



To:

Smokefree Consultation

PO Box 5013,

Wellington 6140

smokefree2025@health.govt.nz

**Submission on behalf of the Paediatric Society of New Zealand (PSNZ) :
Proposals for the Smoked Tobacco Regulatory Regime**

Cover letter and further comment on Regulatory Proposal 5

Regulatory Proposal 5 includes the following proposals

- restricting the flavour names of vaping products to minimise their appeal to youth
- extending product safety requirements for disposable vaping products?
- restricting where Specialist Vape Retailers can be located

The Paediatric Society of New Zealand / Te Kāhui Mātai Arotamariki o Aotearoa

- SUPPORTS restrict the flavour names of vaping products to minimise their appeal to youth.
- SUPPORTS extending product safety requirements for disposable vaping products if they remain on the market. However, our recommendation, through new legislation if necessary, is for these products to be **withdrawn** from sale and sales only of devices with removable batteries.
- SUPPORTS restricting where Specialist Vape Retailers can be located. However our recommendation is that legislation be rapidly considered regarding making vaping products available only to smokers wishing to quit via a prescription.

Youth vaping

In addition to the above, further urgent action is required to reduce the prevalence of youth vaping.

Frontline clinicians in Paediatrics and Youth Health are now seeing young people in their clinical work who have never smoked and who are vaping regularly. Some are vaping regularly and have symptoms of nicotine withdrawal. For some this is impacting on functioning at home and with educational engagement. The potential harms from vaping on educational engagement are being seen by front line clinicians working with young people on

a regular basis. For example, leaving classrooms to vape due to nicotine withdrawal symptoms impacts on educational engagement and achievement. In addition we hear of young teenagers being stood down at school for selling vaping products at school. Suspension from school means their studies can fall behind.

The significant increase in vaping use in non-smokers is disproportionately impacting young people, especially rangatahi Māori and Pasifica youth. The 2022 ASH survey indicates 10.1% of all Year 10 students and over 20% of Māori students are vaping daily (Action for Smokefree 2025 (ASH). 2022. ASH Year 10 Snapshot Survey 2021: Topline ² Youth smoking and vaping. Available from: <http://ash.org.nz>). It is clinically likely that a proportion of these young people are vaping daily as they have nicotine withdrawal symptoms.

As paediatricians we are very concerned about how the increase in youth vaping is leading to a new generation of nicotine addicts being formed right at the time when the government is seeking to restrict nicotine in smoking and reduce addiction to cigarettes.

Added to this are these considerations:

- a) as far as young people and the general non-smoking public is concerned this is a recreational product, that has been widely touted as “safe”
- b) e-cigarettes have not undergone the kind of safety testing a prescription asthma inhaler (for instance) needs to go through. The long term risks of vaping are unknown and short-term harmful effects are increasingly being described (example references 1-4 below. Further references available on request)
- c) most young people vape with high nicotine-content liquids and many are strongly addicted
- d) the tobacco industry is heavily invested in e-cigarettes and “harm reduction” (e.g. <https://www.batnz.com/group/sites/BAT_9VNBKQW.nsf/vwPagesWebLive/DO9T5KLN?opendocument>) while making no reduction in cigarette and tobacco manufacturing, strongly indicating their ongoing investment in maintaining a large renewable population addicted to nicotine.
- e) the number of smokers who are continuing to smoke and who would benefit from transferring to vaping is steadily declining

References

1. Banks E. et al.; Electronic cigarettes and health outcomes: systematic review of global evidence. Report for the Australian Department of Health, National Centre for Epidemiology and Population Health, Canberra: April 2022.
2. Wold LE, Tarran R, Crotty Alexander LE, Hamburg NM, Kheradmand F, St Helen G, Wu JC, American Heart Association Council on Basic Cardiovascular S, Council on Arteriosclerosis T, Vascular B, Council on H, Stroke C. Cardiopulmonary Consequences of Vaping in Adolescents: A Scientific Statement From the American Heart Association. *Circ Res.* 2022;131(3):e70-e82;
3. Wilson N et al. Improving on estimates of the potential relative harm to health from using modern ENDS (vaping) compared to tobacco smoking. *BMC Public Health.* 2021;21(1):2038.;
4. O'Brien et al.. Association between electronic cigarette use and tobacco cigarette smoking initiation in adolescents: a systematic review and meta-analysis. *BMC Public Health.* 2021;21(1):954.

