

# **PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE**

## **Inquiry into Vaping and Tobacco Controls**

Shepparton – Monday 15 April 2024

### **MEMBERS**

|                                 |                |
|---------------------------------|----------------|
| Sarah Connolly – Chair          | Bev McArthur   |
| Nicholas McGowan – Deputy Chair | Danny O'Brien  |
| Michael Galea                   | Aiv Puglielli  |
| Mathew Hilakari                 | Meng Heang Tak |
| Lauren Kathage                  |                |

**WITNESSES**

Barbara O'Brien, Executive Principal,

Mark Metcalf, School Nurse,

Sabri Ibisi, School Captain, and

Isabella O'Dwyer, School Captain, Greater Shepparton Secondary College;

Joel Hoffman, Senior Social Worker, Shepparton ACE Secondary College; and

Emma Reynoldson, Deputy Principal, and

Megan Gray, Director, Wellbeing, Notre Dame College.

**The CHAIR:** I declare open this hearing of the Public Accounts and Estimates Committee Inquiry into Vaping and Tobacco Controls. I ask that mobile telephones now be turned to silent.

All evidence taken by the committee is protected by parliamentary privilege. However, comments repeated outside of this hearing may not be protected by this privilege.

Witnesses will be provided with a proof version of the transcript to check, and verified transcripts, presentations and handouts will be placed on the committee's website.

I am going to welcome you all. For the purposes of Hansard I am going to read out all of your names: Barbara O'Brien, Mark Metcalf – welcome – Sabri Ibisi, Isabella O'Dwyer, Joel Hoffman, Emma Reynoldson and Megan Gray. Thank you very much for taking the time today to come and talk to us at this really important inquiry. I am hoping that you have nominated just one person to make an opening statement of no more than 5 minutes. There can be three statements of no more than 5 minutes apiece, and then we will hand over to committee members. We will just ask you questions. It is just like a conversation. Who is going to start?

**Barbara O'BRIEN:** I am happy to start. Thank you. I would like to acknowledge the ancestors, elders and families of the First People. They hold the memories, the traditions and the hopes of the Aboriginal and Torres Strait Islander Peoples, and we recognise their continuing connection with country and their pride in caring for this.

**Visual presentation.**

**Barbara O'BRIEN:** I am Barbara O'Brien, Executive Principal of Greater Shepparton Secondary College. You will see there our vision. I am probably just going to skip through this pretty quickly so that it does not take too long. That is our vision for our college.

A little bit of information about us: we commenced in 2020 as a merger of the four secondary colleges in Shepparton. We were stage 1 of the education plan, with a \$160 million build. We have an SFOE, which is a student family occupation and education, of 0.5716, indicating a high level of disadvantage. Approximately 53 per cent of our students are equity funded and approximately 161 students participate in EAL classes. GSSC is a microcosm of Greater Shepparton, with a student population of 2072. Forty-one different nationalities are represented in the college, 32 different languages are identified as being spoken at home and 14 per cent are First Nations students.

What is our data telling us about vaping? This is taken since 2022, when suspensions were applied for vaping. They are no longer applied for vaping, but in 2022–23 and the start of this year this is the number of suspensions we had for students vaping at school. There were 107 suspensions that mentioned vaping, and they may have been students that were doing something else at the time as well as vaping, so it is the fact that vaping was part of it. In 2023, 45 suspensions, and in 2024, 18 suspensions – that is just last term, and suspension for vaping no longer exists.

As a part of the suspension process students were actually asked to do a reflection sheet on vaping to help educate them on the dangers of vaping and to actually make them think and rethink about not offending again,

really, as part of the education our school offers our students if they are found vaping. That is just an example of the reflection sheet.

Major chronicles – we use Compass as our student management tool. We identify major chronicles that are entered, and we consider vaping to be a major chronicle. So in 2022 there were 81 mentions of vaping, in 2023 there were 338 mentions of vaping, and in term 1 this year there have been 80 mentions of vaping. If that pattern continues, it will equal probably 2023.

When we look a little deeper into this data, we find that generally – and it is not up there now, but I have looked further into this data – our First Nations students are overrepresented based on relative population size. Female students are slightly overrepresented, and it is a much larger problem in our junior year levels – 7, 8 and 9 – than it is in our senior levels. That could be that the senior kids know how to hide it better. Who knows? But I think our students will give us a bit more information about that too.

The Department of Education has a myriad of resources that can be accessed in the policy advisory library, and that is just an example of all of the types of resources that are available to us.

Strategies that we use on a regular basis – we have regular information provided to our families, our parents, our staff and our students on the dangers of vaping. We have employed education engagement staff to supervise corridors and toilets – that is inside toilets – and this has helped lessen the opportunities for students to vape, because what we find is the toilets are a great place to go and hide in and vape. There is education for students using wellbeing staff and the School Nurse as well.

