

Do We *Really* Need Another Law?

The cost to New Zealand of banning
smoking in cars.

MAREWA GLOVER, PhD

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Introduction

This submission addresses the increasing use of laws to shape and control behaviour. That's what laws are for, you might say. We need laws to stop people from speeding, stealing and abusing children. Yes, but all the essential laws preventing serious injury to others and crimes against property are in place and have been in place for decades.

Despite New Zealand being a socially advanced and wealthy nation with a relatively safe and peaceful way of life, the government keeps passing more and more laws banning, regulating and taxing an ever widening range of behaviours, products and activities.

On 1 July 2019 a number of law changes came into effect. Shops could

no longer give out single-use plastic shopping bags. There were changes to the law governing employment relations and several new regulations impacting rental property took effect.

Laws are also used by government to increase taxes. The second of three annual petrol tax increases of three cents a litre kicked in on 1 July and another new tax will see many international visitors to New Zealand charged a fee of \$35.

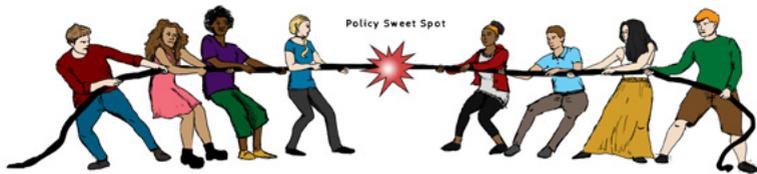
This is what governments do though, isn't it? They are there to *govern*. They're there to fix things. And to fix things they need more and more and more money.

In New Zealand, as in many other nations, serious debates are raging over climate change, widening inequity between rich and poor, immigration, the price of housing and the state of mental health services. Politically, many societies appear to be splitting into extremely polarised left (more government power and control) versus right (minimal government) camps. The debate, much of it viciously slung on social media from behind faceless floating heads with fake names, often turns into personal attacks. Heaven help you if you casually post about some flammable topic. The subsequent slew of insults is deliberately intended to silence opposing voices so it looks like everyone agrees that, for example, cannabis should be legalised.

It is highly unlikely that every voting adult in New Zealand will agree on anything. We are diverse. We are people with different cultural beliefs, different religious beliefs, different life experiences, different levels of education and different needs. If you see a claim that most New Zealanders agree on whatever, you can be fairly certain you're reading or listening to propaganda. Propaganda is information designed to manipulate your perception and emotions in order to shape your opinion about something, usually political.

Politics is all about getting into a position of power, so that your group can change things to their benefit. Whether you're on the left or right or in the middle, each coalition of political parties will change things that will result in you getting financially and physically healthier, or poorer, as a result of their tenure.

Politics is about balancing the different opinions to maximise votes. Figuring out that sweet spot – the particular mix of promised action or inaction that will keep as many voters on your side as possible – that's the job of policy analysts.



Whose job is it to recruit people to one side or the other? Well that's the job of the PR team, spin-doctors, marketing department, campaign managers, policy advocates, social commentators and influencers. It's the speech writers, skilled in rhetoric, who can write 1,000 words devoid of specifics. It's the bloggers, tweeters and talkback hosts who can make everything sound dire and combative. It's the talking heads on radio, TV and Facebook Live who are trapped in an adversarial format.

Experts and researchers, like myself, would like to think that we play an important role. As taxpayer-funded educators, university academics are expected to fulfil the roles of critic and conscience of society. Academics are supposed to raise the thorny questions, play devil's advocate, test proposed theories and provide evidence to help

policy analysts and their bosses fully consider the implications of their decisions. As public servants, academics can be called upon by the media and public to give a scientific, evidence-based view.

Instead of maintaining a political neutrality, however idealistic that was, universities have enlisted as eagerly as the rest of society in the "disinformation war" (1).

As I explained to Prime Minister Jacinda Ardern, following the New Zealander of the Year Awards where she presented me with my Finalist certificate, people can be forgiven for not knowing who to believe any more when even professors are creating 'junk science' (2).

I told her that some government-funded academics, medical doctors and smoking cessation providers with an ideological opposition to vaping are prolifically disseminating false information - like claims that vaping is as *dangerous* as smoking. Some of this misinformation is dressed up as scientific 'evidence'. I warned her that, as long as there are no negative consequences for a professor or medical doctor who disseminates false information that results in people continuing to smoke tobacco, the proliferation of junk science will escalate.

* Science ranges in type and quality from methodologically strong studies conducted with a lot of rigour and a low risk of bias, such as large double-blinded, randomised and controlled trials to 'soft' small qualitative exploratory studies. Some studies contribute to building knowledge. Some studies are poorly conducted and others, despite the rigour of the method, can be undermined scientifically by high bias. Junk science, more specifically, refers to studies that are theoretically or methodologically flawed seemingly intentionally in order to produce a spurious or false result. For example, some studies purporting to have found some harm associated with vaping have made obvious analytical mistakes, rendering the often-exaggerated concluding statements no less than junk. Research conducted for the sole purpose of manipulating public and political opinion towards either end of the tug of war over some policy is called advocacy research. Advocacy research doesn't usually contribute to building knowledge. You can easily identify pure advocacy research - it doesn't have a research question.

This is a serious problem that has been discussed at the highest global level, resulting in the *Joint Declaration on Freedom of Expression and “Fake News”, Disinformation and Propaganda* (1). This declaration specifically implores “state actors” - that is, governments and their agents - to “not make, sponsor, encourage or further disseminate statements which they know or reasonably should know to be false (disinformation)” and that they should “ensure they disseminate reliable and trustworthy information, including about matters of public interest, such as the economy, *public health*, security and the environment” [my emphasis].

In these times of Internet-enabled, rapid and far-reaching disinformation and propaganda “designed and implemented so as to mislead a population” (1), I suggested to the Prime Minister that the public, and particularly members of Parliament, need more support to discern truth from lie, fact from fiction and evidence from fantasy. This submission helps do that.

This submission asks, “do we *really* need another law?” We look at the reasoning behind the call to ban smoking and vaping in vehicles when a person aged under 18 is present. Is there sufficient evidence that such a law is necessary? Will this law, on balance, deliver more benefit than harm to New Zealand? We explore the thorny questions pro-ban lobbyists don’t want us to think about. Questions such as, what is the cost to New Zealand of passing such a law? How much taxpayer funding is going to be needed to argue about and pass yet another law? How much money is going to be needed to enforce the law year after year? We also consider the social and cultural cost of passing a law that forces the New Zealand Police to fine people who are addicted to smoking, and/or who are using vaping to help them to quit smoking.

You might not care about people who smoke or people who vape. Only a small minority of New Zealanders (about 15%) still smoke and 35 years of anti-smoking campaigns have ensured that most people hate

cigarette smoke and smokers. Most New Zealanders care not an iota about what the government might do to further isolate, exclude and discriminate against people who can’t stop smoking.

At first, you might conclude that this submission has no relevance to you. But the ban on smoking and vaping in cars is just one example of the type of laws you will see more and more of in the future. Maybe a ban on smoking doesn’t affect you, but how would you feel if workplaces were no longer allowed to supply sugar for your coffee, or even the coffee itself? What if sharing a cake, scones or sausage rolls was banned in the workplace? What if it became illegal to thank a speaker or recognise an achievement by giving a gift of a bottle of wine?

The same type of people, university lecturers and non-government health charities who want to ban smoking altogether, also want to reduce alcohol consumption to an occasional tippie. The same type of researchers demonise sugar and want to tax it. For many years they have been lobbying government to ban ‘junk food’ advertising, force ‘bad’ foods into plain packaging and ban the sale of ‘unhealthy’ drinks and foods in hospitals. They want a law banning anything other than plain water or unsweetened milk on school grounds.

If you are concerned about how far this great New Zealand social experiment will go, then this submission will show you how to think about the arguments for and against such proposals – that is, if you even get a chance to have a say on them before new rules are passed under claims of urgency or slipped through in some obscure amendment.

This submission will give you some insight into the nonsense – why fake facts are king and why the truth doesn’t seem to matter anymore – and how you can combat that.

The Proposed Law

The proposed change to the current law is the *Smoke-free Environments (Prohibiting Smoking in Motor Vehicles Carrying Children) Amendment Bill* (3). It's called an "amendment" because it will change the existing *Smoke-free Environments Act* (4) that was passed in 1990.

In order to help the politicians and the public understand what is proposed so they, and you, can decide whether to support it or not, a number of documents have been made public. The documents should be easy to find, but in reality they are only accessible to people who are computer literate, good at searching on the Internet and who have a persistent attitude. The documents should provide enough easy-to-read information to enable stakeholders and politicians

to make an informed decision. But the evidence is sorely lacking, some information is blacked out and the cost to the taxpayer is not provided.

The “explanatory note” provided as a preamble to the draft wording of the proposed Bill says the purpose of the law change is to protect “children and young people under 18 years of age” from the harm associated with secondhand smoke. This is the only place in the draft Bill where it’s recognised that in New Zealand we do not commonly refer to people aged 16 and 17 as “children”. Common practice is to refer to people aged 14 to 17 as “young people.”

In New Zealand, young people aged 16 can legally consent to sex, begin living with a partner and, with their parent’s consent, they can be joined with their partner in a civil union or get married. They also can have children of their own at this young age. It’s going to get very awkward if we start commonly referring to these potentially married 16-year-old parents as “children”.

The infantilisation of age groups who previously were considered, and treated, as adults is another huge social change that is occurring without sufficient debate. I won’t go into it further here, but I would like to share that within public health there is a movement that is very keen on framing young people as developmentally incapable of making the ‘right’ choices when it comes to looking after their own health.

Not including references to young people in the title of the draft Bill and throughout its text is misleading. Using only the word “children” encourages readers to picture in their minds how the law change will impact young children, like the toddlers and primary-school-aged children that the government uses in their anti-smoking ads.

To rebalance that manipulative trick, I will discuss how the Bill might

impact young New Zealanders. At age 16, young people can get a learner’s license to drive and they’re also allowed to start working full time. From age 17 young people in New Zealand can qualify for a full driving license and they can join the Navy, Army or Air Force. Despite being able to earn money, live independently, get married, have kids and potentially fight and die for their country, New Zealanders can’t legally buy tobacco or alcohol until they’re 18. (For now at least. Some anti-smoking lobbyists are pushing for the legal purchase age to be increased to 21.) Meanwhile, the Children’s Commissioner, Judge Andrew Becroft, has suggested that the voting age should be lowered to 16 (5).

So, what will the *Smoke-free Environments (Prohibiting Smoking in Motor Vehicles Carrying Children) Amendment Bill* actually do?

The proposed law will make it illegal for anyone to smoke, vape or use a “*smokeless*” tobacco product (such as a tobacco heating device or a snus pouch) when in a motor vehicle, whether moving or stationary, when on a road and carrying a person under the age of 18.

Before we move on, are you clear about what a “road” is? For the purposes of this law, a road includes the obvious thoroughfares we drive on called streets, avenues, motorways, bridges and fords. But in New Zealand, under the *Land Transport Act 1988*, a road also includes beaches, car ferries and any “place to which the public have access, whether as of right or not”.

