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

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SUBMISSION TO: VAPING – AN INQUIRY INTO REDUCING RATES OF E-CIGARETTE USE IN QUEENSLAND MAY 2023

About this submission

The George Institute for Global Health is pleased to contribute a written submission to the Health and Environment Committee's inquiry into reducing rates of e-cigarette use in Queensland. We commend the Queensland Government for its efforts to address the health-related risks presented by the emergence and rapid market penetration of e-cigarettes. Although the long-term effects of using e-cigarettes or being exposed to them are yet unknown, there is mounting evidence that they are associated with increased risk of developing non-communicable diseases (NCDs), including cardiovascular diseases, lung disorders, and cancer. Queensland can take a leadership role in assisting Australia to capitalise on its evidence-based regulatory framework to improve the health of all Australian by reducing smoking rates.

We commend the Australian Government on its position on tobacco control and join our colleagues working in public health in supporting a comprehensive and coordinated approach to reduce tobacco-related harm. The recent announcements represent an evidence-based approach to the control of e-cigarettes and are very welcome. Australia has been a world leader in smoking cessation through public education, taxation, regulation of advertising, packaging and smoke-free spaces, and smoking cessation support programs. However, over the recent years the use of unregulated vaping products, largely imported illegally, has rapidly increased and developed worrying trends, particularly in children and adolescents. There is evidence that these products do not act as effective smoking cessation tools, do not meet Australian standards, contain harmful chemicals to health, and usually contain the addictive substance nicotine. A 5 6 7 8 9 10 11 As such, it is critical that these products are regulated and their availability strictly controlled.

In addition to providing direct responses and evidence to the selected Terms of Reference (ToR) for this consultation (see below), The George Institute notes the particular importance of the following issues:

- The illegal importation of Nicotine Vapour Products (NVPs) should be controlled strictly, as an utmost priority
- 2. NVPs should be used as a smoking cessation tool only under medical supervision
- Minimum safety standards for NVPs should be set according to scientific evidence of harms, and these safety standards should be monitored and enforced (with the Therapeutic Goods Administration (TGA) not providing pre-market assessment)





- The production, sale, and import of non-nicotine e-cigarettes and flavours should be banned
- Legislative frameworks for tobacco control should be clear and streamlined to aid enforcement and avoid loopholes, including industry interference

Terms of Reference

- 1. The current status in Queensland relating to the:
 - a. prevalence of e-cigarette use, particularly amongst children and young people;

In our recent national survey with 1,006 Australians aged 15–30 years almost half reported being either current users (14%) or having tried/used e-cigarettes in the past (33%).¹² Additional analyses by state for this submission showed that among the 161 Queenslanders who responded to the survey,12% reported being current e-cigarette users and a further 37% reported previously using/trying e-cigarettes ("even once or twice"). These figures are substantially higher than reported in the most recent National Drug Strategy Household Survey in 2019, indicating a steep upward trajectory in the prevalence of e-cigarette use.¹³

The most common places from which e-cigarettes were obtained by the young people surveyed were:

- Vape shops
- Friends over the age of 18 years
- Tobacco shops
- Online

Young people's stated reasons for vaping included desirable product flavours. Banning ecigarette flavours that serve to increase palatability is therefore an important intervention to discourage e-cigarette use.

In a separate study, we surveyed approximately 200 school staff across Australia about students' e-cigarette use, of which 48 were in Queensland.² Consistent with other research, many of the survey respondents reported an increase in e-cigarette use at their schools. Most primary and secondary school staff were concerned about current levels of vaping among their students. The main sources for supply were reported to be friends aged 18+ years, siblings, through the Internet, taken from home without permission and purchased from a vape or tobacco shop.²

Recommendation: Despite Australia's admirable regulatory framework, children and adolescents are readily accessing e-cigarettes from numerous sources. This highlights the importance of intensifying monitoring and enforcement of strict regulation to reduce e-cigarette supply, including in schools. School settings offer a chance to reach young people in large numbers and potentially prevent the detrimental effects vaping has on mental health, peer relationships, and academic achievement.

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2. Opportunities to increase:

a. awareness of the harmful effects of e-cigarette use (with and without nicotine) to an individual's health, and the effectiveness of preventative activities:

In the study of 15–30-year-olds (referenced above), 54% of the 454 respondents in the total sample who had never used e-cigarettes exhibited susceptibility to future vaping. 12 Susceptibility is defined as being curious about e-cigarettes, intending to use e-cigarettes in the next year, and/or being willing to use an e-cigarette if offered one by a friend. Those young people who perceived e-cigarettes to be harmful were much less likely to be susceptible.

