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

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QAIHC

Queensland Aboriginal and Islander Health Council

# *Vaping – An inquiry into reducing rates of e-cigarette use in Queensland. An Aboriginal and Torres Strait Islander perspective.*

Queensland Aboriginal and Islander Health Council submission and the Australian National University

*May 2023*

Queensland Aboriginal and Islander Health Council



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*QAIHC receives funding support from the Australian and Queensland Governments*

QAIHC
Queensland Aboriginal and Islander Health Council

## QAIHC SUBMISSION TO QUEENSLAND GOVERNMENT

## About the Queensland Aboriginal and Islander Health Council (QAIHC)

QAIHC was established in 1990 by dedicated and committed Aboriginal and Torres Strait Islander leaders within the community-controlled health sector.

QAIHC is the peak body representing the Aboriginal and Islander Community Controlled Health Organisation Sector in Queensland at both state and national level. Its membership comprises of Aboriginal and Islander Community Controlled Health Organisations (ATSICCHOs) located throughout Queensland. Nationally, QAIHC represents the Community Controlled Health Sector through its affiliation and membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO) and is regarded as an expert in its field.

Today, QAIHC represents 33 community-controlled health services and 11 associate members who share a passion and commitment to addressing the unique health and wellbeing needs of their communities through specialised, comprehensive, and culturally appropriate primary health care, policies, and strategies. QAIHC, as the peak of ATSICCHOs of Queensland, wish to highlight current barriers and enablers in the Queensland ATSICCHO sector which needs attention to ensure effective care for Aboriginal and Torres Strait Islander peoples to work towards Closing the Gap. This extends to the use of tobacco and e-cigarettes which is significantly higher amongst Aboriginal and Torres Strait Islander peoples compared to non-indigenous Australians[1].

The purpose of this submission is to outline that an increased focus on e-cigarettes including vape use in Aboriginal and Torres Strait Islander communities is needed to Close the Gap in life expectancy and health and wellbeing between Aboriginal and Torres Strait Islander peoples and non-indigenous Australians. To align with the National Agreement of Closing the Gap all strategies must be made in partnership with Aboriginal and Torres Strait Islander peoples [2]

## About the Centre for Aboriginal and Torres Strait Islander Wellbeing Research at the Australian National University

The National Centre for Aboriginal and Torres Strait Islander Wellbeing Research (NCATSIWR) at the Australian National University (ANU) College of Health and Medicine conducts meaningful and transformative health research, shaped by the priorities of Aboriginal and Torres Strait Islander communities.

We are an Aboriginal and Torres Strait Islander-led Centre where outcomes are achieved through partnerships with Aboriginal and Torres Strait Islander communities and organisations. The Centre partners with Aboriginal and Torres Strait Islander peak bodies across Australia, and has nationwide community partnerships, with representation from all States and Territories. Our primary mission is to strengthen the health and wellbeing of Aboriginal and Torres Strait Islander peoples. Specifically, the Tobacco Free Program at the NCATSIWR works with Aboriginal and Torres Strait Islander peoples, communities and organisations to better understand, inform and evaluate smoke and nicotine free programs and policies.

This submission is made through collaboration between the ANU and Queensland Aboriginal and Islander Health Council (QAIHC). It is based on extensive research and consultations with the Aboriginal and Torres Strait Islander communities to ensure accuracy and that the voices of the peoples are heard.

This submission is made through collaboration between the Queensland Aboriginal and Islander Health Council (QAIHC) and the ANU. It is based on extensive research and consultations with the Aboriginal and Torres Strait Islander communities to ensure accuracy and that the voices of Aboriginal and Torres Strait Islander peoples are heard.

QAIHC and ANU would like to thank the Queensland Government for the opportunity to make a submission to the Inquiry.

## Acknowledgement

QAIHC and ANU would like to acknowledge the sovereign Indigenous peoples and the Traditional Custodians of the lands, waterways and skies, who have cared for and maintained Country, culture and community since time immemorial. We acknowledge the ancestral lands of the Turrbal and Jagera peoples as well as the Ngunnawal and Ngambri peoples on which we write and thank the Elders past and present for our safe passage on Country.

