

PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

Inquiry into Vaping and Tobacco Controls

Melbourne – Monday 29 April 2024

MEMBERS

Sarah Connolly – Chair

Nicholas McGowan – Deputy Chair

Michael Galea

Mathew Hilakari

Lauren Kathage

Bev McArthur

Danny O'Brien

Aiv Puglielli

Meng Heang Tak

WITNESS

Dr Clare Looker, Chief Health Officer, Department of Health.

The CHAIR: I declare open this public hearing of the Public Accounts and Estimates Committee, and I ask that mobile telephones please be turned to silent.

I begin by acknowledging the traditional Aboriginal owners of the land on which we are meeting. We pay our respects to them, their elders past, present and emerging as well as elders from other communities who may be with us here today.

On behalf of the Parliament the committee is conducting this Inquiry into Vaping and Tobacco Controls. I advise that all evidence taken by the committee is protected by parliamentary privilege. However, comments repeated outside of this hearing may not be protected by this privilege.

Witnesses will be provided with a proof version of the transcript to check, and verified transcripts, presentations and handouts will be placed on the committee's website.

I welcome the Victorian Chief Health Officer Dr Clare Looker. Dr Looker, I am going to invite you to make an opening statement or presentation of no more than 5 minutes, and this will be followed by questions from the committee. Thank you.

Clare LOOKER: Fantastic. Thank you very much for the invitation to come here today. The health harms of tobacco smoking are well known, and the evidence is clear that there is no safe level of smoking. The research on the health impacts of e-cigarettes is evolving rapidly, but there are many health impacts which are now well established. We know there is conclusive evidence that the use of e-cigarettes can cause e-cigarette or vaping product use associated lung injury, or EVALI. There is also conclusive evidence about the risks of acute nicotine toxicity, including, as we know, a number of tragic deaths in young children who have accidentally consumed liquid nicotine. There is also conclusive evidence of burn injuries from exploding batteries. There is emerging evidence of links between e-cigarettes and cardiovascular impacts, impaired lung function, low birth weight in babies of women who have smoked during pregnancy and links between carcinogens found in many e-cigarettes and cancer.

Finally, there is strong evidence of course that e-cigarettes are addictive, particularly among adolescents and young people, who are addicted at a faster rate and at lower doses of nicotine than adult users. We also know that users of e-cigarettes are three times more likely to take up smoking than those who do not use. There is some evidence that e-cigarette use amongst young people is associated with depression, anxiety, ADHD, eating disorders and, in some, suicidal ideation. Of course these harms do not just impact the individual – they impact their families, their work, school and our broader community.

E-cigarette use has grown hugely worldwide, and there is increasingly concern also about the environmental impacts of their use. E-cigarettes are often consumed and disposed of quickly. E-cigarettes contain a battery, a heating element, an atomiser, a cartridge, e-liquid and a mouthpiece. Manufacturing these products is energy consuming. It requires a large amount of water and generates lots of non-recyclable waste and pollution. Furthermore, much of that impact occurs in low- and middle-income countries where these products are produced. We know that when they are used the vapours can produce air pollution, and the discarded components, as I mentioned, like the batteries, can pose an explosion risk in waste and recycling facilities.

The health harms of tobacco and e-cigarettes are not distributed equally across our Victorian population. Smoking rates are higher in people living with mental illness, people with lower levels of education, people who are living with a disability, experiencing homelessness and in culturally and linguistically diverse populations. Smoking rates of course are also higher amongst First Nations people in Victoria. Tobacco and e-cigarette use is also higher among LGBTIQ+ Victorians, with e-cigarette use is approximately two times higher in the trans and gender-diverse community than our cisgender community. Particularly concerning are the rates of e-cigarette use among children and young people, and we know that those aged 18 to 30 make up the largest proportion of the current e-cigarette users at 54 per cent. The need to do more to protect those vulnerable to harms has been recognised in the *National Tobacco Strategy* and includes the prevention and reduction of tobacco use in priority populations as a key action area. The introduction of a Victorian tobacco licensing

scheme also aims to minimise the health harms caused by tobacco use in Victorians, particularly amongst priority populations.

