

FRIDAY 28 MAY 2021

Smokefree 2025 Team
Ministry of Health
PO Box 5013
Wellington 6140

By email: smokefree2025@health.govt.nz

Tēnā koe,

Re: Proposals for a Smokefree Aotearoa 2025 Action Plan

Thank you for the opportunity to provide feedback on the above consultation. The Council of Medical Colleges is the collective voice for sixteen medical colleges in Aotearoa New Zealand, and through its members aims to improve, protect and promote public health via a well-trained medical workforce providing high-quality medical care. Our member colleges provide support to over 9000 general and specialist medical practitioners working in a range of specialties in the Aotearoa New Zealand health system.

Medical practitioners witness first-hand the preventable disease and death caused by tobacco products; and the inequitable health outcomes that tobacco products contribute to for Māori and Pasifika communities. All colleges have an interest in public health issues, and policies that impact the wellbeing of patients, whānau and communities throughout Aotearoa New Zealand – making this consultation of particular interest.

Overall, we strongly support the proposals put forward in the consultation document. The implementation of the proposals would see Aotearoa New Zealand become world-leading in tobacco control, and would accelerate progress towards the government's goal of reducing smoking prevalence and tobacco availability to minimal levels by 2025. Bold measures are needed to address the stark inequities in tobacco-related harm experienced by Māori and Pasifika communities, and communities living in the most deprived areas of Aotearoa New Zealand. Minimising smoking-related harm is also imperative for meeting obligations under Te Tiriti o Waitangi.

More specific feedback on the framework for the Action Plan is provided below.

1. Strengthen the tobacco control system

Māori governance: We strongly support the proposal to strengthen Māori governance of the tobacco control programme, with Kaupapa Māori input and leadership across the programme and a commitment to work with iwi,

Australian and New Zealand College of Anaesthetists	College of Intensive Care Medicine of Australia and New Zealand	New Zealand College of Public Health Medicine	Royal Australasian College of Medical Administrators	Australasian College of Sport and Exercise Physicians
Royal Australasian College of Surgeons	Royal Australian and New Zealand College of Obstetricians and Gynaecologists	The Royal Australian and New Zealand College of Ophthalmologists	The Royal Australian and New Zealand College of Radiologists	The Royal Australian and New Zealand College of Psychiatrists
Royal New Zealand College of Urgent Care	The Royal Australasian College of Physicians	The Royal College of Pathologists of Australasia	The Royal New Zealand College of General Practitioners	New Zealand Association of Musculoskeletal Medicine

hapū, whānau and Māori communities. This is essential for meeting principles of Te Tiriti o Waitangi, in particular equity and partnership.

2. Make smoked tobacco products less available

License all retailers of tobacco and vaping products: We strongly support the proposal to license all retailers of tobacco and vaping products, to reduce retail availability and combat the sale and distribution of illicit tobacco products.

Significantly reduce the number of smoked tobacco product retailers based on population size and density: We strongly support the proposal to reduce the number of smoked tobacco product retailers. Ubiquitous access to smoked-tobacco products makes smoking cessation difficult and contributes to former smokers relapsing.ⁱⁱⁱ It also normalizes tobacco, undermines smokefree initiatives, and likely facilitates uptake of smoking by youth.

Reducing the number of retail outlets based on both population size and density is essential. There is an over-concentration of tobacco-retailers in disadvantaged communitiesⁱⁱⁱ, and this must be remedied.

Restrict sales of smoked tobacco products to a limited number of specific store types: We strongly support the proposal to restrict smoked tobacco to a limited number of store types to reduce availability. Being able to access smoked-tobacco products in shops such as dairies, supermarkets and service stations normalizes smoking and undermines smokefree initiatives. Allowing smoked tobacco to only be sold in specialist R18 stores should support a reduction in accessibility to youth. Allowing smoked tobacco to only be sold in Pharmacies is an option that would need to be explored further with the Pharmacy sector.