## Recommendations

**Recommendation 1:** That appropriate monitoring and evaluation is undertaken to understand the true prevalence of e-cigarette use in Queensland, including among Aboriginal and Torres Strait Islander peoples, and the impact of any changes in regulatory measures, programs and policies.

**Recommendation 2:** That the Queensland Government fund Aboriginal and Torres Strait Islander community driven research and evaluation on the impact of e-cigarettes on Aboriginal and Torres Strait Islander peoples and communities. This should include better understanding what programs and policies are required and should include appropriate Aboriginal and Torres Strait Islander governance.

**Recommendation 3:** That the Queensland Governments co-design with the Aboriginal and Torres Strait Islander Community Controlled Sector health prevention strategy, including tobacco control and addressing the social determinants of health which contribute to poor health outcomes and tobacco use.

**Recommendation 4:** That the Queensland Government fund Aboriginal and Torres Strait Islander Community Controlled Sector to develop, implement, coordinate and support preventative programs that target e-cigarette and smoking uptake, and promote cessation.

**Recommendation 5:** That a precautionary approach is enforced to only prescribe e-cigarettes with local tailored cessation advice from a medical professional, following quits attempts using evidence based smoking cessation methods and consistent with the Royal Australian College of General Practitioners (RACGP) Guidelines.

**Recommendation 6:** That systematic implementation of nicotine and smoking cessation supports, particularly among Aboriginal and Torres Strait Islander Community Controlled Health Organisations to optimise MBS claims and to resource Aboriginal and Torres Strait Islander Health Workers to provide nicotine and smoking cessation supports is supported.

**Recommendation 7:** That the Queensland Government fund culturally-safe, evidence-based, cessation supports for Aboriginal and Torres Strait Islander people, specifically for quitting e-cigarettes and smoking.

**Recommendation 8:** That the Queensland Government fund additional evidence-based measures, such as local and regional level campaigns, to accelerate reduction in e-cigarette and tobacco use.

**Recommendation 9:** That there is an inquiry into the tobacco industry and the consequences of tobacco use for Aboriginal and Torres Strait Islander peoples, including the impediment on health, wellbeing, and our cultures.

## Introduction

On 2 May 2023, the Australian Government Minister for Health and Aged Care, the Hon Mark Butler MP, announced sweeping changes to e-cigarette policy as part of broader tobacco control enhancements and alongside the release of the National Tobacco Strategy 2023-2030, that has been endorsed by all States and Territories.

Specifically, the announcement outlined that the Australian Government will work with the State on the enforcement of several e-cigarette (and tobacco) control measures, including:

- stop the import of non-prescription vapes;
- increase the minimum quality standards for vapes through restricting flavours, colours, and other ingredients;
- require pharmaceutical-like packaging;
- reduce the allowed nicotine concentrations and volumes; and
- ban all single use, disposable vapes.

The announcement included $30 million to be invested nationally in programs to support quit attempts, including nicotine cessation among e-cigarette users.

Minister Butler acknowledged that the Tobacco Industry has manipulated the concept of 'harm reduction' to introduce e-cigarettes into an unregulated market place, targeting young consumers, and requires urgent action.

Increasing e-cigarette prevalence among Aboriginal and Torres Strait Islander (and non-Indigenous) children, young people and people who do not smoke is a significant community concern to our health and wellbeing. In addition to harming our people, this has the potential to widening the gap in health outcomes between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.

Although Australia has made significant progress in reducing smoking prevalence across the population, findings published by the Australian Bureau of Statistics (ABS) showed that the proportion of First Nations people aged 15 years using tobacco continues to be 37% compared to 13.2% in the general population [4]. The introduction and use of e-cigarettes, including vapes, are likely to add to the disproportionate substance use between population groups and thereby contribute to the gap in health between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.