The current regulatory environment for tobacco and e-cigarettes is complex. It involves application of multiple laws across different agencies and across jurisdictions. Of course the Commonwealth is responsible for enforcing restrictions at our border, things like seizing illicit tobacco and non-therapeutic e-cigarettes, and state and territory governments are responsible for policing the sale and supply of tobacco and e-cigarettes in retail settings. I am sure you know the Commonwealth has begun to introduce laws that will more strongly regulate e-cigarettes, making them less accessible and appealing to recreational vapers and also improving the safety for those who legally access e-cigarettes through a pharmaceutical pathway. The Victorian government is working closely with the Commonwealth and other states about how to develop and introduce these reforms. The Premier has committed to introducing a Bill in the second half of this year to develop a tobacco licensing scheme, and that is a scheme which is aiming to minimise health harms and reduce consumption of illicit products particularly. Of course a best practice licensing scheme adopts a risk-based approach to minimise harms and impose a proportional burden on industry that is proportionate to the level of harm or risk posed by that particular activity and the participants.

Regulation is clearly important, as is legislation, but evidence consistently shows that a multipronged and comprehensive approach is needed to minimise the impacts of tobacco and e-cigarettes. This comprehensive approach needs prevention of uptake – both through regulatory and behavioural interventions – taxation and sustained, well-funded and coordinated media and health promotion campaigns with targeted messaging for high-risk populations. We also need to counter some of the weaponisation of social media, particularly in how it engages young people, children and new users. We need to continue to advocate for smoke-free environments, including free of tobacco and e-cigarettes, and have targeted messages to protect non-smokers and vulnerable groups. We also of course need widely available, evidence-based smoking and e-cigarette cessation supports medically, psychologically and behaviourally, particularly for priority populations. Thank you.

The CHAIR: Thank you, Dr Looker. We will go to Mrs McArthur first.

Bev McARTHUR: Okay. Thank you very much for appearing today. If cigarettes are so bad, why don't we ban them?

Clare LOOKER: I think if we had our time again, we might reconsider that. The fact that their use is so widely established, and we know that nicotine is a highly addictive chemical, the evidence shows that just withdrawing them completely from sale would not only be very tricky for users to stop using but would likely also fuel black market and illicit trade. I think if we had known all the risks that we know now many, many decades ago, that perhaps would have been a more viable option. If only.

Bev McARTHUR: How much does the government depend on tobacco for its taxation revenue?

Clare LOOKER: Gosh, look, it is not in my immediate remit, the numbers. I can find out that information for you. I think the evidence is pretty clear that the cost on our health system and economically, socially, right across community is I would argue far greater than any taxation revenue that is coming in through any of those avenues. The overall saving – I would have to get numbers for you – I am sure would be much greater if we did not have the problem in the first place.

Bev McARTHUR: So if we ban a product, like we are at the moment – e-cigarettes are banned, but we seem to have a major criminal market involved and children getting involved in the use of them. That is not working either, is it, prohibition?

Clare LOOKER: No, I think you are right, and that is part of the prompt to re-examine regulation both locally and then also some of the activity that is happening at the Commonwealth level. I think lots of methods have been used, and there has been a huge emphasis on both those legislative and regulation tools. But we know many of the other powers influencing the promotion and sale of these are very strong, so we need to continue to adapt to those. I am very confident that the introduction of tighter restrictions on how tobacco can be sold but then also the availability of e-cigarettes will make a difference. I think just reducing supply, though, is not the only answer. We obviously need to also work on the demand side of the equation, so that is through the behavioural supports, the education supports, some of the good work I am sure you are going to hear about

later from colleagues in the room in the health promotion space and also of course those supports around cessation therapies.

Bev McARTHUR: We have got this product that seems to be readily available. We have got it sitting here on our desk. Would it be better to legalise and tax this product, to regulate it, and then you can check what is in it?

Clare LOOKER: Well, at the moment there is some regulation and legislation, but I think what we have found is that although the intention is not to have nicotine-containing e-cigarettes for sale, that is not the experience. They are still making their way into retailers and also making their way through online marketing and other methods of importation and getting into the hands of young people, so I think unfortunately what we have got at the moment is not working adequately.

Bev McARTHUR: Yes, that is what I mean. We have got an illegal product, and it is affecting children and other people. Would it be better to legalise the product and regulate it as well as tax it?

Clare LOOKER: I think having increased structure around the supply through pharmacies for a very targeted audience for e-cigarettes containing nicotine, to help people reduce their use and reduce their addiction to nicotine, is appropriate, and of course then having a positive licensing scheme for tobacco retailers should also reduce the supply of illicit tobacco.

