REPORT ON PROCEEDINGS BEFORE

LEGISLATIVE ASSEMBLY COMMITTEE ON LAW AND SAFETY

INQUIRY INTO E-CIGARETTE REGULATION AND COMPLIANCE IN NEW SOUTH WALES

At Macquarie Room, Parliament House, Sydney on Friday 5 April 2024

The Committee met at 9:35 am

PRESENT

Mr Edmond Atalla (Chair)

Dr Hugh McDermott (Deputy Chair)
Mr Tri Vo

PRESENT VIA VIDEOCONFERENCE

Mr Philip Donato

* Please note:

[inaudible] is used when audio words cannot be deciphered.
[audio malfunction] is used when words are lost due to a technical malfunction.
[disorder] is used when members or witnesses speak over one another.

The CHAIR: Before we start, I would like to acknowledge the Gadigal people who are the traditional custodians of the land on which we meet at Parliament. I also pay my respects to Elders past and present of the Eora nation and extend that respect to other Aboriginal and Torres Strait Islander people who are either present or viewing the proceedings online. Welcome to the first hearing of the Legislative Assembly Committee on Law and Safety. I am Edmond Atalla, Committee Chair, and I'm joined by my colleagues Dr Hugh McDermott, member for Prospect and Deputy Chair; Mr Phil Donato, the member for Orange, who is online; Mr Toole, the member for Bathurst, who is an apology and who may join us later; and Mr Tri Vo, the member for Cabramatta. We thank the witnesses who are appearing before the Committee today and the many stakeholders who have made written submissions. We appreciate your input into this inquiry. I now declare the hearing open.

Ms ALECIA BROOKS, Manager, Tobacco Control Unit, Cancer Council NSW, and Chair, Tobacco Issues Committee, Cancer Council Australia, affirmed and examined

Associate Professor BECKY FREEMAN, Prevention Research Collaboration, School of Public Health, Faculty of Medicine and Health, University of Sydney, affirmed and examined

The CHAIR: I welcome our first witnesses. Thank you for appearing before the Committee today to give evidence. Please note that the Committee staff will be taking photos and videos during the hearing, and photos and videos may be used on the New South Wales Legislative Assembly's social media pages. Please inform the Committee staff if you object to having photos and videos taken. Can you please confirm that you have been issued with the Committee's terms of reference and information about the standing orders that relate to the examination of witnesses.

ALECIA BROOKS: I have.

BECKY FREEMAN: Yes.

The CHAIR: Do you have any questions about the information that you've received?

BECKY FREEMAN: No.

ALECIA BROOKS: No.

The CHAIR: Would either or both of you like to make a short opening statement before we begin the questions?

ALECIA BROOKS: Yes, please. Good morning. I would like to also acknowledge the traditional custodians of the land, the Gadigal people of the Eora nation, and pay my respect to Elders past, present and emerging. The Cancer Council is a leading charity in New South Wales dedicated to reducing the risk and impact of cancer. We're the only non-government organisation in Australia that works across every cancer and of course the spectrum to research and prevent cancer, as well as support and advocate for those impacted. We have a vision of a cancer-free future and we know that getting there requires collective effort.

Australia is widely recognised as a world leader in tobacco control, with a comprehensive range of tobacco control measures. Thanks to these measures, smoking rates in Australia remain at a record low. The rise of e-cigarette use, particularly in young people, risks undermining all of this great progress. We now have a unique window to regulate how nicotine is accessed in New South Wales and prevent a new generation from becoming addicted. We have evidence that e-cigarettes are bad for our health, that despite current laws they are getting into the hands of young people who do not smoke and that there is growing community concern.

We are here today to advocate for strong regulation on e-cigarettes. We're not advocating for a ban or prohibition. There may be a small group of people that e-cigarettes can help to quit smoking, and so for that reason we support the pharmacy-only model where the only way to access an e-cigarette is through a prescription and under the supervision of a medical practitioner. This would stop the sale of non-nicotine vapes as there is no advantage of categorising them in non-nicotine ways and they can't be easily checked. A pharmacy-only model also prohibits any social media marketing and the supply of vapes.

We support regulations that do not criminalise users but instead focus on compliance and enforcement action on the suppliers themselves. We support the need for ongoing resources and a coordinated approach to compliance monitoring. Mr Chair, stronger regulation of e-cigarettes must happen now to stem the flow of these harmful products and to avoid a future health crisis. If we had the opportunity to go back in time and create similar regulations for cigarettes, we would have saved many lives and considerable resources. We can do that today for e-cigarettes. Thank you, Chair and the Committee, for the opportunity to put forward our view today. I would be happy to answer any questions you may have.

The CHAIR: Thanks very much. Professor?

BECKY FREEMAN: Thank you for the opportunity. I also acknowledge the Gadigal people of the Eora nation on whose lands we meet today and acknowledge all Aboriginal Elders. The thing I've been most struck by with vaping is just how quickly it's become normal amongst young people. Just a few years ago in 2019—before COVID, if you will—we were looking at the stats of how many young people used vapes. You'd just look around the CBD, and you wouldn't even see shops selling them. Young people hadn't really heard of them. Now, just a short four years later, these are commonplace.

We know that the majority of young adults have at least tried a vape. A significant portion of teenagers have tried a vape. They tell us it's really easy to get their hands on one. They know exactly where to go to get one

if they need one. On my walk here from Martin Place, I must have passed at least six shops just openly selling vapes; openly selling them as if they were like the lollies and the sweets and the ice creams that are available in the stores—just a normal consumer good.

Why are we allowing a good that addicts people for life? Nicotine addiction is incredibly hard to quit. Why are we allowing these goods to be sold openly in violation of laws we already have in place? It's because we have this particular loophole in our laws that allows non-nicotine vapes to be sold as a consumer good. But when those vapes are tested in the lab, often by NSW Health enforcement officers, they're found to contain nicotine. This is against the law and is blatantly happening. I absolutely do not blame enforcement officers for this. They are doing their absolute best.

It is a ridiculous system where you have to take a vape, send it out to be tested in the lab, prove it violates the law because it has nicotine in it, then go back and seize the vapes. This is just absolutely the worst way to enforce the law that we need. Moving ahead with the prescription model, where all vapes are treated the same, where non-nicotine—let's just call it what it is: nonsense—is no longer an issue, will mean that only adults who may benefit from these products under the care of a health professional will have access to these, not a 14-year-old who, on his way to school, can buy a gummy-bear-flavoured vape.

The CHAIR: Thank you both for those opening remarks. My first question is to Ms Brooks. What do you believe are the most important actions for the New South Wales Government to take to support the implementation of the Australian Government reforms?

ALECIA BROOKS: The most effective piece to the New South Wales Government action would be ensuring that enforcement, compliance and monitoring is happening with the Australian laws. If vapes are easy to access, it sends a really strong signal to young people, and to the general community, that these are products that can be accessed and sold anywhere and, therefore, that there's a level of safety around them. It's really important that New South Wales makes our laws consistent in New South Wales and that we stop and shut down any supply that's happening at the retail level here first. That alone is going to be a really strong piece of evidence for young people to make the right decisions. Then you have a comprehensive framework around it. Those alone are not the silver bullet. We don't need our teachers, who are so concerned—this is the single most disruptive thing in our classrooms, they're saying to us at the moment—to be the police around these products. We need to make sure that the suppliers of these products are being penalised effectively.

The CHAIR: Professor, you've indicated that just on your way here you saw the number of retail settings that are easily selling these. What do you believe needs to be done in enforcement of retail settings in New South Wales to strengthen enforcement? What do you see as a solution?

BECKY FREEMAN: I think it's essential to understand that we have Federal legislation in Parliament right now that is going to, if passed, ban, essentially, the sale of all vapes as a retail consumer good and ensure that they're only available through the prescription access model. And I would hope that New South Wales as a State is fully supportive of that initiative, because it will allow New South Wales to actually enforce laws that don't allow the sale of nicotine vapes. It'll just get rid of this weird testing regime that we have to go through, which has really hampered our ability to enforce the law.

I don't want to see addictive, gummy-bear-flavoured vapes available in shops anymore. They should not be there. It is ridiculous that we have allowed that to happen. It's almost like we learnt nothing from the 1950s when we continued to allow cigarettes as a consumer good when we found out just how deadly and addictive they are. Why would we repeat that model? I mean, tobacco still kills 15,000 Australians every year. To turn around and say, "Maybe we should just regulate it like tobacco"—we're not regulating tobacco very well. Let's learn from that. Let's get these products out of communities and put them in pharmacies under the control of doctors. And that's why I'd really like to see New South Wales be fully supportive of the Federal proposed reforms, and then you'll be able to enforce the law quite readily here compared to what you can do now.

Dr HUGH McDERMOTT: Thank you, Ms Brooks and Professor Freeman. I'll start with Ms Brooks but, Professor, if you want to jump in as well please do because we are looking for evidence here.

BECKY FREEMAN: Sure, no worries.

Dr HUGH McDERMOTT: Firstly, I just want to thank Cancer Council for all the work it does. The tobacco unit has been a leader in New South Wales, if not the country—but certainly in New South Wales. And the engagement you have with us in Parliament as well has been excellent. Obviously this inquiry is about building evidence either way. I'll just go to what you've already talked about this morning, and we will have further questions after today anyway. You talked about stronger regulation, and then the pharmacy-only model. I understand the process of it, I understand what you're talking about, and the pharmacy industry has also talked to us about it as well. But you also said "compliance and enforcement, not criminalisation". Can you explore that

a bit further for us? Are you saying that if you get caught vaping or you've got this then you'll get a slap on the wrist and a small fine, which hasn't worked in Singapore and other places? Where do we go with criminalisation? Is it just to the suppliers or do we hit other people? What do we do? I'd like you to expand that and where we need to go to make recommendations.

ALECIA BROOKS: From our perspective, the criminalisation element needs to focus on the suppliers. These are harmful and addictive products. They've been marketed to and pitched at, particularly, young children, and there is no need for us to criminalise or penalise young children when it comes to that. There has to be a role for education in this piece as well, and to support young people through an addiction around these products. That's why we don't support the criminalisation of having the product on you. The one caveat against that is that if a person is using a vape device in an area that is a non-smoking area in New South Wales, the law is that they can be penalised with an on-the-spot fine. I would suggest that those spot fines stay in place; they are a deterrent. They also need some further education.

We know that NSW Health is doing some particularly strong work, working with other government partners around the State, to enforce and to educate people around those laws that have been in place for a number of years, since 2018. I think that element around criminalisation needs to stay in place. When it comes to suppliers, we really need to look and make sure that any penalties in this space are in line and consistent with Federal penalties. At the moment our penalties are quite low, and I think they need to be brought in line with the proposed Federal penalties, and that will really crack down on and serve as a deterrent.

At the moment, the biggest deterrent is the seizure of products to retailers. And that alone, there's a number of loopholes that we have seen from seizure data and through reports in the media—the extents that retailers go to to try and ensure that their products don't get seized: anything from even having it in their car boot so that they can go out to the car boot to get it. These products, if they are non-nicotine products—why would they be having them in their car boot in the first place and hiding or trying to obfuscate around those products? So this is what needs to happen. There really does need to be a focus on the supply chain as well in New South Wales, and the warehousing and things like that also need to come into consideration. That's why that Federal piece of legislation is so important as well.

Dr HUGH McDERMOTT: You mention education. What do you mean by education? In the schools, in early intervention? What are you talking about?

ALECIA BROOKS: Education alone is not going to be the answer to this as well. We have seen that in the past with tobacco control, but there is a role for public education to understand what these products' health harms are and also, more importantly, that these changes are coming into place so that people understand that they shouldn't see them for sale on their shelves and why that's important for people as well. There needs to be a piece around that. In terms of the education within the school environment, it's built into curriculum, and the New South Wales education department has done a phenomenal job of already embedding a lot of this content in. It's about teaching young people to make healthy choices and to understand who is behind some of these products as well. That means that those sorts of education messages work not only in the e-cigarette space but also for any other substances that young people may come across or situations that they may be in that they can make good decisions about as well.

Dr HUGH McDERMOTT: When do the schools start that education? Is it primary school level? What level? When it was first raised about Generation Vape—with the principals in Western Sydney writing to myself, the Chair and others five years ago, really concerned about what was happening with the older boys particularly. When does the education start at the moment?

ALECIA BROOKS: At the moment, it starts—my understanding is—around year 9 and up, so the PDHPE curriculum. However, there are elements—

Dr HUGH McDERMOTT: Is that too late?

ALECIA BROOKS: There are elements of it—my daughter is in year 4 at the moment, and she had an element as a part of the drugs unit that they did at school last year. There are still elements of it, and I think it's in line with what needs to happen for those age groups and that teachers understand their student body as well and can tailor those messages and that education level as required. What we need to make sure of is that we have research pieces like Generation Vape that listen to teachers to know where there are gaps. Are there things we need to address that are emerging because of that reason?

Dr HUGH McDERMOTT: How effective are on-the-spot fines for tobacco? I've never seen anyone enforce it. Who enforces it and how often?

ALECIA BROOKS: We can clarify afterwards and provide that detail to you through NSW Health. My understanding is that it can happen both from a local government perspective—can offer on-the-spot fines—right through to the police and enforcement officers within the NSW Health system as well. There are a number of people across different government agencies. For example, if you're on a train and you're using a vape, then it's going to be the same enforcement officers that would be checking tickets et cetera, or if there is a police officer on the train carriage. A lot of the time they will issue warnings first, and I think that is an important step as part of that process. My understanding is that they would go to the fine if their warning was not being adhered to.

Dr HUGH McDERMOTT: Thank you. Sorry, Professor, were you going to say something?

BECKY FREEMAN: No, not at all. I might just address the criminalisation and fines and then I can talk about education as well. It really plays into tobacco industry and vaping industry narratives to blame individual users. That's what they want. They want this to be an individual choice—that it's these "bad kids" who make "bad decisions" and they should be fined when they, on the other side, market really delicious-smelling, beautifully packaged, cheaply made and cheaply available products to children and then turn around and blame children themselves for using the products.

Criminalising the manufacturers, suppliers and wholesalers of these products, who flout the law—I'm absolutely all for that and feel that the fines should be much bigger. They should be commensurate with the fact that nicotine is a schedule 7 poison in Australia. It's a poison, and they are openly selling it and getting wet noodle slaps on the wrist. That should end. Commercial supply—again, I'm fully in support of the absolute steepest fines commensurate with them, but for individual children, absolutely not. That is not appropriate to fine 14-year-olds who have fallen victim to these industries.

In terms of education, I spoke at a teachers conference last week. It was with PDHPE teachers. They're really interested in vaping and wanting to make sure they have access to the latest research and the latest interventions and education. There are teachers who are incorporating vaping information into science lessons to teach about lungs; there are lots of opportunities to do that. But teachers were really clear that they can't be expected to solve vaping through education alone when their students step out after school and walk past 12 vape shops on the way home. It is a never-ending—you might as well set fire to a pile of money if that's going to be your strategy. We've got to build an environment that supports what teachers are saying inside the school gate. Students, while they're at school, they also interact with the wider community. We can't just think about the school environment. It's got to be much broader than that.

Dr HUGH McDERMOTT: My final question is probably more to you, Professor. You briefly touched on some of the tactics which are used by the tobacco industry, but there is a black market as well. I remember the days when, with illegally imported tobacco, you got the same penalty for a million dollars worth of tobacco—you would get a slap on the wrist. If you brought in a million dollars worth of heroin, you were going to go to prison for 10 years. That's changed dramatically, but that's still an issue.

BECKY FREEMAN: Yes.

Dr HUGH McDERMOTT: Can we talk about some of the tactics used in a bit more detail and why it's impacted on youth and how it's done that? My concern is that if we regulate it like you're saying and if we go after it like that at the same time that other forms of drugs are being deregulated—marijuana, for example. Do you think that if we make it harder for getting vapes and moving those for youth, they will move into other areas of drugs which aren't regulated or controlled?

BECKY FREEMAN: That is a really good question. The current campaigns running that the tobacco industry is supporting—we've seen the Responsible Vaping Australia campaign and the Bust The Black Market campaign—all have ties back to the multinational tobacco industry funding these campaigns. They really focus on "If we do anything that regulates these products strictly, it's going to create an even bigger black market. We can't possibly do this. The black market is terrible." But then you look at how self-serving those arguments are when they want their products to be sold as consumer goods to be as readily available as possible.

Those same retailers who are crying foul at the black market are now selling—in an open-season market, I might add—illegal goods. You almost have to laugh at the brazenness of it, "There's this law in place that we don't like and we're breaking it. You're going to enforce the law properly and then we're going to tell you that other people are going to break the law and that's bad." It takes me a while to process what they're trying to say. What they are saying is, "This law is going to be so effective that we're not going to get our share of the piece of the pie. We want to be small retailers who are allowed to sell an addictive product to kids. That's what we want to be allowed to do. We want to be allowed to do that legally, because we're doing it illegally right now and we want to do it legally."

The black market is about enforcement. It is about making sure that our laws that we have aren't just pieces of paper and that they actually are enforceable. Right now they are not enforceable because of this non-nicotine loophole. Until we get rid of that, I agree that the black market, if you want to call it that—I call it the open-season market because it's not much of a black market if a 14-year-old can get their hands on one. You don't need to have access to the dark web or know how to crack a bikie gang code if you're a 14-year-old and you can buy one of these things.

I've been involved in tobacco control for over 20 years now. I was involved in the plain packaging reforms that came out many years ago. If some of you were working in this space then, you will remember just how much tobacco industry interference we had then. They ran national campaigns where they hid behind small retailers but, lo and behold, it was all funded by the tobacco industry. They sued the Australian Government in three levels of courts—our own high courts, trade agreements and the World Trade Organization. That took almost 12 years for the World Trade Organization case to settle and to prove that "No, plain packaging is legal and protects public health. Please, go right ahead and implement that policy."

I see the same thing happening here now, where there's a policy coming in that is going to severely restrict their ability to profit and severely restrict their ability to market these products to kids. If it goes well in Australia—which I'm confident it will if we get the reforms we want—this will be copied all over the word. That's what happened with plain packaging. Other countries got on the bandwagon when they realised that it works and that it can stand up in the courts of law. That is a nightmare for the tobacco and vaping industry. A little country like Australia is not that big and it's not a huge market, but if other countries around the world follow suit that's going to put severe dents in their profits and they don't want that.

Dr HUGH McDERMOTT: What about the other currently listed drugs, like marijuana and other things? What will happen?

BECKY FREEMAN: We had focus groups with parents as part of our Generation Vape study and the same concern came up. It's like, "Well, if they vape, then at least they're not drinking or at least they're not using marijuana. Maybe if they can just have this one little rebellious experience, it will be my way of protecting them from all the other things in the world." That's not what the evidence shows us at all. In fact, young people who vape are more likely to go on to smoke as well. It is not a question of if you can give a small amount of rebellion, you can then protect from the wider evils of the world. What we need is a comprehensive approach to these things.

We need to ensure that drug education, the way we enforce access to these products, is consistent rather than saying one of the most harmful and deadly addictive products we have, tobacco, you can buy at a convenience store or a petrol station. It sends a completely warped message to me that something you can buy alongside bread, milk and cheese is so harmful. I think that this notion that children rebel to use these products, we really need to challenge as well. We know children that come from homes where people vape or smoke or use drugs are more likely to use the product themselves. It's about role modelling. It's about what's seen as normal and socially acceptable. To boil this issue down into teenage rebellion and them needing an outlet for that is kind of a simplistic view of looking at it and doesn't bear out in the evidence.

Mr PHILIP DONATO: Thanks, Alecia—and also Professor Freeman—for joining us this morning. I'm in Orange. I'm the member for Orange. We've got quite a large number of vaping shops that sell vaping products in my electorate and I've had quite a bit of correspondence from different people across my electorate in relation to a number of complaints. I understand a lot of the issues that you've been talking about. This might be to you, Alecia, from a Cancer Council perspective. I was reading the submission you made in relation to this—I think it just froze up for a bit. Can you hear me?

BECKY FREEMAN: Yes, we can.

Mr PHILIP DONATO: The Generation Vape research that the Cancer Council has been conducting—what can you tell us about your research in relation to not only Generation Vape but also in comparison to the Cancer Institute NSW research about the "Every vape is a hit to your health" campaign? Are they similar sort of findings that you've found? Or do you have any critique or criticism or feedback for the Government initiative or the Government response to the "Every vape is a hit to your health" campaign?

ALECIA BROOKS: Generation Vape is definitely in line with the Cancer Institute's research. Becky is actually the chief investigator on the Generation Vape research project as well. Both the Cancer Council and Becky were asked to be part of the steering group that came up with and developed the concepts and really steered the direction of the campaign that the Cancer Institute has put forward. It is a very strong campaign. We're already hearing some of the messaging come through in the latest wave of Generation Vape as well. We understand that the rates of young people hearing messaging around the health harms in particular for e-cigarettes are starting to come through. I think that it has started to breach another avenue as well for young people. It is really important.

If you think about tobacco campaigns, there have been numerous campaign metrics over the years. Becky and I have been responsible for some of the messages in the past as well. It takes a suite of messages to reach all young people. You had the first campaign out by NSW Health which was really strong around just what is in vapes: Do you know what you're vaping? Now this next step is the next right step, I believe, in where the Cancer Institute has taken that campaign to. I think that's why it's important to have pieces of research like Generation Vape and others to make sure that the next gap that we're looking for is solved through and we're addressing that through public education and that we also can see the impact that good policy change has on that space and those behaviour changes as well. Becky, did you have anything else to add from a Gen Vape perspective?