For Aboriginal and Torres Strait Islander peoples, good health is more than the absence of disease. Health is a holistic concept that includes physical, social, emotional, cultural and spiritual wellbeing, for both the individual and the community. E-cigarettes present many significant harms to the health and wellbeing of Aboriginal and Torres Strait Islanders, including poisoning, lung injury, nicotine addiction, as well as the burns and injuries from the lithium batteries that power these devices [5]. This is on top of the unacceptable risk that vaping may lead to the uptake of smoking [5]. Further, Caring for Country is often undermined through the disposable nature of e-cigarettes, and tobacco filters as the most commonly littered item worldwide, with 4.5 trillion filters littered in the environment each year[6]. Not

only does this harm communities and pose a significant risk to people's health, it is also in direct contravention of Goal 12 of the Sustainable Development Goals for responsible consumption and production [7].

Aboriginal and Torres Strait Islander peoples are disproportionately harmed by commercial tobacco, and directly targeted by the Tobacco Industry in promoting e-cigarettes. An example of this can be seen in Figure 1 which shows a letter from Philip Morris sent to an Aboriginal service in 2019 promoting e-cigarettes.

PHILIP MORRIS

AUSTRALIA NEW ZEALAND PACIFIC ISLANDS

11th April 2019

The Manager
[redacted] Aboriginal Corporation
[redacted]

Dear The Manager,

RE: STUDY ON THE SAFETY PROFILE OF E-CIGARETTES

This month PMI released findings of a landmark six-month study to evaluate the impact of e-cigarette vapour on the risks of heart and lung disease.

*Figure 1: Letter from Philip Morris to an Aboriginal service promoting e-cigarette*

Tobacco is the leading contributor to preventable deaths among Aboriginal and Torres Strait Islander peoples[8]. Aboriginal and Torres Strait Islander smoking prevalence exists within the context of enduring and evolving cultures and societies, historical and contemporary trauma, Tobacco Industry targeting and interference, and the social and cultural determinants of health [9]. In 2022, smoking was the single largest contributing risk factor to the gap in disease burden between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians, accounting for 20% of the total gap [1]. This is unacceptable and is entirely preventable.

Strong commitment by the Queensland Government to support and enforce the e-cigarette regulation as described is critical to preventing additional harms, including further uptake of e-cigarettes by non-smokers. Urgent adaptation of culturally safe Quit Smoking programs and services is also required to support those with nicotine dependence. To align with the National Agreement [9] all services for Aboriginal and Torres Strait Islander peoples must be made in genuine partnership with the peoples to ensure effective, cultural safe and relevant programs and policies. This is as required under Article 4 of the WHO Framework Convention on Tobacco Control [10] and the Making Tracks Policy and Accountability Framework [11]. While health services can provide appropriate medical advice and consider prescription access to e-cigarettes for people who smoke and have not successfully quit using evidence-based cessation supports, tobacco control measures need to actively include e-cigarettes. This will not only

reduce the immediate detrimental health and social impacts, but also contribute to avoiding further additional burden of preventable e-cigarette and tobacco related harms [5, 8, 12].

Queensland is one of four states with higher rates of disease burden for Aboriginal and Torres Strait Islander peoples of the potentially preventable causes of poor health nearly 12% is contributed to tobacco use [12]. Our submission provides a brief outline of the existing evidence under the prescribed Terms of Reference for this inquiry, underlining the importance of State commitment to the national tobacco and e-cigarette reforms. It also provides recommendations to further strengthen the effort to decrease the use of e-cigarettes in an Aboriginal and Torres Strait Islander context.

## 1. Prevalence and incidence of e-cigarette use

**ToR:1(a) prevalence of e-cigarette use, particularly amongst children and young people.**

Commercial tobacco smoking among Aboriginal and Torres Strait Islander peoples and communities is a consequence of ongoing colonial processes. Colonisation saw the disruption of Aboriginal and Torres Strait Islander society where policies of financial abuse were practised, such as the "Protection Acts". Where whole wages, savings, entitlements, and other monies was taken by the State, removing the opportunity for Aboriginal and Torres Strait Islander peoples to purchase food and other necessities. Aboriginal and Torres Strait Islander peoples were paid in rations, including cigarettes and alcohol, leading to reliance on both. This reliance has been passed on through generations and continues in many communities today.

