The Paediatric Society of New Zealand
Te Kāhui Mātai Arotamariki o Aotearoa

Submission Form

Your details

This submission was completed by: *(name)* Philip Pattemore
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Phone number: 0275027510
Organisation *(if applicable)*: Paediatric Society of New Zealand
Organisation address: *(street/box number)* PO Box 2005, Raumati Beach,
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Role *(if applicable)*: member

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)*

☐ Personal submission
☐ Community or advocacy organisation
☐ Iwi/Hāpu affiliated, and/or Māori organisation
☐ Pacific community or organisation
☐ Government organisation
☐ Research or academic organisation – eg university, research institute
☒ Other *(please specify)*: This submission is also fully supported by the Paediatric Respiratory and Sleep specialists in Starship Hospital, Auckland and Christchurch Hospital
☐ Healthcare provider eg Primary Care provider, stop smoking provider
☒ Professional organisation
☐ Tobacco manufacturer, importer or distributor
☐ Retailer – small, for example a dairy or convenience store
☐ Retailer – medium or large, for example supermarket chain or petrol station
☐ Vaping or smokeless tobacco product retail, distribution or manufacture

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☐ Do not publish this submission.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.

Neither I, nor the Paediatric Society of NZ, has any links or vested interests with tobacco or vaping companies

Please return this form:

By email to: 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.

Be led by Māori. Be responsive to and reflect Māori values and views. Be informed by scientific evidence.

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

CanBreathe and Asthma & Respiratory Foundation NZ, along with Cancer Society of NZ, and Hāpai te Hauora are continuously lobbying, educating and profiling the need for and steps to a Smokefree 2025

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

Media and marketing visibility of the approach of the goal, why the goal is to be pursued and celebrated (especially the future of our young people), and ways to seek help to achieve it.

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

1. Long-term efficacy and health effects of nicotine replacement, especially e-cigarettes. 2. Ongoing monitoring of youth uptake of e-cigarettes and survey of reasons for youth uptake. A recent overseas survey found that quitting or reducing smoking was the most common reason for older people to try e-cigarettes, but that curiosity was the overwhelming reason among young people. This highlights the risk that the current generation of young people will be addicted to nicotine through the novelty of e-cigarettes even though they would not have smoked, leaving them susceptible to use of other nicotine-containing products

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

It is vital to prevent young people taking up e-cigarettes, through: a) well-informed marketing strategies, such as highlighting e-cigarettes as a product to help older people (old enough not to be role models for young people) quit smoking, b) regulating the external and internal visual marketing of vape shops so that they do not appeal to the curious young person. c) regulating vaping in public venues, cars and public vehicles in the same way as cigarettes, so they do not have role-modelling street appeal d) regulating flavours in e-cigarettes that appeal to young people e) regulating devices that are marketed in a format that appeals to young people e.g. the Juul device, which can pass off as a USB drive

Better control of illegal imports of tobacco, cigarettes and vaping products is also vital.

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:

As time goes by, the government may wish to impose further qualifications or restrictions which would be facilitated by licencing and a register.

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:

This is a way of reducing visibility and accessibility to smoking. It has to be supplemented with active and visible support for smokers to quit at the site of previous retail outlets, so that other addictions (food, alcohol especially) are not fostered

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

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Please give reasons:

For the same reasons as above, reducing visibility and accessibility, and highlighting that smoking is risky activity. However, using R18 stores has to be thought through carefully so that it does not paradoxically increase the appeal to young people, who want to emulate older people. This was highlighted by advertisements produced by tobacco companies in the USA that "discouraged" young people from smoking by displaying that it was an activity for adults. It was shown to have the effect of encouraging young people to smoke (Melanie Wakefield et al. Effect of Televised, Tobacco Company-Funded Smoking Prevention Advertising on Youth Smoking Related Beliefs, Intenions and Behavior. *Am J Public Health*. 2006;96: 2154-2160) It is also relatively easy in some settings for young people to get older people to act for them, or to use their documentation to bypass an under-18 restriction. So whether the restriction is framed in this way needs careful thought.

Pharmacies are appropriate to dispense nicotine-replacement and e-cigarettes for smoking cessation, but I suspect many pharmacists would feel deeply conflicted to sell cigarettes. Restriction of point of sale to existing licensed premises e.g. bottle shops may be appropriate

Limiting the point of sale must go in tandem with better monitoring of compliance with the law. This should include better monitoring of compliance, sales practice, and (if needed) thorough enforcement of appropriate sanction or punishment if these laws are broken.

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

☒ Yes ☐ No

Please give reasons:

This is one of the most innovative and potentially fruitful proposals in the document.

The Paediatric Society of NZ fully supports the concept.

Legislating for this would have to account for human freedoms and rights, and make the case strongly that tobacco is a public harm (to the fetus, child, and to other people who do not consent to exposure but who suffer from it) and that it is legitimate to limit its use in this way, in the same way as other public health measures.

e). Are you a small business that sells smoked tobacco products?

☐ 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:

Click or tap here to enter text.

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 and abolishing nicotine addiction should be a core facet of the Smokefree Aotearoa 2025 goal. Nicotine is what renders people susceptible to marketing, uptake and ongoing use, with the attendant long-term lung and airway exposures to excipients in tobacco and e-cigarettes, and subsequent ill health from that exposure and absorption.

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

☒ Yes ☐ No

Please give reasons:

Filters do not reduce the harm of cigarettes but are major contributors to environmental degradation and toxicity to water and sea life.

