

Institute of
Public Health



Opening Statement

Westminster Tobacco and Vapes Bill – Legislative Consent Memorandum

Statement from the Institute of Public Health to the Northern Ireland
Assembly Health Committee

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Introduction - Dr Helen McAvoy

Thank you for the opportunity to present to the Health Committee in Stormont today.

I am Dr Helen McAvoy, Director of Policy at the Institute of Public Health (IPH). I'm here today with my colleagues Dr Joanna Purdy and Dr Ciara Reynolds.

I would like to open by saying that the Institute of Public Health strongly supports the adoption of this Legislative Consent Memorandum relating to the Westminster Tobacco and Vapes Bill.

I understand that a copy of our IPH response to the UK-wide consultation on the Bill has already been shared with the committee.

In our statement today, my colleague Joanna will focus on the potential impact of the smoke-free generation measure in Northern Ireland. My colleague Ciara will share findings from an evidence review conducted by IPH for the Department of Health and the implications for future decisions on e-cigarette regulation. I will then conclude with a few general points relating to the legislative process.

Smoke-free generation - Dr Joanna Purdy

I have been involved for over a decade in tobacco policy in Northern Ireland, working closely with the Department of Health and the Public Health Agency. The Department has recently published an end-of-term review of the Ten-Year Tobacco Control Strategy for Northern Ireland. This showed some hard-won progress in reducing tobacco use. In particular, there was good progress in reducing tobacco use among children.

In 2013, 13% of 11- to 16-year-olds reported that they had ever smoked a cigarette. In 2022 that figure has fallen to 8%. In 2013, 4% of 11- to 16-year-olds smoked cigarettes regularly (at least once a week), now that figure is at 1%.

We have also seen progress in reducing smoking among adults, although this has been less impressive than the reductions in young people. Currently, 14% of the population aged 16 and older smoke cigarettes compared with 22% a decade ago.

Northern Ireland has seen some success in reducing tobacco use through measures like tobacco taxation, regulations on marketing, and standardised packaging. But it has become clear that incremental progress is not enough to respond to a product that kills up to two thirds of its users. Despite the measures we have in place, children continue to start smoking; and people who smoke continue to find it difficult to stop.

There is also no doubt that Northern Ireland is still in the throes of an epidemic of tobacco-related harm. This epidemic of disease, disability and early death falls most heavily on the disadvantaged in our society. Around 2,200 deaths in Northern Ireland are caused by smoking. Lung cancer deaths are twice as common in the most deprived areas than in the least deprived areas.

As MLAs, I understand that you are keen to see a return on investment from any legislative changes to regulate tobacco. While we have no modelling on the specific impacts in Northern Ireland, I would like to share some insights from the English modelling study.

The Department of Health & Social Care has modelled changes in smoking prevalence across 14- to 30-year-olds in England arising from the smoke-free generation measure. The most conservative estimates are for a <10% reduction in smoking initiation rates and it is estimated that 11,466 smoking-related deaths could be avoided by 2075 saving the government £67 billion (of which £7bn could be saved in healthcare costs). If a 90% reduction in smoking initiation rates was achieved, 28,688 smoking-related deaths could be avoided by 2075, and £121 billion (of which £11bn could be saved in healthcare costs) in social value could be gained.

Although the Bill is an important step in creating a smoke-free generation, it is not a 'silver bullet' for reducing smoking and the harm it causes. There will still be many adult smokers in Northern Ireland for some time to come. The projections in the English modelling studies are for 2075, which I'm sure you'll agree is some time away. So, the Bill is important, very important, but I hope the committee will be open in the future to considering other measures because we cannot rely on one piece of regulation, an ever-evolving package of measures will be needed. I think it is also critical to sustain appropriate investment in what we know is already working – including investment in enforcement of existing laws and high-quality stop smoking support.