Research shows that there is a direct link between colonisation, loss of culture, transgenerational trauma and poverty, homelessness, addiction, access to food, healthcare and education and a lifetime of increased vulnerability to disease [13]. The nature of these factors and ongoing colonisation, intergenerational trauma, and racism has become cyclically ingrained in society leading to a high prevalence of Aboriginal and Torres Strait Islander peoples taking up smoking and addictive behaviours that promote the release of dopamine in the brain. Without immediate action to uphold our human right to health, e-cigarettes will continue to become another toxic substance imposed on Aboriginal and Torres Strait Islander people. Further, the industry will continue to profit at the expense of our health and wellbeing, without accountability. This has the potential for causing further harms to Aboriginal and Torres Strait Islander society as we continue to fight against the detrimental health and social consequences of e-cigarettes and tobacco.

Nationally, use of e-cigarettes among people aged 14 years and over, increased significantly from 8.8% in 2016 to 11.3% in 2019 [14] Current use also increased significantly from 1.2% to 2.5%, with significant increases observed among non-smokers [14]. The prevalence of current e-cigarette use among Queenslanders has more than doubled since 2016 from 1.3% to 2.9% in 2019 [14], with higher rates among people who smoke (10.8% currently use e-cigarettes). Lifetime use increased significantly in Queensland to 12.1% from 9.8% [15]. However, it is important to note that these data were collected in 2019, well before the widespread proliferation of cheap, disposable and easily accessible vapes which have become

heavily marketed and increasingly tailored to young people with the use of 'fun' colours, names and flavours

Based on the data and consultations with ATSICCHOs across Queensland, QAIHC and ANU expect the published data to be a substantial underestimation of current prevalence and exposure. Tools to accurately understand prevalence and incidence of e-cigarette use among Aboriginal and Torres Strait Islander people must be developed and implemented in collaboration with communities. Accurate data will help inform and support tobacco control programs, policies and strategies.

Nationally, e-cigarette use is highest among young adults, with lifetime use up to three times higher among 18-24 and 25-44 age groups compared to those aged ≥45 years[3]. In 2017, 22% Aboriginal and Torres Strait Islander secondary students, and 14% of all students, had tried e-cigarettes (Queensland represents one third of this study sample)In 2017 [16], 15.5% of Queensland high school students had tried e-cigarettes [11] showing a significant and dangerous increase in the exposure to e-cigarettes, particularly amongst young peoples. An increase in the uptake of peoples using e-cigarettes has the potential to undermine the work that has been done to reduce the prevalence and incidence of people smoking tobacco hence urgent measures are needed to stop this trend.

## 2. The Health Risks of e-cigarettes.

**ToR: 1(b) Risk of vaping chemicals, including nicotine, to individuals, communities and the health system**

There are numerous adverse health risks for all e-cigarette users as they are exposed to chemicals and toxins, including people who are non-smokers and young people [5]. Young people are disproportionately affected by harms from addiction, poisoning, toxicity from inhalation, and increased smoking uptake [5]. Young people who have never smoked or are non-smokers but use e-cigarettes are three times as likely as non-users to start smoking tobacco and to become regular smokers [5] [16]. Additionally, children are at risk from the direct harms of e-cigarette use, as well as isolation and exclusion from school and the education system as a consequence of vaping and nicotine addiction.