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

☒ Yes ☐ No

Please give reasons:

The tobacco industry has repeatedly and consistently made innovations to their products – filter, cigarettes, low tar cigarettes, RYO cigarettes, and more recently heated tobacco products and e-cigarettes (e-cigarettes were first modelled by British American Tobacco in the 1960s: Risi S. On the Origins of the Electronic Cigarette: British American Tobacco's Project Ariel (1962-1967). American Journal of Public Health. 2017 Jul;107(7):1060–7. Tobacco companies are now the leading marketers of e-cigarettes), each time falsely claiming lower toxicity, and a safer product.

The tobacco industry cannot be trusted to be acting in the public good while they a) continue to farm tobacco, often to the detriment of local soil, forests and crops and harm to women and children in emerging countries (WHO. Tobacco and its environmental impact: an overview. Geneva; 2017 May 27;:1–72.), b) market and sell cigarettes (which they continue to do aggressively in less regulated countries) c) promote nicotine-containing products as celebrity-supported leisure products.

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:

There is significant sensitivity to price in tobacco purchase. However this has to be accompanied by equitable access for people who are heavily addicted, to nicotine replacement therapies, quitting advice, and psychological support, regardless of their financial circumstances.

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.

A Smokefree (and nicotine/vapefree) generation. If there is legislative capability to make this happen, this would be a major and innovative gain for Maori, Pasifika, young people, and other vulnerable groups in society. It also stands to have support even from smokers, many of whom wish they had never started and do not want their young people to start. Arguing the public good of this will be critical, and reducing exposure of the fetus and children is one area to highlight. Currently smoking remains most prevalent among people in the child-bearing age and particularly among Maori and Pasifika, and these have the most risk of affecting their unborn children, children in the home, and passing the risk of smoking uptake on to the next generation. If a path was made for a smoke and vapefree generational cohort, it would have a major impact on breaking the longstanding intergenerational cycle of smoking.

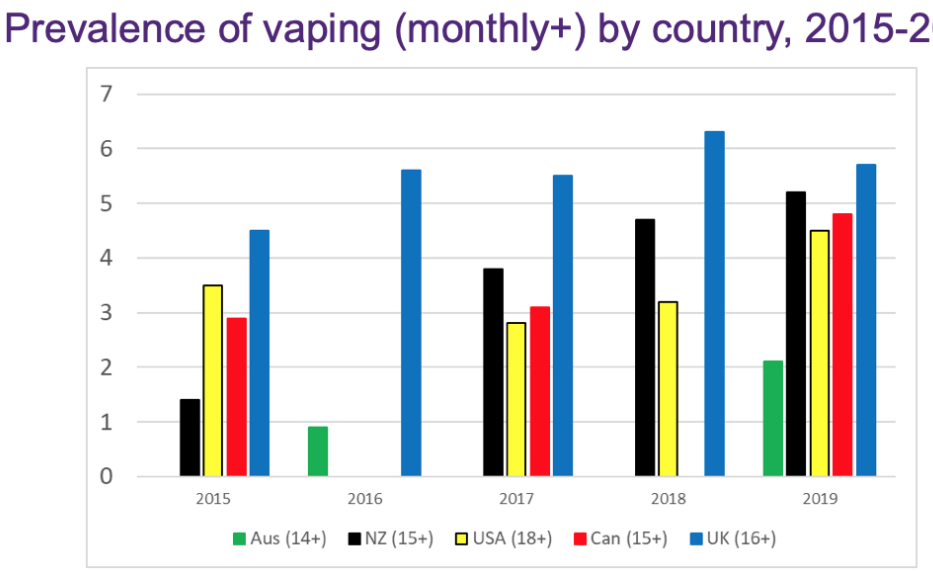
b). Do you have any other comments on this discussion document?

The government has a responsibility to first do no harm, and to minimise the impact of vaping on young people, while it is being used as a harm-reduction tool,. While acknowledging that many smokers are helped to consider quitting or to quit smoking through vaping we would stress the following: a) the best studies have shown only a modest increase in quitting with e-cigarettes over nicotine replacement, and the population impact of this is likely to be very small. b) at the same time, more people continue using e-cigarettes than NRT for long periods, and many studies have emphasised that many users and quitters are dual-using e-cigarettes and cigarettes and potentially gaining more harm from two different products. c) in the light of these realities, and the possibility that the gains may turn out to be small, a careful evaluation of the harm reduction claims is needed By the same token, these claims have to be

weighed against the risk of the next generation of young people becoming long-term nicotine users and addicts via e-cigarettes.

NZ uptake of vaping amongst young people has shown the sharpest increase amongst similar countries – USA, Australia, UK (with its very liberal vaping policies to encourage harm reduction), and only Canada exceeds current NZ rates. See the accompanying graphs, which are used courtesy of and with permission of Associate Professor Coral Gartner, Director, Centre of Research Excellence on achieving the Tobacco Endgame, School of Public Health, University of Queensland. Note that in the second graph, NZ youth and those 20-24 have are the age-group with the highest rates of vaping use, unlike the UK. Professor Gartner considers that a possible reason for the difference between NZ and the UK may be because the UK have marketed e-cigarettes as something for older people to use quitting, and it hasn't had the same role-modelling appeal.

We consider the NZ rates of young people vaping to be an unacceptable situation and a potential disruptor of the Smokefree Aotearoa 2025 goals, if smokers are replaced by a new generation of nicotine-addicted people who remain susceptible to tobacco company marketing and products, and potential lifetime exposure to excipients.



Prevalence of vaping by age, 2019