So how does that impact a group of young people aged 17 to 19, parked on a beach, sitting in a van chucking some non-nicotine clouds? The 18- and 19-year-olds can be fined \$50. What about a young married couple aged 17 and 18 who are smoking in their car, which is parked in the paddock behind the shearing shed that they’ve been working in all day? The 18-year-old can be fined, on-the-spot, \$50.

There are some exemptions in the draft Bill. For example, if a 17-year-old is vaping in a vehicle and they're on their own – that's okay. If smoke is wafting out of a parked car and a Police officer finds the family inside are living in the vehicle, then it's their home – nothing to see here, move along.

The biggest social change introduced by this proposed law is that the New Zealand Police must enforce it. What was once the job of health promotion workers is being shifted on to the Police and into the justice system. This is one step closer towards what we call 'policing public health', which is another global trend that needs a lot more discussion before we just start letting governments do it.

This aspect of the proposal, policing a health behaviour and criminalising people for smoking tobacco, fundamentally changes New Zealand society. It's another nail in the coffin of the friendly, caring Kiwis we were internationally known to be. We stop being the 'she'll be right mate' Downunder cobbles, the pragmatic do-it-yourselfers with a piece of number 8 wire and the easy going, live-and-let-live people who were first to give (white) women the vote and who have such a wonderful relationship with their Indigenous folk. This proposed law will be the first time we fine someone for smoking a cigarette, something most people understand to be an addictive behaviour.

This Bill gives the Police the powers to stop a moving vehicle if they think they see someone smoking or vaping and they think there is a person under 18 in the vehicle. Have you seen the size of some of our 14-year-olds? My daughter is 14 and she's now taller than me. In reality, this Bill gives the Police the power to pull over *any* car with more than one occupant where smoke or vapour might be visible. This Bill gives Police the right to investigate any parked car fogged up, potentially with smoke.

If the "constable", as the draft Bill calls them, does find a person smoking or vaping and a second person under the age of 18 is in the car, then the constable has the power to "require the person who is smoking [*or vaping*] to stop." They can also ask any people who "appear to be aged under 18 years to provide" their full name, full address, date of birth, occupation and telephone number. This includes asking for documentation of anyone 18 years and under.

The Police will be able to issue an on-the-spot fine of \$50. If this isn't paid, the 'offender' has other charges, objects to being treated this way or gives false information, they will be required to appear in court and could receive up to \$1,000 more in fines.

The Minister responsible for this Bill, Associate Minister of Health Jenny Salesa, has promised that for the first 18 months after the law comes into force, she will be encouraging Police to offer smokers quit smoking information and refer them to an appropriate stop smoking support service. It'll be up to the Police to *use their discretion* as to whether they just issue a warning or worse.

If you've looked at the draft Bill you might be wondering why I'm saying it will ban vaping and the use of "smokeless" products as well? The draft *Smoke-free Environments (Prohibiting Smoking in Motor Vehicles Carrying Children) Amendment Bill* does not specifically refer to vaping, which is misleading. In a statement to the media (6), the Honourable Minister Salesa said that when the *Smoke-free Environments (Regulation of E-Cigarettes) Amendment Bill* is considered and passed later this year, that future Bill will ban vaping and the use of "smokeless" products *wherever* smoking is banned under the *Smoke-free Environments Act*. The ban on smoking in vehicles will then extend to vaping in vehicles as well.

Why Ban Smoking In Cars?

The ban on smoking in vehicles when someone under the age of 18 is present, announced by Minister Salesa in February, is an idea that, on the face of it, seems perfectly reasonable. However, on closer examination, the proposed law suffers from rushed decision making and a failure to consider the easily predictable consequences. This is a bad law that will have a harmful impact on some of the most vulnerable people in New Zealand.

Minister Salesa says she wants to protect all New Zealand children under 18 years of age from secondhand smoke. But she specifically mentions Māori and Pasifika children, who she argues are particularly vulnerable to secondhand smoke in vehicles (7). “Invoking the protection of vulnerable children” has been long recognised as an

“invincibly powerful” strategy among anti-smoking lobbyists (8).

Whilst Minister Salesa acknowledges that smoking in cars is on the decline, she thinks the decline has slowed (we’ll look at the evidence on that later). So she’s decided “it is now time to do more by legislating” (7). Nowhere in her statements about banning vaping in cars has the Minister specified what the dangers of exposure to vaping or “smokeless” tobacco products might be.

Who wants the law changed?

Driving through a new law banning smoking and vaping in cars might be a way for Minister Salesa to make her mark on New Zealand society, but it was not her idea. A ban like this has been a goal of anti-smoking lobbyists for many years.

University of Sydney Emeritus Professor Simon Chapman claims to be the first in the world to trigger, in 1994, research into banning smoking in cars carrying children (8).

Arkansas, in the United States, appears to be the first jurisdiction in the world to implement a ban on smoking in vehicles when very young children are present. The Arkansas law took effect in July 2006 (9). Almost a year later, after a decade of persistent anti-smoking lobbying in Australia, South Australia’s ban took effect on 31 May 2007 (World No Tobacco Day) (8). Despite Freeman, Chapman and Storey (ibid) confidently predicting that all states in Australia would follow suit over the subsequent “few years”, it was another seven years before bans on smoking in vehicles when children and young people are present were passed by all states of Australia.

The arguments for and against banning smoking in vehicles, the

advocacy strategies for how to frame the need for a ban on smoking in cars “through the news media to ensure that the dominant discourse is supportive”, are clearly laid out in the Freeman, Chapman and Storey paper (ibid), and similar papers written by Chapman’s international peers at that time (e.g., (10)).

Banning smoking in vehicles and fining offenders is just one of a long string of regulations and interventions intended to completely end all tobacco use. Like an instruction manual, a full and comprehensive strategy for ending tobacco use is contained within the World Health Organisation’s (WHO) *Framework Convention on Tobacco Control* (FCTC), which is the world’s first global treaty intended to reduce a health problem (11).

The FCTC came into force in February 2005, thirteen years after I began working on the topic. Though I was a relative junior in tobacco control then, New Zealand’s world-first comprehensive *Smoke-free Environments Act*, enacted in 1990, was the leading exemplar used to shape the visionary prohibitionist intentions of the FCTC. At a pre-FCTC consultation meeting for women in Kobe, Japan, I remember the conference being told not to let New Zealand’s legislation set the ceiling of what could be achieved. The FCTC needed to envisage an eventual complete end to all tobacco use.

The international tobacco control movement shifted once we had the FCTC. Governments throughout the world began a race to implement as many of the strategies and bans listed therein as they could. Even in New Zealand, there were enough novel measures to keep us lobbying for more funding and more regulations for decades to come. Further, the FCTC urged signatories not to be limited by the articles and principles of the Convention and, local laws permitting, to impose *stricter* requirements than what was suggested (11).

Surely no one would oppose a ban on smoking around children?

Framing the intent of the proposed ban as being all about protecting children from exposure to cigarette smoke, leaves no room for opposition. Freeman, Chapman and Storey claim that objections to banning smoking in cars in Australia were rare (8). As they explained, anyone opposing such legislation could be easily presented as “defending the rights of irresponsible parents to harm their children” (ibid). But, people did oppose the ban. The Northern Territory did not capitulate until 2014. New Zealand and many other jurisdictions have spent considerable time considering the facts and implications and have held off for valid reasons.

Regardless of the fact that people have disagreed that a legal ban on smoking in cars should occur, Salesa is convinced that New Zealand society widely supports the proposed law change.

Cherry-picking the literature

When presented with a pile of evidence the first question you should ask is: Is this all of it?

The strongest scientific statement on a topic will be contained within the latest systematic review, if there is one. A systematic review summarises the overall conclusion that can be drawn from all of the studies that have attempted to answer a particular research question.

If you're not being shown a systematic review, perhaps you're being shown a selection of shiny cherries free from splits and bruising? Appropriately, we call this cherry-picking the literature. Cherry-

picking is a strategy some researchers use to create the illusion that their analysis, their story, is the only way to see things. By citing only studies that found similar results and that push the same conclusions, these researchers make it look like, for example, there is “overwhelming support” for banning smoking in cars (12).

Cherry-picking is not good scientific practice and it undermines the validity of the researcher's recommendations. It can be a serious problem, for example, if you're trying to assess the efficacy of using one medicine over another to cure an illness. In that situation you want to know if some studies found a null or negative effect. For papers that are written purely as a lobbying tool – that is, the whole intent of the paper is to convince the reader to support the preconceived notions of the authors – well, why undermine that by mentioning research that supports the opposing argument?

The briefing documents accompanying the *Smoke-free Environments (Prohibiting Smoking in Motor Vehicles Carrying Children) Amendment Bill* outline the problem the Bill seeks to address and provide supporting arguments for and against the proposed law change. But only a very small and biased selection of the existing literature is referenced. No member of Parliament or member of the public could consider themselves honestly and sufficiently informed to pass fair judgement on the merits of banning smoking in cars based on the perfunctory and slanted summary we were provided.

A much wider range of studies on the topic and surveys gauging support for banning smoking in cars, have been conducted over the last 20 years.

Some of the surveys reporting the views of youth, adults, non-smokers and smokers are summarised in Jaine et al. (12). Mostly, high levels of support for banning smoking in cars (82-96%) were cited. However, the findings of one small Wellington-based study from 20

years ago (13) were only partly reported. Whilst 94% of the 200, mainly male, participants agreed that a range of indoor environments, including cars, should be smokefree when children (not defined) were present, there was considerably less support for legal prohibition. Only 53.5% agreed that it should be illegal to smoke in cars “when there are passengers” (13).

Several other New Zealand studies providing evidence that a law banning smoking in cars may not be needed are being ignored. The above mentioned Al-Delaimy et al. study found that, even 20 years ago, half of the smokers said they didn't smoke in the company of children (13). Ten years later a survey by Wilson et al. found that most of the surveyed smokers (87%) said they tried to minimise the time that non-smokers were exposed to their cigarette smoke and 73% reported never smoking in a car with non-smokers present (14).

Since then, health promoters throughout the country have continued their anti-smoking promotions, including running smokefree car campaigns. Northland District Health Board's (NDHB) campaign appears to have been very effective. In a selection of *Smokefree Cars Case Studies* it was reported that, by the end of the project, 91% of cars, stopped as part of a car restraint check, were reportedly smokefree and nearly all of Plunket's hired car seats were used in smokefree cars (15).

It's great to see that attitudes have changed so much over time, proving that the anti-smoking campaigns of the last 35 years have had their intended impact. This contradicts the claim that an educational approach doesn't work.

Persistence or broken record?

After reading all the scientific articles for and against legally prohibiting smoking in cars, the one thing that stands out is the persistence of the pro-ban advocates. They've been publishing the same argument, in pretty much the same way, repeatedly for 20 years. Every few years they run their opinion surveys and get the same result – high support for smokefree cars. With these data, they write another paper that repeats much of what they said in the previous paper. The publication attracts some media attention, gives talkback radio something to debate for a day and, probably of most importance, this improves their chance of getting a face-to-face meeting with the Minister.

