping did not know that there was nicotine in the vape. Also in terms of border control, the testing process for nicotine in vapes is very expensive and hard to do. That is where the TGA did not succeed in its regulatory policies. Similarly, in New Zealand their regulatory policies were just trying to make it by prescription, trying to restrict the importation—but it was not really working—trying to make it that vaping was illegal in public just like smoking in certain public areas is illegal and choosing to do a scare-tactic education campaign which, as we have found, is not very effective for youth because it just does not connect with the youth. Youth risk take so they are aware of it being a risky behaviour so scare tactics were just not working.

CHAIR: I am sure they were well intentioned in their policies. Just to get it on record, you said that vaping has quadrupled in New Zealand since that?

Ms McCulloch: That was the 2020 amendment act which then came into force in 2021, but the Ministry of Health found that it has quadrupled.

CHAIR: I am going to open up to questions. Deputy Chair, do you have a question?

Mr MOLHOEK: Thank you for being here today. Are you all from Sydney? Did you have to fly up especially?

Ms McCulloch: Yes.

Mr MOLHOEK: You have been enjoying Brisbane—a change of scenery? In the last submission we heard commentary around basically let us just call it what it is, it is electronic cigarettes. Do you think that sort of approach fits the concept that I think you have talked about in your submission of creating cringe campaigns? So rather than glamourising it let us say, 'Look, you are still smoking; they are just electronic ones.'

Ms di Bona: Just to clarify, your question was do you think that calling it smoking instead of vaping in terms of campaigns would affect the cringe element in any way?

Mr MOLHOEK: Would it actually be helpful to call it what it is?

Ms di Bona: I have a differing opinion on calling it smoking in that calling it smoking will actually make it seem more distant to the youth because the whole time they have been using it, the whole time they have been hearing about it, it has been called vapes and so calling it smoking in general rather than vaping causes a disconnect between what they know of as vaping and what they know of as smoking. We do not have any statistics, we have not trialled any campaigns, so we would not be completely sure on whether that could aid or hinder any campaigns, but I am of the personal opinion that calling it smoking could be detrimental rather than helpful towards a cringe campaign targeting vaping simply because it is a terminology that they are not used to using and they feel a disconnect from.

Ms Khatiwada: Just adding to what Katherine said, I remember that one of the studies we conducted found that vaping could also be a gateway drug to smoking. I guess calling vaping smoking might make it seem more accessible to youth smoking as well.

Mr MOLHOEK: Correct me if I am wrong, but I think I heard you say that in the survey that you conducted only 40 per cent of young people said that they realised that there was nicotine in the product. Can you tell us about that survey? How many respondents were there?

Ms McCulloch: That was not from our own survey because we ethically were not able to survey under-18-year-olds through the uni so our survey was with 18- to roughly 25-year-olds and we had 73 respondents. That survey was more just learning about their past perceptions and experiences with vaping because our generation or our age group very much were when vaping started in Australia. It was about hearing their opinions and perspectives on it and then getting their opinions on previous vape campaigns and antismoking campaigns and the effectiveness or not of them. The 40 per cent statistic came from a different article that we found.

Mr MOLHOEK: Do you think that only 40 per cent of young people think vapes are dangerous, given that we know 80 per cent of them from various studies that have been done recently all show that vapes purporting to be nicotine free are not, they all have nicotine in them?

Ms di Bona: In terms of a lot of other actions they take, such as driving dangerously and things like that, they do not really think about the risks before they do the activity. If they see their friends doing it or if they think it will be cool or something like that, they will do the activity without really thinking too much about the consequences themselves. I know some of us have tried vapes in the past, some of us have not touched a vape before but some of our friends have and from experiences like that we do know a lot of people our age who started vaping earlier on in life, so during high school, even when they try to quit now they are struggling with it, they are regretting that they vape and they are having a really hard time with their addiction. Back when they were 16, 17 and vaping was new and cool they did not think about the consequences that it could have in the future.

Ms McCulloch: I would also like to add that a lot of people we know who did or do vape, they started in late high school when it was social, so done at parties or out at gatherings, and our age group went into COVID lockdowns very soon after and so they kept on vaping because of the head spins and for mental health because it alleviated some of the burden during COVID lockdowns. Since then they have struggled because they could vape constantly in their room without parents finding out and it was fine, but now going back out they are wanting to quit but they just can't.

Ms PEASE: Thank you very much for coming in—it is great of you to make the effort to come up here—and also for your interest. I am interested in how you came together. You have said that you are all from different faculties. What prompted you to undertake a survey, write the submission and make your position very clear about vaping? Was it walking around and smelling this wave that smelt like strawberries or whatever or are you concerned about the health and wellbeing of your cohort? What prompted you to get together to do this?

Ms di Bona: As we say, we are an interdisciplinary group. We just finished a unit together which brought us in as a group which works with other facilities, I guess you could call them, like the Matilda Centre, CBHS Health, organisations like that, that come in as industry partners to consult with us. In the beginning few weeks of this unit, which goes over a semester and a half—so starting in February and ending this month—the speaker from the Matilda Centre during her presentation on mental health had a good point about vaping and how it is so prevalent. She used a good analogy which struck us which was when you use nicotine it is like one baby bird in the nest appearing in your head and every time you take more and more puffs there are more and more baby birds who emerge and essentially you are trying to feed these baby birds and you have to keep on inhaling more and more nicotine. I think that was one of the points that struck with us and we went, 'Wow, this is a lot like what some of our friends are going through,' and because it was so conveniently aligned that there was this unit, this project we could do on something we were passionate about, we ended up undertaking these studies. This unit is quite open ended so we could do essentially whatever research we wanted. Some of us had former experience with user experience methods. I know Diya and I both do a degree that uses it a lot, so using all our combined knowledge we decided expert interviews, questionnaires, scope and review, online ethnography are some of the things that we want to look at to get a holistic view of the perspectives, especially of youth but also others, around it, so the experts, what people think online, how they are getting their vapes, things like that.

Ms PEASE: Thank you so much. We really appreciate your contribution.

