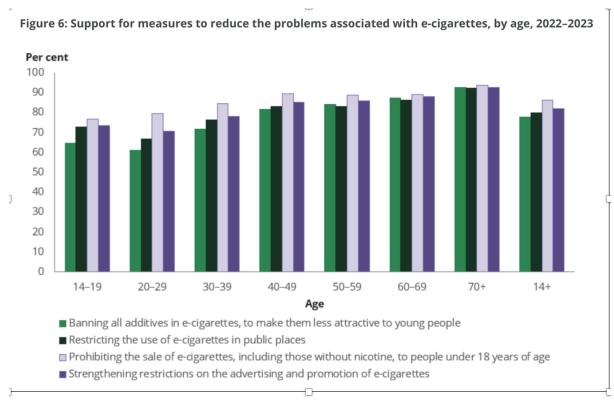
## **Supplementary questions: Emeritus Professor Simon Chapman**

1. Do you believe the Australian Government's proposed vaping reforms are well understood in the community?

**Response**: I have seen no data on this issue, but am confident that most vapers will have heard that vapes will only be legally available via prescriptions from pharmacies. This has received huge news coverage over several years. Almost everyone has experience in getting a prescription from a doctor and having it filled at a pharmacy. The procedure is easily understood and so

People who do not vape (the great majority of the population) are often concerned about people in their families who vape. They need to be assured that the government is serious in ensuring that the law will be enforced. When they see plain evidence of vapes being widely sold illegally, it is understandable that many are cynical that the issue is not being taken seriously. This can erode trust in government. A great deal of public goodwill will follow publicity given to seizures and serious fines. The graph below from the <a href="2024 National Drug Household Survey report">2024 National Drug Household Survey report</a> shows huge support for tough measures.



There are unlikely to be many contemporary social issues where there is anything surpassing the overwhelming support for vaping controls shown in the chart above. For example, the 2017 national plebiscite on marriage equality saw 61.7% vote yes. Two thirds of Australians want the government to do more on climate change. In 2022, two in three believed junk food advertising in children's viewing times should be banned and 70% believe that gambling ads on TV should be banned. But support for tough restrictions on promotion and sale of vaping products is running between 78% and 86%.

2. Given the scope of the proposed reforms to vaping, what additional supports and services will be needed to help people manage nicotine dependence effectively?

**Response:** It is a mistake to think that most people who are smokers or vapers need dedicated services to help them quit. My 2022 book *Quit Smoking Weapons on Mass Distraction* (Sydney University Press) explores in detail how most ex-smokers quit. The proportion, across different studies over several decades, is that between 2/3 and 3/4 of all ex-smokers quit without any professional or pharmaceutical assistance. They quit cold turkey, typically after several unsuccessful (often not serious) attempts. There are far more ex-smokers in the community than there are smokers. A tiny, almost unmeasurable proportion of them ever attended a quit smoking service.

There will be some health workers trying to persuade the government that dedicated funding and services are required to help vapers quit. Huge investments were made in such clinics in the UK, but the population reach and impact of these made little difference to the rate of decline in smoking (see chapter 4 of my book). In Australia, we have quitlines nationally. But even quitlines, the intervention demanding the least time from those who engage with them) are called by small fractions of the smoking population (see from page 79 my book on this)

3. How can the NSW Government increase awareness of smoking cessation services and pathways, both among the general population and the healthcare workforce?

There are very few smoking cessation services in NSW or elsewhere in Australia, for good reason. This has always been the case because such services are expensive to staff, and very poorly attended when they have occasionally been established by individual hospitals. (see the <a href="Introductory chapter">Introductory chapter</a> in my book). Most importantly, they make a negligible contribution to population-wide smoking cessation because so few smokers attend, even before we consider successful quit rates. There is a case for targeted information being sent to doctors to explain the prescribing protocols. I understand that this is being done by the Royal Australian College of General Practitioners, with support from the Commonwealth.

The just released report of the 2022 <u>Tasmanian Population Health Survey</u> reported the data in the chart below. As can be seen, when ex-smokers are asked which was the most useful method they used in quitting smoking, 62% said that quitting unassisted was most helpful to them - -more than all other methods (including vaping) combined. Again, my 2022 has a very large number of research references which are consistent with the Tasmanian data.

