

12th June 2006

Ministry of Health
PO Box 5013
Wellington

Dear Nicola Holden

Subject: Submission to the Ministry of Health on the National Drug Policy 2006-2011

The Cancer Society of New Zealand thanks the Ministry of Health for the opportunity to comment on the National Drug Policy 2006-2011. Please find attached our submission on the proposal for your attention.

The Society notes that licit drug use (tobacco and alcohol) is a major cause of premature death and disability in New Zealand, and that whilst acknowledging this in the goals and objectives, the draft national drug policy does not reflect this is the action points outlined.

Yours sincerely

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Neil Chave
Chief Executive
Cancer Society of New Zealand

Belinda Hughes
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Submission to the Ministry of Health on the National Drug Policy 2006-2011

This submission was completed by:

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Are you submitting this as:

- an individual
 on behalf of a group or organisation
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Cancer Society of New Zealand

The Cancer Society of New Zealand is a non-profit organisation which aims to minimise the incidence and impact of cancer on all those living in New Zealand.

Tobacco smoking causes cancer of the lung, oral cavity, naso-, oro- and hypopharynx, nasal cavity and paranasal sinuses, larynx, oesophagus, stomach, pancreas, liver, kidney (body and pelvis), ureter, urinary bladder, uterine cervix and bone marrow (myeloid leukaemia). Furthermore, passive smoking is a cause of lung cancer in non-smokers; the excess risk is of the order of 20% for women and 30% for men.¹

As a result of the unequivocal link between smoking and cancer, the Society considers efforts to reduce smoking rates in this country to be one of the key strategic objectives of its cancer prevention programme and strongly supports efforts to reduce exposure to second-hand smoke, increase rates of smoking cessation and decrease uptake of smoking. Over the years the Society has provided important strategic leadership within Smoke-free, helping to establish key agencies which now play a major role in smoking cessation, health promotion and tobacco control policy development. We continue to strongly advocate for evidence-based regulation and other measures in order to reduce the impact of smoking in New Zealand.

Of all the dietary factors shown to increase the risk of cancer, the evidence is strongest for alcohol. Drinking alcoholic beverages causes cancers of the oral cavity, pharynx² and oesophagus.^{3,4} IARC currently classifies alcohol as carcinogenic to humans and has concluded that the occurrence of malignant tumours of the oral cavity, pharynx, larynx, oesophagus and liver is causally related to the consumption of alcoholic beverages.⁵

¹ International Agency for Research on Cancer, 2004.

URL: <http://monographs.iarc.fr/ENG/Monographs/vol83/volume83.pdf>

² Fioretti F, Coates R J, Malone K E et al. Risk factors for oral and pharyngeal cancers in never smokers. *Oral Oncology*, 1999; 35:375-8.

³ Vaughan TL, Davis S, Kristal A et al. Obesity, alcohol and tobacco as risk factors for cancers of the oesophagus and gastric cardia: adenocarcinoma versus squamous cell carcinoma. *Cancer Epidemiol Biomarker Prev*, 1995; 4: 85-92.

⁴ Bagnardi V, Blangiardo M, La Vecchia C et al. A meta-analysis of alcohol drinking and cancer risk. *Br J Cancer*, 2001; 85: 1700-05.

⁵ International Agency for Research on Cancer website, 9 June 2006.

URL: <http://monographs.iarc.fr/ENG/Meetings/vol96-information.php>

Submission

1. The Cancer Society appreciates the opportunity to comment on the draft National Drug Policy 2006-2011. Our comments reflect a sincere belief in the need to work in a planned, strategic and collaborative manner. We support the inclusion of tobacco and alcohol in this policy but are very concerned that the policy in its current form fails to provide the necessary leadership and direction required of a strategic document of this kind. Overall it is far too general and fails to take a rigorous, evidence-based and strategic approach to drug control.
2. The Cancer Society seeks clarification as to how this Drug Policy relates to other Ministry strategies, action plans and frameworks, namely 'Clearing the Smoke: A five-year plan for tobacco control in New Zealand 2004–2009', the 'National Maori Tobacco Control Strategy 2003-2007' and Action Plans, the 'Pacific Peoples Tobacco Control Action Plan', the 'Reducing Smoking Initiation Framework', the 'Cancer Control Strategy' and Action Plan and 'Seeing Through the Smoke: Tobacco monitoring in New Zealand'.⁶ The Cancer Society urges the Ministry to utilise this policy process as an opportunity to expand on these policies in light of new and emerging research and consensus.
3. We note that in the Cancer Control Action Plan it is stated that the National Alcohol Strategy 2000-2003 is to be reviewed following the National Drug Policy revision and seek clarification as to when this will occur.
4. In terms of the structure of the draft, there is a lack of clarity as to:
 - what the policy seeks to do;
 - how the 'objectives' relate to the 'action points';
 - how the action points were arrived at (there is no reference to research and evaluation);
 - what is meant by 'objectives';⁷ and,
 - where New Zealand sits currently in terms of drug use and prevention.
5. It is suggested that current 'objectives' should be renamed 'goals' and the 'action points' be renamed 'objectives' with a further level of actions included in this document (preferably) or in the suggested companion documents (action plans). It is vital that specific, evidence-based objectives are set and responsible agencies identified so that the implementation of the plan can be measured and assessed.
6. As stated, the objectives listed are more accurately described as goals and in that regard, are a useful adjunct to the overarching goal identified. But as objectives they are too broad to provide any direction to actual work. We therefore accept their