Ms KING: Thank you all for being here. Can I say it is so nice to see a panel of young women speaking up, taking up space in the world. Good on all of you. I am interested in your comments about cringe and shame campaigns. Nobody has presented that approach to us before. While you were saying it, before you named those campaigns, I was thinking of that one. A colleague of mine vapes and she showed me her vape when I was asking her for some background for this inquiry and she pulled it out and it has a goth fairy on it and she looked embarrassed. It strikes me that a lot of vapes seem to be marketed at people almost in their mid-teens and below. Do you think that the quite juvenile colours, the blueberry, vanilla, lemonade flavours and those things themselves could have a cringe element that could be exploited for a campaign you are describing?

Ms Khatiwada: I think having all of those colours appeals to youth, which is what we found in our research as well. It is the ease of accessibility, it is the colourful vape packaging that usually attracts them to try the substance in the first place. I think if Laura wanted to go more into what we believe campaigns should be looking at when we are tackling that cringe/shame element.

Ms Ganley: I think in part of the report we submitted to you guys we have actually prototyped a variety of campaigns based around the same imaging that is essentially the message of creating a connotation between the youth vaping and them being perceived as childish. Speaking from my personal experience being a teen, being 14 years old the main thing that I wanted to do, I wanted to be grown up, I wanted to be independent and I wanted to be cool—very big step away from being perceived as being childish. So our main idea for a campaign would essentially be not mincing words, be calling children—teens who vape—babies. Essentially saying grow up, ditch your baby bottle that you are holding, which is your vape, and move on.

Ms di Bona: I just want to add that our questionnaire showed existing campaigns and asked whether they found it effective. One was actually a campaign featuring a highlighter orange vape with an ironic smiley face on it with the tagline 'depression stick'. This was meant as anti-vaping, to draw them away in an edgy way. Our responses found that this was not effective as anti-vaping; it was, in fact, perceived as pro-vaping and people found it quite humorous and were like, 'Well, if that's the kind of anti-vaping then I would probably still vape.'

Ms KING: I am reminded of the previous federal government's milkshake consent videos when we think about how public health messaging and social messaging aimed at young people can go very, very wrong. So clearly making sure you have tested it on the actual recipients of the message might be important. Could I ask if somebody could send us a link to the study that you mentioned that talked about 40 per cent of young people not realising that their vapes contain nicotine. That would be really helpful. I note that yesterday we got a lot of evidence from pro-vaping medical specialists as well as stridently and strongly research based anti-vaping health organisations. I think of it a little bit as a battle of hearts and minds. It worries me to think that there is research being perhaps deliberately produced that is designed to indicate safety around vaping. Do you see any positive messaging about the safety or impact of vapes or is it more just that there is a lack of understanding of the risks?

Ms McCulloch: I think initially a lot of the messaging that we hear around vapes is still that it is better than traditional cigarettes, which is confusing because it makes it seem that it is healthy when it is not but we do not yet know because of the lack of scientific research done yet and the time frame in which vapes have been prevalent. We do not know how much healthier it necessarily is. We have not necessarily heard scientific messaging at all. It is just that conflict between those two messages and the lack of evidence so far.

Ms Khatiwada: To add to that, it is quite understandable that to wean people off cigarette smoking maybe vapes are taken up, but what we are targeting is more the youth population who generically do not have a big exposure to cigarettes.

Ms KING: It was not about the smoking cessation figure.

Ms Khatiwada: Yes. Obviously not vaping and not smoking are the better health outcomes for youth. I think our messaging was more so to target youth and help them, I guess, make the desirable—which is vapes—undesirable.

CHAIR: That brings us to the end of the time allocated. Thank you so much for your contributions. I think people in the audience would agree that our future is in very good hands when we have bright young people doing the right thing when it comes to tackling these issues in our community. Thank you so much.

I now welcome representatives from Life Ed Queensland and Queensland and Griffith University Blurred Minds.

**DIETRICH, Associate Professor Timo, Department of Marketing, Griffith University;
Co-founder and Director, Blurred Minds (via videoconference)**

FAWSITT, Mr Michael, Chief Executive Officer, Life Ed Queensland

OSMOND, Ms Sue, Program Delivery Manager, Life Ed Queensland

CHAIR: I will first ask Michael for an opening statement and then yourself, Timo.

Mr Fawsitt: Good morning, committee chair and members. Thank you for the opportunity to brief the Health and Environment Committee on its inquiry into reducing rates of e-cigarettes in Queensland. I first acknowledge the traditional custodians of the land on which we meet today and pay my respects to elders past and present. My name is Michael Fawsitt. I am the CEO of children's health promotion charity Life Ed Queensland. I am joined by my colleague, Program Delivery Manager Sue Osmond.

As Queensland's largest non-government provider of health and wellbeing education in primary schools, we are deeply concerned about the potential impact of vaping on the health of our children and by the rapid escalation in the use of vapes by children. We would like to share some key findings from our recent surveys of 630 parents, almost 200 primary school teachers and 477 year 5 and 6 students, as well as share Life Ed's work in this area.

In terms of vaping prevalence, 45 per cent of students surveyed had seen someone they know vaping in the previous week. Our survey also indicates that those students are five times more likely to vape in the future than students who have not seen someone they know vaping so the more children see vaping use the more normalised it becomes. As one primary schoolteacher commented, families vape and students talk about and imitate this behaviour.

Social pressures are a factor and so too is lack of knowledge. One in four students is unsure if vapes contain nicotine. One in five students is unsure whether vapes contain harmful chemicals. We found that the intention to vape in the future among those students is twice as high as it is for students who understand that vapes do contain harmful chemicals, so knowledge is important. If children do not understand the risks then how can they make informed choices?

We are most concerned that only two-thirds of all students surveyed have no intention of vaping in the future. That leaves one-third who may decide to vape and we are talking about students aged nine to 12 years of age.

When it comes to measures to stop vaping, preventing vapes being sold to young people was the top response across all three surveys. The other two measures that came up consistently were public health campaigns aimed at young people and in-school programs delivered by external organisations like Life Ed. Interestingly, twice as many students prefer vaping education delivered by specialist providers to vaping education provided by teachers. In fact, more than 90 per cent of teachers surveyed believe it would be beneficial for Life Ed to provide vaping education to their students. To make the greatest difference, we need teachers and external providers working together as part of a whole-of-school approach. Our classroom teachers are doing an amazing job and they need and deserve our support. This must involve parents too. In fact, parent education was rated by teachers as a most important measure to discourage vaping.

