

31 May 2021

Ministry of Health
Wellington

By email: smokefree2025@health.govt.nz

Proposals for a Smokefree Aotearoa 2025 Action Plan

Dear Colleague

The New Zealand Medical Association (NZMA) wishes to provide feedback on the above consultation. The NZMA is New Zealand's largest medical organisation, with about 5,000 members from all areas of medicine. The NZMA aims to provide leadership of the medical profession, and to promote professional unity and values, and the health of all New Zealanders. We recognise the principles of te Tiriti o Waitangi and the special obligations to Māori, particularly to ensure equity and active protection. Current disparities in health outcomes between Māori and non-Māori are unacceptable. The NZMA is committed to advocating for policies in health and the social and wider determinants of health that urgently address these disparities and contribute to equity of health outcomes. Our submission has been informed by feedback from our Board, Advisory Councils and members. We have also drawn extensively from an online commentary by tobacco control experts from the University of Otago.¹

1. The NZMA congratulates the Government on the release of the discussion document on a Smokefree Aotearoa 2025 Action Plan, and for the bold, innovative, and comprehensive proposals it contains. The NZMA has been at the forefront of advocacy for making Aotearoa an essentially smokefree nation by 2025. Our 2017 position statement on Smokefree 2025 called on the Government to develop an action plan to achieve Smokefree 2025 with a strong emphasis on Māori-focussed outcomes.² We are pleased to note that the proposals contain several of the measures that we have been calling for as well as some new measures. If implemented in full, we believe that the action plan offers a realistic chance of realising the 2025 goal to achieve minimal smoking prevalence and eliminate smoking-related health disparities. We provide our feedback on each of the plan's five main focus areas in the following paragraphs.

Focus area one: strengthening the tobacco control system

2. We are strongly in support of the proposed measures to strengthen the tobacco control system, including the following: (a) strengthen Māori governance of the tobacco control programme; (b) support community action for a Smokefree 2025; (c) increase research, evaluation, monitoring and reporting; (c) strengthen compliance and enforcement activity.

Focus area two: Make smoked tobacco products less available

3. New Zealand has no restrictions on where tobacco can be sold. We have previously called for measures to regulate and reduce retail availability of tobacco products. As such, we welcome the suite of options that are being proposed to make smoked tobacco products less available.

(a) License all retailers of tobacco and vaping products

4. We strongly support the establishment of a licensing system for all retailers of tobacco and vaping products. As noted in the discussion document, this would help the Government to monitor all sales of vaping and tobacco products, support compliance activity and help to counter the sale and distribution of illicit tobacco products. Licensing retailers of smoked tobacco products is also necessary in order to implement the measures that are proposed below to reduce retail availability.

(b) Significantly reduce the number of smoked tobacco product retailers based on population size and density

5. We strongly support significantly reducing the number of smoked tobacco product retailers based on population size and density. Modelling studies suggest that greatly reducing the number of retail outlets would have a significant impact on reducing smoking prevalence in New Zealand.³⁻⁵ Furthermore, reducing the number of retailers is likely to help reduce disparities in smoking as tobacco retailers are currently heavily concentrated in disadvantaged areas.⁶ We note that tobacco control experts support reducing the number of retail outlets to around 5% of the current number (ie, from around 6,000 to 300).¹

6. There are several precedents for mandating marked reductions in the number of tobacco retail outlets. For example, Hungary reduced tobacco outlet density by 83% in 2013 and now only allows tobacco sales at 7,000 new government-operated stores.⁷ Phased restrictions in availability have recently been introduced in the Netherlands with sales in supermarkets and gas stations due to be phased out by 2022.⁸ Licensing with fee increases has also achieved tobacco outlet reduction in South Australia.⁹

(c) Restrict sales of smoked tobacco products to a limited number of specific store types

7. We are supportive, in principle, of restricting sales of smoked tobacco products to a limited number of specific store types. This would make it substantially more difficult to buy cigarettes. The result would be to reduce uptake by young people and support smokers that are trying to quit. This measure would also redress a persistent anomaly, which has allowed a highly addictive and deadly product to be sold by almost every dairy, supermarket and service station. Allowing tobacco to be so widely available normalises the product, frames smoking as socially acceptable, and undermines smokefree initiatives. For example, people who quit smoking report that tobacco's ubiquity triggers relapse and can undermine their journey to becoming smokefree.^{10, 11} It is very important that measures to reduce the availability of smoked tobacco products are accompanied by increased support for smoking cessation. We also support Government consultation with, and targeted support for, small businesses that would be affected by the reduction in retail sites.

