

# Opening Statement – Public Health (Tobacco and Nicotine Inhaling Products) Bill 2019

## Introduction

Thank you to the Chair, Deputies, and committee clerks for the opportunity to present our views on this important legislation. The Institute of Public Health (IPH) and the Royal College of Physicians Ireland Tobacco Policy Group submitted joint written positions on this legislation in January 2020 and in June 2021. This opening statement incorporates content from that submission and subsequent updates.

## Institute of Public Health – who we are, what we do

The Institute of Public Health is an all-island organisation jointly funded by the Departments of Health in Ireland and Northern Ireland. We support evidence-informed policy making with a particular focus on reducing health inequalities.

## Declaration of Interest

In line with Ireland's commitments as a signatory to the Framework Convention on Tobacco Control, declare no conflict of interest personally, or on behalf of IPH, in respect of any direct or indirect financial assistance, or funding, or any professional relationship with the tobacco industry, or any entity working to further its interests [1].

## Purpose of the Bill

The measures in this Bill will make both tobacco and e-cigarettes less accessible to children and enhance government oversight on the supply of these addictive products. This Bill aligns with the TobaccoFree Ireland policy which seeks to denormalise tobacco use, protect children and work towards tobacco endgame [2]. It is proportionate and based on sound principles and evidence. Tobacco causes enormous harm to both children and adults – it harms them physically, psychologically, and financially [3]. Tobacco also causes significant harm to the environment and to the Exchequer. The costs of loss of productivity and premature death due to tobacco in Ireland were estimated at €711 million in 2016 [4].

## Part 2 - a licence system for the retail sale of tobacco or nicotine inhaling products

We strongly support measures in Part 2 of the Bill. These align with the Framework Convention on Tobacco Control which advises governments to act on supply side reduction provisions for sales to and by minors [1]. Over 60% of 15- to 16-year-olds in Ireland reported that they think it would be either fairly easy or very easy to obtain cigarettes [5]. Better systems to address the supply channels for children and young people are needed and a simple register of retailers is no longer sufficient to support these approaches. Under the new licensing system, compliance and enforcement efforts will be supported. Retail environments for tobacco and e-cigarettes will be better understood through better data which will make for enhanced policy and practice in the future. The proposed annual licence fee will benefit the Exchequer and provide a revenue stream to support the crucial work of the Environmental Health Service in supporting compliance.

## Parts 3, 4 and 5 - restrictions on the sale of tobacco and nicotine inhaling products including compliance, penalties, and proceedings

The measures build on existing statutes prohibiting tobacco marketing and point of sale advertising and mandating health warnings and standardised packaging of tobacco products. Tobacco is not an ordinary product – it is addictive and toxic. Therefore, it should not be sold from vending machines or mobile containers or at events or places intended for children. We strongly support the prohibition of sales of e-cigarettes to under 18s. All reasonable measures must be applied to ensure children are not exposed to nicotine which is highly addictive and predisposes them to become either regular vapers, smokers, or dual users. Given the conclusions of the evidence reviews published by the Health Research Board [6,7] we recommend extending Heads 16, 17 and 21 to include nicotine inhaling products. This would provide additional safeguards to minors alongside the establishment of a minimum legal age of sale for e-cigarettes.

In our written submission, we raised the possibility of raising the minimum legal age of sale of tobacco products to 21. There is convincing evidence that this would reduce the numbers of children and young people trying tobacco and becoming regular smokers [8,9,10]. We urge the members to consider options to progress this, if not within this Bill, then through other legislative instruments such as a separate amendment to the Public Health Tobacco Act of 2002.

## Part 6 – Amendments to the Public Health (Tobacco) Act 2002

We endorse the complete prohibition of self-service vending machines for tobacco and nicotine inhaling products. We encourage you to follow the lead of many other European countries who have already banned vending machines. Northern Ireland banned this practice a decade ago with no difficulty. Prior to the introduction of their ban, 14% of 11- to 16-year-olds children in Northern Ireland who obtained cigarettes reported getting them from vending machines [11].

Irish legislation introduced in 2009 prohibited self-service vending machines except in licensed premises and registered clubs. It is regrettable that the exception made for licensed premises is still in place over a decade later. Locating self-service vending machines for tobacco in is a black spot on

Ireland's good track record for tobacco control. Vending machines are a de facto form of advertising and promotion for tobacco products in places where alcohol is being consumed facilitating ease of access to tobacco, including those smokers who are trying to quit. We would caution against any accepting any alternatives to a complete ban on the machines.

## Final observations

### Pace and priority

In summary, IPH welcomes the Bill and recognises its contribution to the existing suite of tobacco control legislation and the TobaccoFree Ireland policy. There were significant delays in progressing this Bill. Parties with a commercial interest in the sale of tobacco and nicotine containing products routinely employ tactics to subvert, delay and block regulation, including sowing conflicts within governments between departments of health, business, trade, and environment [12]. **There is a need now to apply priority and pace to the rest of the legislative process, putting the health of the citizen and the protection of children first.**

### A regulatory framework for nicotine inhaling products

The volume and variety of nicotine inhaling devices on the market has increased. This has been accompanied by commercial 'innovations' on packaging, flavouring, marketing, retail strategy and the use of health claims. **There is an urgent need to decide on further regulations on nicotine inhaling devices, if not within this Bill, then following it.**

### Keeping pace with new tobacco and other nicotine products

The tobacco industry is diversifying their product range to skirt around regulatory measures and to seek to reassure customers with unproven claims of lower risks to health. For example, chewable nicotine pouches are now marketed in Ireland and heat not burn tobacco products are gaining markets in other member states. **Review and decision on regulatory options relating to the sale of novel tobacco products and oral nicotine products is imperative.**

### Policy and legislative response to new challenges

The Department of Health and Health Service Executive face challenges in directing people who smoke to the very best supports to stop smoking and in navigating market changes in nicotine inhaling products. But we cannot lose sight of the goals of TobaccoFree Ireland and the tobacco endgame. Ireland was a global leader in tobacco control in 2005 when it became the first country to introduce the workplace smoking ban. but has fallen a little in the global rankings [13]. **A more ambitious, more targeted approach to tobacco and nicotine containing products is possible. Commitment to a long-term programme of legislative reforms is needed; building on, but going beyond, the provisions in this specific Bill.**

## Sources

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