It's admirable to be persistent. To stop the preventable smoking-related deaths from happening we have to be persistent. One Māori a day dies from lung cancer (16). For me, that's what makes this work as urgent as it was when I started 27 years ago. That sense of urgency forces me to be pragmatic. I'm always asking, is there a faster way to stop the loss of life? What's the most effective method to stop smoking? How can we make sure that every – *yes, every* smoker – gets to try it?

If I come up with an intervention idea and it's a dead horse – no one likes it, I can't get funding to research it, or it's politically unpalatable – I could not ethically continue to spend time (and therefore taxpayer's money) on it. People are dying! While I am typing this, somewhere in New Zealand at least one person is dying as a result of their having smoked for about 30 years of their life. The children of parents who smoke, the partners, siblings, cousins and parents who are afraid that a loved one is going to be killed by their smoking – they don't want me flogging a dead horse for years on end. That's a *maumau* – a waste of time.

How have all of these pro-ban surveys helped these families? The researchers haven't produced any knowledge that hints at how to help people stop smoking. For instance, none of the research tried to determine if exposure to secondhand smoke in a vehicle, as distinct from exposure in the home, was actually associated with kids getting sick. If such proof existed, that could attract more funding for stop smoking support for parents of children aged 0-14.

Why weren't more robust scientific methods used? The opinion surveys were all scientifically weak and thus can be easily discounted. The survey questions were highly leading, which introduces bias. For example, it is leading to ask "do you agree or disagree with this statement: indoor areas should be smokefree when children are around?" Similarly, if you ask people "do you think smoking should be allowed in cars with preschool children in them?" social desirability bias alone would ensure most respondents would answer "of course not". Survey participants like to give the *right* socially and politically acceptable answer – that's social desirability bias.

Ever since the United States Surgeon General's 1964 report confirmed that smoking kills, the New Zealand government has run advertisements warning of the dangers of smoking. We've had 35 years of anti-smoking campaigns – no smoking stickers, stop smoking ads on TV and radio and gory pictures on cigarette packs. In 1990, the *Smoke-Free Environments Act* banned smoking in indoor workplaces and schools. We've had regular tobacco tax increases, subsidised nicotine patches, gum and lozenges and free stop smoking counselling both via the Quitline (0800 778 778) and, in some places, free face-to-face support at local health centres.

Most New Zealanders now don't smoke and many have an intense dislike of cigarette smoke, which is exactly what our tobacco control programme intended to happen. It's not rocket science. If 85% of the population don't smoke and most of them hate cigarette smoking,

then any survey deliberately designed to elicit negative opinions about smoking could expect to get at least 85% agreement.

What is most unfair about the use of these surveys is to claim "overwhelming public support for smokefree cars legislation" (12) when participants were led to think only of *very young* children. For example, most of the surveys used the sole term "children", one asked specifically about "preschool children" (14), one specified children under the age of 14 (12) and the most recent Health and Lifestyles Survey reportedly specified children aged under 18 years (12). This last survey is the only survey to seek opinion on the age of children, as defined in the proposed Bill.

It is also unfair that none of the surveys gave participants a chance to think about the negative consequences that could result if the law was passed - including court-ordered imprisonment for failure to pay fines - or the certainty that these consequences will be disproportionately experienced by Māori. Survey participants were also not told that if they supported banning smoking in cars, they would also be supporting banning of vaping in cars. This means that none of the opinion surveys can be used to claim wide-sweeping support for the law change.

Industry support for the ban

One group who consistently supported banning smoking in cars, is the tobacco companies (17). In tobacco control, there is a claim that if the tobacco companies fight a proposed anti-smoking measure, we can be sure we're pushing a strategy that will hurt their business. That is, people will stop smoking. We called this the 'scream test'.

Why don't the tobacco companies scream opposition to bans on smoking in cars? Firstly, they know it won't hurt their business. For example, Australia with country wide bans on smoking in cars has made no better progress reducing smoking prevalence than New Zealand (18). Secondly, and I imagine with glee, tobacco company executives cheer on such a bill because it harms public health. They know public health will scare and enrage people who feel that public health is going beyond their remit. The companies know that the anti-smoking lobbyists only discredit themselves with their exaggerated claims that exposure to smoke in cars puts children "at risk of serious medical conditions" (19). Further, these claims are not empirically (i.e., scientifically) supported. And thirdly, the tobacco companies will benefit because banning smoking in cars will increase the resistance some smokers feel towards the anti-smoking bullying – and they will double down on their smoking, becoming less likely to quit (20,21).

Will The Ban Reduce Illness?

In order to evaluate if the ban will reduce illness among children and young people, we must first understand the concept of risk.

When we say, "smoking causes cancer" we really should be saying "smoking *can* cause cancer", or more truthfully, "smoking increases your risk of some cancers".

But that's too many words to print on the front of the cigarette packet, isn't it? Also, public health advice is that messages must be written very simply - simple enough that a child aged 11 years would be able to comprehend it (22). Big words are bad. Jargon is bad. So health messages are simplified, sometimes so much that they are no longer strictly factual.

Which of the following statements is more likely to get your attention?

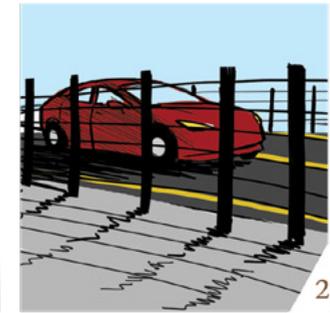
**SMOKING
CAUSES
CANCER!**

**SMOKING INCREASES
YOUR RISK OF
DEVELOPING LUNG
CANCER IF YOU
SMOKE HEAVILY FOR
THIRTY YEARS OR
MORE!**

To understand risk, have a look at the following scenarios. Which one presents the greatest risk of being hit and injured by a car?



THERE ARE NO CARS



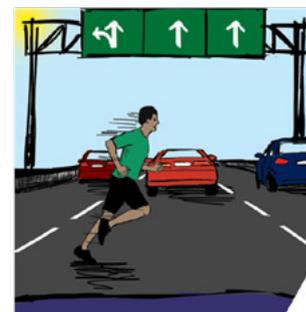
THERE ARE CARS BUT YOU NEVER CROSS THE ROAD



YOU ONLY CROSS AT A CONTROLLED PEDESTRIAN CROSSING WHEN THE LIGHT SAYS WALK



YOU JAY-WALK ACROSS A BUSY SUBURBAN STREET



YOU RUN ACROSS A BUSY MOTORWAY



YOU RUN ACROSS A BUSY MOTORWAY AT NIGHT WHILE DRESSED IN BLACK

Obviously, scenario six, running across a busy motorway at night presents the highest risk.

This example illustrates that with many things, including smoking, there is a continuum of risk. Not smoking at all presents the lowest risk. Smoking 30 cigarettes a day, every day for 35 years, puts you on the higher risk end of the continuum. Even then, only half of daily long-term smokers are likely to die from a smoking-related disease.

The dose makes the poison

What we in public health haven't done very well is to teach people how to understand risk. And yet, under the *Health and Disability Act (23)*, you have a right to have risk explained to you. If you smoke, you have a right to information that will help you understand your risk of developing a smoking-related illness.

Given the intent of the proposed law is to protect children from the harmful effects of being exposed to secondhand smoke in a car, we need to look at the evidence that determines the risk of those effects occurring.

There is plenty of evidence that regular and repeated exposure to secondhand tobacco smoke in an enclosed, poorly ventilated home or work space, over many years, increases the risk of smoking-related illness in some non-smokers who live or work with a smoker (24).

Many studies have measured the quantity of particulate matter in secondhand smoke in cars and how long that matter floats around in the car. Other studies have determined that some of the particulate matter is toxic. Significantly, these studies do not provide evidence

that exposure to secondhand smoke inside a car is associated with higher incidences of respiratory illness in children. One of the problems with these studies is that parents who smoke in the car with the child present, also smoke inside their house. There is evidence linking increased respiratory illnesses, such as asthma and bronchiolitis, with smoking in the home. The higher risk of illness comes from being trapped indoors in a house (not a car) with someone smoking many hours a day, for many days a week, for many years.

It is important to be realistic about the effects of secondhand smoke, because its effects have been deliberately exaggerated to scare people off smoking. Let's say your car breaks down in a rural area, kilometres from the nearest town. After an hour, another car finally comes along and it stops when you wave it down. They're happy to give you a ride, but the driver is smoking. You might find the smoke unpleasant, but this single exposure, even if the driver chain smokes the whole 60 kilometres into town, is not going to kill you. It's not going to make you sick and it's not going to increase your chance of developing cancer, ever. If you had your 5-year-old child with you, they wouldn't be harmed either. Only someone with an allergy or hypersensitivity to smoke particles or gas molecules, or maybe someone with poorly managed asthma, might – just *might* – have an uncomfortable reaction. Still, it's not going to kill them and they'll recover quickly once no longer in contact with the smoke. Actually, an air freshener or even the air conditioning system in the car could give them an equally uncomfortable experience.

The intentions behind the proposed ban are well-meaning. Not wanting people to smoke around children, or anyone else who doesn't smoke, is a reasonable desire. Many people find cigarette smoke unpleasant, but not liking something someone else does is not a strong enough argument to ban it. I don't like being around drunk people, but that doesn't mean getting drunk should be banned.

Te Piripohotanga – reducing respiratory illness in infants

In 2009, I was part of a strong scientific study (25) that aimed to help parents of newborn babies to stop smoking. Furthermore, if they could not quit entirely, they were encouraged to not smoke in their home and car in order to reduce hospitalisations for respiratory illness in the baby's first year of life. Half of the Māori mothers from South Auckland and Aboriginal and Torres Strait Islander mothers from Darwin received three in-home smoke intervention visits in the first 3 months of the infants' lives (plus usual care) from Māori or Aboriginal study intervention workers. The comparison group just received usual care. There were 293 mothers in total.

Despite about 95% of the intervention mums making their homes and cars smokefree, there was no reduction in hospitalisations for respiratory illnesses among infants as a result of the intervention. We concluded that strategies to reduce harm from smoking need to focus on supporting parents to stop smoking completely before, during and after pregnancy.

Driving kids to smoke

One of my research papers (26) is being cited in support of the proposed law.

In the late 2000s I managed a large quasi-experimental trial that aimed to reduce uptake of smoking among 10-13 year olds at two South Auckland, low-decile intermediate schools. Both schools had a large proportion of Māori and Pacific students. The trial ran for three years, enabling us to measure smoking status at the beginning of the

school year and end of research. Parents were also surveyed.

We found a statistically significant relationship between student reports of being exposed to smoking in cars and their experimentation with smoking, as well as current, though predominantly infrequent, smoking behaviour. Due to the cross-sectional methodology, our study cannot be used to say exposure to smoke in a vehicle *caused* the pre-adolescents to try or start smoking. The young age of the students also limited the number of children who said they smoked and this reduced the statistical power to detect effects. This may be why other associations, for instance that current smoking among students was associated with people smoking inside their home, and parental smoking as well but these findings did not remain statistically significant when subjected to logistic regression analysis.

The analysis and conclusions, which did include supporting legislation to protect children from secondhand smoke in cars, represented the team's consensus view. I have no doubt that I did support banning smoking in cars back then. I thought very differently, and very negatively, about smokers ten years ago.

