

Submission to the

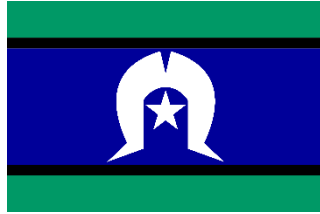
Victorian Inquiry into Vaping and Tobacco Controls

Youth Affairs Council Victoria
Alcohol and Drug Foundation
April 2024

 Youth Affairs
Council Victoria

 Alcohol
and Drug
Foundation

Acknowledgement of Country

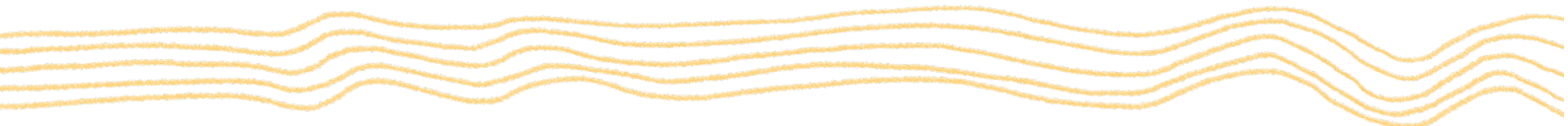


Our work takes place across Victoria.

YACVic's and the Alcohol and Drug Foundation's head offices are on the lands of the Wurundjeri people of the Kulin Nation in Naarm (Melbourne). YACVic also have offices on the lands of the Gunitjmarra Nation in Warrnambool, and on the lands of the Wemba Wemba and Wadi Wadi Nations in Swan Hill.

We pay our respects to Elders past and present for their wisdom, strength, support and leadership. Bunjil's lore states that those who walk on this land must care for Country and the waterways as well as care for the children and young people.

We stand in solidarity to pay respect to the ongoing culture and continued history of all Aboriginal and Torres Strait Islander nations. Sovereignty was never ceded.
This always was, and always will be, Aboriginal land.



About YACVic

Youth Affairs Council Victoria (YACVic) is the peak body and leading policy advocate for young people aged 12–25 and the youth sector in Victoria. Our vision is that young Victorians have their rights upheld and are valued as active participants in their communities. As a peak body, we work closely with young Victorians, and the sector that supports them, to deliver effective advocacy, events, training, resources and support. We're driven by our valuable members and their vision for a positive future for young Victorians.

YACVic Rural is our advocacy and development arm focused on rural and regional young people and the youth sector throughout Victoria, with a physical presence in the Great South Coast and Southern Mallee regions.

About ADF

The Alcohol and Drug Foundation delivers evidence-based approaches to minimise alcohol and other drug harm. We recognise the power of strong communities and the important role they play in preventing problems occurring in the first place. A community-centric approach is at the heart of everything we do.



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Introduction

The Youth Affairs Council Victoria (YACVic) and the Alcohol and Drug Foundation (ADF) welcome the opportunity to make a submission to the Inquiry into Vaping and Tobacco Controls in Victoria. We acknowledge the terms of reference include the regulation of illicit tobacco in Victoria, but to work within our expertise this submission focuses on vaping, its impacts on young people, and recommended reforms.

Vaping has been identified by young people and those that work with them as a key issue for young people. This submission responds to the terms of reference, using evidence concerning the prevalence of young people's use of vapes in Victoria, health responses and regulatory challenges. The submission includes the voices of young people and the voices of those working with young people. These voices provide critical insight into how regulatory responses and support services can more effectively prevent, intervene and address vaping in young people.

Young people's voices and existing research show that approaches to minimise vaping-related harm in Victoria must be health-based, non-punitive and non-stigmatising, and co-designed with young people. Information and interventions should be age appropriate, targeted, and utilise digital technology where appropriate to connect with young people.

New data shows the number of secondary school students aged 12-17 who had ever vaped increased from 13.5% in 2017 to 29.9% in 2022-23.¹ These numbers are even higher for those over 18. Failures in regulation have allowed vaping products to be readily accessible have contributed to this increase.

A systemic response to the use of vapes in Victoria is required that incorporates appropriate regulatory change to limit the availability of vapes, provides support to those who are experiencing dependence, and delivers youth-specific targeted information and messaging.



Summary of Recommendations

Data and trends in vaping use in Victoria

Recommendation 1: Ensure any interventions or health-based responses to vaping among young people are driven by data trends, including the patterns and contexts of vape use by specific demographics.

Why young people are vaping.

Recommendation 2: Young people use vapes for a range of reasons, and interventions that respond to vaping among young people must understand and address these underlying reasons.

How young people want to learn about vaping.

Recommendation 3: Public health campaigns and information targeted to young people to address the use of vaping products must:

- be co-designed by young people with diverse lived experience.
- use factual, realistic, accessible, and youth-friendly information without imposing judgement or stigma as to why someone uses vapes.
- acknowledge young people's experiences of vaping, including perceived benefits and negative aspects.
- take a harm minimisation approach that equips young people to make informed decisions about vaping, including information about health risks, peer pressure and how to access support.

Where young people want to learn about vaping.

Recommendation 4: Education and support services delivered to young people about vaping should use digital technologies, including social media, to reach young people.

Recommendation 5: Ensure any public health and behaviour change campaigns are combined with interventions and approaches at individual and community levels.

School and parent responses to support young people.

Recommendation 6: Schools to provide health-based, non-punitive responses to young people in schools who use vapes, with a focus on prevention, harm reduction and service support.

Recommendation 7: Increase funding for youth workers in schools who are skilled in having conversations around AOD, to support young people who vape to access



support when and if they need it. To take a non-judgemental, non-stigmatising and trauma-informed approach.

Recommendation 8: Provide professional development training to teachers and wellbeing staff to support schools to understand and implement the Victorian Government's [Vaping Ban Guidelines](#) – including best practice to respond and support students who vape.

Recommendation 9: To review the effectiveness of the Victorian Government's school [Vaping Ban Guidelines](#) in reducing vape use among students, conduct an evaluation beginning 2025 embedding the voices of young people.

Recommendation 10: To support parents, carers and guardians have conversations with young people about vaping, ensure educational resources targeted at this group are accessible and promoted in physical and digital places they engage with – such as school and community organisations, sporting clubs, community forums and social media.

Youth sector responses to support young people.

Recommendation 11: Increase training and resources for youth sector workers, general practitioners, and other health professionals on best practice for supporting young people who use vapes. This should take a non-judgemental harm minimisation approach, and include:

- Short and long-term health impacts.
- Information about withdrawal and how this may present for young people.
- Information about youth-specific support and referral pathways.
- Age-appropriate tools and strategies to address peer pressure and nicotine dependence.
- Current laws.
- Environmental impacts of disposable vapes.

Harm minimisation not criminalisation.

Recommendation 12: Explore options for providing enhanced support for nicotine dependence to young people, including nicotine-replacement therapies.

Recommendation 13: Amend the *Drugs, Poisons and Controlled Substances Act 1981* to remove the criminal offence for the possession of vaping products without a prescription.



