



Australian  
Nursing &  
Midwifery  
Federation

10 April 2024

Ms Apolline Kohen  
Committee Secretary  
Senate Standing Committees on Community Affairs  
PO Box 6100  
Parliament House  
Canberra ACT 2600

Via email: [community.affairs.sen@aph.gov.au](mailto:community.affairs.sen@aph.gov.au)

Dear Ms Kohen,

**Therapeutic Goods and Other Legislation Amendment (Vaping Reforms) Bill 2024**

Thank you for the opportunity to provide feedback to the Senate Standing Committee on Community Affairs' public consultation on the provisions of the Therapeutic Goods and Other Legislation Amendment (Vaping Reforms) Bill 2024.

The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial, and political interests of more than 322,000 nurses, midwives, and carers across the country. Our members work in the public and private health, aged care, and disability sectors across a wide variety of urban, rural, and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals, and achieve a healthy work/life balance.

The ANMF welcomes the introduction of further reforms to prohibit the importation, domestic manufacture, supply, commercial possession, and advertisement of non-therapeutic and disposable vaping goods to further reduce the risk posed by tobacco use. Such reforms are important for improving the health and wellbeing of the Australian community and future generations. They are also important contributors to reducing burden on Australia's already strained health and aged care system. As the Committee knows, vaping comes with many identified and yet unidentified risks and their unregulated presence in Australia has been damaging, particularly among children and young people, who are known to have taken up vaping at alarming rates.

The main focus of the Bill is to prevent and reduce rates of recreational vaping, however therapeutic use of vapes is also necessarily addressed. While published evidence has reported some promising uses for vaping in the context of smoking cessation, this evidence is certainly neither equivocal nor mature. We know there is no safe or beneficial level of tobacco use and the full implications of maintaining vaping as part of an overall strategy for tobacco cessation (particularly in terms of cessation of vaping itself) are largely unknown. While smoking rates have significantly fallen over recent decades, the use of tobacco is a significant direct and

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indirect contributor to ill health and preventable disease. With the rise in popularity and accessibility of vaping and e-cigarettes, particularly among children and young people, it is timely and appropriate to ensure that legislation and policy remain fit for purpose and indeed are strengthened further to combat and reduce the clear risks and damaging impact of tobacco on our community and future generations. There is no evidence to demonstrate that heated tobacco products including vaping and e-cigarettes are safe alternatives to other tobacco products and many chemicals and toxicants found in heated tobacco aerosols can be found in higher concentrations than tobacco smoke.

While the stated focus of the Bill is to prohibit the importation, domestic manufacture, supply, commercial possession and advertisement of non-therapeutic and disposable vaping goods, the ANMF wishes to take the opportunity to remind the Committee that evidence regarding the effectiveness and safety of vaping as a smoking cessation therapy is neither consistent nor equivocal and that current guidance in Australia remains necessarily tentative. No nicotine vaping products are currently approved by the Therapeutic Goods Administration (TGA), and as such, none have been assessed by the TGA for safety, quality, and efficacy. These are 'unapproved' medicines only legally available with a valid prescription. Despite this, there continues to be a large illegal market for vaping and vaping supplies that this new legislation must effectively combat. The extent to which the best available evidence might continue to support inclusion of vapes within clinically directed tobacco cessation strategies is also uncertain.

The Bill's purpose has been explained to preserve legitimate patient access to therapeutic vaping goods for smoking cessation and the management of nicotine dependence, where clinically appropriate. Here, we refer the Committee to the TGA's own guidance on the use of vapes for smoking cessation or the management of nicotine dependence that highlights that vapes (referred to as nicotine vaping products in the document) are not a first-line treatment for smoking cessation and that there is a notable absence of well conducted research comparing vaping with other approved treatments. This guidance notes that therapeutic vapes might be a reasonable intervention for some individuals, but that this would need to be preceded by an evidence-based, informed shared decision-making process. Here, the ANMF would wish to see ongoing investigation and oversight to ensure that as new evidence emerges, Australia's legislative and regulatory landscape regarding vaping as a potential but currently relatively poorly understood component of a broader smoking cessation strategy is updated and evolves to maintain and promote the health and safety of the community. This must occur in tandem with further actions to ensure that access to illegal tobacco products including vapes is reduced and penalties for supplying them are strengthened to be a proper disincentive.