Introduce a smokefree generation policy: We strongly support introducing a smokefree generation policy to effectively phase out the legal sale of smoked tobacco products over time. This is a bold policy option that could have real impact on reducing smoking uptake among younger generations and protecting them from smoking related death and disease. Evidence suggests there is high levels of regret among people who smoke.^{iv} We also strongly support a smokefree generation policy, as modelling by van der Deen et al suggests this is an intervention that is pro-equity and would have positive impacts on Māori and Pasifika health.^v This policy would also support long-term maintenance of a smokefree Aotearoa.

A mandated sinking-lid on tobacco imports: The CMC notes that a key strategy for reducing availability of tobacco in Aotearoa New Zealand would be to restrict supply into the country, for example by introducing a mandated progressive sinking lid on tobacco imports over time. Benefits of this option are that it sets a clear, unambiguous timeframe and method^{vi} for achieving Aotearoa's goal of reducing smoking prevalence and tobacco availability to minimal levels by 2025. The option of a sinking lid on tobacco imports is absent from the discussion document but is one that should be investigated further as part of the Smokefree 2025 Action Plan. Implementing a sinking lid on tobacco imports would need to be accompanied by strengthened controls to prevent illegal supply of tobacco. Comprehensive cessation support for people addicted to smoking would also be required, based on an in-depth

understanding of the social determinants of health, and the realities experienced by those New Zealanders who find it hardest to quit.

3. Make smoked tobacco products less addictive and less appealing

Reduce nicotine in smoked tobacco products to very low levels: The CMC strongly supports regulation of the content of smoked-tobacco products to minimize the risk of addiction by reducing nicotine to very low levels. This measure should reduce addiction developing; reduce relapse among former smokers; and support current smokers to reduce or quit smoking. ^{vii} A reduction in nicotine content of smoked tobacco products will need to be accompanied by very clear public messaging that low-nicotine smoked tobacco products are still harmful, as nicotine is the addictive constituent rather than the primary toxic constituent of tobacco.

4. Enhance existing initiatives

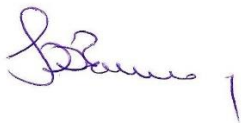
The CMC supports proposals to enhance existing initiatives such as mass and social media campaigns, and increased investment in smoking cessation services. These core strategies will continue to be an important part of comprehensive smokefree action plan.

5. Other comments on this discussion document

We congratulate the government on the proposals in the discussion document, particularly bold strategies such as reducing retail availability; decreasing nicotine content of smoked tobacco; and introducing a smokefree generation policy. We recommend, however, that the government also adds another focus area to its framework: smokefree outdoor areas. The government must consider national legislation for smokefree outdoor hospitality areas; smokefree outdoor community events; and smokefree building entrances as a key part of its framework. As described above, we also urge the government to consider a mandated sinking lid on tobacco imports.

Thank you once again for the opportunity to comment. We look forward to the development and implementation of a strong Smokefree Aotearoa 2025 Action Plan to accelerate progress towards the Māori Affairs Select Committee's original vision for Aotearoa New Zealand to be smokefree by 2025.

Nāku noa, na



Dr John Bonning,
Chair

ⁱ Chaiton M, Mercredy G, Cohen JE. Tobacco retail availability and risk of relapse among smokers who make a quit attempt: a population-based cohort study. *Tob Control* 2017;0(1-7)

ⁱⁱ 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.

ⁱⁱⁱ Marsh L, Doscher C, Robertson LA. Characteristics of tobacco retailers in New Zealand. *Health Place* 2013;23:165-70. doi: 10.1016/j.healthplace.2013.07.003

^{iv} Wilson N, Edwards R, Weerasekera D. High levels of smoker regret by ethnicity and socioeconomic status: national survey data. *N Z Med J* 2009;122(1292):99-100. [published Online First: 2009/05/19]

^v van der Deen FS, Wilson N, Cleghorn CL, 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. doi: 10.1136/tobaccocontrol-2016-053585 [published Online First: 2017/06/26]

^{vi} Wilson N, Thomson G, Edwards R, Blakely T. Potential advantages and disadvantages of an endgame strategy: a 'sinking lid' on tobacco supply. *Tobacco Control* 2013; 22:i18-i21.

^{vii} 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. doi: 10.1136/tobaccocontrol-2016-053186 [published Online First: 2016/09/28]