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The Royal Australasian College of Physicians' submission to the Ministry of Health

Proposals for a Smokefree 2025 Action Plan

Haratua 2021

Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback on proposals for a Smokefree 2025 action plan.

The RACP works across more than 40 medical specialties to educate, innovate and advocate for excellence in health and medical care. Working with our senior members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our members, to develop policies that promote a healthier society. By working together, our members advance the interest of our profession, our patients and the broader community.

Overall Position

The RACP believes that confident and forward-thinking action from the Government is key to reducing smoking rates in Aotearoa NZ. We strongly support the commitment expressed to providing this leadership as shown in the consultation document. The suite of proposals contained within represent a potentially revolutionary step towards the elimination of smoking, but they must be supported by measures which can help to ensure the welfare of those struggling to quit.

Consultation Questions

1. What would effective Māori governance of the tobacco control programme look like?

As noted in the consultation document, smoking is a prominent driver of health inequities for Māori in Aotearoa NZ. The commitment of the Crown under Te Tiriti o Waitangi necessitates active protection of Māori health and wellbeing, to the greatest extent possible. This means utilising strengths-based Māori models of health, including Te Whare Tapa Wha. Analysis has suggested that interventions targeting the effects of smoking in each of the realms of Te Whare Tapa Wha may be more effective in helping Māori quit[1]. This can also help to ensure that this is achieved in a constructive and supportive manner, laying the groundwork for a sustainable, non-smoking future.

The empowerment of tino rangatiratanga, and mana motuhake in smoking reduction is at the heart of effective Māori governance. Māori have been consistently stereotyped and misrepresented by a disparaging and victim-blaming narrative, which places high smoking rates at the foot of culture, instead of context and systemic determinants[2]. Positive representations have historically come almost exclusively from a Māori perspective, showing that for tobacco to be decolonised from Māori health, we need action by Māori, for Māori.

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[1] Glover M. Analyzing Smoking Using Te Whare Tapa Wha. In: Banwell C, Ulijaszek S, Dixon J, editors. When Culture Impacts Health [Internet]. United States: Academic Press; 2013. Chapter 11. Accessed 26 May 2021. Available from: https://www.sciencedirect.com/science/article/pii/B9780124159211000117.

[2] Muriwai E, Glover M. Smoking, Not Our Tikanga - Exploring representations of Māori and smoking in national media. Mai Journal [Internet]. 2016; 5(1): 34-47. Accessed 26 May 2021. Available from: https://ndhadeliver.natlib.govt.nz/delivery/DeliveryManagerServlet?dps_pid=FL26341839.

Tikanga, kawa, and values are key to much of Māori governance, and will be ever more important in a context focused on reducing the persistent inequity of Māori smoking[3] [4]. The recent announcement of the Māori Health Authority represents Government recognition that Māori are and always will be, best placed to improve health outcomes within whānau, hapū, and iwi[5]. Tobacco control governance should maintain this approach, and vest true decision-making authority, funding and commissioning in Māori.

2. What action are you aware of in your community that supports Smokefree 2025?

RACP members provide healthcare in communities across Aotearoa NZ and at all levels of the health system, from community-based outpatient clinics to inpatient care at tertiary hospitals to population-based interventions through public health units. Initiatives supporting Smokefree 2025 are expectedly, diverse and can involve working directly with people and whānau on smoking cessation techniques and providing treatment and management for people with smoking-related health conditions.

We take this opportunity to focus on Māori initiatives with a specific equity lens. For example, Moana Pera Tane developed and studied a community-controlled smoking cessation programme for Māori, the outcomes of which were published in 2011[6]. This study aimed to establish the uptake, acceptability and outcome of a four-week quit smoking programme by Māori, for Māori, with a focus on the role of whānau. Establishing evidence to support similar quit smoking programmes in other kaupapa Māori organisations was key, and this was met with significant success.

Concluding, the study remarked:

"Our response as a people must be to re-establish a tikanga of being Auahi Kore, as a normal and positive declaration of Māori self-autonomy. This can be achieved by the provision of kaupapa Māori smoking cessation programmes to Māori wherever they are: in the home, the workplace, and at school."

3. What is needed to strengthen community action for a Smokefree 2025?

Connecting smokers with trusted, culturally safe healthcare, which itself is funded and provisioned sustainably, is key to strengthening action to achieve a Smokefree 2025. Offers of cessation support provided by trusted health professionals have been found to motivate an additional 40-60 per cent of patients to stop smoking within six months of the

[3] Toki V. Culture - the foundation of Maori Governance. NZLawyer [Internet]. 2013; 201. Accessed 26 May 2021. Available from: https://natlib.govt.nz/records/31832827?search%5Bi%5D%5Bsubject%5D=Culture&search%5Bpath%5D=items&search%5Btext%5D=Maori+Culture+.

