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## **Revised Smoking Cessation Guidelines**

Dear Heather

Thank you for inviting the New Zealand Medical Association (NZMA) to provide feedback on the Ministry of Health's revised smoking cessation guidelines.

The NZMA is the country's largest voluntary pan-professional medical organisation with approximately 5,000 members. Our members come from all disciplines within the medical profession and include general practitioners, doctors-in-training, specialists, and medical students. The NZMA aims to provide leadership of the medical profession, and promote professional unity and values, and the health of New Zealanders. Our submission has been informed by consultations with our General Practice Advisory Council, Specialist Advisory Council, and our Board.

The NZMA believes that medical practitioners have a responsibility to advise their patients on the risks of smoking, to assist them to quit smoking, and to co-operate with community education programs to discourage smoking.<sup>1</sup> The NZMA is a member of the Smokefree Coalition and we support and endorse the goal of a smokefree New Zealand by 2025.

The NZMA welcomes the Ministry's revised smoking guidelines and would kindly request the Ministry to add the NZMA to the list of groups that have officially endorsed the guidelines. While there are divergent views about the merits (or otherwise) of the proposed new name for these guidelines, this is a relatively minor point. There is also a view that the layout of the guidelines is rather 'busy' although we note that the revised guidelines are yet to be formatted.

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<sup>1</sup> NZMA. Smokefree New Zealand. July 2010. Available from: [http://www.nzma.org.nz/sites/all/files/pos\\_smokefreeenz.pdf](http://www.nzma.org.nz/sites/all/files/pos_smokefreeenz.pdf)

Our association supports the ABC pathway for helping people quit smoking. We welcome the more targeted approach to the variety of groups deployed to use the ABC methodology in the revised guidelines. Nevertheless, the majority of ABC conversations occur in a primary care setting. In this respect, we note that the recently released New Zealand Health Survey found that 21% of adults did not visit their general practitioner over the last year.<sup>2</sup> This could mean that a considerable proportion of the population are not getting an ABC conversation. Relying solely on the ABC methodology may, therefore, be associated with a risk of not meeting the needs of people with the greatest need for subsidised smoking cessation services. As such, the NZMA believes that smoking cessation needs to occur in the context of other ongoing regulatory, legislative and policy measures (e.g. plain packaging, tax increases) if we are to achieve the objectives of a Smokefree New Zealand by 2025 across all population groups.

The NZMA suggests that the recommendations for pregnant women who smoke be strengthened to reflect the urgency of smoking cessation in this group and the limited window of opportunity in motivating change in smoking behaviour. On page 27 of the Background and Recommendations document, we recommend the addition of “without delay” to the recommendation under the second bullet. This sentence would then read: “Offer all pregnant and breastfeeding women who smoke multi-session behavioural smoking cessation interventions *without delay* from a specialist/dedicated cessation service”. We are also not convinced of the recommendation for women using NRT during pregnancy to undergo a formal risk/benefit assessment. Given that NRT is clearly safer than smoking during pregnancy, this recommendation appears to be sending a mixed message. The NZMA also believes that it would be useful for the revised guidelines to include provision for the promotion of smokefree homes and cars to the family/whānau of pregnant women.

We note that the term ‘sudden infant death syndrome’ (SIDS) is referred to as a risk of smoking in pregnancy on page 26 of the Background and Recommendations document. We query whether a more appropriate term to use in this instance would be ‘sudden unexplained death in infancy’ (SUDI)?

Finally, we welcome the caution given to the role of electronic cigarettes in smoking cessation and the acknowledgement that evidence on electronic cigarettes is still evolving. We suggest that the guidelines stipulate that electronic cigarettes are currently not recommended as a cessation product and that people inquiring about these products be offered alternative subsidised cessation treatments. Electronic cigarettes are not currently legally able to be sold in New Zealand though they may be bought overseas or via the internet. Given the importance of modelling behaviour in smoking uptake, we suggest that patients using an electronic cigarette are offered advice on the importance of protecting children from exposure to smoking-like behaviour.

We hope our feedback on the draft revised guideline is useful and we look forward to the finalised guideline.

Yours sincerely



Dr Mark Peterson  
NZMA Chair

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<sup>2</sup> Ministry of Health. 2013. *New Zealand Health Survey: Annual update of key findings 2012/13*. Wellington: Ministry of Health.