BECKY FREEMAN: I would just add that campaigns are a critical component of tobacco control and vaping control. They are not a trivial add-on. They are a critical component, and I applaud the New South Wales Government for investing in campaigns, particularly hard-hitting campaigns, aimed at young people. Where campaigns fall down is where they're a one-off—where we think we can have one three-month blitz, wash our hands of it and move on. They need to be sustained over the long term. They need to be evaluated and they need to respond to changing dynamics. The vaping products that were on the market four years ago are very different to the vaping products that are on the market now. We need to be as nimble and adaptive as the industry is to their target audiences. I can appreciate that it can be difficult for government departments to do that, but I think we need to push them as hard as we can; they need to be responsive.

Mr PHILIP DONATO: What about the "Every vape is a hit to your health" campaign that the New South Wales Government has been running? Do you have any commentary or feedback on that?

BECKY FREEMAN: Yes. I was on the advisory group for that campaign. I make sure my declaration of interest is open on that. What I really admire about this campaign is a government department taking a risk to use influencers. I do applaud that. That is what the industry is doing. They're using influencers. I watched an Instagram video just this morning on the bus on my way here. For British American Tobacco's disposable vape, their Instagram account had a young woman who they sponsored to go to a music festival in the snow.

She did one of those "get ready with me" videos where she talks about all the make-up she's putting on, all the designer clothes she's wearing, and at the end of the video, she puts a vape in her designer handbag. If that's what the industry is doing—using young people role models like that—we have to do the same thing. They're not always going to get it right. Influencer campaigns have an element of risk to them. I think it would be folly to expect every single influencer to get it exactly right. But if we can get some learnings and evidence together of how we can use influencers in these government education campaigns, it would be fantastic for the field. I do applaud the Cancer Institute for taking the bold step.

ALECIA BROOKS: On top of that, with influencers—and we've seen this with smoking—it's really important for young people to see that it's not always the first time that they attempt to quit, whether it's smoking or vaping, that they're going to be successful. They need to see that sometimes people will get it wrong. They need to hear what has worked for that individual. What support mechanisms do they have at their fingertips—things like campaigning and understanding from a public awareness perspective. What support mechanisms are available for young people? They can call the Quitline.

There are projects that we're involved with, building up and co-designing with young people what support they need to stop vaping, with support from people like MRB that are interested as well. I think it's really important that we don't trivialise this matter for young people who may have a serious addiction and need some additional support, and that we don't say, "It's as easy as this," because we understand that quitting smoking and vaping is difficult. That's exactly why it should be under the supervision and support of a medical practitioner, whether that's for vaping or tobacco cessation.

BECKY FREEMAN: I agree.

Mr PHILIP DONATO: I want to ask some medical questions. I suppose either of you can answer if you can.

BECKY FREEMAN: I'm not medically trained, so I will stay in my lane as much as I can.

ALECIA BROOKS: But we are happy to provide evidence following if we can't answer it.

Mr PHILIP DONATO: Anecdotally, I've heard some evidence from different people I've spoken to about the impacts of vaping on fertility. I haven't read that in any research, but is that something that you're aware of or is there any demonstrated data to support that?

BECKY FREEMAN: It's interesting you raise that because it has come up in our focus groups with young people as well. I think there must be some sort of TikTok video or something going around talking about

fertility and vaping. There isn't a lot in the literature on this, so I can't say, "Yes, absolutely." But we do know that tobacco use obviously has an impact on fertility and blood flow. I'll leave it at that.

The CHAIR: Phil, we will have medical experts.

BECKY FREEMAN: There isn't anything in the literature currently about fertility and vaping, so I can't point you to a particular study.

Mr PHILIP DONATO: Back to your point earlier, Professor, about the accessibility and how open it is to purchase, not only do you have service stations, tobacco shops, other shops and vaping shops that have come up but there is obviously online as well. I just did a quick Google search on my phone and you can purchase online e-cigarettes or products fairly easily, as well as, I take it, from backyard sellers, if I can use that term. Compliance has always been, from my experience—getting the health inspectors or police to enforce and take action has sometimes been—their resources are quite stretched. What do you say about that?

BECKY FREEMAN: I agree. Online sales is a huge issue, but I want to make sure I clarify for people what I mean by online sales. It's not like you go onto a website, order vapes and wait three days or 10 days for them to get delivered to you. It's supply that's already in the country. Most children who are using online are using instant messaging like Snapchat and they're arranging to meet someone sometimes 10 minutes later, sometimes in the playground in the afternoon. They're supply that's already here.

This is why the importation ban, which came in 1 January for disposables and 1 March for all other vaping products, is so crucial. It's to stop that supply from coming into the country that then can be distributed through these small online channels. It's like when we buy our online groceries, right? We're not ordering online groceries from New Zealand and getting them delivered; we're ordering them from our local shop and getting them delivered to our house. When you pair the importation ban with the domestic sales and manufacturing, the last thing we need is to have Australia pop up a vape manufacturing plant. This is why this is so important: All the products are imported into Australia at this time, and we need to make sure that we firmly close that door.

Mr PHILIP DONATO: Certainly in terms of health officials or health compliance officers, in the regions especially, they're few and far between and they are overworked. Would you agree?

BECKY FREEMAN: I agree 100 per cent.

ALECIA BROOKS: And they do a phenomenal job at the moment.

BECKY FREEMAN: They really are. I have no issue with how enforcement—what I have an issue with is the structure of the law. The loophole of the law has made it so hard for these people to do their jobs. We all have other things we'd love to do. There are plenty of health issues out there that we would love to tackle. We have a clear path forward for how we can make a major dent in youth vaping. I think we need to take it.

ALECIA BROOKS: The new legislation that's coming in will make it easier—

BECKY FREEMAN: Much easier.

ALECIA BROOKS: —for enforcement to happen and it will actually really help from an illegal sales perspective as well, because it means that anything that is not plain packaged or looks like a pharmacy product is not allowed across the border or then is able to be seized on the spot, rather than having testing et cetera.

Dr HUGH McDERMOTT: Can it be seized here, domestically, now?

ALECIA BROOKS: Yes.

BECKY FREEMAN: Not yet.

ALECIA BROOKS: It can only be seized if it clearly states that it contains nicotine, and that's the issue.

BECKY FREEMAN: And you wouldn't state that you have an illegal product.

Mr TRI VO: Thank you for coming here today. A lot of the questions I wanted to ask have been asked already, so I just want to ask some general questions to both of you. What do you think are the reasons for the increase since COVID of using e-cigarettes and vaping? What recommendations do you hope to see this Committee make?

BECKY FREEMAN: We know exactly why vaping has increased; our data has shown it very clearly. It's the availability of flavoured, brightly coloured packaged vapes that have high-concentration nicotine salts that are being marketed to kids—it's been a recipe for disaster—and our inability to enforce our poisons standard law so that we can protect children from this. There's nothing magic or secret about it. They are products designed for children, marketed to children, available to children, being used by children. We need to put an end to that. My

number one recommendation is to, please, fully support the laws that Butler introduced into Parliament. Let's get those across the line so that in NSW Health we can move forward as well, so that our enforcement officers can enforce the law, so that our education programs can have an impact and so that our children can be safe from nicotine vapes.

ALECIA BROOKS: I would agree with everything that Becky has said. The important thing for us to remember is that we need a comprehensive approach. We need to tackle access as a part of that and then we need to make sure that we've got the right support services, that we're enabling our enforcement and compliance officers to do the work in this space to crack down on this. The next two years are going to be hard, but it sets us up for success following that. We don't need to see the health harms that we're seeing through vaping, and then they're three times as likely to go onto tobacco smoke. We all know we've been working in this space for far too long to see this undermine all of the fantastic work that's happened in tobacco control so far.

There will still be an access point for those people—that 8.3 per cent of the population—legally, and it may help. Even of that 8.3 per cent, not all smokers will use this as a cessation device. Even the evidence around that is mixed. A lot of them dual use, so they use cigarettes and e-cigarettes. We need for those people to be supported by a medical practitioner to make sure that they don't then just become hooked to e-cigarettes for the rest of their lives as well, and the health harms that come from that. I would hope that the recommendations look at the comprehensive approach with a range of recommendations, from access right through to how we support all levels of government to work together around this issue and support the growing community concern that's there.

The CHAIR: I have one final question.

Dr HUGH McDERMOTT: Can I jump in too?

The CHAIR: I'm just going to be conscious of time. There has been a lot of evidence on nicotine vapes and the illegal selling of nicotine vapes. What are your views on the blanket ban on all vapes, whether they contain nicotine or not? We've all seen the evidence of the chemicals that are in vapes, even the non-nicotine ones, that don't belong in our kids' lungs and so forth. What are your views if the Government moved towards a total ban for non-prescription vapes?

BECKY FREEMAN: Yes, that's what we support. That's exactly what the law that Butler has introduced into Parliament will achieve. It will mean that nicotine and non-nicotine will be treated exactly the same, which means they will only be available in a pharmacy and only be available by prescription. This loophole will just be gone. It's more than a loophole; it's a wide, gaping-open door for industry to exploit.

The CHAIR: Does this require legislative changes?

BECKY FREEMAN: Yes. The legislative change that Butler introduced two weeks ago now is to essentially do exactly what you just said: treat non-nicotine and nicotine vapes the same and only have a prescription pathway available. What it also ensures is, in addition to this importation ban—so these products can no longer come into the country, regardless of whether they're nicotine or non-nicotine, which means we can't sell non-nicotine ones here as a retail good anymore and nor can we turn around and manufacture domestically and sell them. But that law hasn't gone through yet. It's being debated by the Senate as we speak.

ALECIA BROOKS: What we would want to see in New South Wales is that any legislation that refers to those laws is consistent with that Federal legislation—if there are additional steps that are needed from an enforcement perspective to enable our enforcement officers to do their work easier, and penalties, as we said, are brought into line with Federal, that those also are consistent with the Federal legislation. We don't want to see that situation where around the country there are certain States, for example, that may allow different things to happen. We all remember the stories around fireworks and where you can buy them. We don't want that to happen as well around the country.

BECKY FREEMAN: I think there is, from my understanding, really clear support from across all the States that this is going to enable the States to actually do their vaping control properly. That's our number one wish. That's what we want.

Dr HUGH McDERMOTT: That was my first question and you've just answered that. That was excellent. What I think I have noticed is that we've got tobacco and we've now got vapes. But in between that we had tobacco with flavours. We saw it in cafes and restaurants. That was shishas.

ALECIA BROOKS: Yes.

BECKY FREEMAN: Yes, we still have them.

Dr HUGH McDERMOTT: There has been a significant growth in shishas, especially in Western Sydney but across the State. Can you give me some comment on that? To me that's worse than having a cigarette because you are dealing with a whole heap, but it's everywhere and I don't see a great deal of regulation. Can you make a general comment on shishas?

BECKY FREEMAN: Absolutely. I'm part of the Shisha No Thanks project, which is concentrated in the area of Sydney you've been talking about. The Cancer Institute NSW has been working with them and other partners. You may have seen the campaign about a 30-minute shisha session being equivalent to 100 cigarettes. It's absolutely appalling. I agree, it's ridiculous that when you go to a shisha cafe, you can freely use shisha in a supposedly outdoor space. As long as you're not eating, you can freely shisha. It's a glaring error in our law. When you're served the shisha, are you shown a graphic health warning like when you buy a packet of cigarettes? No, you're not. They come in a range of flavours, just like vapes. I 100 per cent agree with you. It's appalling that we've just allowed this big loophole to happen. In the latest national data—when you look at trends and tobacco use nationally—that's just come out in the last couple of months, shisha use has increased dramatically, especially among young people.

Dr HUGH McDERMOTT: I got that under the "any other relevant matter" in the terms of reference so that is clear. Ms Brooks, did you want to say something?

ALECIA BROOKS: I would just say there's clearly work, and we've been hearing community concerns, particularly around outdoor areas and what constitutes an outdoor area for the everyday person as well. It blows my mind sometimes that the best and nicest areas sometimes where families could sit and having something to eat at the local hotel are usually the smoking zones at the same time. I think that we do need to do some work in that space. There's a lot that we still can do in a tobacco-controlled space to bring those rates down to that 5 per cent target by 2030 that we're working towards. Some Federal legislation on shisha actually does come into effect and will include some of the elements around plain packaging, but there is a little bit that we can definitely do at the State level as well around that area.

There are new products every day. This is an industry that pivots quite quickly. Nicotine patches we're already monitoring as a part of our Generation Vape project because that will be the next thing, I'm sure, that's on the horizon for young people as well. It's important that we continue to research what products are on the horizon so that good policy can stay ahead of those loopholes that industries seek to manipulate.

The CHAIR: Thank you both for appearing before the Committee. It was a very interesting session. You'll be provided with a copy of the transcript of today's proceedings for corrections. The Committee staff will also email any questions taken on notice from today and any supplementary questions from the Committee.

(The witnesses withdrew.)

Mr MARK BROOKE, CEO, Lung Foundation Australia, before the Committee via videoconference, affirmed and examined

Professor MATTHEW PETERS, Thoracic Physician, Member and Past President, Thoracic Society of Australia and New Zealand, before the Committee via videoconference, sworn and examined

The CHAIR: I welcome our next witnesses, who are appearing online. Thank you for appearing before the Committee to give evidence today. Please note that the Committee staff will be taking photos and videos during the hearing. The photos and videos may be used on the New South Wales Legislative Assembly social media pages. Please inform the Committee staff if you object to having photos and videos taken. Can you please confirm that you have been issued with the Committee's terms of reference and information about the standing orders that relate to the examination of witnesses?

MARK BROOKE: I can confirm that.

MATTHEW PETERS: Yes, I have, Chair.

The CHAIR: Thank you. Do either of you have any questions about this information?

MARK BROOKE: No.

MATTHEW PETERS: No.

The CHAIR: Would either or both of you like to make a short opening statement before we begin the questions?

MATTHEW PETERS: Mark?

MARK BROOKE: Thanks, Professor Peters. Good morning, Mr Chairman and good morning, Committee members. Before I begin, I acknowledge that I am on the lands of the Turrbal and Jagera people here in Brisbane and extend my warmest respects to any Aboriginal or Torres Strait Islander friends and colleagues joining us today. The Lung Foundation is an Australian-based charity that works with people with airways disease but, more importantly, works with individuals impacted by tobacco smoking. For the last 30 years we've led many reforms and programs that support those individuals.

I wanted to say up-front that in no way, shape or form do we ever want to stigmatise, demonise or blame individuals who are addicted to tobacco smoking. We, as an organisation, deal with two smoking-related illnesses that are of particular interest to this Committee: chronic obstructive pulmonary disease and lung cancer. Those two diseases are amongst the top five leading causes of death for all Australians. I want to make really clear that we are separating out e-cigarettes for smoking cessation purposes and vaping by children, young people and young adults as two distinct categories. I think it's important that the Committee consider those matters separately.

In 2020 the Lung Foundation first called for a precautionary approach on vaping by young people, recognising growing concerns not just here in Australia but internationally about the safety and efficacy of what is regarded as a product of unknown substances. Again, we acknowledge that in e-cigarettes there is a therapeutic pathway available to people who are seeking to quit smoking, and that is now through a prescription-based model through a general practitioner and through a pharmacy.

The Lung Foundation again commends the Australian Government and the New South Wales Government for taking vaping seriously as one of the most significant public health crises facing our country at the moment. Five years ago very few individuals had heard of vaping, and now it seems to be the number one issue for young people, parents and educators alike right across Australia. What we do want to ensure is that we don't have another generation and that we don't repeat the mistakes of the past. Every individual I've ever spoken to over my 15 years in respiratory health has told me that if they're given the chance, they would not take up smoking again, acknowledging the serious harms of tobacco smoking. Yet here we are, on the cusp of another opportunity to change and make generational reform by restricting vaping to young people.

On that basis, we wanted to commend the New South Wales Government for its very strong support of the Federal Government's current reforms, as detailed in the National Tobacco Strategy, and, more importantly, for its work in educating young people, their parents and educators right across the State on the harms associated with vaping. We welcome and strongly support e-cigarette reforms, and commend the New South Wales Government for doing so, but we know that it will take coordinated action to ensure that Australia's position as a leading harm-reduction organisation continues.

We know that the New South Wales Government will need to work collaboratively with other States and Territories and the Federal Government. This will not be a problem that will be solved overnight and will take

many years to ensure that we undo the legacy of the last five years, where young people have now become addicted to nicotine. In our submission to your Committee we make four recommendations, which I'm really happy to talk to later on. Thank you, Mr Chairman and Committee members.

The CHAIR: We will now move to questions from the Committee. If I can start with you, Mr Brooke.

Mr TRI VO: Sorry, have we got the other gentleman?

The CHAIR: The professor and Mr Brooke are online on Webex.

Mr TRI VO: What I'm trying to say is did we give Professor Matthew Peters the chance to give an opening statement?

The CHAIR: Professor, you've declined to make an opening statement. Is that right?

MATTHEW PETERS: I didn't know I'd been asked but I'll make a brief statement. The Thoracic Society has a proud tradition in the advancement of public health. We include scientists, nurses, physiotherapists as well as physicians. Our society grew out of the control of tuberculosis in the period after World War II. We have maintained a very strong position in relation to avoidance of harm from tobacco smoking, and we have an affirmed position in relation to electronic cigarettes. Mr Brooke has outlined how we work very closely with the Lung Foundation Australia.

It is important that we recognise the problem for what it is. We act decisively, and we act quickly to protect the health of young people, because on this occasion, unlike smoking 100 years ago or 70 years ago, we did not have the basic science understanding of how smoking harmed people. We only knew it was harmful when people started dying. We cannot wait for deaths and serious illness to pile up before acting, and that is the challenge before everybody in political and administrative government. The Thoracic Society supports all the endeavours made to improve the lung health and preserve the lung health of everybody in this country and in this State.

The CHAIR: Thank you so much. We will now move to questions. Mr Brooke, we know that the Federal Government is pushing towards prescription-only vapes. In your view and in your capacity through your profession, what do you see that needs to happen to make the prescription model work effectively?

MARK BROOKE: I think there are a few points there, Mr Chairman. First of all, we need time to make that prescription model work, and the accessibility to general practitioners and pharmacists. Prescribers are critically important, as is the training and education. But I make a point that the RACGP, or the Royal Australian College of General Practitioners, in their current guidelines—supported by the Thoracic Society and many others—are very clear that this is not the first line of therapy. Many people will say that e-cigarettes are a quitting aid. The evidence continues to be patchy at best in that regard, and it's not the first line of therapy. But as I said, we don't punch down at the Lung Foundation into patients. We're willing to acknowledge that the prescription model should be a precautionary way forward but acknowledging that the vast majority of people wishing to give up tobacco do so via going cold turkey.

The CHAIR: Professor, in your submission, you refer to rural and regional communities feeling a sense of powerlessness regarding vaping cessation. What can be done to support the people in the regions?

MATTHEW PETERS: Separate from the role that electronic cigarettes may have to help current smokers become non-smokers, we recognise that there is an emerging large number of people—some teenagers, some young adults—who have become dependent on the currently available disposable electronic cigarettes in the main. This is a phenomenon of the past five years. Unlike before that time, vaping products have become more addictive, more tolerable, more accessible, cheaper—cheap enough for young people to share with other young people and get them addicted. These are incredibly addictive products. No generation of Australian young people has been exposed to as much nicotine as the current generation in our State at the moment.

The product itself, with a change in the way that nicotine is presented—the chemical form—is tolerable, and it's tolerable in extremely high nicotine concentrations. It actually replicates the miracle of Marlboro, if you like. The Marlboro cigarette become prominent not because of the Marlboro cowboy but because the company that manufactured it found a way to trick smokers into having more nicotine, because they just added ammonia. This is actually replicating the chemical—the chemical advantage that Marlboro had when it became the dominant cigarette is exactly the chemical advantage that current disposable cigarettes have. We should preserve the prescription model, but there is no place for disposable high-concentration, fruit-flavoured e-cigarettes in our community; they only cause harm.

Dr HUGH McDERMOTT: Firstly, both of you and your organisations represent a lot of work over many years. It certainly has changed the whole dynamic when it comes to tobacco and nicotine in Australia. Thank you for the work. Professor, you made a comment, and I'd like you to justify your comment, about how we're in

a major public health crisis at the moment in Australia. Can you just tell me in a statement how you justify making a claim like that?

MATTHEW PETERS: In 2019, smoking rates in 14- to 17-year-olds in our country were about 1 per cent and there was a very small amount of electronic cigarette use. At that point, my belief, and I stood up at meetings and said this, I thought that the whole vaping question was really a weapon of mass distraction. What we really needed to concentrate on was residual combustible tobacco use. Disposables have changed all that. Firstly, it's important to state that most young people don't smoke and they don't vape. However, we're looking at now 14- to 17-year-olds based on current data where about 30 per cent are recent vapers, and it's a hard core—it's difficult to estimate—but probably 6 per cent to 8 per cent are regular daily vapers, the sort of young people who keep their vaping device by their bedside and have a quick puff during the night if they wake up and feel a bit withdrawing. It's not a global problem amongst young people of course. We shouldn't overstate that. But there are enough people now who are on a journey towards addiction.

Once you start vaping once a week or a couple of times a week, nicotine is basically too smart for kids. Kids are smart but nicotine is smarter. It's a very, very effective drug of dependence. As I say, it's presented in a form which is attractive, sweet, available, accessible and incredibly cheap. Just to emphasise how cheap it is, if you've seen any of the current vaping devices, the one that would fit in the palm of your hand with two barrels, that contains 3,500 puffs. That equates to the nicotine delivery from 12 packets of conventional cigarettes. This is a phenomenal amount of nicotine and without the unpleasantry of smoking, and a young person has great difficulty smoking seven or eight times a day. If you've got a high school kid, how are they going to smoke seven or eight times a day? They just can't because there are too many places where they can't smoke, but they can vape that frequently and that's how they're becoming addicted.