[4] Walsh M, Wright K. Ethnic inequities in life expectancy attributable to smoking. N Z Med J [Internet]. 2020; 133(1509): 28-38. Accessed 26 May 2021. Available from: https://www.nzma.org.nz/journal-articles/ethnic-inequities-in-life-expectancy-attributable-to-smoking.

[5] New Zealand Government. Major reforms will make healthcare accessible for all NZers [Internet]. Wellington: New Zealand Government; 2021. Accessed 26 May 2021. Available from: https://www.beehive.govt.nz/release/major-reforms-will-make-healthcare-accessible-all-nzers.

[6] Tane M P. A community controlled smoking cessation programme, for Māori (ABC for Māori Communities) [thesis on the internet]. Auckland: University of Auckland; 2011. Accessed 26 May 2021. Available from: https://openrepository.aut.ac.nz/bitstream/handle/10292/2487/TaneM.pdf?sequence=3&isAllowed=y.

consultation[7]. Effectiveness can also be improved by provision in alternative, less intimidating, and more appropriate settings[8]

Creating a culture where smokers are encouraged to reach out to individuals in their community who have successfully quit smoking, is also important. A perspective that is cognisant of the life experiences and rationale behind each specific smoker, can help provide practical advice aimed at enabling cessation. This can also help to reduce the intimidation of quitting, by providing an accessible and caring face to the process.

Supporting this, quit smoking apps can provide a consistent, motivating factor by which to measure your progress. Incrementation of a rolling total of money saved, alongside positive reinforcement, may provide a measure of constant reassurance not offered by other methods[9]. Any such app developed for widespread use in Aotearoa NZ should integrate multilingual support, to ensure access across the nation.

4. What do you think the priorities are for research, evaluation, monitoring and reporting?

From an equity perspective, we need to understand the nuanced ways in which the social determinants of health and experiences of marginalisation, racism, colonisation and deprivation realities of day-to-day life, interact with smoking, for the people who find it the hardest to quit. Through interconnected pathways, smoking is related to socio-economic status, social ties, stress, deprivation and perceptions of control[10]. These factors often lead to a sense of powerlessness, low self-esteem and social isolation, making it increasingly difficult to quit smoking. Healthy and safe housing, employment and meaningful work and community engagement are some of the ways to mitigate the drivers of health inequity and barriers to wellbeing: the RACP's campaign #MakeItTheNorm offers a framework to address these[11].

An intersectional approach and understanding is required to overcome these barriers, recognising the unique situations influenced by factors such as gender and ethnicity, alongside those previously mentioned. Simply, smokers know that it is bad for them, but there are real reasons in their life that they struggle to quit, including mental health and psychological distress. The RACP strongly advocates for psychological support to be part of available to people seeking smoking cessation guidance and advice. Further, research, evaluation and monitoring should be informed by a diversity of lived experience of both smoking and quitting smoking within the Ministry teams responsible for its implementation. The RACP believes that intersectional understandings should be recognised and integrated across all areas of policy and regulatory development.

[7] Best Practice Journal New Zealand. Smoking Cessation Beyond the ABC: Tailoring strategies to high-risk groups. Best Practice Journal New Zealand [Internet]. 2014; 64: 36-47. Accessed 26 May 2021. Available from: https://bpac.org.nz/BPJ/2014/October/docs/BPJ64-smoking-cessation.pdf.

[8] Murray R L, Bauld L, Hackshaw L E, McNeill A. Improving access to smoking cessation services for disadvantaged groups: a systematic review. J Public Health (Oxf) [Internet]. 2009; 31(2): 258-277. Accessed 26 May. Available from: https://academic.oup.com/jpubhealth/article/31/2/258/1538292.

[9] Whittaker R, McRobbie H, Bullen C, Rodgers A, Gu Y. Mobile phone-based interventions for smoking cessation. Cochrane Database Syst Rev [Internet]. 2016; 4. Accessed 26 May 2021. Available from: https://pubmed.ncbi.nlm.nih.gov/27060875/.