Preventing young people from vaping means addressing the underlying causes. For young people to thrive, we must support the development of their social and emotional skills as well as their physical health. At a time when growing numbers of young people are experiencing anxiety, depression, disconnection and increasing social pressures, exacerbated by social media, the explosion of vaping use is of even greater concern.

This year, Life Ed will deliver programs that support the physical, social and emotional wellbeing of almost 200,000 Queensland children of whom 12,000 will access education on smoking and vaping. We are also developing a new vaping program, which will be ready by the end of this year, focused on the latest facts and research on enhancing students' critical thinking and decision-making. If we had the funding support, Life Ed could deliver this free to up to 50,000 year 5 and 6 students next year as well as providing educational resources to teachers and parents. I believe this should be a free program to ensure access and equity, particularly for those communities where the need is greatest.

I have had the privilege of being the CEO of Life Ed Queensland for 17 years. Over that time, we have introduced cyber safety, puberty and sexual health programs, respectful relationships and consent, and education to support children's mental wellbeing. These were gradual changes in

response to changing needs of schools and the curriculum. However, vaping presents an urgent threat and requires an urgent and universal approach. Intervening early and providing fact-based education on vaping before children transition to high school is critical.

It is my greatest hope that, with the support of the Queensland government, we can play a key role in supporting young people to never vape and never smoke and provide them with the best opportunity to thrive. After all, the only thing children should be breathing is fresh air. Sue and I are happy to take any questions. Sue also has a point that she would like to add, if that is okay? We would appreciate that.

CHAIR: Certainly.

Ms Osmond: I just want to give an on-the-ground perspective. I lead a team of 30 educators. They deliver health education just in primary schools essentially. What we are talking about and evidence from our recent survey is with very young children, as Michael said, from nine to 12. All 30 of our education team across the state report being asked by schools for assistance that vaping is something that they have trouble with with their students—they are experimenting and asking questions about it. We even have people from our team up in the cape and in First Nations communities on the Northern Territory border. Not surprisingly, we have young people there experimenting and knowing about vaping at primary school level. On the ground and with that anecdotal evidence that we are seeing everywhere, we are being asked for more and more support from teachers and schools at primary school level. We understand that 20-year-olds and high school students need assistance, but we are seeing it in primary school also. That has been in the last 18 months. That is not just this year. It is becoming more and more evident.

CHAIR: You make a good point. We have heard evidence that you can buy bulk vapes online for \$3 or \$4 each and go and sell them for \$30 or \$40 each. We have remote Indigenous communities with 40 per cent smoking rates. They are really vulnerable communities, yet they are being preyed upon. We have a window of opportunity.

Ms Osmond: Absolutely.

CHAIR: I go to Timo from Blurred Minds.

Prof. Dietrich: I will pivot a little bit because I do not want to repeat what has been said already. I strongly endorse all the points raised. My team and I have worked with the school sector for the last 13 years having engaged with thousands of students and hundreds of teachers, as well as working with a multidisciplinary team of researchers and experts on a mission to empower schools and their teachers to have more relevant and effective conversations in their classroom about alcohol, vaping, cannabis and other substances.

I am an associate professor at Griffith University but also the Director and Founder of Blurred Minds, which is an innovative alcohol and drug education program for high schools. It is positioned as a social enterprise housed within Griffith University. It partners with the National Centre for Youth Substance Use Research at UQ. Across Australia we have more than 600 schools that are using our resources in some shape or form. It all started in Queensland, so we have strong connections here, with I think around 200 schools at this point in time.

Schools started to talk to us about the issue of vaping back in 2020 for the first time. Since then it has only increased. There is no single school that does not have an issue with this. Teachers and school leaders are very concerned, but they do feel under-resourced to tackle the issue of vaping. They feel a lot of pressure that they are the ones who should be doing it all. Obviously that is not what we are saying. That is not the case.

They are telling us that this punitive approach that they have been working with is really not working. It has affected high- and low-performing students. Vaping is quite prevalent across all socio-demographic areas. Behaviours and academic performance are suffering though. We are seeing increased behavioural issues due to the nicotine withdrawal that is present. As we know from all the lab reports that have been done, the dose is just so high. There are real behavioural issues happening across the spectrum of young people.

Young people describe these things as pets—their best friends. Some have made a lot of money selling these products. It is that hustle culture, right? Young people really want to learn about vapes and vaping in school settings though—that is what they are telling us—but they are not getting enough exposure. With the staff shortages we see that many teachers do not feel like they are ready to have this conversation. I think it is important to have external programs at times too. We really have to think about how we empower the teachers at the forefront to have that repeated exposure point. Schools remain an excellent place to intervene and particularly prevent. Let's not forget that the majority of teenagers are currently not vaping. That normative messaging needs to be reinforced.

What I am a little bit concerned about is that there are too many resources bubbling up. Some are very lean. There is not a lot of evidence base behind them. My question is always: how long does it take to get a really good engaging classroom session crafted for a teacher who is time poor in a crowded curriculum? Every state currently seems to be working on crafting their own resources to combat the issue of vaping in schools and give teachers more resources, but more is not always the answer. We need prevention programs that evolve over time, so they cover a range of substances but also cover other alcohol and drug related issues. General skills need to be part of that too.

Teachers need to have resources that they can draw from and fit them into the curriculum when it suits them, not when the researcher or the external party thinks it should happen. Every school implements resources differently. Teachers are overworked and there is a shortage—we know that. At Blurred Minds we build resources that teachers can use and prepare a session on vaping in less than 15 minutes. The norm is usually extensive preparation, even sometimes external training that you have to do before you even implement a program. We remove that. At Blurred Minds the teacher becomes more a facilitator, not the lecturer, of information. The teachers can save time, teach more effectively and have greater impact on preventing teenagers from experimenting with vapes, alcohol, cannabis and other drugs.

Every day we are basically losing this fight for attention as young people are predominantly exposed to positive vaping messages on their socials and amongst their peer groups. We have a long journey ahead of making vaping 'uncool'. I spoke on a podcast about this last year. With every day where we do not have relevant and engaging conversations across Queensland schools with young people, we are losing another young child to a lifetime addiction of nicotine.

