ASMS
ASSOCIATION OF SALARIED MEDICAL SPECIALISTS
TOI MATA HAUORA

Submission on Proposals for a Smokefree Aotearoa 2025 Action Plan

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Introduction

The Association of Salaried Medical Specialists, Toi Mata Hauora (ASMS) appreciates the opportunity to provide feedback on the *Proposals for a Smokefree Aotearoa 2025 Action Plan*. We consider the proposed framework developed to guide the action plan is sound. We support the identified outcomes, particularly to eliminate inequities in smoking rates and smoking-related illnesses. We consider that stronger actions to reduce the appeal and addictiveness of tobacco products, reduce affordability and reduce access to tobacco are needed to achieve the goal of ≤5 percent tobacco use prevalence in Aotearoa New Zealand by 2025.

Background

The ASMS represents senior doctors and dentists (predominantly specialists) employed by district health boards (DHBs) and other employers of health care professionals, including the New Zealand Family Planning Association, ACC, hospices, community trusts, iwi health authorities, union health centres and the New Zealand Blood Service. Our membership of over 5,000 members is mostly employed by DHBs. Over 90 percent of all permanently employed DHB senior doctors and dentists who are eligible to join ASMS are members. The ASMS is an affiliate of the New Zealand Council of Trade Unions, Te Kauae Kaimahi (CTU).

We endorse the submission from the Council of Medical Colleges, Te Kaunihera o Nga Ka reti Rata o Aotearoa.

Equity approach

The ASMS strongly supports the equity approach proposed in the action plan. We agree that more needs to be done to address the health burden that tobacco use has on Māori, Pacific peoples, deprived communities and many rural communities. It is vital the action plan is developed with input from these population groups. For Māori, the actions should be co-designed in partnership in keeping with Te Tiriti o Waitangi and in recognition that the effects of smoking are most strongly felt among Māori. That 6.3 percent of Māori girls in year 10 smoked daily in 2019, compared with 0.9 percent of non-Māori, highlights the inequity and urgent need for targeted measures.

We consider that the most effective cessation programmes for groups with very high smoking rates and disproportionate tobacco-related health disparities will be those designed and tailored to suit these groups. For example, tobacco action within Māori and Pacific communities must take account of socio-economic realities of people's lives and social and cultural contexts.

We note the strikingly different projections for adult smoking prevalence (for daily smoking) between Māori and non-Māori showing that continuing with a business-as-usual approach is not likely to achieve the smokefree goal for Māori until 2061, but that it would nearly be achieved for non-Māori by 2025.

The following comments respond to the action plan proposals.

Strengthening the tobacco control system

The ASMS agrees that the tobacco control system should be strengthened through infrastructure and governance changes that will have a positive impact on achieving the outcomes of the action plan[1].

[1] Eliminating inequities in smoking rates and related illnesses; increasing the number of children and young people who remain smokefree; and increasing the number of people who successfully quit smoking.

We support greater involvement of Māori in governance, particularly in influencing the design and delivery of new measures. We believe that the most effective Māori governance will be best determined by Māori, for Māori.

Where there is intersectoral collaboration within government for governing the tobacco control programme, organisations without specific Māori leadership agencies should be empowered to have the same degree of agency as, for example, the Māori Health Authority. Both the Māori Health Authority and the proposed new Public Health Agency should be equal co-commissioners of specific means to implement this action plan.

We note there is limited research evidence of the effectiveness of community action interventions for reducing the prevalence of smoking among adults.[1] However, a community action approach that leads to initiatives, such as smokefree public transport, can change social norms about smoking and will remain an important part of health promotion activities. Additional resources will be needed to strengthen community action to enable groups to develop activities that reflect who they are and where they live.

An increase in research, evaluation, monitoring and reporting should be part of implementing these strategies. Investing in monitoring and reporting is necessary to ensure the impact of new measures on the prevalence of smoking is tracked and reviewed. The nature of this work should be planned and confirmed before measures are rolled out. We consider there will be a greater need for Māori and Pacific researchers to undertake some of this work. As a priority, reliable data should be collected on the difference various measures have across the population and for Māori, Pacific peoples and other vulnerable groups. Evaluation programmes for all measures adopted should be developed, and ongoing monitoring of adherence to legislative changes will be vital.