Bev McARTHUR: But that does not account for vaping, having a licensing control over retailers. I guess the honest people will pay their licence fee, and the dishonest people will be out the back somewhere. If this product remains illegal – in other words, you can only get it with a script – the problem is going to remain, isn't it?

Clare LOOKER: Well, I think a huge difference is the removal of non-nicotine-containing e-cigarettes from retailers, which is in some of the recent changes. That should make this supply much less easy to access, so I think that will be a significant difference. Then increased support from the Commonwealth through their proposed changes around reducing importation should also reduce availability locally.

Bev McARTHUR: Finished?

The CHAIR: Yes, we are just going to move on. Sorry. Mr Galea.

Michael GALEA: Thank you, Chair. Thank you, Dr Looker, for joining us today. You gave some very interesting statistics at the outset on what some of the evidence is showing. We obviously all know about second-hand cigarette smoke. For people that experience second-hand vape smoke, for want of a better word, do we have any evidence as to the damage that can do?

Clare LOOKER: I think the evidence is obviously very strong on tobacco smoking. I think it is evolving, and we are seeing those suggestions of harms from vaping. It is a much younger field of research, so it is not as strong. I think definitely for vulnerable populations – so people who have pre-existing medical conditions, particularly respiratory issues, and pregnant women and young children – we know that there are impacts there, but it is a rapidly evolving field and, I know, a particular focus for NHMRC in terms of funding as well as further research in the area.

Michael GALEA: So that research is being done?

Clare LOOKER: Yes.

Michael GALEA: That is good to know. Speaking of young people, we heard from some young people two weeks ago in Shepparton. Quite alarmingly, the school captains of the local high school told us that it is seen as almost uncool for older kids to do it because it is seen as a young child thing to do. In a separate inquiry that week we heard evidence from a primary school teacher that said she has never seen a prep or grade 1 vape but that she would see it from grade 2 onwards and particularly from around grades 4 or 5. I am wondering about the particular impacts of vaping on young people, including very young people, children.

Clare LOOKER: Look, it is pretty horrifying, isn't it, and I think speaks to the very – well, I think 'sinister' probably is an appropriate word in terms of how the pervasive marketing and influence are both sort of driven

directly by the commercial interests but also from the power of peers, particularly in young children. We know young lungs are more susceptible to injury from a whole lot of things – smoke, bushfire smoke, second-hand tobacco smoke and also vaping. I think what is also part of the great concern with these products is that we do not know everything that is in them. We know many of the ones that are not meant to have nicotine do have them but also a whole bunch of other known carcinogens, so the potential to cause cancer. When you have got a young body growing rapidly, those impacts can be much more pronounced. It also obviously speaks again to the need to have a very broad and comprehensive approach in how you tackle the problem. We can work fiercely, as we should, around supply and reducing availability but then also all the other sorts of social and behavioural supports, particularly for young children who are feeling driven to take that up, and I think quite nuanced approaches not just across different population groups but also what a 15-year-old needs is probably quite different to what a middle/primary school aged child needs in terms of intervention.

Michael GALEA: Thank you. You talked about nicotine in products that are not meant to have nicotine in them. Also, I am assuming there are products where even if there is supposed to be nicotine, there are far higher levels than what they are meant to be. Is that what you are seeing?

Clare LOOKER: Yes, I believe so. I think there is a huge variability in the quality of products that we have seen making their way through to the state – a variation, yes.

Michael GALEA: Thank you. Thank you, Chair.

The CHAIR: Thanks, Mr Galea. Mr Hilakari.

Mathew HILAKARI: Thanks so much. We really appreciate your time and a very informative start to it. I was interested actually just in the ADHD. There was some evidence of linkages with e-cigarettes. Do you want to just expand on that a little bit further if possible?

Clare LOOKER: The research that I am aware of is actually out of the US, and it is looking at a whole range of impacts in young people. They are often population-based studies, so it is difficult to disentangle different factors. But there is definitely a suggestion of higher rates amongst vape users. I can find the particular research references for you. I think there is a graduation in terms of the strength of evidence across health harms, so there are things that are much more established and others that are really just in the early stages of being examined. I think in completeness, there is sufficient evidence that it is not a healthy thing.