Our modules offer already two dedicated, comprehensive gamified classroom sessions on vaping for each student from year 7 all the way to year 10, including free resources via our virtual house party simulation experience and our vape investigator game that teaches them about the dirty tricks of the big tobacco industry and influence and marketing. They are designed not just to inform but also to transform adolescent brains for the better so they think more critically about vaping and have lower intentions to do it. We move that needle in terms of their normative perceptions so that they do not think that everyone is doing it, as I mentioned earlier.

Our resources can be an excellent substitute for punitive measures in schools, providing that opportunity for education and self-correction over punishment and expelling students because that is not working. We have estimated that there will be millions of missed school hours. We all know that research tells us that, if students are not in school, that is not doing our society any favours at all. That might explain some of those issues that we are seeing in youth crime too.

Our resources are designed for anyone, not necessarily just for a health and physical education teacher, to deliver them effectively. I really want to see action now. Get these resources out. We are ready to help in that quest. We need to make sure that we get more critical messaging surrounding vaping out there and turn the tide on this pandemic of youth vaping in Queensland.

CHAIR: That was well spoken, Timo. I think both you and Life Ed are well intentioned in trying to tackle this head on. It is a window of opportunity—I have kept saying that over the last 24 hours—that we, as the committee making recommendations on this issue, need to take on board. I will open this up to anyone. How do we best manage ease of access to vapes? The first issue is pop-up stores near schools. Our licensing regime in a recent bill just passed may well go towards more work in that area. It is the ease of access online that worries me and how kids are trading these things in schools. Can you both make some commentary? I will go to Michael or Sue first and then to Timo.

Ms Osmond: Absolutely, there is ease of access. We see primary schoolers with them in their bags, selling them. They have had a sibling being able to access them online. There are so many levels at which vaping needs to be tackled—it is importation, it is enforcement, it is regulations. I can only speak from that education perspective. For us it would be all around demand reduction. All of those regulations need to come into place and come into place strongly so that young people cannot access them. For us, the part we can target and where it is very important is in that demand reduction space—and as early as possible really.

As the CHO, Dr John Gerard, mentioned in the public briefing, for him the greatest concern was that nicotine addiction. For us, that is where we see we can play a part in demand reduction, getting in early to assist with young people understanding that vaping is something that is dangerous, that it is something that is addictive, that it is just another form of nicotine inhalation just like smoking is. It is about assisting them to draw their own conclusions, so not going in, like we heard from the young people at the University of Sydney, with scare tactics but helping them to see the parallels between the growth in smoking when people back in the sixties and seventies were doing this thing that seemed cool but did not know the risk and vaping.

With vaping, we are in that same space that they were back then with smoking. There is always going to be something dangerous for young people and young people will always be risk taking. It is about empowering them to have this knowledge and to develop this critical thinking and decision-making around vaping. They need to be given those facts. They need to be empowered to draw those conclusions about it.

CHAIR: That is well said. Timo, would you like to comment?

Prof. Dietrich: I can speak more to the education angle rather than specific strategies on how to crack down on the illicit trade online. I think that is a complex arena. That is for sure. It is similar in terms of where we put the emphasis. It is probably just making sure that they never go to that website in the first place and forming those critical attitudes around vaping and vaping products and how these have been marketed on a global scale.

I always talk about this example—that there is a big ploy at play where a global narrative has been created around the positive perception of vaping products. That creates appeal. There are strategic documents that you can look up—they are publicly available—from the tobacco industry that basically talk how they had to create ‘socially acceptable’ products again. When we go to the beach, when we go to parks, when we are out the front of a shopping mall and when we walk the streets, we see people vaping quite regularly. No-one really has that much of a problem with it because, again, it is not yet ‘uncool’. We have had to work a lot on that.

Our job is basically not just to change the public perception but to start early in the school sector to make sure that they have repeated exposure to more critical voices around vaping that then hopefully lead to them never exploring or trialling vapes and certainly then staying away from becoming lifetime users. I might stop there because it is really not my area of expertise to answer your question.

Mr MOLHOEK: To Life Ed, thanks for participating and for being here today and thank you for your submission. I am interested to understand a little more about the programs that you run. I have not had much to do with Life Ed in the last 10 or 15 years, but I was aware of your work about two decades ago. What do the programs now typically cover and how do you conduct them?

We heard earlier today from the Queensland Teachers’ Union—and I do not want to misrepresent them. Essentially they were saying that there were not enough services available to meet the demand. They talked about budgetary constraints as well—how they are having to reallocate money from other areas. How would Life Ed work? What do you do? What does the current program cover and how could you adapt?

Mr Fawsitt: I will kick off and then Sue might like to come in. The fact that we work with roughly 800 primary schools and preschools at the moment really points to the huge demand. It is a demand that we are struggling to meet. The biggest demand in years 5 and 6—upper primary school—is really around social and emotional wellbeing and cybersafety.

As I mentioned earlier, children are particularly using social media now. They are accessing sites that they should not be. They are accessing pornography potentially. There are all sorts of issues around sexual health, consent and respectful relationships that Life Ed are now addressing among upper primary school students that we were not 10 years ago. As the needs of schools have changed, so has our program involved.

The concern we have is that vaping is an issue that has come in over the top of that and needs an urgent response. We lack the resources to be able to deliver that. At the moment schools are more than likely going to choose social and emotional wellbeing programs over vaping, yet the need for vaping is, I would say, absolutely urgent. What we are seeking is support to be able to do both. It should not be either/or. It should be providing that social and emotional wellbeing support to young people but also addressing the vaping issue.

We have 30 educators on the ground all over Queensland, with a capacity to go into remote and regional communities and First Nations communities. We believe that a free vaping program would provide an enormous opportunity for Life Education to play a pivotal role in reducing the potential for young people to vape in the future.

Ms Osmond: I want to just to add to that around budgetary constraints. We work with social, emotional, physical and sexual health in our program. We work with schools to deliver whatever is most relevant and most important for them when we are coming in. We are more and more hearing that they need support in multiple areas but in terms of budget they have to pick one. Overwhelming they are choosing that respectful relationships and consent area but lamenting the fact that they do also need some help still in that drug and alcohol space and particularly in that vaping space.

There is a definite demand there, but schools are reporting that they do not have the budget to go for both programs. Young people, as we know, increasingly have mental health issues, cyberbullying, friendship issues and those sorts of things. At a school-based level, they are choosing to have some outside assistance with that program. They are also saying, 'We need you for this too,' but they are having to choose between them.

