SRNT conference report

19th annual conference, Society for Research on Nicotine and Tobacco, Boston, March 13-16, 2013

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Introduction

The 19th Annual SRNT Conference was held in Boston Massachusetts, March 13-16th. Attendees from New Zealand included Richard Edwards and Anaru Waa (University of Otago), Ben Youdan (ASH), Natalie Walker (University of Auckland), Hayden McRobbie (Inspiring Limited), Brad Novak (ADHB Regional Public Health Service) and Murray Laugesen (Health New Zealand Ltd and End Smoking NZ).

What was different about 2013 SRNT?

SRNT 2013 majored on several topics: electronic cigarettes, nicotine and other product regulation, and, strikingly for the first time, on the end game and elimination of cigarettes. The major contributing nations included the United States, and the UK.

New Zealand contributions

New Zealand contribution to the conference included:

1. Andrew Waa, Richard Edwards, Heather Gifford, Mere Wilson-Tuala-Fata, Rhiannon Newcombe, Jane Zhang. Evidence Based Initiatives for Parents to Reduce Smoking Uptake Among Indigenous Youth: From Theory to Practice. [Poster]
2. Edwards R, Carter K, Peace J, Blakely T. Who is starting smoking? An investigation of uptake among all ages using prospectively collected data. [Poster]
3. Janet Hoek, Philip Gendall, Damien Mather, Ninya Maubach, Heather Gifford, Stephanie Erick, El-Shadan Tautolo, Richard Edwards, Rhiannon Newcombe. An evaluation of alternative smokefree message themes. [Oral presentation]
4. Wilson N, Thomson G, Edwards R. Lessons for the Tobacco Endgame from Past Successes with Eliminating Other Hazards: Examples from New Zealand. [Poster].
5. Wilson N, Thomson G, Blakely T, Edwards R. Advantages and Disadvantages of a “Sinking Lid” Tobacco Endgame Strategy. [Poster)
6. Janet Hoek, Philip Gendall, Damien Mather, Richard Edwards. Plain packaging: more than the sum of its parts. [Poster]

7. Grace RC. Richardson A, Ritchie D, Laugesen M. Kivell B, Cowie N. Cigarette Breakpoint price: the price at which smokers say they would quit. (Oral presentation.) See under News at www.endsmoking.org.nz
8. Grace RC. Richardson A, Ritchie D, Laugesen M. Kivell B, Cowie N. Smokers' rating of electronic cigarettes: would more smokers quit if electronic cigarettes were on sale? (Poster). See under News at www.endsmoking.org.nz
9. McRobbie H, Przulj D, Smith K, Cornwall D, and Hajek P. (Queen Mary Univ of London) Complementing current NHS Stop Smoking Service Treatment for smokers with behavioural replacement: the role of de-nicotinised cigarettes. Oral Presentation PA 18-3.
10. Hajek P, McRobbie H, Smith K. The efficacy of cytisine in helping smokers quit: systematic review and meta-analysis. (Poster)

Items 1-5 are available on the ASPIRE website (item 6 will be available once a journal article in press has been published) (http://aspire2025.org.nz/category/findings-and-views/conference-presentations/)

Key themes

1. Death and taxes

The conference began with Richard Peto presenting some new data based on recent UK and US publications in the Lancet and New England Journal [1-3] describing how the tobacco epidemic and its impact on mortality is "maturing". (Translation: cigarette smoking is only now reaching its full killing power in older women in the UK and other western countries).

Dangers of smoking

The killing power of cigarettes. Peto described the staggering numbers globally who will die from tobacco-related diseases if current smoking rates are maintained. confirmed. Global deaths from tobacco are now 5 million p.a. and rising. About 1 billion in the 21st Century. The full killing power of smoking is to kill two thirds of all smokers. This has been seen already in male smokers, but the same excess mortality as previously experienced by men is now being seen in women, and lung cancer rates in older women have yet to fall. Thus "women who smoke like men will die like men".

Benefits of stopping smoking

Peto repeated the need for stopping smoking, and the huge benefits that follow. Stopping smoking works at any age, and before 40 years eliminates 90% or more of the excess mortality. All smokers who will die of smoking in the next 20 years are already smoking. Peto held out the hope that in this century hundreds of millions could avoid early smoking deaths if they stopped smoking early in life.