It is extremely likely that tobacco companies and affiliated organisations that stand to lose revenue from successful implementation of this plan (both in Aotearoa New Zealand and globally) will be intent on conducting their own analysis of outcomes to undermine it. Therefore, it is essential that funding is provided for robust, ongoing epidemiological research of the implementation and outcomes. The research should be especially focussed on those population groups for whom there is the highest need to reduce tobacco consumption (Maori, Pacific peoples, lower decile groups). Relevant research within these groups must be led, designed and conducted in collaboration with these communities. Epidemiological research, operational evaluation and audit should be published to inform other countries considering a similar initiative towards enabling a ‘smokefree generation’.

Make smoked tobacco products less available

We support the introduction of a licensing system for retailers of smoked tobacco products as a significant step towards restricting their availability. This change should provide an effective way to ensure full retailer compliance with policies to prevent sales of tobacco to young people, as well as supporting enhanced monitoring of other retail tobacco control regulations.

Reducing the number of smoked tobacco product retailers based on population size and density would considerably reduce exposure to tobacco outlets. It would be particularly effective in communities where smoking rates are high and the number of tobacco retailers is disproportionately high. We support an implementation programme that reduces the number of retailers as swiftly as possible to increase the chance of achieving the smokefree goal for all by 2025. Reduction of the number of sites where tobacco products can be purchased should take several factors into account, not least the density/km^2 of such retailers in a given locality.

For lower decile communities where people have livelihoods that may suffer as a result of reduced distribution or sales of tobacco products, for example cigarette manufacturing workers in Petone, lorry drivers, dairy employees, etc., consideration of added funding to maintain living standards should be included in government budgeting of this initiative. We do not propose similar added funding should go to those who earn $60,000 p.a. from tobacco distribution and sales, nor for those who hold shares in tobacco companies or related businesses.

We note the suggestion in the discussion document that reducing the number of retailers would result in vaping or smokeless tobacco products being more readily available and would encourage smokers to quit or switch to vaping. The ASMS does not support active promotion of switching to vaping by retailers.

We note the previous (Nov, 2020) and future (Aug, 2021) regulation of sales and promotion of e-cigarettes and oral use tobacco products. The ASMS agrees with these steps.

However, there is increasing evidence of harm to individuals caused by the use of other "smoke-free" tobacco products and higher dose nicotine products, such as e-cigarettes. Over time, there has been an increasing number of reports of interstitial lung disease occurring from vaping, as well as a small number of fatalities. In addition, nicotine is recognised as both highly addictive and as having neurotoxic effects on learning, memory and attention span in adolescents and young adults. The available nicotine dose from an e-cigarette is higher than that from a cigarette. Use of e-cigarettes amongst rangatahi and young adults is rapidly increasing. For these reasons, not only can the ASMS not support promotion of vaping, but we also strongly urge high caution before endorsing vaping as a "safer" alternative to smoking. We also believe that the suggestion of an increased use of e-cigarettes (as an alternative to cigarettes) contradicts the government's prior recognition of the potential harm from their use, which necessitated the added regulation.

The ASMS supports restricting sales of smoked tobacco products to a limited number of specific store types as this measure has the potential to prevent initiation of youth smoking and may assist smokers to quit.

We support a 'smokefree generation' policy if it does not include encouraging other products, such as vaping or smokeless tobacco products. We favour the idea of restricting the legal sale of tobacco products to people born before a designated year. We recognise this is an incremental approach and that an end point will take time. However, if well managed and enforced, the policy would eventually prevent initiation into smoking and nicotine addiction for future generations and end the many harms caused by tobacco products.

Make smoked tobacco products less addictive and less appealing

The ASMS supports the proposal to reduce nicotine in smoked tobacco products to very low levels, making cigarettes non-addictive or less addictive. Studies show that reducing the nicotine content of cigarettes could reduce the prevalence of smoking.[2] We believe this proposal could reduce the number of adolescents and young people smoking by minimising the risk they will become addicted to nicotine. We note the evidence from some studies, referred to in the impact summary, of decreased cigarette dependence and fewer cigarettes with a very low level of nicotine smoked per day.