Ms PEASE: Thank you for coming in. I acknowledge the great work of Life Ed Queensland. Thank you for your 17 years of service, Michael, and the many children you have had come through over the years. We have heard a lot about social media and the impact that media programs might have. It is not just about education in the classroom; there is a whole wraparound service. Would you agree with that?

Ms Osmond: Absolutely. In our new vaping module we have parent resources as well. We are co-designing with young people. With this new module, we have years 5 and 6 across the state at the moment submitting their questions, telling us what they want to know about vaping. We are making sure that we are not just creating a program that we decided—us adults who do not know about vaping. We are having students aged nine to 12 telling us what they want to know. Then we are using experts from Curtin University to help us craft the answers. We are having those answers delivered by secondary students. We are recognising that young people want to hear from other young people, but ones who are older—so carrying more clout with that.

Along with that, we also have a series of videos. We know that parents do not always want to come to an information session either. We are developing a series of short videos—they want something short too—that we can provide to assist them in their parenting as well as resources for teachers to access whenever they need.

Ms PEASE: We have heard significant evidence that many young people are not aware there is nicotine in vapes. I was interested to ask Timo about his program. I see you run out of Griffith University. Do you engage with the masters of teaching program there to provide any resources or education to the people coming out of the education program at Griffith?

Prof. Dietrich: We have had some conversation but, no, there is not a direct connection just yet; however, one of our team members is Professor Donna Pendergast. It is one of those avenues to help us recruit potential workshop facilitators. This is maybe a point to add here. We have three core products. There are the Blurred Minds workshops, which are similar to the model that is described here when you have a professional trainer go into the school and facilitate workshops. We realise there is a massive demand for that. I always say that that is a little bit like a bandaid. You go in and get that message out there once, but what happens for the other 364 days in the year? That is where our Blurred Minds Academy comes in. It is a subscription to get access to currently 12 modules that cover alcohol and drug education resources, including two vaping modules. The only reason we have these two vaping modules already in the market and running is that we listened to the teachers and students and their needs. We were already rolling this out in 2020. We added a second module and revamped the modules based on all of the feedback we are continuously getting. Obviously there was a big push to get resources out to parents. We have worked proactively with the schools to give them comms to then direct parents to our parent component, our parent subpage on the home page, where they can get answers to the top eight frequently asked questions around vaping. They are already there and ready to go.

Mr Fawsitt: To add to Timo's point, this is about a whole-of-school approach. Parent engagement is critical. We have a database of almost 60,000 parents now. Those parents receive regular educational resources, and Life Education supports them in the healthy raising of their children. We are also an accredited provider of the PPP, Positive Parenting Program, as well, and we are getting an increased take-up of that from schools because we are a trusted provider. There is an obvious gateway there where Life Education can work with schools around parent education. Teacher professional development is going to be an increasing area for Life Ed too. If we can empower teachers and parents, then children are going to benefit.

CHAIR: That brings us to the end of this session. Thank you all for your contributions. It is appreciated. Continue doing the great work that both organisations are doing.

Proceedings suspended from 12.07 pm to 12.36 pm.

CHAN, Associate Professor Gary, National Centre for Youth Substance Use Research, University of Queensland

CHAIR: Thank you for your written submission and your participation today. We will move to an opening statement before going to questions.

Prof. Chan: Thank you very much, committee members. I am Gary Chan. I am an associate professor at the National Centre for Youth Substance Use Research. My background is in psychology, public health and medical statistics. I have served at the United Nations as a consultant on global drug surveillance, and I am currently leading a team of public health scientists on various health addiction problems amongst young people. I am fully funded by the government and the university.

Before I start, can I please ask the panel to put your hand up if you have children. The second question is can I ask the panel to put your hand up if you have drunk beer, wine or any form of alcohol in the last 30 days.

CHAIR: Let's all be honest.

Prof. Chan: With regard to drug policy, I take a pragmatic and holistic approach and I take notes on the prohibition and regulation of various substances in different countries. I would like to share some research findings on vaping: firstly, there is very clear evidence that vapes contain a cocktail of harmful carcinogens; secondly, vaping nicotine causes nicotine addiction in some people; and, thirdly, vaping devices are causing environmental disasters. The ideal solution, the logical solution, would be banning the product; however, that is assuming we can reinforce the ban. The lesson we have learned from history is that not a single western country has managed to enforce a ban on an addictive substance. People love to say 'just ban it' because it is easy to say, but it takes away the human element from the equation. When is the last time you told your kid not to do something, then you find they are doing the exact opposite the next day.

CHAIR: So you have met my children.

Prof. Chan: In an ideal world, as a public health scientist I would like to see the population not smoke, not vape, not drink alcohol and exercise at least an hour every day, but I know that is not going to happen. That is the human element.

I understand the concern of parents, teachers and medical professionals who have seen the harm of vaping firsthand, but prohibition is not the solution. We know that from the prohibition of other substances like alcohol and cannabis around the world. People are starting to realise that the harm minimisation approach might even bring back benefits to society as a whole.

While vapes contain a few hundred harmful chemicals, this harm is much lower than cigarettes, which contain 7,000 harmful chemicals. More importantly, cigarettes can be sold everywhere. My research has also demonstrated that, while there is a very strong association between vaping and smoking, there is no evidence that vaping is causing smoking in the population. On the other hand, vaping has accelerated the decline of smoking in the population. The gateway argument is not supported by population evidence and it also defies logic. If you have access to a product that is less harmful, tastes better and is cheaper, why would you switch to a much more harmful product that tastes nasty? Many people conflate association with causation. Unfortunately, this includes many public health advocates and medical professionals.

Nicotine addiction is a concern; however the lesson we learned from Sweden is that nicotine without combustion does not cause major health problems. Swedish snus, which is a form of smokeless tobacco, is very popular in Sweden and we do not see any public health disaster there. A tightly regulated market of vaping products is likely to bring more public health benefits than harm. By 'tightly regulated', I do not mean that you allow the product to be sold everywhere. We need to limit the number of vape stores, cutting down the number by at least 70 per cent. At the same time we need to take an holistic approach. We need to limit the number of tobacco outlets at the same time as well, bearing in mind that tobacco can be bought everywhere in this country. It does not make sense to make the less harmful product less available than cigarettes, which is the most dangerous product in the market.