The benefits of tobacco tax

Peto also noted the pivotal role of tobacco tax as an intervention to reduce smoking, arguing that smoking is essentially a political disease, as it is so determined by decisions made by politicians, particularly the level of tobacco taxation. Peto's rule of thumb is Triple, Halve and Double - triple the real price, halve cigarettes per day, double government revenue.

2. The nature of addiction

Other notable plenary sessions included an address by **Karl Fagerstrom** in which he argued that we should be talking not about nicotine addiction but cigarette addiction – the latter being a more complex and multi-faceted process, influenced not just by nicotine intake but also sensory, social and emotional factors. He gave some interesting insights into where cessation support may head in the future.

He ended his talk by saying we should look at simply increasing the age of legal purchase to over 20 (and increase it every year thereafter), and mobilise society to police it (see additional comments on this idea below).

3. Product modification interventions and FDA regulation

Nigel Gray gave a very candid talk which described the evolution of the 'low tar' cigarette and the disastrous public health response i.e. to trust the industry, when it was all an elaborate ruse based on filter ventilation and measuring tar and nicotine intake by machines not smokers. However, he felt that the time was right to force the tobacco industry to produce a 'standard' cigarette with progressively lower carcinogens/toxins and nicotine. He argued that this had to be led by the FDA in the US.

Other possible product modification interventions raised elsewhere in the conference included removing additives (particularly menthol), mandating pH >8.0, and getting rid of ventilated filters*; and also a ban on any new tobacco product launch (unless it can be shown to benefit public health)

Following on from Nigel Gray's theme, there was a symposium session on product regulation, which focused particularly on Brazil's recent regulations that mandated the removal of most additives, including menthol, though not sugars (Brazilian tobacco is rich in natural sugar). This is an interesting development that could form a precedent/model for NZ to follow (as Virginia tobaccos smoked here are also rich in natural sugar).*

* However, ML commented that as cigarettes kill two thirds of smokers (see Peto above), New Zealand is, unlike other countries like the USA, taking a (more logical) direct path to greatly reduce cigarette sales by 2025 (rather than modify and continue to allow cigarette sales). It would be logical to eliminate tobacco cigarette sales altogether thereafter. NZ Ministry of Health is limited in what it can do in any one year, and with only 12 years left until 2025, and popular opinion supporting shutting down tobacco sales. This is where NZ could do best.

As an American conference, events in the US were a dominant theme. In particular, the ramifications of the **2009 Family Smoking Prevention and Tobacco Control Act** which gave the FDA powers to regulate tobacco products, were much

discussed. A new body, the Centre for Tobacco Products has been established, with Mitch Zeller, a long term anti-tobacco campaigner, as the Director.

Many saw this as a huge opportunity both for research and understanding of tobacco products and smoking (there is an huge associated research budget and agenda e.g. the Population Assessment of Tobacco and Health – PATH study, which has US $200m to study a cohort of 59,000 (!) smokers over 3 years see: http://www.pathstudyinfo.nih.gov/UI/Home.aspx) and potentially for action to make cigarettes less addictive/dangerous. Others are more sceptical. Some see this as a recipe for delay for any effective US tobacco control policies. As an example, Philip Morris has challenged the FDA's planned introduction of graphic health warnings and though the process is not yet complete, FDA may need to issue revised regulations to accede to what the courts say is lawful, or GHWs may even be abandoned in the US.

4. Endgames and the elimination of cigarette sales

Endgames and endgame strategies were once again a major theme, with frequent references to NZ's Smokefree2025 goal. The following sessions were of special relevance to New Zealand's plans for a smokefree nation by 2025.

Ruth Malone (editor of Tobacco Control) gave a plenary talk in which she described the growing understanding that tobacco smoking is an industrially-created epidemic due to inadequately regulated corporate activity – and is no longer viewed (as previously) as a sinful activity or the outcome of individuals' poor lifestyle choice. She described this shift of a focus as a paradigm shift, exemplified in FCTC 5.3 where the policy interests of the tobacco industry and public health are described as irreconcilably in conflict. She argued that the endgame was more than achieving zero or close to zero prevalence, it also must address the supply side as a systemic issue, and hence include the goal of end to tobacco product sales and phasing out of the industry. She discussed a variety of possible radical models and the pros and cons of each: i.e. regulation of product (e.g. denicotinisation of cigarettes, removal of additives); regulation of the market (regulated market model, price controls), and regulation of supply (sinking lid, raising age of legal purchase/supply, and restricting retail availability).

