

## **QoN to Professor Tom Calma AO by Senator Louise Pratt**

In accordance with obligations under Article 5.3 of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) and consistent with the decision of the Sixth Conference of the Parties to the WHO FCTC, to consider taking measures to “protect tobacco-control activities from all commercial and other vested interests related to ENDS/ENNDS [i.e. e-cigarettes or electronic nicotine delivery systems/electronic non-nicotine delivery systems], including interests of the tobacco industry”, I do not receive any funding or support from the commercial tobacco and nicotine industry.

### **QoN: 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?**

Schools are foundational in supporting children's health (including mental health), wellbeing and academic development.

A comprehensive approach is needed for vaping and smoking cessation among children and young people, involving a range of supports and referral pathways to doctors, nurses, social workers, Aboriginal Health Workers, community-controlled supports and Quitline. This should be tailored to children and young people. Further, establishing minimum standards for identifying and referring individuals who vape or smoke in healthcare settings is vital, alongside routine monitoring and evaluation to ensure adherence to these standards. But it is crucial that access to cessation assistance for children, young peoples, and all Australians extends beyond those available solely within school or healthcare environments.

The diverse population, particularly Aboriginal and Torres Strait Islander children and young peoples with 50% of Aboriginal and Torres Strait Islander peoples aged under 25 years, presents significant opportunities for promoting nicotine-free lives. This includes tailored referral pathways and online resources playing a crucial role. For example, online supports and apps like My Quit Buddy, peer-2-peer supports, as well as the ongoing work of the Tackling Indigenous Smoking program to normalise being nicotine free.

Evidence-based, population health strategies including significantly reducing retail availability and increasing public health campaigns and vape-free areas are essential for fostering environments supportive of quitting vaping and smoking.

Finally, progressing a nicotine-free generation will improve health and wellbeing outcomes, setting norms now and future generations to lead lives free from nicotine addiction.

Additionally, it will dramatically reduce the health and hospital cost burden of treating related chronic diseases.