[10] Glover M, Nosa V, Watson D, Paynter J. WHYKWIT A qualitative study of what motivates Māori, Pacific Island and low socio-economic peoples in Aotearoa/New Zealand to stop smoking [Internet]. Auckland: Centre for Tobacco Control Research; 2010. Accessed 26 May 2021. Available from: https://www.fmhs.auckland.ac.nz/assets/fmhs/soph/sch/atc/docs/WhyKwit%20Report.pdf.

[11] The Royal Australasian College of Physicians. #MakeItTheNorm: Equity Through the Social Determinants of Health. Wellington: The Royal Australasian College of Physicians; 2017-2020. Available from https://www.racp.edu.au/advocacy/make-it-the-norm. Accessed 31 May 2021.

For evaluation, monitoring, and reporting, the relationship between rates of use for cigarettes and e-cigarettes is key. The RACP contends that e-cigarettes present no benefits for those that do not smoke and should only be employed as cessation tools to help smokers quit[12]. Evaluation, monitoring, and reporting will be key to ensuring that proposed actions intended to support making vaping products available to smokers do not have unintended effects[13].

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

Actions that could be taken to complement existing proposals include the intensification of anti-smoking media campaigns, the extension of smokefree outdoor public places, and the implementation of a sinking-lid policy for tobacco importation.

Public health experts have suggested that focusing anti-smoking advertising on mass media, and particularly, social media, with intent to reduce youth uptake and achieve denormalization of smoking, could contribute to achieving Smokefree 2025[14]. There is also the possibility to further address the ways smoking and tobacco use are depicted in our media, further combatting the prevalent and stereotypical use of cigarettes to type villains and other such characters. There has been little change in the frequency and contexts of tobacco imagery on television in Aotearoa NZ since 2004, and we may be missing an opportunity by not employing this tool[15].

Supporting this, increasing the number of smokefree outdoor public places to include common places of congregation, such as public transportation settings, parks, beaches, malls, plazas, and various shopping areas should be considered. This protects our tamariki, who model what they see, and smokers attempting to quit, by keeping smoking away[16].

Finally, an additional population-level measure that could be taken to strengthen New Zealand's tobacco control system, is a sinking-lid policy for tobacco importation. Mandated year-on-year reductions in the total amount of tobacco imported into the country would provide a concrete, unavoidable and predictable end date for the supply of tobacco in Aotearoa NZ. While this is a blunt instrument that will have unavoidable consequences, it also provides an inevitability, and a quick progression towards our smokefree goal that no other measure can match[17].

[12] Potter L N, Lam C Y, Cinciripini P M, Wetter D W. Intersectionality and Smoking Cessation: Exploring Various Approaches for Understanding Health Inequities. Nicotine Tob Res [Internet]. 2021; 23(1): 115-123. Accessed 26 May 2021. Available from: https://pubmed.ncbi.nlm.nih.gov/32208484/.
[13] Edwards R, Stanley J, Waa A M, White M, Kaai C S, et al. Patterns of Use of Vaping Products among Smokers: Findings from the 2016–2018 International Tobacco Control (ITC) New Zealand Surveys. Int J Environ Res Public Health [Internet]. 2020; 17(6629). Accessed 26 May 2021. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7559110/pdf/ijerph-17-06629.pdf.
[14] Edwards R, Wilson N, Hoek J, Waa A, Thomson G, Blakely T. Five Strategic Approaches to Achieving the Smokefree Aotearoa 2025 Goal [Internet]. Dunedin: Public Health Expert; 2021. Accessed 26 May 2021. Available from: https://blogs.otago.ac.nz/pubhealthexpert/five-strategic-approaches-to-achieving-the-smokefree-aotearoa-2025-goal/.
[15] Marsh L, McGee R, Robertson L, Ward M, Llewellyn R. Little change in tobacco imagery on New Zealand television: 10 years on. Aust N Z J Public Health [Internet]. 2016; 40(3): 218-20. Accessed 26 May 2021. Available from: https://pubmed.ncbi.nlm.nih.gov/27242253/.
[16] Cancer Society. Smokefree Outdoor Areas – A guide for cafés, restaurants and bars [Internet]. Auckland: Auckland Northland Cancer Society. Accessed 26 May 2021. Available from: https://www.otago.ac.nz/wellington/otago709946.pdf.
[17] Wilson N, Thomson G W, Edwards R, Blakely T. Potential advantages and disadvantages of an endgame strategy: a 'sinking lid' on tobacco supply. Tob Control [Internet]. 2013; 22: i18-i21. Accessed 26 May 2021. Available from: https://tobaccocontrol.bmj.com/content/tobaccocontrol/22/suppl_1/i18.full.pdf.