(d) Introduce a smokefree generation policy

8. We are strongly supportive of this proposed policy, which we believe could profoundly and permanently reducing smoking uptake among young people, and hence protect them from the risk of lifelong addiction and future severe adverse health effects. New Zealand modelling has found the smokefree generation approach to be effective and highly pro-equity.¹² In supporting this policy, it is important to recognise that young people who start smoking rarely, if ever, make an informed choice.^{13,14} Furthermore, regret among people who smoke is extremely high.¹⁵ As a

smokefree generation policy will not have large immediate effects on smoking prevalence, which are required to achieve the Smokefree 2025 goal, this policy must be part of a comprehensive package that includes the entire suite of other measures that are proposed.

Focus area three: make smoked tobacco products less addictive and less appealing

9. We strongly support measures to make smoked tobacco products less addictive and less appealing. This approach would address a major gap in New Zealand's existing approach to tobacco control which has failed to regulate the constituents and design of smoked tobacco products. This policy lacuna has allowed tobacco companies to maximise the addictiveness and palatability of cigarettes by ensuring high nicotine content, and by introducing appealing additives, flavours and product innovations like capsule cigarettes.

(a) Reduce nicotine in smoked tobacco products to very low levels

10. We strongly support this measure. There is accumulating evidence, including some support from modelling, that mandating minimal or no nicotine in tobacco products is likely to markedly reduce uptake, increase quitting and greatly lower smoking prevalence.^{16,17} Despite concerns that people who smoke may do so more frequently and intensively, research suggests that very low nicotine content cigarettes elicit limited compensatory smoking, which lasts only for a few days, if it occurs at all, and is then followed by a reduction in the number of cigarettes smoked where people continue to smoke.¹⁸ There is a strong precedent for this measure from the United States where the FDA recommended developing a tobacco product standard for nicotine levels in cigarettes, which would mandate minimal or non-addictive nicotine levels.¹⁹

(b) Prohibit filters in smoked tobacco products

11. We strongly support this proposed measure. Tobacco companies use various design features in cigarette filters to make tobacco more palatable and to create an impression of reduced harm. Yet filters and associated designed features have no effect on reducing the harm from smoking. Furthermore, research indicates that prohibiting filters could reduce smoking prevalence.²⁰ We also support removing flavourings that appeal the palatability and appeal of tobacco products such as menthol. There is emerging evidence of positive impacts of removing flavourings.²¹

(c) Prohibit innovations aimed at increasing the appeal and addictiveness of smoked tobacco products

12. We strongly support the addition of a regulatory power to enable the Government to prohibit innovations aimed at increasing the appeal and addictiveness of smoked tobacco products. This is important to pre-empt further changes to the design of smoked tobacco products that tobacco companies may seek in response to the other changes that are being proposed.

Focus areas four: make tobacco products less affordable

13. Making tobacco products less affordable has been an important part of the tobacco control programme and has contributed to the reduction in smoking rates and tobacco consumption in New Zealand. While there is strong evidence favouring regular above-inflation tobacco tax increases in New Zealand,^{12,22,23} we acknowledge concerns about potential increased financial hardship for smokers with low incomes who are unable to quit or switch completely to other nicotine delivery methods.

(a) Set a minimum price for tobacco

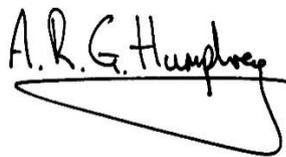
14. We support setting a minimum price for all tobacco products to complement existing excise tax measures. A minimum price policy would prevent the proliferation of budget brands and differential prices increases currently undertaken by tobacco companies.²⁴

Focus areas five: enhance existing initiatives

15. We strongly support enhancing existing initiatives including increasing investment in mass and social media campaigns and increasing investment in stop smoking services for priority populations. Finally, addressing the social determinants of health is critical in achieving equity and eliminating disparities in tobacco prevention and control.²⁵

We hope our feedback is helpful and look forward to the final Smokefree Aotearoa 2025 Action Plan.

Yours sincerely

A handwritten signature in black ink that reads "A. R. G. Humphrey". The signature is written in a cursive style and is underlined with a long, horizontal stroke.