I have changed. I no longer support the use of legislation to ban smoking in cars when children are present, especially a punitive ban that gifts the Police more and excessively intrusive powers and the discretion to impose fines.

Times have changed. The culture of smoking has changed fundamentally and dramatically with the introduction of vaping and other risk-reduced alternatives to smoking. There is no need to continue beating smokers into quitting, they are switching in droves without our help or say so. They don't need us at their back pushing them to stop, they don't need us full stop!

The Keeping Kids Smokefree study, and many others I have been

involved in, taught me that parental smoking is the key determinant of whether a Māori child will take up smoking. It doesn't matter if the parent smokes inside the house or outside, or whether they smoke inside the car or outside. Instead, it is the power of the parent modelling that smoking *is* normal (in their life it is) and the education in the functional uses and benefits of smoking that children learn from watching their parent smoke – this is the primary gateway to smoking.

It's not Ebola

Because the *Health Act* provides some powers to override individual rights, such as when there is a contagious outbreak of a potentially fatal virus and health professionals have to quarantine infected individuals, some people in public health think these powers set a precedent for denying smokers the same sovereignty that other citizens enjoy.

Along these lines, in response to opposition to banning smoking in cars because it's a private space, Al-Delaimy et al. (13) argue that there are precedents for the state to intervene into the private sphere. They wrote that the state can legislate what goes on within the private space of one's home or car, for example, because "abusive behavior, of a violent or sexual nature towards children is illegal... regardless of whether it occurs in private or public" (13). Well yeah! But, drawing any parallel between the sexual abuse of a child and a parent smoking in their car when their child is present is, in my opinion, wholly inappropriate.

It is reasonable to think of babies, very young children and, depending on their relationship with their parents, some young people who do

not have the ability or power to say that they'd rather not breathe in cigarette smoke. But exposure to secondhand smoke while travelling in a vehicle does not come anywhere close to the threat of a highly contagious virus like Ebola. Neither does the claimed potential harms come anywhere near the life-changing damage incurred by being sexually abused as a child!

The New Zealand government has run multi-million-dollar mass media campaigns shaming parents for smoking around their children in a home or car. Government agencies have spent hundreds of thousands of dollars on smokefree home and smokefree car stickers, and paid the salaries of health promotion workers to stand in your town square on World No Tobacco Day to hand out those stickers.

Have the campaigns worked? I believe they have. Hardly anyone in New Zealand now smokes inside their home or inside their car when children are present.

There will always be a small number of parents who will smoke in their car any time they feel like it, regardless of who is present, and no law is going to stop them. I believe they are a minority. They are a minority we could easily find. As we said in our 'Driving kids to smoke' paper "children's reports of exposure to smoking in cars offer a simple way to identify families for whom child uptake of smoking is still a risk and who therefore could still benefit from tobacco control interventions" (26). That's just one way we could find these parents so we could offer direct support to them to quit or switch to an alternative product.

Is Anyone Still Smoking in Cars?

Pressure for a ban on smoking in cars when children are present has been partly motivated by a belief that this behaviour is prevalent enough to make legislation a proportionate response. This belief is largely based on a 2014 survey by ASH New Zealand, in which year 10 students (aged 14-15) were asked if they had been exposed to secondhand smoke in a car or van in the previous week (27). Self-reported youth exposure to smoke in vehicles fell from 30% in 2006 to 17.8% in 2014 – more proof the anti-smoking campaigns without threat of fine, works.

In 2012, a group of student nurses I was working with set out to determine the frequency of adults smoking in cars with children present (28). The three students visited three Auckland suburbs at random times between 9am and 5pm on random days of the week to count vehicles carrying a smoking adult and at least one child. We defined a child as anyone who looked under 14, including babies. The suburbs were low-deprivation Newmarket and medium- to high-deprivation Mangere and Manurewa.

Of the 2,857 eligible vehicles observed across all three suburbs only 63 (2%) carried adults smoking while a child or children were present. No smoking in cars with children present was seen in Newmarket and only five people were seen smoking in a car with a child present in Mangere. In the highest deprivation area, Manurewa, 58 adults were seen smoking in cars with a child present.

This was a small observational study with several limitations, which means our counts likely underestimated the prevalence of smoking in cars when a child is present. For example, observations occurred in a single one-week period. The students did not observe the whole journey, so it could be that passengers smoked before or after being observed. We also did not record the number of children in each vehicle.

The research presented so far suggests that most smokers know that smoking around children, especially in a confined space, is not preferable. As I said above, the decades of anti-smoking campaigns have worked for most groups. There is still an unacceptable and unjust inequity in smoking rates between Māori and Pacific Islanders versus non-Māori non-Pacific groups. More needs to be done to reduce the inequity. For instance we need to move away from lambasting the whole nation with anti-smoking messages to focus on reaching the groups who have been neglected.

Could the ban increase child exposure to smoking in cars?

When a new law is passed, sometimes people find a way around it. When that happens the risk of harmful impacts can increase. For example, after smoking on school grounds was banned, teachers who smoked congregated outside the front or back gate during breaks. This increased the visibility of teachers' smoking and it follows that it increased the role modelling effect the law intended to reduce (29).

At the moment, some of the remaining few people who still smoke in their car might at least roll down a window to reduce the risks of exposure to smoke. The funniest example of this I've seen was a mum holding her cigarette out the open sunroof above her head. That was over 20 years ago. If smoking in the car became illegal, people who continue to smoke in their car will likely try to hide that they're smoking by not opening a window - which does help reduce the dose of exposure to smoke. Thus, the discomfort could be increased for any children in the car.

As I, and the nursing students argued in 2012, the time for a ban on smoking in cars when children are present has long since passed. The practice had already significantly declined by 2012. The only people likely to smoke in cars in front of children are people from vulnerable families who have not been successfully reached by the anti-smoking campaigns.

Can technology and innovative thinking provide solutions?

One hugely helpful difference between 2012 and now is the availability

of far more effective ways to stop smoking, such as vaping, snus and tobacco heating devices. There really is no need to smoke inside a car, workplace or house anymore. People who don't want to stop smoking, or can't stop smoking, can use an alternative nicotine product in these places.

Other technological developments could offer more positive ways to support caregivers to not smoke while in a car with minors present.

When I was Co-Director, with Professor Chris Bullen, of the five-year-long Tūranga Tobacco Control Research Programme at the University of Auckland, we funded a study that tried to develop a portable smoke sensor (30). My hope for the device was that it could alert new and vulnerable parents that their baby was being exposed to smoke when inside a house or car. It was exciting to see the students go beyond my original idea. Their prototype detector sent data via Bluetooth to a computer. Obviously, a later development would have involved writing an app that could relay alerts to the parents.

Innovative solutions that utilise modern technologies and that treat people like valuable and worthwhile members of society who are deserving of help would be far superior to the punitive smoker-bashing approaches that only contribute to our ongoing ethnic, social and economic disparities.

There are also other options. For example, financial incentives appear to be effective (31). Why don't we pay smokers to quit smoking?

Another solution is harm reduction products. For people who smoke, undertaking a long drive in heavy traffic, in bad weather, or in sad circumstances, such as going to a tangi or funeral or when the traffic is heavy can be stressful. You can't always pull over for a smoke either because it might be raining, dark or unsafe. Sometimes it's not advisable to pull over on an isolated road, especially if you're a woman

and alone. In these circumstances there are a range of alternative products smokers could use to satisfy their craving for a cigarette. These include vaping - using a heat-not-burn product, or snus. But wait! The government is proposing to ban use of these "smokeless" products in cars as well!

There is absolutely no *good* scientific evidence that vapour, either from e-liquid vapourisers or heat-not-burn devices, has any medical effect on bystanders (32). There are some really bad unscientific studies that say all sorts of negative things about vaping, but they are basically science fiction. For example, one anti-vaping researcher claimed that his statistics proved vaping causes heart attacks, but most of the study participants looked at had their heart attacks up to 10 years *BEFORE* they even tried vaping (33)! This was, of course, refuted by Professor of Medicine Brad Rodu, at the University of Louisville (34).

There are numerous publications that amply counteract the exaggerated dangers of second-, third-, fourth- or fifth-hand smoke, vaping, heated tobacco products and Swedish snus, but people who are intent on the prohibition of all tobacco use won't read opposing views. We can all agree nobody should smoke anything around babies, children and impressionable young people. Where we disagree is on what Government should do to encourage no smoking around kids.

Will The Ban Make People Stop Smoking?

We have a quitting culture in New Zealand. Most smokers are always 'going to quit next week' or are 'trying to quit.' Before vaping came along, relapse to smoking was highly likely, even after using one of the more effective cessation medications, such as, Champix or Zyban. There is a constant recycling of people quitting, relapsing and quitting again.

If smoking bans stopped people smoking, then no one would smoke in New Zealand. We've had progressively widening bans on smoking from 1990. Sure, smoking prevalence has dropped since the smoking

sixties but it's been a gradual cultural shift. No one trigger of quitting can be teased out because of our comprehensive tobacco control programme.

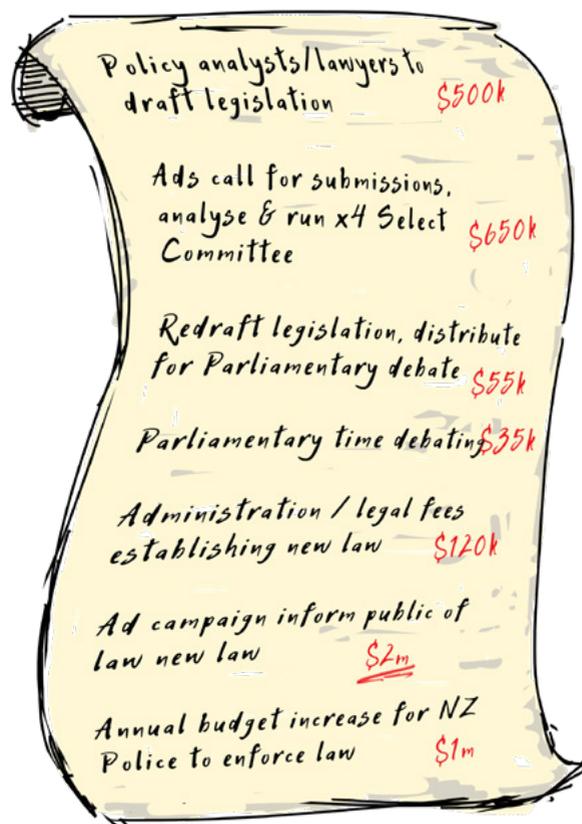
When smoking was banned indoors people just went outside. When smoking was banned immediately in front of the hospital doors out to 5 metres, people just stepped 5.1 metres from the door and smoked there. When smoking was banned on campus, if students and staff didn't have time to walk off campus, they'd just smoke in their car – a space they considered they owned and ruled over. People's cars took on more significance. Similar to how the grounds of an embassy comes under the sovereignty of the foreign nation housed there, the private space of one's car became a sacrosanct bubble to retreat to.

Expecting smoking prevalence to drop because of a ban on smoking in cars is misguided. Some people might stop smoking but we won't be able to say it was because of the ban. Prevalence could drop rapidly but it won't without more proactive encouragement for people to switch to a harm reduced alternative to smoking.

