

**Submission
No 48**

E-CIGARETTE REGULATION AND COMPLIANCE IN NEW SOUTH WALES

Organisation: Super Vape Store

Date Received: 27 September 2023

The ongoing direction set by the Labor Government appears to be at odds with international research findings. Much like the situation in Queensland, this inquiry appears to be dominated by members of the Labor party, which raises concerns that they may resort to using manipulated data to further their agenda. I strongly urge you to scrutinise the provided "research" carefully, as it often seems to rely on limited-scale studies that conveniently align with their desired narrative.

That being said, I acknowledge that there is a genuine issue concerning the accessibility of these products to children. However, it's essential to recognise that the majority of retailers do not sell to minors. Focusing solely on regulating retail locations is unlikely to address the underlying problem effectively. What it will do, unfortunately, is jeopardise the livelihoods of thousands of employees who exclusively serve adults, who ultimately have the freedom to make their own choices, akin to alcohol consumption.

Implementing a blanket prohibition on these products is not a viable solution and is likely to exacerbate the issue. The resources required for nationwide enforcement would be astronomical, far surpassing the recently announced NSW budget of \$4.3 million over the next three years, which amounts to less than \$1.5 million annually. It is simply not sufficient to curtail the flow of millions of small parcels containing a handful of vapes with no quality control measures in place.

Banning the industry outright would penalise legitimate companies genuinely interested in product safety and harm reduction. I am eager to have my products undergo rigorous testing to minimise potential risks. A ban would inevitably lead to increased tobacco use and the proliferation of untested vape products.

The more appropriate approach is regulation, not prohibition. This stance is supported by independent, large-scale studies, in stark contrast to the small-scale funded data by the ALP.

I've included my initial submission to the Queensland Inquiry along with supporting research from ASH (Action for Smoke-Free 2025).

About ASH - <https://www.ash.org.nz/> ASH – Action for Smokefree 2025 is an incorporated society that has been campaigning since 1983 to achieve the vision to eliminate the death and harm caused by tobacco. It is a leading independent campaign voice for high quality tobacco control measures and undertakes research including the ASH Year 10 Survey - the largest survey of its type in New Zealand. (20,000-30,000 students per year)

ASH is independently funded by members, donations, and grant funding.

ASH does not take funds from tobacco, pharmaceutical, nicotine, vaping or gambling industries.

Vaping and young people: ASH position statement

Action for Smokefree 2025 (ASH) shares concerns about increasing youth vaping in Aotearoa. We do not want young people, most of whom have never smoked, to vape.

The challenge is to balance preventing young people from vaping while supporting and encouraging adult smokers to switch to vaping as a way to quit smoking.

Smoking remains responsible for almost 5,000 deaths each year in Aotearoa. Vaping is a substantially less harmful option for the 330,000 adult smokers in New Zealand who are at an increased risk of dying from tobacco use; many want to quit smoking cigarettes.¹

This position paper outlines our stance on youth vaping and recommends improving prevention in the first place through strict implementation of the current regulations and the provision of greater support to young people who already vape.

It also explains why we don't consider bans, or prescription models as an effective public health approach, and that such approaches may even increase harm.

What is vaping? How does it differ from smoking?

Vaping uses an electronic device that can deliver nicotine by heating a liquid, turning it into an inhaled aerosol (vapour) made up of propylene glycol vapour, glycerin and flavourings.

Smoking involves inhaling smoke from burnt tobacco products to access nicotine; it is the thousands of chemicals, including many carcinogens, in the inhaled toxic smoke that causes harm, not the nicotine which is a relatively harmless product although it can cause dependence.

Youth vaping is not a simple 'one size fits all' problem

Most young people who vape are not dependent on nicotine, but are experimenters, or occasional users, vaping weekly or less. Some will experience cravings that start to interrupt their thinking, and a minority will struggle with withdrawal to a point that it affects daily functioning.

We therefore need a response that adapts to young people's needs. This includes skills to navigate the social availability and influences of vaping, and supportive interventions for people who have developed a dependence on nicotine.

ASH encourages the Government to adopt a few key actions to prevent youth vaping:

1. Strengthen current regulations on marketing, access and sales of vapes to protect young people.
2. Reduce the appeal of vapes to children and reinforce the concept that vapes are for smokers who want to quit cigarettes.
3. Provide resources to teachers and others working with, and caring for, young people to support vaping prevention and cessation.