⁶ Tobacco Control Plans and Frameworks, Cancer Society of New Zealand website, <http://www.cancernz.org.nz/HealthPromotion/TobaccoControl/PlansFrameworks/>

⁷ SMART objectives criteria states that objectives should be specific, measurable, achievable, relevant, and time-bound

retention as goals as long as specific, measurable objectives are also developed to support them.

7. In this regards, suggested goals and objectives relating to tobacco control are:

Goals (*as per draft*)

- To prevent or delay the uptake of tobacco, particularly in young people
- To reduce the consumption of tobacco smoking, consumption of tobacco products and exposure to second-hand smoke

Objectives

- To appropriately fund a range of professionally administered, evaluated and well-coordinated cessation services on an ongoing basis to meet demand;
- To stringently regulate the retail and distribution of tobacco products;
- To eliminate remaining avenues used to market and promote tobacco products and their use;
- To effectively implement existing legislation and regulation relating to tobacco and smoking;
- To denormalise smoking and the tobacco industry⁸
- To measure and evaluate tobacco use and tobacco control policies and regulation; on an ongoing basis

8. As above, suggested goals and objectives relating to alcohol are:

Goals (*as per draft*)

- to prevent or delay uptake of alcohol, particularly in young people
- to reduce the risky consumption of alcohol
- to minimise alcohol-related crime, crashes and anti-social behaviour, as well as associated injuries and other types of victimisation
- to improve the quality of, and access to, alcohol treatment services

Objectives

- To raise awareness of the harmful effects of alcohol.
- To reduce exposure to alcohol advertising
- To increase taxation
- To evaluate the impact of age legislation on drinking patterns⁹

9. The existing action points are a range of general and specific actions but as a whole do not offer sufficient strategic direction as to the focus of work.

⁸ The 2003 Progress Report on Tobacco Control, Health Canada. See: http://www.hc-sc.gc.ca/hl-vs/pubs/tobac-tabac/prtc-relet-2003/sfs-ssf4_e.html#4

⁹ The New Zealand Cancer Control Strategy, Ministry of Health and the New Zealand Cancer Control Trust, August 2003, [http://www.moh.govt.nz/moh.nsf/0/3D7504AD140C7EF0CC256D88000E5A16/\\$File/CancerControlStrategy.pdf](http://www.moh.govt.nz/moh.nsf/0/3D7504AD140C7EF0CC256D88000E5A16/$File/CancerControlStrategy.pdf)

10. Some of the action points describe the role of the Ministry rather than specific actions which the policy requires. For example under 'Supply Control' an action point is to 'Keep the current legislative and regulatory framework for drugs up to date, and develop regulations where needed'. It would be preferable to define at least the areas where further regulation is needed. The assessment of where that regulation is needed through the evaluation of research and evaluation is a vital precursor for the development of this policy.
11. Other action points are too general to truly be described as 'action points' such as 'Enhance enforcement of legislation regulating licit drugs.' This is really an objective. An action point would be, for instance, 'to increase the number and capacity of enforcement officers responsible for implementing and enforcing the Smoke-free Environments Act and its Amendments'.
12. For tobacco, though it is identified in the overriding goal and objectives of the draft policy, it is given scant attention in the action points. Those that are included do not reflect emerging issues and thus fail to take strategic view of the issue.
13. There appears to be little reference to the research on these issues. It is vitally important that we carefully review where the evidence is pointing in the process of developing this policy. As it stands it is unclear as to whether any formative work has been done in the development of this important policy.
14. Finally, given that the action points are the most specific part of the policy, they lack explicitness for Ministry of Health action for the next five years.
15. Under *Supply Control* we would suggest the inclusion of the following action points for tobacco control work:
 - To introduce a system of licensing cigarette retailers which enables government to regulate and control the retail of cigarettes more effectively.
 - To investigate, with a view to implementing, a ban on selling cigarettes in venues and outlets accessible to under 18s.
 - To develop and implement a public information campaign aimed at reducing social supplies of cigarettes to minors.
 - To investigate, with a view to introducing in the medium term, full government control of the distribution of cigarettes.
16. Under *Demand Reduction* we would suggest the inclusion of the following action points for tobacco control work:
 - To fund cessation services in a rational and ongoing way wherein services are able to meet existing and future demand for free face-to-face and telephone counselling and support.
 - To ensure there are regular, predictable increases (5% over CPI) of tobacco taxes.
 - To introduce a ban on the duty free sale of tobacco products at borders and airports.