Other strategies – we have lessons about the dangers of vaping in our home group sessions; our connect classes, which is the social emotional learning; and our health classes. Our support for students is our School Nurse support, and that is Mark here. Our wellbeing support provides some counselling in that area, and there is information to families through our Compass, our newsletters and the reflection sheet that we give our students as well. All of those combined together help to educate our students.

This is just an example of a home group lesson that was given to the students in 2023. Our home group goes for about 10 minutes, so that was a very short, sharp lesson on the dangers of vaping to our students.

This is a year 7 lesson for our connect classes, our social emotional learning, so our students have been provided that. That is a lesson that was given this year, and they are the topics that were discussed throughout the lesson.

New slide. Student feedback about the classes, about the knowledge gained from the lessons, tells us that students really do not understand the true dangers of vaping. For example:

I was aware vaping is hazardous and unhealthy, but I didn't realise how life threatening some of the side-effects can be. I found it very interesting that the main reason young people vape is out of curiosity.

That was just some feedback from our students.

Part of our education processes – in this term we have got a theatre company coming who will present *Toxic* to our students on the dangers of vaping, and our students are also taking part in a pre survey by GV Health as they are initiating a local vaping campaign and using our students and parents for their baseline data, so our students will be participating in that as well.

This is just an example of the health presentation given to our students:

GSSC is a place of learning. We'd like to share with you some of the facts about vaping.

And it goes through that. So some of our health classes, through health and PE, present these classes as well on the dangers of vaping. Some of the lesson content is listed there around what is covered in the health classes. I will not read through them; I will just leave it there for you to quickly look at.

Our college captains – we have got Sabri and Bella here – have surveyed some of our students, and they are going to tell you what they have found.

**Isabella O'DWYER:** I surveyed a total of six students. One of the six said they did not vape at all, not even recreationally. Two of the six I surveyed vaped regularly, so on a day-to-day basis. Three of the six admitted

they vaped recreationally, so at parties or gatherings with their friends. The two that vape regularly were 13 or 14 when they first became addicted. The remaining four tried vaping in year 9, or at the age of 14 or 15. They easily obtain these at multiple shops in the surrounding areas, whether they are under-age or they get an over-age person to buy them for them, and they do not quit as they are addicted to the nicotine and they just like the habit. I have also noticed that it is quite prevalent in the GVL football netball clubs, and there is quite a culture of it before and after netball games or football games in the change rooms and at social gatherings afterwards. There is also quite a culture of smoking in the older ages. I have noticed it is just reflected as vaping in the younger ages, so the younger children tend to vape and the older people tend to smoke. I heard one kid say that he did not believe that vaping was harmful because of the flavour and that it was just pretty and pink.

**Sabri IBISI:** I also surveyed six students, but from my knowledge – that I have heard from just about every student – almost every year 12 student and year 11 student has tried a vape before, whether it had been at a party, at school from one of their friends or just in a public area, or maybe at their workplace or at their sports club. They had all tried a vape before. The fact is that vapes are very easily concealed because they are small, soundless and also smell like other products, such as perfume or aftershave – they can have a similar smell; they are undetected by teachers. Students find it very easy to conceal them within classes. Students also find that toilets are the easiest place to, I guess, go and vape, whether it be by themselves or with their friends, as they are obviously the least surveyed areas. Privacy is obviously required when going to the bathroom, but this also means that students can do whatever they want in private, whether that be vaping or not.

Another big problem was that the vapes are very easily accessible. Each student that I spoke to said that they knew at least 10 people that they could go to if they ever wanted to buy a vape, or if they went into a giftshop or a smoke shop, they would not actually ask for their ages. There was only one smoke shop which would actually ask for your age, and I think that was the Corio Street store. All of the other ones, they have not been asking students for their age, or if they had, they would just get their older guardian or a relative or friend to go and buy it for them.

Most of the temporary users had never owned a vape before, but they would just get it off their friends. Just about every one of them, whether they were younger or in the environment, had all had a vape just on them, or at least one of them would have them. Most students also began vaping at parties or within a school bathroom at a younger age in a younger year level.

**Barbara O'BRIEN:** I would like to introduce Mark Metcalf, our school nurse. He is going to talk about it from his perspective.

**Mark METCALF:** Thanks, Barb. My name is Mark Metcalf, and I am a secondary school nurse. I have been a secondary school nurse for 24 years, for the school nursing program, and I have probably got a bit of a perspective of what it was like as a school nurse when cigarettes and smoking were an issue versus now when we have vapes. The thing for us is that the school nursing program is heavily involved in helping to formulate curriculum around vaping as well as presenting in classes as times. Our job is also to receive referrals if there are people who are vaping. I get many referrals to speak to young people around vaping and its use and whatnot. My thoughts around that have been that there were lots of known health outcomes around cigarettes but it has been much more difficult to come up with the health outcomes around vaping. There is just much less known around vaping. I can point to emphysema and strokes and heart attacks and all of those sorts of things for cigarettes, but it is much more difficult and much less tangible when it comes to things like vaping. So that has been a more difficult part of the content that I have been talking about.