Methodology

This submission is grounded in the voices and lived experiences of young people and youth sector workers within Victoria. We heard from 35 young people and 22 youth sector representatives who told us about their experiences and suggestions regarding vape use among young people via an online survey.

The responses to this survey, alongside a review of evidence, have informed key findings and recommendations. Some quotes have been edited for clarity or anonymisation.

We received 35 survey responses from young people (aged 12-25 years old), of these:

- 17 are cisgender women; 5 are cisgender men; 2 are gender diverse; 7 are non-binary; 5 are trans men; and 0 are trans women.
- 20 are 18-24 years old; 8 are 25 or more years old; 4 are 16 to 17 years old; and 3 are 12 to 15 years old.
- 24 live in metropolitan and 11 live in regional or rural Victoria.
- 24 identify as LGBTQIA+; 21 identify with experience of mental ill-health; 10 identify as disabled; 13 identify with experience of family violence; 9 identify with experience of poverty; 8 identify with experience of insecure housing or homelessness; 4 identify as Culturally or Linguistically Diverse; 4 have experience with out-of-home care; 4 are Aboriginal and/or Torres Strait Islander; and 2 have experience of contact with the justice system.

The sample contained young people who vape everyday (37.1%), never vape (34.3%), vape occasionally or socially (20%), vape a few times a week (5.7%), and vape most days (2.9%). With a high proportion of people vaping everyday within this sample (compared to the rest of the population), the responses provide specific insights based on these young people's experiences of vaping into how regulatory responses, public health and support services can most effectively prevent and reduce vaping-related harm.

We received 22 survey responses from youth sector representatives, of these:

- 16 work in metro; 9 work in regional or rural Victoria.
- 21 work with young people 12 to 18 years old; 18 work with young people 18 to 24 years old; 6 work with young people 24 years old or more.

Youth sector representatives came from roles including youth workers, health promotion, teachers, youth development, caseworkers, and policy.



Key Findings

1. Data and trends in vaping use in Victoria

This section examines what the evidence tells us about the health impacts of vaping, and vaping use trends among young people in Victoria.

1.1 Health impacts of vaping

While there is a lack of evidence about the long-term risks of vaping, there are known health risks relating to the effects of vapour on the lungs and other tissues and the effects of specific chemicals.² The harms of vaping are often compared to the harms of tobacco use. But, for young people who are less likely to use tobacco, considering the harm of vaping itself is important.³

Risks to young people of vaping

Several short-term harms of vaping product use have been established.² Young people who use vapes may be prone to respiratory harms including irritation or more serious lung injury due to vapour inhalation. The level of this harm is generally related to how much a person is vaping.⁴

Harmful chemicals in an unregulated supply

Harms related to specific chemicals sometimes found within the illicit supply of unregulated vapes in Australia have been identified.⁵ The Therapeutic Goods Administration (TGA) currently regulates the content of prescription nicotine vaping products under the TGO 110 regulation. However, research shows most people in Australia access vapes via the black market.⁶ In the current unregulated market, the government is unable to control the content of vaping products.

Testing by the TGA has found many illicit disposable vaping products contain harmful chemicals currently banned under TGO 110.⁷ Also, most illicit vapes labelled 'non-nicotine' contain significant amounts of nicotine.⁵ Of particular concern is α -tocopheryl (vitamin-E) acetate which has been associated with Acute Parenchymal Lung Injury (APLI). This has caused a number of deaths in North America, although these cases were related to cannabis vaping products.⁸

Ongoing surveillance and research into the supply of illicit vaping are required to identify further potentially harmful ingredients. Also, updated regulations for TGO 110, including an approved ingredients list, rather than the banning of specific ingredients – is an appropriate approach.



Nicotine

The risk of physical harms associated with nicotine are less significant than other harmful chemicals in tobacco and e-cigarettes. Nicotine is a mild central nervous system stimulant that can cause physical symptoms including hypertension, and increased heart rate.⁹ There is risk of poisoning when significant amounts of nicotine are consumed, with symptoms including headache, nausea, and abnormal heart rate. This is particularly concerning as nicotine content can be high in unregulated disposable vapes preferred by young people.⁶ Further, risk of nicotine poisoning is also a concern when liquid containing nicotine for reusable vapes is inappropriately packaged or easily accessible to children.


The central concern over young people's nicotine use is the risk of dependence. Nicotine dependence via cigarettes is well documented, and what we know about e-cigarette nicotine dependence will be in part informed by this understanding.¹⁰ However, many unregulated vaping products have relatively higher nicotine content than cigarettes.⁵ The risk of young people who vape developing nicotine dependence may therefore be higher than for cigarettes, further compounded as the frequency of vape use can also be higher. This means young people who vape may be knowingly or unknowingly exposed to higher levels of nicotine and more at risk of dependence. This is of particular concern if vaping product supply is suddenly disrupted, as young people with dependence may experience sudden substance withdrawal without understanding the supply changes or impacts of dependency.⁹

Vaping for smoking cessation

A January 2022 Cochrane Review, considered the highest level of systematic evidence review, found moderate certainty evidence that vaping products expose users to less toxicants/carcinogens compared to tobacco products, and a further review in November 2022 identified high-certainty evidence that nicotine vaping products increase smoking quit rates compared to nicotine replacement therapies.^{11, 12}

However, in February 2022 the Australian Government National Health and Medical Research Council (NHMRC) stated that nicotine vaping products are not proven safe or effective smoking cessation aids, and further research is needed to establish harms and benefits.¹³ There is evidence to suggest people who use nicotine vaping products are three times more likely to smoke in their lifetime, though these findings have limitations and the effect size may be smaller.^{14, 15} As a result, the Royal Australian College of General Practitioners (RACGP) has released

⁹ Symptoms of nicotine withdrawal can include headache, nausea, difficulty concentrating, irritability, mood swings, and cravings.¹⁰



guidance that vapes should not be used as a first line response for smoking cessation, and rather should only be used when traditional nicotine-replacement has failed.¹⁶

Young people are less likely to smoke cigarettes than older adults and are far more likely to vape. It is important then to consider the relative harms of vaping for young people in the context they are less likely to be using vapes for smoking cessation.

1.2 Vaping use trends in Victoria

The recently released National Drug Strategy Household Survey 2022-23 (NDSHS) shows the extent of the increase in use of vapes among young people Victoria, compared to the adult population.³

Current use^b of e-cigarettes in Victoria, by selected age group, 2016 to 2022-23

Age group (years)	2016	2019	2022-2023
14-17	n.p.	**1.2	*9.2#
18-24	*1.6	*5.0	19.9#
25-29	**0.9	*4.5	14.2#
30-39	1.7	3.3	9.6#
40-49	*1.0	2.4	5.3#
50-59	*0.7	*0.9	*2.2
60+	*0.3	*0.6	*0.7
14+	0.9	2.4	7.0#
18+	1.0	2.4	6.9#

* denotes high relative standard error of 25-50%

** denotes high level of sampling error

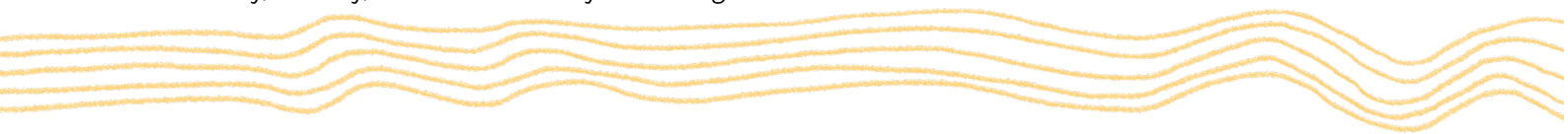
denotes statistically significant change from 2019

This data shows, from 2016 to 2022-23, the number of 18-24-year-olds in Victoria who used vapes increased from 1.6% to 19.9%. This reflects the national trend of increased vape use among young people over the last eight years, particularly for 18-24 and 25-29 year olds.

