

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

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5 May 2023

Committee Secretary
Health and Environment Committee
Parliament House
George Street
Brisbane QLD 4000

Dear Committee Members

Thank you for the opportunity to provide a submission as part of the *Inquiry into Reducing Rates of E-Cigarette Use in Queensland*. The Queensland Network of Alcohol and other Drugs Agencies (QNADA) submission is attached.

QNADA represents a dynamic and broad-reaching specialist network within the non-government alcohol and other drug (NGO AOD) sector across Queensland. We have more than 55 member organisations, representing the majority of specialist NGO AOD providers. This submission is made following consultation with QNADA members.

QNADA is pleased to provide further information or discuss any aspect of this submission. Please don't hesitate to contact me at [REDACTED] or by calling [REDACTED].

Yours sincerely



Rebecca Lang

CEO



Submission to the *Inquiry into
Reducing Rates of E-Cigarette
Use in Queensland*

May 2023

This submission has been prepared by the Queensland Network of Alcohol and Other Drug Agencies (QNADA). Its content is informed by consultation with QNADA member organisations providing alcohol and other drug treatment and harm reduction services across Queensland, as well as a review of relevant research and reports.

This submission discusses a range of issues relevant to the Committee's terms of reference including:

- the importance of understanding the limitations of how data around e-cigarette use (vaping) is currently collated and reported;
- that the overall 'risks' of nicotine vaping products are significantly less than those associated with traditional cigarettes and it is important that any perceived risks are balanced against evidence which shows their potential for use as a smoking cessation aid;
- that any approaches in schools and other settings relevant to children and young people which seek to discourage the uptake and use of e-cigarettes should be evidence informed and accord with 'what works' in responding to alcohol and other drug use among young people;
- the need for a better understanding of the available research about the risks and harms associated with e-cigarettes, which are largely associated with the currently unregulated market; and
- the overarching need to re-establish a national governance framework for responding to these types of emergent issues in a more coordinated way.

When considering the prevalence of e-cigarette use, particularly among children and young people, it is critical to differentiate between 'current use' and lifetime use, as data shows that most (85%) of the young adult non-smokers who have ever used an e-cigarette do not continue using them.¹ Data should also be differentiated between vaping use among smokers and non-smokers, with current use also needing to be more accurately reported as it may refer to daily, weekly, monthly and less than monthly use.²

Researchers have also highlighted that concerns about youth vaping should be put into context as most young people do not use vapes. Of those that do vape:

- most do so short-term and infrequently;
- frequent vaping is most common among current or former smokers; and
- (positively) there has been a significant decline in cigarette smoking rates among young people.³

With respect to the 'risks' of e-cigarettes, a recent analysis of 'what works' with tobacco harm reduction and vaping found that:

- (generally speaking) nicotine vaping products are substantially less harmful than tobacco and are a viable harm reduction tool for people who smoke cigarettes;
- for those who have switched from cigarette smoking, nicotine vaping products have been shown to improve health outcomes (including vascular health and chronic obstructive pulmonary disease scores and symptoms); and

¹ Associate Professor Coral Gartner [Clarifying Australia's youth vaping figures \(uq.edu.au\)](https://www.uq.edu.au/health-research/clarifying-australia-s-youth-vaping-figures)

² Associate Professor Coral Gartner [Clarifying Australia's youth vaping figures \(uq.edu.au\)](https://www.uq.edu.au/health-research/clarifying-australia-s-youth-vaping-figures)

³ Balfour, et.al., (2021) Balancing Consideration of the Risks and Benefits of e-Cigarettes, Research & Analysis, American Journal of Public Health

- second hand vaping is less harmful than second hand smoking as the aerosol cloud dissipates far quicker than with cigarettes.⁴

A 2022 New Zealand study also highlighted that electronic nicotine delivery systems (e-cigarettes) have fewer health risks than smoking, and while there may be a (slight) increase in use among young adults who have never smoked, measures to address this issue require careful consideration to avoid deterring smokers who are not looking to quit, or unable to quit using other approaches from switching to e-cigarettes.^{5,6}

Importantly, any approach in Queensland schools and other settings relevant to children and young people that seeks to discourage uptake and use of e-cigarettes should accord with the current evidence of ‘what works’ when responding to alcohol and other drug use among young people. This is outlined within Dovetail’s best practice guide to policy, prevention and planning for [Alcohol and other Drugs in Schools](#) which emphasises the need for a whole of school approach which involves:

- using a harm minimisation approach;
- ensuring that the alcohol and other drug policies and procedures in the school are comprehensive and consistent;
- increasing student’s sense of connectedness to the school community;
- implementing evidence-informed classroom alcohol and other drug education;
- responding appropriately to alcohol and other drug use in the school environment; and
- linking with external services and supports.⁷

The Matilda Centre for Research in Mental Health and Substance Use have also developed [Positive Choices](#), an online portal to help school communities access accurate, up-to-date drug education resources and prevention programs.