Similar to what these guys were talking about, I often get people denying it: 'I don't use it. I don't use it.' It is very easy for the students to hide it, I feel. You cannot smell it often, or if you do it smells like other things, and very rarely can you see it, so it is easy for the kids to deny. I found that just about every kid would say, 'But it wasn't me. I was holding it for my friend. I didn't do it.' There is lots of that sort of stuff. That is often how we see it.

As far as prevalence is concerned, I always think about how with this we see lots of people who are repeat offenders. I see a lot of the same kids, which makes me think that they have got more of an issue with addiction versus just single use and that sort of stuff. With our process, when we have got a person who is a repeat user, we will refer them to our doctors in schools program to help with that. But that will mean that a kid might have

to purchase some nicotine replacement therapy. It is very difficult for young people to do, and so we seem to go in a circle with that. People are not able to do that sort of stuff, so that becomes a bit of an issue.

A lot of students that I talk to are very happy users. If we talk about the cycle of change or addiction and that sort of stuff, they seem to be happy users and are not contemplating quitting. They are very happy to continue their use. They are not really thinking about making a change, so they continue to go on that spiral – the ones that I see that keep on re-presenting and re-presenting. So that is very difficult, especially when they are on that cycle of nicotine replacement and that sort of stuff.

For me, it feels similar to when cigarettes became more difficult for people to access because of the cost. I have got the feeling that it is starting to become more difficult to access the black market. I have got the feeling that it has. My number of referrals has probably started to decline. That is what has given me that perception, so I am hoping that is the way it is going. Access, I think, is a big thing. If we could intervene there, that would be very helpful.

As far as health education's role, it is just understanding that it is a slow burn. Health promotion is a slow burn; it takes TAC campaigns and smoking campaigns. They are a slow burn. They take time, and so sometimes we just have to repeat ourselves and repeat ourselves and repeat ourselves. Sometimes people just do not care. They are not thinking about it. It is not relevant for them. They are not caring about what is going on in those classes when we are trying to teach them about vaping and whatnot. That is probably all I have got.

**Barbara O'BRIEN:** What are our challenges? Again, the ease of concealing a vape – you can vape in the toilets, in the yard and in the corners of buildings, and it is difficult to detect, except if you see that smoke. Students hide them up their sleeves and under their shirts and can continue to vape that way, so the difficulty of seeing it is a problem.

Students do not believe it is as dangerous as smoking. It is addictive, it is cheap and up until now it has been very accessible. It constantly sets off our fire alarms. We are often getting calls from the fire brigade to say that one of our alarms has gone off, and that is because of the vaping in the toilets. Communicating with families is difficult due to language barriers. Because we are so multicultural, it is sometimes difficult to get the message across to our multicultural families around the dangers of vaping. The cost to us is we do –

**The CHAIR:** Barbara, I feel really rude interrupting. I am just really conscious of time, because we will run out of time for questions. This is amazing stuff. Have you got many more slides?

**Barbara O'BRIEN:** No, that is it.

**The CHAIR:** That is it?

**Barbara O'BRIEN:** I am on the last slide, which is our summary.

**The CHAIR:** Yes. I hate interrupting.

**Barbara O'BRIEN:** That is our summary, so I am finished.

**The CHAIR:** That is excellent, because I know committee members will have lots of questions about this one. We are going to go to – is it Joel?

**Joel HOFFMAN:** Yes.

**The CHAIR:** Joel, have you got –

**Joel HOFFMAN:** I will fly through it. Thanks for this opportunity. Shepparton ACE Secondary College is a small independent school of about 100 students. We estimate the prevalence of vaping in the school to be between 20 and 30 per cent. We find that it is very hard for children to stop vaping and that we often do not get much support from families who have come to believe vaping is much safer than smoking, or do not believe their child has been found vaping. We also have had reports of vapes being easily available in primary schools, as reported to us by our current cohort of years 7s. Senior staff and admin spend a considerable number of hours on enforcing the school's vape policies, providing education and support, which comes at a significant financial and labour cost to this small school.

The school has installed highly sensitive vape detector equipment at a cost of close to \$20,000 and has had to take a zero-tolerance approach to vaping onsite. What this means is that if a student is caught vaping on school property, their enrolment can be immediately cancelled by the school. We do not undertake cancelling enrolments lightly and will apply discretion of course based on the circumstances. But the health risk to all students – the very real risk of addiction, nicotine overdosing, which we have seen happen in the school, and children collapsing, and possibly even death – must be taken seriously.