Nationally, from 2016 to 2022-23, the number of people aged 14 and over who used vapes increased from 0.9% to 7%. It is noted the use of e-cigarettes in Victoria is higher than the national average, but about half of 'current users' are not using e-cigarettes daily.

Data from the Australian Secondary Students' Alcohol and Other Drug Survey (ASSAD) 2022-23 shows similar trends in secondary school age students.¹ The

^b 'Current use of electronic cigarettes' is defined as the sum of respondents reporting using e-cigarettes daily, weekly, monthly, or less than monthly - excluding those who have used them once or twice or never used.



report shows the proportion of students aged 12-17 who had ever vaped increasing from 13.5% in 2017 to 29.9% in 2022-23. Similarly, past month vaping in this group had increased from 4.2% to 15.77%. The prevalence of having ever used a vape is higher in the 16-17-year-old age group at 42.9%, compared to 24.3% for 12-15 year-olds.

While these data sets provide a snapshot of vaping use among young people, more granular data is available and should be accessed when developing public health responses. Understanding the patterns and contexts of vaping use for specific groups is important to design effective and meaningful interventions and health responses. While the data provided in the NDSHS includes an age-based breakdown for 'current use' in Victoria, there is no further breakdown by gender or more granular frequency.

See APPENDIX 1 for more information and data tables on vaping use trends.

Recommendations

- (1) Ensure any interventions or health-based responses to vaping among young people are driven by data trends, including the patterns and contexts of vape use by specific demographics.

2. Why young people are vaping.

This section identifies the reasons why young people are vaping using insights from the survey participants and evidence review.


What we heard:

Young participants said young people vape to relieve or cope with stress (80%), find vapes easy to access (77.1%), and see vaping as fun (68.6%). They also said young people:

- see vaping as a non-harmful or less harmful choice (65.7%).
- vape to fit in (51.4%).
- use vapes as a way to quit smoking cigarettes (40%).
- don't have access to reliable and factual information about vaping and its harms (31.4%).

Other young people emphasised their reliance on vapes in social situations, including as 'something that is helping them get through the day' and giving them a 'reason to leave school.' One participant noted 'it's seen as "cool,"' while many also pointed to the addictive nature of vapes and difficulty quitting.

22 youth sector representatives also told us what they think is contributing to young people's use of vapes. They said young people vape to fit in (86.4%), young



people find vapes easy to access (86.4%), and young people find vapes fun (86.4%). They also said young people:

- vape to relieve or cope with stress (77.3%).
- see vaping as a non-harmful or less harmful choice (72.7%).
- vape to risk take (68.2%).
- don't have access to factual information about vaping and its harms (50%).
- use vapes to quit smoking cigarettes (31.8%).

Other's emphasised young people vape because 'it is cool' and also 'use it to suppress their appetite.' Importantly, many youth sector workers stressed that while young people may be aware of the long-term health risks of using vapes, they may not care in the moment as vaping provides a way of coping with current stresses. The relatively low number of participants who reported using vapes for smoking cessation reflects the relatively low smoking rates in this cohort.

What the evidence says:

Young people use alcohol and other drugs (AOD) for a range of reasons. Along with developmentally appropriate risk taking these reasons may include to:

- build confidence
- lose weight
- fit in with peers
- sleep or study
- relax
- cope with trauma
- deal with emotional pain
- cope with mental ill health or physical pain.¹⁷

Specifically in relation to vaping products, young people's use can relate to a range of factors, including socialising with peers and experimentation.¹⁸

Most young people who experiment with AOD don't go on to experience significant harm.¹⁹ But, risk factors for harm and dependence include individual factors, such as isolation, difficulties in home life, and trauma, as well as environmental factors like social pressure and social influence, social disadvantage, and availability of drugs, alcohol, and tobacco and vaping products.

On the other hand, protective factors include social and emotional competence, problem-solving skills, positive family environments, pro-social environments outside of home, and participation and engagement in meaningful activities.



Recommendations

(2) Young people use vapes for a range of reasons, and interventions that respond to vaping among young people must understand and address these underlying reasons.

3. Where young people learn about vaping and what information they need.

This section explores where young people are currently learning about vaping and what information they need, based on our survey responses.

3.1 Where young people learn about vaping

What we heard:

Young people identified social media (68.6%) and friends and other young people (54.3%) as their main two sources of information about vaping. 48.6% identified vaping and/or public health campaigns, and 45.7% identified news outlets as sources of information.

Other identified sources of information included siblings and family members, parents, guardians or caregivers, teachers, youth workers, their own experiences, research articles, and doctors.

What the evidence says:

Digital technology plays a key role in information access for young people. In particular, we know information about stigmatised topics like vaping or substance use is accessed by young people through the internet via mobile devices for privacy and anonymity – using google or social media.^{20, 21}

We also know friends play a key role in information access; specifically that young people experiencing substance use problems prefer to speak to friends for advice, rather than parents/carers or health professionals.²²

See section '5.1 Social media' for further discussion about where young people want to learn about vaping.

3.2 What information young people need about vaping

What we heard:

Of the 35 young people we heard from, 80% felt like they knew about vaping and its impacts, while 20% felt like they didn't. Participants asked for more information on:



- The short or long term harms associated with the use of vapes (74.3%).
- How to find reliable information about vaping that's easy to understand (60%).
- Information about current and expected changes to laws regarding vapes – including vape use, purchasing and importing (57.1%).
- How to access support for vaping and how to stop or reduce vaping (54.3%).
- What's a vape, what it contains, and what vaping does to the body (42.9%).
- Information about how vaping is addictive (40%).
- How to talk to friends and peers about vaping – including it's risks, how to reduce use, and what are the alternatives (37.1%).
- Information about peer pressure and social vaping (28.6%).

One participant also identified they would like more information on prescription vapes and the use of prescription vapes in harm reduction. Other participants noted the importance of harm reduction, and information that is accurate and non-stigmatising for those using vapes and trying to quit.