What I have mentioned is from my own research. We have recently convened a workshop with 20 national experts to find solutions to this country's vaping problem, which I have summarised in my submission, including removing elements that are attractive to young people such as: flavourings and colourful packaging; banning disposable vapes; the decriminalisation of the personal use of nicotine vaping products; increased investment in services to treat nicotine addiction; increased access to nicotine prescriptions, particularly among young people; closely monitoring the New Zealand experience; increased investment in the surveillance of nicotine product use; and the development of standardised resources for schools. We also recommend the responsible media reporting of vaping.

Now let's get back to my initial questions. As a comparison, alcohol is far worse than vaping nicotine. Forget what your doctor tells you; many of them finished medical school 20 or 30 years ago. Alcohol kills 10 times more people than nicotine vaping—that is a solid statistic—and causes way more injuries and secondary harm. The latest research clearly shows that alcohol is harmful to your health and no level of alcohol consumption is safe for our health. This was just published by the World Health Organisation in January 2023.

Let me put it this way: if you drink alcohol, you are modelling behaviour that is much more dangerous than vaping to your young children, putting your children at risk. Do you agree with this statement? This statement is based on solid statistics as well. The current hysteria about vaping is irrational. We need a rational approach to minimise harm and achieve the best outcomes, taking into account that we are all human—taking into account the human element. We need an approach that deters young people from vaping, such as removing all elements that are attractive to young people, but at the same time provides people with less harmful alternatives than cigarettes. Prohibition is not going to achieve that.

Lastly, I would like to share another fun fact. Your child is more likely to get injured or killed in a traffic accident on the way to school tomorrow than getting injured or killed by nicotine vaping. We need to stay alert but not alarmed. We need to deal with the issues with a cool head, using an evidence-based, holistic and pragmatic approach.

CHAIR: Thank you very much, Associate Professor Chan. Some might disagree with your commentary around vaping and the risks associated with it, particularly for young people. There were a range of medical organisations here yesterday, including the Lung Foundation, the Heart Foundation and some specialists in thoracic medicine, who reported that it does indeed cause harm. The evidence to date is that we cannot foresee into the future 10 or 20 years. What we are treating now, in terms of the rate of people who have smoked over decades, has had an enormous impost on our health system. What I took away from yesterday is that that could potentially repeat itself if we do not do something with regard to vaping. I agree with you in terms of flavouring and advertising. Can I clarify that you do not think children should be vaping?

Prof. Chan: I do not think children should vape and I do not think children should smoke. I absolutely agree with the medical professionals that vaping is harmful, especially to people who do not smoke, and it is very bad for your health. What I am saying is that we need to take a pragmatic approach. Is it feasible to really enforce a ban? We know from the lessons of history in all western countries that this is not successful, so we might need to take another approach that seems to work better such as the harm minimisation approach. That is why I also suggest that we need to cut down the number of vape stores by at least 70 per cent. I know that my proposal is very unpopular among medical professionals and pro-vaping groups, but I see this as the most balanced way out of our situation the moment.

CHAIR: I think you were here this morning when people spoke about the New Zealand experience.

Prof. Chan: Yes.

CHAIR: How do you summarise what has happened over there?

Prof. Chan: We definitely see that New Zealand has an increase in young people vaping, but at the same time we know there is a lot of attractive product in New Zealand. For example, our proposal is that we need to remove all of these attractive elements from vapes. We need to make vapes uncool and not attractive to young people—with plain packaging, for example. We need to remove all the colourful packaging. We do not need strawberry flavour in vapes.

At the same time, we can take notes from the New Zealand experience. The smoking rate in New Zealand is now standing at eight per cent. In Australia in the last decade we have been doing much better than New Zealand, but now New Zealand has taken over. Their smoking rate is much lower than Australia now. This is something we also need to take notes on. Can we really use a vaping device to help drive down the smoking rate? This is one of the key lessons we might want to learn from New Zealand.

CHAIR: We heard from the group just before that New Zealand has quadrupled in its vaping uptake.

Prof. Chan: I actually fact-checked that. I would say it has increased but not quadrupled. It is around 10 per cent now.

Ms PEASE: Thank you for coming in and I acknowledge your submission. I have gone through your submission, and your opening statement is a bit contradictory in some ways from my reading of your submission. I am concerned about your point 10 and the 'Recommendations for responsible

media reporting of vaping'. You made claims that locking toilets is leading to children dehydrating themselves to avoid being caught short, that there is hysteria, that 'media reports are likely to have a promotional effect on young people' and that media stories about youth vaping have led to extreme 'responses from schools that are not evidence-based'. I am wondering where you are picking up that information that it is not evidence-based because we have seen and heard this morning contrary to that. Could you unpack that a bit for me?

Prof. Chan: For example, is there any scientific evidence that shows that all of these practices work—for example, locking the toilets. Does it really do anything? I am trying to say that there is a lot of sensational reporting in the media that actually creates a norm, creates an atmosphere, that everyone is doing that. We know that young people are very subjective to peer norms, social norms. If they see that every school is doing that, that is actually encouraging behaviour among young people as well. That is one of the recommendations. What I am saying is that we need more responsible social media reporting, instead of just highlighting one or two single cases that say people suffer tremendous harm from vaping. That is not true.

CHAIR: Thank you for your contribution. We do appreciate it.

TWYFORD, Mr Luke, Principal Commissioner, Queensland Family and Child Commission

CHAIR: Welcome and thank you for being here today. I invite you to make an opening statement before we move to questions.

Mr Twyford: Thank you for the opportunity to present today. I am the Principal Commissioner and also chair of Queensland's Child Death Review Board. Over the course of this committee's inquiry, it has become well established that vaping has dramatically increased in prevalence in the past few years, particularly among Queensland young people. I am incredibly concerned about vaping and in particular the impact of addiction on young people. While we talk about the biological and medical impacts of harm, we know addiction actually changes behaviour. To me, I think we need to bring full attention to that.

