



31 May 2021

Our ref: BB21-171

Tobacco Control Team  
Ministry of Health  
PO Box 5013  
WELLINGTON

via email: [smokefree2025@health.govt.nz](mailto:smokefree2025@health.govt.nz)

Tēnā koutou katoa

### Proposals for a Smokefree Aotearoa 2025 Action Plan

Thank you for giving The Royal New Zealand College of General Practitioners the opportunity to comment on the Proposals for a Smokefree Aotearoa 2025 Action Plan.

The Royal New Zealand College of General Practitioners is the largest medical college in New Zealand. Our membership of 5,500 general practitioners comprises almost 40 percent of New Zealand's specialist medical workforce. Our kaupapa is to set and maintain education and quality standards for general practice, and to support our members to provide competent and equitable patient care.

### Submission

We note that this consultation seeks comment on proposed actions to achieve the Smokefree 2025 goal, which will inform the development of the Smokefree Aotearoa 2025 Action Plan (the action plan).

We note that the proposed actions include;

- Strengthening the tobacco control system so we have the right infrastructure such as stronger Māori governance and community action, to achieve the outcomes of the action plan.
- Making smoked tobacco products less available e.g. reducing how many retail outlets can sell tobacco.
- Lessening tobacco availability by introducing a Smokefree generation policy, so people born after a certain date can't buy tobacco.
- Making tobacco less appealing and addictive such as reducing the amount of nicotine allowed in cigarettes to very low levels, and banning filters, which give no health benefit, and are made from pollution causing non-recyclable plastics.

Tobacco use in New Zealand is a leading cause of morbidity and mortality and a key driver of health inequities. While tobacco control measures over recent years have succeeded in reducing tobacco consumption, daily smoking prevalence remains high with 11.6% of adults being daily smokers. Maori are disproportionately affected by tobacco with 28.7 percent of Maori being daily smokers.<sup>1</sup> Further action is required if New Zealand is to reach the goal set by the government in 2011 of reducing the prevalence of daily smoking to less than 5 percent by 2025.

Our responses to the survey questions are attached using the template supplied.

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<sup>1</sup>Ministry of Health. 2020. Annual Data Explorer 2019/20: New Zealand Health Survey [Data File]. URL: <https://minhealthnz.shinyapps.io/nz-health-survey-2019-20-annual-data-explorer/> (Accessed 28 May 2021)

## Conclusion

The College commends Dr Verrall on this bold and future focused Action Plan. We expect that it may be strongly opposed by those with commercial interests linked to the sale of tobacco. The College however considers that the measures suggested are necessary and are willing to engage with you regarding potential approaches by GPs and general practice teams.

Again, thank you for the opportunity to participate in the consultation. If you have any questions, or would like more information, please email us at [policy@rnzcgp.org.nz](mailto:policy@rnzcgp.org.nz)

Nāku noa, nā



Dr Bryan Betty  
MBChB, FRNZCGP, FACRRM  
Medical Director | Mātanga Hauora

Attch.



# Submission form

## Your details

This submission was completed by: *(name)* RNZCGP Advocacy and Insights Team  
Email: policy@rnzcgp.org.nz  
Phone number: 04 4965999  
Organisation *(if applicable)*: Royal New Zealand College of General Practitioners  
Organisation address: *(street/box number)* PO Box 10440  
*(town/city)* Wellington 6143  
Role *(if applicable)*: [Click or tap here to enter text.](#)

## Additional organisation information

I am, or I represent an organisation that is, based in:

New Zealand     Australia     Other *(please specify)*:  
[Click or tap here to enter text.](#)

I am, or I represent, a: *(tick all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> Personal submission  | <input type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider         |
| <input type="checkbox"/> Community or advocacy organisation   | <input checked="" type="checkbox"/> Professional organisation  |
| <input type="checkbox"/> Iwi/Hāpu affiliated, and/or Māori organisation   | <input type="checkbox"/> Tobacco manufacturer, importer or distributor                               |
| <input type="checkbox"/> Pacific community or organisation  | <input type="checkbox"/> Retailer – small, for example a dairy or convenience store                  |
| <input type="checkbox"/> Government organisation  | <input type="checkbox"/> Retailer – medium or large, for example supermarket chain or petrol station |
| <input type="checkbox"/> Research or academic organisation – eg university, research institute                      | <input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture     |
| <input type="checkbox"/> Other <i>(please specify)</i> :<br><u><a href="#">Click or tap here to enter text.</a></u> |  |

## Additional statistical information

These questions are not mandatory. We are asking for information, including age and ethnicity information solely for the purposes of helping us to analyse submissions.