Of the 22 youth sector participants, 45.4% felt equipped to talk to young people about vaping and its impacts, while 54.6% felt like they didn't. They want to know more about:

- What's a vape, what it contains, and what vaping does to the body (90.9%).
- What support are available for young people to learn about, reduce or quit vaping (90.9%).
- How to have conversations with young people about the risks of vaping, how to reduce vaping use and alternatives to vaping (81.8%).
- Information about current and expected changes to laws regarding vapes – including vape use, purchasing and importing (77.3%).
- The short or long term harms associated with the use of vapes (68.9%).
- Information about peer pressure and social vaping (63.6%).
- Information about how vaping is addictive (50%).

Participants also wanted to know more about cheaper prescription options to reduce or quit nicotine or cannabis addiction, peer-based responses, and parent education.

4. How young people want to learn about vaping.

Young people were asked what the most useful and engaging ways are to be given information about vaping. In other words, *how* they want information delivered.

Participants said information needs to be provided in a non-judgemental way, support young people to make informed decisions, and be delivered by people they relate to (like other young people).



4.1 Non-judgmental information

What we heard:

Young people thought current messaging and information about vaping could be judgemental and fearmongering, and framed in a way that made them feel shamed for being ‘bad’ rather providing information and support. Further, that current information could ‘lecture’ young people, without engaging them in nuanced and non-judgemental discussions – such as about the health risks associated with vape use, social expectations, peer pressure, and addiction support.

‘We need to focus on not lecturing young people but rather showing them maybe a better alternative or relating to young people and giving them positive role models.’

‘We need to try to help everyone understand that it’s an addiction not a bad habit.’

Young people want to see messaging and education that is delivered with empathy and understanding of factors like mental health, peer pressure, perceived social expectations and addiction. In doing so, creating an environment where young people feel safe are more willing to engage.

‘Responses must better understand why young people vape, instead of just eliciting fear, which causes avoidant behaviours when it comes to acknowledging the effects.’

‘Responses must make an effort to not cast judgement on young people as this can be harmful.’

Alongside information that is non-judgemental and non-stigmatising, young people also want to know how they can access support services.

‘Listen to young people and aim to provide information without stigma and include actual support services and resources.’

4.2 Independence and decision making

What we heard:

Young people emphasised that vaping education and messaging that focuses only on the harms of vaping can make them feel stripped of their independence and decision making.



‘I think a lot of the messaging has had a “we must protect the children” angle, which doesn’t do anything to actually reach young people ourselves and motivate critical thinking to change.’

‘Education should be thorough, explaining positive and negative things about vaping. Young people will not make the right decisions if they are not given the correct tools to do so.’

Young people told us they want to feel that they have agency over their own lives and decisions. Yet, this is removed if they feel they are being told what to do without critical and supportive discussions – such as why young people might start vaping in the first place, facts about health risks, and tools to deal with peer pressure.

‘Ask us why we vape, and what we think about it, and how much we know about the risks. As an adult, I should be able to make informed decisions about my own health and whether I would like to vape.’

Young people want to see vaping information that respects their independence and supports their capacity to make informed decisions. This means taking a harm minimisation approach that gives young people the facts around vaping.

4.3 Peer pressure

What we heard:


Some young people spoke about peer pressure and social vaping, particularly that it’s seen as ‘cool’ and ‘fine or trendy.’ Many participants compared perceptions of the social acceptance of vaping to cigarettes – where ‘vaping is less frowned upon than cigarettes.’ Given this, these young people thought messaging needs to reframe the narrative or cultural attitudes surrounding vaping. One young person suggested through influencers on social media could be a good approach.

Many youth sector participants spoke about the role of peer pressure and the importance of facilitating conversations with young people on how to deal with it, alongside information such as health risks.

‘There are concerns from young people entering high school that they are going to be peer pressured to vape.’

What the evidence says:

While the evidence about the most effective types of messaging among young people is mixed, we do know scare tactics are ineffective, and stigmatisation can deter help-seeking and lead to further harms.²³



Messaging that is based around prohibition (e.g., “just say no”) can increase stigma around a young person’s substance use and feelings of guilt and shame. While most young people who experiment with AOD don’t go on to experience significant harm,¹⁹ stigma serves as a barrier to accessing help for those who need it.²⁴

Messaging that fails to connect with the reasons young people use vapes, or doesn’t resonate with their experiences, is also ineffective.²⁵ Young people are more likely to engage with messaging that looks holistically at the contexts of substance use.²⁶ This means including understandings of why young people use vaping products and acknowledging both the positive and negative impacts. This approach opens up the possibility of creating relevant, engaging, realistic, and targeted messaging for young people.²⁷⁻²⁹

4.4 Youth participation and co-design

What we heard:

Many young people spoke about the need to learn about vaping and its impacts through lived experience stories combined with factual and reliable information. Young people also emphasised wanting to access information that’s easy to understand, engaging and informal.

‘Responses need to be age appropriate, easy to understand and use clear wording to make sure young people are aware of what it means.’

‘Include young people by looking at how the language is used and create programs that make sense for youth.’


Importantly, young people told us they want to hear from other young people, as they are more likely to listen to and trust their peers, particularly those who had used vapes. Young people are experts on their own experiences and have greater capacity to relate and communicate to their peers.

‘Information through young people leading fun vaping sessions about the risks and harms – taking a harm minimisation perspective.’

‘Information through peers who are a similar age to myself talking about it and showing genuine care for addiction instead of berating us for vaping.’

‘Responses could include young people with lived experiences of vaping and their stories.’

These young people spoke about how lived experience messaging would be non-judgemental, empathetic, and sympathetic to young people’s social context such



as peer pressure. Specifically, young people want to know about other young people’s experience of vaping, it’s impacts on their physical and mental health, and how they quit.

Participants also spoke to the importance of involving young people with diverse lived experience throughout the design, development and delivery of vaping campaigns, responses, and support programs.

‘Responses must involve more young people in making campaigns.’

‘Get young people to lead the change. Reach out to youth organisations and get them to help facilitate these campaigns.’

‘Make sure it’s suited for us. Nothing about us or for us without us.’

What the evidence says:

A key priority of Victoria’s Youth Strategy 2022-2027 is that young people are supported to have their voices, lived experience and solutions heard, and have genuine, meaningful opportunities to influence decisions.³⁰ This recognises listening to and acting on the voices of young people is critical in providing effective policies and programs.

Peers are often more trusted and credible sources of information than other authorities.³¹ Also, peer-led interventions can overcome stigma associated with help-seeking and provide harm reduction in a context that’s relevant and relatable.³¹⁻³³

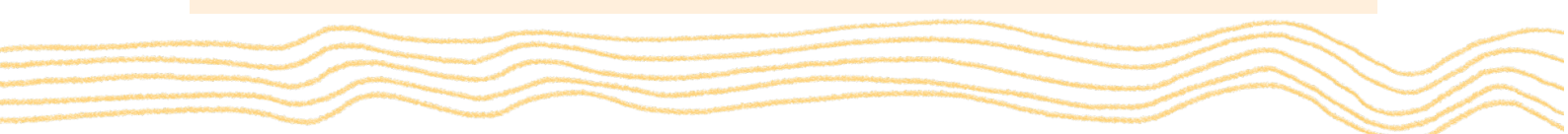
Crushed But Ok

[Crushed But Okay](#) is a strength based campaign to help young men build healthy relationships online. While about a different issue, this campaign demonstrates best-practice for meaningful youth co-design for a public campaign.

