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Hon Dr Ayesha Verrall
Health Committee Secretariat
Health Committee
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WELLINGTON

Submitted online

Tēnā koe Dr Verrall

Smokefree Environments and Regulated Products (Smoked Tobacco) Amendment Bill

Thank you for the opportunity to provide comment on the Smokefree Environments and Regulated Products (Smoked Tobacco) Amendment Bill.

The Royal New Zealand College of General Practitioners (The College) is the largest medical college in New Zealand. Our membership of 5,748 general practitioners comprises almost 40 percent of New Zealand's specialist medical workforce. The Rural Division of Hospital Medicine also sits within the College's academic remit of vocational training of doctors working in rural hospitals. Our members cover both urban and rural settings, and work in a variety of business structures. The College kāupapa is to set and maintain education and quality standards for general practice, and to support our members to provide competent and equitable patient care.

The College supports the proposed, Smokefree Environments and Regulated Products (Smoked Tobacco) Amendment Bill, and the intent of planned legislative changes to achieve the Smokefree 2025 goal and improve health outcomes for all New Zealanders through the reduction of retail availability, amending the age limits for sale of smoked tobacco products, reducing the appeal and addictiveness of smoked tobacco products.

The College supports further action to reach the Smokefree goal by 2025 and continuing work to address gaps remaining in New Zealand's comprehensive regulation of tobacco products.

We support the intent of the Smokefree Environments and Regulated Products (Smoked Tobacco) Amendment Bill to reduce retail availability, amend the age limits for sale of smoked tobacco products, reduce the appeal and addictiveness of smoked tobacco products.

Specifically, we support the direction of areas 4-6 of the Smokefree 2025 Action Plan¹, to:

4. *Make it easier to quit and harder to become addicted* by only having low-level nicotine smoked tobacco products for sale and restricting product design features that increase their appeal and addictiveness.
5. *Make smoked tobacco products harder to buy* by reducing the number of shops selling them and kickstarting a smokefree generation.
6. *Ensure that the tobacco industry and retailers follow the law.*

Tobacco is a leading contributor to health inequities, related morbidity and mortality and the cause of significant avoidable health loss and smoking is a significant cause of illness impacting on nearly every organ of the body.²

- Each year Smoking causes 1,200 deaths from lung cancer alone.³
- Smoking and exposure to second hand smoke is estimated to kill 4,500 to 5,000 New Zealanders per year from a range of conditions including, cardiovascular disease, respiratory disease, and cancers.
- Smoking is significantly associated with risk of Sudden Unexplained Death in Infants⁴ and inequity⁵In 2018 there were 24 deaths, and 12 were Māori.⁶ ⁷At 24.1 percent, daily smoking among Māori women is over twice the rate of the overall population. ⁸
- In New Zealand rangatahi who smoke are more likely to attend lower decile schools.⁹

The College supports additional tobacco control measures to reach the Smokefree 2025 target including:

- Targeted approaches to reach population groups whose daily smoking habits are higher than the average smoking population.¹⁰
- Creating a licencing system to reduce the number of retailers selling tobacco.¹¹
- Target communities most at risk - There are nearly four times as many retailers in low-income communities, where smoking rates are highest, compared to higher income communities.¹²
- Reduce the nicotine content to reduce the likelihood of addiction.¹³
- The Smokefree Generation Policy could include raising the age for selling tobacco from 18, by one year, every year, until New Zealand is tobacco free.¹⁴

The College suggests there is gap in the regulation of e-cigarette sales. We consider this a lost opportunity to stop the uptake of vaping among rangatahi who have never smoked.

Vaping among rangatahi has increased amongst 13–18-year-olds. One third of those who vaped at least weekly had not previously been smokers.¹⁵ There is evidence to show the majority of rangatahi vaping are using nicotine based vapes.¹⁶

Under 40 (2) b individuals are subject to a fine not exceeding \$5,000 for selling a notified product (which includes vapes) to a person under 18.¹⁷ Smoked tobacco retailers can have their approval as a smoked tobacco retailer suspended or cancelled if they do not apply with the regulations (clauses 20J and 20K). Specialist vape retailers can also have their approval suspended (2Q3) or cancelled (2Q4) if they are not complying with the conditions of their approval. However general vape retailers do not need to be approved, only to notify the Director General that they are selling vaping products. They are liable for a fine not exceeding \$5,000 if they fail to notify. There is no ability to suspend or cancel a retailer's right to sell vapes as approval is not a requirement.

The College recommends that all vape retailers (not just specialist vape retailers) should require approval to sell vapes and that approval should be suspended or cancelled if they are found to be selling vapes to under 18-year-olds. The College supports the inclusion of clause 19 (4), to clarify that retailers cannot rely on an oral or written statement of age but must sight an evidence of age document as defined in section 5(1) of the Sale and Supply of Alcohol Act 2012.

Conclusion

The College supports the introduction of the Smokefree Environments and Regulated Products (Smoked Tobacco) Amendment Bill. We consider that more could be done to protect rangatahi from taking up nicotine-based vaping by tightening the regulations, and learning more about the potential impact of vaping on rangatahi.

We wish to speak to our submission.

If you require further information, please contact Maureen Gillon, Manager Policy, Advocacy, Insights - maureen.gillon@rnzccgp.org.nz

Nāku noa, nā



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