Dr HUGH McDERMOTT: Did you want to make a comment as well?

MARK BROOKE: Dr McDermott, I think there are a couple of points here. Matthew is right about the accessibility and availability. But to read the room, this is the number one issue for primary and secondary teachers across the country. The most downloaded resource that we have at the moment is one around how to talk to your young people around vaping and vaping cessation. This continues to be a significant area for parents and continues to be a significant area for teaching and education staff. I note some pro-vaping advocates have recently suggested that we set aside areas where young people who are addicted to nicotine can go and vape. That is tragically the biggest own goal I've heard in a long time where we're suggesting that—

Dr HUGH McDERMOTT: Sorry, who was that who said that?

MARK BROOKE: Dr Colin Mendelsohn in his submission, the former chairperson of ATHRA, has suggested that we set aside areas where young people can vape at school. If that's not tantamount to "we have a problem", I don't know what is.

Dr HUGH McDERMOTT: Can you please explain to us the difference in the chemical profile of a pharmaceutical vape compared to what you would buy at the retail store or at the service station now?

MATTHEW PETERS: I could do that for you, Dr McDermott. The chemical analysis of the currently available disposable vapes has been done by the University of Wollongong. I'm proud to say that I gathered a significant number of the vapes that they sampled because I've got connections to two large schools in Sydney, and there was an additional sample from NSW Health and a group of schools in Western Sydney and the lower Blue Mountains. I have an association with those through an educational and development framework as well. I didn't start it, but I facilitated the process.

What we know is in them is nicotine salt. Very briefly, if you switch—and this happened with the Juul cigarette in America and Canada and with disposables here. Nicotine is unpleasant to inhale and if you pushed it up to 50 milligrams per mil of the old form of nicotine, nobody would vape it. It's simply too unpleasant. If you switch the chemical formulation to a nicotine salt, you can go up to 50 or even 60 milligrams per mil and be as pleasant, if you like, as 15 milligrams per mil in the old formulation. So that allows huge doses of nicotine to be given.

Nicotine is rapidly absorbed from the lungs because the lungs are huge. The lungs are the size of a tennis court. They're large and vulnerable. It's this critical change—plus the fruit flavours make it even a bit more pleasant. And visually, with cartoon characters, you can imagine that these devices are not actually pitched at your 50-year-old blue collar worker who's been trying to quit for a long period of time. These are pitched at kids and young adults. And there's nothing on them, by the way, because I've been collecting samples for a long period of time.

After about April 2021, all references to nicotine on the product or the packaging suddenly disappeared. I've got historical pictures where they were; it's not there anymore. Kids are picking these up and often they're told that it doesn't have nicotine or, "You've got a nicotine-free one." They look at it, "Yeah, okay, it doesn't say 'nicotine'. I'm okay." So there's misleading and deceptive behaviour by the illegal vendors of these products. It's reprehensible and we have to act against it.

Dr HUGH McDERMOTT: I'm not a smoker. Is it like going from smoking a cigarette to having a patch? Is that what you mean?

MATTHEW PETERS: No. In terms of its pleasantry, the initial smoking experience for every smoker is unpleasant. You cough and splutter, and it's horrible. But if you keep going for a period of time, you get addicted. In terms of the transition or the second part of your question, Dr McDermott—now I'm old and have forgotten—is it like having a patch? No. Nicotine delivery from these products hugely exceeds that from a patch. A patch is designed to give you a low level of nicotine so that you don't feel withdrawal so badly. These devices are designed to give you a quick, rapid peak, and it's the quick rapid peak that establishes the pattern of addiction. So it's highly different to a patch.

Dr HUGH McDERMOTT: What about the pharmaceutical grade like the ones that you've prescribed?

MATTHEW PETERS: Sure. If the proposals put forward by the Government and Minister Butler are fully adopted, there will be some restrictions on flavours. There will be restrictions on additives and, particularly, there'll be a restriction on the maximum concentration available of nicotine to 20 milligrams per mil. That's more than enough for your smoker who wants to quit. In the EU they have that maximum limit and the UK still retains, after Brexit, that same maximum limit. They have found that in selected smokers it's able to help them quit. That is plenty. The proposed changes which will reduce maximum concentration and reduce some of the flavour issues will be good and of course it's not in a disposable form. The other delivery systems which will be developed—are in development—are safer or as delivery systems they're safer. They will do the job for someone whose situation is use of electronic cigarette; that is the best way or the only remaining option for them to try to quit.

Dr HUGH McDERMOTT: If we bring in this legislation, we regulate it this way that you have to have a prescription, how big a demand do you think there is going to be? Obviously there's health budgets associated with this and other things directly associated. How big a demand is there going to be on our pharmacies and our health budget, do you think?

MATTHEW PETERS: We should not think that we need to cater for young people who have never been smokers. We in the thoracic society—Mark can comment separately—don't believe in long-term vaping after smoking cessation. The evidence that long-term vaping is safer than smoking is absent, although there has been—often 95 per cent safer is a quoted number. I can assure you that based on a recent publication by a Professor Stanton Glantz from Stanford and others, switching from smoking to vaping has a negligible effect overall on your health. Actually, if you smoke and vape at the same time it's worse. There's a bit of a fallacy we have to deal with. I don't feel there is any need to cater for the long-term recreational electronic cigarette users. We need to cater effectively for those who are trying to use it for a short period of time to help them quit and then quit both vaping and smoking. We can do that safely within the proposed construct that's supported by the Therapeutic Goods Administration and is a sound construct.

Dr HUGH McDERMOTT: But how big is the demand, do you think? What will the demand be?

MATTHEW PETERS: I think that's very difficult because I don't consider myself an expert in projecting demand, but we will educate GPs, the Thoracic Society, the Lung Foundation and the college of GPs. There are product suppliers. As of March there were 82 different products available to be prescribed through pharmacies. They were approved by the Therapeutic Goods Administration. They come in a range of nicotine concentrations suitable for everybody. They can go down from 18 to 11 to six to zero. They can slow down their nicotine use slowly over time under the supervision of a doctor or an experienced nurse practitioner.

That becomes important, of course—nurse practitioners in rural and remote areas. You may have a nurse practitioner who is appropriately skilled, but have less regular access to a doctor. The currently available products, which are mostly pod systems, will do the job. Like any new drug or new thing that happens in general practice, there's always a bit of familiarisation. This is not rocket science; it's a prescribable product. There will be lots of advice. The manufacturers can, themselves, provide some information appropriate to that to the GP so that they can form some of the educational network. GPs will not be left out of the discussion, nor should they be.

Mr TRI VO: I'd like to thank Mr Mark Brooke and Professor Matthew Peters for attending the hearing today. I have a general question for both of you. What are the possible threats, difficulties or barriers to the success of the prescription model? What role can State governments like the New South Wales Government play in addressing these threats, difficulties and barriers?

MARK BROOKE: First of all—and it follows on from Dr McDermott's question—there is no silver bullet to this public health issue. Public health and tobacco control in this country has always had a very broad mix of strategies, whether it's increasing excise, providing training and education through smoking counselling and Quitline, running public health campaigns right through schools into the public arena, implementing price mechanisms, restricting sales et cetera. One of the things that we know is that a disorganised approach by States and Territories and Federal government where they're out of sync could be a major barrier to the success of this program. We're encouraging the New South Wales Government to work very closely with State and Territory governments and the Commonwealth Government to implement the National Tobacco Strategy recommendations.

We also know that, again, we're not wanting to punish individuals, but certainly the predatory behaviour of corporations, retailers and wholesalers in this industry is an indictment on them, not on the individuals. We need to ensure that retailer conduct—as your own health department has shown, with secret cupboards behind walls in shops, hiding nicotine vapes—needs to be severely dealt with and significant fines and penalties should apply to the sale. Once the run-down period is finished—there is a moratorium at the moment, where people are continuing to sell non-nicotine products, although that's loosely an issue as well. I suspect that there will need to be a coordinated approach. But we are already beginning to see the importation ban start to have the intended effect, which is to reduce the flow of those devices into Australia.

Mr TRI VO: Does Professor Matthew Peters have anything to say to that question?

MATTHEW PETERS: In terms of the implications? Yes, there are some implications and some difficult questions. One is that at the moment—I'm not a lawyer, just a doctor—there is a bit of a problem if you're in possession of a prescribable product under New South Wales law. We don't want to criminalise a young person. Let's suppose Jack has got a problem with smoking and tries to quit with an electronic cigarette system. He gives it to Jill, who uses it. Technically Jill is not allowed to have that because it is a prescribable product. I think Dr Chant and others will be advising the administrative and political government as to how we handle that. But that's not what we want—we don't want to criminalise possession.

I think it is really important that young people forgive themselves and that we, as a collective, forgive them for vaping while at the same time we're helping them. There are other technical issues that we, in health—the Health department—will, in time, have to consider how they can safely, or if they can safely, or whether they can safely permit electronic cigarette use in healthcare facilities and how they can do that. It's a bit difficult because some of the rechargeable devices are known to explode and there can be all sorts of different things.

Once it's a legal, prescribable product, that's fine. NSW Health continues access to legal, prescribable products where appropriate, but there are some technical challenges about recharging these devices. It's like the e-scooter fires. NSW Health are putting their mind to that and they're thinking very hard about how they can do it safely. If someone is living with a serious psychological illness and happens to be hospitalised for a short period of time, we have to handle that nicotine dependency. Whether we can handle it with ongoing electronic cigarette use or whether we have to be more aggressive in terms of giving other forms of nicotine replacement therapy will be a matter to be discussed. It is an achievable solution, but it's an important one to think through.

Mr PHILIP DONATO: Thank you, gentlemen, for attending the committee hearing. I will just ask a couple of questions. I'm conscious of the time. This question is for you, Mr Brooke. In your submission you refer to the research that is being conducted by Curtin University in relation to the chemical composition or contents of a lot of these flavoured e-cigarettes or vapes. Are you able to tell us what the finding was? What was contained? What were the most dangerous chemicals that were contained as part of that research?

MARK BROOKE: Thanks, Mr Donato. Like Professor Peters back in 2020, we commissioned and ordered 50 vapes online—the 50 most common vapes at the time. We got 52—we got a couple of samplers. They went to Curtin University, who did two experiments. They looked at the liquid in those vaping devices and then they also looked at the aerosol, so the amount that's coming out of one's lungs. What they found is that 100 per cent of those 52 out of 52 were incorrectly labelled. At the time, despite being described as non-nicotine, 20 per cent contained nicotine or traces of nicotine. About 80 per cent of those products contained chemicals of serious detrimental impact to your lungs. Again, they were substantial, but we did find things like eugenol, which is used to euthanise fish in commercial fisheries, amongst a number of other chemicals. I'm happy to supply the Committee with the research papers. That was conducted by independent organisations at Curtin University.

Mr PHILIP DONATO: The Committee has heard some evidence previously that some of the ingredients or chemicals that have been found in vapes were arsenic and weed killer. Would that be consistent with what you've found?

MARK BROOKE: Yes, Mr Donato, that's consistent with all of the other studies that have subsequently taken place since that initial Curtin one. We continue to find a range of chemicals throughout analysis in these pods and the disposable vapes. I think Professor Peters as a clinician can speak to it, but the only thing that really should be going into your lungs is clean air, full stop. We know that research over the last five years, as this problem has continued, shows changes to cells. We see the Australian Dental Association seeing gums, teeth and other dental issues as a of consequence of vaping. There is a body of credible evidence to suggest that young people should not be doing this at all. The final point I'd make is that there are very few products available on a consumer scale that do not have some form of standard, product, known list, regulation, guidelines or legislation that oversee their composition and their sale. This product has exploded across our young people, with tragic consequences.

Mr PHILIP DONATO: Thank you, Mr Brooke. Professor Peters, do you have any comments you might make in relation to any of those issues?

MATTHEW PETERS: In terms of constituents, there was an additional study of the University of Wollongong done, supported by NSW Health. There are a couple of other things worth noting. All the vapes that they tested had coolant materials—the sorts of things that give you a nice, fresh taste in your mouth when you eat something. There are two different coolants. One was in 17 per cent and one was in 99.5 per cent. These are not inhalation-safe products; they're food-safe products.

Dr HUGH McDERMOTT: Can I interrupt for one moment, Professor? Last time I heard something like that was in meth production. Is that illegal vapes? What is it that had that type of product in it?

MATTHEW PETERS: The University of Wollongong study looked at vapes that are currently illegal and cannot be supplied. As they are packaged, they have never been legal, but they're the ones that are purchasable at certain retail establishments and through various social media. That was what they analysed. Let's face it: That is the predominant product. They also had acetone, benzaldehyde and cinnamaldehyde, and you mentioned arsenic. These are primitive, cheap devices. If they're being sourced from China at $4 or $5 a piece, they're not precision manufactured. They have a metal coil.

They're really interesting devices. I wish I had one to show you. They have a metal coil that heats it up to 200 degrees Celsius. In the course of its use, that metal coil degrades. I'm sure that your staff can get you a picture of it from the University of Wollongong study. At the end of the day, instead of being a nice, pristine metal coil, it's all degraded, brown and charred. The metal has gone. Where has it gone? It has gone into the lungs of the person who's inhaling it. It has gone nowhere else. Given the nature of the cheap Charlie device, with all these toxic compounds, we've just got to get rid of it. We can't wait for a period of time to prove it's harmful. We know enough at the moment to be very strict in what we do.

Mr PHILIP DONATO: Excuse my ignorance, but are most of them being imported from China, and manufactured in China?

MATTHEW PETERS: Correct, yes. Interestingly, the Committee might like to hear that, based on a website that reports these things, in January and February there has been a 93 per cent reduction in disposable e-cigarette exports from China towards Australia. Unfortunately, at the same time, there was a 60 per cent increase into New Zealand. They're trying to address their problem in the same way. Speaking of New Zealand, they've got the same problem with disposable vapes. The Government is altering their particular way of handling them and trying to deal with disposables in the same way, as in the UK. Today they just published their [audio malfunction] on the use of disposables. There's a bill before the House of Commons now to outlaw disposable vapes in a country that is generally more disposed to vaping for smoking cessation that we might consider. We've got a problem, but effective action is needed and can solve it.

Mr PHILIP DONATO: Thank you, gentlemen.

The CHAIR: I just have final questions for clarification, and Dr McDermott touched on this. I just want to be clear about the difference in the chemical composition between the prescription vapes, other than the nicotine level, and the non-prescription, illegal vapes which we know contain all these harmful chemicals in them. Some of these are used to give the smoke exhalation appearance.

MATTHEW PETERS: Yes.

The CHAIR: How are they different in chemical composition?

MATTHEW PETERS: Based on the TGA recommendations to the Federal Government there'll be a limitation on flavours. You won't be able to have cherry ice or watermelon and those sorts of flavours. Fruity flavours will be gone. Red Bull, all sorts of these things, and evocative flavours, they will not be possible. The maximum concentration will be reduced. It will still be possible to have nicotine salt solutions, and that's okay.

Because in a low concentration, for someone who really needs a little bit of nicotine while they progress to becoming a non-smoker, that's perfectly okay. But a lower nicotine concentration, reduced number of—and the TGA will proscribe an increasing range of additives, so hopefully they'll be additive-free or have the minimum number of constituents that make it a tolerable product for people for whom electronic cigarette use is appropriate.

The CHAIR: But will the harmful chemicals—we mentioned weed killers and acetone remover—all be gone from prescription nicotine?

MATTHEW PETERS: None of the constituents are proven safe for inhalation. None of them, even the ones that the TGA "permits", if you'd like, is proven safe. It's just the environment that we're in, and the TGA is making reasonable guidance, getting rid of the stuff that we know is definitely harmful—cinnamaldehyde and a few others, we know they're harmful. They've done a good job. As knowledge evolves, they may choose to ban other additional elements. But the less stuff that goes in it, the less the harm on a first principles basis. No-one should be vaping for anything other than the shortest period of time to achieve smoking cessation.

The CHAIR: Thank you both for appearing before the Committee. You'll be provided with a copy of the transcript of today's proceedings for corrections. The Committee staff will also email any questions taken on notice from today and any supplementary questions from the Committee. Thank you both. Your evidence has been very informative.

MATTHEW PETERS: Thank you, all. I acknowledge that the admin support for this Committee in my communication with them has been superb, so I appreciate their contribution as well.

The CHAIR: Thank you for that feedback.

MARK BROOKE: Thank you, Mr Chair. Thanks, Committee members.

(The witnesses withdrew.)

(Short adjournment)

Professor MAREE TEESSON, AC, Director, The Matilda Centre, affirmed and examined

Associate Professor EMILY STOCKINGS, Program Lead of "Smoking, Vaping and Mental Health", The Matilda Centre, affirmed and examined

Mr JONATHON PEATFIELD, CEO, Life Education NSW, affirmed and examined

Ms TERESE HOOPER, COO, Life Education NSW, affirmed and examined

The CHAIR: I welcome our next witnesses. Thank you all for appearing before the Committee today to give evidence. Please note that the Committee staff will be taking photos and videos during the hearing. These photos and videos may be used on the New South Wales Legislative Assembly social media pages. Please inform Committee staff if you object to having photos or videos taken. Can each of you please confirm that you have been issued with the Committee's terms of reference and information about the standings orders that relate to the examination of witnesses?

TERESE HOOPER: Yes.

JONATHON PEATFIELD: Yes.

MAREE TEESSON: Yes.

EMILY STOCKINGS: Yes.

The CHAIR: Do any of you have any questions about this information?

TERESE HOOPER: No.

JONATHON PEATFIELD: No.

MAREE TEESSON: No.

EMILY STOCKINGS: No.

The CHAIR: Would either group like to make a short opening statement before we begin questions?

JONATHON PEATFIELD: Professor "Dutch" Leonard from the Harvard Business School has a quote that goes along the lines of, "We cannot have low expectations for those that we serve, nor for what they deserve." As adults and community leaders, we must not fail our young people. They've been tricked into believing that there's nothing wrong with vaping and they've been led to believe that it's safe. We must not victimise nor punish them but, rather, educate and support them to understand the harmful impacts of vaping. We cannot and must not allow vaping to have the detrimental impacts we've seen through smoking. We have a small window to turn this around, so let's get it done. Let's support young people and continue to allow them to make great decisions. At Life Education NSW we take the research, the evidence and the views of young people and we present it to kids in a highly engaging, memorable and impactful way that kids remember for a long time.

TERESE HOOPER: In support of that statement—and we do fully support all of the policy change that does prevent vapes getting into the hands of young people—we think that policy needs to run in parallel with preventative education. At Life Education, a big part of our approach is making sure that we build those capacities in young people throughout their youth, from three years old to 17 years old. That is not just teaching kids that vaping is bad. That is giving them the tools and scaffolding—their knowledge—in a developmentally appropriate way from early childhood right throughout secondary school so that they've got the tools to critically evaluate and make those decisions to advocate for their own health and wellbeing.

The CHAIR: Thank you. Associate Professor Stockings, would you like to say something?

EMILY STOCKINGS: Thank you very much to the Committee for the invitation and the opportunity to appear in person today. We would like to acknowledge the traditional custodians of the land on which we're meeting, the Gadigal people of the Eora nation, and pay our respects to their Elders, past and present. We extend that respect to any Aboriginal and Torres Strait Islander people here with us today. We represent the Matilda Centre for Research in Mental Health and Substance Use, which is a flagship centre at the University of Sydney that delivers research programs to prevent, treat and reduce substance use and mental disorders. Our mission is to improve health and wellbeing through research conducted in collaboration with multidisciplinary international experts, consumers, carers, policymakers and other key stakeholders.

In our submission to this inquiry, we drew on the latest scientific evidence to respond to the three areas identified in the inquiry's terms of reference. We note from our own data and our analyses of other data that e-cigarette use among young people is rising. There's growing evidence—and you would've heard that this

morning—that e-cigarette use can cause physical and mental harm to young people and, importantly, there are few rigorously evaluated e-cigarette prevention programs aimed at preventing or continuing use. We also note that the current regulatory environment has a strong approach on supply reduction by vaping bans and other regulations, which we also support, yet demand reduction approaches remain of critical importance and should receive equal attention. If young people do not want to use e-cigarettes—that is, if we reduce demand—the market for these products will become vastly less lucrative.

To this end, we have made four recommendations. First, that e-cigarette prevention programs with robust evidence of effectiveness are invested in and made immediately available to all schools in New South Wales. At the moment, our program, OurFutures vaping, is the only rigorously evaluated high school prevention program dedicated to vaping, and it is funded under the Medical Research Future Fund. We can take questions on this as we proceed. Secondly, that support be made for targeted research among people whose backgrounds may be more disadvantaged, such as people in rural and remote areas, those of lower socio-economic backgrounds, or Aboriginal or Torres Strait Islander people.

Thirdly, likewise that schools avoid punitive disciplinary measures, such as suspensions and implementing approaches that are not evidence-based, such as vape detectors. Students should be diverted to educative intervention and professional treatment programs. Fourth and finally, that investment be made in statewide youth e-cigarette monitoring programs to enable trends in use and related harms to be tracked. We thank the Committee for the opportunity to attend this hearing. We're happy to take questions. Do you want to add anything to that?

MAREE TEESSON: No.

The CHAIR: Professor, do wish to add anything?

MAREE TEESSON: No, just to say that I'm delighted to be here with Life Education because, clearly, we're out in the schools, for ourselves across the country, for Life Education New South Wales, and really just wanting to share that information with you.

The CHAIR: Thank you so much. We will now move to questions from the Committee. I might start off with the Matilda Centre. In your submission, you emphasise the importance of early intervention to address youth vaping, so apart from school-based preventative interventions, are there any other ways to achieve demand reduction for e-cigarettes?