On their own the health-based programs have been mostly ineffective, but that is not the fault of these important community health based initiatives. The narrative that vapes are safe has indoctrinated the wider community. Until that changes and there is ongoing serious effective enforcement and awareness of the dangers, these campaigns will continue to be isolated islands amongst waves of social media advertising pushed by popular influencers supporting the growing profits of the vape industry.

I provided an email to the committee on 4 March 2024 outlining how ineffective seeking enforcement has been for the school in the past. There are at least three shops within 200 metres of the school that we know sell vapes to children and have continued to do so for the last three years. We have seen vapes and their nicotine content get stronger over these years and changed form to be easier to hide and use discreetly. Schools are at the front line of this serious failure of care for children's health. Schools have seen this problem arrive and grow, and we feel that schools across the state have been ignored at times or even dismissed when concerns have been raised historically. The problem is escalating. Vapes can now be found disguised as pens, USB sticks and hidden within the drawstrings of hoodies. Furthermore, there is now the addition of THC in vapes, which we are beginning to detect with the system we have installed in the school, and now there are flavoured nicotine pouches that can be bought and placed under the top lip, which we will not be able to detect. Community-based health initiatives cannot work on their own without a wideranging community-focused education program on the possible harms along with real and effective penalties for making secondary and primary school children into addicts and putting their lives and long-term health at risk.

**The CHAIR:** Thanks, Joel. Emma and Megan.

**Emma REYNOLDSON:** We are from Notre Dame College. It is a Catholic co-educational school of 1700 students in Shepparton, and we are over two campuses. Certainly vaping is prevalent in our school community as well, much more than smoking. I think it has been a couple of years since I have had to chase up a smoking incident at school, whereas vaping is kind of a weekly occurrence that we are following up. Even though we might be following up weekly, we know that it is a daily occurrence. It is just a matter of discovering when it is happening. It is much more prevalent it seems in the junior students, the years 7 to 9, similar to GSSC, and those students that we discover vaping in the senior level have been at it for a few more years and end up with an addiction usually and are repeat offenders as well.

Certainly the impact upon the mental health of students with high levels of vaping is quite notable. Increased stress levels, anxiety and depression with increased suicide ideation have been noted in students who are known to vape numerous times per day. The impact on their mental health is certainly significant. Students who we are aware have high levels of vape usage and potential addiction often appear to experience difficulties in focusing in a school setting and difficulty in getting through the day. Levels of distress in many students increased during the school day as a result. There have been several known incidents of students with high levels of vape usage commencing marijuana use as well in our college. Vaping addiction may be seen as a contributing factor to this drug use and certainly there are a lot of our resources and time and regular wellbeing support implemented for these students along the way.

I would say on enforcing bans on vaping, the economic costs associated, similar to Joel and what he was saying about putting in detectors, we have certainly spent upwards of \$40,000 on vape detectors in our bathrooms. Certainly once they were installed – a significant drop in students vaping at school. But I think we might be a bit naive to say that vaping reduced; they just would have found a different spot to vape. The vape detectors were more so that students who were not vaping felt comfortable in going to the bathroom, because there were many students not going all day because they did not want to witness or be breathing in the vape air as well. At least that has given those students that freedom to use the bathroom during the day. But certainly when they were first installed the reduction was pretty quick in how many students were vaping at school, because there really was not a great place for them to do that anymore.

Education is key, and similar to GSSC our programs in health concentrate on vaping more so in the junior years. We do get external agencies in as well to do workshops and things with students in the senior year levels around vaping control.

Effectiveness – similarly junior students do not quite understand the dangers of vaping until they have undergone education. Students who are caught vaping are also required to do some extra education around vaping as well just to try and reinforce that message to them.

It is very, very common for students to say that it is very easy to purchase vapes in Shepparton, whether at a shop or from other students. The other area that we seem to have a lot of issue with is on school buses and vaping. That has become quite prevalent. There is only one school bus driver there and no supervision of students. Because it is not a very obvious thing to do, it is becoming quite common on school buses that students report to us about other students vaping too. I think that is probably enough.

**The CHAIR:** Thank you very much. I am going to throw it over to you, Aiv.

**Aiv PUGLIELLI:** Thank you all for coming in. That was so comprehensive from a range of different perspectives, so thank you for your time. I will try and be quick because we have got a lot to get through. I might begin with our student representatives. Are you aware in your school environment of, or do you see much evidence of, your peers being addicted to these substances?

**Isabella O'DWYER:** I think so. I think a lot of them say that they are not addicted and they could quit any time they wanted, but there really is a dependence on it. They wake up and they have a puff of their vape and go back to sleep. They cannot just quit. It is a dependence. They like to deny it, but visually you cannot deny it.

