



28 May 2021

**Submission to the Ministry of Health:
Proposals for a Smokefree Aotearoa 2025 Action Plan**

The New Zealand College of Public Health Medicine would like to thank the Ministry of Health for the opportunity to make a submission on the Proposals for a Smokefree Aotearoa 2025 Action Plan.

The New Zealand College of Public Health Medicine (the College) is the professional body representing the medical specialty of public health medicine in New Zealand. We have 205 active members, including 185 fully qualified Specialists, with the majority of the remainder being advanced trainees in the medical specialty of public health medicine.

Public Health Medicine is the branch of medicine concerned with the assessment of population health and health care needs, the development of policy and strategy, health promotion, the control and prevention of disease, and the organisation of services. The NZCPHM partners to achieve health gain and equity for our population, eliminating inequities across socioeconomic and ethnic groups, and promoting environments in which everyone can be healthy.

The College recognises that tobacco smoking is a leading cause of preventable death and health inequities in New Zealand.^{1,2} It is estimated that smoking kills around 4500–5000 people in New Zealand every year (including deaths due to second-hand smoke exposure).^{3,4} Smoking is linked to many diseases including asthma, chronic obstructive respiratory disease, lung cancer, and other cancers. Exposure to second-hand smoke increases the risk of sudden infant death syndrome, asthma attacks, chest infections, and chronic suppurative otitis media ('glue ear') in children.²

We congratulate the Government on the bold and innovative proposals put forward in the Smokefree Aotearoa 2025 Action Plan. Our responses to the consultation questions are provided below.

Focus area 1: Strengthen the tobacco control system

a) What would effective Māori governance of the tobacco control system look like? Please give reasons.

Māori and Pacific peoples are disproportionately affected by smoking – with both Māori and Pacific peoples more likely to smoke than other New Zealanders. Figures cited in the Action Plan proposals show smoking prevalence rates of 28.7 percent among Māori in comparison with 10.1 percent among the European/Other population. To address these disparities will require partnership with Māori in tobacco control system governance and investment in by-Māori-for-Māori campaigns.⁵ Smoking rates amongst the Pacific community are also high (18.3 percent), and appropriate actions should also be planned to address this.

We note that the March 2011 adoption by the New Zealand Government of the Smokefree Aotearoa 2025 goal emerged from a recommendation in 2010 from the Māori Affairs Select Committee's *Inquiry into the tobacco industry in Aotearoa and the consequences of tobacco use for Maori*.⁶ We note further that this report recommended that:

- Māori be included in all tobacco control planning and policy development groups.
- A Kaupapa tupeka kore approach be adopted as a Māori framework for tobacco control interventions.
- Support, including financial support, be provided to iwi and communities to promote smoke-free events, extend smoke-free environments and encourage tamariki to remain smoke-free.

We support these recommendations and suggest that they be adopted as principles of the tobacco control system.

The recent announcement of the formation of the Māori Health Authority as the principal advisor to Ministers and the Ministry of Health on all Hauora Māori issues provides an opportunity for high level partnership in tobacco control governance. The further announcement that Te Hiringa Hauora/ The Health Promotion Agency will move into Health New Zealand and become a shared service across Health NZ and the Māori Health Authority provides further opportunities for partnership in health promotion campaign planning and delivery.

b) What action are you aware of in your community that support Smokefree 2025

n/a

c) What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

Substantially increasing funding to support community-based activities in support of the Smokefree 2025 Action Plan goal, in addition to a kaupapa Māori design, Māori-led and Māori implemented approach will be crucial to achieving strengthened community action for a Smokefree 2025.^{1,2}

d) What do you think the priorities are for research, evaluation, monitoring and reporting? Please give reasons.

The College believes that comprehensive, prospectively planned, ongoing research, evaluation and monitoring of the implementation of the Action Plan will be essential to its success. This should include a strong focus on monitoring/evaluating equity impacts, with Māori-led monitoring and evaluation/governance where appropriate.

Regular monitoring of smoking rates and uptake across all population and age groups will be important. To achieve this, the gaps in existing monitoring mechanisms should be identified and addressed.

Of critical importance will be timely evaluation of the impact of the different components of the Action Plan to ensure that strategies can be adjusted as needed, or additional support provided.

Regular reporting mechanisms should be established, with resourcing and follow-up action to address emerging issues and evidence.

e) What else do you think is needed to strengthen New Zealand's tobacco control system?

Please give reasons.

In addition to, rather than replacing, the measures already proposed in the Action Plan, we recommend that a national policy on smokefree outdoor areas be implemented, specifically for outdoor hospitality areas. De-normalisation of smoking in outdoor areas is important to help those attempting to quit, as well as providing protection for tobacco smoke pollution for other members of the public.⁷

Focus area 2: Make smoked tobacco products less available

a) Do you support the establishment of a licencing system for all retailers of tobacco and vaping products (in addition to specialist vaping retailers)?

The College strongly supports the proposal to establish a licencing system for retailers of tobacco and vaping products as part of the strategy to reduce tobacco product availability.

