

Vaping - An inquiry into reducing rates of e-cigarette use in Queensland

Submission No: 15
Submitted by: Shannon Brown
Publication:
Attachments:
Submitter Comments:

Committee Secretary
Health and Environment Committee
Parliament House
George Street
Brisbane QLD 4000
via email: HEC@parliament.qld.gov.au

Dear Committee Secretary,

RE: Response to *Vaping – An inquiry into reducing rates of e-cigarette use in Queensland*

I write as a parent of teenagers with some experience in understanding the youth experience of vaping. I have 3 teenagers, and all have roughly 5-7 friends who visit my home on a regular basis. I've known the majority of these children since they were babies, that is I have more than a casual knowledge of their personalities, their health status, their families/parents, and their behaviours.

Health changes

Asthma and asthma like symptoms

Of the teenagers I know personally and others I've heard about, I am finding that a great many teenagers are developing asthma in their mid to late teens. This was unheard of a few decades ago. It absolutely warrants an investment into clinical research that looks into why a teenager develops sudden onset asthma and if it is linked to vaping use.

Lung issues and increased rate of bronchial conditions

Like the marked increase in sudden onset asthma, I am seeing a lot of late teens with coughs, colds and other chest conditions. A decade ago, teenagers might have developed a chesty cough once a few years, at most yearly in the winter months. Nowadays we are seeing an incredibly high increase in late teens with persistent coughs, chesty coughs, infections, Upper Respiratory infections (URI). Many kids I know who vape regularly are having a URI at least once every two months. Alarming, three teenagers I know personally who vape are coughing up black gunk. What is this? In my opinion it is cause for alarm, but they will not do anything about it.

Disengagement with family GP

As we all know, most teens do not like to be told what to do, they don't listen to the adults in their lives.

1. Teachers – teenagers subconsciously compartmentalised to the teacher's subject expertise, and they disregard anything authoritative or health that the teacher tells them.
2. Parents – well established as disregarded by teens.
3. The family GP – teens recognise the GP knowledge on health matters. Teens would not seek help from a GP, as they're likely to be told 'don't vape' and they do not want to hear this advice. Therefore, teens are disengaging from regular visits to the GP. This could potentially

mean that serious conditions go unchecked and opportunistic care around vaping and health are not achieved.

Contradictions

They want to be seen as tough fit and strong, yet they vape. Many of them have their own gym memberships from the age of 14 onwards, or they do walking and hill climbing mostly 'to be seen'. I personally know of many who walk up hills and popular walking tracks for fitness, vape in one hand, asthma puffer in the other. They vape all the way up the hill, have an asthma attack (or maybe they're simply breathless from the exercise itself) and then puff the inhaler. They think this is funny. Invariably this gets shared on social media for likes.

Profile of a young vaper

To my knowledge, as a parent of teenagers and parental friend to teenagers, there is a type of teenager that vapes. Any or most of the below is common:

- Low self esteem
- Low parental engagement in their lives, neglectful
- Broad parental boundaries, permissive parenting style
- Low socio-economic background
- Marginalised
- Sometimes low school performance or engagement

Recommendations

Take advantage of the Vape Seller

As we've identified already the most frequently ignored parental/authority figures listed above, conversely the 'authority figures' vaping teens will listen to is the reseller.

Similar to a drug dealer, the buyer takes advice and recommendations from the dealer who knows their product. Vape sellers, whether they are illicit shops, registered NVP sellers who supply on script, or someone off Snapchat, a buyer, especially a novice buyer will acknowledge the recommendations of the seller. However, the seller has a conflict of interest, and should not be trusted. To overcome this, I recommend the following:

- * Prolific and ubiquitous anti-vaping marketing to be displayed in vape shops, similar to the anti-smoking campaigns.
- * No visible displays of products on sale, keep them behind unmarked cabinet doors.
- * Legislated licensing of all vape sellers and retailers.
- * The licensing framework must include mandatory training for approved persons, on the health impacts of vaping (both nicotine and non nicotine). Much like a Responsible Service of Alcohol (RSA) ticket.

Ignore the submissions of Vape sellers

Vape sellers, whether legitimate tobaccoists or not, are motivated by their shrinking profits. The obvious conflict of interest they have prevents them making an impartial submission to this Committee.

I attended the public hearing of this committee, and I was shocked to hear vape sellers declare to the Committee, that non nicotine vapes are harmless. By their own admission, none of them had any medical knowledge or training; they are uneducated retailers. None of them have any knowledge of the medical background or health of their customers before selling to them. To make such declarations is ignorant and irresponsible.

Tight regulations and legislative framework

- * Prevent importation to individuals.
- * Importation to only be for the purpose of smoking cessation, via a pharmacy.
- * Remove any flavouring, it should be tobacco or something else repellent. No candy or confectionary flavours.
- * Strong enforcement of legislation that provides for harsh penalties for selling on the black market.
- * Change the purpose and intent of the products to be for a medical claim, so that the TGA can monitor its use as an item of therapeutic value. TGA will then be obligated to report on its efficacy as a therapeutic good (smoking cessation tool).

Medical studies on impacts

- * Study on sudden onset of asthma in youth who vape
- * Comparative study on health outcomes of youth who vape versus youth who never do.
- * Comparative Study on health outcomes generally on those who vape and have never smoked, against those who do.
- * Study on youth disengagement with their GPs. They think its funny and Instagram worthy to present to an ER. The GP relationship is a personal familiar relationship they avoid in favour of emergency due to the anonymity of and ER doctor they'll never see again. An ER doctor might warn them on the dangers of vaping, but they are easily disregarded compared to their GP.

If the HEC sees fit not to consider my recommendations, I would hope that something else significant is done to protect our youth from the poisons of vaping pens.

Yours sincerely

Shannon Brown

(by email)