

19 April 2024



Senator Marielle Smith
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Dear Senator

Senate Inquiry into Therapeutic Goods and Other Legislation Amendment (Vaping Reforms) Bill 2024

Stroke Foundation is a national charity that partners with the community to prevent stroke, save lives and enhance recovery. We do this through raising awareness, facilitating research, and supporting survivors of stroke. As the voice of stroke in Australia, Stroke Foundation is writing to express our strong support for the *Therapeutic Goods and Other Legislation Amendment (Vaping Reforms) Bill 2024*. As a member of the Australian Council on Smoking and Health (ACOSH), a leading, independent, Australian tobacco control advocacy organisation, we support ACOSH's goal of creating a tobacco-free and vape-free Australia.

An estimated 39,500 Australians experience stroke annually,¹ and there are more than 445,000 survivors of stroke living in our community.² Unless action is taken, it is estimated by 2050, Australians will experience an additional 23,000 new strokes annually, and there will be an additional 374,000 survivors of stroke living in the community.²

Research indicates that more than 80 percent of strokes can be prevented,³ and Stroke Foundation is committed to reducing the number of preventable strokes in Australia.

People who smoke are twice as likely to have a stroke compared with those who have never smoked.⁴⁻⁷ The more an individual smokes the greater their risk of stroke.⁵

Importantly, an individual's risk of stroke decreases after they quit smoking, and stopping smoking has been shown to have both immediate and long-term health benefits. Two to five years after quitting, there is a large drop in an individual's risk of stroke,⁸ and after 15 years their risk of stroke is similar to that of a person who has never smoked.⁸ As such, Stroke Foundation is strongly supportive of measures to reduce the prevalence of smoking in the Australian community.

The highly successful approach to tobacco control by Australian governments, comprised of public health policy initiatives including health promotion, increased taxation on tobacco products, and tobacco advertising and plain packaging legislation, has had a significant impact on the prevalence of smoking over the last three decades. It is likely that the fall in the prevalence of smoking in the Australian community over the last thirty years, resulting from the Australian Government's tobacco control initiatives, has contributed to the observed reduction in the rate of stroke events over the same period.¹

There are now significant concerns that the emergence in recent years of vaping products, including e-cigarettes, may erode the gains that have been made over the last 30 years in

reducing smoking rates and exposure to tobacco smoke, particularly among younger Australians. There are also concerns about the harms caused by these products.

Research commissioned by the National Health and Medical Research Council (NHMRC) has identified conclusive evidence that use of e-cigarettes can cause serious harms in some users (acute respiratory diseases, burns and injuries, seizures, and poisoning due to exposure to e-liquids that contain nicotine), which in some cases can result in death.^{9, 10} Currently, there is a lack of evidence on the potential impact of e-cigarette use on the risk of cardiovascular disease, including stroke, and more research is needed to determine the long-term consequences of these products.

For current tobacco smokers, there are other proven safe and effective options to help them quit smoking which should be used before e-cigarettes, even though there is evidence nicotine-containing e-cigarettes may assist some to quit.^{9, 10} If current tobacco smokers use nicotine e-cigarettes, it is more common for them to become dual users (use both e-cigarettes and tobacco products at the same time) than to quit.^{9, 10} For former tobacco smokers, using e-cigarettes may increase their chance of smoking relapse.^{9, 10}

Stroke Foundation is concerned about vaping among Australian children and young people. Notably:

- 1 in 10 Australian children aged 14-17 years currently vape, with 1 in 25 vaping daily.¹¹ Importantly, daily vapers are most likely to become addicted, struggle to quit, and experience long-term harms associated with vaping.
- Exposure to nicotine during adolescence has been associated with cognitive and behavioural impairment and lasting structural changes in the brain.^{12, 13}
- 1 in 10 vape shops are located close to schools.¹⁴
- The majority of teenagers surveyed say it is easy to access vaping products.¹⁵
- Eighty-seven percent of Australian adults support prohibiting the sale of vaping products (with or without nicotine) to people under 18 years of age.¹¹
- Most teenagers try vaping products out of curiosity, not to quit smoking.¹¹

The tobacco and vape industry has deliberately marketed vaping products to young people, and vaping rates in Australia have increased significantly over recent years, particularly among children and young people.¹¹ This Bill will close the loophole that is currently exploited by the tobacco and vape industry, whereby retailers sell falsely labelled 'non-nicotine' vapes to children. This Bill will protect Australian children and young people, while still ensuring that people who smoke can access vaping products for smoking cessation through a prescription model.

Thank you for the opportunity to provide input into this Inquiry.

Yours sincerely



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References

1. Australian Institute of Health and Welfare. Heart, stroke and vascular disease: Australian facts. Canberra: AIHW, 2023.
2. Deloitte Access Economics. 2020. No postcode untouched, Stroke in Australia 2020.
3. O'Donnell MJ, Chin SL, Rangarajan S et al; INTERSTROKE investigators. Global and regional effects of potentially modifiable risk factors associated with acute stroke in 32 countries (INTERSTROKE): a case-control study. *Lancet*. 2016. 388:761-775.
4. United States Department of Health and Human Services. The health consequences of smoking: a report of the Surgeon General. Atlanta, GA: US Department of Health and Human Services, Centres for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office of Smoking and Health; 2004.
5. United States Department of Health and Human Services. The health consequences of smoking – 50 years of progress: a report of the Surgeon General. Rockville, MD: US Department of Health and Human Services, Centres for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office of Smoking and Health; 2014.
6. Thun MJ, Carter BD, Feskanich D et al. 50 year trends in smoking-related mortality in the United States. *N Engl J Med*. 2013. 368:351-364.
7. O'Donnell MJ, Xavier D, Liu L et al; INTERSTROKE investigators. Risk factors for ischaemic and intracerebral haemorrhagic stroke in 22 countries (the INTERSTROKE study): a case-control study. *Lancet*. 2010. 376:112-123.
8. IARC. IARC Handbooks of cancer prevention, Tobacco Control, Vol 11: Reversal of risk after quitting smoking. Lyon, France: International Agency for Research on Cancer; 2007.
9. Banks E, Yazidjoglou A, Brown S et al. 2022. Electronic cigarettes and health outcomes: systematic review of global evidence. Report for the Australian Government Department of Health. National Centre for Epidemiology and Population Health, Canberra. Available from: <http://hdl.handle.net/1885/262914>
10. National Health and Medical Research Council. 2022. CEO Statement: Electronic Cigarettes. Canberra: National Health and Medical Research Council. Available from: <https://www.nhmrc.gov.au/health-advice/all-topics/electronic-cigarettes/ceo-statement>
11. Australian Institute of Health and Welfare. National Drug Strategy Household Survey 2022-23: Electronic Cigarettes and vapes. Canberra: AIHW, 2024.
12. Castro EM, Lotfipour S, Leslie FM. Nicotine on the developing brain. *Pharmacol Res*. 2023. 190:106716.
13. Wood L, Greenhalgh EM, Hanley-Jones S. 5.4 Adolescence and brain maturation. In: Scollo M, Winstanley M, eds. *Tobacco in Australia: Facts and issues*. Melbourne: Cancer Council Victoria, 2019.
14. Tuson M, Lizama N, Kameron C et al. Vape stores in Western Australia: growth, proximity to schools and socio-economic gradient of density. *Aust N Z J Public Health*. 2024. 48:100118.
15. Watts C, Egger S, Dessaix A et al. Vaping product access and use among 14–17-year-olds in New South Wales: a cross-sectional study. *Aust N Z J Public Health*. 2022. 46:814-820.