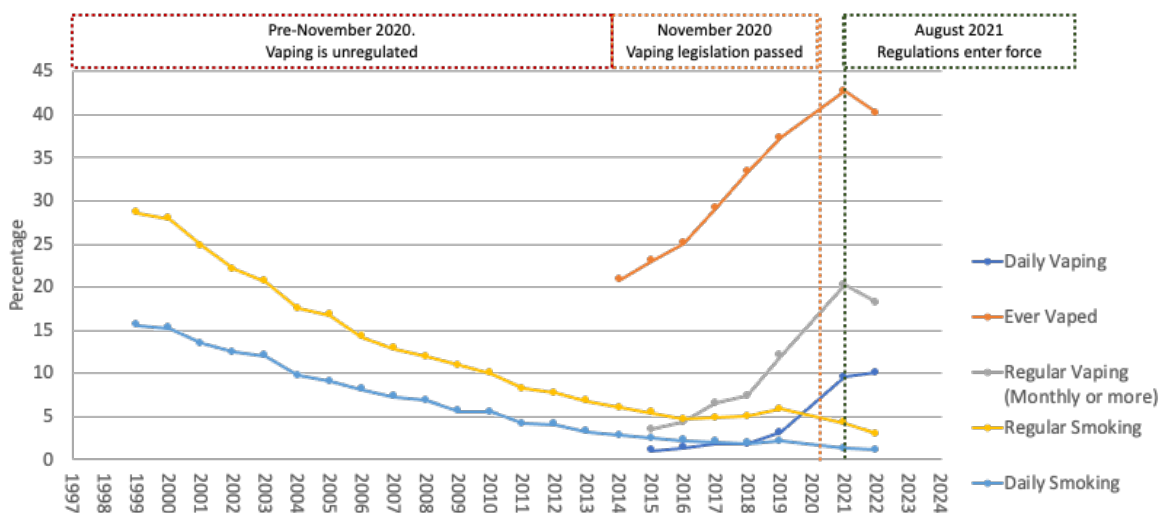
Background to New Zealand youth vaping in 2022

New Zealand was slow to enact legislation to regulate vaping. Controls on marketing, sales, nicotine limits and access for people under 18 were not passed until 2020,² and not implemented until August 2021.

This delay was costly to youth. In the six years between 2015 and 2021 daily vaping had already increased from 1% in Year 10 students to almost 10% (Figure 1),³ and from 1% to 18.6% for under 25s.⁴

ASH is concerned about this level of youth vaping but notes that since the vaping regulations were implemented, the rate of increase in daily vaping in youth has slowed markedly and was just over ten percent (10.1%) in 2022. Regular vaping, defined as at least once a month, has decreased (Figure 1).³ This suggests that the regulations are starting to have the desired impact.

Figure 1. Year 10 smoking and vaping rates (%) 1999-2022



Vaping and health risks to young people

Although much less harmful than smoking, vaping is not risk-free. Short-term effects can include dizziness and headaches, a sore throat and coughing. Whilst it is difficult to know with certainty what the long-term effects are, they are highly unlikely to compare to the harms of smoking. Vaping has been around in Aotearoa for 15 years and, to date, there have been no documented cases of chronic health impacts in people who have vaped for many years.^{5,6}

Nicotine, vaping and young people

Most vapes in New Zealand contain nicotine. Nicotine in vapes does not pose serious health risks. However, it can create dependence in some young, never-smokers who vape. International evidence suggests that most young vapers who have never smoked are only occasional users or experimental users and do not show signs of dependence. Young people who are more likely to show signs of dependence are those who were smokers in the past or who both smoke and vape.⁷ This is a very small minority of young people.

Human evidence does not support reports that very high doses of nicotine can damage adolescent brain development. This evidence comes from animal and cell studies where subjects were massively overdosed with nicotine in a way that would not be possible in human use. Several twin studies on long-term smokers of nicotine cigarettes have not observed any differences in brain development, suggesting that nicotine does not harm the human brain.^{8,9} Nor is 'overdosing' a problem. When using standard vapes, it is almost impossible to overdose on nicotine as the body will react with headaches, nausea and dizziness before harmful levels can be ingested.

Vaping is not a gateway to smoking

In New Zealand, there is no evidence that vaping is acting as a gateway into youth smoking. Data from the ASH year 10 survey and the New Zealand Health Survey show that youth smoking rates continue to decline, despite increased vaping.

There is a correlation between smoking and vaping, and other substance use. However, there is no evidence of a causal relationship with vaping. Young people who experiment with risk behaviours are more likely to also experiment with vaping. There is no evidence that young people who vape are more likely to experiment with other substances, for example cannabis because they vape¹⁰.