Further, strategies to limit online marketing and sales in New Zealand should be actively pursued.

Therefore, we request urgent consideration of the following

- further restrictions to further reduce access and appeal to youth for vaping products
- Aotearoa New Zealand should develop a Youth focussed strategy which strives towards a nicotine free generation who are both smoke free AND vape free.
- Supports the development of funded clinical services who can support young people who wish to reduce their use of vaping

We propose the following:

Youth appeal

We propose that as well as the Candy section – the Dessert and Other Sweet sections should be excluded. Consideration should be given to excluding the alcohol flavours as well – given that there is evidence linking vaping use by young people to use of other addictive products, it would seem wise not to directly link vaping to alcohol flavours in this way.

Single-use products:

We support user safety mechanisms, removeable/replaceable batteries, prescribed labels on substance containers and batch numbers if they continue to be sold.

We support reduction in nicotine concentration in cigarettes.

We support reduction to 20mg/mL in single use devices as adult smokers have the choice to use higher levels in reusable devices.

However our recommendation is for banning single-use products altogether.

There is no reason for single use / disposable products to be available at all in New Zealand and we propose that they should be banned altogether. They are of limited use to smokers attempting to quit, who need to be able to titrate nicotine levels, and they serve only as an inexpensive attraction for young people or the casually curious to trial and risk becoming addicted to nicotine.

Locations of specialist vape retailers

We support restrictions in locations of specialist vape retailers especially where proximity is near school, sports grounds and other areas in the community where youth are likely to be.

However we strongly recommend that:

In this situation the Paediatric Society strongly believes and recommends that vaping products should be available only through limited outlets, such as specialist vaping stores. The government is urged to move on new legislation to extend restrictions in general stores selling vapes in proximity to schools and sports venues.

We propose and strongly recommend that if the aim of having vaping devices available in New Zealand is to help smokers quit, that legislation should be considered to making available on prescription only, as for other nicotine replacement products.

We see an advantage in vaping sales being restricted to pharmacies, as they are in Australia. This means that smokers seeking to quit smoked tobacco through vaping could still access vaping products, preferably by referral or prescription, and could get specialist advice about quitting, but that young people would find it much more difficult to do so.

Advertising

We recommend that

- Vape shops products and advertisements should not be visible from outside the shop
- Strategies to reduce advertising by social media should be developed
- Promotions, such as giveaways, should not be permitted

Online purchasing

We recommend that

- There should be tightening of processes to reduce underage purchasing, and restrict online access to vaping products by young people

Development and implementation of Legislation

The PSNZ supports the existing and proposals for new legislation which will support limiting access to vaping products for young people.

The PSNZ agrees with the Ministry of Health that young people should not vape and people who do not smoke should not vape.

The PSNZ believes there should be considerable more focus on reducing the harm from vaping on youth.

We believe that in addition to the Smoke Free Action Plan, there should stronger and more specific strategy focussed on reducing the access to and harms from vaping for rangatahi who are never smokers. A separate strategy, informed by youth health clinicians, Paediatric epidemiologists and public health physicians, youth AOD and mental health clinicians, paediatricians and young people should be developed and implemented.

Clinicians working with young people need clinical guidelines and funded clear referral pathways for young people who wish to reduce vaping as Stop Smoking services and AOD services are not funded to be able to provide this service.

Young people who wish to reduce vaping deserve funded, easily accessible wrap around supports for reducing or quitting vaping.

A Youth Vaping Ministry of Health Position statement should be developed to guide policy as the current statement is not correct and should be updated given recent data.

Who are we

The Paediatric Society of New Zealand Te Kāhui Mātai Arotamariki o Aotearoa is a professional body of >500 doctors, nurses, allied health clinicians, officials and managers working to improve the health and wellbeing of tamariki and rangatahi in Aotearoa. We were founded in 1947 and are a not-for-profit membership organisation. We support many clinical networks focused on specific areas of practice. The Paediatric Society has no links, financial or otherwise, with the tobacco industry nor with the vaping industry and has no conflicts of interest in regard to these products.

Thank you for your review of this submission.



Philip Pattemore
Associate Professor of Paediatrics, University of Otago Christchurch



Dr. Colette Muir
Developmental Paediatrician, Te Toka Tumai, Auckland

ON behalf of the Paediatric Society of New Zealand / Te Kāhui Mātai Arotamariki o Aotearoa