Here, young people participated in a series of co-design workshops and consultations to devise the campaign and video series. As ‘creative advisors,’ young people guided and informed every aspect of the campaign from the branding to selecting influencers to react to real, relatable stories.

The brand and visual identity were selected as being the most effective to grab the attention and resonate with young men. The campaign takes a social-first approach to meet young men where they already are – like Instagram, TikTok and Snapchat.

Also, four micro-influencers were sourced and selected by the youth advisors to increase authenticity and virality of the video concepts.



Recommendations

(3) Public health campaigns and information targeted to young people to address the use of vaping products must be:

- co-designed by young people with diverse lived experience.
- use factual, realistic, accessible, and youth-friendly information without imposing judgement or stigma as to why someone uses vapes.
- acknowledge young people's experiences of vaping, including perceived benefits and negative aspects.
- take a harm minimisation approach that equips young people to make informed decisions about vaping, including information about health risks, peer pressure and how to access support.

5. Where young people want to learn about vaping.

Young people were asked *where* the most useful and engaging places are to be given vaping information. Participants said information needs to be provided in a variety of spaces, and in places young people are already engaged with – such as social media, at school, through ads, and youth programs.

5.1 Social media

What we heard:

The majority of young people spoke about the role of social media in giving young people information about vaping, including both social media posts, and influencers on platforms like Instagram, Tik Tok and Snapchat. Many participants spoke to social media because 'a lot of young people are on that today.'

Young people said social media is a useful place to hear other young people's and influencer's stories about vaping and its impacts, while also being informative and factual. A young person gave the example of short videos that are emotive and engaging, while also containing facts through infographics.

'social media campaigns are useful, especially when it's videos of real people (not sponsored) putting their vapes in glasses of water/deciding to quit.'

'hearing more from people on social media who have vapes and successful quit – why they quit, how they quit (truthful answers), physical and mental feeling after they've quit.'



Participants found stories helpful if they could relate to those with lived experience, especially if they are communicated in a way that's truthful but also non-judgemental. Young people felt from these 'real life situations and feelings' they can 'look for the warning signs in themselves and others.'

'I think if very popular influencers made videos detailing the harm of vape, why they don't vape, the story of why they stopped vaping, etc. it would be very impactful.'

'many young people look up to influencers so having them contribute would be helpful.'

One participant noted influencers and education programs in school could be more impactful than social media because 'even in add form, [social media] can easily be skipped past.'

What the evidence says:


Digital and social media platforms offer diverse avenues for disseminating information, as well as providing harm reduction and behaviour change messaging about vaping to young people.³⁴ This includes through websites, SMS interventions, apps, interactive games, and online peer support groups. These mediums can function independently or as part of broader information sharing and harm minimisation programs.

Digital technologies present several advantages over traditional face-to-face interactions, such as anonymity, outreach to geographically remote areas, 24-hour accessibility, and minimal cost.³⁴ Collectively, they have capacity to enhance access to information for young people regarding sensitive topics, as well as potentially reduce the burden on services, and bridge existing gaps in service delivery for those seeking additional support.³⁵⁻³⁷

Young people are a prime target demographic for digital information provision due to challenges in engaging them through traditional media and their significant online presence.^{36, 38} This demographic frequently seeks information on drugs, health, and mental health issues online, often using smartphones.^{20, 39} Despite some mixed findings in systematic reviews, most digitally delivered harm reduction interventions like information provision demonstrate benefits compared to no intervention, although more research is needed to compare their outcomes to face-to-face interventions.^{40, 41}

Recommendations

(4) Education and support services delivered to young people about vaping should use digital technologies, including social media, to reach young people.



5.2 Public campaigns

What we heard:

Some participants noted public campaigns around vaping and its impacts would be a useful source of information – including ads, billboards and posters. Specifically, one participant said public campaigns could be a useful source of ‘cultural change’:

‘I think public campaigns like Slip, Slop, Slap should be used – it’s proven to be effective at changing cultural norms and people’s behaviour in the long term. ...I think widespread vaping in the age bracket of 18–30 is turning vaping into a new “coming of age” tradition and cultural change will be needed.’

Another participant cited messaging they found helpful regarding speeding and young men:

‘make ad campaigns about how embarrassing vaping looks, the small pecker anti-speeding campaign was exceptionally effective and I think considering the audience the same could apply here.’

But, another participant noted fear mongering and judgmental messages don’t work:

‘Stop making information so formal and move away from scare tactics... An attempt to use the same format as cigarette scare campaigns don’t work.’

Participants were asked if they were familiar with any public messaging campaigns about vaping in Victoria. 57.1% said they weren’t aware, 20% said they were aware and they informed them about vaping, 17.1% said they were aware but they didn’t find them informative.

One of the youth sector workers told us:

‘I would like to see a large QUIT style campaign launched to stop vaping in young people (similar to drink driving/WorkSafe campaigns).’

What the evidence says:

Public health and behaviour change campaigns can have profound impacts on community health and wellbeing. However, advertising campaigns on their own do not work.^{42, 43} Campaigns that aim to increase awareness of harms, or to provide



public information, must sit alongside other action areas such as community engagement, research, monitoring and evaluation, in addition to necessary regulatory changes. In this way, effective health promotion initiatives are those that are multi-layered, mutually reinforcing, and work systemically.

We know patterns of vape use differ between different groups of young people, this means interventions should be targeted to the specific needs of those groups and the communities they move in. Below we provide a best practice example of how we can understand and tailor approaches to best meet the needs of these groups.

Influencing GenVape Report

VicHealth have recently released their [Influencing GenVape Report](#), which uses quantitative and qualitative data to construct the profiles of different cohorts of young people based on their vaping behaviours. This is a powerful approach, as it captures the characteristics of these cohorts and the messaging approaches that will resonate most with them.

As an example, *GenVape* profiles a group named 'susceptible'. These are young people who have never vaped but are curious about vaping and are often in social situations where vaping is present. Their research found this group want to fit in and lack confidence in saying 'no' if offered a vape.

The report recommends messaging that:

- reinforces they have made a smart decision not to vape
- challenges any perceived benefits of vaping
- uses other young people who have tried vaping to provide evidence about what vaping is like and its harms.

Recommendations

(5) Ensure any public health and behaviour change campaigns are combined with interventions and approaches at individual and community levels.



5.3 School education programs

What we heard:

Many young people referenced school programs and school education as important sources of information to learn about vaping and its impacts, and as uniquely placed to provide young people with support around vaping.

How schools specifically respond to vaping is discussed in greater detail in section 6.1.

6. School and Parent support for young people to address use of vapes.

6.1 School responses

What we heard:

Survey participants were asked how schools are responding to young people who vape. There were mixed responses.

One young person noted they'd 'never heard a teacher talk about vaping,' while others spoke to having 'discussions about its harms' and education about 'some of the negative impacts of vaping in health class.'

Many participants emphasised punishment for use of vapes in school and campus vaping bans – including measures such as vape detection sensors in bathrooms, calling security, confiscating vapes, and suspension or expulsion.


