

Submission to the Joint Committee on Health, Houses of the Oireachtas regarding the *Public Health (Tobacco Products and Nicotine Inhaling Products) Bill 2019*

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9 June 2021

We have followed the submission guidelines under the headings below.

i. A brief introduction explaining area of expertise

Since 2002, in collaboration with partners in Ireland, Europe and globally, our research teams at TFRI have carried out research on tobacco control and cigarette smoking, including on young people and e-cigarettes. An independent research organisation, we have authored/ co-authored in excess of 200 hundred international journal articles and chapters in books, conference papers and reports on smoking, including on e-cigarette use. Professor Clancy is a Respiratory Physician and Director General of the TobaccoFree Research Institute Ireland who has been instrumental in the introduction of the Smoky Coal Ban, and the SmokeFree legislation banning smoking in the workplace. He has published over 300 peer-reviewed articles in the international scientific press, particularly on tobacco-related respiratory diseases, air pollution, and tobacco control. Dr Joan Hanafin, a Sociologist with an international research reputation in the field of inequalities and education, is Director of Social Research at the TobaccoFree Research Institute Ireland. She is co-Principal Investigator of the YETI Project (2020-2022) analysing large-scale quantitative and qualitative datasets in order to understand the significance of e-cigarettes for young people and Tobacco Control in Ireland.

ii. Any factual information that you have to offer from which the Committee might be able to draw conclusions, or which could be put to other parties for their reactions

Ireland has been a world leader in tobacco control, and in the reduction of smoking and associated reductions in death and disability due to smoking. In Ireland, smoking rates have fallen from a high of 70% (in men) in the 1970s to 19.5% in the general population last year. Among teenagers, smoking rates have fallen from 45% in girls in 1995 to 13% overall in 2015 ([European School Survey Project on Alcohol and other Drugs \(ESPAD\) 2015](#)).

This success has been achieved by strong Tobacco Control (TC) laws and other Government initiatives such as support for continuing research and smoking cessation. Prime among successful Government TC policies have been a strong pricing approach to cigarettes, and the Workplace ban on smoking in public places which was the first such national legislation in the world.

Other laws and regulations with demonstrable beneficial effects have included a ban on 'Point of Sale' display and advertising, sponsorship and promotions, graphic images on packs, standardisation of (plain) packaging of tobacco products, and restriction of the number of cigarettes in packs ([The effect of tobacco control policies on smoking prevalence and smoking-attributable deaths in Ireland using the IrelandSS simulation model](#)).

The present situation with regard to **e-cigarettes** however, is much less satisfactory, in particular with regard to their use by children ([Worrying Changes in E-Cigarette Use. A secondary analysis of five Irish Health Datasets](#)). Our research suggested that predicted rates of smoking among 16-year-olds would fall to less than 5% by 2025 (in line with government policy of having a smoking rate of less than 5% by 2025) ([Decline of adolescent smoking in Ireland 1995–2015: trend analysis and associated factors](#)) but it is feared that e-cigarettes may impact adversely on this desirable policy aim.

In our SilneR survey of 1,990 students in 2017, 29.6% had tried e-cigarettes whereas 27.1 % had tried cigarettes, 5% of whom had tried e-cigarettes before conventional cigs ([Electronic cigarette use among 14- to 17-year-olds in Europe](#)). In our ESPAD survey of 2,028 pupils in 2015, 23% had tried e-cigarettes and one-third of those had become regular e-cigarettes users ([European School Survey Project on Alcohol and other Drugs \(ESPAD\) 2015](#)). This dramatic increase in usage of e-cigarettes can be attributed to widespread availability of e-cigarettes without legal age restriction, widespread advertising including on social media, relatively low cost, attractive marketing, and a strong promotion of the idea that they are harmless.

Worse has now occurred. In our 2019 ESPAD Survey ([ESPAD 2019 Ireland: Results from the European Schools Project on Alcohol and Other Drugs in Ireland](#)) we have found that the prevalence of smoking has stopped falling, and has increased in boys to 16%. This is the first time in the 25 years of surveying 16-year-olds in Ireland that smoking prevalence has not continued to decline. E-cigarette *ever-use* is now 37% in 16-year-olds which is higher than ever-use of cigarettes and those who have ever used e-cigarettes have an odds ratio of 4 for ever-use of cigarettes. This shows the relationship between e-cigarette use and cigarettes, and suggests that e-cigarette use is driving the new increase in teen smoking.

We have also published qualitative research to understand what is driving the increased interest in e-cigarettes and we found that 1) the relatively cheap price 2) the attractive flavours and 3) the possibility of using e-cigarettes where smoking is forbidden are the main incentivising factors for use among young people ([A qualitative study of e-cigarette use among young people in Ireland: Incentives, disincentives, and putative cessation](#)).

iii. Recommendations to the Committee

On the basis of the foregoing, the planned legislation is to be welcomed and seems comprehensive as regards sale of e-cigarettes (a few points concerning the details of specific headings of the Bill are listed at the end).