Age:

- Under 18
- 18 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 +
- Not applicable / prefer not to say

Ethnicity/Ethnicities I identify with:

- New Zealand European
- Māori
- Pacific Peoples
- Asian
- Other European
- Other Ethnicity *(please specify):*  
Click or tap here to enter text.
- Not applicable / prefer not to say

## Privacy

We intend to publish the submissions from this consultation, but **we will only publish your submission if you give permission**. We will remove personal details such as contact details and the names of individuals.

If you do not want your submission published on the Ministry's website, please tick this box:

- Do not publish this submission.

Your submission will be subject to requests made under the Official Information Act (even if it hasn't been published). If you want your personal details removed from your submission, please tick this box:

- Remove my personal details from responses to Official Information Act requests.

## Commercial interests

Do you have any commercial interests?

- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products
- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products

## Commercially sensitive information

We will redact commercially sensitive information before publishing submissions or releasing them under the Official Information Act.

If your submission contains commercially sensitive information, please tick this box:

- This submission contains commercially sensitive information.

If so, please let us know where.

Click or tap here to enter text.

## Protection from commercial and other vested interests of the tobacco industry

New Zealand has an obligation under Article 5.3 of the World Health Organisation Framework Convention on Tobacco Control (FCTC) when 'setting and implementing public health policies with respect to tobacco control ... to protect these policies from the commercial and other vested interests of the tobacco industry'.

The internationally agreed Guidelines for Implementation of Article 5.3 recommend that parties to the treaty 'should interact with the tobacco industry only when and to the extent strictly necessary to enable them to effectively regulate the tobacco industry and tobacco products'.

The proposals in this discussion document are relevant to the tobacco industry and we expect to receive feedback from companies in this industry. We will consider all feedback when analysing submissions.

To help us meet our obligations under the FCTC and ensure transparency, all respondents are asked to disclose whether they have any direct or indirect links to, or receive funding from, the tobacco industry.

Please provide details of any tobacco company links or vested interests below.

Click or tap here to enter text.

## Please return this form:

By email to: [smokefree2025@health.govt.nz](mailto:smokefree2025@health.govt.nz)

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

# Consultation questions

The Ministry of Health is seeking comments on the following proposals for a smokefree Aotearoa 2025. You can find more information about these proposals in the discussion document which can be downloaded from - <https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>.

## Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

Click or tap here to enter text.

- b). What action are you aware of in your community that supports Smokefree 2025?

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- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

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- c). What do you think the priorities are for research, evaluation, monitoring and reporting? Please give reasons.

Research exploring the role of vaping in addressing nicotine addiction and in promoting nicotine addiction is required. Particular attention should be paid to the risk of addiction to nicotine among those vaping who have not previously smoked.

- d). What else do you think is needed to strengthen New Zealand's tobacco control system? Please give reasons.

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## Focus area 2: Make smoked tobacco products less available

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

Yes  No

Please give reasons:

Licensing will help ensure that youth access restrictions are adhered to and will reduce the availability of tobacco.

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

Yes  No

Please give reasons:

Reducing the number of tobacco retailers would reduce tobacco availability. Smokers will find it easier to quit if they are not presented with opportunities to purchase tobacco when shopping for other items.

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

Yes  No

Please give reasons:

Restricting sales to a limited number of specific store types would further assist smokers wishing to quit to avoid opportunities to purchase tobacco.

- d). Do you support introducing a smokefree generation policy?

Yes  No

Please give reasons:

The smoke free generation policy would prohibit the sale of tobacco products not only to those currently aged under 18 years but the age restriction would increase progressively with the result that those currently aged under 18 years would never reach an age at which they would be permitted to legally purchase tobacco products. This is a bold move which if successfully implemented would be very effective in



reducing youth smoking. However, we note that it is unusual for individuals over the age of 20 to be prohibited from an activity solely due to their age.

e) are you a small business

Yes       No

Please explain any impacts that making tobacco less available would have on your business that other questions have not captured. Please be specific:

n/a

## Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes  No

Please give reasons:

Reducing the nicotine in smoked tobacco products to very low levels would reduce their addictiveness, making it easier to quit and decreasing the likelihood that new smokers would progress to becoming regular smokers

b). Do you support prohibiting filters in smoked tobacco products?