We note that the unregulated sale of tobacco products in New Zealand means that tobacco products are widely available, including at locations that are close to schools, with the highest concentration in areas of high deprivation.⁸ Evidence shows that availability of retail outlets supplying tobacco may be a factor influencing smoking: for example, amongst adolescents, and those attempting to quit.⁹⁻¹⁴ Controlling the number of retailers may help reduce smoking in these groups.

Licencing will allow for caps to be placed on the number of retailers able to service a particular area.¹⁵ Licencing will help to ensure compliance with age restrictions on purchase, as a retailer can be threatened with loss of licence for non-compliance, and will allow for research into tobacco availability and distribution.

We also strongly recommend that proximity to schools and marae is taken into account in licencing decisions, and that mail order sales of smoked tobacco products are prohibited.

b) Do you support reducing the retail availability of smoked tobacco products by significantly reducing the number of retailers based on population size and density?

We strongly support measures to reduce the number and density of tobacco retailers aimed at reducing availability of and exposure to smoked tobacco products. This is an essential component in the Action Plan, and could result in rapid, profound and sustained reductions in smoking prevalence.

We note that research published in 2020 showed a total of 5243 tobacco retail outlets in New Zealand. This is the equivalent of one tobacco outlet per 800 residents, or one tobacco outlet per every 115 smokers.⁸ This widespread availability normalises smoking and undermines smoke-free initiatives.¹⁷

Reducing the availability of tobacco products through reducing the number of suppliers is likely to have a direct impact on smoking prevalence, with modelling predicting per capita quality-adjusted life year (QALY) gains up to five times greater for Māori than for non-Māori.¹⁸ Similar strategies used

to limit alcohol availability have shown strong evidence of effectiveness, and studies have shown a connection between adolescent smoking and retailer density.¹⁹

We note that although concerns have been raised about the impact of this policy on small convenience store owners, research shows that tobacco is a small component of their trade,²⁰ has a low profit margin,^{21,22} and is felt to be responsible for increasing concern around tobacco-related crime.²³ Many small retailers have indicated that they would support a policy that removed tobacco from their stores.^{21,22,24,25}

Taking population size and density into account when establishing licencing numbers should ensure that these measures do not have negative impacts on those living in rural areas, which could result in less funding available in these households to pay for food and other essential supplies.²⁶

c) Do you support reducing the retail availability of tobacco by restricting sales to a limited number of specific store types (e.g., specialist R18 stores and/or pharmacies)?

We strongly support the restriction of tobacco sales to a limited number of store types, as this is likely to be the simplest way to achieve a reduction in the density of tobacco retailers.

We do not have a strong view on the store type that should be selected for this purpose: there are benefits and limitations to both types that have been proposed. Further investigation of this issue, and consultation and engagement with retailers, will be required.

d) Do you support introducing a smokefree generation policy?

The College supports the introduction of a smokefree generation policy in combination with the other proposals in the Smokefree 2025 Action Plan, provided that the emphasis in this approach is on the enforcement of sales regulations, not on criminalisation of purchase and use.

Smoking uptake is most prevalent amongst youth and young adults, with smoking initiation after the age of 24 being rare.^{27,28} To decrease smoking in the population, increasing the number of children and young people who remain smokefree is a priority.

The introduction of a smokefree generation policy as part of a set of measures to achieve the Smokefree 2025 goal would be an innovative policy measure, which through increasing the age limit at which tobacco products can be purchased, should protect young people from the danger of becoming addicted to smoking and contribute directly to the desired strategy outcome of increasing the number of children and young people who remain smokefree.²⁹ A particular advantage of the smokefree generation policy is that it takes away the 'rite of passage' effect that having a fixed age limit for sales creates.

There is some evidence that similar measures, as part of a package of measures to limit use of addictive substances, have been successful.^{28,29} There is some evidence also that this approach has strong support amongst existing smokers in New Zealand.²⁹

Modelling in New Zealand on the likely impact of a smokefree generation policy has shown a reduction in smoking prevalence and health gains for the generation protected by the policy. The modelling shows that the smokefree generation policy is highly pro-equity because of the much younger age structures and relatively high smoking prevalence among youth and young adults in the

Māori and Pasifika populations. The health gains are most likely to be achieved if this strategy is used as part of a combination of approaches.³⁰

The impact of a smokefree generation policy will not be immediate. In addition, given that the majority of smokers begin smoking before the age of 25, it is not likely to have significant effects once the legal purchase generation reaches that age.²⁷ However, this strategy is a useful additional tool in the toolkit to prevent young people from becoming addicted to tobacco.

Focus area 3: Make smoked tobacco less appealing

a) Do you support reducing the nicotine in smoked tobacco products to very low levels?

We strongly support the reduction of nicotine in smoked products to levels at which they will not support and sustain addictions. The mandatory reduction of nicotine in smoked tobacco products is an important cornerstone of the Action Plan. This is a measure that we believe has the potential to have profound and rapid impacts in reducing smoking prevalence.

