

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

WITNESSES

Jim O'Shea, Chief Operating Officer,

Stephanie Kilpatrick, Executive Director, Policy Advocacy and Communications, and

Clare O'Reilly, Director, Health and Healing, Victorian Aboriginal Community Controlled Health Organisation.

The CHAIR: I declare open this hearing of the Public Accounts and Estimates Committee. 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, and we pay our respects to them and their elders past, present and emerging, as well as elders from other communities who may be with us 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 Jim O'Shea – have I pronounced that –

Jim O'SHEA: It is pretty close – O'Shea.

The CHAIR: Chief Operating Officer; Stephanie Kilpatrick, Executive Director, Policy, Advocacy and Communications; and Clare O'Reilly, Director, Health and Healing from the Victorian Aboriginal Community Controlled Health Organisation. 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.

Jim O'SHEA: Awesome, thank you. The Victorian Aboriginal Community Controlled Health Organisation, or VACCHO, are the peak representative body for health and wellbeing of Aboriginal and Torres Strait Islander people in Victoria, and we represent 33 Aboriginal community controlled organisations that look after the health and wellbeing of our communities and individuals. They employ about 4000 people, focusing on advocacy, capacity building and promoting health and wellbeing.

VACCHO calls for change and strong action in our fight against the threats of tobacco and vaping and the impacts that they have on our Aboriginal communities, particularly our youth. We call for a response that is self-determined; Aboriginal health, including the impacts of tobacco and vaping, should be in Aboriginal hands and must empower Aboriginal community controlled organisations to implement tobacco and vaping initiatives inclusive of workforce system improvement and community awareness. These are wrapped in culture and are community driven, ensuring sustainability and effectiveness. This holistic understanding of physical, social, emotional and cultural wellbeing is central to development of a successful response to vaping and tobacco controls in our communities.

Some stats – the financial health, social and environmental cost of tobacco use, as you have probably heard in all of the presentations today, are profound and well documented. Every dollar spent on tobacco and e-cigarettes is a dollar that is not spent on food, education or even housing. Every moment we delay, the environmental degradation from tobacco and e-cigarette products continues to go unchecked. We urgently need to strengthen our legislative framework. Our laws must protect our most vulnerable – our children and future generations – from nicotine addiction. This means enforcing strict age restrictions for purchasing tobacco and vaping products, completely banning advertising that targets the young and impressionable and closing loopholes that allow the illicit tobacco trade to flourish, as was mentioned earlier, robbing our communities of their health.

Tobacco smoking is alarmingly impactful on the health of Aboriginal and Torres Strait Islander peoples, with a study indicating that it causes 50 per cent of deaths among adults aged 45 and over and 37 per cent of deaths of

any age. The rapid increase in vaping amongst youth is concerning. A global systemic review conducted in 2022 concluded that there is strong evidence that people who regularly vape are around three times more likely to take up smoking. Research also shows that youth who regularly use e-cigarettes are more likely to be nicotine dependent, which is harmful for brain development and can lead to nicotine overdose, poisoning, burns and lung injury. Results from a national study showed that there was a 15 per cent lower prevalence of smoking in the homes observed in areas that were exposed to the Aboriginal tackling Indigenous smoking program compared to areas that were not. This is why ACCOs should be resourced to expand that to include vaping as well. There is an urgent need for stronger regulations and enforcement to address the accessibility of vaping products to minors and the ongoing promotion of these products on social media. Despite the severe impact of smoking, access to effective cessation tools like nicotine replacement therapy is limited, particularly of fast-acting products like nicotine gum and lozenges, which are no longer available on the pharmaceutical benefits scheme.

Our recommendations are in our submission that we put in. We have pulled them out into a hard copy two-pager, which we will circulate here today. Given the time constraints of 5 minutes, I will not read them all out; however, I would like to draw your attention to two points:

The Victorian government needs to advocate for the improvement of accessibility – within ACCOs –

to NRT products in order to support smoking ... and vaping cessation, and:

The Victorian government must ensure that strategies to decrease youth access to e-cigarettes and tobacco is a priority. The Government must also ensure that there is adequate legislation, regulatory and administrative frameworks to reduce access of e-cigarettes through the illegal market in line with the national e-cigarette reforms which are due to roll out over the course of 2024.

