



Adolescent Health Research Group

Submission on Smokefree Environments and Regulated Products (Smoked Tobacco) Amendment Bill

24 Aug 2022

Thank you for the opportunity to comment on this proposed legislation.

Smoked tobacco products are deadly and highly addictive and should not be treated like ordinary consumer products. The three key measures in this bill – de-nicotinisation of smoked tobacco products, radical reduction in retail availability, and the smokefree generation policy – will make it much easier for young people to remain smokefree. We support all three policies and offer the following comments and recommendations.

Focusing on youth is vital for reducing ethnic inequities. About a third of the Māori population are aged under 15, and over half are aged under 25. The Pacific population is similarly youthful. Therefore, the prevention-focused approach set out in the Bill will help to eliminate ethnic inequalities and reduce the burden of tobacco harm in Māori and Pacific communities.

Smoking and dual use of tobacco and e-cigarettes remains relatively common among Māori and Pacific adolescents, and those living in deprived communities and in small towns compared to other adolescents. Our Youth19 survey found prevalence of regular smoking (monthly or more often) in secondary school students in 2019 was 7% for Māori, 6% for Pacific, 6% in NZ Deprivation Decile 9-10, and 8% in small towns (pop 1,000 – 9,999) compared with 4% in secondary students overall.¹ Māori students had the highest prevalence of dual use, with 4% both smoking and vaping at least monthly in 2019.¹ We note that school students have much lower smoking rates than adolescent who have left or been excluded from school, and young adults.^{2,3} More recent figures on smoking and dual use across the full adolescent age range are unavailable, but the annual ASH Year 10 survey found 11% of Māori girls and 8% of Māori boys (14-15 years) smoked at least monthly, and regular vaping was alarmingly high – 41% for Māori girls and 31% for Māori boys, with one in five year 10 students vaping regularly overall.⁴ Therefore, strong measure to prevent both smoking and vaping are needed.

De-nicotinisation means that young people who experiment with tobacco are unlikely to become physically addicted. Young people do not start smoking with the intention of becoming long term smokers but unfortunately many underestimate how easily and quickly one can become addicted. Reducing the nicotine content of smoked tobacco to non-addictive levels will greatly reduce the number of young people becoming long-term smokers.

We support the reduction of retail availability of smoked tobacco products by significantly reducing the number of retailers. Currently tobacco is available everywhere and the density of tobacco retailers is much greater in low-income communities. The current situation normalises tobacco and

perpetuates health inequities. It also undermines health messages about smoking harm. For example, something we hear from young people (who have grown up in an increasingly safety-conscious society) is 'If smoking's really so bad, how come people can just buy cigarettes at the local shop?' They find it difficult to believe that tobacco is seriously harmful, given its universal availability. Tobacco is a product that kills over half of long-term users when used as intended. The availability of such a deadly product should be greatly reduced.

The smokefree generation policy provides a mechanism for phasing out tobacco sales and protecting future generations from tobacco industry predation. However, we note that the success of this policy will depend on how it is communicated and implemented. Youth development-informed thinking along with leadership from young people and Māori and Pacific communities are needed to ensure that the proposal is communicated in an inspiring way and implemented effectively. It is vital that the law and its enforcement focuses on sellers (rather than buyers) of tobacco.

Stronger measures to prevent youth vaping are needed. We note that youth vaping has increased rapidly in recent years including in demographic groups unlikely to smoke.¹ Rapid increases from 2019 have coincided with high-nicotine and disposable vape products entered the NZ market. What we are hearing from schools, parents and young people themselves is that nicotine addiction is not a trivial matter. It is affecting respiratory health (particularly for young people with asthma and other underlying conditions), oral health, and young people's ability to concentrate in class. Schools sometimes use punitive measures such as stand-downs in their efforts to cope with 'out of control' vaping, and such measure negatively impact on young people's education and wellbeing.^{2,5} Young people say that e-cigarettes are easy to get hold of, and that many retailers don't ask for age ID. Stronger enforcement of existing regulations is needed. While we agree that vaping products should be available to people wanting to switch from smoked tobacco products, the high visibility and easy availability of these products to children and teenagers is highly problematic. We recommend enforcement of age restrictions (e.g. controlled purchase operations) and heavy penalties for retailers found selling to minors. Enforcement of online marketing regulations is also needed. We urge the government to consider further measures such as plain packaging of vaping products, limits on the nicotine content of vape products, controls on the number and density of e-cigarette outlets, and/or making vaping products only available on prescription or via quit smoking services.

We recommend strict controls on heated tobacco products and a ban on new nicotine products. When VLNC (very low nicotine content) tobacco becomes mandated and the smokefree generation policy is implemented, a market opportunity for other products containing nicotine will emerge. We recommend that heated tobacco products are treated the same as smoked tobacco products in the legislation, since they do not yet have a foothold in the NZ market and they are more harmful than other nicotine products currently available. We also recommend a moratorium on new nicotine products. Otherwise, it seems likely that new nicotine products (some of which may be similar in harm profile to smoked tobacco products) will proliferate.

About the Adolescent Health Research Group

The Adolescent Health Research Group comprises researchers from three NZ universities: University of Auckland, Victoria University of Wellington, and the University of Otago, with associate international members from the University of Oxford, The Open University (UK), and the Mater Young Adult Health Centre (Brisbane). We are a multi-disciplinary research group, including clinicians, that aims to provide accurate, up-to-date information that contributes to improved health and wellbeing for all young people in Aotearoa, New Zealand.

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