Concerningly, one participant said:

the 'school locks all of the bathrooms except for lunch time, has inspections where teachers will go into the bathrooms and search kids for vapes, and overall has decided to punish everyone instead of educate and target.'

One participant noted their alternative learning school took a very different approach by having a smoking area:

'smoking was never encouraged, but the school knew that young people were going to do it anyway and its better outside in a safe spot rather than in the bathrooms...'

Similar to young people, youth sector workers emphasised the use of punitive responses by schools as above, including locking toilets during class time.



‘I’m become aware of schools locking toilets and young people having to obtain a key from the front office to go to the toilet during class time. This is resulting in students opting to hold it in and not go to the toilet when required which could lead to all sorts of health issues.’

Youth sector workers noted the negative impacts punitive responses can have on young people, particularly as young people who vape may already be experiencing mental health issues. Punitive interventions can create stigma, shame and guilt, as well as affect young people’s education and ability to have open and honest conversations about addiction. Youth sector workers said these interventions often do little to reduce young people’s use of vapes, rather can ‘make vaping cool or rebellious.’

‘often kids who vape get suspended from school, which makes them either not want to go to school or makes them hide vaping more’

Many said a harm minimisation approach is needed, where school staff are supported to provide young people with information about vaping. In doing so, young people are supported to have nuanced conversations about health risks, addiction and peer pressure.


Young people told us this could include adapting school curriculum, facilitating discussions through educational speakers, putting up informative posters, and having information readily accessible online and in locations like libraries.

Importantly, participants said educational programs need to target all young people – from year 7 to year 12 – because many young children are accessing vapes from older years. Also, to maximise young people’s engagement, education at school should be co-designed and delivered by young speakers or those with lived experience of vaping, taking a harm-minimisation approach.

‘Schools are a massive resource for campaigns like this. Time and money needs to be put into developing a program that can be engaging for young people.’

‘Young people should be included in education speaker programs at schools.’

Many youth workers noted the challenges for schools in the absence of proper training, knowledge, and resources to address vaping. With this, schools need better support to respond to young people who vape, like funding to employ youth workers at school to provide specialised AOD support.



‘Schools are struggling to manage the problem.... They are offering more education around vaping, but are behind the current trends.’

‘Schools are struggling and need education and resources.’

What the evidence says:

We know school can serve as a protective factor for preventing and delaying AOD use.⁴⁴ However, commonly used punitive responses to vape use in schools – such as vape detectors, and suspension and expulsion – carry the risk of alienating young people and making them less likely to seek help.⁴⁵

We know treating substance use or vaping through a disciplinary lens can create and reinforce stigma. Stigma is a significant barrier to help seeking, and can delay or prevent young people from seeking assistance for health issues.⁴⁶

When a young person is punished by removing them from school activities, this can compound their experience. Suspension from school is likely to reinforce risk factors (e.g. isolation, shame, stigma, risk-taking behaviours), and remove the protective factors of school (e.g., social connection, education, peer and teacher support etc.)⁴⁷ As a result, this leaves young people vulnerable to social isolation and feelings of shame, an increase in uptake of vaping, and missing out on learning.

We also know expulsions and suspensions are disproportionately applied to certain groups.⁴⁸ This includes Aboriginal and Torres Strait Islander students, disabled students, those in Out of Home Care, those from migrant, refugee, asylum seeker backgrounds, and Culturally and Linguistically Diverse (CALD) students.⁴⁹ Further, there is a correlation between expulsion of young people with diverse needs and their overrepresentation within the criminal justice system – termed the ‘school-to-prison pipeline.’⁵⁰ In 2019-2020, 68% of young people in custody were recorded as being expelled or suspended from school.⁵¹

Schools and teachers must be supported to implement innovative, trauma-informed, and non-punitive responses, focusing on understanding the underlying causes of behaviour such as vaping. Particularly, research has shown solving problems proactively, empathetically, and collaboratively with students has positive behavioural outcomes.⁴⁸ Crucially, embedding youth workers in school settings can support health-based response to vaping use.

This also involves implementing evidence-based AOD education programs school-wide.⁵² Young people are more likely to engage in school education programs that are based on:



- Building social competence by teaching young people self-management and personal and social skills to respond in complex situations, including those involving vaping, and
- social influence approaches which provide context to substance use, as well as recognising peer and media influences.⁵³

Here, it should be noted vaping education provided as ‘one-off’ sessions can have the counter effect of normalising vaping.⁵⁴ Vaping education should be delivered as part of the broader AOD education and should avoid fear or scare tactics as this is known to be ineffective and impacts teacher credibility.⁵⁴

Recommendations

- (6) Schools to provide health-based, non-punitive responses to young people in schools who use vapes, with a focus on prevention, harm reduction and service support.
- (7) Increase funding for youth workers in schools who are skilled in having conversations around AOD, to support young people who vape to access support when and if they need it. To take a non-judgemental, non-stigmatising and trauma-informed approach.
- (8) Provide professional development training to teachers and wellbeing staff to support schools to understand and implement the Victorian Government’s [Vaping Ban Guidelines](#) – including best practice to respond and support students who vape.
- (9) To review the effectiveness of the Victorian Government’s school [Vaping Ban Guidelines](#) in reducing vape use among students, conduct an evaluation beginning 2025 embedding the voices of young people.

6.2 Parents, carers or guardian responses

What we heard:

Participants were asked how parents, carers or guardians respond to young people who vape. Some young people said, ‘they don’t know I vape’, and others said they’ve had useful conversations about use of vapes and the harmful impacts.

But, the majority of young people said parents respond negatively to vaping and use punishment – like confiscating vapes, and kicking young people out of the house. Many also said their parents don’t understand the reasons why young people vape, the associated health risks, or how to talk to young people about vaping.



‘They are very dismissive of how addictive it is or why people fall into the habit.’

‘They either don’t take it seriously or don’t care, or they don’t understand well enough.’

One young person had insights into what support parents, carers or guardians might need to talk to their children about vapes:

‘Adults need to have better information on how to respond in helpful ways when their children are exposed to illicit things. In doing this we give families better tools for maintaining their relationships. Children will have more secure role models and access to trustworthy advice and help.’

Many youth sector participants also spoke about parents having limited information about vaping, its impacts, and how to best approach responding to young people’s use. Often, parents respond with punishment, which can result in young people being ‘more secretive about their use and better at concealing it.’

‘Parents are limiting social activities or device usage and removing the vape. I have seen this sort of response lead to distrust towards the parents from the young people, and the young people continuing to vape but without the parents knowing.’


One participant also spoke to the challenges for parents in responding to peer pressure and addiction:

‘I think it’s tough on parents as peer pressure and addiction are such hard to manage areas. Parents are trying to let their young people know of the effects, but they struggle to listen.’

Given these challenges, youth sector workers felt like they play a role as ‘the middle ground between the young people and their families.’ Youth sector workers are in a unique position to build trusting relationships with young people, while also playing a role in supporting parents and families.