Yes  No

Please give reasons:

Filters do not reduce the harm from cigarette smoking. They do however provide a false perception of safety. In addition they cause environmental pollution.

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

Yes  No

Please give reasons:

Innovations aimed at increasing the appeal and addictiveness of smoked tobacco products, especially innovations designed to target younger smokers, should be prohibited in order to reduce the potential increase in appeal to young smokers.

## Focus area 4: Make tobacco products less affordable

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

Yes  No

Please give reasons:

Setting a minimum price for all tobacco products will help maintain the deterrent effect of the tax on tobacco. It is very important however that accessible, effective and culturally appropriate services to support smokers to quit are available to those smokers who wish to be free from the financial burden of purchasing tobacco, including smokers with mental health issues or who are addicted to other substances.

# Final questions

- a). Of all the issues raised in this discussion document, what would you prioritise to include in the action plan? Please give reasons.

1. Make smoked tobacco products less available.
2. Make smoked tobacco products less addictive and less appealing.
- 3.. Make tobacco products less affordable.
4. Strengthen the tobacco control system.
- 5 Enhance existing initiatives

- b). Do you have any other comments on this discussion document?

## Section 5, Enhance existing initiatives

Section 5 does not have a question attached however the College would like to comment on the section 'Increase investment in stop smoking services for priority populations'

The focus in this section is on engaging services to priority groups including younger Māori and Pasifika, including hapū māmā.

General Practice has been involved in supporting the Smokefree goal via ABC Smoking Cessation and the Better Help for Smokers to Quit target. There is a good evidence base for general practice involvement in encouraging and supporting smoking cessation and both consultation and outreach ABC have been demonstrated to engage smokers and result on successful quitting.

Engagement in ABC Smoking has been variable among GPs, many citing work overload and conflicting time demands as reasons for not becoming involved in these conversations and referrals. For example, analysis of general practice referrals to Stop Smoking Services shows marked variability between practices and regions, as does prescription rates for smoking cessation medications.

There is widespread dissatisfaction with the current Better Help for Smokers to Quit target in spite of its evidence base and the fact that for some GPs and in some regions it has been very effective. The commentary around time constraints and conflicting agendas, and the increasing dissatisfaction with the smoking health target, suggests that if general practice is to contribute to the Smokefree Action plan, this needs to be in a different way.

Currently the proposed Action Plan does not include reference to general practice which risks excluding an important workforce, will miss many opportunities for smokefree support, and largely result in no prescribing of the most effective stop smoking medications. Many GPs are unhappy with targets which they see as demanding attention when other items may be more critical to manage.

Motivational approaches are just as relevant to health professionals as to patients, and voluntary involvement by GPs is likely to achieve better engagement with smokers than target demands.

GPs and the practices they work with, and the PHOs that support them could be invited and funded to participate in the development of local/regional smokefree plans, to increase understanding of services available, and identify barriers. For PHOs/practices/GPs that wish to engage, there are evidence-based and demonstrated activities that work, as well as opportunities for innovation. The most effective outcomes have been demonstrated in regions where there is integration

between general practice and Stop Smoking Services with a shared focus on engagement with priority groups.

Opportunities for innovation include the new general practice roles within the Primary Mental Health and Addictions Service developments. As outlined in the MOH Smokefree Aotearoa 2025 Action Plan document, there is a need to focus on the readiness to quit journey for younger Māori and Pasifika especially wāhine, with the person's environment, including factors such as stress, access to resources, and the attitudes and behaviours of friends and whānau, having a strong influence on their smoking behaviour. Health coaches and Health Improvement Practitioners have already identified a role in this readiness to quit journey, and the national extension of the service and the opportunities for 'warm handovers' may provide the solution for GPs who recognise the need for patients to quit but who cannot attend to that within the current consultation framework.

#### Tobacco use and Mental Health

Smokers are more likely to have poor mental health than non-smokers. Almost a quarter (24%) of current smokers reported one or more diagnosed mental health conditions (depression, bipolar disorder, anxiety disorder, an alcohol-related disorder or a drug-related disorder) compared to 15% of non-smokers.<sup>1</sup>

Patients with mental health issues may require increased resources if they are to quit smoking.

<sup>1</sup> <https://www.health.govt.nz/publication/tobacco-use-2012-13-new-zealand-health-survey>

Accessed 28/5/21