Her conclusion was that our failure to act on any of these approaches to date is due to six (mistaken) assumptions. These are: (i) industry is all powerful (ii) industry has changed and we can work with them (iii) phase out of sales is prohibition, and will fail (iv) radical action against a legal product is too great a restriction on freedom (v) a replacement product is needed before acting to phase out sales (vi) the public would not stand for it. She argued that we need to act now and the question should be not whether but when we mobilise a social movement to enact measures to put the tobacco industry out of business.

Symposium 10 was dedicated to endgame scenarios. In this Professor Ken Warner an economist who has carefully tracked smoking prevalence in the USA since 1976, said on current projections 17% would be smokers in 2020 as against a national goal of 12%. For the first time perhaps, US researchers at SRNT were talking about the end game.

Ron Borland (Symposium 10B, Regulatory Options for moving to the elimination of smoking) importantly introduced the concept of a **two-stage end game** – first eliminate tobacco, then reconsider nicotine. In his talk and in the panel discussion he made the important point that we should (1) focus first on eliminating cigarette smoking, which may be easier if there were alternative nicotine delivery systems (e.g. e-cigs if effective) available to substitute for high-harm forms of nicotine. We could then (2) move on to tackling the residual problem of ex-smokers who are still addicted to nicotine, if that is indeed the case.

Neal Benowitz discussed mandated **denicotinisation of cigarettes** and explained how reduced nicotine content of cigarettes would make cigarettes less addictive. His research in recent years has shown that compensatory smoking (which could theoretically increase health hazards) can be minimised - laying to rest this concern to a large extent.

In the US, a large amount of funding has been allocated to further research on denicotinised cigarettes, using specially made very low nicotine content research cigarettes produced by 22nd Century. New Zealand researchers have still undertaken the largest trial (n=1,400) of denicotinised (very low nicotine content) cigarettes combined with NRT for quitting [4], and further research in the area is currently underway by the University of Auckland (see: http://www.turanga.org.nz/node/127). Hayden McRobbie presented a clinical study at the conference once again showing that very low nicotine content cigarette are effective at reducing addiction and increasing quitting (see item 9 in NZ contributions above - (PA 18-3)). Denicotinisation could be mandated for all cigarettes (US researchers are focussing on this) or (as proposed in New Zealand) they could be introduced to the market with incentives for use e.g. reduced excise on denicotinised cigarettes and tobacco. [5]

Robert Proctor tobacco industry historian (Author of the *Golden Holocaust*) made a strong case for **abolition of cigarettes.** The usual criticism of this approach is that 'prohibition doesn't work – look at what happened with alcohol in the USA'. However, he noted that the situation for tobacco abolition differs from alcohol prohibition in many ways e.g. the extreme health effects of smoked tobacco even with 'moderate' use and the very high levels of regret and desire to quit among smokers (abolition prevents and releases users from slavery to tobacco – it is freedom enhancing). In the discussion, Ron Borland also noted that smoked tobacco abolition is for a particular form of highly hazardous nicotine delivery device, and does not require banning all nicotine delivery devices – again in contrast with alcohol prohibition. Proctor also noted that part of the case for abolition is that smoking much more than a public health problem and that is why cigarettes and the cigarette industry must be abolished. Cigarette factories are death factories, and the industry is, he said, a corrupting force in the United States, and has been convicted of racketeering and fraud. Despite their partial admissions about health effects, denial continues. For example, no tobacco company has admitted smoking causes death.

One endgame approach which appears to be gaining some credence and which could be relevant in some form for NZ is **increasing the legal age of purchase/ sale for cigarettes**. The Singapore model of creating a smokefree generation by increasing the legal age by one year every year is one version of this. Supporting this idea, Karl Fagerstrom pointed out in his address the increasing importance of

young adult uptake and the rarity of uptake as a mature adult. This is supported by NZ data e.g. the ASPIRE poster based on SOFIE health showing uptake is common from 15-24 years, but rare after 25 years of age. Further work in the ASPIRE "*Exploring an oxymoron: Smoking as an 'informed choice*" project investigating the degree to which young adult smokers demonstrate true informed choice may create further evidence to underpin a proposal to increase the legal age of purchase sale e.g. to 21 and then (kept at) 25 years. Increasing the legal age for purchase beyond 25 as in the Smokefree generation concept would not then be needed.