Many Aboriginal and Torres Strait Islander communities experience a high disease burden. Increased e-cigarette use in these communities will increase adverse health outcomes. This will negatively affect individuals and their society in relation to premature lives lost. Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs) are often the only healthcare service providers in regional and remote areas. Most ATSICCHOs strive to be comprehensive care providers including preventative programs. However, services are already under pressure to deliver core functions relating to comprehensive primary health care, while struggling with under-staffing and limited funding. As such, services do not currently have the resources to provide additional care for the adverse outcomes caused by e-cigarettes and further expand their portfolio of preventative programs to also include programs aiming to prevent e-cigarette use in Aboriginal and Torres Strait Islander communities. ATSICCHOs should however be providing nicotine cessation support, including for e-cigarettes, and it is vital that health providers feel confident to guide a quit attempt.

There is mixed evidence for using e-cigarettes for smoking cessation, with numerous harms as outlined through this submission. Given such limitations, a precautionary approach should be used to only prescribe e-cigarettes with cessation advice to informed people who have unsuccessfully tried other smoking cessation methods. [5]

## POISONING

The nicotine in e-cigarettes can cause poisoning and immediate inhalation toxicity, including seizures, particularly in children and adolescents [17]. Nicotine consumption can be fatal with the potential for poisoning from either intentional or accidental exposure to nicotine [5]. There is an increased risk of accidental poisoning for babies and small children who do not need to consume a large amount of nicotine to be fatal. A number of accidental poisonings have been recorded in children under six years of age [5]. There is currently no consistent nicotine dose in the e-cigarettes sold in Australia and only vapes labelled as containing nicotine are subject to regulation under The Poisons Standard [18], while many actually contain nicotine [19]. Tests conducted by the World Health Organization (WHO) on e-cigarettes that are declared as having no nicotine were found to contain the nicotine [10].

## BURNS

Exploding lithium batteries used in e-cigarettes may cause severe burn injuries, permanent nerve damage or fatal trauma [5]. There are currently no child-safety mechanisms mandated on e-cigarettes.

## ADDICTION

Addiction is harmful [5, 10]. E-cigarettes can cause dependence or addiction [5], and in conjunction with aggressive marketing continues to drive the widespread and increasing use of e-cigarettes, especially by young people. Nicotine use in children and adolescents causes serious deficits on neural development, leading to irreversible consequences for brain development, including learning and anxiety disorders [5]. Adolescence is a time of major brain plasticity occurring. Vaping during this time can lead to long-term alterations in brain function and behaviour, including long term addiction[14].

## AEROSOLISATION OF CHEMICALS / TOXICITY

There is no regulatory requirement to disclose ingredients in e-cigarettes. When a user inhales from an e-cigarette they risk not only nicotine exposure but also solvent carriers, flavourings, tobacco specific nitrosamines, volatile organic compounds, phenolic compounds, tobacco alkaloids, aldehydes, free radicals, reactive oxygen species, furans, and metals [5]. Although some chemical constituents are considered safe for human consumption in food, they may cause damage if inhaled in an aerosolized form.

The aerosols generated by e-cigarettes raises the concentration of particulate matter of indoor environments this includes not only nicotine but numerous other toxic substances including formaldehyde, acetaldehyde and acrolein [5]. These emissions pose risks to both users and non-users[10], including vulnerable individuals' in poorly ventilated housing.

### OTHER ADVERSE HEALTH OUTCOMES

Short-term adverse events can include headache, cough, throat irritation, dizziness, and nausea [5]. The immediate effects of nicotine e-cigarettes are an increased heart rate, systolic and diastolic blood pressure followed by arterial stiffness with acute usage [5]. Some e-cigarette users have experienced neurological effects, such as seizures [5]. The use of e-cigarettes has been linked to vaping product use-associated lung injury (EVALI) with 14% of EVALI cases associated with products using nicotine-containing e-liquids [5].

Users of e-cigarettes are at higher risk for chronic illness, such as cancer, cardiovascular disease, respiratory disease with the long-term impacts on reproductive and mental health conditions not yet known [5]. With the time lag in exposure and onset of such health conditions, the use of e-cigarettes today (and potentially further tobacco products which currently result in 21,000 Australian tobacco related deaths per year) will likely result in a higher preventable burden on an already overburdened healthcare system.

