

Fifty years since the Royal College Report: more action needed to achieve the “Smokefree New Zealand by 2025” goal

Fifty years ago (on 7 March 1962), a committee of the United Kingdom’s Royal College of Physicians issued a major report on smoking and health.¹ It provided strong evidence that cigarette smoking caused lung cancer and bronchitis, and argued that it probably also contributed to cardiovascular disease. The Royal College Report (and subsequent follow-up reports in 1971, 1977 and 1983) also set out a range of measures needed to reduce smoking prevalence. These included health education campaigns, banning tobacco advertising and sponsorship, increasing cigarette taxation, providing smoking cessation support, restricting sales to children and reducing smoking in public places.

The 50th anniversary of the landmark 1962 Report is an opportunity to reflect on the state of tobacco control internationally, but also in New Zealand. With regard to the latter we note that the effects of the tobacco epidemic in this country remain very serious. Recent modelling work indicates that smoking will continue to constrain life expectancy improvements and reductions in ethnic inequalities in health, if substantive progress is not made in reducing smoking prevalence.² In addition to these direct effects, smoking continues to impose ongoing costs on the taxpayer-funded health system and to the economy (e.g., via absenteeism and premature deaths in workers).

An exciting development in thinking about tobacco use and how to prevent it, is the vision of a truly smokefree future, where children are protected from exposure to tobacco products and have a minimal risk of starting to smoke. This vision of a “Smokefree Aotearoa by 2025” was adopted in the Māori Affairs Select Committee Report and has since been endorsed by the New Zealand Government. The passing of the recent Smoke-free Environments (Controls and Enforcement) Amendment Act by 117 votes to 3 suggests that, for the first time, nearly all parties support progress towards the smokefree goal and are willing to work collaboratively to achieve this.

If, in future decades, New Zealand is not to look back on missed opportunities to reduce the harms cause by smoking, we need to implement further developments and intensification of the measures advocated in the Royal College reports by implementing other measures recommended by the Māori Affairs Select Committee. These include retailer licensing and plain packaging, measures whose effectiveness those of us in the research community have helped to document.^{3,4}

We believe that in addition to these measures, major structural changes should also be performed. The major structural changes we favour include a sinking lid on sales⁵ (i.e., systematic reductions in imports of tobacco) or other bold strategies,^{6–8} since the 2025 goal requires a rapid reduction in prevalence unlikely to result from incremental measures alone. But there has been little discussion to date on how other *non-tobacco* actions might contribute to achieving the 2025 goal. Such discussion is important,

since activity in one public policy area may support goals in another. For example, action on alcohol may also reduce tobacco consumption. We list some such ideas in Table 1.

Table 1. Possible ancillary actions that may indirectly support progress towards the “smokefree New Zealand by 2025” goal

Actions	Detail
<i>Fiscal actions</i>	
Raising alcohol taxes	There is evidence that raising alcohol tax results in reductions in tobacco consumption ⁹⁻¹¹ (i.e., these two products seem to act as “economic complements”). There is similar evidence for raising the legal alcohol purchase age of alcohol resulting in reduced adolescent smoking prevalence in the US. ¹²
<i>Legislative actions</i>	
De-linking drinking and smoking	There is evidence that alcohol use is an important mediator in smoking uptake by youth, ^{13 14} and heavy alcohol use is associated with lower smoking quit rates. ¹⁵ Furthermore, NZ smokers are known to have relatively hazardous drinking patterns. ¹⁶ Therefore advancing alcohol control measures and also further decoupling of these two behaviours seems desirable. Options include: (i) strengthening alcohol control in general (e.g., increasing alcohol tax, tightening access and restraining marketing); (ii) banning tobacco sales at venues selling alcohol (e.g., as in Quebec ¹⁷); and (iii) expanding the smokefree areas to include external areas of pubs and restaurants.
Progressing the Public Health Bill	This draft legislation is currently in limbo in the NZ Parliamentary system but it could be “revived” and strengthened to facilitate greater protection of NZ citizens from hazardous products (of which tobacco is a prime example).
Upgrading consumer protection legislation	Upgrading the “Fair Trading Act” so that it more comprehensively protects citizens from hazardous products in general. The weaknesses of the Commerce Commission with regard to the tobacco hazard have been described ^{18 19} and it has not acted to prevent a range of hazardous misperceptions held by NZ smokers. ²⁰⁻²²
Strengthening local government law-making powers	Strengthening the by-law making powers of local government could have a range of public health benefits and empower local communities. For example, communities and local government could limit the numbers of vendors in their areas that they permit to sell hazardous products such as tobacco and alcohol. Furthermore, local government could pass stronger by-laws relating to alcohol control, a measure that may help to further de-couple smoking and drinking (see above).

We see these measures (in Table 1) as potentially ancillary and as such they should not be prioritised above enacting the major structural changes and intensification of existing approaches as outline above. But we note that some of these additional interventions are likely to be particularly cost-effective in their own right (e.g., raising alcohol taxes²³⁻²⁶) and would capitalise on the strong momentum for improving alcohol control in New Zealand.

Finally, measures which target other major threats to health like excessive alcohol consumption will have many other positive effects on public health (such as reducing incidence of many cancers, cardiovascular disease and diabetes²⁷).

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