5. Electronic cigarettes

Another major theme throughout the conference and addressed in detail in a symposium on the evolving nicotine and tobacco marketplace was the increase in use of **E-Cigarettes**[1] and the challenge and opportunity they represent to the tobacco control sectors. This is a complex and rapidly evolving area, and there is considerable uncertainty about whether E-cigarettes should be welcomed, welcomed and regulated, or continue to be banned, as in NZ. Martin Jarvis for the UK made a strong case for light touch regulation.

We have long warned the public that smoking kills, and as the price of cigarettes increases, smokers are likely to become more eager to buy a safer, low cost alternative. The position in the US and UK is of a rapidly emerging and growing but unregulated market for E-cigarettes and other possible substitute products, with the tobacco industry moving into this market e.g. Lorillard have bought up BluCigs, BAT now control Kind Consumer Ltd who are taking a non-electronic non-combusting nicotine inhaler to market as a medicine in the UK (Moyses POS 3-140); it has bought control of the UK e-cigarette brand Intellicig (has been available through Intellicig NZ-UK website for several years now). Reynolds Tobacco Company bought Fagerstrom's NRT company Niconovum a few years ago. In the UK, e-cigarettes are for sale in many corner shops (approx. $15 for a disposable device and $20 for a re-usable one), and in New York for about US $10 for a disposable, as against Marlboro 20s at $13. 'Vaping' groups have been around since 2010 at least.

Various presenters showed examples of tobacco industry marketing of e-cigarettes (since Lorillard bought Blu-ecigs last year) and of smokeless tobacco products that focused on how it allows smoking to occur where it is banned i.e. dual use, rather than as a smoking cessation aid, and using glamorous and aspirational imagery.[2] Some in the e-cigarette industry (such as N-Joy the biggest e-cigarette firm) would

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[1] NB This discussion focuses on e-cigarettes, but there are also similar issues of dual use, tobacco industry promotion tactics etc for other nicotine delivery products e.g. smokeless tobacco but such products are already illegal in NZ.

[2] Note from Richard – at a separate event in the UK, Gerard Hastings presented numerous examples from US marketing of E-cigarettes, with the advertising having an uncanny echo of old style cigarette advertising before restrictions were introduced (use of cartoons, glamorous models, etc. In NZ, however, tobacco advertising is banned, and nicotine medications (NRT) can be advertised legally, but not nicotine e-cigarettes, as they are not licensed as medicines).

like to promote e-cigarettes for smoking cessation but, as in NZ ,it is barred by US law from claiming e-cigarettes are a cessation aid.

Current regulation and quality control of products (both delivery of nicotine and safety) is non-existent in the USA. The country most advanced in this regard, the UK, is expected through its Medicines regulation agency (MHRA) in a report in May 2013, (since then, possibly delayed) to bring in a comprehensive framework of 'light touch' regulation for these products. The pros and cons of different regulatory frameworks were discussed. One of the dangers of a too rigorous and costly regime raised was that innovation and development of new and better products would be stifled.

Possible policy and practice responses to e-cigarettes were much debated and research on this topic is emerging rapidly e.g. about attitudes to and use of e-cigarettes, efficacy as a quitting aid, marketing strategies etc. This includes research from New Zealand led by the University of Auckland. [6 7] This debate and the evidence underpinning it is certain to evolve and is already stirring up strong views for and against.

Some of the research and observations reported at the SRNT 2013 conference included the following.

- E-cigarettes currently appear to have broad consumer appeal for existing smokers, uptake and use is growing rapidly among smokers of whom 6% in USA and 9% [Shu-Hong Zhu UCSD, PA10.3]in UK (toolkit data, Jarvis) and 14% in the last 30 days in Canada [POS 3-121] use e-cigarettes. In the USA ecigs are more popular with women.
- E-cigarettes are being widely advertised e.g. nightly on television in the UK and USA.
- UCSD (San Diego) researchers found over 250 e-cigarette brands on the internet. 80% of brands were advertised as suitable for use where tobacco cigarettes would be banned. (PO 3-73) However, no difference was found in the popularity and sales before and after a smokefree law in Poland. [Kosmider et al POSTER 3-88]
- It is difficult to put the genie back in the bottle – E-cigs are out there (globally).
- The toxicities of e-cigarette vapour are almost certainly low compared with cigarettes. (Goniewicz SRNT 2013 PA 9-1, POSTER 4-49, Goniewicz Tobacco Control March 2013). Nicotine does not cause cancer, any other carcinogens are reported in very small quantity (though quality control and monitoring of product ingredients and emissions is weak to non-existent, so uncertainty exists).
- In a well designed experiment using five users of both types of cigarette, for nicotine, passive exposure from e-cigarette exhalations was one tenth that of tobacco cigarette second hand smoke, and substantially less for other toxicants. (Goniewicz et al PA 9-2)
- In reviewing emerging products, (Symposium 19A) Hatsukami was more concerned about dual use of e-cigarettes (i.e. use with continued tobacco

smoking and not as a quitting aid) rather than with their addictive potential.