E-cigarettes were created as an aid to quit tobacco smoking. They were an adult product for an adult problem. Vapes were never meant to get into the hands of young people. At the QFCC, we have conducted round tables and surveys and obtained the views of young people that we have put into our submission. Just last week I spoke to a 12-year-old from the Gold Coast who was being bullied for not vaping. She says it is prevalent, it is impactful and it has changed her social confidence and her peer group.

Not only is vaping in our schools; it is also across our community. We heard from young people that vaping is not being treated like cigarette smoking; it is normalised and it is in public places. It is at concerts, in movie theatres and in public toilets at primary schools. Children as young as eight and nine are being involved. The astonishing detail that this committee uncovered from Queensland's Chief Health Officer that almost all—in fact all—contain a highly addictive substance is troubling and concerning.

The young people we spoke to outlined both their positions on vaping but more importantly their history of vaping and vaping use. They emphasised and painted a picture where the uptake and the commencement of vaping occurs for a multitude of reasons. For some, it is to connect with their peers, to socialise. Some would call that peer pressure; others would just call it normal human socialisation. Some spoke about vaping as a stress management technique and directly linked it to their own self-regulation of mental health wellness—that there was trauma in their life or feelings that they were currently experiencing and vaping made them feel better.

Others spoke about picking it up due to boredom, due to being influenced by social media—that in fact most days they could not go without seeing young people vaping on TikTok—and because the flavours and packaging appealed to them. To me this means that any initiative to reduce the use of vaping in Queensland needs to be aimed at all those multitude of reasons young people pick up a vape. We need to understand and respond to each of the root causes, and they will each require a different solution. That means no one solution will solve our issue, and in fact we need to take a balanced, holistic response.

Our submission pointed to a survey conducted by the Royal Children's Hospital in Victoria that showed that one in three parents did not know that e-cigarettes contain toxins and chemicals, and our discussions with young people highlighted how easy it is for children to hide the fact that they were vaping. The devices look like pencils, highlighters or textas, and they are easily stored in pockets and school bags. In fact, unlike cigarettes, they are incredibly easy to access through peer networks and online, with Queensland young people able to purchase these products both from overseas or from online stores and also through peer groups. In fact we now have young people supplying these products to each other.

Overall, our submission noted a lack in distinct Queensland data. In fact we drew on a lot of New South Wales, Victorian and national data in order to make our case. It confirms the anecdotal information that young Queenslanders were giving us. It says to me that we do need to be concerned and I thank this committee and the government for bringing attention to it.

In conclusion, I want to acknowledge the federal government's recent decision to eliminate vaping among young people through stronger federal legislation, enforcement, education and support. That is a step in the right direction, but we know that, particularly when we want to regulate the behaviours of young people, we need a multitude of approaches across different communication, education, information and regulation. Private entities and government departments, such as education and health, play a very clear role.

Ultimately, I want to come back and re-emphasise that, whilst we can focus on the medical and biological harm that is caused by nicotine vaping, I want to bring attention to the behavioural impacts of being addicted. As we talk about young people keeping focused in school, remaining in school and managing their own behaviours, making sure they are not addicted must be a very clear step that we as a society take.

CHAIR: Thank you. From the last couple of days and in previous hearings, I think fellow committee members would agree that the ease of access and the multitude of availability to young people is of concern. That is going to be an enormous point to tackle. I think you are right: we had the education sector here this morning and there is not one approach. It is not up to the schools; it is a whole-of-community, whole-of-government approach to tackle this. Do you have any comments around social media? You talked about TikTok. We have heard evidence that influencers and others and advertising are popping up on those platforms. Do you think whoever operates TikTok, Facebook and Twitter have a moral and ethical obligation to stop this advertising that is clearly influencing young people to take it up? I think they have to take responsibility for what is happening and what we are seeing in this country in terms of the vaping.

Mr Twyford: It is an incredibly complex area. I think there are certain places where government regulation can be directly impactful. Regulating the production, sale and possession of products would be a clear area where laws are effective. I think regulating paid advertisements would be useful, but social media exists because it is peer-to-peer creation and sharing and there is a ready audience for that. I would suggest it is less likely to be directly impacted by government regulation.

Going to the part of your question around a moral obligation, I think that does exist and I would certainly call on the owners of social media products and sharing platforms to play a greater role in sharing factual information. I think there is also an opportunity for our young people who know of the dangers of vaping to share their stories online. Talking to some of the young people we spoke to—and Tyla is in the room with me today and she has been clear about her story around vaping use—it is peer-to-peer messaging where teenagers, in particular, are more likely to change their behaviour if someone their age who is not paid can talk to them about the facts of vaping, about the environmental impact of the batteries and the toxins and about the fire dangers of keeping them in your bedroom. I think those messages coming from peers on social media in my experience would be much more effective than a government ad on a television station. I think social media is a tool that we can use to share facts and share information—probably less likely to say it needs strong regulation.

CHAIR: It is interesting you say that about social media. We have seen shocking images, and we got some data from Queensland Health about children younger than four presenting to the emergency department. It is portrayed on YouTube and whatever as a funny thing to watch an infant vaping. It is shocking to think an 18-month-old is subjected to that type of behaviour. There has to be some parental responsibility here. It is bewildering that they use that platform and think that is humorous. I will pass to fellow members for questions.

Mr MOLHOEK: Thank you, Luke, for coming in today. I appreciate the work that you do. For a year of my life I was delegated the job of reading a lot of the child death reviews and briefing the minister at the time. It is a pretty traumatic thing to have to face. I imagine that there are aspects of your job that are fairly challenging and unpleasant so thank you for the work that you do. Are you aware of any broader or more global approach that is occurring within government to look at this issue across departments because it seems that Queensland Health has a role, Education has a role, the police have a role, the regulators have a role and the children's commission has a role? How do we break down some of those silos and get the resources of government working together in a concentrated or concerted effort to try to deal with these issues from a multifaceted point of view?

Mr Twyford: It is a very good question. First of all, I am not aware of a direct and collaborative effort on this issue across government. Should one arise, I would certainly be keen to be part of it. I would also extend that to our national government and our cross-jurisdictional mirror agencies and departments. This is a national issue. In terms of dealing with this matter holistically, I think it is complex. As I said, and as many speakers have acknowledged, vaping was designed to help us address a very present problem—that is, the use of cigarettes and the impacts of nicotine and tobacco through cigarette use. It was a risk-mitigation tool that we created and established, and now we are seeing negative consequences and further risk being created because of the misuse of that solution we designed for another problem. It is important that we take a big-picture view of what we are doing and how we are doing it and consider the flow-on impacts. Certainly, the Queensland Family and Child Commission could bring that evidence both from a Child Death Review Board perspective and also the voices of young people into that process.

