Does the smokefree generation proposal go far enough?

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The Smokefree Environments and Regulated Products (Smoked Tobacco) Amendment Bill currently progressing through Parliament will establish a smokefree generation (SFG) by ending the sale of smoked tobacco products to people born on or after 1 January 2009. The policy recognises the sustained threat to safety and wellbeing that tobacco poses, upholds young people’s right to protection from a uniquely harmful product, and addresses historical anomalies that have allowed tobacco to be sold as though it were a normal consumer item. More generally, age-appropriate restrictions regulate many activities that pose risks, such as drinking alcohol and driving; the SFG recognises that the risks smoking presents greatly outweigh any potential “benefits” at all ages.

Introducing a SFG policy will frame smoking as socially unacceptable, prevent sales to youth and young adult over time, and help ensure that smoking prevalence can never rise again. Even if some initial leakage between those able to buy tobacco and those covered by the policy occurs, the SFG will still reduce smoking uptake among young people, and the increasing age gap between those able and not able to buy tobacco will decrease social supply over time.

Importantly, the SFG does not make smoking itself illegal; it focusses on the sale of tobacco, not on the purchase or use of tobacco, and will not penalise young people (or any other people who smoke) for buying or using tobacco. No sections in the Bill prohibit smoking or tobacco use, or make either of these illegal.

The SFG will provide important new protections that benefit young people and shield them from tobacco companies’ continuing efforts to recruit them. Formerly, secret industry documents reveal that tobacco companies referred to young people as “replacement smokers”, the consumer pipeline they require to replace those people their products kill. Policy makers responded to this cynical marketing by increasing age restrictions; for example, the US Tobacco 21 policy restricts tobacco sales to people aged 21 or over. However, age restriction measures may inadvertently suggest that, once young people reach a certain age, smoking poses fewer risks and may even be “safe” or “acceptable”. Furthermore, age restrictions may only delay the emergence of “replacement smokers” rather than shut down the pipeline altogether.

Recent evidence makes it clear that declines in smoking prevalence have not occurred evenly across all population groups. For example, 9.3% of 14 to 15-year-old Māori students reported regular (i.e., at least monthly) smoking in the 2021 Snapshot Survey conducted by Action on Smoking and Health NZ (ASH NZ) (c.f. 2.7% of NZ European students). The most recent New Zealand Health Survey estimated current (i.e., at least monthly) smoking prevalence among 18 to 24-year-olds at 11.8%. More detailed analyses of the 2019/2020 New Zealand Health Survey data reveal that, while overall smoking prevalence among young people aged 13–24 was 12.4%, among Māori it was 26.4%, and among non-Māori, 9.0%. The SFG will address persistent inequities, help reduce smoking prevalence to less than five percent among all population groups, and enable adolescents to enjoy smokefree lives as young people and as they age.

By reframing tobacco as an abnormal and harmful product, the SFG policy explicitly rejects tobacco companies’ specious claims that smoking is an “informed choice”. Instead, the policy recognises that smoking experimentation typically begins socially, often when young people are influenced by alcohol or peer pressure and do not understand that tobacco products are engineered to foster rapid addiction. Virtually no one who experiments with smoking fully comprehends what living with addiction would be like; nor do they adequately appreciate the risks of life-long smoking, appropriately apply these risks to themselves, or accept the consequences. The SFG rec-
recognises “informed choice” as a misnomer created and propagated by tobacco companies to deflect blame for the harms their products cause onto the people they have addicted.

While Aotearoa New Zealand would be the first country to introduce an SFG, it is not the first jurisdiction to introduce this measure. Brookline, Massachusetts, does not allow sales of tobacco products to anyone born after 1 January 2000, and the Khan review has recently proposed that the UK introduce a SFG policy. Nor should being the first nation to introduce a policy be viewed as a limitation. Ten years ago, Australia was the first country to introduce plain packaging, a measure now implemented (or planned) by 23 other countries. Plain packaging is now recognised as having accelerated declines in tobacco consumption; furthermore, three cases taken by tobacco companies seeking to overturn the legislation have met with comprehensive defeats. In addition to industry opposition, which typically indicates a measure’s likely effectiveness, we have good evidence about the benefits an SFG policy will bring. For example, an Aotearoa New Zealand study estimated that a SFG policy could halve smoking prevalence within 14 years among people aged 45 and under, and bring 5.6 times the health gain per capita to Māori relative to non-Māori.

In short, the SFG will protect young people’s ability to lead free and fulfilling lives. The high regret among people who smoke, many of whom have made multiple quit attempts, suggests preventing smoking uptake among rangatahi will promote, not diminish, autonomy. Nor do arguments the SFG compromises freedoms carry any weight.

Having refined tobacco products to ensure maximum addictiveness, tobacco companies opposing the SFG face an unresolvable logical problem: they cannot continue to create highly addictive products that compromise freedom and yet, at the same time, argue that “freedom” demands access to these products.

The theory, logic and evidence supporting the SFG are robust, while opposition to it is typically self-interested, compromised and flawed. Yet, should we be content with a smokefree generation? Evidence of rising vaping among young people suggests an opportunity to go further and consider a nicotine free generation. This measure would align more closely with the original Tupeka Kore vision (of a tobacco free society) and could ensure inequities in smoking prevalence addressed by the SFG are not simply replaced by inequities in vaping prevalence, which current data indicate already exist. Both Malaysia and Denmark have announced plans to disallow sales of tobacco and nicotine products to anyone born after 2005 and 2010, respectively. As the Bill wends its way through Parliament, it is surely time to ask whether the SFG provides sufficiently comprehensive protection to rangatahi.

While vaping products may have a role to play as harm reduced alternatives to smoked tobacco when denicotinisation occurs and tobacco becomes less easily available, their uptake among young people, many of whom had not previously smoked, questions the effectiveness of existing regulations. An NFG policy would not remove vaping products from the market but could protect young people where current approaches have not. It is time to begin this discussion.
COMPETING INTERESTS
Nil.

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