- To address the issue of dual use, the health message may need to change slightly in future, to remind/warn smokers that even a few tobacco cigarettes per day are dangerous.
- Relative price is likely to affect use e.g. Vaping costs less, and comes in attractive flavours (e.g. candyfloss)- but the nicotine dose is mostly low. (Goniewicz; Nic Tobacco Research 2012)
- In New Zealand, in a survey of 340 smokers one third said they would use e-cigarettes to quit smoking if they were available, and Maori and Pacific smokers rated them highly – 95% as highly as their own cigarettes. (Grace, Laugesen POSTER 4-70.)

Some of the many remaining uncertainties include:

- How the prevalence and patterns of use of e-cigarettes and similar products will evolve among smokers (and key demographic sub-groups) and youth over time, and in jurisdictions with different supply, marketing and regulatory regimes. For example, will use increase inexorably or just be a fad? Will the main use among smokers be as a quitting aid, as a full substitute for smoking, or will it facilitate continued smoking through dual use of smoked cigarettes and e-cigarettes? *
- The extent, duration and risks and benefits of dual use is unclear. Smoking two cigarettes a day plus e-cigarettes, instead of smoking 15 a day is less hazardous, but is not as good as a 100% quit, or 100% switch to e-cigs and quitting of all smoked tobacco.
- Efficacy as quitting aid/substitute is uncertain (trials underway, including the ASCEND [7] trial being undertaken by the University of Auckland – note: the results of this trial will be available later this year)
- Will e-cigarettes result in increased nicotine addiction among young people or act as gateway products to smoked tobacco? Without the other agents in smoke, would nicotine delivered by e-cigarettes be so addictive? Hyland et al (PA 10-4) in a study of two schools at grades 9 to 12 showed that e-cigarette ever use increased from 3% to 6% in one year, and this occurred almost exclusively in current smokers or in smokers susceptible to smoking. More evidence is needed.
- What are the long term health effects of prolonged use of e-cigarettes? For example, although propylene glycol is non-toxic, and not cancer-causing, no-one knows yet if inhalation of propylene glycol will be harmful to the lungs after 20 years. (On the other hand reported ill effects have been rare after several years of increasing sales.)
- If e-cigarettes are to be allowed, what is the best regulatory regime for products and their marketing? (The UK nicotine policy may be a strong pointer).

- What is the effect of e-cigarette use on denormalisation of tobacco use? (Could be negative if 'smoking' is more visible, particularly if it occurs in areas where cigarette smoking has been removed (e.g. indoors). If however, e-cigarettes help smokers quit, would that not have a positive denormalising impact on smoking for smoker families?).

In summary, some of the potential benefits of e-cigarettes and similar products are:

- E-cigs could potentially reduce smoking prevalence by acting as an effective cessation aid and in relapse prevention.
- E-cigs could be an effective harm reduction tool by acting as a much safer alternative (nicotine delivery substitute) to smoking (especially if smokers switch entirely to use of E-cigs)
- Availability of a safer and consumer acceptable alternative nicotine delivery device could be a pre-requisite (or at least greatly facilitate it) for achieving rapid declines in smoking prevalence and hence endgame goals.

On the other hand the potential downsides include:

- E-cigarettes may have significant (though almost certainly far less than smoked tobacco) toxicities to users and non-users e.g. through secondhand exposures to their emissions or to children's safety if e-cigs left lying around. There is huge variability in nicotine delivery of products and probably in safety profile. No quality control or regulation currently.
- E-cigarettes could undermine tobacco control if used by smokers as an alternative to quitting (e.g. e-cigarettes could allow nicotine delivery in places where smoking is banned, reducing motivation to quit tobacco) or if use by youth evolves into smoked cigarette use. In this way E-cigarettes could act to maintain or increase levels of nicotine addiction (even if in a safer form) in society as a whole.
- E-cigarette smoking could undermine smoking denormalisation (e.g. if smoking e-cigs occurs in pubs, restaurants and other public places).
- If e-cigarettes contribute to ending tobacco smoking but large scale and persistent nicotine use and addiction remains, such widespread nicotine addiction could be viewed as unacceptable in a conceptual sense (addiction to anything is a bad thing) and could also have tangible adverse effects e.g. ongoing monetary costs of nicotine delivery to consumers and possible (uncertain) long term health effects.