MAREE TEESSON: Clearly, schools are a critical part of it. I know you've asked us about other areas but I really do want to emphasise that young people—the ages that we're talking about are under 14. The age that we're seeing from our research when young people are starting to take up vaping, predominantly, is around that 14-year age period. We talk about under 14. That's when young people spend most of their waking hours at school. The first thing for me in answering that question would be wanting to bring it back to: It's very, very important that we see education in schools as part of that prevention focus and strategy. That's where we have put a considerable amount of effort into developing evidence-based programs.

We have run, in drug and alcohol prevention, eight trials. These are randomised control trials where we have used the highest scientific evidence, working with schools, teachers and young people themselves to develop these programs. We've done this across over 140 schools and across 24,000 young people just in these trials alone. It is a big enterprise, a very important enterprise and one where we have an incredible evidence base. Are there other areas where we can do demand reduction? Of course. Increasing knowledge—I know there are a number of funded programs, especially reaching young people where they are at, like on social media, and providing evidence and providing a knowledge base there. But I would have to say to you that our strongest evidence base is in the work around prevention with young people and schools and education.

The CHAIR: What does that look like, the prevention?

MAREE TEESSON: It's actually the most enjoyable, incredible research and environment that I've ever had the opportunity to work in. Working with young people, creating storylines and creating cartoons that fit within their education, that engage them on empowerment and engage them on understanding what is happening with their world so that they can make healthy choices—that's what it looks like. Young people are learning machines. They love to do this work, they absolutely do. Our feedback is that over 80 per cent of the young people that are engaged in the interventions and programs that we've been delivering in schools find them incredibly engaging. They want to come to class to learn about these things. That's absolutely incredible. For teachers, similarly. Eighty-one per cent of young people are telling us they have changed their behaviour as a response. That's what they look like.

The CHAIR: Are we talking primary school?

MAREE TEESSON: For us, we've been focussing on high school. I'm sure our Life Education colleagues will talk to you about primary school but for us, we've been focussing on high school. We had to move incredibly fast in this space because vaping grew so quickly as a problem, but we focused on that high school age because it is before the years of 14—so it's 12-, 13-year-olds—and it fits incredibly within the health curriculum. Teachers are already overloaded; we can't give them more to do. But, already within the curriculum, there's an opportunity to embed engaging, peer co-designed programs, and that's what we did. That's where it fits within that PDHPE curriculum.

The CHAIR: To Life Education, in your view and in your work that you're doing around young people, what do you believe the factors are that drive young people to vaping? What are your findings?

JONATHON PEATFIELD: I'll start and hand over to Terese. First and foremost, as I alluded to in the opening statement, I don't think they were aware of the negative impacts of what they were doing when they started doing it. Vaping has been five to 10 years, but more prolific since the COVID period. The education is just catching up, the awareness is sort of catching up, and the policy and regulation is only just catching up. So we've got this group of young people who started to do something and they didn't understand the impacts of what they were doing.

We wholeheartedly believe at Life Education that kids will make great decisions if they've got the right information, and we're seeing that over generations, where we're reducing a lot of drug consumption. Alcohol and smoking have reduced heavily in the younger generation. When we give them the knowledge, the skills and the understanding of what it is they're participating in, they will make great decisions. They have not had that information. They've been making decisions based on what they think is essentially harmless and we've lacked the education and support to show them what the negative impacts are when they do vape. So, wholeheartedly, I think that is the number one factor, but, Terese, if you'd like to add to that?

TERESE HOOPER: Yes. I think social norms is a double-edged sword. When young people see vaping being talked about in the media, all young people are vaping. They hear it being bandied all over social media. It looks like all young people are vaping. Most young people are making unbelievably good choices about their health and wellbeing. It's still a small percentage—under 25 per cent—who are not making great choices. When we use the social norms approach, particularly in our secondary school program, what that does is just flip it. When young people feel like they're in the major cohort of young people that are making great choices, there's a comfort; there's a belonging in that. When young people feel—when the media are demonising them and telling them that they're all vaping, there's a discomfort in not being part of that major cohort. So we've got to be really careful about the information that we talk about when we talk about vaping in young people, because it can work against us as well.

EMILY STOCKINGS: If I could just add to the drivers question, from the evidence from the Generation Vape study—which has been run by Cancer Council, which I think you heard from this morning—we know that curiosity is one of the key drivers. What are these products? They look incredibly attractive. They're colourful. They smell great. They're easily accessible. They're quite cheap, particularly when compared to cigarettes. So we get this curiosity foot in the door. Young people go, "I want to try that." What we then need to understand is that these products deliver incredibly high levels of nicotine, and nicotine is an incredibly addictive drug.

Once young people are trying that and they've stepped in and they've got their foot in the door and they get that nicotine into the system—and nicotine is an incredibly effective drug; it can go from the lips to the brain within seconds—it produces a feeling of relaxation, of calmness, of serenity. It's a stimulant drug, so it has this dual anxiolytic—reduces anxiety—and pleasurable effect. That's reinforcing. You get this effect. Your brain changes over time to go, "Yes, I'm going to upregulate. I'm going to increase my number of nicotine receptors to want more so I can take more." At the same time, we have a mental health crisis in Australia. Young people, particularly young girls, have got rates of anxiety that we have not seen before. Nicotine reduces—it makes it feel like it reduces anxiety.

So what we need to consider here is we've got a highly desirable product that people will try—"Actually, it makes me feel a little bit more relaxed just before my exam. I'm going to keep doing that,"—and then it continues and can exacerbate anxiety; it can exacerbate depression. This is what we're really concerned about. Our programs—because we are a centre in mental health and substance use, we work together. We look at the key drivers, one of them being curiosity. But once you're in, once you're addicted to nicotine, we then need to start untangling that and using cognitive behaviour techniques, which is a mental health psychological technique, to unravel that. But I just have to put out there that anxiety is probably also one of the key drivers. It can relax you. People do it. Young people are vaping at night because they're stressing.

Dr HUGH McDERMOTT: Thank you for your submissions and for the evidence you are giving today. Obviously this Committee will be making recommendations, so I want to explore your education programs—from your view, what's effective and what's not. I'm going to feed that through and see where we go with the questions. I firstly want to go to the Matilda Centre. I want to discuss the OurFutures vaping program. Can you tell me where you have rolled this out? As you may notice, there are three Western Sydney MPs here. We've been discussing vaping for a number of years, when we had a lot of our high school principals come to see us about real concerns five years ago. Can you tell me where you've rolled out the training program? Has it just been to the North Shore or has it been out west, private schools, Catholic schools? Can you explain who has been part of your program and where you have then got your evidence, which you've already given, regarding your program?

EMILY STOCKINGS: I can take that one. The OurFutures program is currently being run under the umbrella of a randomised control trial, and this is funded by the Medical Research Future Fund. Within this framework, we have to be quite clear: We have 40 schools in total. This is Australia-wide, so New South Wales, Queensland and WA. The exact schools, I can't give names of. I'll double-check that with that team, but they are covered by confidentiality clauses as part of that program. So 40 schools, three States—there are 5,166 students within that program. This is step one with evidence. We need to—

Dr HUGH McDERMOTT: Can I just stop you there? Where in New South Wales?

EMILY STOCKINGS: Where in New South Wales?

Dr HUGH McDERMOTT: What regional areas?

EMILY STOCKINGS: We might have to take that on notice.

Dr HUGH McDERMOTT: If you could. We'd like to know the regions because you may get a lot of great feedback from the lower North Shore but it would be very different from Middle Eastern communities in our areas or Vietnamese communities, so we need to know where it is if we're going to be basing recommendations on your program.

MAREE TEESSON: Absolutely, and as someone who is a product of the public education system myself from a very low SES school, I agree 100 per cent with what you're saying. The OurFutures Vaping Program specifically comes from, as you would have seen in our submission, a very long line of research in this area. The OurFutures model that we use, I have been doing randomised trials with those for 25 years. As I said, we've got eight randomised control trials, 140 schools. I can tell you the lowest, lowest, lowest socio-economic schools in Western Australia, New South Wales and Queensland have participated in our trials. I am absolutely 100 per cent passionate that that happens.

I can't tell you the schools who are in the current trials but I can let you know that over the course of those 20 years of doing that research, they are some of the most disadvantaged schools, and I am 100 per cent passionate about making sure that our evidence base will reach across multiple schools. In fact, we have working with us now schools internationally, schools from Bogota, Colombia; schools from South Africa; schools from some of the poorest countries in the world working with us to implement these programs. I am 100 per cent passionate about doing that. You can be sure that I'm not just—

Dr HUGH McDERMOTT: I'm not questioning that. I'm just trying to see the bigger picture—

MAREE TEESSON: Get the bigger picture, yes.

Dr HUGH McDERMOTT: —so we can then explore even more questions about the program.

MAREE TEESSON: That said, we can always do better. We can always do better in targeting our programs to particular groups because we're always restricted by the amount of resources that we have. They're highly amenable to this: I would love us to be able to have storylines that speak to the kids in your electorate. I can't do that at the moment. I can do it for Colombia but I can't do it for your electorate.

Dr HUGH McDERMOTT: I'm not worried about Colombia, to be honest—

MAREE TEESSON: I know but I would love to do it for your electorate.

Dr HUGH McDERMOTT: —or anywhere else but New South Wales. As part of this, have you been able to do any evaluations of people from non-English speaking backgrounds or some kids like that who have got a very different home life or Indigenous communities? What type of evidence are you finding from them, if you can tell us?

EMILY STOCKINGS: Definitely. As part of developing an intervention program, what we do is first of all lay out all the evidence we've got. The next big step is working with young people in community, and we co-design with them. We have gone to, and I have actually led these, schools in disadvantaged areas. I was up on

the Central Coast at the start of last year, I think it was, working with Aboriginal children, young people, to sit down and do a two-hour focus group with them to talk about "What is it like at home? How can we frame a story that would interest you, that would suit you so that we can develop interventions that are suitable for you?" We've done focus groups like that—I don't know the exact number; I can take that on notice—with children in the community from the areas that you speak of.

About Western Sydney in particular, I work quite closely with Professor Smita Shah at the Prevention Education and Research Unit. She's based in the Western Sydney LHD. We are currently working with schools at the moment in those areas and engaging with schools to say, "Hey, what's your home life like?" We're trying to get the ethics through committee at the moment, and they said, "We need opt-in ethics." That means that a form has to go home to the parent or guardian, signed and returned. We've been to these schools. We work with these schools. We work with these kids. We only get a 15 per cent rate when it's immunisation. We can't do that with vaping. You're going to get none.

We are constantly trying to design our interventions so they're suitable for people of all different backgrounds, and that includes different languages. We have a strong focus on inclusivity. For example, when it comes to talking about smoking and vaping and what storyline would suit you, a lot of the Aboriginal kids we spoke to said, "Smoking is everywhere. I go home and I live with my aunties and my uncles and my cousins and we all smoke, and that's normal." Okay, let's make the storyline about that. Let's frame that. Let's put that in there. This is the extent to which we use co-design. That's why we engage young people in that process.

MAREE TEESSON: Incredibly important.

Dr HUGH McDERMOTT: Thank you for that.

MAREE TEESSON: You've hit a space we were very passionate about.

Dr HUGH McDERMOTT: I can tell that. There's no criticism; we're just asking the questions because, obviously, we've been talking about this for many years and now we're in government. The first thing is that our first committee has this inquiry—the first thing we've done. This is an ongoing issue and, as you say, we've got a prevalence of smoking in those Middle Eastern communities and others—shishas and all kinds of things. We're at a health crisis now, and we need to work out what we need to do. You spoke earlier about the number of schools that are involved and I note that you will give me some more detail on notice, which is great. When you are dealing with teachers and education programs, do you give them training as well? What's the normal engagement with them? What more do they need?

MAREE TEESSON: As someone who has a daughter who is training to be a teacher, I'm acutely aware of how much pressure teachers are under in the education system. A fundamental approach to this is that we work hard to make this fit within the curriculum. Within Australia and NSW, it is actually brilliant that we've got lessons that are taught within the PDHPE curriculum around drugs. Our first step is to make them as efficient as possible. Teachers definitely need some support in delivering this, but it's very minimal because it fits within their pedagogy. We work with teachers to design these so that it actually fits an education department and it fits within the curriculum so that we minimise the additional work that needs to be undertaken.

The other side of it is that we expect so much from our teachers—that they're across so many education aspects. For us, as a research centre, we wanted to provide the evidence so that teachers don't have to seek it themselves. They can be confident in talking to their students about what is the evidence base in this space. As we were hearing about how many kids are exposed to it, what are the social influence models that we can use? Very minimal requirements to fit within education, because it's really critical that we don't burden our teachers any more than they already are. They already work so hard.

EMILY STOCKINGS: We are acutely aware of that, so in the process of developing the intervention we did focus groups with teachers specifically. Their focus and their bread and butter is the curriculum. They want to know what they're teaching. We have specifically designed the intervention to be embedded in curriculum so it ticks all the boxes needed to tick and nothing additional. The intervention is designed to run what we call steady state. It is ready to go. It is an online program and it runs itself, so that reduces the variability between teaching staff, but then there is also a toolkit for teachers as well. We are, as Maree said, acutely aware of that and try to slot it in so it is part of education. It is not an additional add-on. It's not, "Oh, you go to this if you want to." This is part of your classroom; it fits the curriculum. I have to do minimal training on top of that.

MAREE TEESSON: The greatest piece of information back to us was when teachers—we put it in the submission. Over 80 per cent—89 per cent said that they would use this resource and that it was of benefit to them. That's allowing teachers to speak for themselves about what works.

Dr HUGH McDERMOTT: Absolutely. Are you able to tell me the percentage of how many public schools compared to, say, independent schools et cetera, are involved in the program at this stage?

MAREE TEESSON: Across the life of our research—as I said, we've been doing this work, so it's built off a very evidence-based platform. As I said earlier, I know that across New South Wales, Western Australia and Queensland our trials have included access to schools both in the public, in the independent and in the Catholic systems.

Dr HUGH McDERMOTT: Thank you. I wasn't giving you a hard time.

MAREE TEESSON: No. You picked something we're very passionate about.

Dr HUGH McDERMOTT: If it's working—and you're saying it is—we've got to see where it's working and how it's working.

MAREE TEESSON: A hundred per cent.

Dr HUGH McDERMOTT: Obviously, we need to make recommendations that will deal with this issue.

MAREE TEESSON: Thank you.

Dr HUGH McDERMOTT: I'll go across now to Life Education. I'm very much aware of your work—I think a lot of us are in this Parliament. The questions I've got to either of you are do you think there are adequate resources available to both parents and carers to discuss the risk of vaping with their children and how can the support for parents and carers be improved? I know you do a lot of stuff with kids, including my own kids in primary school. What about back in their home life? What about the parents? What more needs to be done? Is there something that you could do to make that happen or we could support you to do?

JONATHON PEATFIELD: Parents are the eternal tricky question. If you ask schools the same thing, it's just really hard to get to parents who are busy and working or are disconnected. We have a huge array of parent resources and stuff. The uptake is nowhere near where we'd like it to be. We work pretty closely with schools and offer parent forums that can come and check out the van and the mobile learning unit when we're at a school community, but I think it's a concerted effort between government and providers to target parents. I think that can be across campaigns, mass awareness, education and resource content.

Dr HUGH McDERMOTT: What about engagement with P&C associations and groups like that?

JONATHON PEATFIELD: We work with P&Cs depending on the school. There can be a conflict there, where a P&C and a teacher body may not always be in alignment. We've got to be careful that we don't disrupt the school by providing too much empowerment to a P&C and vice versa. We have to tread the line carefully there. We're responsible to the school and to the students and then to the parents. The P&C is a great body when they are working unanimously with the school, but that's not always the case. And it's a resource thing. If you've got to engage a school community—and it's very hard to get contact with teachers, because they're under pressure—and then you've got to double down and engage a P&C which turns over every 12 months. There's a lot of additional work to be done to achieve that. It's a tough space. I don't think we've nailed it. I don't think anyone's nailed that space yet. Terese, do you have some insight?

TERESE HOOPER: We work with around 280,000 students across New South Wales every year. Each and every one of those students that participates in one of our education programs is provided with some take-home information for the parents. The "backpack express" is always a little bit of a dodgy pathway to use and that little bit of information doesn't always get through in that paper format, so we're always looking for other ways to connect. What we want to do is send some messages home to those families so that they know what their young people learnt about today. If they would like to continue that conversation, we provide them with some open-ended questions that they can engage their young people with, rather than just getting shut down at the end of the day.

What we do need to do is consider that some of these young people come from vulnerable backgrounds and some of these conversations aren't always going to be as receptive back in the home. That doesn't mean that they shouldn't be had; some of the best conversations are the tricky conversations. But that's probably one of the biggest challenges we face. We know that when parents, teachers and communities want the same health outcomes for young people, that's the golden triangle. That is when the most high-impact work can be done. That's the biggest challenge that I think any provider would say.

Dr HUGH McDERMOTT: Do you think there's a way of educating the parents? My kids came home last week and started talking to me about vaping. The one who brought it up is 10 years old. I went, "Oh, that's

out of the blue," and then started talking about family members who vape and what a concern it is. From that, I'm saying, "This is maybe a way of that conduit teaching the parents as well."

JONATHON PEATFIELD: We've got a lot of anecdotal support around the child leading the conversation at home and the parents stopping smoking or alcohol consumption to the extent they do. When a child comes home and expresses concern for a parent, that's a really great way for a parent to start to change behaviour. We've seen a lot of that. One of our approaches more recently to address this is to take a better holistic community approach. We've been running festivals of health. We've done it in Orange so far and we've done one in Grafton and we've got Parkes, Moree et cetera.

We're trialling a new way where we work with local community health providers. We have partnered with the NSW Waratahs et cetera to hold an event in these communities to try and bring the parents to the forefront and get them involved with their child, using Healthy Harold as a bit of a drawcard, so that we can have those bigger discussions and the parents can start to see what their children are learning and participate in some of these health initiatives and understand who within their local community are the health and wellbeing providers. That's a model we're testing at the moment.

In conjunction to that, we use a lot of professionals. Dr Justin Coulson does a lot of podcasts and webinars with us that we disseminate. We run parent competitions to try to get them engaged. There is a lot happening in this space. It is just slower because there is not as much direct contact. One of the benefits I think we've got, which we need to work collaboratively with, is this amazing brand equity and recognition in the Healthy Harold product. Parents have been through our program. Something like eight million Australians have been through the Life Ed program. They're now having children who are going through the program, so there is an opportunity there to spark that conversation. There is the nostalgia that the parents remember, and there is the learning that the child can teach the parent. It is something we're really conscious of. It's a challenge, though.

Mr PHILIP DONATO: Thanks for coming along to the Committee hearing. You guys deal with impressionable young people. I'm not going to go into too much about the education programs; I think that's been fairly well canvassed by previous answers to questions. I want to talk about advertising campaigns and raising public awareness around the issue and the dangers associated with vaping. Do you think more needs to be done? Not that I watch a lot of TV, but I don't really see a lot of ads on TV. I don't see a lot of ads on social media warning people about the risks associated with vaping, about the contents or the unknown contents contained in the vapes, the harmful health implications they have, the fact that they're made overseas, probably in dodgy factories. Personally, I believe we need to do a lot more in that space. I don't think there is enough being done. But I'd be interested to hear what you guys have to say about that.

MAREE TEESSON: Are you okay if we start?

JONATHON PEATFIELD: Yes.

EMILY STOCKINGS: It's a great point and we agree. We were actually speaking just before the hearing about how, when you think about smoking and the perception of smoking, you instantly think of a cancerous leg that you see on a cigarette packet. You think of the public health campaigns that are very visible. We don't yet have that visibility with vaping. We don't yet have that association between a very attractive looking little pink device and the cancerous lung. We need that—100 per cent, we need more of that. What I would add to that, though, is that it is the first part of a conversation that has to be ongoing.

When we look at the evidence overall—and we did big reviews in *The Lancet Psychiatry* in 2016 on what works for preventing all drugs—when it is education alone, when it is scaremongering alone, we get good knowledge but we don't get good behaviour change. It is a fine line that we need to tiptoe between making young people aware of the harms but then following that up with, "Okay, what do you do if someone offers it to you?" We don't want to get into that curiosity area. Ooh, wow, everyone is talking about it. It says it's made wherever. It's been mixed in a toilet—you think about the MDMA public health campaigns. We do need them. We need to put them together with skills-based interventions. Yes, I fundamentally agree.

MAREE TEESSON: Yes, it is that curiosity-driven issue. It is such an important question that you've raised. We can't just increase the curiosity of young people either. At the moment we've got 25 per cent of 14-year-olds in our work, and similar with the other surveys. We don't want to increase use by raising awareness, so you need to have that follow-up as well, as Emily said. Just one other little thing I wanted to mention is that also for young people, it's really important that they're at the core of doing this. To take it just from our perspectives is not going to reach young people.

Whatever we do needs to be co-designed and worked on with young people and reach them at the spaces that they're at. I know our inclination is often to say, "Let's just tell them how bad it is." But when you're 13 or 14 and someone who's 25 and older is telling you something bad, they're ancient in their heads. You need to be

talking to people in the space where they're at so that we can get the right messages across. In that, our Positive Choices portal, which is a Commonwealth Government-funded portal, provides evidence-based resources to parents and teachers.

We've got over three million views on that site, and critical in that is making sure that we work with young people to give the messages that work for them. It is thinking about how we get to the social media platforms they're on, like TikTok, like multiple—I'm not sure I'm allowed to say names within this, but you know what I mean; the social media platforms where they're at. That would be the caution. I would add to that that if we are going to delve into this—because it's such a new phenomenon and with young people—I think all of us would say you really have to listen to the young people when you're doing this. Thank you for that question. It's so important.

