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Making World No Smoking Day Redundant

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World No Smoking Day—May 31st—is an appropriate time for New Zealand's medical professionals to take stock of how far we have come in the tobacco control journey—but also to consider how far we have to go to reach the goal of a Smokefree Aotearoa/New Zealand by 2025. The target has already been reached by New Zealand's doctors—fewer than 5% are smokers[1]—and this shows what is possible.

To see smoking prevalence among the rest of the population fall to this level within the next 13 years, business as usual—raising tobacco taxes in increments year on year, providing support for current smokers to quit, curtailing the last vestiges of tobacco promotion (through retail display bans and plain packaging), and mass media campaigns—will all be a necessary part of the tobacco control package, but will not be sufficient. Breakthroughs are needed.

Where should limited resources best be focused? Reducing smoking initiation is important but has been declining steadily for a number of years. Recent data from the ASH Year Ten Survey[2] is encouraging, 70.4% of students were never smokers. Māori students had the biggest reduction in smoking from 2010 to 2011 of any ethnicity.[3] But to see a step change in prevalence to achieve the national goal, the main focus must be on helping current smokers to quit.

Far more must be done to meet the high demand for cessation support among the many smokers who want to quit.[4] All health professionals have a key role to play. Asking about smoking status, giving brief advice and providing or referring to cost-effective cessation support (such as Quitline) for smokers is not merely an optional add-on or even a target to be reached, but must be seen as a life-saving intervention and therefore an ethical obligation for doctors.

Therapeutic nihilism in the face of frequent relapse is simply not justified. Despite relapse being common and the low numbers of smokers who permanently quit as a result of making a serious quit attempt, the health benefits that accrue to those who persist and remain abstinent are such that its justifies the effort and resources applied.[5]

But the absolute numbers of smokers who are moved towards cessation must increase dramatically if we are to halve smoking prevalence by 2020 which our new programme of research aims to inform.[6] This will be achieved through ramping up cessation support not only in the health sector but also by expanding the reach of cessation support into workplaces and communities through lay workers, iwi, churches and other groups.

"Other innovative approaches are being considered, such as electronic cigarettes. These devices, which are marketed widely via social media rather than orthodox sources, may appeal to some smokers who have lost faith in the usual methods such as 'cold turkey', nicotine patches and gum."

There is a growing interest among tobacco control researchers in the potential of regulating down the nicotine content of tobacco in cigarettes to reduce dependence. Local research just published has shown this strategy has merit.[7] Regulation of tobacco supply through means such as restricting the number of tobacco retail outlets is being debated in the tobacco control community – but such options are likely to be expensive to operate and may not be supported in the current political environment.

More cost-effective and acceptable than the establishment of a tobacco retailer licensing system would be a move by major retailers to voluntarily remove tobacco from sale in their stores. A handful of smaller retailers in New Zealand have already decided to stop selling tobacco products. However, this is only likely to occur on a sufficiently large scale to dent prevalence in response to a groundswell of public concern.

More fundamentally, a culture change in attitudes towards tobacco smoking, as we have witnessed with other toxic substances, such as asbestos, must be fostered and promoted, especially among population sub-groups where smoking remains the norm. As they have done on a number of other issues of public health concern, medical professionals should be among those leading the charge in advocating for such changes.

It is possible that a tipping point will be reached at some point, following which the decline in smoking prevalence will accelerate dramatically. However, no-one knows if or when that point that will be attained. In the meantime, the stakes are far too high for health professionals, researchers and others committed to achieving a smokefree Aotearoa/New Zealand within the next decade and a half to 'have a cup of tea' and take the pressure off our policy-makers.

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