

Submission to the Health Committee on the Smokefree Environments and Regulated Products (Smoked Tobacco) Amendment Bill

1. This written submission is made on behalf of the **Nurses Society of New Zealand and Te Uniana o NSNZ Incorporated (“NSNZ”)**. As the second-largest professional body and union for nurses in Aotearoa New Zealand, NSNZ represents and provides services to a significant number of nurses across all parts of our nation’s health service.
2. NSNZ supports the intention of the Smokefree Environments and Regulated Products (Smoked Tobacco) Amendment Bill (“Bill”) to achieve the government’s Smokefree Aotearoa 2025 goal. It is imperative that the legislature does everything it can to reduce the incidence of smoking and to minimise the impacts that smoking has on New Zealanders as well as on the finite resources of our health system.
3. Clearly, using smoked tobacco products as they are intended, kills. The public health measures proposed in this Bill to reduce the accessibility, appeal and addictiveness of cigarettes in Aotearoa New Zealand are welcomed by NSNZ and are recognised, in many respects, as world leading.
4. As we would be among the first in the world to implement these measures, there is some uncertainty as to the outcomes. The effectiveness of the proposals in this Bill have, however, been tested in numerous studies and communities, both overseas and in New Zealand.
5. Alongside the measures currently in place including plain packaging, limiting advertising and ending consumption in public and shared spaces, the proposals will actively discourage young people from taking up smoking and assist those endeavouring to quit.

REDUCING RETAIL AVAILABILITY

6. **There is a considerable amount of evidence to support the proposed restrictions on the sale of smoked tobacco products** to only approved retailers and the setting of maximum retailer numbers in certain areas. These measures should reduce opportunistic buying and thus the initiation and maintenance of the tobacco habit. People trying to quit are prone to relapse if tobacco products are readily available. Moreover, these measures will help to further de-normalise the sale of tobacco products.
7. A meta-analysis of 11 youth smoking studies from six countries (Australia, Canada, India, New Zealand, Scotland, and the United States) indicated that greater retail density near homes was associated with a higher risk of smoking in the past month.¹ Another analysis of 27 studies about

¹ Finan, L.J., Lipperman-Kreda, S., Abadi, M., Grube, J.W., Kaner, E., Balassone, A., & Gaidus, A. (2019, January). Tobacco outlet density and adolescents’ cigarette smoking: a meta-analysis. *Tobacco Control*, 28(1), 27–33. <https://doi.org/10.1136/tobaccocontrol-2017-054065>

adult tobacco use found that reductions in the proximity and density of tobacco retailers were associated with an estimated 2.5% reduction in the relative risk of tobacco use.²

8. Allowing tobacco to be sold anywhere alongside other consumer items contradicts government efforts to reduce smoking. However, given the presumed negative impact this requirement would have on some small businesses, it would be appropriate for **evaluative measures** to be considered to ensure that this constraint was effective in reducing tobacco use in our communities.

AMENDING THE AGE LIMITS FOR SALE OF SMOKED TOBACCO PRODUCTS

9. **Studies have found that regulating the age of purchase of tobacco products is effective at reducing youth smoking.**³ NSNZ supports the measures in the Bill that prohibit the sale of smoked tobacco products to individuals born from 2009 onwards. This measure will be of particular benefit to Māori, who have higher smoking rates, higher rates of death and tobacco-related illness than non-Māori and are the youngest group to start smoking.⁴
10. Aligning this prohibition with the idea of a smokefree generation, as opposed to an increase in the legal age of purchase, allows the initiative to be viewed as community driven, rather than a top-down approach. This is particularly important for Māori and Pasifika groups, where the most effective interventions are those that strengthen young people and their ability to direct their own lives.⁵ Communicating the rationale behind policy changes and gaining buy-in from young people is vital. For these reasons, NSNZ supports the consultation requirements set out in section 20N of the Bill.
11. NZNS acknowledges concerns about the potential risk of increased **criminal activity** caused by driving the sale of smoked tobacco products underground. However, the Bill does not ban nicotine, vaping products will continue to be legally available, and there are no offences for possession of tobacco products. Moreover, demand for contraband product should diminish as rates of addiction are reduced.

REDUCING THE APPEAL AND ADDICTIVENESS OF SMOKED TOBACCO PRODUCTS

12. **Evidence from clinical trials support reduced-nicotine products as a successful means of reducing nicotine exposure.** NSNZ endorses the proposal to reduce nicotine levels in smoked tobacco products as potentially the most effective measure in the Bill. A United States clinical trial supported a very low nicotine content in cigarettes, finding that smokers who successfully

² Lee, J.G.L., Kong, A.Y., Sewell, K.B., Golden, S.D., Combs, T.B., Ribisl, K.M., & Henriksen, L. (2021, September 3). Associations of tobacco retailer density and proximity with adult tobacco use behaviours and health outcomes: A meta-analysis. *Tobacco Control*. <https://doi.org/10.1136/tobaccocontrol-2021-056717>

³ Winickoff, J.P., Gottlieb, M., Mello, M.M. (2014, January 13). Tobacco 21 – an idea whose time has come. *New England Journal of Medicine*, 370(4), 295–7. <https://doi.org/10.1056/NEJMp1314626>