Marketing, advertising, promotion

However, the marketing and advertising elements are missing and there seems to be no reference to the use of flavourings. Our findings (see above), and research from all over the world, show that they are highly important and not to deal with these matters now will inevitably mean this topic would have to be revisited in the short term. In the meantime, thousands of our children will have become addicted and have progressed to the more dangerous nicotine products in cigarettes.

Age restriction alone is certainly not an adequate protection for children. We know that many children started smoking long after age restrictions were introduced and it was age restrictions plus all the other interventions mentioned which have brought about the dramatic drop in

smoking in children ([The effect of tobacco control policies on smoking prevalence and smoking-attributable deaths in Ireland using the IrelandSS simulation model](#); [Decline of adolescent smoking in Ireland 1995–2015: trend analysis and associated factors](#)). In that regard we point out that the services for smoking cessation for teenagers are non-existent or underdeveloped. Therefore, **we urge the committee to deal with the protection of children from e-cigarettes in a comprehensive manner to include not only age but also marketing, advertising, promotion, use in restricted smoking areas, and the use of flavourings, and provide a service to help young smokers to stop.**

Age

We recommend that an age limit of 21 years be considered. This is in line with legislation and regulation in the most progressive TC countries, and is a recommendation of our Silne-R research project on reducing smoking among young people ([Strategies to Reduce Youth Smoking in Europe](#)).

SHA exposure

Another matter emerging from our studies in Ireland and in the EU is the substantial and increasing exposure of the population to secondhand e-cigarette aerosols (SHA) ([Environmental and individual exposure to secondhand aerosol of electronic cigarettes in confined spaces](#)). Our most recent TackSHS study showed that some 25% of the Irish population have been regularly exposed to SHA in public areas where smoking is prohibited ([How widespread is electronic cigarette use in outdoor settings? A field check from the TackSHS project in 11 European countries](#)). This makes no sense and **we strongly urge that the use of e-cigarettes and all inhaled tobacco products in public have the same restrictions as cigarette smoking.**

This is not to suggest that SHA is the same as secondhand smoke (SHS). Present studies suggest that while SHA may not have as severe acute effects as SHS, it does have measurable ill-effects ([Passive exposure of non-smokers to E-Cigarette aerosols: Sensory irritation, timing and association with volatile organic compounds](#)). The long-term effects of SHA inhalation are still unknown.

Implications for Tobacco Control

A more general point concerns the place of e-cigarettes in Tobacco Control. Much is made of the relative safety of e-cigarettes. The comparator is usually cigarettes which are the most lethal products legally on sale for inhalation. We should not allow the framing of this issue to be about cigarettes versus e-cigarettes. E-cigarettes have to be considered separately and particularly when considering children. They are highly addictive and very popular with children. They are *not* harmless to inhale and discharge an aerosol which has effects on non-users ([Passive exposure of non-smokers to E-Cigarette aerosols: Sensory irritation, timing and association with volatile organic compounds](#)). Many studies show a ‘gateway’ effect from e-cigarettes to cigarettes and although this is biologically very plausible it is not the only established mechanism whereby e-cigarettes are responsible for increased cigarette use in teens. Some of the e-cigarette devices have used micro-chips to transmit information on usage patterns to the manufacturers (<https://www.cpr.org/2019/06/14/as-e-cigarettes-get-more-sophisticated-questions-mount-about-privacy-potential-to-maximize->

[addiction/](#)). The dangers inherent in this information gathering are now well known from other domains. Concerns have also been raised about safe usage of e-cigarette devices.

There are other dangers about the introduction of e-cigarettes in the context of Tobacco Control that raise questions other than safety and addiction. The tobacco industry (TI) owns a large slice of the e-cigarette industry, and history has shown such involvement to be inherently anti-public good ([History of Tobacco Production and Use](#)). What effect will TI involvement have on the Government's obligations under the Framework Convention on Tobacco Control (FCTC), which forbids interaction with the TI under Art 5.3, when the TI or their representatives claim to be part of the solution to smoking and not the problem? Will the presence of e-cigarette aerosol put pressure on the smokefree legislation as it seems to be doing already? What effect do e-cigarettes have on the denormalisation of smoking which has been so important in preventing children from starting to smoke?

We urge the Committee to take cognisance of and aim to counteract the numerous potentially negative implications of e-cigarettes for Tobacco Control.

Research and information sources

There is much that is unknown about the societal impact and the health effects of the introduction of e-cigarettes. The EU, in its funding programmes Horizon 2020, has supported such research and TFRI has been a PI (Principal Investigator) in a number of these studies. But it is important that Ireland is not dependant on the industry for our research evidence base, knowledge, information, advice or guidance in this important public health issue.

The committee is urged therefore to ensure that the resource to monitor and explore the significance of this further source of addictive nicotine is made available to independent researchers by the Irish Government on behalf of the people.