There seems little doubt that a real phenomenon is occurring, which is largely consumer and producer led. The extent so far is different in NZ due to the current ban on e-cigs containing nicotine. Developments in the UK may be particularly important as the Medicines Regulation agency (MHRA) pronounces on their preferred regulatory approach to E-cigarettes.

6. Other issues

(i) Plain Packs and Picture Warnings

- Preliminary ITC data was presented from pre and post Australian plain pack implementation – shows increased quit related cognition. (Borland)
- A Scottish study (Moodie et al) asked 300 female smokers to put their cigarettes into generic brown packs for a week. This resulted in significantly increased avoidant behaviour, and significantly reduced consumption. It even made them 3x less likely to smoke around others. These are positive, but unanticipated impacts of a measure designed to protect children from tobacco marketing.
- Testing graphic warnings with smokers is critical to ensure they work effectively. For example, there may be strong cultural differences in the impact of different messages. Testing can be done cheaply and online. (Seema Mutti)

(ii) Mass Media

- Cheryl Heaton was the CEO of the Legacy Foundation who were behind 'The Truth' campaign. She gave a plenary talk.
- Legacy estimate that their spend of $324m USD resulted in 450,000 fewer youth smokers in the USA, and has saved $1.9-5.4bn USD in medical costs. It compares to mammography for cost effectiveness.

Resources worth investigating

Cigarette citadels – maps of location of cigarette factories around the world.

https://www.stanford.edu/group/tobaccoprv/cgi-bin/wordpress/

Tobacco tactics Very informative site about the tobacco industry and its tactics from University of Bath

http://www.tobaccotactics.org/index.php/Main_Page

Family Smoking Prevention and Tobacco Control Act – summary from FDA

http://www.fda.gov/tobaccoproducts/guidancecomplianceregulatoryinformation/ucm246129.htm

JF Etter. The electronic cigarette: an alternative to tobacco? JF Etter Geneva Switzerland 2012.

Proctor Robert. *The Golden Holocaust. The origins of the cigarette catastrophe and the case for abolition.* www.ucpress.edu Also as an e-book. Just under $50.

Summary of some possible implications for New Zealand

Death and Taxes

We need to maintain the focus on communicating information about the health effects of smoked tobacco, and keep updating this information. We need to be

aware that rapid reductions in prevalence will occur (only) through stopping smoking, and that rapid reductions in health impacts will (only) occur through older (40 years plus) smokers stopping smoking.* We need to keep up the pressure for regular and substantial tobacco tax increases.

[*Stopping smoking used here to include all policies that promote quitting instead of the term smoking cessation which indicates mainly a therapeutic intervention]

Product modification

Improving the safety of current smoked tobacco products (as advocated by Gray) is something that, if adopted here, (even if we were engaged in a joint effort on these lines with Australia) could gobble up limited tobacco control resource at Ministry and research level for several years. Hence, is probably best left for the US FDA to do.

On the other hand a risk-averse Minister and Ministry (absent any Minister named Clark or Turia) could easily agree to take us down that track instead of government making the bold changes needed to write the 2025 SF goal into law with interventions to make it happen.

Many potential disadvantages of this approach in NZ. E.g. changing the cigarette would probably have limited effect on making the cigarette safer, would do little to get rid of cigarettes, and would divert effort away from achieving SF2025. Our focus should probably be to retain the NZ flavour of a SF2025 goal derived from the MASC Tobacco Inquiry of 2010.

However, we need to monitor closely regulatory and research developments globally, and particularly FDA regulation and related US research. We should be prepared to implement rapidly effective regulation and policies that emerge in product modification (particularly those which are likely to promote cessation, reduce relapse, and prevent uptake) and are appropriate for the NZ context. Large-scale research in NZ is probably not appropriate or possible (i.e. because of duplication, lack of resources), but there may be opportunities for niche research. One relatively simple policy that may be worth considering is a ban on new smoked tobacco products and product modification (unless these have proven public health benefits).