Since it is the nicotine in cigarettes that makes them addictive, reducing the nicotine content of cigarettes may reduce smoking uptake by the minimising the risk of becoming addicted, and should make it easier for people to quit by decreasing the chances of relapse for those who have quit.³¹ Research has also shown that smokers report low tobacco cigarettes to be less satisfying, and that some would consider quitting if only very low tobacco cigarettes were available.^{32,33} Studies also show that many smokers provided with very low nicotine cigarettes cut down on the number they smoke, and attempt to quit or successfully quit.³¹

Although a high proportion of surveyed smokers in New Zealand have expressed an interest in trying low nicotine cigarettes, many erroneously believe that these cigarettes would be less harmful than regular strength nicotine cigarettes.^{31,34} These perceptions will need to be addressed. However, concerns that reducing nicotine to very low levels will induce a higher rate of compensatory smoking have not been substantiated by research: studies have found that, where this occurs, compensatory smoking is likely to be short-lived (a few days), and smokers subsequently cut down on the number of cigarettes that they smoke.^{35,36} The widespread availability in New Zealand of vaping products will facilitate the introduction of this measure (as smokers have alternatives to go to if they can't quit) and increase its positive impact (because smokers may be encouraged to switch away from smoking to vaping).

The proposal to reduce nicotine in smoked tobacco products aligns with the 2010 Māori Affairs Select Committee Inquiry's recommendation that nicotine in tobacco should be reduced as one of the measures to help achieve the proposed Smokefree 2025 goal.⁶

b) Do you support prohibiting filters in smoked tobacco products?

We strongly support the proposal to prohibit the sale of smoked tobacco products which include filters.

Contrary to manufacturer claims, cigarette filters provide no health protection for smokers.^{37,38} However, they may have the effect of making smoking more palatable and acceptable.³⁷ This is contrary to the aims of the Smokefree Action Plan.

In addition, cigarette filters are poorly biodegradable, and contribute significantly to global coastal litter.³⁹ Discarded cigarette butts contain a range of toxic chemicals, which are likely to leach into the environment, and which may have detrimental effects on wildlife.⁴⁰

c) Do you support allowing the Government to prohibit tobacco product innovations through regulations?

We strongly support the removal of flavours and other additives designed to make smoking more palatable and to attract young smokers. In addition, we support the banning of existing and any further product innovations designed to attract new users or to make smoking more appealing to existing smokers.

We note that over the past 20 years, there has been an increase of the unregulated use of flavour beads or capsules in cigarette filters, with a high growth in the sale of these flavoured cigarettes.⁴¹ These additives are designed to increase the palatability and attractiveness of the tobacco product and are often geared towards the youth market.^{42,38} There is no health benefit to their use.

Focus area 4: Make tobacco products less affordable

a) Do you support setting a minimum price for all tobacco products?

The College supports the introduction of minimum pricing for tobacco products, but notes that, by itself, this strategy is likely to impact most significantly on low-income communities. Any measure like minimum price that could affect poorer smokers particularly must be accompanied by reinvestment of tobacco tax revenue in targeted enhanced smoking cessation support.

A tax on tobacco products has been a key component in the strategies adopted in New Zealand to curb the use of tobacco, with tobacco excise increases from January 2010 to January 2020 of at least CPI+10% per year. A report compiled for the Ministry of Health in 2018 found that “The weight of evidence shows that increasing the price of tobacco continues to be the single most effective tool for reducing tobacco use”.⁴³

However, the strategies adopted by tobacco companies in response to the increased tobacco excise have included subsidising cheaper brands of cigarettes to ensure that smokers can maintain their addiction (‘undershifting’).⁴³ This strategy shields users from the direct impact of the excise increases. Minimum pricing strategies for tobacco products can be useful to counter this.

Final Questions

a) Of all the issues raised in this discussion document, what would you prioritise to include in the action plan? Please give reasons.

The three strategies outlined in the Action Plan that we believe are most likely to have a direct and immediate impact on the achievement of the Smokefree 2025 goal are:

- Strengthening the tobacco control system, in particular through effective Māori participation in governance.

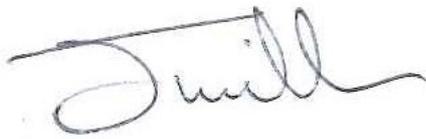
- Substantial reduction in the availability of smoked tobacco products, most specifically through the licencing of retail outlets for tobacco sales, and through a reduction in the type of outlets that are permitted to sell tobacco products to around 300 outlets or less.
- Reduction of the permitted nicotine in smoked tobacco products to very low levels, to minimise risks of becoming addicted, and make it easier for those addicted to quit.

b) Do you have any other comments on this discussion document?

The College supports the adoption of the measures discussed in the Proposals for a Smokefree Aotearoa 2025 Action Plan as part of an 'endgame approach' to achieving the Smokefree 2025 goal.⁴⁴ We strongly recommend that the Government urgently adopt the Smokefree 2025 Action Plan, in its entirety. Our view is that no single measure is likely to achieve a Smokefree Aotearoa, but the comprehensive approach laid out in the Action Plan very likely will.

Thank you for the opportunity for the NZCPHM to submit on the Proposal for a Smokefree Aotearoa 2025 Action Plan. We hope our feedback is helpful and are happy to provide further clarification on matter covered in this submission.

Yours sincerely



Dr Jim Miller, President, NZCPHM

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