It is likely that an increase in the uptake of e-cigarettes among Aboriginal and Torres Strait Islander communities will occur over the next few years unless effective, locally relevant strategies are implemented. This should be developed, implemented and evaluated with Aboriginal and Torres Strait Islander peoples, building on significant place base programs, policies and interventions that have been effectively meeting the needs of Aboriginal and Torres Strait Islander communities.

As ATSICCHOs are community-controlled and trusted within Aboriginal and Torres Strait Islander communities, these organisations should be funded to enter partnerships with both internal and external stakeholders to develop and deliver strategies with communities that target the use of e-cigarettes. Preventative measures through education in schools and youth hubs in communities would be cost-effective. This approach will also align with priority area 2 and 3 in the National Agreement [2]. There is an opportunity for the Queensland Government to work with ATSICCHOs and others to strengthen cessation supports, specifically culturally-safe supports for Aboriginal and Torres Strait Islander peoples, to include multiple strong supports for quitting vaping. This is particularly important as cessation support falls outside the funding remit of Tackling Indigenous Smoking (TIS) teams who are required to deliver population level health promotion, and not to provide individual quit support.

## 3. Current measures taken to discourage usage of e-cigarettes.

**ToR:1(c) approaches being taken in Queensland schools and other settings relevant to children and young people to discourage uptake and use of e-cigarettes.**
**ToR:2(a) opportunity to increase awareness of the harmful effects of e-cigarette use (with and without nicotine) to an individual's health and the effectiveness of preventative activities.**
**ToR: 2(b) Accessibility and effectiveness of services and programs to prevent uptake and continuing use of e-cigarettes.**

Australia's unique evidence-based prescription-only model aims to avoid the use of e-cigarettes other than for the purpose of smoking cessation – particularly among non-smokers, children and young people[5].

Despite this policy, inadequate enforcement has seen the widespread proliferation of vapes and significantly increased use by young people in schools. Queensland-based TIS teams have been working with Aboriginal and Torres Strait Islander young people, including in school-settings, to promote anti-vaping norms and increase knowledge and awareness of e-cigarette harms. However, the limited information, especially Aboriginal and Torres Strait Islander specific information and resourcing, with mixed messaging about the legality and relative harms of e-cigarettes, has created an evidence vacuum. Consequently, the public health and health promotion workforce have felt underprepared to communicate about vaping harms, particularly given the mixed messaging which has resulted from industry promotion and marketing.

TIS teams are operating in their communities across Australia and have a unique opportunity to increase awareness of the harmful effects of tobacco in a culturally safe and effective way. The 2023 budget provided a further $141 million to the TIS program for regional tobacco control measures with an expanded focus to tackle vaping, particularly among young people and non-smokers[20]. Extending population specific foci, such as the TIS program, is welcomed and acknowledges that the need for local and regional Aboriginal and Torres Strait Islander-led and implemented multi-component, tobacco control programs and policies to promote cessation and reduce uptake. The extensive diversity of Aboriginal and Torres Strait Islander peoples, cultures, communities and experiences of tobacco control demand context specific, locally responsive approaches and campaigns that can only be driven by local communities. TIS teams across Queensland have had a significant impact on tobacco norms [21]. There is a substantial risk in undoing effective, evidence based tobacco control activities that have resulted in declines in tobacco use, as well as an opportunity to increase activities to address tobacco use and vaping. To implement effective preventative strategies, a better understanding of the prevalence, incidence, and harm of vaping within Aboriginal and Torres Strait Islander peoples and communities is urgently required.

A key challenge of designing and evaluating effective services and programs, specifically for Aboriginal and Torres Strait Islander people, is data quality. This includes sufficient sample sizes to identify and better understand trends in specific geographic areas. There is a need to understand the importance of place-based solutions in reducing e-cigarette use among Aboriginal and Torres Strait Islander people. Recent studies have indicated substantial variation in the prevalence of e-cigarette use in urban, regional, remote and very remote communities [22]. Ensuring that collected data is sufficient to be analysed and reported by location will improve the quality of prevalence estimates and trends [22]. This will in turn improve the efficacy and focus of the diverse and varied strategies that will be required to address this issue.