There is no reason to think that the experiences of people quitting vaping will be any different.

Individuals may use more than one way to quit. The TPHS asked Tasmanians who have previously smoked to identify which method they found the most useful for quitting smoking.

In 2019, 73 per cent of Tasmanians who had quit smoking said that quitting without assistance was the most useful method for them. In 2022, this has significantly reduced to 62 per cent. This indicates that while many Tasmanians still found quitting without assistance useful, more people in

2022 found having assistance to quit smoking the most useful method than in previous years. We asked: Out of the following, what was the most useful method or Tasmanians who had quit smoking with assistance found nicotine replacement support you used to stop smoking? therapy the most useful (9%), followed by GP or other health professional engaging with health professionals (6%) Pharmacotherapy drugs and using social supports (5%, Figure 35). Nicotine replacement therapy products Support from family and/or friends Telephone counselling 70 Phone apps E-cigarettes Proportion of Tasmanians who previously smoked(%) Used nothing Other 60 62 This question was only asked of people who previously smoked 50 40 30 20 10 10 Used nothing E-cigarettes Nicotine Health Social support Other Pharmacoreplacement professional therapy therapy Method of Quitting

4. What action would you like to see the NSW Government take to ensure a higher degree of compliance with smoke-free environment regulations?

Large fines which will act as serious deterrents to illegal and very visible selling of vapes by any retailer other than pharmacies are absolutely imperative, as are widespread and highly publicized efforts to actively surveil and prosecute any online or bricks and mortar retailer selling vapes after July 1, the sate set by the Commonwealth. Publicity should be given to a simple way for the public to report such selling. The Department of Health has a webpage for this, but my guess is that very few of the public have any awareness of this.

5. How much money is organised crime making from illegal vapes?

Anyone who has been and continues today to sell vapes has obtained those vapes illegally and is breaking the law every time they sell vapes.

Those advocating for vapes to be sold as "consumer products" by licenced retailers constantly refer to the proliferation of vapes as being supplied by "criminals". But 2022-23 data (NDSHS vapes data 2022-23 Tables 3.38-39) on where current vapers obtain their vapes, show that 56.5% buy their vapes from 'bricks and mortar' retailers (tobacconists, vape shops, convenience stores, service stations etc) With children 15.6% buy from shops, with 77.8% obtaining them from family or friends. There are many reports of children selling NVPs to other children. We have no data on where children who sell source the vapes they are selling, but these will have all been illegally sold. The proprietors and staff of these retail outlets have been knowingly selling illegal products.

This "criminals" language is designed to imply that those knowingly selling illegal NVP products alongside ordinary grocery items are somehow not criminal but respectable, law-abiding small business people. But the NVPs are supplied to retailers who knowingly sell them illegally by the very bulk importing criminals vaping advocates want us to keep front-of-mind.

Today, the vested interests which are attacking the prescription scheme are now in full blown panic mode that they are about to lose their lucrative brazen illegal trade. They have decided their best bet is to appropriate the caring, concerned, faux outraged narrative of how terrible it is that kids can so easily buy vapes from the heinous 'black market' vapes that are dangerous to kids because they might come from seedy 'bathtub and kitchen sink' chemical workshops in China! Not like the nice clean ones made by Big Tobacco.

They have tried to characterise the 'black market' as those retailers who have been selling illegal vapes, including to children, whom they contrast with legitimate, law-abiding retailers.

They are chorusing "the prescription model has been a huge failure! It's now time to properly regulate vapes as a legitimate consumer good and let it be sold ... well, everywhere by responsible retailers just like us."

The sheer, galactic gall in all of this is, of course, that many of these "we're here to help" retailers have been openly breaking the law for years. They now want everyone to have massive amnesia about this and see convenience stores as not the problem, but the solution. They have openly broken the law at industrial levels but are now wanting governments to believe that there could be no better candidates for responsible, law-abiding vape retailing than them. We would just never sell to children, they chorus.