Recommendation: It is critical for young people to receive regular and reliable information about the harms associated with vaping. Different forms of messaging about harms need to be tested to ensure effectiveness and then disseminated widely through credible sources.

About The George Institute for Global Health

The George Institute for Global Health – a leading independent global medical research institute – was established in Sydney, with additional major centres in China, India, and the UK, and an international network of experts and collaborators. Our mission is to improve the health of millions of people worldwide by using innovative approaches to prevent and treat the world's biggest killers: non-communicable diseases (NCDs) and injury.

Our work aims to generate effective, evidence-based, and affordable solutions to the world's biggest health challenges. We research the chronic and critical conditions that cause the greatest loss of life and quality of life and the most substantial economic burden, particularly in resource-poor settings.

The <u>Commercial Determinants of Health Initiative</u> at The George Institute is actively involved in tobacco and e-cigarette research and policy. Relevant topics covered include use prevalence, product availability, advertising reach, and community attitudes. ^{2 14 15 16} Our work has a particular focus on vulnerable groups such as children and youth, and the policy levers that are most effective in reducing product and marketing exposure among these groups.

Through a program of research, <u>advocacy and thought leadership</u>, and <u>disruptive social</u> entrepreneurship and innovation, we are driving global impact.

Acknowledgement of Country

The George Institute acknowledges the Gadigal People of the Eora Nation as the Traditional Custodians of the land on which our Australia office is built, and this submission was written.

We pay our respect to Elders past, present, and emerging.







Contact

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References

¹ Public Health Association of Australia. (2020). E-cigarettes and other novel tobacco products. https://www.phaa.net.au/documents/item/4782

² Pettigrew, S., Miller, M., Kannan, A., Raj, T. S., Jun, M., & Jones, A. (2022). School staff perceptions of the nature and consequences of students' use of e-cigarettes. Australian and New Zealand Journal of Public Health, 46(5), 676-681

³ Cancer Council Australia. (2018) Electronic Cigarettes.

https://www.cancer.org.au/preventingcancer/smoking-and-tobacco/e-cigarettes.html

⁴ NSW Health. (2013). Health Alert - Warning on e-liquids [press release]. https://www.health.nsw.gov.au/news/Pages/20131023 00.aspx

⁵ World Health Organization. (2014) Electronic nicotine delivery systems: Report to the conference of the parties to the WHO FCTC.

⁶ National Health and Medical Research Council. (2017). CEO Statement: Electronic Cigarettes (ECigarettes). In: Department of Health, editor

⁷ Stratton K, Kwan L, Y., Eaton DL, editors. (2018). Public health consequences of E-Cigarettes. Washington DC: National Academies of Sciences Engineering Medicine.

⁸ Byrne S, Brindal E, Williams G, Anastasiou KM, Tonkin A, Battams S, et al. (2018) Ecigarettes, smoking and health. A Literature Review Update. Australia: CSIRO.

⁹ Sassano M F, Davis E S, Keating J E, et al. (2018) Evaluation of e-liquid toxicity using an open-source high-throughput screening assay. PLoS Biol 16(3). https://doi.org/10.1371/journal.pbio.2003904

¹⁰ Bozier J, Chivers E K, Chapman D G, et al. (2020) The evolving landscape of e-cigarettes: A systematic review of recent evidence. Chest;157(5):1362-1390. https://doi.org/10.1016/j.chest.2019.12.042.

¹¹ Voos N, Goniewicz M L, Eissenberg T. (2019) What is the nicotine delivery profile of electronic cigarettes? Expert Opin Drug Deliv;15(11):1193-1203.

¹² Pettigrew S, Miller M, Santos JA, Raj TS, Brown K, Jones A. (2023). E-cigarette attitudes and use in a sample of Australians aged 15–30 years. Australian and New Zealand Journal of Public Health. 100035.

¹³ Australian Institute of Health and Welfare 2020. National Drug Strategy Household Survey 2019. Drug Statistics series no. 32. PHE 270. Canberra AIHW.

¹⁴ Pettigrew, S., Miller, M., Santos, J.A., Brown, K., Morelli, G., Sudhir, T., Jun, M. and Jones, A., (2022). Young people's support for various forms of e-cigarette regulation in Australia and the UK. International Journal of Drug Policy, 110, p.103858.

Pettigrew, S., Santos, J. A., Miller, M., Raj, T. S., Jun, M., Morelli, G., & Jones, A. (2023). E-cigarettes: A continuing public health challenge in India despite comprehensive bans. Preventive Medicine Reports, 102108.

¹⁶ Jongenelis, M. I., Jardine, E., Kameron, C., Rudaizky, D., & Pettigrew, S. (2019). Ecigarette use is associated with susceptibility to tobacco use among Australian young adults. International Journal of Drug Policy, 74, 266-273.