Regulation of vapes – Dr Ciara Reynolds

In the previous session on this Bill committee members expressed concerns about the use of vapes by children, and the ease of access to these products, in their constituencies. These observations are borne out by the official data. Experimentation is common - a fifth of 11- to 16-year-olds have ever used a vape at least once. Among Year 12 children, 44% have ever used a vape. What is most concerning is the trends for children becoming regular users of vapes - 6% of 11- to 16-year-olds regularly vape, - a doubling since 2016¹. While we see higher use among older teens, it is deeply concerning that very young children are also experimenting - 6% of children in Year 8 (who are as young as 11 or 12) reported ever using vapes.

Since February 2022, the sale of vapes to children is prohibited and it is an offence to purchase, or attempt to purchase, such products on behalf of a child. This legislation is important to protect children and young people, but it is our view that the minimum legal age of sale is not enough on its own to deter children from vaping.

IPH developed an evidence review to support the Department of Health in responding to concerns around youth vaping. This work was a rapid review of systematic reviews investigating the health effects of vaping among children and adolescents. The review found strong, high-quality evidence of an association between vaping and subsequent cigarette use, supporting a 'gateway effect' of these products. It also found some evidence to support the association between vaping and having asthma, incidence of coughing; as well as associations with mental ill-health and other substance use.

The Legislative Consent Memorandum can provide the Assembly with appropriate powers to respond to a rise in vaping by children in Northern Ireland. This is necessary

* These figures apply to England only.

¹ Foster C, Scarlett M, Stewart B. Young Persons' Behaviour and Attitudes Survey 2022 - Substance Use - (Smoking, Alcohol & Drugs). Belfast; 2023.

as vaping harms children's health, addicts children to nicotine and increases their odds of taking up tobacco use in the long-term. The next phase of work at Westminster, and within the devolved nations, will be to agree the details in relation to the regulation of retail of vapes across the UK. IPH has set out some recommendations on these details as they relate to vape packaging, display, pricing, and flavours in our response to the UK consultation.

In summary – Dr McAvoy

There has never been a more appropriate time for this legislation. The epidemic of tobacco-related disease rages on. With one in seven people aged 16 and over smoking in the population, we are leaving too many people vulnerable to harm. The health system at all levels is struggling to respond to the scale and complexity of illness in the population.

The measures in this Bill are strongly supported by the general public. 79% of Northern Ireland respondents to the consultation are in favour of the smoke-free generation measure. Representative surveys of the general public in England, Scotland, and Wales, and in Ireland, also show strong support for the measure. People have had enough of the harm caused by smoking.

But it would be dishonest to suggest that everyone will be a fan of these proposals.

Some will argue that is radical, prohibitionist, nanny statism or anti-choice. But I would say that the primary aim of this legislation is to protect children from starting to smoke. No child who tries a cigarette, or a vape, for the first time has the intention of becoming hooked for life. This Bill is not an attack on smokers. There is nothing in the Bill which will prevent today's adult smokers from accessing a tobacco or e-cigarette product. The Public Health Agency together with the health and social care service, pharmacies, communities, and voluntary agencies will continue to provide free support to anyone who wants to escape nicotine addiction, whether they smoke, vape, or use both products.

It is also probable that the tobacco industry will oppose the Bill. The industry has a track record of resisting and delaying regulation, through a variety of means using their extensive resources. This is not without consequences for the lives of individuals and their families. I am concerned that parties with a commercial interest will use all means available to them to discredit the legislation and to undermine the confidence of those in decision making positions. I would encourage you to be alert to the possibility of industry interference, in all its guises, as this legislation progresses. The Legislative Consent Memorandum document of 21 March has identified that bringing forward primary legislation would increase the risk of direct exposure of Northern Ireland to litigation by the industry and potentially provide the industry with additional avenues to disrupt enactment of regulation in the region.

So, in conclusion, I want to thank you for allowing us the opportunity to present to the committee. I would like to acknowledge the support of the committee clerk and staff and I welcome any questions you may have.

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