Mathew HILAKARI: No, that is right. In terms of the research, is the research looking at black market e-cigarettes or those e-cigarettes that are not regulated and the product is unknown that is inside them, or is it looking at those ones that are just regulated? Population ones would take that into account.

Clare LOOKER: I will have to confirm for you. I had read it as though it was everything sort of broadly available, because I think it was speaking directly to young people and asking what they use and how much they use, so I suspect they potentially did not have full insight. But I had better chase that up for you.

Mathew HILAKARI: Fantastic. In terms of what we can learn from the campaigns around cigarettes and tobacco, and I will be asking some others later in the day about these things as well, what have we learned from that that we can deploy for e-cigarettes, particularly for young people?

Clare LOOKER: Obviously the space has evolved hugely with the advent of online media. I think it is the importance of including peers in both these discussions, as you have obviously done, but also making sure that they are very much informing the health promotion strategies. I know there have been some particularly successful programs. One particular program I am thinking of in New South Wales was delivered through schools. I think it is both delivering in different settings and recognising the different kind of receptiveness, I suppose, that young people might have to some of that health messaging depending on where it is delivered and who delivers it.

Mathew HILAKARI: We have talked a lot about licensing regimes, and I note in the submission that you made there is a \$2.3 billion gap between the revenue that should be achieved through a non-illicit tobacco regime and an illicit one. If we think about Victoria's share of that, about half a billion dollars or more, that would make a really big difference on an annual basis to supporting people to get away from cigarettes and tobacco products, wouldn't it?

Clare LOOKER: Yes, huge.

Mathew HILAKARI: And the federal government receives all of that revenue at the moment in terms of that. Anyway, it is a really interesting topic to be looked into, around a licensing regime and what the federal government might support with that.

In terms of our public health and wellbeing plan, there have been reductions in smoking by adults and adolescents by 30 per cent. How are we tracking on that, and do you expect the next plan will include e-cigarettes as part of it?

Clare LOOKER: We do have an outcomes framework that looks at that priority, the reduction of 30 per cent in smoking in both adults and young people. We have definitely seen a reduction in adults. Unfortunately, I think rates are reasonably steady in young people, and it is something we will be watching very closely. A concern would be if there was any reduction in the availability of e-cigarettes, we would not, obviously, want to see that transfer into an increase in smoking rates. But e-cigarettes are definitely on our radar as a key health priority, so it will be sitting in the public health and wellbeing plan's next iteration.

Mathew HILAKARI: Fantastic. Thank you, Chair.

The CHAIR: Thank you, Mr Hilakari. Ms Kathage.

Lauren KATHAGE: Thank you, Chair. Thank you so much, Doctor. I really appreciated you starting with the list of the harms and the harmful nature of e-cigarettes as well. The evidence that we received in Shepparton from schools was that for parents a lot of them saw it as a safer option for children or that at least they are not smoking, and the school nurses also shared that. We also to some extent heard from the public health officials that day around cigarettes being more harmful than e-cigarettes, which potentially on an individual basis is correct but at a population level looking at the rates maybe not so. The public health campaigns that you run – is there a focus on dispelling some of the myths around e-cigarettes?

Clare LOOKER: I probably should acknowledge that many of our campaigns are run across partners – the best way often. We have got now a large local public health unit and work closely with local government and other community organisations in delivering some of that messaging. Yes, I think where we can dispel specific risks, that is always part of our intention, and again that is through testing a lot of that messaging with the particular audiences who it is focused at. I think you are right in terms of that observation, and it was definitely how they were originally marketed, that vaping or e-cigarettes were a cleaner and safer alternative than tobacco smoking. I think that is a lot of what has been particularly in some of the marketing directly to children. We know that it is not the case, and we know on many occasions it has much higher rates of nicotine than we see in cigarettes. So yes, we are very keen to dispel those myths. Particularly young people are always very engaged in evidence and data, particularly some of the epidemiology around it. So where we can use that also to support messages around other harms and also dispel some of those myths, then we try to do that also.

Lauren KATHAGE: You obviously work closely with councils through various programs. We heard from schools in Shepparton that the Department of Education provides them with a lot of public health materials to share with students. Does that originate from the Department of Health, or do you have a relationship with them regarding the development of messages?

Clare LOOKER: We obviously work closely on lots of pieces with the department. Potentially some of the programs predate me stepping into this role. I am aware of a number of successful programs that they run, but I would have to check what our department's direct involvement in developing those was. I am not sure.