We also note that no country has mandated very low levels of nicotine so there is a lack of evaluation of the policy. However, data reviewed by researchers suggest that abrupt reduction in the level of

nicotine in combustible cigarettes could reduce smoking behaviour and nicotine dependence, increase quit attempts and eventual smoking cessation.[3]

The ASMS supports prohibiting filters in smoked tobacco products. It is well recognised that filtered cigarettes have not made smoking safer. Cigarette smoke remains the major cause of lung cancer and there is strong evidence that filter ventilation has contributed to the rise in lung adenocarcinomas among smokers.[4] The removal of filters will help counter any existing views that filters reduce the harm of smoking, as well as lessen the appeal of smoking. Similarly, we support government regulations prohibiting innovations aimed at increasing the appeal and addictiveness of smoked tobacco products.

Given the concerns about e-cigarettes, we would advocate that legislation on palatability of cigarettes should include restriction of added flavourings to e-cigarette liquid.

Make tobacco products less affordable

The ASMS supports setting a minimum price for tobacco as part of an overall public health strategy that includes interventions designed to facilitate smoking cessation and reduce initiation of young people.

We note the risk that a minimum price may lead to increases in the illicit market, requiring additional compliance resources. However, researchers have concluded that for a strong minimum price law to effectively reduce tobacco use, it is critical that government adopt and enforce equally strong laws prohibiting sales of contraband tobacco products.[5]

Enhance existing initiatives

Evidence-based tobacco control activities that are proven to be effective in reducing tobacco use and initiation should continue to be resourced and implemented. We agree with the proposal to increase funding for public campaigns and stop smoking services for priority populations. Existing nicotine replacement therapy products should be subsidised. We note these products are already free via smoking cessation services; increasing their availability in other locations is a logical extension of current practice.

We note that the high rate of smoking for Māori is a key reason for introducing changes to the tobacco control programme in Aotearoa New Zealand. We consider that increasing services that prevent harm and addiction from smoking for Māori should be a priority and that, to achieve the smokefree goal and equity outcomes, the action plan needs to have a strong Māori kaupapa.

We caution against using media campaigns and quit smoking campaigns that encourage vaping or smokeless tobacco, particularly for young people and non-smokers. While vaping is likely to cause less harm than combustible tobacco smoke, vaping is not without harmful effects on the airways and the consequences of these on long-term respiratory disease are not yet known.[6] Researchers note that decades of chronic smoking are needed for development of lung disease such as lung cancer or chronic obstructive pulmonary disease, so the population effect of vaping may not be apparent until the middle of the century. *Ibid*

Conclusion

The ASMS supports all the proposals aimed at reducing the appeal and addictiveness of tobacco products, along with affordability and access, to achieve smokefree Aotearoa New Zealand by 2025. We believe the tobacco control programme has been very successful, however getting to ≤5 percent

tobacco use prevalence will require strong new measures. We strongly endorse action being taken to address the inequity of higher smoking rates for Māori women.

[1] Greenhalgh, EM, Scollo, MM and Winstanley, MH. Tobacco in Australia: Facts and issues. Melbourne: Cancer Council Victoria; 2020.

[2] Levy, D. T., K. M. Cummings, B. W. Heckman, Y. Li, Z. Yuan, T. T. Smith and R. Meza (2020). "The Public Health Gains Had Cigarette Companies Chosen to Sell Very Low Nicotine Cigarettes." Nicotine & Tobacco Research 23(3): 438-446.

[3] Piper, M. E., D. J. Drobes and N. Walker (2019). "Behavioral and Subjective Effects of Reducing Nicotine in Cigarettes: A Cessation Commentary." Nicotine Tob Res 21(Suppl 1): S19-s21.

[4] Song MA, Benowitz NL, Berman M, et al. Cigarette Filter Ventilation and its Relationship to Increasing Rates of Lung Adenocarcinoma. J Natl Cancer Inst. 2017;109(12):djx075. doi:10.1093/jnci/djx075

[5] McLaughlin, Ian et al. “Reducing tobacco use and access through strengthened minimum price laws.” American Journal of Public Health vol. 104,10 (2014): 1844-50. doi:10.2105/AJPH.2014.302069

[6] Gotts JE, Jordt S-E, McConnell R, Tarran R. What are the respiratory effects of e-cigarettes? BMJ. 30 September 2019; l5275.