These points, our full submission and VACCHO's recommendations underscore the critical need for tailored, culturally appropriate interventions and strong regulatory actions to address the specific challenges faced by our regional communities in Victoria concerning tobacco and vaping. The challenges posed by tobacco and vaping are not insurmountable. We have solutions and they can be implemented. They require our collective commitment to enact and enforce stronger regulations to support community health initiatives and continue to educate our communities about the risk associated with these products.

VACCHO is committed to working alongside the government and our community partners to ensure that our approaches to tobacco and vaping not only reduce harm but also respect and uphold the dignity and health of Aboriginal and Torres Strait Islander peoples in Victoria. Thank you very much for the opportunity to speak to you today to contribute to this vital discussion, and we look forward to seeing some of our recommendations, if not all of them, adopted and implemented for a healthier future here in Victoria. As your Parliament keeps saying, and your Treasurer and health minister, let us make Victoria the safest state in Australia.

The CHAIR: Thank you. Well said. We will go to Mr Galea.

Michael GALEA: Thank you, Chair. Thank you, all. And thank you, Mr O'Shea, for your presentation. I actually recently had the opportunity, along with Ms Kilpatrick, to visit the Dandenong and District Aboriginal Co-operative, which was really great to see. One of the programs that they run is particularly around quitting smoking, and they have in fact an honour board, which was great to see. They were about to have their annual big run event for that at Dandenong Park. Do you know how that went, Ms Kilpatrick?

Stephanie KILPATRICK: No. We will have to take that on notice.

Michael GALEA: We will take that on notice? Perhaps I should be the one to take that on notice too.

Stephanie KILPATRICK: A big turnout was expected.

Michael GALEA: Very good. It was very exciting to hear and very good to see I guess in terms of the space that ACCOs such as the one in my electorate in Dandenong take that role in terms of supporting their community through nicotine addiction. You identified, Mr O'Shea, that you want some more support, and there are some of these recommendations here as well for expanding that to vaping. What does that look like? Is it a

question of funding? Is it a question of the specific programs, the wording of the way that supports are provided? What needs to change for that to incorporate vaping?

Jim O'SHEA: Clare, do you want to take that one?

Clare O'REILLY: Sure. Thank you. I would also like to acknowledge we are on unceded Wurundjeri country. There are a few elements to that, because there is certainly recommendation 1 regarding the NRT, so therefore funding for ACCOs to ensure that they are readily available. That opportunistic consultation is absolutely crucial, and then having those resource packs available then and there, at the point of conversation with a well-respected clinician, is really important. As Jim mentioned, we have got some great improvements with our national tackling Indigenous smoking program. But there is certainly more work to be done, and of course that is only just recently expanding now to vaping. So we definitely want to keep ensuring we have got resources there. VACCHO certainly has been involved in some clinical-facing webinars and resources for GPs, nurses and Aboriginal health practitioners, but there has definitely been an acknowledgement from that group that there is still a lack of information around vaping. They are really keen to have support so they can have those conversations with their clients.

Michael GALEA: Interesting. Thank you. Would you say the various different ACCOs are at different stages of the support that they can provide in terms of things like NRT already? Is it a pretty even field that we are seeing – that these issues are consistent? Or are some in a fortunate position and able to perhaps do more, and others are still trying to get to that point?

Jim O'SHEA: Certainly the larger ACCOs are in a better position to get access to NRT as opposed to the smaller ones. Of our 33 members, 26 of them have clinics, and most of them have GPs there that are employees – some do not; they have visiting GPs. So the smaller ones, probably about 11 of those 26, would need additional resources to assist them in that.

Michael GALEA: Okay.

Stephanie KILPATRICK: I think, if I can just expand on that as well, our member ACCOs are already choosing between the health services they have to prioritise, often because of funding constraints or literal, physical infrastructure constraints, as we have talked about. The other thing often is tailoring materials and conversations to the specific audience, which I think Dr Demaio mentioned as well in terms of the cultural diversity of Victoria, making sure that the communications and the conversations are being done in a culturally safe and respectful way and ensuring there is that literal space and funding to support that.