Although fewer Australians smoke than ever before, which is clearly a result of both progressively stronger legislation and increasing community awareness and understanding of the risks of tobacco use, tobacco use remains the single greatest preventable contributor to disease and premature death in Australia. There is a much lower community understanding of the risks of vaping. The ANMF is concerned that unless legislation and regulation of all tobacco products, including vapes, continues to be progressively tightened informed by evolving evidence regarding the associated risks and harms posed by consumption and exposure, further otherwise avoidable death, illness, and disability will occur.

The ANMF reminds the Committee of our position on substance use which includes tobacco. It is the position of the ANMF that;



- a. People use substances for a wide range of reasons, including recreational use, and they are generally unaware of the potential for harmful effects. This might be particularly true in the context of tobacco use in the context of vaping and e-cigarettes, especially among younger people and children.
- b. Tobacco use not only affects the individual but families, friends and the broader community. The prevalence of tobacco use means that people receiving care across the full spectrum of nursing and midwifery practice are adversely affected. It is therefore essential that all nurses and midwives are aware of, educated and informed about issues relating to harm minimisation for tobacco use, and be prepared to provide opportunistic education in their practice settings. Health assessments should include screening for tobacco (as well as alcohol and other substance/drug use, both prescription and illicit) with education and referral to support services offered as appropriate.
- c. State/Territory and Federal funding should be provided to:
  - assist in the education of nurses and midwives on tobacco use interventions and management strategies;
  - facilitate more nurse- and midwife-led programs;
  - enable and engage people to access support services from nurses and midwives through face-to-face and/or telehealth when and where needed to suit people's needs, and;
  - employ more nurse practitioners in the tobacco and other drug sector.
- d. Harm minimisation measures are required to reduce harm from tobacco use, avoid unnecessary deaths, reduce the burden of disease, and decrease hospitalisations for the benefit of the individual and the community.
- e. While essential and underfunded, harm minimisation and rehabilitation services do not prevent initial or prolonged substance use. Any meaningful action must therefore address the wider socioeconomic causes that increase the likelihood of people using tobacco and other drugs.
- f. Meaningful action requires early intervention which contribute to breaking the cycle of under-education, unemployment, problematic tobacco and substance use, and incarceration, including;
  - Education and policy measures to reduce stigma and prejudices, particularly those experienced by marginalised populations, that contribute to anxiety, depression, shame, and fear which lead to tobacco use and self-medication with alcohol and drugs;
  - Reducing poverty and inequity through increasing social support payments;
  - Investing in public housing;
  - Providing parenting programs and other support services to reduce the number of children in out-of-home care, and;
  - Allocating dedicated, direct funding to services that address trauma and chronic pain management.



As with the use and misuse of other substances and drugs, not all members of the community are equally impacted by the risks and harmful impacts of tobacco use. Experiencing stigma and prejudice increases the incidences of problematic and long-term substance use including tobacco. This is particularly the case for vulnerable and marginalised populations, including people who:

- are older (classified as over 50, tobacco and other substance misuse can contribute to premature ageing);
- are experiencing homelessness;
- are sex and gender diverse;
- are of Aboriginal and/or Torres Strait Islander heritage;
- have had contact with the criminal justice system;
- have mental ill-health;
- have chronic pain;
- and/or have experienced institutional abuse.

Tobacco use is also associated with greater likelihood of having experienced adverse childhood experiences, including out-of-home care, and/or experienced complex, inter- or multi-generational trauma. Many people who use tobacco are also more likely to use or misuse alcohol and other substances and are also more likely to occupy more than one of these population groups. Combined use of tobacco, alcohol, and other drugs has a compounding negative impact on the health of users and other community members and also contributes to the economic and social burden of disease and increased healthcare costs.

Australia has implemented among the best tobacco control initiatives worldwide and these new reforms to better tackle vaping further strengthen a national position and legislation to continue reducing the number of people taking up tobacco use and helping others to quit. It will be important, however, that legislation and regulation continue to move at pace with emerging evidence regarding the safety, risks, and potential effectiveness (or ineffectiveness) of vaping as a component of tobacco/smoking cessation therapies. By enhancing our laws and practices to cover newer emerging tobacco related risks including vaping, e-cigarettes, illegal tobacco products and provision, and the tobacco industry's latest approaches to marketing and advertising, many Australians will have healthier, longer lives.

We appreciate the opportunity to participate in this consultation process and provide our feedback on behalf of our membership.

Should you require further information on this matter, please do not hesitate to contact us at

Yours sincerely

Lori-Anne Sharp  
Federal Assistant Secretary