What the evidence says:

A key opportunity to address vaping amongst young people is through conversations between children and parents and/or carers. The ADF has undertaken a process of developing information targeted at parents and/or carers to help them have conversations with their children about drugs and alcohol, as



well as specifically targeted at vaping. These resources were developed through an innovative social listening process that used large amounts of data from social media to understand the conversations that were being had about alcohol and other drugs. From this, the ADF used key insights to develop a specific [set of resources for parents about vaping](#) and young people, and also have recently developed and launched a new resource for parents called [Talk About It](#), which is designed to help parents have constructive conversations with their children about substance use.

These resources, alongside Vic Health's [Vaping conversation guide for parents](#), provide strong examples of the kinds of evidence-based material that can be deployed to assist parents, schools, and young people, particularly as the supply of vaping products changes in the coming months. Importantly, these resources must be accessible and widespread, so parents understand best practice for talking to young people about vaping. Schools could play a role here in supporting and engaging parents to understand and implement these resources.

Recommendations

- (10) To support parents, carers and guardians have conversations with young people about vaping, ensure educational resources targeted at this group are accessible and promoted in the physical and digital places they engage with – such as schools and community organisations, sporting clubs, community forums and social media.

7. Youth sector support for young people to address use of vapes.

7.1 What conversations are the youth sector having with young people about vaping.

What we heard:

We asked youth sector participants what kind of conversations they are having with young people around vaping. While 45.4% told us they felt equipped to talk to young people about vaping and its impacts, 54.6% felt like they didn't. Further, 81.8% told us they would like more information on how to have conversations with young people about the risks of vaping, how to reduce vaping use and alternatives to vaping.

Youth sector workers told us when they talk to young people about vaping, they usually take a harm minimisation approach. They talk with young people about the underlying reasons they vape, the physical and mental health impacts, how to deal with peer pressure and social expectations, and support with quitting.



‘I often speak with them about a harm reduction approach and education on what is in vapes and how they can be harmful. Most young people that I speak to say that vaping is a coping strategy.’

However, it was clear some youth sector workers felt unequipped to have these discussions as they were unclear on the information themselves. Particularly, they find it difficult to provide factual information about the long-term harms from vaping, and whether they are more or less harmful than cigarettes.

7.2 Supporting young people through dependence and using referral pathways

What we heard:

Youth sector workers told us they play a key role in supporting vape prevention and use amongst young people. This includes providing non-judgemental information about the harms, facilitating peer discussion, and supporting referral pathways like access to GP’s and other health services.

‘Our role is around education. In the younger year levels this is about prevention – like discussions of the harms of vaping, and how to say no if they have decided not to vape, but feel pressured to do so. For the cohort that is already vaping, it’s about offering information about harms without judgement, and referral if they want to stop.’

But, there was broad consensus among youth sector participants (81.8%) that there aren’t enough appropriate and well known vaping supports available for young people and those that support them.

Some participants did suggest services and resources – including Odyssey House, GP’s, ADF, school health promotion nurses, Vic health resources, YSAS, Youth projects, Quitline and headspace. But, many participants weren’t sure what resources or services would be appropriate to refer to young people for vaping specifically. Further, many felt like some of the services aren’t youth-specific, or equipped to support young people’s needs.

What the evidence says:

Public data relating to current approaches to prevent vaping uptake or continued use is limited. But, we know reducing stigma around substance use and having trusted workers who create rapport and safe spaces to have conversations about substance use can support young people to access the help they need when they need it.⁵⁵



A 2021 review of the literature regarding vaping cessation interventions for young people showed that while further research is needed to identify the most effective interventions, lessons can be drawn from smoking cessation and other health behavioural interventions with young people.⁵⁶ This includes interventions that consider the complex social influences and often limited negative experiences of young people who are vaping, as well as the potential co-use of tobacco and cannabis, and any overlap. Further, technology-based interventions may be one method for approaching cessation, but one-on-one counselling may be required.

Existing programs to discourage uptake and use of e-cigarettes may be impacted by changes to the supply of vaping products. Current programs and approaches are taking place within a context of high availability of vapes, but vapes may be less available in the future. As such, any responses to vaping in young people must respond to changes in availability and peer use.


7.3 Training and supports for youth and allied sectors

What we heard:

To better support the youth sector to help prevent and respond to vape use, they want:

- Information on what supports are currently available, to facilitate specialist referral pathways.
- Clear, accurate, and youth-friendly information about vapes – including the short and long-term health impacts, impacts of disposable vapes on the environment, and current vape laws, and how they apply to young people and youth organisations.

‘We need to know the impacts for vaping. Why it’s addictive and how it’s compared to other addictions ... What supports there are for young people who would like to quit or reduce vape usage.’

- Access to training and resources to support young people using a harm minimisation approach – such as a youth-friendly guide to risk reduction strategies for vaping, and how to access a prescription.
 - Training for youth workers about vaping, and best-practice approaches for supporting young people, including practical tools and strategies to address dependence and peer pressure.
 - More engaging content relating to vaping, made by young people for young people.
 - Resources that can be provided to support parents.
- 

- Better understanding of the reasons why young people are vaping through youth-led consultations with young people, then creating responses to address these underlying causes.
- More resourcing for youth services, particularly health promotion staff.
- Targeted support for educating school staff about using a harm minimisation approach as an alternative to suspension and expulsion.

‘The youth sector needs more resourcing to address this concern. Having YSAS as the primary service is helpful, however if they become overwhelmed, there needs to be alternative options that are equally effective and targeted for young people.’

Recommendations

(11) Increase training and resources for youth sector workers, general practitioners, and other health professionals on best practice for supporting young people who use vapes. This should take a non-judgemental harm minimisation approach, and include:

- short and long-term health impacts.
- information about withdrawal and how this may present for young people.
- information about youth-specific support and referral pathways.
- Age-appropriate tools and strategies to address peer pressure and nicotine dependence.
- Current laws.
- Environmental impacts of disposable vapes.

8. Harm minimisation not criminalisation

8.1 Harm minimisation

What we heard:

Participants continued to emphasise the need for responses to vaping, and educational information and programs about vaping, to be underpinned by a harm minimisation approach. Young people said:

‘We need harm reduction information on vapes as alternatives to cigarettes, and other harm reduction methods’

‘Listen to our needs, concerns and provide support around obtaining prescription vapes for people who are not wanting/ready to stop.’



These participants acknowledged some young people who vape don't want to quit. This may be because vaping is a form of coping with other stressors, they aren't aware of the health risks, or they are aware but continue to vape due to addiction or perceived social expectations.

Given this, youth sector workers want to understand harm minimisation techniques to support young people to reduce vape use, explore safe alternatives, and set usage limits. Part of this is creating a safe and non-judgmental environment for young people to talk about vaping.

8.2 Nicotine Replacement Therapy

What we heard:

Both young people and youth workers spoke about prescription vapes, and the role they play in vape dependence support. But, many participants also spoke to difficulties accessing them – such as if they can't afford a GP, the higher cost of prescription vapes, and that many GP's aren't aware or don't prescribe them.