Michael GALEA: Yes, thank you. Eleven out of 26 is quite some work for us all to do to get them to that point. If I can ask a very big question to finish: what are some of the specific factors that the committee should be aware of that are causing higher rates of smoking and vaping amongst Victoria's First Nations population?

Clare O'REILLY: If you want to go back to colonisation, Aboriginal and Torres Strait Islander people were paid with tobacco, so there has definitely been an increased use of tobacco as a result. We know that certainly for vaping, younger people have taken up vaping. We know that people in lower socio-economic areas are more likely to smoke as well as vape, so you have Aboriginal people fitting both of those categories – a younger population overall and a population who are in a lower SES as well, so that is certainly a factor.

Jim O'SHEA: There are 78,500 Aboriginal and Torres Strait Islander people in Victoria now. We are growing at a rate of 3.8 per cent per annum, double the other population growth. Fifty per cent of that population is under the age of 15.

Michael GALEA: Fifty-eight per cent. Wow.

Stephanie KILPATRICK: So when an industry is specifically targeting young people, that is a huge concern. It is a large population of young people that are vulnerable to predatory advertising and marketing tactics that are pushing them towards a harmful industry and a harmful product.

Michael GALEA: The confluence of that leads to what we have here. Thank you.

The CHAIR: Mr Hilakari.

Mathew HILAKARI: Thank you so much. And thank you for appearing today, each of you. I will go to number 6 of your recommendations around a licensing scheme to regulate the sale of e-cigarettes and tobacco, and primarily I think we are going to be focused going forward on tobacco as opposed to e-cigarettes. What do you see as some of the critical elements for that licensing scheme, and what do you think will make it successful?

Stephanie KILPATRICK: I think it is an incredibly welcome announcement to see the government and the Parliament support that move. As Clare noted, there is evidence that lower socio-economic communities tend to take up smoking and vaping at a higher rate. I think a licensing scheme will be able to see what the evidence is in terms of access. I think you have heard some of that evidence from other witnesses today as well, but knowing where these stores are so that we can actually check that they are complying with regulation and with advertising restrictions and making sure that flavours are not prevalent in products being sold and, hopefully, as we move to a pharmacy model, that these products are not actually available on the street will be so important.

I think also the ability to collect and analyse the data in terms of the physical presence of these industries in communities will be incredibly important. We know that fast-food companies do have higher density in lower socio-economic areas, but we do not necessarily know that for sure for tobacco and e-cigarette retailers – because we do not have a licensing scheme, we cannot collect that data. We need to know what the situation is to be able to properly respond to it and fulsomely respond to it and also to ensure that those are the communities we are supporting with the right supports, with tailored supports and with an increase to the Tackling Indigenous Smoking program – boosted funding perhaps – to make sure that we are supporting the communities in most need to with the supports they need to change.

Mathew HILAKARI: We all hope that e-cigarettes and vapes will be less available with some of the restrictions around the border and making them pharmacy based. What are the gaps that you think are coming down the line, particularly for young people? What do you think some of the needs are going to be as hopefully vapes become less available? Let us hope. What are some of the gaps that need to be filled as that happens?

Stephanie KILPATRICK: I mean, definitely cessation support. The unfortunate reality is that we do have young people under the age of 18 who will be addicted to nicotine because of these products, so ensuring that they know that they will be able to receive judgement-free support to move off this addiction will be incredibly important.

Jim O'SHEA: If it was not a problem and if it was not a pandemic, we would not be having this conversation today. There are a lot of young people that are addicted to the rubbish that is in these things, and we need to fix it.

Mathew HILAKARI: You mentioned nicotine replacement therapies, and some of those you particularly talked about are the gummies and chewies from pharmacies, which have been removed from the PBS. What are some of those, and what is your recommendation about what the federal government should be doing about it?

Jim O'SHEA: Put them back on.