Dr HUGH McDERMOTT: Excuse my ignorance, but with the Government-supported website you just mentioned, is it in different languages?

MAREE TEESSON: Yes, 100 per cent.

Dr HUGH McDERMOTT: Great. I will check it out.

MAREE TEESSON: It's called Positive Choices. It's Commonwealth-funded to provide evidence-based resources in drug and alcohol prevention. We reach, and have a program of reaching, as many schools as we possibly can. And, yes, it is in different languages. We also have Positive Choices Indigenous, which is a special site for Aboriginal and Torres Strait Islander resources. But, yes, it is a very large site for non-English speaking languages as well. Thanks for that chance to say that.

JONATHON PEATFIELD: To double down on that response, through the submission we provided, the three common themes that came from teachers, parents and students were that they're looking for in-school programs to support this. They're looking for regulation around not being able to buy vapes or having tougher penalties on retailers and stuff. And the third big thing that came out of the research that we've done is around health-promotion campaigns designed for young people and health advertisements for young people on social media and TV, and public health promotions. You can see the numbers in some of the surveys that we've done. It's certainly a really critical element because it aligns to the parents question. We can go blue in the face educating kids and hope that they make good decisions, but if they're going home and being influenced by their parents, where they get a lot of home time, we need to make sure that they're knowledgeable and understanding in this as well, and that mass marketing can play a real role in that.

Mr PHILIP DONATO: That's right, Jonathon. If most adults or parents or people were to know—this Committee has heard evidence earlier today and on another occasion about some of the chemicals that have been found in these vapes. They are things like not only nicotine and high levels of nicotine but arsenic, formaldehyde, weed killer and other chemicals. If that were more publicly known, that would really put a lot of people off even dabbling in it, right?

JONATHON PEATFIELD: That has been it. It was launched by big tobacco as something that's safe, and they're running with that. There have been nice colours and it's made to look like something that's appropriate for kids, and it's not. No-one understands it, and we're just catching up. We have a short window where we can really knock this on the head and get on top of it, but it has to be short, sharp, fast mass awareness.

EMILY STOCKINGS: I want to add to that point, in terms of mass awareness—it's a really good point—that it is not widely known that vaping is not permitted where smoking is not permitted. At the moment, I think there could be better public education on the fact that smoking bans include vaping—as simple as that. You walk around the city, just around the corner here, and you'll go through vape clouds. You might sit down at a restaurant and someone will be vaping. This adds to the social normality of vaping that we really need to be stamping out. It is not normal; it is not safe. If you see someone doing something regularly, you draw the assumption that it's safe. There might be space to add on a recommendation around making it obvious that vaping is banned where smoking is banned.

Mr TRI VO: I thank you all for coming to the hearing. I have some questions for all of you. What support services are in place to support young people with nicotine dependence? What more is needed, especially to help young people in coping with mental health issues and problems?

EMILY STOCKINGS: I can speak briefly to NSW Health. They have an iCanQuit program. It's an app. It was originally designed for smoking cessation, and I believe that they are currently amending that to look at vaping cessation. That is one that I am aware of. I don't know if it's launched; I'd have to take that on notice. I just want to add that. Was there anything else?

MAREE TEESSON: I think there was a follow-up—the second part of the question was around what's available to help young people quit, but then also what's available—

Mr TRI VO: Young people with mental health issues.

MAREE TEESSON: With mental health issues—this is a very big concern for us. As Emily mentioned, the vaping doesn't occur outside of the context of the fact that we have so many young people, especially young girls, who have such high rates of anxiety and depression. Hand in hand, we will actually need to think about how to address that as well. I know that's outside the scope of this Committee, but I'd really say that we need to think about that. We do know that that rate has doubled from 20 per cent to 40 per cent over the last 20 years. Do we have adequate resourcing in mental health to deal with those issues? No, we don't.

Dr HUGH McDERMOTT: To do with young women, is it?

MAREE TEESSON: Young women in particular. That's across the board, but for young women, in particular, those rates are even higher. It's males and females that are going up, but particularly young women.

Dr HUGH McDERMOTT: From what age? Would you say adolescence?

MAREE TEESSON: Yes, the doubling rates that I just talked about, the national survey of mental health and wellbeing, which is an Australian-wide survey of over 15,000—they're 16- to 24-year-olds. But we are seeing that doubling starting to happen from 13 upwards, so at quite young ages. A 13-year-old today, compared to a 13-year-old 20 years ago, is much more likely to have anxiety and depression.

Dr HUGH McDERMOTT: We talked about advertising for vaping. Is that driving vaping in those age groups? Are they a targeted group at the moment by the vape manufacturers? Everyone is nodding. Can I get some detail?

MAREE TEESSON: Thirteen- to14-year-olds?

Dr HUGH McDERMOTT: Yes.

MAREE TEESSON: Yes.

The CHAIR: Life Education, would you like to add? I'm conscious of time and we've got the next witness.

JONATHON PEATFIELD: NSW Health is doing a lot in that space. I think GPs are being educated around how they can support young people with nicotine addiction. More recently, NSW Cancer Council—we've joined a working group with them looking at how they provide some online resources for people who have been addicted to nicotine. That is a serious concern. I think it's something that we really need to look at because young people have gone into this not realising that what they're doing is going to lead to an addiction. We need to support them and not punish them.

It's really critical that the school system does not punish kids who have been addicted to nicotine, because they were unaware. We have to nail that piece of it. This expelling and suspending kids at school who are potentially addicted to nicotine is not the way we want to deal with our young people and support them. We are the adults. We need to show the leadership and support them and provide the resources for them to be able to do that. With respect to the mental health space, my previous role was in mental health stigma reduction. The reason I was attracted to Life Ed and the work that we do is that we start talking about wellbeing and mental health to three-year-olds.

By the time the kids get to high school, there are embedded practices and challenges they're facing. We need to provide young people with resources, skills and strategies to be more resilient, to be able to face adversity and to understand the impact of their decisions on their health and wellbeing, and that's what we do from the age of three. We embed that in a progressive, sequential way all the way through early years into primary school and now support that with alcohol and other drug education as a community approach in high school. Terese, you might want to touch on that further.

TERESE HOOPER: I just cap that off by saying that Life Education is effectively a conduit for research, campaigns and referral services, so we can disseminate that information to young people where they are at school. With the footprint and the reach that we have, that's pretty easy. A big part of what we do, though, as Jono alluded to, is that we teach these social and emotional skills right from the get-go. We build resilience in young people. Drug education is not taught in isolation; it's taught with all of these skills baked into it. That's best-practice drug education. Even just to Phil's question around those campaigns, we get to amplify those campaigns in front of the faces that they need to be in front of. I think that's where we can add the value.

The CHAIR: Thank you for your time this morning appearing before the Committee. You will be provided with a copy of the transcript of today's proceedings for corrections. The Committee staff will also email any questions taken on notice from today and any other supplementary questions from the Committee. Thank you all for your time. It was a very informative session.

(The witnesses withdrew.)

Dr MICHAEL BONNING, President, Australian Medical Association (NSW), affirmed and examined

The CHAIR: I welcome our next witness. Thank you for appearing before the Committee today to give evidence. Please note that Committee staff will be taking photos and videos during the hearing. The photos and videos may be used for social media purposes on the New South Wales Legislative Assembly's social media pages. Please inform the Committee staff if you object to having photos and videos taken. Can you please confirm that you have been issued with the Committee's terms of reference and information about the standing orders that relate to the examination of witnesses?

MICHAEL BONNING: I have, Chair.

The CHAIR: Thank you so much. Do you have any questions for us in relation to this?

MICHAEL BONNING: I do not.

The CHAIR: Would you like to make a short opening statement before we begin questions?

MICHAEL BONNING: Thank you very much, Chair. I start by acknowledging the traditional custodians of land on which we meet today, the Gadigal people of the Eora nation, and pay my respects to their Elders past, present and emerging. I am president of the New South Wales AMA and also chair of the Federal AMA's public health committee. As a GP working in practice here in Sydney, I see the devastating health outcomes of nicotine addiction daily. In 2012 Australia took world-leading action with regards to plain packaging and took on what was entrenched big tobacco with regards to their process, whereby they get young people and many people addicted to nicotine.

As a result of effective legislation and public health policy, we saw a prolonged decline in nicotine use. Nicotine and tobacco control are shining examples of good public policy, which Australia has been and remains a world leader in. In 2024, but over the course of my career, we are witnessing this new wave of nicotine addiction as a result of e-cigarettes and vapes. The most concerning, really, is this rate of significant nicotine addiction—so the use of nicotine vaping products which can deliver such high volumes and delivery method that is used often across the day by young people especially.

As we are all aware, and as you've taken evidence on, nicotine is highly addictive. It's a toxic drug at higher doses and it can harm and affect brain development and impact attention, learning, memory and change mood. As previous speakers have given evidence this morning, there is also the fact that it is quite interlinked with issues associated with mental health. Evidence demonstrates that e-cigarettes are harmful, including the case of passive vaping. It is essentially an environmental contaminant that many of us breathe in. When someone uses an e-cigarette, the substances they inhale contain over 200 chemicals. As many of the learned members of this Committee have identified, many of those are deemed toxic across all fronts. We've shown that these are harmful to health in other circumstances and cause cancer, heart disease and lung damage.

As a soon-to-be parent, as of next week, it's deeply concerning for me to hear and witness the daily struggles that other parents have, alongside young adults, in terms of nicotine addiction. Really, every week we learn more. While this may have been marketed to the community as a harm reduction mechanism or as, actually, a safe alternative to smoking, I had to look no further than headline press yesterday, which was a 175,000-person study which showed a 20 per cent increase across four years in the rate of heart failure among people who vaped as opposed to those who didn't. These are not safe products and they certainly show, through the American College of Cardiology, that there are significant harms, which we are learning about as we go along. Many of the arguments that have been taken against e-cigarette reform—that it fuels the black market, that it will drive most of these practices underground and people will not come forward to seek help—are no different to those that were put in opposition to the plain packaging reforms in 2012.

Reforms and education will support people to cease smoking and vaping by retaining access to things like prescription e-cigarettes where it comes as a part of an overall smoking cessation program or vaping cessation program, and that is best conducted through GPs, as we were hearing from Life Education just a moment ago. They work with GPs to actively engage people through a trusted therapeutic relationship to cease vaping and to seek help. We know that this needs to be supported by regulation and enforcement of that regulation by State entities to achieve the outcomes that we desire as a community. Long-term smokers die 10 years earlier than non-smokers. It took decades for the health harms of tobacco to fully come to light. We're dealing with a new product which really has only been on the market for about a decade, and we see the powerful tobacco industry disputing the science and muddying the waters with regard to how significant this risk is.

We see the same tactics at play day in, day out and we are hooking a new generation on nicotine by marketing directly to young people, as you were hearing, through social media, and downplaying these health

harms. We can't afford to make those some mistakes again and, as an AMA, we call on the regulation process and compliance process to be strengthened. But also we need to recognise that political parties need to stop accepting sponsorship from the tobacco and nicotine industry as it compromises government policymaking in public health matters. We are strong advocates in the space of vaping reform and will continue to work tirelessly around this area on behalf of our members but also on behalf of the public of Australia.

The CHAIR: Thank you, Doctor. We'll now move to questions from the Committee. There's a move by the Australian Government to go towards prescription-only vapes for medical reasons. What, in your opinion, are the advantages and risks in limiting vaping to people with medical prescriptions? Do you anticipate there could be a reluctance from doctors to prescribe nicotine?

MICHAEL BONNING: We have seen nicotine and tobacco cessation via general practice but also via regulated environments, such as the Quitline and other services, be a significant benefit. That model is continuing to be researched and evidenced through the vaping process. As for GPs, there are many, myself included, who once upon a time would've said, "I don't want to be part of contributing to vaping." But I have certainly seen, in the right model with the right motivated individual, that a three- to six-month environment, where you provide counselling and support, is actually what delivers good outcomes in terms of people being able to cease their vaping.

The Royal Australian College of General Practitioners, the AMA and the Australian College of Rural and Remote Medicine all engage in the development of education and policy with regard to this and support GPs, and want to see GPs and the relevant other bodies that help with that process supported to ensure that there is access. That, I think, will continue to be a growing next step. While we can also recognise that there are no vaping products on the Australian Register of Therapeutic Goods, so they are not seen as regulated therapeutic products, they are also recognised, however, as being a tool that is in wide use already, and so, when used through a prescribed medicated pathway for a short period of time, have shown to have some efficacy for the right people.

Dr HUGH McDERMOTT: That was a great answer, and it was basically the questions I was going to ask. Let's just go back. Obviously you represent the medical profession. We've talked about it already, but how much reluctance do you think the medical profession will have in being involved in prescribing vapes to people?

MICHAEL BONNING: I think this will be a moving change over time. Certainly, when vapes were a product in the market that was not being actively engaged with by government—as in, they essentially were sold on street corners—then it was very hard for doctors to get involved in that long-term, "We're going to push towards vaping cessation through a structured program." Now that there is a ban and an effort to really clean this up through enforcement, there is a lot more support in that regard. Because if you finish the course of a medicated pathway with a vape, there isn't as easy a pathway to get access to vapes back in the community again. I have to go back a long way—I have to go back before my time as a doctor—to recognise that also doctors took a while, as part of the development of evidence, to become the most active proponents with regard to smoking cessation.

You can see in past history where there were doctors who were ambivalent about the benefits of smoking cessation, and that took time. But I'm a GP, I deal in decades in terms of the health outcomes of our community, so I think we need to be realistic about the fact that we'll bring along the medical profession as a whole across the course of—we've had a ban, in part, from 1 January and then from March. We need to give the dust a bit of time to settle and move forward by saying to medical practitioners, "We know that this is a good pathway. Our colleges support it. Our learned institutions support it. The evidence supports it." Doctors take time, but they will get there.

Dr HUGH McDERMOTT: Is it as straightforward as like you see with—I smoked many years ago and then just went cold turkey and it was done. Is it similar that you go to the GP—you're a smoker—you then move on to patches and then eventually you wean yourself off those? Is it as simple as that with vapes?

MICHAEL BONNING: That's right. The real challenge, though, is the nicotine content of vapes can be incredibly high. In addition to that, we see people in hospital practice or in mental health facilities who are probably vaping up to 20 hours a day. They will have it available to them from the moment they get up in the morning, all the way through. They will scroll on social media and vape into the evening and often cease at two or three o'clock in the morning. The problem with that is that's a huge load of nicotine, which is an addictive substance. So someone will have withdrawals and cravings. The process for that, and the ability to actually provide nicotine replacement, can be very challenging. Sometimes that's why a medicated vape pathway is the first step to be able to deliver an appropriate time-based access to nicotine replacement and then move to things, as you say, like patches, gum and go from there. We note that the 21 milligram nicotine patches are really designed for the people who smoke about the equivalent of a pack a day.

The problem with that is, through using a vape, young people—and many people—will use far more than a pack a day. Even the reduction to a patch will be quite a significant withdrawal mechanism. We note that

Queensland's Quitline has been really actively engaging in this and doing much more around the delivery of nicotine replacement therapy to people who get in touch about their vaping. They're going beyond what is the PBS-subsidised amount to give people in recognition of how much they might have been vaping. So there are nuances to this, but certainly it is something that goes with nicotine replacement therapy of many kinds towards cessation.

Dr HUGH McDERMOTT: Legislation is coming in at a Federal level, but, as usual, it's the States that will have to do all the work to make things happen. Are there changes that are needed in the way that NSW Health services—both the department and generally our health services in New South Wales—integrate smoking cessation interventions into routine care? What do we need to do to make the Federal legislation work effectively in New South Wales?

MICHAEL BONNING: At the level of access, I think the State services like Quitline and Life Education need to have the supportive mechanism. We are talking about walking a pretty careful line between demonising users and demonising product. The users are caught up in a complex web of marketing and then an addictive product that is being marketed to them, so they find themselves very much lost in that sea. Sometimes the approach can be, "We are a non-smoking environment within the health sector." The problem with that is that you can go into acute withdrawal pretty quickly.

So we need to meet that when people enter NSW Health facilities or engage and address their nicotine dependence at the level that it's at rather than being stuck arbitrarily and saying, "You can have a little bit of gum or you can have a patch." We need to be able to assess people correctly. The second is what we see in Queensland, with the actual direct engagement between Quitline and the individual who might call and might find that environment and engagement safer in terms of themselves rather than going out and speaking to someone face to face. That can be used as a springboard into access to nicotine replacement therapy outside the PBS and other services. That's a funded service in Queensland, which is very, very useful. The last part is the enforcement arm that goes hand in hand with this.

If NSW Health and health providers like myself—doctors in the community—are taking a strong line on vapes but you can still buy it everywhere, which is something that is constantly questioned of me, how are you changing the public perception and the normalisation that vaping is bad? That otherwise feels like the health system is out there on its own or with few other groups. We need to take action that flows down Macquarie Street in terms of getting it out of convenience stores so that any action by doctors and health practitioners can be even more effective. But I really take your question as being the ultimate challenge about what we do.

Dr HUGH McDERMOTT: You mentioned Queensland twice in your evidence so far today. Is there a particular State that's further ahead than anyone else that's worth us looking at?

MICHAEL BONNING: I think Queensland's Quitline is very good. I've had the chance to talk to them in my Federal role. I think the work by VicHealth, so the preventative health arm led by Dr Sandro Demaio in Victoria, is also very, very good at some of the public messaging and research associated with this. The work that ACOSH is doing across the entire community I think is also very important to feed into what Parliament might consider as their next steps because we need to do this based on evidence but also be gentle towards the user.

As we were saying, in the education space, making sure that the person isn't the one who is suspended or expelled. It has to be around: how do we make this so people will come forward, so that they will access and engage with health services? I would recommend both those States to you. I would also say I in no way mean to diminish the actions here in New South Wales. We do a very good job so far, but we have a variety of forces arrayed against us, including the stockpiles of potentially millions of vapes that are sitting within our State that will slowly roll their way out into the hands of young people over the next couple of years.

Mr TRI VO: I thank Dr Michael Bonning, President of the Australian Medical Association, for coming to the hearing today. I just want to ask a quick question. What recommendations do you hope to see this Committee make after this hearing?

MICHAEL BONNING: I think, as was mentioned by your colleague previously in the fact that the Federal Government is the enabler of this but the State Government is the enforcer, that there are both recommendations around the investment in education and that education is probably delivered by near peers. As previous witnesses suggested, a 25-year-old telling a 13-year-old might as well be me or one of you saying the same. We are ancient compared to a 13-year-old and who they trust and get their information from. We actually could do well to use some of the younger members of our community as part of an education process.

I would highly recommend that as part of what this Committee finds in how we do education. Alongside that, however, needs to be enforcement. I do not do day-to-day enforcement of this, but I certainly see the proliferation of vaping locations and think that there are probably—sorry, points of sale. I think there is a

significant effort that is required around enforcement and funding for that enforcement to probably also use the community in some way to recognise and identify where vapes are sold.

We know that there is a willing community with significant eyes and ears on the streets that can help us to identify where vapes are sold from. That is mainly in the form of parents, community members, anyone, anywhere, but it does help what is otherwise a very disseminated problem—convenience stores, vape shops or tobacco stations obviously, but then also petrol stations and things like that, even in the back of variety stores and things like that. We are seeing this proliferation and we worry about it because it is hard for the enforcement action to be good without good intelligence. I think that has to flow through.

Lastly, I think the State's and the Committee's recommendation with regard to support for doctors and for practitioners out there, whether it be the work of groups like Life Education or research institutions—but it's actually, if I see someone with nicotine addiction in my daily practice and I am a GP somewhere in Sydney, how can I get them support? And not just my support that I might give or my support plus the nurse in my practice, but how can I make sure that there's someone who is going to call them back, support them, maybe be a near peer who can do that? Because, again, I think of this as, if we can make real inroads around that 12- or 13- to 16-year-old category, we stop a whole nother generation becoming engaged with this, becoming dependent on nicotine. That's the circuit breaker that we need to achieve. Those are probably my three or four big recommendations for the Committee.

Mr PHILIP DONATO: Doctor, thank you for attending today and for your evidence so far. I'll just go more into the health aspect of your evidence as opposed to the compliance and enforcement. The passive vaping issue, I gather, has the same health implications for the general public as passive smoking does for people who are present around people who are vaping, whether it's in an office workspace, in a restaurant, in a cafe, in the street or whatever.

MICHAEL BONNING: The experience of many of us is that even in places where smoking is obviously banned and no-one does smoke, and even though those laws are also applicable to vaping, many of us do experience a lot more second-hand vapour than we do second-hand smoke these days. It is becoming the new issue because that vape smoke does contain, often, up to 200 other chemicals alongside nicotine. We also remember that, because of how it is produced, while they might have a cool sensation to the vape user, this is a heating element.

It produces chemical derivatives of many of the chemicals in there associated with the vaporisation of it. Those chemicals can be dangerous in that form—not just the chemical itself but the form of the chemical. It's essentially ambient air pollution that we are now dealing with around all of us. That's the part that, again, as a Committee, you may well have the authority to recommend, which is that we do much more to recognise those smoke-free zones are vape-free zones as well, to move this issue well outside where people are eating, where children are playing and where people are working.

Mr PHILIP DONATO: It's highly possible or probable that passive vaping is even worse than—because of all the range of chemicals and the other items that are in those vapes—passive smoking. Would you agree or disagree with that?

MICHAEL BONNING: I don't think I could particularly be drawn on that just yet. The evidence is starting to suggest that passive vaping is a significant risk but, as we were saying, while we know the risks of, say, as I commented on earlier using the study from the United States of 175,000 people, and the 20 per cent or 19 per cent increased risk of heart failure, we don't know that yet for passive vaping individuals. We are recognising that we are at the start of that evidence journey as compared to where we were 30 or 40 years ago with smoking.