Vaping and quitting smoking

There is good evidence that vaping is more effective for stopping smoking than pharmacological treatments such as nicotine gum or Champix, both of which have been

available for many years.¹ The recent record rates of declining adult smoking in Aotearoa, are strongly correlated with the rapid rise in adult vaping,⁴ the greatest year-on-year decline in smoking in a generation. Many premature deaths are being avoided as tens of thousands of smokers have switched to the much less harmful, and less expensive, products.

Detailed ASH recommendations to the Government

New Zealand faces the challenge of balancing the public health benefits of encouraging people who smoke (mostly adults) to quit smoking through switching to vaping while discouraging others (particularly young people and people who have never smoked) from ever starting to vape.

We strongly discourage punitive approaches or actions which ostracise young people. Decades of evidence from smoking, drug and alcohol interventions show that these approaches can increase harm by making the behaviour covert and discouraging young people from seeking help.

There is no evidence that vaping prevention campaigns focused on the harms of vaping have reduced or prevented increasing youth vaping rates. Evaluations have shown they may increase perceptions of damage, or anti-vaping feelings, but they have been ineffective in either reducing uptake or quitting vaping over time. The US Real Cost campaign on vaping even resulted in young people saying they would rather be seen smoking than vaping.¹¹⁻¹⁶ Reviews of interventions on smoking prevention, drug and alcohol prevention show that approaches that focus on inclusion, and support young people to navigate their social world with knowledge and skills, are the most effective¹⁷.

The preferred approach is to prevent young people from starting to vape in the first place, and at the same time supporting young people who vape to stop. There is much room for improvement in these areas, especially around tightening up and enforcing current regulations.

Our key policy recommendations are:

1. Strengthen current regulations on marketing, access and sales of vapes to protect young people. In particular, ASH supports:
 - More vigorous enforcement of the ban on sales of vaping products to people underage, with stiffer penalties for retailers caught supplying children, including de-registration as a vape seller;
 - R21 sales for vape products (unless for smoking cessation), and immediate mandatory R21 sales for cigarettes;
 - Mandatory age verification for anyone looking under 25, as with sales of cigarettes and alcohol;

- Introduction of standardised systems for mandatory age verification to access online vape sales;
 - Mandatory age verification for receiving delivery of vapes purchased online
 - Better guidance for local councils on limiting and reducing the density of vape stores within communities.
2. Meaningful and systematic actions to reduce the appeal of vapes to children and reinforce them as a product for adult smokers. In particular, ASH supports:
- Ending the widespread sale of disposable and single-use vapes, which are cheap and a low barrier to entry into vaping for young people. Many thousands of vapers have quit successfully using non-disposable products, suggesting the drawbacks of disposable outweigh any perceived benefits;
 - Strengthening the regulations that limit flavour names to simple descriptors of the flavour and vape, for example, banning terms associated with characters, personality traits or pop culture;
 - Strengthening the regulation of advertising and promotion of vaping and vapes at the point of sale. For example, R18 specialist vape stores must already limit access to young people, yet interior displays are often visible from shop exteriors; and
 - Stricter controls on packaging and design features, for example, restricting cartoon images or novelties such as light-up vapes.
3. Resource evidence-based and wellbeing approaches for people working with and caring for young people. In particular, ASH supports:
- Providing young people, caregivers and schools with consistent evidence-based information about vaping and associated risks. Currently, the information available is diverse and confusing, often with conflicting advice and a lack of consistency in evidence;
 - Evidence-based and age-appropriate health and well-being approaches that support teachers, school boards and young people rather than policies, such as banning vaping in schools, that are punitive or alienate young people; and
 - A focus on social competence and social influence approaches that support young people to navigate healthy decisions together.

Why we don't support banning vapes or the limited-access medical model

There have been many calls to ban vapes or shift to a controlled purchase model through stop-smoking services or access only via prescriptions or pharmacies. This positions vaping on an unequal footing with cigarette smoking which is the wrong signal to be promoting.

Evidence from overseas has shown that these models do not reduce youth vaping. In Australia, where nicotine vapes are illegal unless prescribed, youth vaping is still increasing.