Mathew HILAKARI: Do you want to just outline some of those for the committee, what they are?

Clare O'REILLY: I can just give you a few examples here. They are in our submission as well. Let me go through –

Mathew HILAKARI: Well, I mean, what does it mean really when you take those off the PBS? Are there other replacements for them, or do people just go back to cigarettes?

Clare O'REILLY: Absolutely, yes.

Jim O'SHEA: Yes, they just go back to it.

Clare O'REILLY: There are no replacements. So if you have got young people who are not able to access those NRTs and patches, then they are going without, so they are absolutely likely to take up cigarette smoking. As the previous speaker said anyway, you are three times more likely to take up smoking if you are a vaper anyway.

Mathew HILAKARI: So if the vapes get removed, it is on to cigarettes for the lack of having other supports in place for young people.

Clare O'REILLY: Yes.

Mathew HILAKARI: That is a difficult situation.

Clare O'REILLY: That is right. I also would like to mention the mental health impact of nicotine. There is evidence that vaping negatively affects mental health, especially in youth. Common mental health symptoms associated with e-cigarettes include depression, anxiety, stress, behavioural issues and mood disorders, so we will still need to be addressing those as well.

Mathew HILAKARI: Thank you so much for your evidence this afternoon.

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

Lauren KATHAGE: Thank you, Chair. Thank you so much for being here. I wanted to ask a little bit about the relationship between ACCOs and the Victorian government and the support there or what is needed. We have got the Aboriginal Health and Wellbeing Partnership Forum, which was established with a focus on self-determination for health outcomes in Victoria, and my understanding is there was to be the development of the Victorian Aboriginal health plan. Has that been developed, or is that in the works?

Stephanie KILPATRICK: The forum does specifically have an associated action plan that has been cabinet endorsed, so that is progressing. That did, however, focus on the systemic issues that the sector faces and a couple of specific health issues such as mental health and alcohol and other drugs but less so on the tobacco and e-cigarettes at the time.

Lauren KATHAGE: Okay. So tobacco was not included.

Jim O'SHEA: No.

Lauren KATHAGE: Was that being developed pre the rise in vaping?

Jim O'SHEA: Yes.

Lauren KATHAGE: That is just unfortunate, isn't it – unfortunate timing. So are there ongoing – sorry, go ahead.

Clare O'REILLY: The Victorian government did commit to our Victorian cancer strategy. We launched that in May last year, and certainly a key element of that preventative focus on cancer strategy is smoking and tobacco cessation.

Lauren KATHAGE: It is great to hear that is there. As part of that, were there actions for government that you are wanting to see?

Clare O'REILLY: Yes. We are actually developing the monitoring and evaluation framework right at the moment with an implementation plan, but absolutely. An example is a continuation and expansion of the Tackling Indigenous Smoking program. We would love to see more research into the behavioural aspects for young Aboriginal and Torres Strait Islander people as well, because we want to make sure that the messages that we tailor are absolutely specific to the barriers and enablers that they are actually experiencing so we can make the most of any implementation and initiatives based on that evidence.

Lauren KATHAGE: Just in terms, then, of protective factors around country, culture and community, what sort of enabling role do you see there for government to support VACCHO and ACCOs to support their people?

Clare O'REILLY: An opportunity to increase the Aboriginal workforce is certainly key. We know across the board that even clinical outcomes are improved as a result of having Aboriginal people providing cultural support and wraparound to patients. So certainly that is one key factor. We have had a very successful campaign again in preventative cancer screening where it was Aboriginal led, designed as the result of yarns

with community and there were Aboriginal community members that people could relate to in the campaign. There was a very successful outcome in terms of the number of 715 health checks, for example, increasing as a result of that campaign. So anything that is community led, developed and designed will be successful.

Lauren KATHAGE: And those features, do you see them reflected in Aboriginal Quitline program?

Clare O'REILLY: Yes. We have actually been working with Quit Vic. I think they might be ready to launch their new website, and you can tell that it has been developed by community with community because it definitely hits the mark. VACCHO has been working quite closely with Victorian Quitline as well, absolutely hand in hand, to ensure we have services to community as well as then working with our Tackling Indigenous Smoking program as well.