**Aiv PUGLIELLI:** Thank you. Anything further?

**Sabri IBISI:** There are some students that tried it temporarily and did actually stop having it after maybe a few months. The students now who continually use it do say that they are not addicted, but I feel that if you cannot not use it within school, then it obviously shows that you are dependent on the vape and that you need to have it on you and you need to have it.

**Aiv PUGLIELLI:** Yes. Thank you. In the research that you have both been doing you mentioned this prevalence and that at least in your school environment you were noticing that it was the younger students who were tending to vape and the older students who were tending to smoke cigarettes. There is legislation and regulation in place now. We can comment on those. There are others that are coming into place – the idea is that it is going to be harder to access vapes. Knowing your peers, do you think there is a risk that if we do not get the balance right, some of those students may take up smoking cigarettes rather than vaping?

**Isabella O'DWYER:** I think the attraction to vaping is the flavour, and I think that the addiction just follows that. A lot of them started and liked that they tasted good and have now begun to get a dependence on them. I do not know if it is a fact that there are more younger kids that are addicted, but the older kids have had more experience at hiding it and are better at hiding it and not being caught with it, whereas the younger kids, obviously, are very young, very immature. It is harder for them to hide it, if that makes sense.

**Aiv PUGLIELLI:** Yes. Thank you. Do you want to add something?

**Sabri IBISI:** All of the year 12s I spoke to who are currently vaping told me that they are starting to back off a little bit because they almost feel ashamed to vape because they see that younger students vape more than older students and they feel like it is frowned upon when they are seen to have a vape on them and whatnot. I do feel that where vapes are more for younger students, they could start to develop into smoking. The younger year levels begin vaping due to the flavour and the hit, like the head spins, they say. Since smoking could have similar impacts, when involving themselves in more environments where older people will be and there will be more smoking than vaping, they could transition easily over to smoking.

**Aiv PUGLIELLI:** Thank you. I might go next to Mark. In your contribution you mentioned that often you are seeing the same students recurring, suggesting potential addiction to these substances circulating in the school community, and then also you mentioned difficulties with replacement therapies for potential addiction. Could you maybe expand a bit further on what you are seeing there for the committee?

**Mark METCALF:** Yes. I get a lot of referrals for the same kids coming back. They are obviously getting caught again, for a second or third time. If a person is indicating that they are wanting some help and feeling they are addicted, we refer them to our doctors in schools program, and the doctors will quite often prescribe some nicotine replacement therapy. The issue that I have found there is that that costs money and our student body does not really have the money to be able to purchase that, and so it goes around again.

**Aiv PUGLIELLI:** Yes. Thank you. Given that, do you think that there are enough options for providing enhanced support for nicotine dependence, particularly to young people, including those replacement therapies like you are talking about?

**Mark METCALF:** If I go back on my experience, Quit Victoria used to provide quit programs and all of those sorts of things. They are not there anymore. I have not seen them, or have not utilised them, in a long period of time, so there is probably not that. Is there enough support? Within our school we have other services such as our mental health practitioners and that sort of stuff. We offer that sort of stuff, but it is up to the young person to consent to that and to want to do that. It is a little bit hit and miss with those sorts of things. There are some other things available, but it is whether or not the student wants to take them on.

**Aiv PUGLIELLI:** Thank you. Do you think that if, for example, there were more youth workers in our schools with expertise in alcohol and other drugs that would potentially help address the prevalence of vaping in schools?

**Mark METCALF:** My answer would be yes.

**Aiv PUGLIELLI:** Thank you. And I might go next to Barb – did you want to jump in, sorry?

**Megan GRAY:** I just wanted to say that we will sometimes get Primary Care Connect youth outreach drug and alcohol workers in, and they will see students onsite and work with them on a regular basis.

**Aiv PUGLIELLI:** And would you say that work has been successful or has at least helped somewhat?

**Megan GRAY:** It is probably a bit hit and miss depending on where that student is at in terms of their desire.

**Aiv PUGLIELLI:** Okay, perfect. Thank you for sharing that, then. Barbara, in your part of the presentation earlier you referred to the Department of Education's guidance with regard to suspensions in connection with vaping. Did you want to comment further on it? Do you think that has been helpful? How has that impacted the prevalence of vaping in schools?

**Barbara O'BRIEN:** It has certainly changed how we apply consequences to students for vaping. We had quite a discussion this morning at our leadership meeting around where we go now with this, and our first port of call of course is education – our reflection sheet, then education – and working with our families to try and support the young person as well. But we felt if a student is deliberately vaping in the classroom and has been asked not to, then that may require some sort of consequence. We talked about using recess and lunch times for students to do the reflection sheet. We called on Mark to actually do a video where he would actually do a lesson with the students, and we could run the video with the students on the dangers of vaping. That will be a consequence in some respects because they are not out in the yard – they are inside. We felt that may be a deterrent, but a lot of it we fell is around education and trying to actually get them to understand the dangers of it.