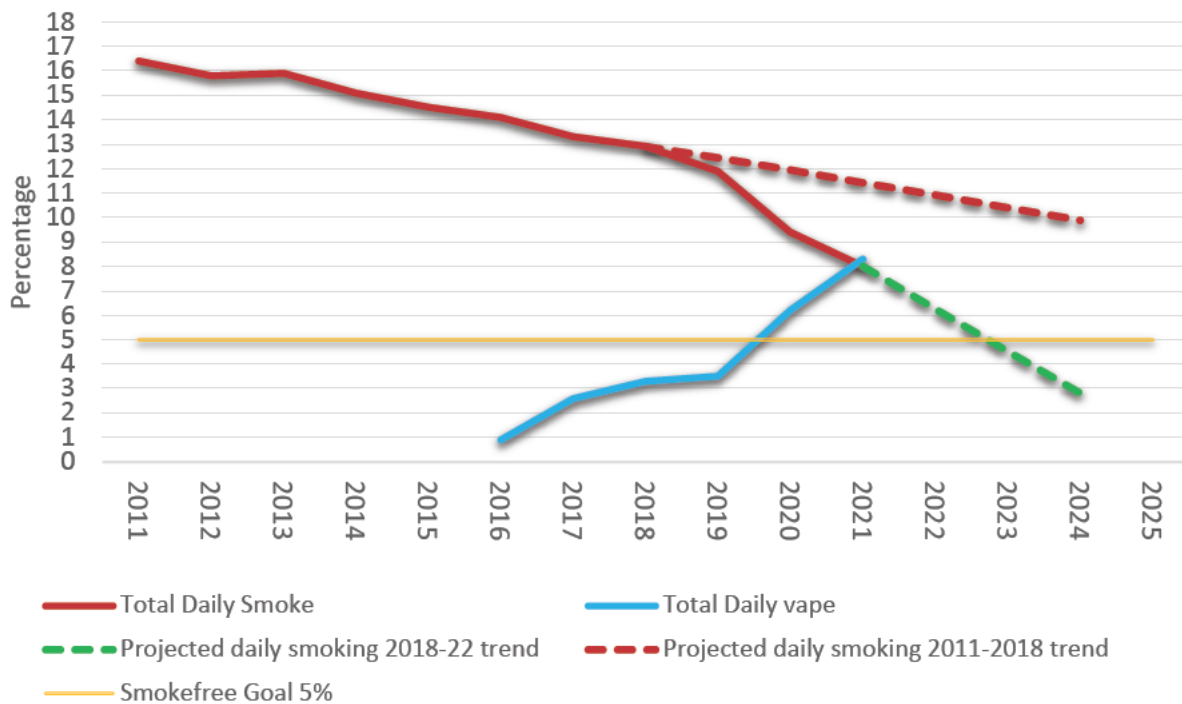
A recent survey of 700 14-17-year-olds in New South Wales found 32% had tried vaping. This compares to the 2021/22 New Zealand Health Survey that reported 30% of New Zealand 15-17 years olds had tried vaping. Whilst we do not want young people to vape at all, we also wish to avoid a situation as in Australia where people who are vaping are using illegal and unregulated products that may increase potential harms.

Flavour bans as used in some US cities have not successfully reduced youth vaping. They have either shifted young people to other flavours such as menthol or tobacco or, in the most severe cases, resulted in increased smoking.¹⁸

Record decline in daily smoking rates in adults

Data from the New Zealand Health Survey have shown record declines in adult smoking rates, including population groups that have historically high smoking rates (Figure 2).⁴ This has a very strong correlation with increased adult vaping as people switch from smoking.

Figure 2. Daily smoking and daily vaping (% adults). NZ Adults 2011-2022



This trend equates to many thousands of avoided deaths and suggests that the 2025 goal will be achieved.

Where to find more help for schools

Many schools report vaping as a significant issue that they are not well equipped to deal with; schools are often conflicted between punitive approaches and those that build positive relationships with students.

We recommend the following resources and advice based on proven best practice and evidence around mana-enhancing approaches to young people's health and well-being. We also encourage a much better national response from Te Whātu Ora (Health NZ) and the Ministry of Education as schools have largely been left to themselves to respond to student vaping.

- **New Zealand Drug Foundation:**
The Drug Foundation has produced a webinar series on youth vaping in New Zealand and best practice responses. This includes curriculum-based critical thinking about vaping.
<https://tuturu.org.nz/search/?s=vaping>
- **Vaping Facts**
Te Whātu Ora website with evidence-based facts about vaping, including for schools and young people.
<https://vapingfacts.health.nz>
- **Protect your breath**
Te Whātu Ora's youth vaping campaign is based on real insight from young people.
<https://www.protectyourbreath.co.nz>

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Other attachment included with submission

[Submission 10](#), Vaping - An inquiry into reducing rates of e-cigarette use in Queensland