Lauren KATHAGE: Just on the difference between younger people and older people, I think you said 54 per cent of e-cigarette usage is by –

Clare LOOKER: That is in 18- to 30-year-olds. Obviously we know it also is being used in much younger age groups, but the 54 per cent refers to 18- to 30-year-olds.

Lauren KATHAGE: Eighteen- to 30-year-olds, right. Then we are hearing, anecdotally, that usage is higher amongst those younger still. There also was evidence at Shepparton around sporting clubs being a place

for younger people to see older people smoking, because I guess it is not allowed so much anymore in other venues. Are there any plans for messaging around sports activities and smoking?

Clare LOOKER: Look, I think again we would be looking to work very closely with a lot of our partner organisations – and you will hear from VicHealth later – but also some of the community organisations on the ground and local public health units to work out how to deliver that best. But we are keen to reduce use in all of those settings, so we would definitely be open to that. I do not know that we have got a specific program being led specifically in the department at the moment around sporting organisations and vaping, but it would be part of a suite of the promotional activities, I would imagine.

Lauren KATHAGE: I recall as a young person when smoking advertising was banned through sporting grounds and television, and Ms McArthur would be very proud to know that at the time I wrote a letter to my local paper saying how silly that was – but people change. Thank you, Chair.

The CHAIR: Thank you, Ms Kathage. Mr Tak.

Meng Heang TAK: Thank you, Chair. My questions also relate to health and prevention education. What support does the Department of Health provide to primary and secondary schools? What we heard at the Shepparton hearing was quite concerning – primary school kids at grade 5 starting to use vapes. That is actually very concerning as a parent. But are you aware of any –

Clare LOOKER: Programs?

Meng Heang TAK: programs or success stories?

Clare LOOKER: It is very confronting to hear about those very young age groups. I am aware of a number of successful programs in secondary school. Again, in Victoria those are really, from the government perspective, led by the Department of Education with our support and collaboration on messaging but not directly delivered by us. I think there are also lots of examples interstate as well, and there is lots of national collaboration that happens through different forums about what has not worked and the evidence base for how to adapt to rapidly changing social media messaging and commercial messaging and how it is getting through to kids. I am not as familiar with what is happening in primary schools – I probably would have to take that on notice, I am afraid – but clearly there is a need there, and much of the content perhaps from secondary schools can also be adapted to that younger age group. But I would have to investigate further.

Meng Heang TAK: All right. If I can continue: in terms of the Department of Health and local government and the collaboration with local governments, local councils, are you aware of any successful programs or educational resources that are available to local government?

Clare LOOKER: We do lots and lots of work with them. Obviously, local governments are a key resource for us and partner for us in lots that we deliver in the public health space – communicable disease, environmental health, emergency management et cetera. With the current shape of the *Tobacco Act* in Victoria local council or local government do really drive the compliance and enforcement around tobacco sale in the state. They also obviously have very close links with local community organisations, which we were talking about earlier, and work closely with our local public health units to deliver population and community health messaging. So there are a number of different mechanisms that we engage with local council on, including specific to tobacco and vaping.

Meng Heang TAK: I have one last question, Chair. In terms of minors employed by council, do you support that idea or practice?

Clare LOOKER: Is this the sort of undercover shop –

Meng Heang TAK: Undercover, yes.

Clare LOOKER: Sure. I think it has continued to be supported because it has been very effective. I think unfortunately often it is the only way really to uncover whether there are sales happening to minors. In terms of the current situation where we have really got a negative licensing scheme – the mechanism that we have for cracking down on all inappropriate sale of tobacco products is through really demonstrating where someone has done the wrong thing or behaved in a way that contravenes the Act – that has been a successful way to do that. I

think probably as part of the changes that we are looking ahead to, both from the Commonwealth but also with local changes proposed for the second half of this year, that would be part of the suite of measures that would need to be refreshed to see whether that is still fit for purpose in a new legislative landscape. But I think to date it has been successful.

Meng Heang TAK: All right. Thank you. Thank you, Chair.

The CHAIR: Thank you, Mr Tak. Thank you, Dr Looker, very much for appearing before the committee today. The committee will follow up on any additional questions or questions taken on notice in writing, and responses are required within five working days of the committee's request. The committee is going to take a short 5-minute break before recommencing the hearing. I declare this hearing adjourned.

Witness withdrew.