

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

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Submission to the

Queensland Parliamentary on the Inquiry Into Reducing Rates of E-  
cigarette Use in Queensland

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## Executive Summary

In response to the rapid increase in youth vaping, the National Centre for Youth Substance Use Research (NCYSUR) and the NHMRC Centre of Research Excellence on Achieving the Tobacco Endgame co-hosted a 2-day workshop with 18 national experts to identify policy changes and research directions to tackle the youth vaping problem on 26<sup>th</sup> and 27<sup>th</sup> April 2023. This submission summarises the conclusion and recommendations from the workshop discussion. Briefly, the recommendations were:

1. Banning disposable vaping devices regardless of whether they contain nicotine.
2. Banning flavoured vaping products that are appealing to young people, regardless of whether they contain nicotine.
3. Plain packaging or medical packaging regardless of whether they contain nicotine.
4. Decriminalisation of personal use of nicotine vaping products.
5. Increased investment in services treating nicotine addiction (both from cigarette smoking and nicotine vaping).
6. Increasing access to nicotine prescriptions, including for young people.
7. Close monitoring of the New Zealand experience.
8. Increasing investment in surveillance of nicotine product use.
9. Development of standardised resources for schools; and
10. Recommendations for responsible media reporting of vaping.

The National Centre for Youth Substance Use Research (NCYSUR) and the NHMRC Centre of Research Excellence on Achieving the Tobacco Endgame co-hosted a 2-day workshop with 18 national experts from a wide range of disciplines on tackling the youth vaping problems. The workshop was jointly funded by the Academy of the Social Sciences in Australia and NCSYUR.

The participants included leading tobacco control experts, global drug policy analysts, clinical psychologists, an addiction medicine specialist, prevention scientists, epidemiologists, a health economist, chemists, a toxicologist, and a biostatistician. Participants presented their latest research on vaping, followed by discussion and reflection on the implications for policy.

The followings are conclusions and recommendations from the workshop discussion.

- 1. Banning disposable vaping devices regardless of whether they contain nicotine.**  
Disposable vaping devices are popular among non-smoking young people. For example, recent data from many countries have shown rapid vaping uptake among young people once disposable sweet-flavoured high-nicotine salt devices were heavily marketed and became popular among young people. In addition to the potential health impact, these products also have a substantial environmental impact as the materials they are constructed from (plastic, lithium-ion battery, metal componentry and the chemicals in the liquid) make recycling difficult and lead to environmental contamination when discarded. However, careful consideration is needed on the definition of disposable vaping devices because many of these products can be made technically “non-disposable” with minimal adaptation. For example, some products are rechargeable (but not designed to be refilled). A tentative definition can be “products wherein the coil cannot be replaced”.
- 2. Banning flavoured vaping products that are appealing to young people, regardless of whether they contain nicotine.**  
Some flavours, particularly sweet fruit and confectionary (e.g., strawberry and chocolate) are appealing to non-smoking young people. However, this is not necessarily simple to enforce because of the subjective nature of flavours and the lack of a single chemical that defines a particular ‘flavour’. Banning particular flavouring chemicals could lead to manufacturers finding replacements. For example, bans on the use of menthol have led to products with other chemicals added that reproduce a cooling sensation when inhaled.
- 3. Plain packaging or medical packaging regardless of whether a vaping product contains nicotine.**  
The workshop participants agreed that bright, colourful packaging with attractive pictures such as cartoons and gimmicky names was inappropriate for products intended to be used by adults for smoking cessation and harm reduction purposes. One participant highlighted the potential importance of differentiating nicotine-containing and nicotine-free vaping products via different packaging requirements so as not to conflate the two products. Others suggested this could be achieved with a different colour scheme for nicotine and non-nicotine products, such as white for one and black for the other.
- 4. Decriminalisation of personal use of nicotine vaping products.**  
Decades of research suggest that criminalisation of substance use is not an effective approach to managing the harms of addictive substances. Criminalisation creates stigma and deters treatment-seeking, further exacerbating addiction. It also has a disproportionate

impact on marginalised populations, whose members are more likely to be arrested, convicted, and sentenced to prison terms for substance use offences. It is ineffective at reducing drug use in democratic countries. The most harmful form of nicotine is delivered via tobacco cigarettes, which remain widely accessible from supermarkets and specialised retailers. Criminalising personal use of nicotine vaping products, a much less harmful alternative to smoking, while allowing combustible cigarettes to be sold widely is likely to lead to more harm than benefit. Enforcement of current laws has focused on illegal supply, rather than illegal possession and use, despite potentially harsh penalties that could be applied to the latter. This suggests that the current legal framework is inappropriate and not fit for purpose.