One young person told us:

'I think it's important that Nicotine Replacement Therapy products are made more affordable as the cost has been a reason I haven't tried it. ...some young people are apprehensive to discuss vaping with health professionals due to fear of judgement etc.'

'prescription vapes should become more easily accessible/available as if I had a choice I'd use prescription vapes as I'd at least know what's in them and I could reduce the amount of nicotine to gradually stop, I haven't been able to get prescription vapes because my GP is confused by the process of how to prescribe them despite being willing to'

What the evidence says:

Given upcoming reduction to the supply of vapes due to regulatory changes, consideration must be given to support the population of young people who are nicotine dependent. Young people may be at risk of nicotine withdrawal symptoms – such as difficulty concentrating, sudden mood shifts, irritability, anxiety, difficulty concentrating, and behaviour changes.⁹ These withdrawal effects may be difficult for young people to manage without appropriate support and information in home and/or school environments.

Young people should be provided with access to an appropriate health-based response that are non-stigmatising. Alongside recommendations already discussed – such as resources for parents and teachers and targeted campaigns –



these interventions should also include providing and subsidising nicotine replacement therapies, such as prescription vapes.

Recommendations

- (12) Explore options for providing enhanced support for nicotine dependence to young people, including nicotine-replacement therapies.

8.3 Current and expected changes to vape laws

What we heard:

Participants were asked what they know about current and expected changes to laws regarding vapes – including vape use, purchasing and importing.

Many participants were aware of recent changes to vape import laws, but were unsure how this impacted the buying, selling and using of vapes. Many also had limited knowledge about vape laws, finding recent changes confusing and difficult to understand. This makes it difficult for young people to understand their rights and obligations surrounding buying and using vapes. And, for youth sector organisations to communicate these changes to the young people they work with.

Many young people commented on the importance of the government taking a harm minimisation approach, rather than criminalising or banning vapes. Here, young people thought simply banning vapes won't stop young people vaping, but leaves them vulnerable to punishment and shame.

'Criminalisation is not going to stop people vaping, there needs to be a Harm Reduction approach to it and cite Dignity of Risk. Vapes should be able to purchase as it is in other countries, and regulated by governmental bodies'

'Vape stores are still everywhere, even in rural vic. I think we need more education around [vape laws] so young people can make informed decisions'

Many young people thought the government should regulate the market while supporting young people through education and addiction support, so they can make informed decisions safely.

'The government needs to stop trying to eradicate vapes and instead funnel money into rehabilitation for people addicted to nicotine. The black market will always exist and it will always be harmful to'



Australians. Less outlawing and more managing and regulating will limit the black market’s ability to function.’

One participant also spoke about the importance of the government implementing measures to address the environmental impacts of disposable vapes.

‘Making vapes illegal has dramatically increased the presence of “disposable vapes” ironically these are almost impossible to dispose of safely. There should be measures in place to limit the waste of these products as young people are not going to stop using them despite being made illegal.’

What the evidence says:

Responses to individual vape use should be non-punitive and non-stigmatising, particularly for young people. Yet, it is currently a criminal offence in Victoria to possess a vaping product without a script, as thousands of young people do every day.

The maximum penalty for possession of a vape without a script under the *Drugs Poisons and Controlled Substances Act 1981* is around \$1840. While this is not commonly enforced, the threat of criminalising young people remains. Further, if the supply of vaping products changes significantly, young people who continue to access products illicitly may be at greater risk of criminal penalty as the behaviour becomes less normalised.

A criminal response to vaping among young people cannot be an effective policy response. These penalties and criminalisation may further exacerbate harm for young people by increasing financial strain, stigma, and isolation. Also, it may lead to situations in which police use their discretionary powers to target minority groups.

To avoid further harm to young people, it is vital the Victorian government remove the criminal penalty for the possession of a vaping product, and instead offer a health-based response.

Recommendations

(13) Amend the *Drugs, Poisons and Controlled Substances Act 1981* to remove the criminal offence for the possession of vaping products without a prescription.



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Appendix 1 – Vaping Prevalence Data

The National Drug Strategy Household Survey 2022-23 (NDSHS) shows the extent of increases in the use of vapes within the population aged 14 and over.³

Frequency of e-cigarette use, people aged 14 and over, Australia, by gender, 2016 to 2022-23 (col per cent)

	2016	2019	2022-23
Males			
Currently use electronic cigarettes	1.2	3.1	8.0#
I used to use them, but no longer use	2.3	2.7	2.7
I only tried them once or twice	6.4	8.8	9.2
Never used	90.2	85.4	80.1#
Females			
Currently use electronic cigarettes ^(b)	0.7	1.7	6.1#
I used to use them, but no longer use	0.8	1.4	2.5#
I only tried them once or twice	5.3	5.8	9.3#
Never used	93.2	91.1	82.1#
Persons			
Currently use electronic cigarettes ^(b)	0.9	2.4	7.0#
I used to use them, but no longer use	1.5	2.0	2.6
I only tried them once or twice	5.8	7.4	9.2#
Never used	91.7	88.3	81.1#

denotes statistically significant increase from 2019

This data shows clear increases in the number of people in Australia using vapes over the past 8 years, with a particular increase to 2022-23. It is important to note the number of people using vapes daily is much lower than the definition of ‘current use’ included by the AIHW in their report. While there is unfortunately no state-based breakdown for frequency of use in the currently released data, national data with more granular detail about usage frequency is presented below.

Frequency of e-cigarette use, people aged 14 and over, Australia, by gender, 2016 to 2022-23 (col per cent)

Frequency	Males			Females			Persons		
	2016	2019	2022-2023	2016	2019	2022-2023	2016	2019	2022-2023
Daily	0.8	1.5	3.7#	0.3	0.7	3.2#	0.5	1.1	3.5#
At least weekly (but not daily)	0.3	0.7	1.7#	0.2	0.5	0.9#	0.3	0.6	1.3#
At least monthly (but not weekly)	*0.1	0.4	0.9#	*0.1	0.3	1.0#	0.1	0.4	0.9#
<i>At least monthly</i>	<i>1.2</i>	<i>2.6</i>	<i>6.4#</i>	<i>0.6</i>	<i>1.4</i>	<i>5.1#</i>	<i>0.9</i>	<i>2.0</i>	<i>5.7#</i>
Less than monthly	0.4	0.6	1.5#	0.2	0.4	1.1#	0.3	0.5	1.3#
Current user	1.6	3.2	7.8#	0.8	1.8	6.2#	1.2	2.5	7.0#
I used to use them, but no longer use	2.0	2.5	3.3#	1.2	1.6	2.4#	1.6	2.0	2.8#

I only tried them once or twice	6.7	7.5	10.1#	5.3	6.0	9.6#	6.0	6.7	9.9#
Never used	89.7	86.7	78.8#	92.7	90.6	81.7#	91.2	88.7	80.2#

denotes statistically significant increase from 2019

From this data we see daily users have increased significantly to 3.5% nationally, though this remains less than half the current national smoking rate of 8.3% reported in the NDSHS.

Further detail regarding use patterns by age groups is available at a national level within Data Table 3.9 of the NDSHS report.

