Thank you for the question Senator 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.

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?

We require a multipronged approach for vaping and smoking cessation supports for children and young peoples, including but not limited to referral pathways to doctors and school nurses.

There is great diversity among children and young people across Australia, including Aboriginal and Torres Strait Islander children and young people. Further, the Aboriginal and Torres Strait Islander population profile is young and with an estimated one-third (33%) of Aboriginal and Torres Strait Islander peoples aged under 15 years and a median age of 24 years. This means that there are substantial opportunities to safely support and promote nicotine free/addiction free lives. However, there is no silver bullet and a multipronged approach to nicotine-free, addiction-free lives is required.

Referral pathways to doctors, school nurses, Aboriginal Health Workers and local community-controlled supports are essential. Every encounter in the healthcare setting with a client who vapes or uses tobacco is an opportunity to encourage, promote and maintain quitting, ultimately improving health outcomes. Establishing minimum standards for the identification and referral of people who vape and/or smoke as criteria for health service accreditation, and routine reporting, monitoring, and evaluation of adherence to these standards is fundamentally important. In addition, tailored online supports, services, and apps including My Quit Buddy and peer supports can help in providing effective cessation supports, as well as the Quitline. However, it is critical that access to cessation supports for children, young people and all Australians transcends those within school and/or health service setting.

Fostering nicotine free/addiction free lives requires evidence-based population health strategies, promoting non uptake and promoting vaping cessation, smoking cessation, and increasing the accessibility of evidence-based cessation services. Population-based strategies (e.g., reduced retail outlet availability, evidence-based public health campaigns, vape-free policies/smoke-free policies, etc.) are broader than the education, clinical or health system and impact the overall community. They influence cessation by fostering an environment that supports efforts among people who vape and/or smoke to quit, reducing barriers to quitting.

Finally, a nicotine free generation would improve health and wellbeing outcomes now and for generations. For example, anyone turning 15 in 2024, and children who are younger, will never legally be sold tobacco or nicotine products, even after they turn 18. This would assist to normalise nicotine-free lives and promote health and wellbeing, free from nicotine addiction and dependence.

Thank you for your question and if you have any questions or require any further information, please do not hesitate to contact me.

Kind regards

Raglan