Further to that, it is important to bring it back to, as I have tried to emphasise, the impact of addiction on young people in two ways. The first is that we know young people with mental ill health will often be looking for something that they can do on a routine basis to self-regulate. Cigarettes have fulfilled part of that function. Unfortunately, we know that alcohol and cannabis fills part of that function and certainly vaping fills part of that function. In trying to address an issue, we always have to be aware of the other flow-on effects and put in place healthier options for the cohort we are impacting.

Mr MOLHOEK: There has been an awareness of a growing issue—and all credit to those involved for saying, ‘Look, we need to have an inquiry into this.’ It seems as though Queensland, like all of the states, has jumped on to this issue quite recently because it is starting to evolve. This committee has to make some recommendations to government. Should we be saying that in the future it is going to be the health minister’s responsibility to drive the strategy or this should be the responsibility of the Department of Education or it should be a law and order response or it should sit with, say, the Minister for Youth Justice and young people or something else? At the moment, no-one seems to have carriage or responsibility for the issue.

CHAIR: I do not want to seek an opinion. Obviously the committee will deliberate. I think you raise a very good point in that—and to the deputy chair’s point—a whole-of-government approach is good. Before we go to a question from the member for Lytton, I understand that Tyla would like to join the commissioner and to speak. We welcome Tyla’s views if she is entirely comfortable to come to the table. We need to be hearing from young people. Welcome, Tyla. Do you want to talk about your experience and put something on the record while here?

TYLA, private citizen

Tyla: Thank you very much for having me. My personal experience with vaping and cigarette usage is definitely one that echoes the QFCC's position in the way that it is a multifaceted issue. Young people engage in this behaviour for a multitude of reasons that are individualised to their circumstances. I started at the end of grade 9. I had a lot of school pressures. It was very much a peer thing. A lot of the individuals in my peer group were smoking. It was very cool. At the time, it was definitely marketed to us as an alternative. I am turning 20 this year. That would have been when I was about 14, maybe turning 15. It was this new and improved way of smoking. It was much better for you than cigarettes. It was a harm minimised. It was much easier to access. It tasted great. It looked great. We thought that it was going to be better. Obviously on the flipside now, there are indications that that is definitely not the case, but, five years ago, that was my personal experience.

CHAIR: What would you say to your peers today?

Tyla: I have a 16-year-old sister and I attempt to say, as much as I can, to her and her friends that this is not the solution. We need to be looking to other coping mechanisms, whether or not that is getting out and being active in the sun, kicking the footy around or doing art therapy. There are other ways. If that is your only solution then let's work through this and let's find that way that we could be giving up that coping mechanism in the future. If that is your 'right now' solution, okay, but what else could we be doing in the long-term?

CHAIR: Very well said.

Ms PEASE: I have loads of questions. Tyla, without dropping anyone into it, where did you access your vapes?

Tyla: It was very popular on Snapchat. Individuals would put it on Snapchat and different social media platforms and say, 'We are able to drop this at your home.' The convenience of it being dropped at your home for a very small fee of an extra \$5 was the easiest way for us to access it. It was still very much illegal in tobacco sheds and tobacconists. Individuals would just drop them to your house or the local park. If you and a group of friends got together, they would be like, 'Oh, don't even stress. There's five people here. You're each getting two vapes. We will just come for the afternoon and we will drop them off.'

Ms PEASE: That goes to my question for the children's commission. Luke, for young people, we understand the health issues and implications. There are also the legal implications because, in effect, if it is another young person doing it that is trafficking. They are heading down the path of prison because it is illegal to do that. Do either of you have any comments on that? Tyla, some of these people selling them were possibly your cohort at school. Were they aware that what they were doing was essentially trafficking drugs? The same question goes to you, Luke.

Mr Twyford: We need to educate young people more that that is, in fact, the law and these are the consequences for breaching it. Going back to the member for Southport's questions, overall government responsibility for addressing young people's behaviours broadly needs a clearer home. One of those key things would be community education campaigns targeted at young people around risk, cause and effect but also what the current law is and how it applies to them.

Ms PEASE: Tyla, did you know that the vapes you were smoking had nicotine in them?

Tyla: I did not realise the degree. I honestly thought at the time they were a lot better. A lot of my family smoke and multiple family members have emphysema. I thought that this was a healthy alternative to still fit into the crowd. I did not want that social isolation. I thought that this was a great alternative. Looking back on it now, it is so much more accessible with the amount of nicotine in one puff cumulated over multiple puffs in a day as opposed to one cigarette.

Ms PEASE: You are not vaping anymore?

Tyla: No.

Ms PEASE: How did you quit?

Tyla: There were multiple motivators. I went back into more of an active healthy sporting role and realised my lung capacity was not there. I tried to run on a netball court for the first time in two years and realised I could not do it. I got maybe five minutes in and my lungs were on fire. I had headaches. Trying to give up the vapes was very difficult. There were definitely withdrawal processes. It was very challenging.

Ms PEASE: When did you give up?

Tyla: It would have been maybe two months after my 18th birthday, so just over a year.

Ms PEASE: Well done, congratulations. Thank you for speaking today.

CHAIR: Thank you very much. You said they were dropped off—dropped off at a house, dropped off at a park—don't tell me we have Uber vapes?

Tyla: You absolutely had young people with access to licences or siblings with access to licences and you would just send them your address and they would literally bring it to your door or put it in your letterbox. One thing that I consistently try to tell my youngest sister is that that is not only a risk to your health and safety internally but externally. Giving your address to individuals online to drop things off is a very dangerous road to be going down. I think that is another consideration that young people now are starting to cotton on to more now.

CHAIR: Very well articulated. Thank you for speaking before us today. We really welcome your contribution. I am sorry, Luke; we are out of time. Again, thank you for your contributions.

Mr Twyford: Part of my role is to help young people speak up and to direct decisions. I thank you for listening to Tyla.

CHAIR: Thank you. I now declare this public briefing closed.

The committee adjourned at 1.10 pm.