In the case that a sinking-lid policy is implemented, it must be in addition to the other proposals contained in this consultation document. Whānau will require high levels of support to transition away from smoking without incurring further harm. Levels of support must match the urgency of the sinking-lid policy itself, as we move swiftly towards an end to tobacco importation. Because of this, there is debate surrounding the proper time to implement this measure, with some believing that it may not be feasible until very low smoking prevalence of under five per cent is achieved[14]. Illicit supply of tobacco is another area of concern, and while it is by no means insurmountable, it would require a bespoke policy approach to address[18].

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

The RACP strongly supports the establishment of a licensing system for all retailers of tobacco and vaping products. Enabling the revocation of a retailer's license to sell tobacco allows a significant increase in leverage by which to enforce legislation, such as age limits[19]. It will also allow the consideration of measure such as the mandatory education of all staff at such retailers, ensuring knowledge of the relevant legislative context and regulations.

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

The RACP strongly supports the reduction of retail availability of smoked tobacco products. Continued reduction in availability represents further denormalisation of smoking in our society, and another step down the path to a Smokefree 2025. Tobacco control experts in Aotearoa NZ have consistently advocated for a reduction in the availability of tobacco proportionately across the population, due to its effects on the recruitment of youth to smoking, and in preventing smoking cessation[19]. Scaling availability based on population density in the area is an elegant solution to accomplishing this.

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

The RACP strongly supports restricting sales of tobacco products to pharmacies only. By their nature, pharmacies are better placed than licensed stores to provide responsible and informed cessation advice, with a view to enabling smokers to quit. Furthermore, the nature of pharmacies gives a sense of legitimacy and support to the advice given. Modelling has

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[18] Wilson N, Paynter J, Thomson G, Blakely T, Edwards R. Supplementary Report to the Māori Affairs Select Committee Phasing-out tobacco sales via a "sinking lid" on supply: Additional detail to address potential concerns, particularly around illicit activities [Internet]. Accessed 26 May 2021. Available from: https://itcproject.org/findings/reports/supplementary-report-to-the-m%C4%81ori-affairs-select-committee-phasing-out-tobacco-sales-via-a-sinking-lid-on-supply-additional-detail-to-address-potential-concerns-particularly-around-illicit-activities/.
[19] Robertson L, Marsh L, Hoek J, McGee R. New Zealand tobacco control experts' views towards policies to reduce tobacco availability. N Z Med J [Internet]. 2017; 130(1456): 27-35. Accessed 26 May 2021. Available from: https://www.nzma.org.nz/journal-articles/new-zealand-tobacco-control-experts-views-towards-policies-to-reduce-tobacco-availability.

shown that this is effective, and that these restrictions can accelerate progress towards Smokefree 2025, with population level health benefits, alongside cost savings[20].

However, it will be important to consult extensively with the pharmacy sector if this is to be implemented. Recent years have seen anecdotal reports of crime, focused on dairies and other tobacco retailers, and we must ensure that pharmacies are protected from this targeting[21].

9. Do you support introducing a smokefree generation policy?

The RACP strongly supports the introduction of a smokefree generation policy. This proposal provides the strong, focused leadership we require to achieve our Smokefree 2025 goal. Beyond this, it allows the vision of a truly tobacco free Aotearoa NZ to become a realistic possibility. Focusing on the health of our tamariki, while allowing individuals who currently smoke to continue, with a view to quitting, the introduction of a smokefree generation policy may allow us to eliminate harm from tobacco[22].

10. Do you support reducing the nicotine in smoked tobacco products to very low levels?

The RACP strongly supports the reduction of nicotine in smoked tobacco products to very low levels. Addiction has, and continues to be, a monumental barrier to the achievement of Smokefree 2025. Reducing nicotine content in cigarettes is an approach advocated for by public health experts[14]. Currently, cigarettes are designed to be highly addictive and highly appealing, making it difficult for smokers to quit. Growing evidence suggests that reducing nicotine content helps smokers to quit, reduces reuptake, and supports lower overall smoking prevalence[23][24]. As such, we support this measure.