Is This The Best Use Of The Taxpayer Money?

Every time the government proposes to change the law or institute a new law it costs the taxpayer money.

Considering the costs involved, why is Minister Salesa putting through two separate bills that both amend the same *Smoke-Free Environments Act*? No sooner will this proposed law change be sent to the Health Select Committee for hearing submissions, than the draft *Smoke-free Environments (Regulation of E-Cigarettes) Amendment Bill* will be released for comment. Perhaps Minister Salesa doesn't want opposition to a ban on vaping in cars to scuttle her law banning smoking in cars?



In addition to the costs of considering whether or not to pass a law. If a law change is approved the government must fund a mass media campaign to inform the public that the law is going to change and what will happen to them if they break the law. Some agency has to be given an annual budget to monitor if people are obeying the law, and, in this case, the Police will have to be given extra funding to enforce the law, print tickets, chase down cars, check IDs, write on-the-spot fines and if necessary go to court to testify. The court system will have

extra work. Money will also be needed to pay the lawyers representing people contesting the fine – if they do – via legal aid.

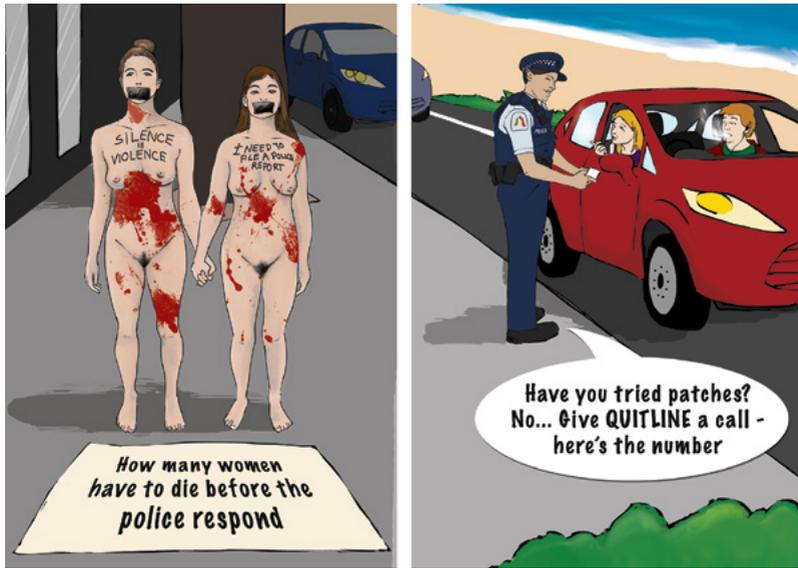
Understanding “Opportunity Cost”

Imagine the proposed law change has happened. Resources have already been expended to get the law change. The new law has been marketed to the public. The Police have, hopefully, received training in how to enforce it and on how to give cessation advice and do a referral. Time and money will have been spent on dealing with violators. All the funds used and government staff time doing all that activity, are no longer available to be spent on anything else – that’s the opportunity cost.

The opportunity cost of banning smoking in cars is high especially because it is financially inefficient to spend so much money trying to suppress something that isn’t very common.

Assault on a female might rise, but at least they won’t be smoking

On K Road, Auckland in February, two women staged a protest against Police inaction over violent assaults against women. Naked, with black gaffer tape across their mouths symbolising that they felt silenced, fake blood smeared across their bodies and pooled at their feet, they stood for one brave hour (35). Across their chests was scrawled “Silence is Violence” and “I need to file a Police report.” On cardboard at their feet was written, “Do women have to be dead before Police respond to violence?”



When victims of crime have to protest naked on the streets to get Police to investigate an assault and Politicians would rather throw away money or a non-evidenced based unnecessary piece of legislation - we have a major problem with our priorities.

Appropriating Police time to selectively harass, criminalize and punish vapers and smokers and foist cessation advice upon them - as if that would work in that context - for something that is a dwindling problem is seriously warped. Doing so at the expense of Police work that should be prioritized is a failure of justice.

What Happens If You Can't Pay The Fine?

It's a failure of justice that a fine for vaping in a car could on the rare occasion see an offender end up in prison. Whilst people in New Zealand, are not routinely incarcerated for unpaid fines, outstanding fines have been identified as being a financial burden on the state, whilst having financial and social effects on the most marginalised.

For example, traffic infringements handed out to Māori youth, had been spiralling out of control for years. An initial fine of approximately \$400 could increase if the offender did not pay the fine in the specified period or was fined again for a persistent offense.

Ignoring a fine has consequences. If a fine isn't paid by the due date, a \$30 court fee is added. The intent is to encourage people to avoid extra costs by paying promptly, but it's only effective against those who can pay.

When someone can't pay a \$50 fine, they're unlikely to be able to pay an \$80 fine. If they don't pay, the next step is another court fee of \$102 to cover the cost of enforcement action – which can consist of the seizure of cars and property, attachment of wages or benefits and the deduction of fines from their bank account (36).

If an offender does not appear in court on the designated date, a warrant is issued. The cost of a warrant falls to the offender at \$120, thereby increasing the amount the offender owes the court. If there is still non-payment, the court will direct the offender to community work. This may involve being available to work in the community from 40 to 400 hours.

Prison is only an option if there are other outstanding unpaid fines, a risk that the offending could escalate or on receiving a fine, there are related matters e.g. a warrant for arrest. In the case of minor offenses, courts make every attempt to divert people away from prison. But, imprisonment can happen.

Effects of arrest warrants

For some people already caught up in the justice system, non-attendance at court, can be part of one's ongoing offending. This can lead to the execution of an arrest warrant. For those on welfare benefits, not clearing a warrant can result in sanctions being placed on their benefit. For those without children having

an uncleared warrant could mean their benefit gets stopped. For recipients with children, the benefit can be reduced by up to half. Work and Income New Zealand give recipients 28 days to address a warrant and a further 10 days to fully clear and or pay fines. If this is not done, further sanctions can be taken (this is discretionary). Sanctions ultimately can have serious consequences for low income people – who have the highest smoking rates.

Devastating and ineffective

For those on low incomes – in other words the people suffering from socioeconomic deprivation, who are precisely those most likely to smoke in cars – a \$50 fine is not a painful but educational experience that helps communicate a public health message. It's potentially the straw that breaks the camel's back.

Disadvantaged people already face hard budgeting choices every day. One study found that, contrary to common belief, low income parents don't lack the knowledge to give their children a healthy diet. The problem is that they lack the *money* to give their children a healthy diet (37). When a family is already operating on such a tight budget, what is the impact of a \$50 fine? Often the budget can't be stretched to cover it, and something has to give. Faced with this choice, most are going to feed their family.

One theory of poverty posits that the consequent effects of a small fine, such as not being able to pay the rent and having to move, could lead to having to leave a job because the new accommodation is across town. The cumulative effect of what happens when people can't afford a small fine sabotages their attempts to improve their situation. Greene has called this "legal immobility" – it keeps people locked in a state of poverty (38).

In the Summary of Impacts: Benefits and Costs prepared for the proposed legislation, it is acknowledged that Māori and those “...living in deprived areas...” will be disproportionately impacted by the new legislation. Recognising the potential of this law to negatively and disproportionately impact those with already fewer resources, it has been strongly suggested that the Police use discretionary powers and only enforce infringement notices, as a last resort.

Minister Salesa has said “we’re going to try not to fine people” (7). Then why criminalise smoking or vaping in vehicles in the first place? Don’t use a law, if you truly have no desire to enforce it. Just let the Health Promotion Agency do another smokefree cars campaign. Give harm reduction a chance to match the huge successes other countries have already experienced with smokers switching to vaping, snus and tobacco heating devices (39–41) .

Some smokers will be fined. Will this make them less likely to smoke in the car in future? Probably not. The stress of social deprivation is a major driver of smoking. By increasing the chances that someone will be fined for smoking, we risk *reducing* the probability that they will ever escape from deprivation, and therefore making it more likely that they will continue to smoke. Enforcing the ban will thus sabotage the justification behind it.

Māori Will Be Disproportionately Harmed

Māori women have the highest smoking prevalence at 36.8%, which is more than three times the rate of Pākehā (European/Other) women – 12.2%. Smoking is highest for Māori women during their peak child-birthing years when they are aged 20-24. Forty-five percent of Māori women aged 24 smoke (42). Māori mothers stand to be disproportionately detained and fined if the proposed law is passed.

Māori and Pacific Island fathers smoke as well of course, and they will be next in line to be fined. Almost 30% of Māori men smoke and 28.5% of Pacific Island men smoke. Pacific Island women have lower

smoking rates at 17.8% but due to Pacific Island people sharing, in disproportionately higher numbers, lower income groups and living in more deprived areas where smoking is concentrated – along with Māori, Pacific Island people will likely be hit disproportionately by this law as well.

Smoking rates for the other groups are: 14.8% of Pākehā/Other men, 12.8% of Asian men and only a very low 2.9% of Asian women smoke (ibid).

Smoking in cars with children present is similarly likely to be disproportionately higher in more deprived areas and among Māori and Pacifica following their smoking prevalence rates (28).

Considering who is disproportionately smoking in cars with children present, it's inevitable that this ban will mainly affect the most deprived people in general, and Māori, in particular. That may not be its intent, but it's what will happen in the real world. Wielded as a blunt instrument, it will land with crushing force on people who have been left out of the country's progress towards its smokefree goals as well as its overall prosperity.

At first glance it's not obvious that the ban's impact will be negative. After all, those caught by it face a range of possible sanctions. A policeman who stops an "offender" has the option of issuing a warning, giving stop-smoking advice and a referral to a smoking cessation service, or handing out a \$50 fine. Giving someone advice and a referral could in fact be very helpful. In practice, though, there is a high risk that isn't going to happen. Expecting Police officers to dish out stop smoking advice is a farce. What ever happened to preferencing evidence-informed interventions? As per the evidence from overseas, of what did happen after these kinds of laws were passed, the Police will either a) not enforce the law or b) when it's expedient to other needs, they'll use the ban on smoking to justify

pulling over a car of interest or questioning persons of interest. They'll apply the fine, for instance when they want to pile on a number of charges. This too will have a disproportionate impact on Māori and Pacific people.

In addition to having higher smoking rates, Māori and Pacific Island smokers will be more likely to be pulled over and fined because of racial profiling. Racial profiling by New Zealand Police has been well documented (43). The legal system is heavily weighted against Māori, particularly Māori women. More than half of the people incarcerated in New Zealand are Māori. Among female inmates, 63% are Māori. Combine the risk of racial profiling, a legal system that already disadvantages Māori, and a law aimed at a behaviour Māori are disproportionately still doing – and we're looking at a whole new institutionalised process for further oppressing Māori.



With Māori women already over-represented as victims of sexual abuse (44) and male partner violence (45), and the devastation of having their children taken off them (46), and fronting efforts to have stolen Māori land returned or at least protected from what will be another devastation (47) – passing a new institutionally racist law at this time deserves serious pause.

As this submission is being written about a law that purportedly will protect children, four independent inquiries are being conducted into the way the Ministry of Children handles ‘uplifting’ Māori children from their whānau (family) (48–51).