Lauren KATHAGE: How do you go, then, with the work you are doing here and across a many other things ensuring the self-determining approach and community-led approach? How are you balancing that with consultation fatigue?

Clare O'REILLY: Community are very generous with time, because with vaping and tobacco control everyone is aware of the impact and the harm it makes. People will share their time to ensure that we have the appropriate level of consultation. We do need to be mindful that the workforce is overburdened with so many other health-related issues, and that is why we do need that commitment to increasing the Aboriginal workforce as well.

Stephanie KILPATRICK: If I may also add, the report back and action after consultation is so important. I think that can often be where the fatigue is exacerbated, when community has given up their time, put forward their expertise and it has been a tick-box approach rather than something that is actioned and adopted like Quit have done to ensure that the culture is actually embedded and feedback is taken on board. That is unfortunately not always the case.

Lauren KATHAGE: So the systemic change that you refer to in the Aboriginal health plan – are there actions for government in that?

Stephanie KILPATRICK: A lot. We have 36 actions. I would be happy to share the full action plan. Definitely a lot of them revolve around infrastructure, workforce and funding reform. Jim, I should hand to you to talk to activity-based funding reform.

Jim O'SHEA: With the Department of Health, we have initiated an outcomes-based funding portfolio with them. So for us as an individual organisation, that has streamlined about 20 different specific programs into one set of bucket funding that we get that supports our organisation year on, year in. Rather than having 20-odd reports and going into probably 40 different people within the department, we have a singular point. We are reporting on outcomes rather than widgets. We have implemented a monitoring and evaluation framework. We provide an impact report each year, and we have done that for two years so far – there are copies of those on our website and I am happy to provide those. We provide one financial report each year.

Stephanie KILPATRICK: We are hoping that is a model that could be extended to our members. The demand on reporting on 40 different lines of funding all coming from the same department or the same government is a huge drain on what could be frontline health and wellbeing support for the community.

Lauren KATHAGE: So that administrative burden that has been lifted, what do you roughly estimate that is in terms of FTE per year?

Jim O'SHEA: It is probably a day a week in terms of the three or four reporting staff within VACCHO. So probably, for our organisation, it is close to half a million dollars in savings.

Lauren KATHAGE: That is amazing. I look forward to seeing the other recommendations. Thank you.

The CHAIR: Thanks, Ms Kathage. Mrs McArthur.

Bev McARTHUR: Thank you. Can you just confirm: you referred to colonisation being the cause of smoking in Indigenous communities.

Clare O'REILLY: As you are probably aware, during colonisation Aboriginal and Torres Strait Islander people were paid with the provision of tobacco, so that has remained – that incidence of smoking has remained.

Bev McARTHUR: So today's level of smoking in the Indigenous communities is as a result of that – that is what you are alleging.

Clare O'REILLY: It is a source.

Bev McARTHUR: You ask for free or discounted NRTs. Why should anybody that is disadvantaged, no matter where they are from, be treated differently? Why shouldn't anybody who is in a disadvantaged situation be given them free?

Clare O'REILLY: That would be great if they were.

Bev McARTHUR: So you would advocate it for everybody that is needing these products?

Clare O'REILLY: Absolutely. I mean we are here to represent the Aboriginal and Torres Strait Islander community, but of course there are a lot of people in a similar boat.

Bev McARTHUR: I know that there are large amounts of money sitting in the bank accounts of Indigenous organisations, largely recently accrued through cultural heritage assessment. Why isn't that money being used to help the health and wellbeing of the Indigenous groups?

Jim O'SHEA: I would like to see where it is.

Bev McARTHUR: It is very easily accessible.

The CHAIR: Perhaps you could table that, Mrs McArthur.

Bev McARTHUR: Sure. In this whole area where we have a legal product, tobacco, and we have illegal products – we all would agree they are harmful, incredibly harmful, especially the illegal vaping products, which as we learned have so many carcinogenic products in them. Do individuals have to take responsibility for their own actions these days?