Even 15 or 20 years ago in Australia, we weren't as significant with regard to, say, someone who smokes in the house and there's a pregnant woman in the house. Nowadays, we would say that that is definitely a very bad thing to do because we have generated evidence to understand what the risks are. So I think we're still in the evidence generation to say which is worse. What I can say to you is I am exposed to far more passive vaping fumes than I am exposed to passive smoking anymore because of good public policy enacted through the New South Wales Parliament.

Mr PHILIP DONATO: I have one final question. I asked a witness earlier—obviously, it's well documented in terms of heart and lung disease, the risks to your teeth and gums and whatever else. But I've heard anecdotally—there wasn't much research done into or much published information that I could find—how vaping affects fertility. Do you have any comment in relation to that?

MICHAEL BONNING: It's one of the things that is being postulated as associated with a long-term worldwide drop in fertility. Many of us have heard this. While there may be some correlation—declining sperm

counts and the like with young men, many of those men who also vape—it's still very unclear at the moment. I would have to take that question on more notice, but I'm happy to get back to the Committee about what we know or don't know.

The CHAIR: Thank you for appearing before the Committee today. You will be provided with a copy of the transcript of today's proceedings for corrections. The Committee staff will email any questions taken on notice from today and any supplementary questions from the Committee. Thank you so much for your attendance.

(The witness withdrew.)

Emeritus Professor SIMON CHAPMAN, Emeritus Professor in Public Health, University of Sydney, affirmed and examined

The CHAIR: Thank you for appearing before the Committee today to give evidence. Please note that the Committee staff will be taking photos and videos during the hearing. The photos and videos may be used on the New South Wales Legislative Assembly social media pages. Please inform the Committee staff if you object to having photos or videos taken. Can you please confirm that you have been issued with the Committee's terms of reference and information about the standing orders that relate to the examination of witnesses?

SIMON CHAPMAN: I have.

The CHAIR: Thank you so much. Do you have any questions about this information?

SIMON CHAPMAN: No, I don't.

The CHAIR: Would you like to make a short opening statement before we begin questions?

SIMON CHAPMAN: I started in tobacco control in the late 1970s. I believe I'm the longest experienced person in the country in this area. I've retired, but it's very difficult for academics to retire. Hence, I'm here today trying to help you out. When I first started in this area, about 45 per cent of men smoked, about 30 per cent of women and about 30 per cent of schoolchildren smoked. I'm very pleased to say that in the years since, because of all that we've done in leading the world, really, in tobacco control, we have now 92.2 per cent of children who have never smoked. We only have 1.6 per cent of children today who are smoking. That's a remarkable success story. If we look at adults, we've got 8.3 per cent of adults who are smoking on a daily basis out of 1 or 2 per cent more for people who smoke less than daily.

The people who are horrified about this, of course, are the tobacco industry because they are not getting a cohort of people who are going through the rest of their life, albeit a shortened life, using their products. So when vaping came along with its promises of being allegedly far less dangerous, they jumped for joy and they got right behind it, and they've invested billions of dollars all around the world into promoting these products, taking over some of the startup companies like Juul and so forth. They're the ones who are in the shadows behind a lot of the opposition that is happening to vaping in Australia today.

I will run this scenario in front of you: Imagine a chemist network deciding that they could make a lot more money if they just ignored the rules on prescription access to drugs and they decided that anybody who came into their chemist shop who wanted a prescribed drug, they'd say, "Yes, you can have one. We'll give it to you." You know what the consequences of that would be. They would be deregistered by the Pharmacy Guild and the Pharmacy Association, they would probably be prosecuted and they may even be jailed. The same would happen if we saw this with alcohol. If pubs decided, "Let's just hang this. Let's just serve young people who want to come in and have a drink." There would be absolute outrage in the community and people would lose their licences. They would not be people in good standing. They wouldn't be allowed to have a liquor licence henceforth.

This is completely the opposite of what we're seeing today with vapes. We are seeing the convenience store industry, petrol stations, tobacconists, vape shops and online sales just absolutely brazenly going about their business. You can walk through any suburb and you can see the words "vapes sold here" on the fronts of shops. You cannot just see them in dodgy little corner shops; you can see them in chains of convenience stores openly saying, "We're doing this." I think the dilemma we've got ourselves into is that vaping has come along and blindsided legislators. They haven't known what to do about it. Thank heavens we've now got a government in Canberra who are doing something about it. I saw the same courage when I helped Nicola Roxon, the health Minister under the Gillard and Rudd governments, to get plain packaging through. The courage that we're seeing down there is really admirable. As the last speaker said, we now are really looking to the States to make sure that what happens Federally is going to be enforced.

Earlier this week I got hold of data—which is public data and I can provide it to the committee afterwards, if you like—showing what has been happening to exports of vaping products out of China in the last few months. In the last few months of last year there were record shipments of vapes which were being sent from China to Australia. This is all recorded with a centralised data collection thing that the Chinese Government insists that all industries have over there. It's being circulated to the vaping industry all around the world, showing "This is all the stuff that's coming out of China. This could be useful information to you." This week the data was released for the first two months of this year, 2024. Amazingly, there has been ago 93 per cent drop in the amount of vapes which were leaving China with a destination for Australia. This material has been given to the Therapeutic Goods Administration by myself and to the health Minister's office. I expect we'll see public statements about this soon. It's excellent news.

What we are going to see over the next few months—maybe a year, even—is that stockpile that I referred to working its way through. The Federal Government has indicated that prosecutions will begin in earnest on 1 July, but those will not work if they're feeble. If someone is smacked with a wet lettuce leaf a fine of $1,200 or $2,000 or something like that, it will simply be the cost of doing business. If you look overseas, Taiwan is the most interesting example I've seen. They fine corporations or businesses who are selling vapes US$1.6 million maximum. For individuals who are selling them, it's a considerable amount of money. It's not as much as that, but it's big. The New Zealand Government has announced that it is going to up the fines, I think, to $40,000 for people selling vapes to kids. But they haven't gone the prescription route that we've done so far. I will leave that there and take questions from you about anything you would like to ask me.

The CHAIR: Thank you, Professor. We will now move to questions from the Committee. You remarked in your opening statement that there has been a drop of 93 per cent in imports into Australia.

SIMON CHAPMAN: Yes.

The CHAIR: Why do you believe that's the case?

SIMON CHAPMAN: Because they have to sign off in China where it is going to. China has an explicit regulation that all exporters need to obey the laws of the countries to which they are exporting. The other factor that is not widely appreciated is that these products are very easily detectable because they have lithium batteries in them. This technology has been developed because it is critical that people don't put vapes in luggage that is going into the holds of aircraft because they can catch on fire and explode. All our luggage is scanned when it goes through. Anyone who has got a lithium battery, for example, in a computer or whatever—it sends a distinct signal. People can have their luggage taken off the boarding procedure.

I think that they know if they're sending through large volumes of this stuff. And still, a 93 per cent reduction—there's still some getting through. It is going to light up like a Christmas tree if people are sending big amounts of this stuff through, because every single battery is going to turn up on these scanners. I think it's a remarkably, potentially, effective piece of legislation that the Government is considering. But really where the rubber meets the road is going to be the enforcement. I heard data on ABC Radio this week saying that NSW Health had only prosecuted, I think, 12 sellers in the last 18 months. I mean, this is really very disappointing. There may be legal reasons why they've done this, because of the difficulty in gaining evidence.

For example, one of those difficulties is that so far it has been that it is only nicotine-containing vapes. If the inspectors go in and confiscate vapes and then try to run a legal case, they have to get each and every one of those vapes tested to see if they do have nicotine in them. The Federal Government legislation is banning all vapes, regardless of whether they have nicotine in them. That will remove the very expensive and time-consuming barriers to getting evidence. If you've got vapes, you're done; that's what's going to happen. With other speakers I heard while I was sitting at the back, it is critical that governments provide the resources and the threat of something serious that is going to happen to you.

A lot of people will say, "Look, illegal drugs are illegal and have been forever, but you can still buy them." I have a 14-year-old granddaughter. I asked her recently, "Do you know where to buy vapes?" She said, "I know where to buy them." She doesn't vape, thank heavens, but she says that people in her class are doing it all the time. Word gets around that that's the place where you can get them. She would not have a clue where to get cocaine or amphetamine or anything like that. I think when you become an adult you find out criminal networks who can supply that sort of stuff. It doesn't happen with kids. I think that if our primary concern here is getting this stuff away from kids, it is really vital that we not only ban it coming through the border, but for the stuff that will inevitably still leak through, we need to really hit those people for six every time it happens and publicise that very strongly when it does happen.

The CHAIR: In your opinion, what does the New South Wales Government need to do to enforce the Federal legislation?

SIMON CHAPMAN: My understanding—I've heard Mark Butler say this publicly in the media—is there is an attempt to centralise and harmonise the penalties nationally. If that happens, I would hope that all State and Territory governments would just stand up behind that and that those fines are going to be very steep indeed. I think the last speaker made the point that it really undermines public confidence that the Government is serious about this if they hear all this stuff. Principals see you in their offices, very concerned. My wife was a teacher of 45 years. She backs that up—I can assure you. If they see that they can still walk up and down the street and see signs saying, "Vapes sold here", it makes the Government a laughing-stock. I think that this is a no-brainer.

In the recent Australian Institute of Health and Welfare report, 25,000 subjects were interviewed around Australia. There was a series of questions about support for tough measures on vaping control. Now, I've never seen, in my life, any data showing higher support. It's higher than marriage equality, which was only 64 per cent

or something like that. It's higher than people wanting tough action on climate control. It's even higher than the number of people saying they want gambling ads off TV. There is huge support for this. People saying there'll be backlash by voters and so forth is absolute nonsense. It would be at the margins.

Dr HUGH McDERMOTT: Thank you, Professor, for coming today. Before I ask my question, I want to add a bit more to a question that you've already raised. You talked about a drop of 93 per cent from China. And China is the main place where vapes are being made. Is that correct?

SIMON CHAPMAN: That's right.

Dr HUGH McDERMOTT: So it has dropped for that month. In the months preceding, was it a record high?

SIMON CHAPMAN: It was record high for the last two months, I believe.

Dr HUGH McDERMOTT: They've been pumping out vapes to get them in stockpiles in Australia. Is that correct?

SIMON CHAPMAN: Yes, the people who have been illegally bringing them in—and it has always been illegal to bring them in and sell them—have just gone crazy and have been bringing in lots. If you go online and imagine that you're a potential importer yourself—a criminal—and you just google "vapes China", you will find in a nanosecond people who will supply. They'll show you all the stuff they can give you. They'll give you job lots of 10,000 vapes or 100,000 vapes. You can bring them in for $1, and you can sell them for $30 or $40 or that sort of thing, depending upon the puffs that are available in each vape. It's huge money. What we need to keep in mind is that anybody who is wanting to attract customers into their retail business, whether it's online or bricks and mortar, has to put their hand up and say, "I've got them here." If kids and ordinary people know where they can find vapes, it's obviously to going be the case that investigating authorities can easily find that as well.

After this Committee, I invite you to do this: Go into Facebook Marketplace and put the single word "fruit" in. What will come down is page after page of pictures of fruit, some of them overlaid with writing that is specifying 50 puffs, 500 puffs, 1,000 puffs and that sort of stuff. It is people brazenly advertising. What happens is that you just send a text to those people. They text back, "This is what the cost will be." You give them the address, and they send a courier around on a bicycle, motorbike or car and give them to you in the transaction. It is child's play for police to prosecute that sort of stuff or to follow the couriers back to see where they're picking all this stuff up from.

Dr HUGH McDERMOTT: How many vapes are we thinking have been brought into store? Millions?

SIMON CHAPMAN: Millions, yes. There has been a huge demand for this. There were some remarks earlier about how people get off these things. It's not widely appreciated, but between two-thirds and three-quarters of people who smoked quit by doing, as I heard you say you did, and the way I quit myself—I was a schoolboy smoker. I got expelled from school for drinking, actually, but I was also a smoker, and I just quit. That is the way that most people do it. A lot is made about the agony and the difficulty. That is true for some people, but it's not true for everyone. When people can't get hold of this stuff, a lot of them will just say, "Well, I can't get hold of it." The argument is that a lot of them will go back to smoking. What you need to know about that is that over 50 per cent of people who currently vape are still smoking. They're vaping and smoking—much to the delight of the tobacco industry. They can't go back to smoking; they're already smoking.

Dr HUGH McDERMOTT: With these millions of vapes that are there now in storage, ready be sold on, what do you think is the most effective way of getting that out of the system? Is it seizures? I imagine, if it's like some years ago when I worked in an area where we were trying to seize illegal tobacco, the fines were nothing. You could bring in an equivalent of heroin, and you go to prison for 10 years. If you did the same amount of money with tobacco, nothing happened to you. It's changed a bit since then. Is it seizures? Is it a buyback program, like we're seeing with weapons overseas? How do we get it out of the system if we make it illegal?

SIMON CHAPMAN: The people who have been doing this have decided, "Yes, I'm going to put my hand up and stock this stuff in my shop or on my online business." They're doing it knowing that they are breaking the law. It's not as if they are tobacco farmers who were honestly growing a legal crop in Queensland or Mareeba, in Victoria for decades and then suddenly they couldn't do that anymore. They were bought out. But these are people who essentially were just saying, "Well, damn it, we'll take the risks." I don't think there'd be much public support for compensating those people. They knowingly did it. They knowingly upped the ante when they started stockpiling in the last months of last year. They took the chances; let them take the punishment.

Dr HUGH McDERMOTT: I remember Nicola Roxon, a former health Minister and then Attorney General. She talked a lot about vice up here and about what went on. The tobacco industry ran all kinds of strategies against her personally, but also against the Government at the time, as they have overseas. What

strategies do you think we will have to deal with here from the tobacco industry or others, organised crime? How do we counter it, in your experience?

SIMON CHAPMAN: They're already banging the organised crime drum. They're saying these people are standing over little shopkeepers, torturing them, murdering them and so forth. Organised crime do that for all sorts of reasons. They do it in car sales. It's not just that they've been doing it in—that's the way organised crime behave. I think if they're not able to bring in vast amounts, as we've been seeing with the dramatic fall coming in from China, one of the things that they may try to do is to organise with the Chinese people to ship it via another country and then the stuff comes in from the other country.

Dr HUGH McDERMOTT: Let us say New Zealand, where it has radically increased?

SIMON CHAPMAN: New Zealand I don't think will do it because there is a lot of cooperation between Australia and New Zealand—bilateral stuff. I can't imagine New Zealand customs turning a blind eye to that sort of thing. I think the easily detectable nature of the lithium batteries in each and every vape that comes through—they may be able to get liquid nicotine through. That would be easier to get through than the lithium-ion battery stuff. I think I started saying that you can still get cocaine, amphetamine, heroin illegally, but it's much more difficult to get it than it is to get vapes if they're sold in every second shop on the high street. I just think that we've got to think like that. We don't abandon drink-driving laws because some people still drink and drive. What we do is we rejoice in the number of people who are not being killed on the roads as a result of that policy.

Mr PHILIP DONATO: Thank you, Mr Chapman. Just a couple of questions in relation to your submission and the deterrence you spoke about in relation to fines. You've indicated that in New South Wales the current maximum penalty for selling vaping products is $1,650, six months imprisonment or both. Clearly, when you look at what's happening in other countries around the world, that's grossly inadequate to act as any deterrent. Would you agree?

SIMON CHAPMAN: I totally agree, yes.

Mr PHILIP DONATO: And that needs to be increased significantly. You would support that?

SIMON CHAPMAN: I do. I'm not the person to advise what that level should be, but people in the business community would understand that, I'm sure. In law enforcement there'd be a whole area of research and scholarship about what seriously deterrent fines need to be for people who are making millions of dollars out of this.

Mr PHILIP DONATO: I think your submission also indicated that the Federal Court had penalised a vaping company and its director $4.9 million recently for advertising vaping products in Australia?

SIMON CHAPMAN: Yes. The TGA have been hitting people for advertising these products. Some of the fines, as I put in the submission, have been very, very significant.

Mr PHILIP DONATO: The number of policing resources or health inspector resources, certainly in my area—I'm from Orange, obviously. From my experience, I think we had one health inspector to cover a huge part of western New South Wales, right?

SIMON CHAPMAN: Yes.

Mr PHILIP DONATO: Which was almost impossible. [Audio malfunction].

SIMON CHAPMAN: He is frozen.

Mr PHILIP DONATO: —domestic violence incidents or other things and they're trying to refer it back to the health inspectors. But they've been grossly underresourced as well, you'd agree?

SIMON CHAPMAN: I believe so, yes. I think culturally there is still a lingering thing that selling alcohol to kids is a serious thing. Police naturally think, "Let's get involved with that." They don't mind. I've heard attitudes sometimes from the police, "We've got more important things to deal with," but this is criminal activity. It has consequences down the track. I'd remind the Committee that when you start vaping or when you start smoking, you don't get sick tomorrow, the next week, the next month or the next year—even in the next 10 or 20 years. Asbestos, for example—the median age for diagnosis of mesothelioma is 72. You can be working in an asbestos factory or a mine or a brake factory and you get fatally ill in your seventies. Lung cancer is diagnosed typically when people are in their sixties. With vaping, you'll probably have people come and speak to you who say, "There's never been anybody who's died from vaping." Of course there hasn't—it's only been going on for 10 years. But if you look at some of the medical evidence that is coming out now, particularly about respiratory inflammation and heart disease, it's a real worry.

I'll leave this thought with you as well: flavourings, which the Government is banning—except for two flavours that are going to be available in the prescription ones. There are 2.6 million people in Australia who have asthma. Most of those people have those inhalers that they have, Ventolin and things like that. None of those inhalers are flavoured—and they are life-saving equipment. Every person who's got one knows that they should take it to ward off symptoms or to lessen symptoms when they're getting them.

I said to a friend of mine at Concord Hospital, who is a professor of respiratory medicine, "Why don't you put, say, raspberry flavour in this stuff because little kids don't like the taste of it much and they resist using it?" He said, "Because there's no therapeutic goods administration anywhere in the world that would allow an inhalable substance to have any chemical in it that was not totally necessary to the performance of that drug." You do not inhale chemicals that are unnecessary, and flavouring chemicals are great examples of those. They're used in foods, but any toxicologist will tell you that is a totally different question of inhaling heated chemicals into your lungs than putting them into your alimentary tract and having them pass through and be excreted at the end.

Mr PHILIP DONATO: Do we know why they're permitted to have those two flavourings?

SIMON CHAPMAN: I just think it's that regulatory no-man's-land. They've gone, "This will really get the kids in." Pina colada or—

Mr PHILIP DONATO: That goes to my next point. That's part of the appeal, right?

SIMON CHAPMAN: The number one appeal. My 14-year-old granddaughter, again into the evidence—I said to her, "Why do you think your friends vape?", and she didn't hesitate. She said, "You can get lemonade." That was her response.

Mr PHILIP DONATO: Sorry to cut you off, but I'm just conscious of the time, Professor. Do you think it would be beneficial to make a recommendation that flavourings shouldn't be permitted in vapes?

SIMON CHAPMAN: That is the recommendation, but the only legal vapes will be those accessible through prescription. There's been an interesting debate here among my colleagues about whether you don't have any flavours in the prescription vapes. The problem is that you actually want people to try vapes who are trying desperately to quit smoking. If you make the vapes taste really foul—and I believe that something without any flavour in it wouldn't taste too good—people will abandon use of those things very quickly. They're allowing, I believe, a mint and menthol flavour and nobody's saying that that is free of risk, but they're saying that the perfect shouldn't be the enemy of the good. The patches and nicotine gums, they're not flavoured. They don't have a lot of these flavours in them. They have descriptions of the flavours, but they don't have all of these things that we're seeing with vapes.

Mr TRI VO: Thank you, Emeritus Professor Simon Chapman, for coming to the hearing today. Given your long years, or maybe longest years, in the industry of helping to restrict and limit the usage, harm and effects of tobacco, do you think the Australian Government's proposed approach of limiting vaping to people with medical prescriptions will be as effective in reducing the harm and usage of vapes and e-cigarettes as is what we've been doing with tobacco?

SIMON CHAPMAN: I'm very confident that we're on the right track. There was no evidence about plain packaging before Australia introduced plain packaging. No country had done it so you couldn't look at another country and go, "Look at what they did in"—wherever. But they took courage and they looked at the experimental evidence and they also looked at the evidence from the internal tobacco industry documents about how they were using packaging as a form of advertising, and that's what led the argument. I think with this one, we know that it's potentially really bad news to be pulling a chemical cocktail into your lungs. You may be surprised to know the average number of inhalations a daily vaper takes each day is 560, and that compares to the average number of cigarette puffs that a typical smoker will take, and that's around 100. You watch people vaping in the street. They are like old steam trains, you know—absolutely going for it. These products are so addictive and so beguiling because of the flavours that they've got. The doctor before said he's got patients who are doing it 20 hours a day sometimes. It's really sinister stuff.

The CHAIR: Thank you, Professor, for appearing before the Committee today. You will be provided with a copy of the transcript of today's proceedings for corrections. The Committee staff will also email any questions taken on notice from today and any supplementary questions from the Committee. Thank you for your attendance.

(The witness withdrew.)

(Luncheon adjournment)

Ms ZOË ROBINSON, Advocate for Children and Young People, Office of the Advocate for Children and Young People, affirmed and examined

The CHAIR: I welcome our next witness. Thank you for appearing before the Committee today to give evidence. Would you like to make a short opening statement?