*He wāhine, he whenua, e ngaro ai te tangata.
By women and land, men are lost.*

You might look at this Bill banning smoking in cars and applaud the government for standing up for the children who can’t speak for themselves. How long will it be before *illegal smoking*, or vaping, in a vehicle with a child present is used to support taking more Māori children into state care? Who will speak up for the children being taken away from their mothers?

The proposed ban on smoking, vaping and the use of ‘smokeless’ tobacco products in cars, given the disproportionate targeting of Māori runs counter to the United Nations *Declaration on the Rights of Indigenous People* (52).

Sabotaging Harm Reduction

One of the most depressing aspects of the ban is the way it ignores the entire tobacco harm reduction approach. While it’s presented as a ban on smoking, it also bans reduced-harm nicotine products, namely e-cigarettes and the new tobacco heating devices. It is unclear if Swedish snus will be allowed to play a role in speeding the reduction in smoking.

There are no health grounds for banning vaping (32). Smokeless tobacco products like snus which used orally, of course, poses no risk at all to bystanders and its inclusion is inexcusable.

While the ban is a disproportionate response to a small problem, if it *had* to be imposed it could have been used to create an incentive for

tobacco harm reduction. If smoking was banned, but the use of safer alternatives was allowed, this could have encouraged smokers to switch to one of the safer products.

Vaping Facts

In June, Associate Minister Salesa launched a government-funded website designed to combat misinformation about vaping (53). It is an important initiative because the lies are intended to put people off vaping and drum up support for bans or at least heavily restrict access to vaping products.

Vaping Facts, produced by the Health Promotion Agency, a government agency, is a world-leading campaign second only to campaigns run by Public Health England to encourage people who smoke to switch to vaping (see for example (54)).

Just one week after celebrating the launch of the *Vaping Facts* website, the Minister announced she was going to ban smoking AND vaping AND “smokeless products” in vehicles when under 18 year olds are present. She said, vaping and “smokeless” products had to be included because another Bill coming before Parliament later in the year is proposing to ban vaping and “smokeless products” *wherever* tobacco smoking is banned. The message this communicates to the public is that vaping must be as dangerous as tobacco smoking, otherwise why ban it?

So, one week the Associate Minister of Health appears to be encouraging people to switch to vaping, then the next week she wants to ban vaping wherever smoking is banned because, ostensibly, it is just as dangerous!

What is the effect of sending two directly opposed messages out to the public? The evidence shows that the mixed and negative messages about the relative harmfulness of vaping to smoking increases the number of people who believe vaping is as bad as smoking (55). Fearing that vaping might be as bad as smoking just keeps people smoking. A worse outcome is that some people who had successfully switched to vaping, go back to smoking.

Minister Salesa’s intent to ban vaping wherever smoking is banned is therefore helping to perpetuate the very misinformation her *Vaping Facts* website is trying to clear up.

Does this matter? Well if you love someone who smokes, then it matters very much. There is nothing more frustrating than knowing that your loved one could reduce their risk of disease and begin healing immediately from built up, smoking-related damage if they would just switch to vaping, or snus, but they won’t do it because they heard vaping is dangerous. Even worse than this is when you do succeed at supporting a family member or dear friend to switch and they GO BACK to smoking because an anti-vaper got to them.

Why ban “smokeless”?

Banning “smokeless” product use in the new law is confusing. If the intent of the law is to protect children, why ban things that don’t create any risk to them? Why ban an alternative product that would help people who currently smoke to never smoke in a car again? Is it just an attempt to increase the cognitive dissonance nicotine users are already feeling so that they will also quit? Or, is the ban on smoking in cars setting up a backdoor for the Police in case recreational cannabis use is legalized?

Shifting The Culture Of New Zealand

Some laws mark a fundamental shift in the culture of New Zealand. Criminalising smoking in cars signals a cultural shift. We have never directly banned a smoker for smoking. Smoker-bashing has been getting extreme, but fining someone for doing something they are addicted to, that they've potentially been doing all their adult life... what kind of precedent does that set? Will this make it easier for government to pass other laws targeting behaviours now deemed bad? Will this make it easier for the government to ban smoking and vaping and the use of "smokeless" products in people's own homes, as demanded by Louisa Wall MP (56)? What might be next?



When I worked at the Public Health Commission in the early 1990s, tobacco, alcohol and meat and dairy lobbyists raised concerns about the “slippery slope”. Every little change we proposed, like putting graphic health warnings about the risks of smoking on to cigarette packets, was the “thin edge of the wedge”. They said, watch out! They called us health-Nazis and said we’d next be trying to ban alcohol, chocolate and McDonalds.

I thought the accusations were ludicrous. There was a solid mountain of evidence that smoking increased the risk of lung cancer, heart attacks, stroke - that some people who didn’t smoke but who lived with a smoker also had an increased risk of developing respiratory conditions. Of course, we weren’t going to tax and ban just anything - only things that caused significant harms to a significant proportion of the population. Smoking was the biggest single preventable cause of disease and death.

Twenty years later, there’s a whole new generation of people working in public health. Actually, I’m now training people who are the daughters or sons of people I trained in the early 2000s. So we’re two generations on and these newbies to public health don’t see anything wrong when the hospital bans the sale of drinks containing sugar on the premises. Drinking alcohol is under constant siege. The allowable blood alcohol level when driving a vehicle has been successively reduced. Auckland Transport is now lobbying for a zero-blood alcohol limit. They don’t question the call for a law mandating that schools should only allow students to have water or plain milk either in their lunch box or from the tuck shop. No matter that at least three schools in New Zealand do not have access to potable water. To them - the extreme paternalism we’re now seeing is normal - a “no-brainer”.

As smoking prevalence has reduced, the tax on tobacco has been regularly increased, so the government actually earns more money from people smoking than they used to. What would happen if everyone in New Zealand actually stopped smoking? We are led to believe that’s the goal. Some anti-smoking proponents are saying that Smokefree 2025 means zero smoking - that everyone has to quit by then. Some smokers actually think that the government is going to ban the sale of tobacco products in 2025 - something the government cannot do because that would breach existing trade agreements with foreign nations (see next chapter). If everyone quit smoking tomorrow, the government would be left with a \$2 billion hole in their

budget! Where do you think they're going to get that from? Oh, but that won't happen, you say. Really?

The most rapid drop in tobacco sales ever, actually the drop was faster than had ever been seen for any product, has just occurred over the last few years in Japan (40). The Japanese government moved very quickly to staunch the huge loss of revenue this represented. To replace the loss in tax on tobacco cigarettes they introduced a complicated tax on the heated tobacco products.

So, for some time, public health academics have been proposing replacement products the government could tax, for example, sugar. There is no solid mountain of evidence showing that sugar (primarily sugar cane and corn syrup) consumption causes cardiovascular disease, stroke and cancers. Sugar is not the same as smoke. We are all eating sugars everyday - sugars (carbohydrates, fructose, lactose, sucrose, maltodextrin and many others) are an essential part of the human diet. Neither is the evidence overwhelming that getting people to reduce their consumption of sugar-added fizzy drinks has any impact on reducing obesity. Yes, there's some evidence that taxing fizzy drinks causes people to go over the border to buy their fizz, or if they can't do that they'll switch to drinking or eating other things that ultimately maintain their calorie level.

Evidence doesn't seem to matter anymore. Taxing sugary drinks would give government a new source of revenue - revenue that, like tobacco tax, can be disproportionately drawn from the lower socioeconomic groups, from Māori and Pacific - groups who can't afford the bottled water and milk public health dictate they should be drinking instead. Mil for mil, cheap pallets of sugary drinks are cheaper and more satisfying than milk.

I didn't think taxing tobacco, or plain packaging, or graphic health warnings, or environmental bans on smoking would later be used to

stop people eating donuts and drinking chocolate milk. I was wrong! Public health academics are lobbying to tax sugar or fat, they are lobbying for potato chips to be in plain packaging, and for graphic mass media campaigns that shame people deemed overweight if they salivate for a pie. Fat-shaming is a thing, and it's a very damaging thing. Public Health England has just banned public advertising of "junk" food on their public transport. It's happening - the wedge, the slippery slope - whatever you call it, it's happening now.

Probably most frightening for me, given the failure (for Māori) of the Eurocentric top-down smoker-bashing programme of taxing, shaming, banning and now fining, is that last year at the World Health Organisation 8th Conference of the Parties who are signed up to FCTC, the head of the Framework Convention Alliance opened the conference with this comment:

"We hope [COP8] will be the starting point [for] a wider application of the FCTC as an international Treaty that extends beyond tobacco control to support strategies aimed also at promoting [Social Development Goals] & protecting environmental resources."

Imagine how Thailand might enact a FCTC-like treaty aimed at reducing obesity. Perhaps threaten 10 years' jail for possession of donuts, like they do now for possession of an e-cig?

Whilst, I believe, we had solid or at least good evidence for establishing an international treaty to begin reducing smoking prevalence and consumption in the world, to reduce the

disease and deaths (now estimated to be 7 million a year), simply suggesting that the Framework should be extended to crunch down on alcohol consumption worldwide, or worse on people deemed “overweight” – is wrong.

Why Not Just Ban The Sale of Tobacco?

In order to attract foreigners to move to New Zealand and foreign businesses to trade with us and set up branches of their businesses here like Subway and Countdown, the government must provide assurance that it is safe to invest in New Zealand. There are a multitude of investment laws that protect foreign businesses and investors. The government has also signed multiple trade agreements with other countries or groups of countries promising them a fair go.

In 2012, Professor Jane Kelsey of the University of Auckland produced a report looking at what protection these investment laws and trade

agreements provide to foreign tobacco companies (17). Most of the strategies that anti-smoking lobbyists want are intended to restrict trade in tobacco and would result in New Zealand becoming a hostile trade environment for businesses who make or sell cigarettes.

One of the few strategies on the anti-smoking wish list that would not put the New Zealand government at risk of breaching some international trade agreement or of breaking one of its own fair trading laws, was banning smoking in cars. Banning smoking in cars doesn't hurt the industry, it hurts the customer. Banning smoking in cars doesn't make New Zealand a hostile trade environment for businesses, it makes New Zealand a hostile environment for people addicted to smoking.

This is an example of how some people who smoke are feeling about the proposed ban on smoking in cars:

I'm a smoker. I don't have kids, and I know it's not easy to defend smoking. But I wish these bureaucrats [sic] would keep their sticky beaks [sic] out of our lives. More tax to help me. More rules to help me (which includes a threat of a fine etc...). Ban the stuff or get lost. All they want is more taxes and opportunities to fine people. Don't even try and tell me they do this because they care about us smokers. They don't. (57)

In conclusion, can we ban the sale of tobacco? Not easily. The government would have to renegotiate several trade agreements. They'd also have to review and propose changes to many laws

governing fair and honest trade in New Zealand. They'd also risk being hauled before the World Trade Organisation which would incur millions of dollars in legal fees. It would also give foreign nations pause to reconsider future trade relationships with New Zealand. Foreign investors would worry: if they go back on their word over tobacco, what's next? Will they ban products containing plastic? Will they ban the import and sale of sugar-added drinks?