Stephanie KILPATRICK: I think we have to reflect on the environment that is creating things to be much more appealing and accessible, reflect on misinformation or key cherry-picked facts that are highlighted beyond their reality and reflect on how enticing some of these products have been. I think there has been a lot of evidence from other witnesses to that fact in terms of the blatant predatory advertising and marketing campaigns towards young people. Government has spent decades campaigning with public health awareness campaigns to combat tobacco smoking – combustible cigarette smoking – and that has taken time. And we have seen the positive results of that; huge populations are not taking up smoking. But this was a new, innovative product that burst onto the scene, and everyone has been taking their time to figure out what is actually in it and what are the effects of it. We need to have the same approach to make sure that accurate information about how dangerous these products are and the dangerous chemicals that they contain is being put into the market. That has not been the case, so everyone is playing catch-up. We need to recognise that this is not just something that tastes like fairy floss and Froot Loops. These are dangerous chemicals; some of them have rat poisons and at a bare minimum they have an incredibly addictive nicotine product in them that is affecting people's development as well.

Bev McARTHUR: I totally understand that and totally agree with you. It is a shocking situation. I am somebody that has never smoked, so I do not have an addiction. It is terrible. But in the end all of us have to take responsibility some way or another for our own wellbeing and outcomes, don't we?

Jim O'SHEA: Twelve-year-olds?

Bev McARTHUR: Yes. Well, parents need to be totally responsible for their children, I would have thought.

The CHAIR: I think that we have heard 10-year-olds today.

Bev McARTHUR: Sorry?

The CHAIR: Even 10-year-olds.

Bev McARTHUR: All children. What I thought was impressive is that you have got a program that is outcomes based. Can you expand on that? In what programs have you been able to see an outcome that has been effective, which you have expanded or continued, or others that have not worked where you have closed them down?

Jim O'SHEA: The Beautiful Shawl project.

Clare O'REILLY: For breast cancer screening we have the Beautiful Shawl project, which is Aboriginal-led and designed. In response to communities saying that they felt shamed around breast screening and exposing their bodies, we have a beautiful shawl, and each community will have a local artist develop the artwork for that shawl so that women absolutely feel like they are wrapped in culture. As a result, we have had over 1200 breast screens. This is a joint project with BreastScreen Victoria. And that is women who were due, women who were underscreened and women who have never screened. Because it was an activity happening in their local community with their ACCO with other community members, they felt empowered to go ahead with their breast screen. So, there is one example.

Bev McARTHUR: That is fantastic. Are there some programs that you felt did not work, because they did not achieve outcomes, which you have had to abandon?

Jim O'SHEA: Have you got some examples?

Clare O'REILLY: No.

Stephanie KILPATRICK: We are very successful.

Bev McARTHUR: So for every program you have got in place, you can demonstrate an outcome measure?

Jim O'SHEA: I am in my fifth year at VACCHO, and all of the ones that have been initiated in that period – and obviously we had the hiccups with COVID – have had a positive impact on our communities. I can, with my hand on my heart, say that our communities during COVID were agile and we adapted much quicker than the mainstream did, because we could get to our communities really quickly. As an example, we borrowed some vans from dental health services, the Smile Squad vans. We rewrapped them, we took them to homes throughout Victoria, we did the testing and we did the vaccinations out of those vans. So for those people who felt they could not go to an ACCO or they did not have access to transport, we actually took that to them. That did save a lot of lives in our community.

The CHAIR: Great. Thank you.

Bev McARTHUR: That is great. Is that time?

The CHAIR: Yes. Thanks, Mrs McArthur. We will go to Mr Tak.

Meng Heang TAK: I just have one question before I go to your recommendation number 8. I am interested to know what proportion of the Indigenous community smoke and/or vape. Do you have data, or do you have numbers?

Clare O'REILLY: Yes. So, 36 per cent. Also, Aboriginal and Torres Strait Islander people in Victoria, just from a recent Victorian Cancer Registry report, are 4.3 times more likely to have lung cancer as well.