11. Do you support prohibiting filters in smoked tobacco products?

Filters do not make cigarette smoking a safe behaviour and may even introduce smokers to new risks not associated with unfiltered cigarettes[25]. They also make up a significant proportion of plastic pollution worldwide, as the most collected item of litter globally[26]. There

[20] Petrović-van der Deen F S, Blakely T, Kvizhinadze G, Cleghorn C L, Cobiac L J, Wilson N. Restricting tobacco sales to only pharmacies combined with cessation advice: a modelling study of the future smoking prevalence, health and cost impacts. Tob Control [Internet]. 2018; 0: 1-8. Accessed 26 May 2021. Available from: https://www.otago.ac.nz/wellington/otago699279.pdf.

[21] Guildford J. Constant thefts leave dairy and convenience store workers feeling helpless [Internet]. Wellington: Stuff; 2020. Accessed 26 May 2021. Available from: https://www.stuff.co.nz/national/crime/118137022/constant-thefts-leave-dairy-and-convenience-store-workers-feeling-helpless.

[22] Berrick A J. The tobacco-free generation proposal. Tob Control [Internet]. 2013; 22(1): i22-i26. Accessed 26 May 2021. Available from: https://www.jstor.org/stable/43289350?seq=1.

[23] Donny EC, Walker N, Hatsukami D, Bullen C. Reducing the nicotine content of combusted tobacco products sold in New Zealand. Tob Control [Internet]. 2017; 26(1): 37-42. Accessed 26 May 2021. Available from: https://tobaccocontrol.bmj.com/content/26/e1/e37.

[24] Apelberg B J, Feirman S P, Salazar E, Corey C G, Ambrose B K, et al. Potential Public Health Effects of Reducing Nicotine Levels in Cigarettes in the United States. N Engl J Med [Internet]. 2018; 378(18): 1725-1733. Accessed 26 May 2021. Available from: https://www.nejm.org/doi/full/10.1056/NEJMsr1714617.

[25] Hastrup J L, Cummings K M, Swedrock T, Hyland A, Pauly J L. Consumers' knowledge and beliefs about the safety of cigarette filters. Tob Control [Internet]. 2001; 10: 84-86. Accessed 26 May 2021. Available from: https://tobaccocontrol.bmj.com/content/10/1/84.1.

[26] Van Schalkwyk M C I, Novotny T E, McKee M. Ban filtered cigarettes to curb global plastic waste, say experts [Internet]. London: BMJ; 2019. Accessed 26 May 2021. Available from: https://www.bmj.com/content/367/bmj.l5890.

is little positive to be said about the use of filters, and the RACP supports their banning in conjunction with other suggested measures.

12. Do you support allowing the Government to prohibit tobacco product innovations through regulations?

Prohibiting tobacco product innovations not only stops tobacco companies from sidestepping changes made to achieve a Smokefree 2025; it also supports the perception of tobacco as a dying industry, unsuited to the modern world.

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

The evidence shows that setting a minimum price for all tobacco products can be effective in raising prices for low to mid-priced products[27]. Benefits are particularly pronounced when this is a blanket measure, implemented without exception. Modelling has also shown that minimum pricing can reduce smoking prevalence, and help to reduce socio-economic disparities in smoking, and thus in health outcomes[28]. Based on this rationale, the RACP supports this measure, however it will be important to consider the way in which this will impact upon low-income smokers. Contact with cessation services, and the provision of appropriate support will be particularly important in a scenario where minimum pricing is implemented.

14. Of all the issues raised in this discussion document, what would you prioritise to include in the action plan?

The RACP believes that of the proposals presented in this document, three are of the greatest importance.
- The introduction of a smokefree generation policy
- the significant reduction in availability of tobacco products, including a 'sinking lid' policy, and
- the reduction of nicotine in smoked tobacco products to very low levels.

We see that this group forms an effective collection of policies to achieve Smokefree 2025.

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[27] Counter Tobacco. Increasing Tobacco Prices Through Non-Tax Approaches [Internet]. Counter Tobacco. Accessed 26 May 2021. Available from: https://countertobacco.org/policy/raising-tobacco-prices-through-non-tax-approaches/#minimumprice.
[28] Golden S D, Kim K, Kong Y A, Tao V Q, Carr D, Musburger P. Simulating the Impact of a Cigarette Minimum Floor Price Law on Adult Smoking Prevalence in California. Nicotine Tob Res [Internet]. 2020; 22(10): 1842-1850. Accessed 26 May 2021. Available from: https://pubmed.ncbi.nlm.nih.gov/32147712/.

Conclusion

The RACP thanks the Ministry of Health for the opportunity to provide feedback on this consultation. To discuss this submission further, please contact the Aotearoa NZ Policy and Advocacy Unit at policy@racp.org.nz.

Nā māua noa, nā

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