ZOË ROBINSON: Only to acknowledge this Committee and this work that is being done. I want to acknowledge that we are on the lands of the Gadigal people and pay my respects to Elders past, present and emerging. I note that it takes brave young people to come forward to inform my report, who acknowledge that they are currently vaping. I want to pay credit to the young people who participated in our work. I think it's important that you have the opportunity to hear what young themselves have said in this space.

The CHAIR: You are obviously involved with a lot of young people. What are young people saying about the adequacy of the school-based programs to address vaping? What are you hearing?

ZOË ROBINSON: Children and young people themselves have said there's a variety of ways that they want to be supported in understanding vaping and stopping vaping as well. There is an element in terms of school programs and what can be run in schools. I think we have heard that there needs to be a holistic variety of responses to this. I also want to acknowledge that schools are doing a lot and there is a lot of pressure in terms of how they can manage what's going on in their schools. But, also, vaping doesn't just happen in the school gates, so we've got to be able to support children and young people outside of those gates. Children and young people themselves have talked a lot about where they would like support from. Learning in school was one part of that. They also talk a lot about peer to peer and being able to support their friends and having leaders in their community who may have been through vaping and have come out the other side. So there's learning from others who have experienced it as well as online tools and supports as well.

The CHAIR: There has been a lot of focus on enforcement of vaping in schools, like schools putting in alarms, for example, to detect vaping by students. Do you believe that schools have got the wrong strategy in terms of enforcement? Should there be more alternative programs to get kids off vaping, rather than just a big stick approach?

ZOË ROBINSON: Children and young people themselves have said that punitive approaches aren't necessarily helpful. It does make it difficult for them to come forward and have those open conversations. They also made the recommendations themselves that the smoke detectors or the vaping detectors in bathrooms weren't necessarily effective. There was a very strong recommendation that an investment should be made elsewhere, other than smoke detectors in bathrooms.

Dr HUGH McDERMOTT: Going on with the penalties, my understanding is that you get caught vaping and you are suspended from school and then you have to do detention, which is what we had when we were kids for smoking—or I did, anyway. Do you think that's a good program? Wouldn't it make more sense to go to a medical practitioner, like we do with other areas? If someone has an addiction, they're then referred—drug courts, for example—to care and to medical practitioners. Do you think we need to start doing that in schools and making it compulsory?

ZOË ROBINSON: Based on what children and young people themselves have said, the first thing we have to do is create a space for children and young people to come forward and say that they have a problem. Children and young people have to feel safe in the school environment to own that, or whatever environment they might find themselves in if they're seeking support—always acknowledging that, when young people are seeking support, we need to give them the time and space and options around what that looks like. Going back to my previous answer, that punitive approach to things doesn't necessarily solve the core issue that some young people are facing. In our vaping report you may have seen that they talked about anxiety and mental health. We need to start addressing that problem.

Perhaps if you can indulge me for a bit, when we first started this report, one of the things that struck me when I was speaking to a young person is—firstly, we went into a school. I asked them, "The data says the number was one in 10 or two in 10." The young people themselves said it is actually much higher than that. In terms of who is vaping, they would all say, "Everyone we know vapes." But one of the young people looked me in the eye and said, "You need to do more as adults." That really sat with me because I think that is a fair comment for young people to make. As we have heard today through various pieces of evidence, it is very easy to get. It is accessible on social media platforms. You can see it in the shops. I heard the evidence this morning of someone talking about walking past six stores on their way here. There is the piece that we need to own in the space where we can do legislative and policy reform that impacts on them even being available in the first place.

Whilst we're doing that, we need to provide the appropriate support for children and young people. That has to look like addressing underlying concerns as to why young people might be vaping. We need to work around mental health and anxiety. We also need to work with that support, if someone has come forward and says, "I want to quit," and providing a variety of long-term supports and avenues to assist those young people in that process. Suspensions are one answer. I would say that not all schools are necessarily using that. They are trying a variety of methods to work with young people, but that doesn't solve the problem in terms of what young people are saying in terms of accessing vapes and the addiction they might have.

Dr HUGH McDERMOTT: Is there a model somewhere else in Australia or overseas that has, do you think, perhaps best practice or an area that perhaps we as a Committee should look at, where it is achieving that—that is helping those children who are basically addicted?

ZOË ROBINSON: I couldn't speak to that, because I think, as you heard today, it was a very quickly emerging issue. I think a lot of people and a lot of places are finding themselves in a very serious situation where we have young people addicted to a very harmful substance and now we are trying to understand. Young people themselves often talked about—and young people informed a lot of the vaping campaigns that are going on right now, which is great. We actually had young people at the table designing those campaigns. But some of that was about even testing with them the messaging and what's contained in vapes and understanding it. They've still got to believe that—they've got to understand that. For a period of time, we didn't know what we didn't know, and so messaging was confusing. Now there is very clear messaging. There is lots of messaging in lots of platforms on various places, but I think we are all collectively working together to try to help people who are going through something pretty harmful. I wouldn't be able to say yet whether I think anyone is leading in this space, although New South Wales has done great work.

Dr HUGH McDERMOTT: It appears from the evidence we have had so far today that people have been going to the stores and buying it. I imagine they are adults, predominantly, whereas we have had evidence just recently that you can buy it online on Instagram. But we haven't had a discussion at all about enforcement of the social media platforms and stopping the sales and stuff like that. Would you see that as a key to stopping the youth being impacted on?

ZOË ROBINSON: We have seen that, and young people themselves have said that about the access they have through social media.

Mr TRI VO: Thanks for coming today. I understand you have been working with a lot of youth, so that's your expertise. You work directly with them and you understand their thoughts and all that. In terms of the boys and girls, are they about the same, do you think?

ZOË ROBINSON: Certainly, I can give that. In terms of the work that we did, when we did our piece of work we had a fairly even split: 97 were female participants, 108 were male and 12 identified as transgender. Within the work that we did, and that was around 210, 120 of those reported as vapers. We didn't necessarily break it down. I can double-check and come back to the Committee on that—of the 120 who reported vaping, whether there was a split in terms of male and female. But you would see a fairly even split, I imagine, and you've heard evidence to that effect.

Mr TRI VO: From what you said before, it looks like you recommend helping them come out and try to seek support. That's for the shorter term, to provide an atmosphere where it is easier for them to come out and say, "I need help." For the long term, I think we need to help them with mental health, mental issues and anxiety. In terms of the suppliers, you think we should be hard on them in terms of compliance and enforcement. Is it fair to say that what I've just said is your recommendation? Or is there anything else?

ZOË ROBINSON: Children and young people very much talk about, as you would have seen in the report and as you have heard, how there is a holistic way and a variety of ways—not one size necessarily fits all. We have to be able to provide space where children can access online material if that's where they feel safe in terms of the first step that they might be taking. If there are trusted people and trusted leaders within their schools, we need to make sure they have access to the material as well as health professionals. The experience of children and young people is one thing. The other side of that is what we can be doing, as the people who sit around this table and who can influence policy and people, to assist in how we are importing, and that there's access to this. I take you back to that young person who squarely looked at me and said, "You should have stopped it." There's power in that as well.

When you were talking about costs before, I remember asking people in a community, "You said that cost $55?" In some regional areas—I know I have regional people on this Committee—there are a lot of young people who are working younger and who are working in family businesses and have access to funds. They didn't blink at $55 in terms of cost. The solution can't just be that we raise the price of them because young people have

an addiction. That's very difficult. You have to do all of these things in parallel, and I think there is a piece for decision-makers to own in terms of how we can stop the accessing of it. I'm not an expert in this space, by any means. My focus is obviously the voice of children and young people and their experiences. But as an example, if it is breaching a lease, why aren't we doing some of the things around leases and access to commercial property? There are avenues that we need to be exploring as well.

Mr PHILIP DONATO: Thanks, Zoë. It is nice to see you.

ZOË ROBINSON: It is nice to see you too.

Mr PHILIP DONATO: Thanks for your evidence today. It has been very helpful. What are young people saying about the adequacy of school-based education programs to address vaping, or what are your thoughts on whether they're sufficient or need to be improved? What have you heard and what's your opinion on that?

ZOË ROBINSON: Children and young people would like material that is helpful and informed and is not just the "don't do it" approach but understands the health impacts and the whole impact. But, like I've said, children and young people need that in a variety of spaces. School is one place, and health and wellbeing. I note the evidence this morning of someone who presented at the schools conference to PDHPE teachers. Again, there is a part for many people to play. It is not just for schools to solve this issue. There is one avenue there. The support in terms of learning, curriculum and education in school is one part of it.

Again, focusing on the fact that they did talk about mental health and anxiety, we need to make sure that we're supporting children and young people in that space. But with all work that we do in our office, we have to meet children and young people where they are, so that does involve online platforms. It does involve school and it does involve a variety of mediums. I've said it a few times but they did talk a lot about that peer to peer—children and young people will often talk about wanting to be able to see themselves reflected in the people who are talking to them about experiences and how you can stop or how you can assist. So I think we need to work on creating space for courageous, brave people to come forward to talk about their experiences, to assist other young people.

Mr PHILIP DONATO: That was going to be my next point. You talked earlier in your evidence about a variety of ways to support young people giving up vaping. As we have heard, it can be difficult to give up, and many young people, no doubt, may try and fail before they ultimately might succeed. What could the Government do? Or, like that wraparound level of support for young people who are trying to quit but can't and maybe want to talk to their family or carers about it but can't because they could be embarrassed or ashamed, what other support mechanism would you recommend or suggest that could be provided to assist that transition?

ZOË ROBINSON: There are some amazing services and you've heard from them today as well. The Cancer Institute has done great work in this space, and Life Education—I'm definitely from the generation that grew up with Happy Healthy Harold. I think that there is the ability to—firstly, that shame and that judgment, we need to work with young people to get through that part. If they have come through that part, then we need to give them all of the options in terms of the things that can support them. Noting that there are doctors and practitioners who are more qualified to talk about that side of things, what we have heard from young people is that time is important. You've heard that it might not happen the first time, but still being able to come back and have assistance—for it to be free assistance, where we can provide that, so that they don't have to have cost as a prohibitive for accessing that assistance—and then obviously in a variety of spaces. But I think we all as a community, in acknowledging that if you come forward and have owned the fact that you have an addiction and a problem, then we need to give you all of the tools to assist you with that.

Mr PHILIP DONATO: Thanks, Ms Robinson. I appreciate you giving evidence today.

The CHAIR: Thank you, Zoë, for appearing before the Committee today. You will be provided with a copy of the transcript of today's proceedings for correction. The Committee staff will also email any questions taken on notice from today and any supplementary questions from the Committee.

(The witness withdrew.)

Ms LAURA HUNTER, Co-Chief Executive Officer, Australian Council on Smoking and Health, before the Committee via videoconference, affirmed and examined

Mr ROBERT TAYLOR, Knowledge Manager - Policy and Advocacy, Alcohol and Drug Foundation, before the Committee via videoconference, affirmed and examined

The CHAIR: I welcome our next witnesses, Mrs Laura Hunter and Mr Robert Taylor. Thank you for appearing before the Committee today to give evidence. Please note that the Committee staff will be taking photos and videos during the hearing: The photos and videos will be used on the New South Wales Legislative Assembly's social media pages. Please inform the Committee staff if you object to having photos and videos taken. Can you please each confirm that you've been issued with the Committee's terms of reference and information about the standing orders that relate to the examination of witnesses. Ms Hunter? Can you hear me?

LAURA HUNTER: Yes. I can just hear you now; apologies, there was an issue with audio.

The CHAIR: No problems. I asked if you've received the information regarding the Committee's terms of reference.

LAURA HUNTER: Yes, I have, thank you.

The CHAIR: Mr Taylor?

ROBERT TAYLOR: Yes, I have, thank you.

The CHAIR: Do either of you have any questions relating to that information?

LAURA HUNTER: No, I don't.

The CHAIR: Would either of you like to make a short opening statement before we begin questions? Mr Taylor, you're nodding.

ROBERT TAYLOR: Sure, thank you. Briefly, I thank the Committee for inviting the Alcohol and Drug Foundation, the ADF, to appear today. I begin by acknowledging the traditional custodians of the land that I join you from today, the Wurundjeri people of the Kulin nation. I pay my respects to Elders past, present and emerging. The Alcohol and Drug Foundation is an evidence-based organisation that works nationally to minimise and prevent harm caused by alcohol and other drugs in the community. We see that urgent action is needed to address the rapid proliferation of the use of vapes in Australia, particularly amongst young people. While long-term health risks remain unknown, we support a precautionary approach to minimising harm.

True harm minimisation involves a systemic approach. The supply of unregulated vapes must be restricted through stronger enforcement at the border and stronger enforcement by State-based agencies. Reducing demand for vaping means targeting at-risk cohorts with age-appropriate information and evidence-based messaging, adequate support and referral pathways for those who need it, and appropriate pathways for accessing vapes for those who need them. Finally, responses to vaping use should be health-based, non-punitive and non-stigmatising. I call attention to the fact that it's currently a criminal offence in New South Wales to possess a nicotine vape without a script, as thousands of young people do every day. The maximum penalty for possession of a schedule 4 substance without a script is up to a $5,500 fine or 12 months imprisonment, or both. The Alcohol and Drug Foundation strongly advocates for the removal of those criminal penalties to better facilitate appropriate health responses, particularly for young people. Thank you.

LAURA HUNTER: Good afternoon, Mr Chair and Committee members. Thank you for the opportunity to appear as a witness today. I'd like to start by acknowledging the Whadjuk people of the Noongar nation as the traditional owners of the land I'm on today, and pay my respects to past, present and emerging Elders. ACOSH's council is a coalition of 31 prominent health, education, community, social service and research bodies from around Australia. We speak as a collective of strong, informed voices. You will have heard from previous witnesses today that the current situation in New South Wales in relation to e-cigarette use amongst our kids is a frightening one. You heard, in particular, from Professor Freeman and Generation Vape research showing that 90 per cent of young people are finding these easy to access. They're attractive with their flavours. Amongst those who have never vaped, more and more are becoming curious about them.

We as a council are incredibly worried, as everybody should be here on this Committee. We need to think about the impact of setting these kids up for a lifelong addiction to nicotine. When we were in Canberra recently alongside the Federal AMA, their vice president, who is also a GP, talked about her teenage patients, who admit to vaping during the night—under their pillow—because they can't make it through till the morning without it. They have to have that hit first thing in the morning. This is absolutely not where we want to be. I know this has

been reiterated today, but the NHMRC indicates in their statement on e-cigarettes that there is no health benefit of using e-cigarettes for people who do not currently smoke.

The legislation before the Federal Parliament at the moment addresses a number of key issues that will make it so much easier for the New South Wales Government around your enforcement and compliance efforts. It will stop domestic manufacture. It will close that loophole that has been discussed today. If the legislation is passed, it will mean the end of vape shops, convenience stores and petrol stations selling illegal goods in broad daylight to children. It puts vapes back where they should be: in pharmacies, accessible by prescription from a doctor or nurse practitioner who can supervise the clinical process.

I note that today you've heard a number of complicating factors, but the one I would like to bring your attention to today, in resolving this issue, is the interference of voices from the tobacco industry and their allies or front groups, who are trying very hard to have it both ways and ensure profits for their lifetimes and beyond. We absolutely know these products are marketed to children. I'm yet to find a middle-aged smoker who has been trying to give up the ciggies for the last few years reaching for a unicorn milk-flavoured vape. These kids are accessing these within New South Wales through retail outlets, and they're finding that access easier every time we ask them.

The answer to this, in our view, lies in the bill that's currently before the Federal Parliament. But for matters of this inquiry and this Committee, the answer lies in how well the New South Wales Government can align accordingly. You'll see in our submission that ACOSH has endorsed the recommendations of Cancer Council NSW and I know Ms Brooks was here this morning presenting on those recommendations. We also recognise the significant amount of enforcement that New South Wales has already done in the face of what we can all agree is a very complicated situation. Thank you for your time today.

The CHAIR: Thank you so much, both of you. Now we'll move to questions from the Committee. I might start by asking you, Ms Hunter, what action you would like to see the New South Wales Government take to ensure a higher degree of compliance with these vapes.

LAURA HUNTER: Very good question. From the perspectives of what's happening nationally, within Federal Government as well, the biggest, strongest thing that the New South Wales Government can do at the moment to address this issue head-on is to align with the Federal Government's reforms. We're hoping that they will pass through imminently within the next two months and when they do it will really come down to alignment of that within each State and Territory. Also, it will require sustained investment and research to capture that prevalence. You spoke to Becky Freeman this morning. That research is so vital for our work, even at a national level, and that's pretty much where I think the biggest impact will be had.

The CHAIR: Thank you so much. Mr Taylor, where do you see the greatest deficiencies in New South Wales's current enforcement and compliance regimes? How could enforcement be enhanced?

ROBERT TAYLOR: To my understanding—and there may be some specifics that I'm unaware of—NSW Health is doing a lot of the enforcement work within New South Wales, and I know there's been investment in that, which has been really positive. But the reality is we've seen it's all a game of whack-a-mole and the numbers are just unbelievable in terms of the stores, the prevalence, the ease of access and so on. It is a huge issue. There is a kind of systemic issue that's going to need to be addressed federally at the border to try to stop the import, to slow the import down, slow the prevalence down, to make it more manageable for the State. But as Laura was saying, alignment with the Federal legislation that gives the New South Wales Government more powers, more direct and more well-articulated powers to shut down those who are selling illegally is, I think, a really good place to begin.

Dr HUGH McDERMOTT: Thank you both for appearing today. I'll start with Ms Hunter. In your submission on page 4 you talk about targeted public messaging campaigns and other such campaigns, but you've also both said that we have fines here in New South Wales of $5,000. To be honest, I've never heard of that ever being enforced and certainly you can see everywhere people vaping. That doesn't seem to be happening. You talk about alignment, but alignment with the Feds won't make anything happen if nothing's happening here in the State as far as enforcement and other things go. Do you believe that the current initiatives are basically going to be effective to help teenagers and others, et cetera, quit vaping, or not? If not, what needs to be done? If there's a best practice we should perhaps be looking at somewhere, what is it?

LAURA HUNTER: Great question. I think in terms of the line that we go with, around aligning to the Federal Government reforms, is more about the fines and enforcement—the fines, in particular. The Federal Government reforms introduce penalties that target the suppliers, not individuals. I know that it has been mentioned today that spot fines also play a role in terms of using a vape in public places—on-the-spot fines are appropriate—but we are very much about penalties that align with those larger fines for suppliers. In relation to

Quit support, I know that the Government has invested financially to the Quitline. I know that the Quitline supporters and those counsellors are trained to assist people with a nicotine addiction, regardless of if that comes from a cigarette or from a vape.

Those counsellors are very, very well equipped to deal with this. I know there has been a lot of funding put into Quitline to support them in dealing with this. Yes, our application does identify the need to do some campaigns and to do some education with children and young people. We advocate very strongly for a comprehensive approach in public health. That involves all of that. Why we prioritise the legislation that is currently before the Federal Government is that at the moment there's a lot of education happening, as you've heard from a number of witnesses this afternoon. There's a lot of work happening with kids and a co-design method. But if you are seeing vape stores across the road 100 metres from a school entrance and they are still selling these colourful, beautiful packages, it's like addressing a tsunami with a bucket without those laws. So we do advocate for a comprehensive approach overall. I hope that answers your question.

Dr HUGH McDERMOTT: It's good and fine to go after those shops, and I may agree with you, but we've had evidence today from younger people—none of them have gone to stores. They get it online—Instagram and stuff like that. What's your answer to that?

LAURA HUNTER: There's a lot of misinformation about the fact that these kids are going online and ordering online to access vapes and that they're coming from overseas and they're going through Border Force. What they're actually doing is similar in a way to us ordering our groceries. We know that if a child goes on and orders a packet online, they're ordering it from a local retail store. I feel like these laws go as far as they should in relation to that, and we would support the New South Wales Government to align with the Feds but also ensure that enforcement and compliance measures are strong for the New South Wales community as well.

Dr HUGH McDERMOTT: Mr Taylor, you mentioned the $5,000 fine, which I have already raised. If we remove that—and I think that's what you said, that we should perhaps remove it—what would you replace it with? It's not the same, but I look at programs like we have with the drug courts, where if someone has an addiction, we don't lock them up so much. Sometimes we do, but not normally. We try to get them help. Are you talking about a similar type of program? What would you do?

ROBERT TAYLOR: The Alcohol and Drug Foundation obviously works across the illicit drugs space, and this is a learning that we have from working in that space. It's an evidence-based approach, which is that when we criminalise a personal-use behaviour—whether that's vaping or whether that's illicit drug use—it introduces stigma, it pushes people away from the health responses that they need and it creates barriers to resolving issues. And it often creates further harm, particularly if someone's dependence in and of itself may not be causing social harms. Someone going through the legal system clogs up the courts, it wastes police time and so on.

For example, your Government is introducing a drug diversion program. We see that as a positive—people being offered the opportunity to access a health response. The more opportunities for people to access health responses and appropriate information, the better. In this case, we would like to see someone possessing a nicotine vape not facing a fine, and ideally that they're accessing information through appropriate sources in the community—it's age-appropriate; it's targeted; it's evidence-based. Those resources that would otherwise be spent, in our view, in an almost wasted and harmful way should be diverted back into providing better education and doing more public health good.

Dr HUGH McDERMOTT: No more questions, Chair.

Mr PHILIP DONATO: I don't have any questions, Mr Chair.

Mr TRI VO: I have a question. What do you think needs to happen for the prescription model to work more effectively in the short term and also for the long term?

The CHAIR: Who do you want to address that to?

Mr TRI VO: It's a question for both of the witnesses.

The CHAIR: Who would like to go first?

ROBERT TAYLOR: Go ahead, Laura.