Dr Alistair Humphrey
NZMA Chair

References

1. Edwards R, et al. Progress towards a Smokefree Aotearoa 2025 Action Plan: Congratulations to the Government. Public Health Expert. University of Otago. 16 April 2021. Available from <https://blogs.otago.ac.nz/pubhealthexpert/progress-towards-a-smokefree-aotearoa-2025-action-plan-congratulations-to-the-government/>
2. NZMA. Smokefree 2025 New Zealand. Position Statement. July 2017. Available from <https://bit.ly/3ouvyic>
3. Pearson AL, Cleghorn CL, van der Deen FS, et al. Tobacco retail outlet restrictions: health and cost impacts from multistate life-table modelling in a national population. Tob Control 2016;(E-publication 22 September)
4. Pearson AL, et al. Theoretical impacts of a range of major tobacco retail outlet reduction Interventions: modelling results in a country with a smoke-free nation goal. Tob Control 2015; Mar;24(e1):e32-8
5. Petrović-van der Deen FS, et al. Restricting tobacco sales to only pharmacies combined with cessation advice: a modelling study of the future smoking prevalence, health and cost impacts. Tob Control 2019 Nov;28(6):643-650
6. Marsh L, Doscher C, Robertson LA. Characteristics of tobacco retailers in New Zealand. Health Place 2013;23:165-70
7. World Health Organization. Hungary – New regulation of tobacco sales introduced. 2013;(April). http://www.who.int/fctc/implementation/news/news_hung/en/
8. Hefler M & Baker J. Move to phase out tobacco sales in supermarkets and petrol stations. Tob Control 2020;29:247. <https://tobaccocontrol.bmj.com/content/29/3/247>.
9. Bowden JA, et al. What happens when the price of a tobacco retailer licence increases? Tob Control 2014;23(2):178-80

10. Chaiton M, et al. Tobacco retail availability and risk of relapse among smokers who make a quit attempt: a population-based cohort study. *Tob Control* 2018 Mar;27(2):163-169
11. Hoek J, Gifford H, Pirikahu G, et al. How do tobacco retail displays affect cessation attempts? Findings from a qualitative study. *Tob Control* 2010;19(4):334-337
12. van der Deen FS, et al. Impact of five tobacco endgame strategies on future smoking prevalence, population health and health system costs: two modelling studies to inform the tobacco endgame. *Tob Control* 2018;27(3):278-86
13. Gray RJ, Hoek J, Edwards R. A qualitative analysis of 'informed choice' among young adult smokers. *Tob Control* 2016 Jan;25(1):46-51
14. Gifford H, Tautolo el S, Erick S, et al. A qualitative analysis of Maori and Pacific smokers' views on informed choice and smoking. *BMJ Open* 2016;6(5):e011415
15. Wilson N, et al. High levels of smoker regret by ethnicity and socioeconomic status: national survey data. *N Z Med J* 2009;122(1292):99-100
16. Donny EC, Walker N, Hatsukami D, et al. Reducing the nicotine content of combusted tobacco products sold in New Zealand. *Tob Control* 2017;26(e1):e37-e42
17. Apelberg BJ, Feirman SP, Salazar E, et al. Potential Public Health Effects of Reducing Nicotine Levels in Cigarettes in the United States. *N Engl J Med* 2018;378(18):1725-33
18. Benowitz NL, Donny EC, Edwards KC, et al. The Role of Compensation in Nicotine Reduction. *Nicotine Tob Res* 2019;21(Suppl 1):S16-S18.
19. Food and Drug Administration. Tobacco Product Standard for Nicotine Level of Combusted Cigarettes 2018.
<https://www.federalregister.gov/documents/2018/03/16/2018-05345/tobacco-productstandard-for-nicotine-level-of-combusted-cigarettes>.
20. Kozlowski L & O'Connor R. Cigarette filter ventilation is a defective design because of misleading taste, bigger puffs, and blocked vents. *Tob Control*. 2002 Mar; 11(Suppl 1): i40–i50.
21. Chung-Hall J, Fong GT, Meng G, et al. Evaluating the impact of menthol cigarette bans on cessation and smoking behaviours in Canada: longitudinal findings from the Canadian arm of the 2016-2018 ITC Four Country Smoking and Vaping Surveys. *Tob Control* 2021 Apr 5;tobaccocontrol-2020-056259
22. Cobiac LJ, Ikeda T, Nghiem N, Blakely T, Wilson N: Modelling the implications of regular increases in tobacco taxation in the tobacco endgame. *Tob Control* 2015, 24(e2):e154-160
23. Ernst and Young: Evaluation of the tobacco excise increases – Final Report – 27 November 2018. Wellington: Ministry of Health 2018.
24. Marsh L, Cameron C, Quigg R, Hoek J, Doscher C, McGee R, Sullivan T: The impact of an increase in excise tax on the retail price of tobacco in New Zealand. *Tob Control* 2016, 25(4):458-463
25. Garrett BE, et al. Addressing the Social Determinants of Health to Reduce Tobacco-Related Disparities. *Nicotine Tob Res*. 2015 Aug;17(8):892-7