Biases have been identified in youth data, including where the questions are answered by a proxy or with a parent/guardian present [23]. It is important for youth behaviours to be confidentially self-reported and high quality data collected. All evaluations, particularly programs with Aboriginal and Torres Strait Islander peoples, must take into account Indigenous worldviews, systems and ways of working. This can assist to better understand the dominance of racialised logics held by research and government institutions and their agents and how this may manifest in policies, program and research activities [24]. As such, Aboriginal and Torres Strait Islander people must be involved in all stages of monitoring and evaluation of policies and programs.

There is a need to provide nicotine cessation supports, especially for people who have developed dependence while using e-cigarettes outside the prescription access model. Currently, there are 18 temporary Medicare Benefits Schedule (MBS) Items related to smoking and nicotine cessation covering short (less than 20 minutes) and longer (20 minutes or longer) consultations, conducted in person, by telephone or telehealth; delivered by a General Practitioner (GP) or a non-GP Medical Practitioner. However, these MBS items are underutilised with GPs being time poor and many finding the number of MBS item numbers difficult to navigate. While there is a need for greater awareness and use of the current MBS items, there are also significant opportunity to optimise care and resource Aboriginal and Torres Strait Islander Health Workers, Nurses, allied health professionals and others to provide cessation supports, including group cessation supports. Group-based smoking cessation supports should be delivered under Medicare, as was recommended in the 2019 Medicare Benefits Schedule Review Taskforce with health workers resourced to continue nicotine and smoking cessation conversation with their clients and community members, cross-subsidising other health promotion work. Further, Aboriginal and Torres Strait Islander communities expect health professionals to provide cessation advice and support. This is particularly important given the Tackling Indigenous Smoking program does not deliver smoking cessation supports, which are outside the scope of the funding program.

## 4. Other harms of e-cigarettes to community

**ToR: 3 consideration of waste management and environmental impacts of e-cigarette products**

As outlined above, Aboriginal and Torres Strait Islander peoples hold a holistic understanding of health and wellbeing that includes individual, community and environmental wellbeing, with environmental harms from vaping related harms. There is significant concern around the increasing environmental impacts of e-cigarettes (and tobacco products), including but not limited to indoor air pollution, increased litter waste from disposable vapes, fire hazard of lithium batteries [25] and the ongoing impacts for future generations.

Waste management continues to be an issue in many remote Aboriginal and Torres Strait Islander communities, leading to increased risk of disease as well as social and economic problems. When people get sick from the consequences of accumulated waste, they often have to leave their communities to seek treatment, leaving the family to care for themselves, which can be costly and stressful for the family

and broader community [26]. Unless management strategies for disposal of e-cigarettes are developed and implemented, the increase in the usage of e-cigarettes are likely to compound this issue.

Reducing the environmental impact of disposable vapes and tobacco waste, such as filters, is in line with the WHO's Sustainable Development Goals [7], including protecting waterways and marine life and preserving the non-renewable resources used in batteries.

## 5. Further community needs to reduce and eliminate e-cigarette use

**ToR:4 a jurisdictional analysis of other e-cigarette use inquiries, legislative frameworks, policies and preventative activities (including their effectiveness in reducing e-cigarette use).**

Since 2012, most state and territory governments have amended their tobacco legislation to include e-cigarettes, specifically in relation to laws around sale, promotion and where they can be used.

The National Tobacco Strategy 2023-2030 has been endorsed by all state and territory governments, and includes several significant actions on e-cigarettes. Queensland Government e-cigarettes actions under Priority Area 9 include:

9.1. Restricting the marketing, availability, use, and end-of-life disposal of all e-cigarette components in Australia, regardless of their nicotine content.

9.2. Prohibiting the sale of flavoured e-cigarettes, regardless of their nicotine content.

9.3. Raising awareness about the marketing and use of e-cigarettes and their immediate and long-term impacts on individual and population health.