LAURA HUNTER: He knows I have a lot to say on this. Thank you for your question. It's a very, very good one. I think the prescription—governments know how to tackle a prescription model. You don't have antibiotics or the oral contraceptive pill available in cars outside the back of a school or being accessed in fruity flavours. We absolutely know that the prescription model works. What we have at the moment is that loophole in force. The biggest, most fundamental piece of the puzzle is the Federal Parliament at the moment and that bill going through. Without that, the enforcement is impossible. Whilst there's a lot of discussion in the media at the

moment about how the prescription-access-only model has failed, it hasn't been workable. It hasn't been able to be enforced in its current state because of that loophole. Once that loophole is closed off, we're going to see big impacts in the community on the ground.

The CHAIR: Mr Taylor, would you like to add anything?

ROBERT TAYLOR: Yes, I'll just add that I agree, firstly, with that point made there that it's been impossible to assess the efficacy of this while we've had this huge unregulated supply of illicit vapes in the country. That's really the first point. We've got to get that right. We've got to ensure that people who are trying to access it—the difficulty may be there may still be some vapes that have come into the country; we don't know. We just don't know how effective the border controls are going to be, unfortunately. If illicit drugs are any lesson, which we have that experience with, they may come into the country, still. It may be the case that there is still a small supply of illicit vapes. It may not be, and, fingers crossed, that is the case. If it is not the case and there is still a black market and there are still illicit ways for access, we need to ensure that anybody accessing vapes for smoking cessation is able to do so when they need it.

We need to make sure that the pathways are there. We need to make sure that they're accessible. We need to make sure that cost isn't a barrier. We need to make sure that prescribers are trained to have those conversations. We need to make sure there's good information out there for other health professionals who may be referring to GPs for smoking cessation. I think there are probably things we can do—fine-tuning the referral and prescribing pathways, just ensuring that those are really well-oiled and that they're connected to Quitline, for example. But, yes, we've got to nail the illicit supply, as a start, and also bring—as we've said before, it is a systemic response. We need to control the supply. We need to create a really strong pathway for those accessing them legally and we need to provide health responses for those that need them. Nothing works without the other responses. It needs to be systemic.

Mr TRI VO: Once the Federal bill is passed by both Houses of Parliament and we've got everything in place, do you anticipate a surge in demand for prescription vapes under the new system?

LAURA HUNTER: That's a very good question. Actually, I was at a meeting in the last 12 months with the TGA, and they have indicated that there was a lot of noise made when codeine was made a prescription-only drug and everybody said, "There are going to be lines outside the front of GP offices. You wait, you watch—it's not going to work." The TGA indicated that never eventuated. We need to look at the big picture here. Eight per cent of the population smoke. Our understanding of how people quit—the vast majority do so successfully cold turkey; we're talking up to 70 to 80 per cent. I don't want to inflate how bad this will be for GPs because we're talking about fractions of fractions of that 8 per cent.

We also have GPs represented on our council. Actually, when I talk to them, the biggest issue for them at the moment is the fact that tobacco representatives are turning up at their clinics, wanting doctors to prescribe their vapes. I know the RACGP is currently working really hard on that and supporting GPs in this space, but I definitely want to assure the Committee that GPs are actually indicating that this isn't going to overwhelm them, given that 8 per cent of the population smoke and a small fraction of those people may need additional support via a vape.

Dr HUGH McDERMOTT: To go on from what you've just said, because I was on my way to there as well, we've seen, especially in the US, drugs like OxyContin and others like that being prescribed by GPs and it's a problem. There is the illegal market as well. I'm surprised you say that GPs won't be flooded with it because I would imagine that if you're a person who vapes, unless maybe if you're a teenager, you will go straight to your GP and ask for a prescription. The concern I've got is that they'll give it out but there's nothing else apart from that. If the person has come to them with an addiction to cigarettes and they want to quit, fine. But if they just want a prescription, what stops a GP not giving it to them? If they don't give it to them, then there'll still be the illegal market there. The markups are huge—400 per cent to 500 per cent from what it's made from. How do we get around all that? How do we deal with that? That question can be to either person.

ROBERT TAYLOR: I'm happy to talk to some of that. I think there are a couple of things. First is that the first line of treatment that GPs offer is traditional nicotine replacement therapy. So if someone walks in, whether it's for smoking cessation or vaping cessation, they will be offered subsidised patches, gums, this kind of thing, other treatments—Champix is the existing treatment—and if those have failed or they're not suitable, then the prescription vapes will be offered. There are the other options. There's also the option to step down if someone is using a vape and they want to step down from that. They can step down to traditional nicotine replacement therapies as a way of stepping off the vape, kind of decreasing their nicotine dose over time.

Dr HUGH McDERMOTT: Yes, but you're talking about people who want to give up smoking. I'm talking about people who are turning up because they can't get their vapes now. Maybe they're a bit older, and

it's something which was said before in regard to not seeing middle aged people wanting a unicorn one. I have an older brother who basically does. He started importing the stuff years ago and he has that type of stuff. My concern is that we may finally get rid of it in the shops and places like that and it could still be bought online, but a lot of people will just go to their GP and ask for it. They don't want to give up; they just want to keep going and get a supply somewhere else that's legal. What helps us to stop that?

LAURA HUNTER: If there are children who are using vapes and are addicted and seek a prescription from their general practitioner, that alone is a win because they're automatically help-seeking from a health professional that is capable of supporting them. I think that behavioural support and counsel from a GP is really important to change and reorientate that process that encourages them to quit. I will say as well that the legislation before Parliament at the moment introduces product standards. I know that harms of these products have been discussed and why are we okay with them being prescribed to people who are smoking. These are going to be made a lot safer through this new legislation.

Also there is the prescription access pathway, and the TGA presentations that I've attended of late have discussed things like concentrations of nicotine. So you can actually change the concentration levels of a nicotine vape that is prescribed to support a gradual withdrawal. I understand your concerns around the fact that that's coming in with an assumption that they want to quit, but I think that even just that connection to a health professional off the back of a highly addictive substance is really, really important and one that we should be encouraging.

Dr HUGH McDERMOTT: Do you think there need to be guidelines for GPs?

LAURA HUNTER: There are very, very good guidelines that they have only just released, I think. Robert, is that right? They're very thorough, very comprehensive. I'm not a clinician but I think that they have had a huge consultation process in generating those guidelines and those prescription pathways.

The CHAIR: Thank you both for your attendance before the Committee today. You will be provided with a copy of the transcript of today's proceedings for corrections. The Committee staff will also email any questions taken on notice from today and any supplementary questions from the Committee. Once again, thank you and it has been a very informative session.

(The witnesses withdrew.)

Ms KATE MUNRO, Chief Executive Officer, Youth Action, before the Committee via videoconference, affirmed and examined

The CHAIR: Thank you for appearing before the Committee today to give evidence. Please note the Committee staff will be taking photos and videos during the hearing. The photos and videos may be used on the New South Wales Legislative Assembly social media pages. Please inform the Committee staff if you object to having photos and videos taken. Can you please confirm that you have been issued with the Committee's terms of reference and information about the standing orders that relate to the examination of witnesses?

KATE MUNRO: Yes, I have.

The CHAIR: Do you have any questions in relation to that information?

KATE MUNRO: No.

The CHAIR: Would you like to make a short opening statement before we begin questions?

KATE MUNRO: Yes, I would. First of all, I want to acknowledge that I am on Gamaragal land, and I'd like to pay my respects to Elders past and present, and to extend that respect to any First Nations people on this call. I also thank you very much for the option to appear online. I'm really grateful to be able to appear before the inquiry on behalf of Youth Action in our capacity as the peak body that represents young people and the services who support them in New South Wales. I also want to thank the Committee for upholding the right of young people to have their voices and lived experience included in the development of policy solutions that address issues that impact their lives.

I know I am going to speak in a little more detail about the key findings about what we heard from young people in the youth sector as we talk, but I want to highlight three overall themes that came through our consultations. Firstly, young people were clear that they wanted to be involved in the co-design and implementation of solutions along the whole spectrum of interventions, from education and health promotion through to specialised drug and alcohol support. Secondly, solutions in relation to young people's use of e-cigarettes and vaping can draw upon the existing body of evidence and the many successful examples of harm-minimisation strategies that have been implemented in relation to young people and drug and alcohol use and, in particular, those previously used to reduce the use of cigarettes by young people. Lastly, any solutions directed towards young people need to be provided through services and supports that have specialist expertise in working with young people.

The CHAIR: Thank you so much. We will now move to questions from the Committee. If the Government moves towards banning vapes from young people, do you expect the restrictions will lead to young people seeking other unhealthy, potentially dangerous alternatives, including going back to smoking cigarettes or starting cigarettes? What is your view on that?

KATE MUNRO: Yes, that is always an issue around criminalising drug use—that it pushes people into use of different substances, it stigmatises them, and people don't seek support. One of the things that we heard from young people in the sector—cigarettes have been illegal for a really long time for young people anyway. In terms of what we were hearing from young people, they're used to that not being legal, so it's not something that feels unusual to them. I think vaping seems more of an aberration. It's the thing that suddenly everybody is able to do. But previously young people weren't engaging in cigarette smoking anywhere near the levels that they are in vaping. I can't speak to the legislative piece; we didn't go into that with young people. I think young people are used to nicotine use being something that—the same as alcohol use—isn't available to young people under 18 years, anyway. So it's not an unusual situation for an under-18-year-old. It is a different situation for 18- to 24-year-olds, and that's an age group that we also cover.

The last piece I can speak to is, Youth Action has a position on any punitive outcomes for young people, particularly things like fines. There's a really high disproportionate impact on young people who are doing it tough—young people experiencing poverty. That can cause a whole world of unintended consequences. Certainly for us the approach is a harm-minimisation one. That's been a tried-and-tested approach to dealing with young people and drug use for a very long time. We know that that works. We know that's what supports young people who seek help.

The CHAIR: We have heard earlier evidence that young people vaping are not really aware of the chemical substances within the vapes and how harmful they are. We have heard of components like weed killers and acetone. If young people were educated on what they're actually vaping, would that have an impact on their decision to continue or not?

KATE MUNRO: Absolutely. Young people that we heard from were very strong about wanting to be able to make informed decisions. Again, this is something that, in health promotion, is always about how do we provide information to young people to make informed decisions about a whole range of health issues. I think you're right. Because this is quite new and possibly because the legislation—vaping has been supposedly okay, I think young people think that it's less dangerous. I think they know that cigarettes, tobacco—we've done a lot of work around other commonly used substances and they know what the health risks of those are. I think we're playing catch-up in terms of informing young people about what those health risks are. Certainly, that's what we heard from young people. They spoke a lot about wanting to know what it is about vaping, and its mixed messages.

Dr HUGH McDERMOTT: Thank you for appearing today. I have a couple of questions. With your experience with young people—and obviously your organisation deals with a lot of different groups, which is great—is there a particular group of young people that are particularly at risk of vaping?

KATE MUNRO: When we heard from young people, the factors that underline their vaping use are around stress and anxiety, and it's peer pressure and it's wanting to fit in. Those are fairly common reasons across the board for young people to pick up drug use. Certainly, for young people that are getting into that higher level addiction, I think those groups of young people that are at risk of picking up substance use across the board are always going to have a vulnerability in relation to it because there are just so many more things happening in their lives. It's having something to address that stress, those problems and all of those things and those challenges that they're facing. When we heard from young people about what they wanted in terms of addressing vaping use, it was very much about, "How do we learn to manage stress? How do we learn to tackle peer pressure? How do we learn to make really good choices about our health?"

Dr HUGH McDERMOTT: But is it any particular group? It is Indigenous groups? It is young women? Is there any particular group?

KATE MUNRO: I can't speak to it. I'm happy to take it on notice and look into that. Certainly, what we heard from the youth sector is that for those young people that they were working with who are already involved in more complicated and more complex challenges, particularly around mental health and around substance use, vaping was another thing that they had taken up. So there's that group.

Dr HUGH McDERMOTT: So they already had addictions to other drugs. Is that what you're saying?

KATE MUNRO: Yes, and often vaping is similar to smoking. Smoking is the thing that is, in their minds, the least harmful drug that they're using. But we didn't do research on that.

Dr HUGH McDERMOTT: It would be interesting if you could come back to us on if there's a particular grouping that we can start doing more work in or helping with. Certainly, from the evidence today, it's younger women and adolescent women, regarding stress and other issues. That has been raised with us a number of times. I'm just wondering if you could come back to us with that. That would be very good.

KATE MUNRO: Yes, 100 per cent. Absolutely. Anecdotally, young women were always the higher risk group with smoking as well. Again, there are those commonalities in terms of what substances young people are drawn to.

Dr HUGH McDERMOTT: You gave evidence also that you felt that fines—and I believe in New South Wales they are around $5,000 at the moment so quite significant on anybody, let alone on youth—wouldn't be good, wouldn't work and add more stress. Do you think an alternative would be that there is either a fine or treatment? Someone is caught or is found and they either pay the fine or they have to go and seek treatment with a GP and a program? Is that a better solution?

KATE MUNRO: Yes, absolutely. We would say that for any form of drug use. Giving young people that opportunity to make changes in their behaviours is absolutely going to have that long-term behaviour change impact as opposed to a fine, which isn't necessarily going to achieve that goal.

Dr HUGH McDERMOTT: You mentioned a moment ago that a lot of the people you're dealing with have other addictions. I hate using the word "gateway", but do you find they started with vaping and then they moved to cigarettes? Is there any evidence of that?

KATE MUNRO: Again, it's anecdotal from what we heard from services working with young people. I don't know if it's a gateway, but I know that, in the same way that smoking was always prevalent amongst other groups of young people using other drugs, it's prevalent. I don't know if it was the first thing they picked up or not. I know that there is not necessarily a causation but a correlation, definitely. When you think about it, when it's about young people using to alleviate stress and to try to fit in and to deal with daily challenges, those are young people who—there are a lot of things on a daily basis that those young people are tackling.

Mr TRI VO: Thank you, Ms Kate Munro, for attending the hearing today. Are you able to provide examples of peer education models being delivered in schools that focus specifically on health issues, including mental health issues? What are the advantages of peer education approaches?

KATE MUNRO: I can give you an example of a peer education group program. We're funded by the Ministry of Health for a project called Ask For Health. The aim of that project—it's not around vaping—is to support young people to be able to better navigate health systems across all of the different health issues that they are affected by. We have a team of young people who we have trained as peer facilitators who train up youth workers or teachers or other people who are working with young people to have those conversations with young people about how do you even have a health conversation, how do you find out where safe and reliable information is, how do you decide whether you need support about something. That's just one example.

There are a number of really great mental health programs that are peer education models. It is quite common in the mental health space. Batyr is a very well-known large non-government organisation, and they run a number of programs in schools that are based on young people speaking about mental health issues to destigmatise help-seeking behaviour. Certainly in the youth sector, that peer education model is very common and we know that it works. The reason it is so common is we know that it works. Young people really want to hear from people who have similar experiences to them and that they can relate to.

Mr TRI VO: Do you think the peer education is quite effective compared to other programs?

KATE MUNRO: I think it is effective in the health promotion space. I think the other thing that is really important is that for young people who need specialised drug and alcohol treatment, that that's also really important and that's provided by people who are trained in therapeutic interventions. In terms of awareness raising, health promotion and getting young people to a point where they start to make decisions about, "Well, maybe my vaping use is actually not okay; maybe I actually really do need support," having a peer education model is a really great intervention strategy at that point, because it's often a peer or somebody that the young person trusts who is going to be the first person that plants the seed of that treatment idea in their mind.

Mr TRI VO: What do you consider best practice in designing public health campaigns aimed at young people?

KATE MUNRO: In terms of what Youth Action would say is best practice, it is making sure young people are involved in that co-design process. We certainly heard from young people in these consultations, and we hear from young people across the board in all of the work that we do, that they want to be involved in designing those, whether it is a campaign, whether it's an awareness approach. Whatever it is, they want to be involved and have their voices and lived experiences included in that. We see that all the time in health promotion, whether that's through use of social media, through use of resources or through use of influential young people. If young people are involved in designing that, then you're going to get a much better take-up of it.

Mr PHILIP DONATO: I read the report in your submission. Youth Action represents a number of organisations across New South Wales, especially in our First Nations cultural regional areas, amongst other areas or groups. Being a regional MP, I'm interested in some information that you might be able to share or provide to this Committee on how things are working in the regions, especially. Just so I'm clear, is Youth Action for under-18s?

KATE MUNRO: No, 12- to 24-year-olds.

Mr PHILIP DONATO: Do you have much interaction with other agencies or youth agencies—things like headspace, for example? Do you have collaboration with them?

KATE MUNRO: Yes, we do. We are a member-based peak organisation. As well as members, we have a range of stakeholders. Because we represent the services that support young people, we're connected to those kinds of services all over the place. A number of those are health services, and headspace is one of them. There are local health districts that we're connected to. There are all sorts of youth and adolescent health services, mental health services.

Mr PHILIP DONATO: If a young person wants to get in contact with Youth Action, do they do that online? Is there an app? How would they get in touch?

KATE MUNRO: In terms of contacting us, it's predominantly online. Our work is in that systemic advocacy space. But people can contact us online or they can join up as a member, so we have opportunities to do that. The value that we add—thinking about your question about regional communities—is we advocate for ensuring that the services and supports that young people need in regional communities are able to be there. That's particularly with decision-makers. How do we invest in those communities to make sure that there are services

that can support young people? Particularly in relation to vaping and e-cigarette use, it's about the role that youth services can play as an information point, as a trusted adult and as a resource.

In metro areas, you might have a whole lot of access to different health services. You might have quite a lot of services to choose from, whereas in your area, I know you have an amazing hub that operates with Orange council and I know that the Youth Development Officer has done a heap of work in making that a really safe space for young people to connect. We would advocate that services like that—there's training for those youth workers about how to have those conversations with young people about health, vaping and cigarette smoking so that they can be that catalyst for a young person's behaviour changing. At the moment, youth workers are as confused as everybody else in the sector is about what vaping messages are.

Mr PHILIP DONATO: Up until now, it has been unregulated. It has been fairly [audio malfunction] to the enforcement of it. There are limited resources in enforcement, especially in the bush, in terms of cracking down on illegal vaping stores or operators. How big an issue, from your experience, from Youth Action, would you say vaping represents across a number of issues that you probably hear about and deal with involving young people?

KATE MUNRO: We hear about it all the time. We wouldn't normally step into a particular health issue space. We have our health project but it's a one-worker project and there's a website. Actually, when you were asking how young people can connect, they can connect through our health website. But this is one that was coming up in every other consultation that we were doing. To be fair, a lot of it's from young people who are not vaping but are affected by their peers vaping. For young people, it's a very prevalent issue. I think there's a lot of issues impacting young people, as you're all aware of at the moment. But certainly for young people, this is one they speak about a lot.

Mr PHILIP DONATO: That would be my understanding of it as well. We heard evidence earlier about the peer pressure involved around getting other young people engaged or participating in vaping. Often that can be about introduction. They feel pressured by their peers or to fit in with the school community, with their friends or with a new group of people they might be meeting. They feel like there's some obligation, pressure or peer-group influence to get involved in vaping. How do we stop that? That has always happened, whether it was cigarettes or whether it be any other thing. I heard the questions that Tri Vo asked you earlier about your peer educational approaches, but how do we really stop that negative peer influence, from your perspective?

KATE MUNRO: You're right; it has always happened, whether that's around drug use or whether that's around risky, dangerous behaviours. Peer pressure is something that young people have to tackle all the time. In a past role, I worked in the drug and alcohol space, and smoking was the big thing. We spent a lot of time looking at that. I would say that there are strategies that worked in that space. For this submission we found a statistic that, in 2001, 51 per cent of young people 18 to 24 years old had never smoked. By 2019, 80 per cent had never smoked. And of 14- to 17-year-olds, 97 per cent had never smoked.

That tells me that we did really good work just prior to when vaping hit. It would be about looking back at those strategies. A lot is about what happens in the youth sector. Again, it's role modelling. It's engaging young people in programs that have that healthy lifestyle aim and that are giving them a sense of meaning and connection in their communities, without them having to feel like they need to be drawn into something else. But I think we've been doing it for a long time. This has caught us on the hop but I don't think it's a different thing. It's a different substance and, by all accounts, it's a much more harmful substance, but the underlying factors aren't different and the approaches aren't different.

Mr PHILIP DONATO: I think you were asked a question earlier by the Chair about an educational awareness package or program delivered to young people and about what ingredients or chemicals went into the making of these vapes. I'm sure young people are probably also conscious of potential long-term health effects. If they were to know that what they're ingesting via vape isn't just some vape water or innocent chemical—it is quite harmful, worse than cigarettes, highly addictive and contains carcinogens and all sorts of chemicals. We've heard about weedkiller, arsenic, formaldehyde and a whole range of other things. Tell me if you agree or not, but if a message was promoted amongst young people—and it would be confronting—they would know exactly what is contained in these vapes. They're not just some sort of water vape with just a bit of essence, flavouring or smell. It's quite harmful and will probably kill you if you continue.

KATE MUNRO: That's what young people said. They want more factual information about it. They don't want the scare campaigns but they do want the factual information. And, again, when you co-design those educational resources with young people, they'll find a way to present that information in a way that speaks and resonates to their peer group. But, yes, they are definitely saying that they want to know more about what it is. There is this misconception that it's safe.

Mr PHILIP DONATO: That's exactly right, and it's far from safe. Thanks, Kate. I appreciate your time.

The CHAIR: Thank you, Kate, for appearing before the Committee. You will be provided with a copy of the transcript of today's proceedings for corrections. The Committee staff will also email any questions taken on notice from today and any supplementary questions from the Committee. Once again, thank you for your time today.

KATE MUNRO: Thank you very much. I really appreciate it.

(The witness withdrew.)

The Committee adjourned at 15:45.