

Smokefree 2025 New Zealand

Approved July 2017

This position statement replaces the NZMA's 2010 position statement on Smokefree New Zealand.

Background

1. Tobacco smoking is the leading preventable cause of morbidity, premature mortality and health inequities in New Zealand.¹
2. In 2010, the Māori Affairs Select Committee recommended making New Zealand a smokefree nation by 2025,² a call endorsed by the Government, which in 2011 adopted the goal of “reducing smoking prevalence and tobacco availability to minimal levels” by 2025.³
3. While a number of important interventions and policies to achieve Smokefree 2025 have been implemented, progress towards this goal is inadequate, particularly for Māori and Pacific people.⁴ Several key recommendations by the Māori Affairs Select Committee have not been adequately implemented.⁵
4. There is strong evidence that population-level tobacco control interventions such as increasing the unit price of tobacco products, mass media campaigns, smoking cessation services, restrictions on marketing and smokefree environments legislation are effective in reducing the prevalence of smoking.⁶ There is also strong evidence that brief advice from a health professional is beneficial in terms of encouraging people to try to quit smoking, and to stay smoke-free.⁷
5. It is likely that e-cigarettes will be an effective tool for smokers who want to quit.⁸ There is general scientific consensus that the exclusive use of nicotine-containing e-cigarettes is considerably less harmful than smoking.

NZMA position and recommendations

1. The NZMA supports the goal of making New Zealand an essentially smokefree nation by 2025. We are very concerned that progress to date towards this goal is inadequate, particularly for Māori and Pacific people.
2. We support measures that have been implemented to date (or are to be implemented shortly) to achieve Smokefree 2025, such as above-CPI tobacco excise tax increases, removal of point-of-sale displays, smokefree prisons, smokefree defence force, reduced duty free tobacco allowances, expansion of smokefree outdoor areas under local government jurisdiction, and introduction of standardised packaging.
3. The NZMA believes that a number of additional measures are needed if New Zealand is to achieve essentially smokefree status by 2025. As a priority, we recommend the Government establish a tobacco control strategy and action plan with a strong emphasis on Māori-focused outcomes.

4. Such a tobacco control action plan must include a comprehensive suite of measures including, but not limited to:
 - further tobacco excise tax increases beyond CPI, with revenue used for smoking cessation and other programmes to achieve Smokefree 2025
 - measures to regulate and reduce retail availability of tobacco products⁹
 - well-resourced mass media campaigns to deter uptake and promote quitting
 - enhanced and targeted smoking cessation support services
 - school-based education programmes
 - extension of smokefree environments.Other measures that should be strongly considered include regulating to reduce the attractiveness of cigarettes (such as by the removal of flavouring), and regulation of nicotine content.
5. We support making nicotine-containing e-cigarettes legally and readily available in New Zealand for adults, contingent on an appropriate regulatory regime that ensures due care for unintended harms and risks. Regulatory arrangements must be subject to the ongoing and comprehensive review of all evidence, including outcomes in terms of the impacts on tobacco smoking rates. The Government must retain the flexibility to implement more stringent measures to control the availability of e-cigarettes if future evidence of harm emerges. Provision should be made for mandated product improvement so that, as the technology for e-cigarettes and liquids evolves, regulation supports increases in safety.
6. In addition to the above measures, we believe the Government should seriously consider ‘game-changer’ or ‘endgame’ strategies.¹⁰ These include measures such as dramatic tax increases, comprehensive reductions in retail supply, and mandated denicotinised cigarettes.
7. We believe that medical practitioners and other health professionals have a responsibility to advise their patients on the risks of smoking, to assist them to quit smoking, and to co-operate with community education programmes to discourage smoking. It is essential that medical practitioners are properly resourced to carry out education and cessation activities. Where possible, medical practitioners should also use their influence to advocate for smokefree measures such as those in this position statement.
8. It is important to closely monitor trends in smoking and use of e-cigarettes, with particular emphasis on the impacts, including unintended harms and risks, of smokefree measures.
9. It is important to ensure there is alignment between smokefree policies and other relevant current and future policies (eg, policies relating to cannabis).
10. Addressing the social determinants of health is critical in achieving equity and eliminating disparities in tobacco prevention and control.¹¹

References

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