Recommendations about specific points of Bill heads:

Head 18

- (1) *A person under the age of 18 years and aged 16 or over may sell tobacco products or nicotine inhaling products in a premises being licensed to sell such products, if and only if he or she is the licensee's sister, step-sister, daughter, step-daughter, sister-in-law, brother, step-brother, son, step-son or brother-in-law.*

This seems inconsistent and wrong and unfair to the 16+ child whose well-being should also be considered. The product is addictive and is not a foodstuff or an essential item.

Head 29.

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- (i) *in the case of a summary conviction of a first offence, the Court shall suspend a licence for such period as is specified in the order of not less than 2 days [A] and no more than 7 days.*
- (ii) *in the case of a summary conviction of a second or subsequent offence, the Court shall suspend a licence for such period as is specified in the order of not less than 7 days [B] and no more than 30 days.*

It is not clear how this would be enforced especially (i)? In which case, are they meaningful?

iv. Summary

The legislation is welcome and overdue. The lack of proposals for control of advertising, sponsorship and promotion is a serious omission and would mean that an unreasonably high expectation will be placed on the age restriction alone to protect our children. The absence of these other known important effective interventions would probably, as in cigarette smoking, result in the age restriction being less effective. Already, for the first time in 25 years smoking has increased in 16-year-olds and e-cigarettes are a main contributor to this where, like in adults, dual use of e-cigarettes and cigarettes is the rule.

The absence of any approach to flavours would be a problem. It is recommended that flavours be banned.

The 18 years of age restriction is consistent with cigarettes but, based on current research, not using a more progressive age of 21 years is a shortcoming.

It is recommended that social media and online advertising be regulated.

It is recommended that smoking cessation services for teenagers be provided.

It is recommended that use of e-cigarettes be prohibited by legislation everywhere cigarette smoking is prohibited at present.

It is recommended that findings from research independent of the industry be utilised and supported.

We urge the Committee to take cognisance of, and aim to counteract, the numerous potentially negative implications of e-cigarettes for Tobacco Control.

Overview of recent research findings on young people and e-cigarette use



E-cigarette prevalence, motivations for use, and relationship with tobacco – the changing situation in Ireland

Joan Hanafin, Salome Sunday, Luke Clancy
TobaccoFree Research Institute Ireland
SRNT 27th Annual Meeting, FEBRUARY 24-27, 2021 | VIRTUAL



Context

Adolescent e-cigarette use is increasing worldwide amid concerns about: identified and as yet unknown harms; nicotine addiction; being a "gateway" drug; and renormalisation of smoking.

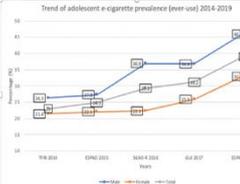
This study aimed to establish, from available data, the changing prevalence of Irish adolescents' e-cigarette use, reasons for use, and relationship with tobacco at first use.

Methods

We identified five Irish health datasets with questions on adolescent e-cigarette use. Of these, TFRI was PI for four studies, namely ECIGS-TFRI (2014), SILNE-R (2016) and ESPAD (European Schools Project on Alcohol and Drugs) 2015 and 2019. We also drew on data from GUI (Growing Up in Ireland), Ireland's national longitudinal study. All datasets comprised stratified random samples in school-based settings: ECIGS-TFRI 2014 (N=817), ESPAD-TFRI 2015 (N=1508), SILNE-R-TFRI 2016 (N=2051), GUI 2017 (N=6216), ESPAD-TFRI 2019 (N=3556). We report on 16 and 17 year olds. Secondary analysis was carried out, using descriptive statistical techniques to estimate changes in prevalence, reasons for trying e-cigarettes, and relationship with tobacco at first use.

Findings: Gender Changes in Prevalence 2014-2019

- Prevalence of ever-use increased from 23% in 2014 to 39% in 2019.
- The increase was rapid, particularly since 2016.
- By 2019, more adolescents tried e-cigarettes (39%) than smoking (32%).
- Boys were more likely to use cigarettes in each of the datasets rising from 26% in 2014 to 46% in 2019.

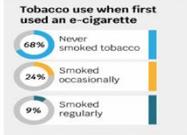


Findings: Reasons for trying e-cigarettes

By 2019, curiosity (66%) and friends (29%) were the two main reasons adolescents said they first used e-cigarettes, with only 3% saying it was to quit smoking.

Findings: E-cigarette use among smokers & never smokers

Those saying they had never used tobacco when they first tried e-cigarettes increased from 32% in 2015 to 68% in 2019.



Conclusions

E-cigarette use has risen rapidly among adolescents in Ireland since 2014. Boys are more at risk of using e-cigarettes.

The majority of adolescents who use e-cigarettes were not smokers when they started using e-cigarettes, pointing to a worrying new route into nicotine addiction.

E-cigarettes are not used by adolescents for smoking cessation.

In addition to new regulation and legislation for e-cigarettes, current tobacco control regulations for young people should be extended to include e-cigarettes.

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To cite: Hanafin J, Sunday S, Clancy L. E-cigarette prevalence, motivations for use, and relationship with tobacco – the changing situation in Ireland. Poster presented at SRNT 27th Annual Meeting, Feb 24-27 2021

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