**Aiv PUGLIELLI:** Yes. Thank you. This is perhaps my last question, because we have all got lots of questions to get through. Joel, in your contribution you mentioned the difficulty of having some students stop vaping once they start, and you mentioned that there was limited support, in many instances, for this. You also spoke about some shops near the school providing these vapes to young people. Have you raised this with the authorities?

**Joel HOFFMAN:** Absolutely.

**Aiv PUGLIELLI:** And what have those interactions with authorities been?

**Joel HOFFMAN:** There has been no – I mean, I did provide that email. There was an email chain that began with me approaching local government and then the state health system – I cannot remember the names now – and then local police and then providing the photos of the vapes, and possible witnesses, to the AFP because they were nicotine vapes, and the response was, ‘Sorry, they’re illegal, but we’re not interested.’ That was the response. From the Shepparton police it was, ‘Well, if more people call up, maybe we’ll look at it.’ Now, that is in writing. That email was provided. That has been the response.

Your questions are fantastic, but the thing that gets stuck in my mind is that as schools we have a responsibility for the health of our students, absolutely, and we take that seriously. We do not have the responsibility to do the job of the police. These shops should be shut down. They are openly selling to children – openly. I have been in those shops. Kids have been down to those shops, and we have had – historically and to date – no help with that at all. That just passes the message on that no-one takes it seriously. That is how we feel about it, anyway. It has not been a good experience at all.

**Aiv PUGLIELLI:** Thank you. And thank you all for sharing that with us. I will stop my questions there.

**The CHAIR:** Thanks, Aiv. Lauren.

**Lauren KATHAGE:** Thank you, Chair. Thank you. I will start, please, with you, as a school nurse, Mark. You spoke about your long experience as a nurse and dealing previously with cigarette smoking at schools. What did we learn from reducing cigarette smoking or addressing it in schools that we have not applied to vaping yet? Or what could we do?

**Mark METCALF:** We knew a lot more about smoking at that stage. Quit Victoria was really good. It had lots of resources. We knew about heart attacks, strokes, lung disease – we knew all of that sort of stuff – and we could focus on consequences there. There is not as much robust information about consequences, I feel. There are a lot of unknowns about vaping at the moment. That makes it more difficult for us to intervene there. With smoking, even though people know that it could kill them, they continue to do it. I think it is the same with vaping. Even though they know that it is not good for them, they continue to do it. It is mirroring that sort of stuff.

**Lauren KATHAGE:** Thank you. And Joel – correct me if I am wrong – you seemed to imply that families maybe see it as the lesser of two evils.

**Joel HOFFMAN:** Yes, absolutely. That propaganda has been out there for a long time. We have heard that it is less dangerous than smoking cigarettes, it is a healthy option. That is all out there. You can find influencers talking about that. You can find it all over TikTok, wherever. That is how families think about it – yes, absolutely. They do not know the facts. They do not know that children have died in America from vape overdosing. They do not know there is such a thing as vape – I cannot remember if it is vape bombing or vape rushing, where they will just suck down as much of a nicotine-filled vape as possible and collapse, which is what we have had happen in the school.

**Lauren KATHAGE:** Yes, you mentioned children collapsing at schools.

**Joel HOFFMAN:** Yes, and they struggle to believe us when we tell them. It is difficult to get that across. Even when it has actually happened, we are often not believed, which is bizarre.

**Lauren KATHAGE:** Thank you. We have heard that DET provides a lot of resources. What else would you like to see DET doing in terms of supporting schools to address vaping by students?

**Barbara O'BRIEN:** If you go into the policy advisory library, there is a myriad of resources there. The resources that they are providing are very user-friendly and very easy to access – I think Quit might be part of that and in there too – but I think it is really just up to schools now to look at going through those. I think the department has provided so much already. It is around, now, really advocating to all schools that it is no longer viable for kids to continue to vape because it is going to become a community health issue right across our community, so we need to keep our finger on the pulse as well. I think we have discovered that, over the period of time that I looked at the data on vaping, it stayed about the same, and it has not decreased. I am hoping that now with tighter regulations around the sale of vapes and things like that we might see a bit of a decrease. But I think, for us, it is our younger kids who are starting really young. I am hearing of primary school kids coming

into secondary already vaping. I think the department probably needs to take this down into primary schools now as well, not just secondary schools. It is something that primary schools probably should be focusing on as well.