The evidence is also clear in highlighting what not to do when responding to substance use in a school environment. This includes avoiding one-off presentations for children and young people that do not link with the curriculum or resources that rely on scare tactics that exaggerate or misrepresent the harms of alcohol and other drug use.⁸

For those people who are seeking assistance to reduce their use of e-cigarettes, the provision of evidence-based smoking prevention and cessation programs as part of routine care across all health and community services and in correctional settings is beneficial, including within alcohol and other drug treatment and harm reduction services.

In Queensland, smoking cessation support is considered a key feature of effective alcohol and other drug treatment. However, the capacity of organisations to provide this assistance varies dependent on service context, delivery setting, and available resources. Our member services report that nicotine replacement therapy (NRT) can be cost prohibitive from both a service delivery and client perspective. In this context, it would be far more effective to work with service providers and clients to increase

⁴ Clancy, B., Jenner, L., & Lee, N. (2023) *What Works: Tobacco Harm Reduction and Vaping*. Melbourne: 360Edge

⁵ Robertson, L. & Howek, J. (2022) A qualitative analysis of electronic nicotine delivery systems (ENDS) uptake and use among young adult never-smokers in New Zealand. PLoS ONE 17(5).

⁶ Balfour, et.al., (2021) Balancing Consideration of the Risks and Benefits of e-Cigarettes, Research & Analysis, American Journal of Public Health

⁷ Davis, C., Francis, C., Mason, C. & Phillips, J. (2018) *A Best Practice Guide to Policy, Prevention and Planning for Alcohol and Other Drugs in Schools*, Brisbane: Dovetail.

⁸ Davis, C., Francis, C., Mason, C. & Phillips, J. (2018) *A Best Practice Guide to Policy, Prevention and Planning for Alcohol and Other Drugs in Schools*, Brisbane: Dovetail.

access to NRT and provide general training to help continue to build workforce knowledge and capacity.

More broadly, there are also clear risks associated with the currently unregulated market for e-cigarettes, as there is no safety and quality testing and the dose of nicotine delivered can be highly variable.⁹ Indeed, many of the harms that have been reported around vaping use in existing research are associated with a poorly regulated market, with evidence showing that risks increase:

- when products have a high nicotine concentration or greater volume;
- where e-liquids have been adulterated or are an ‘at-home’ preparation;
- if products are inadequately labelled or child-resistant packaging is not used;
- with the promotion and marketing of some products, including with flavourings; and/or
- in situations where products have been personally imported.¹⁰

Improved regulation and quality and safety monitoring is therefore a key step in addressing any identified harms. Critically, attempts to ban products outright will only further increase current risks, increase the profitability of an unregulated market and are likely to have limited impact on actual use in the community.

Issues with the current response to e-cigarettes are also exacerbated by a lack of national coordination and limited governance mechanisms to reinforce existing state and Commonwealth partnerships.

The dissolution of the Council of Australian Governments has impacted alcohol and other drugs governance, as the Ministerial Drug and Alcohol Forum (MDAF) was one of the committee’s disbanded. This has had the immediate effect of disrupting efforts to implement the *National Framework for Alcohol, Tobacco and other Drugs Treatment 2019-29* and the *National Quality Framework for Drug and Alcohol Treatment Services*, which was being led by the Commonwealth Department of Health and included representation from each of the States and Territories, as well as two representatives from peak bodies for the non-government alcohol and other drug sector, reporting through to the MDAF.

QNADA, in collaboration with our colleagues in the State and Territory AOD Peaks Network and the Australian Alcohol and other Drugs Council (AADC), have developed a consensus position on a new draft national governance framework, which has been provided to all State and Territory Health Ministers, as well as the Federal Minister for Health. This proposed governance framework is inspired by the new arrangements for *Closing the Gap* and is intended to provide an effective and efficient structure to coordinate the response to AOD issues across state, territory and federal governments. A key task of the framework, and associated governance bodies, would be to oversee the implementation of the National Drug Strategy and sub-strategies and to guide the future development of national alcohol and other drug strategies, and respond to these types of emergent issues.

⁹ Clancy, B., Jenner, L. & Lee, N., (2023) *What Works: Tobacco Harm Reduction and Vaping*, Melbourne: 360Edge

¹⁰ Banks E, Yazidjoglou A, Brown S, Nguyen M, Martin M, Beckwith K, et al. Electronic cigarettes and health outcomes: systematic review of global evidence. Report for the Australian Department of Health. Canberra: National Centre for Epidemiology and Population Health; 2022 cited in Clancy, B., Jenner, L., & Lee, N. (2023) *What Works: Tobacco Harm Reduction and Vaping*. Melbourne: 360Edge