- To investigate and regulate emerging methods of promoting and marketing tobacco products.
 - To introduce graphic pictorial health warnings covering 100% of tobacco packaging.
 - To ban on all branding of cigarettes (including on cigarette packs and cartons).
 - To ban retail displays of cigarettes.
17. Under *Problem Limitation* we would suggest the inclusion of the following action points for tobacco control work:
- To properly resource those charged with the responsibility of implementing and enforcing the Smoke-free Environments Act and its subsequent amendments.
18. Under *Information collection, research and evaluation, and monitoring* we would suggest the inclusion of the following action points for tobacco control work:
- To fund the inclusion of New Zealand in the International Tobacco Control Policy Evaluation Project.¹⁰
 - To ensure that smoking questions are retained in the next (2011) census.
 - To continue to support the New Zealand Tobacco Use Survey (NZTUS).
19. Under *Supply Control* we would suggest the inclusion of the following action points for alcohol work:
- To raise the ‘purchase age’ back to a minimum of 20 years.
 - Investigate the implementation of a ban on social supplies of alcohol for under age consumers.
 - To make the ‘proof the age’ a mandatory requirement for alcohol purchase.
 - To restrict the numbers, types and locations of off-license and licensed premises and outlets, as well as hours and days of sale.
 - To work on social supplies of alcohol.
20. Under *Demand Reduction* we would suggest the inclusion of the following action points for alcohol work:
- To increase awareness that alcohol consumption increases the risk of certain cancers.¹¹
 - To work toward a total ban of alcohol advertising and marketing including sponsorship (similar to tobacco advertising and promotion bans).
 - To define packaging and labelling as advertising.
 - To increase taxes on alcohol products, with higher rates for high sugar alcohol products.
21. Under *Problem Limitation* we would suggest the inclusion of the following action points for alcohol work:

¹⁰ International Tobacco Control Policy Evaluation Project, <http://www.itcproject.org/index.htm>

¹¹ The New Zealand Cancer Control Strategy Action Plan 2005 – 2010, Ministry of Health and the New Zealand Cancer Control Trust, March 2005, [http://www.moh.govt.nz/moh.nsf/0/ABED0BA681A637E1CC256FBC006F22D7/\\$File/nzcancercontrolactionplan.pdf](http://www.moh.govt.nz/moh.nsf/0/ABED0BA681A637E1CC256FBC006F22D7/$File/nzcancercontrolactionplan.pdf)

- Agree with existing statements with qualifier that reference to prisons as an important target of alcohol treatment services is included.
 - To set drinking levels that minimise the risk of cancer.
22. Under *Information collection, research and evaluation, and monitoring* we would suggest the inclusion of the following points for alcohol work:
- To improve evidence base on the impact of drinking patterns on cancer risk.
23. The overview of tobacco in New Zealand (under ‘Drug Use in New Zealand’) is limited in its usefulness and unclear in its purpose. It is extremely slim, unreferenced and contains no analysis or review. As previously noted, it is very important for this policy to be evidence-based and to do that there must be a significant amount of preparatory work done.
24. The explanation of ‘*Supply Control*’ (page 4) does not include social supplies, which are highly important sources in the cases of tobacco and alcohol. Social supplies need explicit reference here. This section should also specifically note that the supply control for legal (licit) drugs includes the regulation and restriction of the retail and distribution of the drugs.
25. In the explanation of ‘*Demand Reduction*’ (page 4) the use of the term ‘desire’ is concerning when seen through the lens of addiction. Perhaps rewording to focus on supporting and encouraging people not to use drugs would be preferable as it reflects the need for measures to support as well as discourage drug use – both of which reduce demand. In this respect we also see the need for this explanation of demand reduction to reflect the provision of cessation and addiction services which reduce demand by supporting and helping people to quit or reduce their drug use.
26. In the explanation of ‘*Problem Limitation*’ (page 4) the inclusion of measures such as bans on smoking in certain areas could be highlighted as an example of a problem limitation strategy which protects non-smokers from second-hand smoke and young people from the normalising influence of smoking in public places.
27. The section on ‘recent achievements’ needs to be replaced with a rigorous review of the extent to which the objectives of the 1998-2003 policy were met and the major developments in drug policy in the period.