

03 May 2024

Dear Apolline

Please find below the National Centre for Youth Substance Use Research's response to Senator Pratt's question on notice.

Kind regards

Jason

**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?**

Thank you for the opportunity to respond to this important question, Senator Pratt.

In principle we support the Bill's aims to reduce the uptake of vaping in youth, and to provide effective vaping cessation strategies for traditional cigarettes and for people who vape, through TGA approved vapes overseen by health professionals.

We wish to preface our response by re-stating that many clinicians and researchers in the addiction community hold reservations that a more restrictive medical prescription model will be effective (and perhaps even counterproductive) in curbing vaping. These concerns fall into four main categories:

1. Providing GP access to Australia's 1.8 million current vapers and to pay the costs of these consultations will be challenging, particular for youth who lack resources and who are the largest consumers of vapes. Youth also often lack a clear voice, or perceived legitimacy of their values and concerns, and may 'fall through the cracks' of the proposed prescription system and continue to access illegal vapes.
2. Requiring vape producers to submit to the TGA research, efficacy and safety data to ensure their products meet the TGA's quality standards. The TGA and industry have had 16 years to approve vapes, and no products have been approved to date. The TGA's latest estimates promotes a roll out of TGA approved vapes within 3-6 months. Furthermore, TGA approved vape products (purchased from pharmacies) will need be sold at a price that competes with the illicit market.
3. Regrettably, stopping vapes at the border will likely be no more effective than the modest success achieved in stopping illegal tobacco (chop-chop), methamphetamine, cocaine, heroin, cannabis, MDMA, etc.
4. Australia's National Drug Strategy 2017–2026 <https://www.health.gov.au/resources/collections/national-drug-strategy> was adopted on the foundation of harm minimisation. No matter what approach is eventually adopted by the Senate, unfortunately many young people (and adults)

will continue to vape. Placing overly restrictive and punitive hurdles in place is inconsistent with this Strategy.

Returning to Senator Pratt's question regarding a referral pathway to doctors and school nurses for children and young people who are vaping. This is a sensible, progressive, and evidence driven (harm minimisation) suggestion and addresses some of the concerns raised in points 1-4 above. The suggested school pathway will be more effective if it is not linked with putative school measures and parallels existing referral pathways via school nurses such as mental health, other chronic health conditions, neurodiversity assessments, etc.

The second component of Senator Pratt's question asks if there may be alternative mechanisms.

Relaxing the current restrictions further to allow pharmacists to provide vapes (with counselling) for smoking cessation, as currently occurs with existing smoking cessation products of the same (or less) efficacy will improve patient access and costs, and not compromise the necessary oversight by health professionals. Pharmacological approaches are only one approach to manage nicotine cessation, and their effectiveness is modest. Nicotine replacement therapies (NRTs) have an average number need to treat of 15. That means, only in 1 in 15 people are helped to successfully quit smoking by NRT. Some people quit by themselves (cold turkey), but most of the vaping/smoking population would benefit from extending access to specialised behaviourally-based cessation approaches offered by experts in behavioural change, eg. psychologists, mental health practitioners, social workers. Existing health system mechanisms such as the Better Access Initiative <https://www.servicessaustralia.gov.au/better-access-initiative-supporting-mental-health-care> are in place and could be incentivised to provide evidenced-based smoking cessation services to individuals. The disadvantages are similar GP access- waiting lists and out of pocket expenses. We believe not discussed at the Senate Committee was providing additional resources to QUITLINE <https://www.health.gov.au/contacts/quitline> to develop and deliver vaping specific programs, at no cost to consumers.

In the short timeframe provided, we hope this response has clarified Senator Pratt's question. Please contact the National Centre for Youth Substance Use Research if more information is required.

Kind regards

Jason

**Professor Jason P. Connor**, PhD, FAPS, FCCLP, FCHP  
Director, National Centre for Youth Substance Use Research  
Faculty of Health and Behavioural Sciences  
The University of Queensland  
AUSTRALIA