**Lauren KATHAGE:** Thank you. Thank you, Chair.

**The CHAIR:** Thanks, Lauren. Michael.

**Michael GALEA:** Thanks, Chair. Thanks, all, for joining us. I would like to start with our school captains. I was really interested in what you had to say around the trends from the younger to the older students, but also, Mr Ibisi, you used the phrase ‘ashamed to vape’. Can you talk to me, both of you, about the stigma or how accepted vaping is? Is it something, for example, that is openly talked about amongst your peers?

**Sabri IBISI:** Well, I feel like the majority of students do feel that vaping is unhealthy for them, and they do acknowledge that. But it is almost like because they started vaping from such a young age they also associate vaping with younger age groups. When they are seen in year 12 with a vape on them and they are seen putting it in their mouth and then putting in their pocket, it is like, ‘Are you seriously still doing that?’ It is kind of like an old habit that they have not grown out of. It is almost seen as childish in a way, which is ironic since vapes are things that should only be used by people who are older.

**Michael GALEA:** By adults.

**Sabri IBISI:** By adults, yes. That was the main thing that students have said, where they have felt ashamed to be vaping around, I guess, their friends and in public, because the stereotype there is with younger students.

**Michael GALEA:** It is childish.

**Sabri IBISI:** Yes, it is childish.

**Michael GALEA:** It is quite interesting for us to hear that. Are you aware of people giving up vaping, or are you seeing them go on to smoke cigarettes instead?

**Isabella O'DWYER:** I think that when you ask somebody about their vaping addiction, they are quite open with it – most people are, anyway. I talked to a couple of people who got addicted at 13. I think it is the fact that it is such a constant, it is so easy to get and it is just so hard for them to quit – and what is the point of quitting when they could just continue?

**Michael GALEA:** Yes, and that accessibility, when you can go to almost any shop in Shepparton and buy them.

**Isabella O'DWYER:** Yes.

**Michael GALEA:** It is very interesting. I might open out to Mr Metcalf, with your 24 years, I think you said, of experience. I am showing my age a bit; I was in high school about 15 years ago. Smoking was there, but it was not very common. This was a regional high school too. Was there a downward trend happening, and has that now been basically just replaced?

**Mark METCALF:** I would agree with what Emma said just before. It has been a while since I have had a referral for cigarette smoking. I have felt that it is the access that is the issue there. They are expensive, and kids could not get their hands on them as readily. It has been a long time – maybe five years – since I have had a referral for anything to do with cigarettes.

**Michael GALEA:** And you would agree with that, Ms Reynoldson? Yes. Thank you. Sorry, I am trying to get across a few different topics here. Ms O'Brien, I was quite interested in the numbers you showed around suspensions and how they were decreasing year on year for vaping after you brought that policy in. Do you believe the policy is working to stop students vaping?

**Barbara O'BRIEN:** Look, I think probably consequences do not always address the issue. I feel that kids got better at hiding the vapes and finding different areas to vape in where we could not see them. We have got CCTV cameras all through the college, so we have got pretty good ways of discovering the students, but they

still find a way of hiding somewhere, and we cannot detect it. I am not sure the suspensions give a good indication of it decreasing, because I think they have just got better at hiding it.

**Michael GALEA:** Yes, interesting. And quite a few of you as well have mentioned that students were coming into high schools – I think you may have mentioned that, Mr Hoffman – already vaping. It sounds clearly like there is a lot of work to be done in the primary school space too, and if, as you guys say, it is that age group that is mostly seen as the ones vaping – it is seen as a childlike thing to do – it sounds like we need some more attention on primary schools. Have any of the schools here engaged with any of your local primary schools and heard any reports from them about some of the issues that they are having or some of the strategies that they are employing to try to –

**Barbara O'BRIEN:** No. It would just be from what I have heard in conversation with primary teachers or primary principals who were just saying, you know, ‘We’re starting to see vapes in our schools as well,’ and it is no more than that really.

**Michael GALEA:** Thank you all.

**The CHAIR:** Thanks. Mathew.

**Mathew HILAKARI:** We have only got a couple of minutes, so I am going to ask a really quick one and then go to Heang. We are lucky there are no Liberal or National Party members here because I would be completely out of time if that was the case. Access to tobacco products, to vapes, is widespread. What would happen – and I will quickly just run through you all – if there was no access to tobacco products, vapes, from any legal shops in the area around schools? I might just go from here – just a couple of words on that.

**Barbara O'BRIEN:** I think we would see a decrease in vapes in the junior year levels for sure.

**Mark METCALF:** Similar, but I think we would see an increase in the black market opportunities.

**Mathew HILAKARI:** Of course. I am going to get to that on a secondary question.

**Sabri IBISI:** I agree. Yes. I feel like it would be more students selling it to each other and also to younger year levels.

**Isabella O'DWYER:** I think you would see an increase in the older people rather than the lower people because they are friends with older year levels, like 18-year-olds. Obviously year 12s are 18. They would be able to buy it for each other.