One seemingly small law change can have huge and ongoing consequences. It's important that both the claimed positive and potential negative consequences of proposed law changes are thoroughly considered and debated. This has not happened with regards to banning smoking and vaping in cars.

Summing Up

When considered in detail, the thinking behind the ban is deeply flawed.

1. Very few people smoke in cars with children present, making the focus a low priority for legislation and enforcement action. Bluntly, there are better things to spend time and money on.
2. Those who do smoke inside their homes or cars when children are present are more likely to be marginalised, among the most deprived, and or Māori or Pacific Island. The old-guard Eurocentric tobacco control programme has been less effective for these groups.

3. The adoption of a punitive and coercive ban is unlikely to improve the situation of the people affected by it. There is a high risk that the law will exacerbate the social and economic determinants that causes people to smoke in the first place.
4. The world has changed. Strong scientific evidence suggests that incentives and switching to vaping are among the most effective ways to support and maintain smoking abstinence.
5. Efforts should be reoriented to positively focused messages and help to step down from smoking to any of the greatly risk-reduced alternatives to smoking that now exist, such as, vaping, use of tobacco heating devices and, solely or to enhance efficacy, Swedish style snus. Swedish-style snus products should be confirmed legal for sale in New Zealand as well.
6. The government's new *Vaping Facts* website <https://vapingfacts.health.nz/> and associated campaign should be supplemented with culturally appropriate 'smokefree cars' campaigns designed by Māori for Māori smokers, and by Pacifika for Pacific Island smokers (53,58). Culturally accessible educational materials and marketing also needs to be produced by the Asian communities.
7. Future smoking cessation campaigns should strenuously focus on people who smoke to avoid inadvertently normalising smoking among never smokers. Marketing strategies such as niche marketing, identifying smokers through registers, messaging in smoking areas, increased proactive support from healthcare professionals and use of peer influencers would be less likely to trigger never smokers to try smoking. Unfortunately, targeted marketing via social media platforms is progressively unstable as the likes of Facebook prohibit boosts containing references to smoking, sometimes even when the intent is to

help people stop smoking.

8. It is very important that the final look of the future *Smoke-free Environments (Regulation of E-Cigarettes) Amendment Bill* does not undermine smokers' access to risk-reduced products for vaping, tobacco heating, or to Swedish style snus. Access to risk reduced alternatives to smoking needs to be cheaper than tobacco for smoking, and as convenient as buying a pack of cigarettes is now. It is equally important that the acceptability of the products is not undermined by unnecessary restrictions on the nicotine levels or the flavours. If the nicotine level is set too low, the products will become useless for people with high need for nicotine, such as is the case for many people with mental health disorders. If the flavours are banned, one of the key ingredients that helps people transition away from smoking will be gone. Trying to make vaping e-liquids into unpleasant tasting low-dose nicotine replacement products will slow the migration of smokers from burning tobacco to harm reduced alternatives.

What else could be done to reduce children's exposure to smoke?

Northland District Health Board's successful smokefree cars campaign (15) could be developed into a national program. The initial intervention incorporated smokefree car messages into Plunket's existing Restraint Checking Clinic and Car Seat rental service. Smokefree and brief advice to quit training was provided to the Plunket staff. Every client was given a Smokefree Car pack containing a smokefree car sticker and keyring, a brochure on how to make your car smokefree, and information on where to get help to quit smoking. Research should test if this model could be incorporated

into other national services that potentially meet drivers who smoke. For example, it'd be super easy to have vehicle warrant of fitness inspectors ask if anyone smokes in the vehicle and have them give out a Smokefree Car Pack.

Much could be done with new technologies, such as, wearables and behaviour tracking apps. For example, there is an electronic nicotine patch. It'd be cool if such a device could release a dose of nicotine upon detecting that the wearer is in a vehicle. Vehicle manufacturers could be required to install, at no cost to the taxpayer, smoke detectors that can track and detect smoking in vehicles. These detectors could be made to transmit data, for example, to an app on the driver's phone or the phone of the registered owner of the vehicle. Such an app would be more effective if it incorporated proven mobile quit support (59) or suggested use of alternative smokeless products.

With only about 580,000 smokers in New Zealand, one cost-efficient intervention would be to establish a register of smokers and use computer assisted dialing and an interactive voice response system to identify smokers wanting quit support. This highly innovative, at the time, intervention was first used in Ottawa hospitals to follow-up smokers who had been supported to quit while in hospital (60). Having identified a patient wanting quit support, the automated system then sent a referral to a live nurse to follow-up.

For assisting with rapidly reducing Māori smoking rates, promising by Māori for Māori interventions like *Vape2Save* should be funded for national delivery and independently evaluated. *Vape2Save* provides financial literacy skills and incorporates switching from smoking to vaping in a facilitated peer group-based support format. The program data to date indicates that very high quit rates are being achieved. Of the 80 participants in 2015, 70% were quit (no longer smoking) by 4 weeks. In 2017, 82 participants did *Vape2Save* programs - the quit rate at 4 weeks was 79%. Of the 67 participants in 2018, 69% were

validated quit at 4 weeks (61). With such high indicative quit rates, it is almost a scandal that the program has been running for 4 years on a voluntary basis. No wonder the inequities between Māori and non-Māori smoking rates are widening!

Why are promising interventions like *Vape2Save* and the one developed by NDHB not being promoted and why are other innovative interventions not being explored? The government certainly has the money. In 2018 the government earned \$1,923,000,000 (almost \$2 billion) from the excise tax on tobacco (42). The fact that they are willing to spend millions on a law banning smoking in cars shows that they have the political will to do something. Why not do something positive and mana-enhancing instead?

What Can You Do?

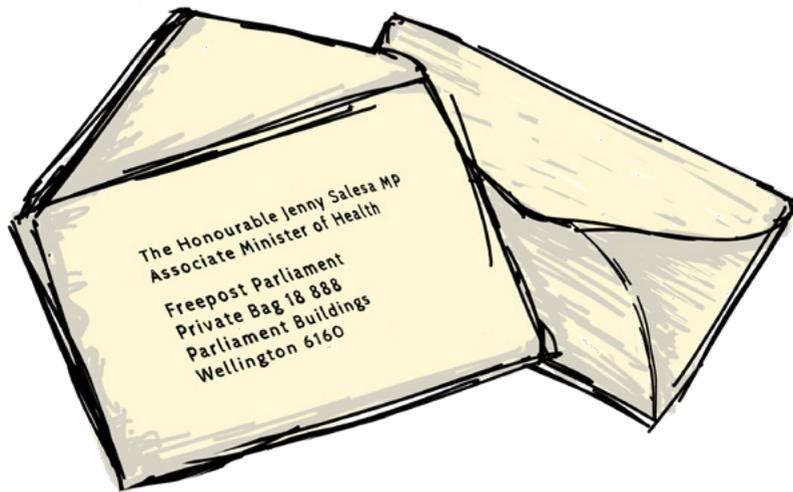
When an MP proposes a law change - speak up.

Have they been transparent about the costs of changing the law?
Have they provided sufficient information for you to answer these questions?

- Where are they going to get the money from?
- Would that money be better spent elsewhere?
- Is there an ongoing annual cost that will require an ever-increasing draw on the taxpayer?

- Is there a less harmful, less discriminatory, way to achieve the desired outcome?
- Is there an existing proven intervention that is being overlooked, or that could be extended to have a larger impact?
- Is there a disruptive technology that will replace the old way of doing things, or that will change people's behaviour for good?

If you are left with unanswered questions, or you've already come to an opinion, write a letter to the Minister sponsoring the Bill. If you have concerns about the proposed law change, send a copy of your letter to the Members of Parliament who have also voiced concerns. Don't worry about sounding all academic – just write your view in your own voice and in your own words. You don't even need to type it up – you can just hand write your thoughts on a piece of paper and address it to:



Put your letter in an envelope, similarly, addressed and post it. You don't even need to put a stamp on it – letters to our Parliamentary representatives are free!

If you're wondering what an envelope is, yes – you can email Members of Parliament. Instructions on the various ways to correspond with Members of Parliament can be found on the government website (62).

Tweeting and posting your thoughts on Facebook, Instagram or LinkedIn are other ways of discussing your concerns with others and encouraging civic participation. Getting involved is what's going to be needed if we're ever going to get past this topsy-turvy era in which the truth is framed as a lie and lies are believed as if they're true. Most people just go along with the crowd – they agree with what they think everyone else is thinking. In a volatile polarised environment, a lot of people pretend to go along with the crowd. They hide what they really think to avoid bullying from extremists. Dissent and protest, respectful debate and critique, helps to shake people out of their apathy. Seeing others stand up for the silenced gives others courage to do the same.

You need to have courage.

Everywhere, on TV, in the newspapers, on social media sites, people are being attacked for their opinion. It doesn't matter whether you are left-wing, right-wing or a centrist, if you express a left-wing opinion some extreme right-wing person will attack you for it. If you express a right-wing opinion, some left-wing extremist will attack you for it. Some people from both sides can be equally vicious. So, most people are just not saying anything publicly anymore. All this is doing is

leaving the debate to extreme commentators from all sides.

I don't agree with silencing tactics or with bullying people to shut them up. That does not bode well for democracy. But I do advise you to pick your battles. Stick to speaking on topics you know something about. By all means ask questions of commentators, ask for links to the science that backs up what they're saying or do some background reading before you jump in to a debate.

Maintain your own tikanga. That is, set your own standards of engagement and stick to them. Set boundaries also. If people attack you personally or threaten you, withdraw from the conversation, ignore them, report them and block them. If anyone online persists in attacking you, or incites others to attack you, or posts defamatory comments intended to destroy your reputation, grab screenshots of all of their posts and all the posts made by people who pile on. Cyber bullying is a serious form of abuse that has led to some victims committing suicide. If you feel at all shocked or frightened by an out of control hatefest against you, contact Netsafe (63). Unfortunately, I have had cause to ring them, but at least I can tell you, they were brilliant.

If we want to progress as a society, to have a more democratic, honest and compassionate society, we need to do what Nelson Mandela advised - we need to sit down at the same table with the people who despise us and we need to talk (64). We need to be able to safely, without fear of abuse, say what we think. The people who are unknowingly spreading ignorant lies and untruths, for example, about vaping won't get to learn the truth if they're not allowed to talk with people who think differently. Of course, that's the whole point of the abuse - their manipulators don't want their flock finding out the truth. This is why it's so important to encourage people to form their own opinion.

If you want to know more about how to fight Fake News and propaganda, have a look at the Pro-Truth Pledge <https://www.protruthpledge.org/> and think about ways you can pledge to support the dissemination of accurate information.

If you're interested in tracking the effects of the ban on smoking in cars, assuming there is no stopping the juggernaut of mistruth pushing it through, put it in your calendar to write to the Associate Minister of Health (whoever that might be 3 or 6 months after a bill takes effect) and ask them:

- How many vehicles have the Police stopped or looked in?
- How many people have been fined, and how many fines were on-the-spot \$50 fines or fines applied at court? What is the total value of penalties issued and received?
- How many people who were pulled over on suspicion of smoking or vaping were fined or arrested for other offences?
- How many people were sentenced to imprisonment for unpaid fines including at least one unpaid smoking in a vehicle fine?
- How many people acted on the Police advice to quit smoking? Did Quitline experience an increase in enrolments as a result of Police referrals?
- How many children under the age of 14 years are still exposed to secondhand smoke while travelling in a vehicle?