Meng Heang TAK: All right. Thank you. I would like to hear a bit more, Chair, in terms of recommendation number 8:

The design, flavours, and look of e-cigarettes must be changed so they do not appeal to children and young people. Can you take us through a bit more on that?

Stephanie KILPATRICK: I think the main thing is that e-cigarettes have been purported to be something that is helpful to reduce combustible cigarette smoking. But the reality with fairy floss and Froot Loops and mango flavours is that that is not a pharmaceutical product; that is a product that is looking to make things palatable to children. The occasional example you will see of flavours in pharmaceutical products is when it is for kids – it is the raspberry cough syrup or something like that that you need to give to your under-five-year-old. There is a wonderful example here of pomegranate and apple – that is not a pharmaceutical product. The main impetus behind a recommendation to remove flavours and to ensure that design is in line with either pharmaceutical wrapping or plain packaging wrapping is to give these products the same level of recognition as dangerous products, or as pharmaceutical products, if that is the way the scheme goes. These should not be attractive products. These should not be products that look like they are a lolly or a Solo can or a highlighter – that they could be hidden from their parents, who are trying to do the right thing, or from their schoolteachers, who are trying to make sure that they are staying healthy. We need to make sure that these are standardised products in the event that they are being used as a pharmaceutical product after other kinds of smoking cessation have been tried.

Meng Heang TAK: Okay. Thank you. Thank you, Chair.

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

Lauren KATHAGE: Thank you. I just wanted to go back to the Aboriginal health plan you were talking about. You moved on to the cancer plan. The Aboriginal health plan – does that have built into it review and update options? I am just wondering about the building in of vaping.

Stephanie KILPATRICK: The Aboriginal health and wellbeing partnership action plan is a two-year action plan and will be reviewed and renewed after those two years.

Lauren KATHAGE: Okay. Thank you.

Jim O'SHEA: It would be good to get other departments initiating the same thing. We have got that action plan with the Department of Health. It would be really good to have a similar plan with the Department of Families, Fairness and Housing. Our member organisations – I mentioned that they employ 4000 people, but our biggest one, in Shepparton, employs 400 people. They provide services from pre birth to the Dreamtime and every single thing in between. It is that holistic social determinants of health that they look at supporting our communities with, and the Department of Health funding for those ACCOs is about 25 per cent of their total funding. The majority of it is coming from the Department of Families, Fairness and Housing, and when the department split there was no similar change in that engagement with our communities.

Stephanie KILPATRICK: I think every one of those service touchpoints is also an opportunity to have a conversation, like Clare was talking about earlier. If you are coming in for housing support, if you are coming in for employment support or if you are coming in to enjoy time in the community garden that the member organisation might have, those are touchpoints where people, where practitioners and where GPs can wander past and say, 'Oh, how are you going with smoking cessation? Have you thought about smoking and vaping cessation? How's your mental health going?' There is so much benefit in having those services in one place and seeing the health and wellbeing impacts flow on from what might initially look like just an employment service branch of the member organisation. But it provides so much of that integration and support and holistic health and wellbeing approach.

Clare O'REILLY: If I can just add also, looking at the acute sector, in terms of the government's commitment, an increase in cultural safety training for clinicians and for all staff at hospitals and health services is absolutely crucial as well. That means Aboriginal people will increase their access. They will be less likely to delay if they are not exposed to racism during their treatment – and if we can also look at support for transport and access to and financial support for stays in hospital, as well as models around care on countries.

Lauren KATHAGE: Thank you.

The CHAIR: Mr O'Shea, Ms Kilpatrick, Ms O'Reilly, thank you very much for appearing today. I also on behalf of the committee want to thank you for the incredible work that you do in our community supporting and advocating for First Nations people. It is very much appreciated.

The committee or committee secretariat may have follow-up questions after today's hearing. If this is the case, you will be contacted in writing. The committee will follow up on any questions taken on notice in writing, and responses will be required within five working days of the committee's request.

I would like to thank everyone who has given evidence to the committee today, as well as Hansard, the committee secretariat and parliamentary attendants. I also want to thank the hospitality, security and cleaning staff who have looked after all of us today. I declare this hearing adjourned.

Committee adjourned.