**Joel HOFFMAN:** Yes, I agree. There would be a decrease across the board, especially in the younger levels, absolutely.

**Emma REYNOLDSON:** It certainly would decrease but very easy to buy online as well.

**Mathew HILAKARI:** Okay, yes.

**Megan GRAY:** And I guess I am coming from a wellbeing perspective, and I think withdrawal symptoms would be a massive – it would really impact some of our students.

**Mathew HILAKARI:** I do not know if the wave of the wand is going to be there, unfortunately, to do it all in one model.

**Megan GRAY:** That is right. I think there would need to be some support around that in terms of their anxiety and depression.

**Mathew HILAKARI:** And substitution or buying off others who do have legal access to it – is there a view of substitution to other tobacco products if vapes were highly, highly restricted, and do you think there would be peers selling it to peers? I will just quickly do the quick straight run again.

**Barbara O'BRIEN:** We have had experience of students actually buying homemade vapes that have actually contained some other type of product in them that has probably been quite poor for them – the outcome

has been quite poor for them. So we have had experience of those homemade vapes and the online vapes as well.

**Mark METCALF:** I would probably agree with that.

**Sabri IBISI:** I feel like there could also be an increase in other recreational drugs popping back up, like marijuana and other things like that.

**Isabella O'DWYER:** Yes, and there is the increase in the Zyns as well, the little packets of nicotine that you put inside your lip.

**Mathew HILAKARI:** Yes, the Norwegian one.

**Isabella O'DWYER:** They are certainly increasing, but I think there would be more of an increase if you were to wipe out vapes.

**Joel HOFFMAN:** I believe that too. That is what would happen, absolutely.

**Emma REYNOLDSON:** Yes.

**Megan GRAY:** Similar, and probably in those recreational drugs as well, that increase.

**Mathew HILAKARI:** Thank you so much, and sorry it has been rapid-fire.

**Meng Heang TAK:** Thank you, Chair. Just one question. As a parent of young children at senior primary school, you know, listening to this is very concerning. Is there anything us parents can do to either promote awareness or – because access is one thing, but the kids have to have money to have access to those.

**Barbara O'BRIEN:** From our perspective, we send out information to our parents regularly on the dangers of vaping. I would just hope that they are using that information that we are sending out and that is supporting families.

**Meng Heang TAK:** Yes, okay.

**Mark METCALF:** Yes, engaging with families as much as possible.

**Sabri IBISI:** I would say to check up with your children. I guess know which shops they are going into, because it seems as if it is only specific stores that are selling to children. So if you know those stores and they keep going back to a store, then you might know that there might be a problem there.

**Isabella O'DWYER:** I think from my experience with my parents they were quite open with their experiences with those sorts of things, like drugs and things like that, and they were happy for me to experiment if I wanted to, but they would prefer for it to be in a safe space. I think as a parent it is important to encourage people to try things, because obviously they are going to try them with or without your permission, so just encouraging that safe environment for them to do that but also letting them know the side effects of it and how dangerous it actually is,

**Joel HOFFMAN:** I agree with all of that, but without serious financial penalties and/or jail time for people who are providing these things to children, online or just down the street, it is not going to change. All the work in the schools and families and support is wonderful, but I have not heard of anybody being severely fined for selling vapes to children or jailed. I have not heard of it at all. In fact there was a report on the ABC or in the *Guardian* a few weeks back where one of the providers said, ‘Well, any fine we’ll just take as a cost of doing business.’ The ownership and responsibility for monitoring that rests in government. There needs to be some firm, clear action taken there, because we can do all this all we like, but it will not change anything unless there is enforcement.

**Megan GRAY:** I think it is pretty important to educate parents as well, because we have lots of incidences of parents buying vapes for their children – as a lesser evil, as we spoke about before.

**Meng Heang TAK:** Thank you so much. Thank you, Chair.

**The CHAIR:** Thanks so much, Heang. I think we could talk all afternoon. I know that committee members will have so many questions they would love to ask you, but we are going to have to wrap up there. I do want to thank you again for attending this afternoon, and I also want to let you know maybe it is worth going back and talking to students about it and looking for ideas and opening up the discussion. The state government is going to introduce a licensing scheme, retail and wholesale, later this year, so we are hoping that this inquiry's recommendations and findings will help shape that in some way or another, but certainly your comments here today will help shape our report. Like I said, we would have lots more questions to ask this afternoon if we had more time. Thank you very much for coming and talking to us, especially Sabri and Isabella. I know that sometimes for young people it can be really daunting coming and talking to politicians, but you have done a phenomenal job. Thank you very much.

The committee will follow up on any additional questions or questions taken on notice in writing, and responses are required within five working days of the committee's request. The committee is now going to take a short break before recommencing at 3:40 pm. I declare this meeting adjourned.

**Witnesses withdrew.**