For all these questions, ask for the data to be provided for each ethnic group.

To ensure you get a response to your letter, make it an Official Information Request (65). Official Information Requests have to be responded to no later than 20 working days after you made the request.

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The contents, selection and presentation of facts, as well as any opinions expressed herein are the sole responsibility of the author - Marewa Glover, *Centre of Research Excellence: Indigenous Sovereignty and Smoking* and under no circumstances shall be regarded as reflecting the position of the Foundation for a Smoke-Free World, Inc.

About The Author

For Māori readers, who will want to know my tribal and whānau (family) links, I am descended from Ngā Puhī from the Hokianga and Waikare in Northland. My hapū (subtribes) are Te Popoto and Te Kapotai. The most recent whānau names on my maternal grandfather's side are the Cooks and Bakers (i.e. the Bakers on the Hokianga side of the island). My father was a Pākehā of English descent, and my mother's mum was Irish.

When I first started university, I thought I wanted to become a counsellor, so I mainly studied psychology. But, my early experiences as a phone counsellor and a Rape Crisis counsellor made me realise that whilst helping people one-on-one is a kind and noble thing to do, something really needed to be done to stop people abusing

others in the first place.

The University of Waikato where I enrolled to do my Masters in Social Science degree also ran a Diploma in Community Psychology. It sounded more aligned with my desire to work further up the river where I could help people not fall in, rather than scooping them out downstream half dead from surviving the rapids of abuse. Anyway, that Diploma was the boss! It provided me with training in community development, policy analysis, programme evaluation and social justice advocacy. All fired up and ready to improve the world, particularly for Māori and especially for Māori girls, I headed to Wellington to become a government policy analyst.

At that time, in 1993, the Labour Government had just established a unique independent Public Health Commission (PHC). It was a Crown agency, but unlike other government departments, or Ministries as they are now called, the PHC had a Board of selected experts (not government employees) to steer the focus of the PHC. I landed a job as a junior Māori policy analyst there and worked on three policies: reducing the harms of tobacco smoking, preventing cervical cancer and preventing Sudden Infant Death Syndrome.

This is when I learned that tobacco smoking was the biggest preventable killer of Māori. If I wanted to help Māori, reducing the numbers of Māori who smoked would have the largest positive impact on their health. I decided to focus all my training and passion on this one goal. All the jobs and most of the research I have conducted or supported over the last 27 years have been focused on helping people stop smoking.

Public health in New Zealand is dominated by medical doctors who are Pākehā or newly arrived settlers from Britain. There have been a few Māori medical doctors who were consulted back in the early 1990s, but few of them had a Doctor of Philosophy (PhD). I quickly

learned that if you weren't at least a medical doctor, you had to have a PhD or your opinion didn't count. To become a better advocate for the views of the Māori elders and community health workers the PHC had consulted throughout the country, I returned to University to obtain my Doctorate in Behavioural Science (that is I am an expert in how to change behaviour). For my Doctorate research, I evaluated a Māori stop smoking programme and interviewed over 200 Māori people who wanted to stop smoking.

It's been a busy 19 years since then. I've designed Māori stop smoking programmes, trained hundreds of health workers in smoking cessation, run numerous studies, participated in many committees, conferences and presented to select committee hearings. I've written numerous submissions to government and have over 100 scientific publications. In recognition of all this work, in 2017, I was a finalist in the New Zealand Women of Influence Awards. In 2018, I was promoted to Professor of Public Health at Massey University, the International Network of Nicotine Consumer Organisations (INNCO) awarded me Professional Advocate of the Year and BlacklandPR selected me as one of their finalists for 2018 Communicator of the Year. Beyond all my expectations, in 2019, I was selected to be one of the three Finalists in the Kiwibank New Zealander of the Year Awards.

Through my Centre I will be continuing to research how to more rapidly reduce how many people smoke. I will also be continuing to find out how we can more effectively help pregnant women who smoke to get off the smoke as quickly as possible. Towards this end, one of my new projects tested the use of a positive Māori value delivered in a humorous way. The videos we produced won Best Director and Best Picture at the *6th Global Forum on Nicotine* in Warsaw. You can view these here: <https://youtu.be/fn9tH5hLoCM>. You can follow our work on our Centre Facebook page or sign up for our publications at www.coreiss.com; or follow me on Twitter - @MarewaGlover.

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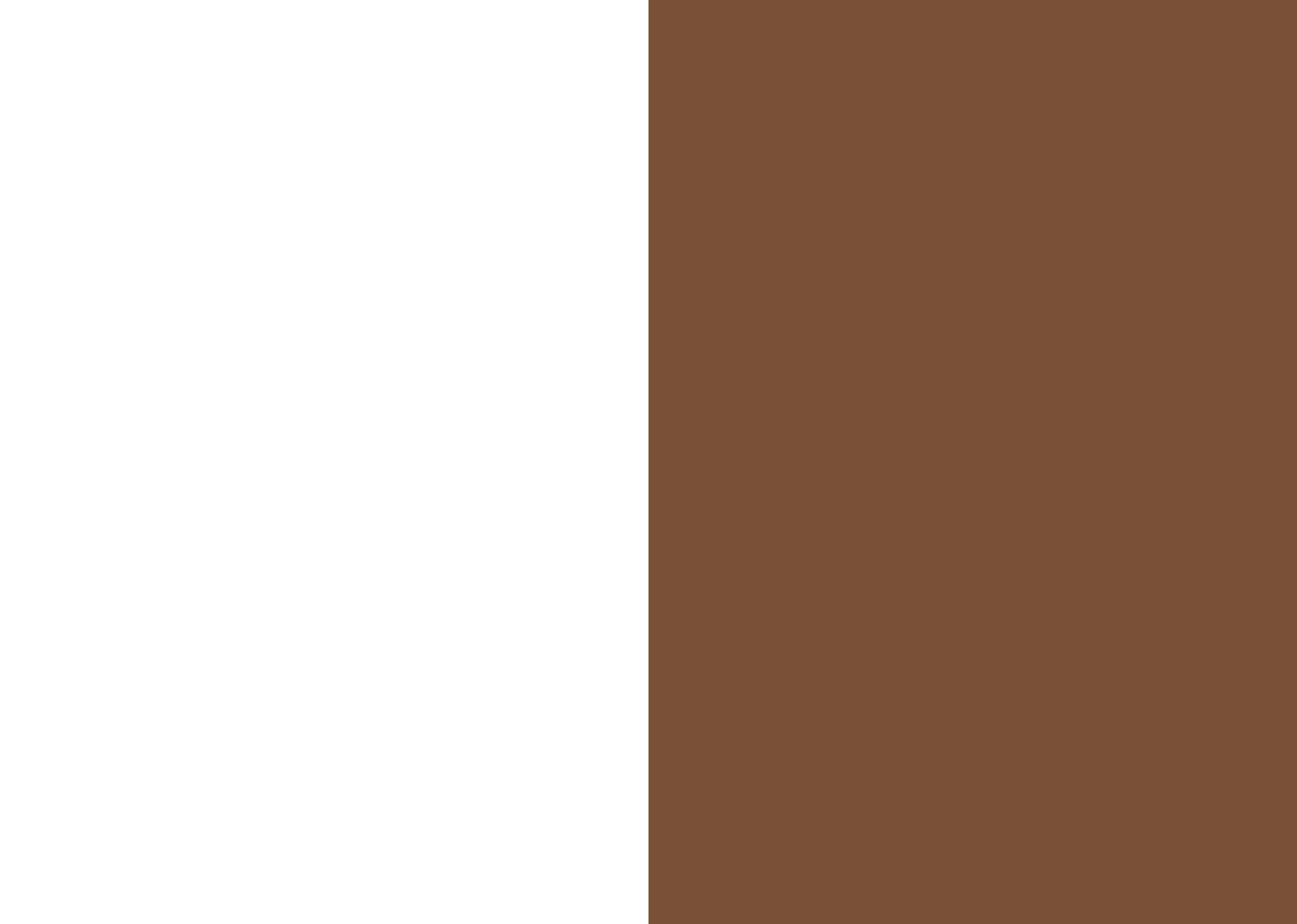
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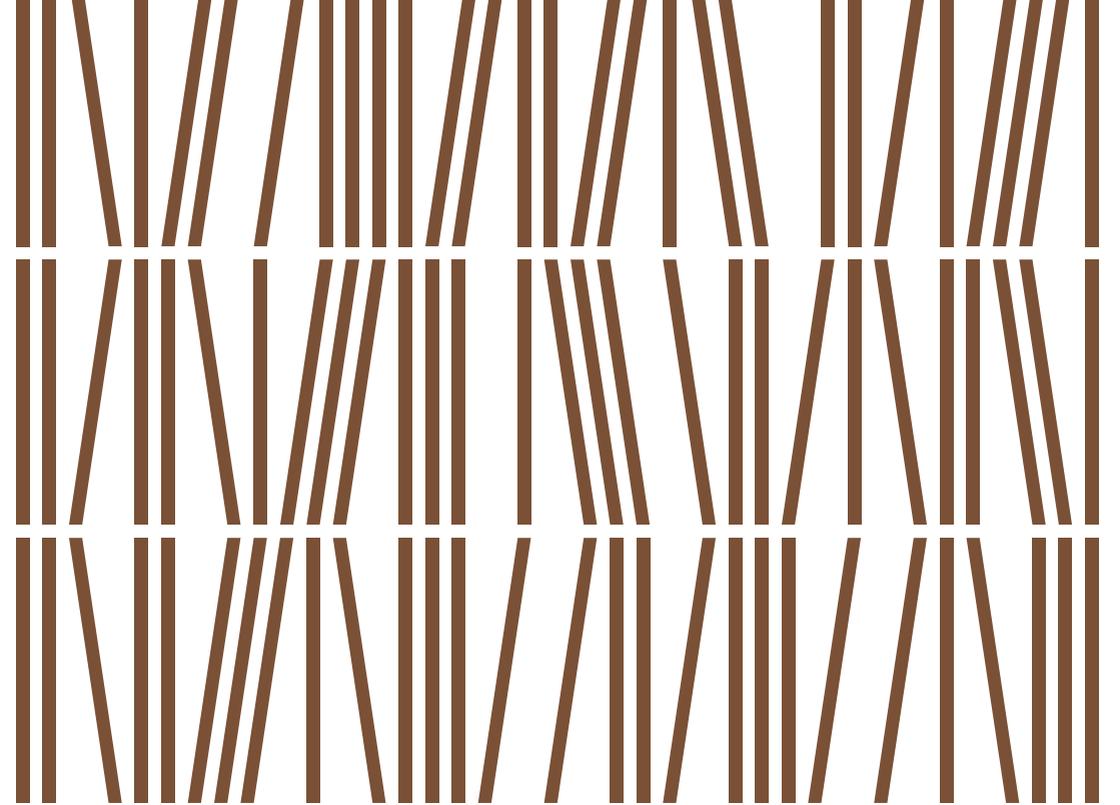
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