

Dear Apolline

Please see below RACGP response to Question on Notice from Senator Matt Canavan from the Hearing in Caberra on Wednesday 1 May for the Parliamentary Inquiry into Therapeutic Goods and Other Legislation Amendment (Vaping Reforms) Bill 2024 [Provisions] –

Call for Corrections on page 24 of Hansard report to RACGP witness Dr Rowena Ivers and AMA witness Dr Bonning:

Senator CANAVAN: Do either of your organisations receive funding or sponsorship from Johnson & Johnson?

The RACGP receives some income from advertising and sponsorship, including from pharmaceutical and medical device companies, and we can confirm this has included revenue from Johnson & Johnson. All support complies with RACGP Advertising and Sponsorship policy:
<https://www.racgp.org.au/getmedia/2beee660-7737-4a06-b7ab-d168ccda520a/Advertising-and-Sponsorship-Policy.pdf.aspx>

The RACGP guideline Supporting smoking cessation: A guide for health professionals is funded by the Federal government and is independently produced by the RACGP using gold standard guideline development methodology.

Thanks for the opportunity for RACGP to participate at this Hearing.

Kind regards
Amanda

Dear Committee Secretary,
Thanks for the opportunity to respond.

1. Would you support a referral pathway to doctors and school nurses for children and young people who are vaping, or have a suggestion for an alternative mechanism?

General practitioners provide holistic care to people of all ages including adolescents and already routinely accept referrals or recommendations for GP review from schools for a range of health conditions.

The Royal Australian College of General Practitioners produces evidence based guides on general prevention (including smoking cessation) as well as specific smoking cessation guidelines.

In the review of the evidence around use of vaping, there is very limited evidence around the use of vapes by children or adolescents and thus the Royal Australian College of General Practitioners' recommendations in this area do not recommend use in those under the age of 18. There is also very limited evidence around the long-term effects of vaping products. However health professionals are already able to assist adolescents in ceasing vaping through behavioural support.

There is evidence for the delivery of advice around smoking or nicotine cessation, and RACGP's current guidelines include advice that use of nicotine replacement therapy is safe but there have been few studies of the effectiveness of the use of nicotine replacement therapy by adolescents (but nevertheless are an option for use from 12 years of age), with other pharmacotherapies are not approved for this age group.

Primary care nurses also routinely see adolescents and routinely deliver nicotine cessation advice, with nurse practitioners also able to prescribe.

Alternative measures to support vaping cessation or in preventing uptake for adolescents include education campaigns (for example, online). School education about the risks can play a small role, noting that historically school education programs have had a minimal effect on preventing smoking. Broader initiatives such as allowing a prescriber model for use of vapes for cessation, regulation of flavours in vapes, safety labelling of products, packaging to prevent poisoning in children, regulation of packaging/ marketing, licensing of retailers as per other nicotine products, and regulation of importation can also play a major role in preventing access for adolescents.

Prof Rowena Ivers