Comment from Ben: If New Zealand is to move into product content regulation (ie Menthol, sugars, pH >8, etc) we first need a good disclosure regime that is far better than our current tobacco returns. It needs to be simple, but affective. This means asking the correct questions of the Industry. Product regulation can get very complex, and Industry will fight to make it hard. The USA and FDA have the budget to fight, and do the science. NZ is only small so we need to be very specific and focused on what we want to achieve and how.

Endgames and abolition

We need to continue to research and advocate for radical solutions (as well as intensification of current and incremental interventions) to ending the use of smoked tobacco products. Supply side approaches may be most apt in NZ. The tobacco control sector needs to debate and agree on best approaches.

Abolition is not yet on the smokefree 2025 agenda, however, it is something we may want to revisit and debate along the way as prevalence reduces to very low levels. Goals and their framing will also be an important consideration e.g. our current goal is minimising commercial sales not prohibiting cigarette smoking. We may also want to revisit goals in relation to nicotine use and addiction within society after the achievement of the elimination of smoked tobacco products (rather than beforehand).

E-cigarettes

We need to watch closely the emerging developments globally in e-cigarette use (it seems likely this will increase, particularly if cigarette prices continue to increase), product development, regulatory practice and research; as well as continuing and increasing NZ-led research in this area. As this evidence emerges, the tobacco control sector will have many questions. What will be the e-cigarette's (or similar products') role in achieving the elimination of smoked tobacco products? Quit service providers may have to adapt tailor their advice and guidelines to the realities of e-cigarette use (and dual use). Mass media campaign developers may need to respond also e.g. by promoting the use of e-cigarettes for quitting (if proven effective), and promoting quitting among dual users of cigarettes and e-cigarettes. The Ministry may have to respond to this emerging evidence and practice around the world.

Other issues

The conference raised numerous other policy, practice and research issues for NZ. Some examples:

- Research to test real world use of plain packs with some key demographic groups of smokers may give us some important information on how it will affect inequalities, consumption and support advocacy efforts.
- Plain packs might present an opportunity to address other product issues such as accelerant free cigarette papers and filter venting.
- We desperately need to review NZ graphic warnings. This must include testing with priority audiences to ensure maximum impact.
- New Zealand needs to consider high impact tobacco industry focused mass media campaigns.
- We need to consider gathering evidence through NZ surveys of use of the full range of nicotine delivery devices including e-cigarette use.

Attendance at SRNT

We believe that strong attendance by NZ researchers, practitioners and policy-makers at the SRNT conference should be encouraged. This is justified by the following:

- The existence of a world-leading goal to virtually eliminate smoked tobacco use in New Zealand
- The rapid evolution of tobacco control policy, research and thinking at international level.
- The importance of the SRNT conference in highlighting developments in nicotine and tobacco-related science and tobacco control and endgame research
- The opportunity the SRNT conference affords to meet with and hear presentations from most of the leading international scientists in the field.

The Ministry of Health Tobacco Control team was not represented. We recommend that the Ministry of Health ensure at least one senior member of the tobacco control team attends the annual international SRNT in the USA.

Future strategy, debates and discussions

Attendance at the conference convinced us of the need to discuss and agree the strategy beyond the Smoking Free Working Groups 'next steps' document. Time is running out to develop a plan, engage the public and policy-makers and put in place the policies to achieve the Smokefree 2025 goal.

For a small country, NZ research on tobacco control is prodigious, and yet much of it still has to be done. The challenge now is to for funders and researchers to work up and evaluate those policies that can most rapidly greatly reduce the numbers smoking by 2025. There is a strong agreement on

1) the need to raise cigarette prices,
2) on the need for moves to denormalise tobacco smoking, and
3) the demand from smokers for more attractive harm reduction products.

Researchers need to explore these options urgently. The SF 2025 goal is only 12 years away and New Zealand urgently needs its own evidence base for the policies.

Finally, we believe that in the light of ongoing uncertainty there is a great need for us all to keep an open mind, foster open debate about policies and tactics, be prepared to change positions as new evidence emerges; and that we need to ensure that debates about tactics and strategies to achieve SF 2025 continue to remain respectful and positive. Developments like e-cigarettes and the strong views they generate could be divisive and polarising, but only if we allow them to be. Throughout the journey towards 2025, we need to always keep in mind that we share the objective of eliminating smoked tobacco, even if we may disagree on some aspects of the strategy to get there.

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