⁴ Ministry of Health. (2020, November 19). *Annual update of key results 2019/20: New Zealand health survey*. [Annual Update of Key Results 2019/20: New Zealand Health Survey | Ministry of Health NZ](https://www.health.govt.nz/our-work/annual-update-of-key-results-2019-20-new-zealand-health-survey)

⁵ Ball, J., Hoek, J., Tautolo, E.S., & Gifford, H. (2017, December 10). New Zealand policy experts' appraisal of interventions to reduce smoking in young adults: A qualitative investigation. *BMJ Open*, 7(12), e017837. <https://doi.org/10.1136/bmjopen-2017-017837>

transitioned to very low-nicotine cigarettes substantially reduced their exposure to nicotine and that this did not lead to significant compensatory smoking.⁶

13. Moreover, a review of literature on the use of reduced-nicotine content cigarettes as a cessation aid found that the measure can reduce nicotine dependence in smokers **without adverse effects** on cardiovascular biomarkers.⁷ The researchers suggested that those who had difficulty transitioning to cigarettes with reduced nicotine would benefit from supplemental nicotine. Supplemental nicotine could also negate the possible impact on the mental health of those addicted.
14. Successful reduction of smoking has been disproportionately concentrated among communities without socioeconomic or health-related disadvantages. This concerning trend suggests that existing tobacco control and regulatory policies are resulting in a widening of health disparities for these groups. Evidence from studies examining the effect of co-occurring vulnerabilities (including rural residence, substance-use disorder, affective disorder, low educational attainment, poverty, unemployment and physical disability) on the response to reduced-nicotine-content cigarettes suggests that they are effective at reducing smoking and associated disparities across all populations.⁸

OTHER COMMENTS

15. Smokers themselves generally do not like the fact that they smoke. Tobacco is not a recreational drug and prohibiting the sale of smoked tobacco products would therefore **enlarge rather than restrict the freedom of New Zealanders**. Most smokers want to quit, but cannot, and regret having started.
16. Alongside the current and proposed measures aimed at achieving the Smokefree Aotearoa 2025 goal, **targeted processes** must be supported, including community-led initiatives for Māori, Pasifika and low-income smokers. While there have been declines in both youth and adult tobacco use, gaps in health equity persist. Smoking is an important preventable risk factor contributing to ethnic inequities in life expectancy⁹ and government obligations under Te Tiriti o Waitangi require the achievement of equitable health outcomes for Māori.

⁶ Krebs, N.M., Zhu, J., Wasserman, E., Kuprewicz, R., Martinez, D.J., Veldheer, S., Livelsberger, C., Modesto, J., Reinhart, L., Trushin, N., Reilly, S.M., Liao, J., Fazzi, A., Bascom, R., Richie, J.P., Foulds, J., Horn, K., & Muscat, J.E. (2021, May 24). Switching to progressively reduced nicotine content cigarettes in smokers with low socioeconomic status: A double-blind randomised clinical trial. *Official Journal of the Society for Research on Nicotine and Tobacco*, 23(6), 992–1001. <https://doi.org/10.1093/ntr/ntaa247>

⁷ Walker, N., Bullen, C., & McRobbie, H. (2009, November). Reduced-nicotine content cigarettes: Is there potential to aid smoking cessation? *Official Journal of the Society for Research on Nicotine and Tobacco*, 11(11), 1247–9. <https://doi.org/10.1093/ntr/ntp147>

⁸ Higgins, S.T., DeSarno, M., Bunn, J. Y., Gaalema, D. E., Leventhal, A. M., Davis, D. R., Streck, J. M., Harfmann, R. F., Markesich, C., Orr, E., Sigmon, S. C., Heil, S. H., Tidey, J. W., Lee, D., & Hughes, J. R. (2021). Cumulative vulnerabilities as a potential moderator of response to reduced nicotine content cigarettes. *Preventive Medicine*, 152, (Pt 2),106714. <https://doi.org/10.1016/j.ypmed.2021.106714>

⁹ Walsh, M., & Wright, K. (2020, February 7). Ethnic inequities in life expectancy attributable to smoking. *New Zealand Medical Journal*, 133(1509), 28–38. <https://journal.nzma.org.nz/journal-articles/ethnic-inequities-in-life-expectancy-attributable-to-smoking>

17. Harm from smoked tobacco products continues to disproportionately affect Māori and Pasifika populations.¹⁰ Lower-income and less-educated populations are particularly burdened by tobacco use. People with mental illnesses face issues that can make it more challenging to quit, such as low income, stressful living conditions and lack of access to healthcare.
18. Just as our communities are diverse, so too must our efforts to combat health disparities be varied. The proposals in the Smokefree Environments and Regulated Products (Smoked Tobacco) Amendment Bill have the support of the Nurses Society of New Zealand as complementing the existing policy measures to help New Zealanders reach the goal of being smokefree by 2025.

If you have any questions or require any clarification about this submission, please contact:

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¹⁰ Blakely, T., Fawcett, J., Hunt, D., & Wilson, N. (2006, July 1). What is the contribution of smoking and socioeconomic position to ethnic inequalities in mortality in New Zealand? *Lancet*, 368(9529), 44–52. [https://doi.org/10.1016/S0140-6736\(06\)68813-2](https://doi.org/10.1016/S0140-6736(06)68813-2)