LETTER

Realignment of tobacco control services—will it be sufficient to achieve the nation’s Smokefree 2025 Goal?

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The Ministry of Health’s recent announcement of a realignment of tobacco control services has heralded a welcome focus on the New Zealand Government’s Smokefree 2025 goal, and an acknowledgement that we are not on track to achieve it. However, we believe that the realignment will not address some key issues, most importantly the requirement that the Government should adopt and implement a comprehensive plan to achieve the goal.

In the realignment contracts for all face-to-face stop smoking services, and local and national health promotion and advocacy services will end in June 2016 and be re-tendered. This action is apparently a response to the recent Review of tobacco control services and emerging evidence that the Government’s Smokefree 2025 goal will not be achieved if the current business as usual approach continues, particularly for Māori and Pacific populations. Prior to this announcement a decision had already been taken to replace the highly successful and internationally renowned dedicated Quitline service in favour of a broader national telehealth service.

Subsequent media coverage has implied that realising the Smokefree 2025 goal requires a reassessment of funding allocated to anti-tobacco groups. Whether intentional or not, these media reports suggest the tobacco control sector, in the form of smoking cessation providers and advocacy organisations, are seen as an impediment to achieving Smokefree 2025. We believe this implication is incorrect.

We suggest that the biggest threat to the 2025 goal is insufficient central government planning and action at a national population level. The government has not developed an overarching action plan, enacted sufficient effectively implemented legislation and policy measures, and has not funded mass media campaigns at appropriate levels. The Review of tobacco control services report also identified these problems, but the proposed tobacco control services realignment does not appear to address these important matters.

Ironically, the national advocacy organisations under review have consistently argued against a business as usual approach and called for more effective policy measures. Specifically, they have repeatedly pointed out the need for a national action plan to achieve Smokefree 2025 and called for greater recognition of priority groups including Māori and Pacific smokers.

We strongly support initiatives that will catalyse progress towards the 2025 goal. Improving support for smokers to quit will undoubtedly be an important component of action to achieve the Smokefree 2025 goal. The Review of tobacco control services includes useful recommendations regarding provision of smoking cessation services, including enhancing the delivery of smoking cessation support in health service contexts (e.g. pharmacies, mental health providers, smoking in pregnancy) and non-health settings (e.g. WINZ offices, budgeting services) to maximise the reach among high smoking prevalence groups such as Māori and Pacific. The recommendations also suggested reviewing enrolments and quit rates achieved by different Aukati KaiPaipa and Pasifika providers.

However, most other cessation-related recommendations in the Review of tobacco control services report relate to DHB or Ministry performance, and concern the organisation and delivery of cessation services; including funding, quality control and monitoring, and training. Some recommendations were explicitly addressed to the Ministry of Health—e.g. developing a mechanism to ensure critical evaluation of new cessation initiatives, and ensuring robust data on enrolments, treatment and quit rates are reported for all services and complete reporting of referrals to cessation services following
brief advice. If the realignment addresses these issues and results in a more effective and better targeted smoking cessation support system, that will be a welcome outcome.

However, improving cessation support will not be sufficient to achieve the 2025 goal. Tobacco control experts nationally and internationally agree that achieving substantial reductions in smoking prevalence requires a multifaceted, comprehensive approach. It is essential to create an environment that discourages smoking initiation while encouraging and supporting existing smokers to quit and stay quit.

Specifically, this environment requires a policy agenda that better controls tobacco marketing and promotion, sufficiently increases the cost of tobacco, reduces the areas in which tobacco may be consumed, decreases the availability of tobacco, and provides on-going cues to quit via mass media campaigns. All these measures are established as effective. New ideas, such as tobacco product regulation, including removing additives or reducing nicotine, or phasing down the number of tobacco retail outlets also merit further consideration. Some policy can be introduced at local level (e.g. smokefree bylaws for outside public areas), but most require national policy to be implemented. Even smokefree outside areas may be better more effectively implemented through national legislation.

Many of these measures were recommended in the Māori Affairs Select Committee report, from which the Smokefree 2025 goal emerged. However, even where recommendations were largely supported in the Government’s response, full implementation has often not occurred. For example, expenditure on mass media tobacco control campaigns, a proven evidence-based approach actually fell in successive years after adoption of the Smokefree 2025 goal. The Government undertook to “consider” other recommendations, such as reducing nicotine and additives in tobacco products, and reducing tobacco availability. However, 5 years later, details of that consideration and its outcomes are still to be released.

The Review of tobacco control services also recommended that the Ministry of Health work with the Health Promotion Agency to expand awareness of, engagement with, and positive support for, the Smokefree 2025 goal. Such work is particularly important, given evidence many people misunderstand the goal. We hope the realignment responds to confusion over the 2025 goal by supporting more effective national and local health promotion, advocacy, and policy, by engaging stakeholders across government departments and in business, and by stimulating greater community engagement with the Smokefree 2025 goal.

Crucially, an ambitious and world-leading goal like Smokefree 2025 requires a clear and comprehensive action plan. The Māori Affairs Select Committee report into the tobacco industry recommended a national tobacco control strategy. The Government unfortunately did not accept this recommendation. The Review of tobacco control services report echoed the recommendation that the Ministry develop a national action plan to achieve Smokefree 2025.

In the absence of such a plan, the National Smokefree Working Group, which comprises tobacco control sector representatives (including national advocacy groups), recommended national actions that should be undertaken during 2011–2015. These suggestions included smokefree cars, mandatory retailer registration, substantial ongoing tobacco tax increases, standardised (plain) packaging, enhanced health warnings, full disclosure of additives, and bans on duty free sales. Of these recommendations, only tobacco tax and action on duty free sales will have been partially addressed by the end of 2015, despite the best efforts of advocacy groups to stimulate policy action.

We would welcome improvements to New Zealand’s smoking cessation support services that enhance their reach among high prevalence groups, and their effectiveness in supporting smokers from these groups to quit. We would also welcome changes that result in more effective communication of the Smokefree 2025 goal, development of local strategies and interventions, and promote community engagement. To achieve these outcomes, the proposed realignment will need to focus not only on evaluating providers, but also on implementing better organisation, targeting, quality control, monitoring and evaluation by the Ministry of Health and DHBs. It will also be crucial that the
proposed engagement process for the alignment is genuine, positive and comprehensive so tobacco control services have appropriate input into the new systems and services that are put in place.

However, the realignment will not address the need for a national action plan, setting out the measures, policy agenda, and timescales that will lead to 2025. The National Smokefree Working Group has now developed a new action plan for 2015–2018.\(^\text{13}\) We call on the Ministry of Health and Government to expand the current realignment process to consider the Smokefree Working Group’s plan, and current national and international research and developments in tobacco control thinking.

A key output from the realignment should be a national plan that outlines the specific actions that government will take to create an environment that protects all New Zealanders from the scourge of tobacco and ensures that New Zealand realises its world-leading smokefree goal by 2025.

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References