**5. Increased investment in services treating nicotine addiction (both from cigarette smoking and nicotine vaping)**

Despite the decline in cigarette smoking, recent wastewater monitoring data shows that nicotine use overall is on the rise, possibly due to nicotine vaping. However, there are few evidence-based treatment options available for assisting people to stop vaping. Given that Australian governments will increase their enforcement of sales bans on nicotine vapes for recreational purposes, we can expect more demand for smoking and vaping cessation support. A failure to adequately meet this demand may mean that individuals who are currently vaping nicotine may switch to the most harmful form of nicotine, combustible cigarettes, to continue their nicotine use. Services will need to be co-designed with young people to ensure that their needs are met.

**6. Increasing access to nicotine prescriptions, particularly among young people**

Better access (potentially free or subsidised) to nicotine products (including NRTs and nicotine vaping products) should be facilitated for young people who are currently dependent on cigarette smoking or nicotine vaping to reduce harm. Young people can find it difficult to obtain prescriptions for nicotine vaping products. They are also less likely to see general practitioners for prescriptions. To reduce harms, nicotine products including NRTs and prescribed nicotine vaping products could be made more available for harm reduction through specialised services to help the young person eventually become nicotine-free.

**7. Close monitoring of the New Zealand experience**

New Zealand originally followed Australia's prescription-only policy for nicotine vapes but has recently decided to allow vaping products to be sold as consumer goods in a regulated market. Recent research has shown that increased uptake of vaping has accelerated the decline in the smoking rate, particularly in the priority population of Maori women. At the same time, youth vaping has also increased.

Australia's prescription-only regulation model for nicotine vaping products is in stark contrast to the New Zealand model. Despite stricter regulation, Australia has witnessed a strong increase in youth uptake, but the decline in the smoking rate was slower than in New Zealand. A further tightening of regulation is proposed so it is important to compare the effects of the Australian and New Zealand regulatory models.

**8. Increasing investment in surveillance of nicotine product use**

There is currently a lack of reliable nationally representative data on vaping in Australia. The latest nationally representative survey data on vaping was collected in the 2019

National Drug Strategy Household Survey. Given the rapid evolution of vaping products and trends, these data are a poor basis for policymaking. The 2022 National Drug Strategy Household Survey's data may not be publicly available until 2024. The Government should provide funding to expedite the analysis and publication of these data. Consideration should also be given to developing methods of monitoring biomarkers of vaping in wastewater, a rapid and cost-effective means to monitor population drug use.

#### **9. Development of standardised resources for schools**

There is an urgent need to develop standardised educational resources and policy guidelines for schools to effectively discourage youth vaping at schools. Schools have largely relied on punitive measures, such as suspensions, for students who are caught vaping. Existing research shows that these measures are ineffective, and can cause young people to further disengage from their education and exacerbate their vaping. A strong approach is required for those students found to be supplying nicotine vaping products to other students, such as diversion to education programs to prevent escalation of the behaviour to illicit drug supply.

#### **10. Recommendations for responsible media reporting of vaping**

Media reporting of students vaping has been overly sensationalist and exaggerated the scale of the problem. This has the risk of increasing perceptions among youth that 'everyone is vaping' and normalising the behaviour, leading to further pressure for youth to experiment with vaping. Media reports have also included information about how youth can obtain vaping products, which products are difficult to detect, how much they cost, flavours that are available and displayed examples of attractively packaged products with interesting names. These media reports are likely to have a promotional effect on young people and encourage use. Furthermore, the moral outrage that has been generated from sensational media stories about youth vaping has led to extreme and responses from schools that are not evidence-based and may be doing more harm than good. Examples include (i) suspensions and expulsions, (ii) locking toilets leading to some children dehydrating themselves to avoid being 'caught short' with no toilet access, (iii) installation of 'vape detectors', (iv) installing cameras in toilets, and (v) even construction of new toilet blocks that are open air with less privacy to allow monitoring of students at substantial cost (funds that might be better spent on educational resources). The development of best practice guidelines for media reporting of youth vaping, similar to those that are endorsed by the Australian Press Council for reporting of addictive drugs, is urgently needed.

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