9.4. Developing and implementing an evidence-based comprehensive regulatory framework for e-cigarettes and all novel and emerging products that pose risks to tobacco control and population health.

9.5. Prohibiting the use of e-cigarettes and novel and emerging inhaled products such as shisha in areas where smoking is prohibited.

9.6. Prohibiting advertising, promotion and sponsorship relating to e-cigarettes and other new and emerging products.

9.7. Exploring the feasibility of having a consistent licensing scheme in place covering all aspects of the e-cigarette supply chain in Australia.

9.8. Continuing to monitor the supply and use of illicit e-cigarettes and other novel and emerging products in Australia; continue enforcement efforts to prevent illegal importation and supply; and enhance technology and staff capability to identify and respond to illicit trade.

9.9. Strengthening research, monitoring and surveillance activities pertaining to the marketing and use of e-cigarettes and novel and emerging products.

A significant component of the Strategy seeks state and territory government commitment to strengthen supports, enforcement and clamp down on e-cigarette access outside of a doctor's prescription for smoking cessation. Over 90% of e-cigarette use is without a prescription, and therefore illicit [27]Large volumes of e-cigarettes have been imported, flooding the market and overwhelming e-cigarette control and enforcement across Australia, including targeting children and young people within schools. Enforcement to date has been inadequate, partly due to the availability of "non-nicotine" e-cigarettes being accessible as consumer goods and barriers to verifying this claim with nicotine testing. The Strategy requires action and enforcement by all state and territory governments on all e-cigarettes not provided with a prescription and in pharmaceutical packaging, regardless of nicotine content.

Full commitment from the Queensland Government is required to enforce e-cigarette policy and regulation, especially among retailers and the industry to help foster nicotine and smoke free norms. While strong and effective enforcement is required in regulating the industry, enforcement must not be punitive for current e-cigarette users and those working through their nicotine withdrawals. A suite of culturally safe cessation supports, and tailored referral pathways are required for Aboriginal and Torres Strait Islander peoples. To facilitate appropriate supports, the Queensland Government must enter into genuine and adequately resourced partnerships with the ATSICCHO sector to develop, implement and evaluate culturally safe and locally tailored supports with communities.

## CONCLUSION

Australia has taken strong and decisive leadership in implementing and evaluating a precautionary approach to e-cigarettes.[3] The recently announced policy changes acknowledge the significant e-cigarette health harm to individuals, communities and future generations, including generating further inequities.

Queensland Government has endorsed the National Tobacco Strategy and must now fully commit to the enforcement of these significant policy changes, as well as ensuring the adequate cessation supports are available to many people who will now need assistance to withdraw from nicotine dependence they should not have been able to develop. All measures taken must align with the National Agreement on Closing the Gap and be developed through equitable partnerships with Aboriginal and Torres Strait Islander peoples as required under Article 4 of the WHO Framework Convention on Tobacco Control [10].

In upholding our right to health, Queensland Government must act quickly to minimise harms and help ensure no further illicit e-cigarettes reach Aboriginal and Torres Strait Islander communities, particularly children, young people and people who do not smoke. Tobacco use continues to be responsible for over a third of all deaths, and half of all deaths among Aboriginal and Torres Strait Islander adults aged 45 and over. We cannot risk fighting this fight on multiple fronts, and the health and wellbeing of our communities is too important.

As the oldest living cultures in the world, Aboriginal and Torres Strait Islander peoples have shown great resilience in the face of historical and ongoing challenges. The community-controlled health sector continues to deliver holistic, locally responsive, place-based tobacco control strategies which have proven effective, but more work and adequate resourcing is required. This will help to minimise the damage from people harming industries and their products, such as the active development, marketing and sales of tobacco and e-cigarette products to our communities. With structural supports and appropriate resourcing, including the Queensland Government upholding retail enforcement, we will continue support our member services and our communities to promote health and wellbeing, including being e-cigarette and tobacco free.

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