



THE PAEDIATRIC SOCIETY OF NEW ZEALAND

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24 February 2014

Health Select Committee
Committee Secretariat, Bowen House
Parliament Buildings
WELLINGTON

RE: SMOKEFREE ENVIRONMENTS (TOBACCO PLAIN PACKAGING) AMENDMENT BILL

Thank you for the opportunity to present a submission in regard to the above bill. The bill aims to remove the ability of the tobacco industry to surreptitiously market their product to young people and adults through well-proven methods of stylish product packaging and branding. In its place will be plain packaging and larger and stronger impact warnings about the effects of tobacco smoking on the smoker and others. Such packaging is now proven to be effective in reducing the glamour of the cigarette pack and its appeal to young people.

The Paediatric Society of New Zealand is the national professional association of paediatricians, paediatric nurses and other child health professionals.

The Paediatric Society of New Zealand fully supports the Government's commitment to making Aotearoa New Zealand a smokefree nation before 2025, and we applaud the leadership and legislation that works towards this goal.

We strongly support the early implementation of this bill, as it directly impacts on the appeal of tobacco to young people, and their uptake of smoking. In addition plain packaging will reduce the continual temptation of the product to parents who are quitting and attempting to reduce exposure of their children to tobacco smoke.

We are an organization dedicated to promoting the health and wellbeing of children in Aotearoa New Zealand. Tobacco smoking by adults is a major preventable factor contributing to ill health of children (see attachment A)¹ and encouraging parents to quit is a major goal of all child health professionals. The package functions as an attractive temptation to parents attempting to quit. New Zealand's 2013 Census further indicated that over 600,000 dependent children in New Zealand reside in households where there is at least one smoker². In this way, cigarette packaging is not merely marketing to adults, but also to children when packs are seen around the home. To be seen with a pack that speaks of glamour and panache is a powerful attraction to children and young people to start smoking. This is why tobacco packaging must be regulated and controlled.

¹ Pattermore PK. Tobacco or healthy children: the two cannot co-exist. *Frontiers in Pediatrics*. 2013;1:1-7.

² Smokefree Coalition media release 10 February 2014.

The published internal documents of the tobacco industry itself indicate that they view cigarette packs as a marketing tool³. One report commissioned by a tobacco company stated:

“the primary job of the package is to create a desire to purchase and try. To do this, it must look new and different enough to attract the attention of the consumer.”

And British American Tobacco (BAT), the leading manufacturer of cigarettes sold in NZ stated:

“In a future where increasingly the product may have to sell itself through the pack, a fuller understanding of the way in which perception of such packs affects perception of their contents is desirable.”

In another statement BAT linked advertising restrictions to pack design:

“..it is felt that given the consequences of a total ban on advertising, a pack should be designed to give the product visual impact as well as brand imagery . . .”.

Furthermore, the very strong challenges to the Australian legislation from the tobacco industry indicate how important the package design and logos are to its marketing platform.

Packaging often includes descriptors, such as “light”, “low tar” and “menthol” complemented by colours that are designed to give false impressions of lower toxicity. Four tobacco companies in the US have recently been forced by law to admit to the public that cigarettes branded in these ways are no safer⁴ and that more people die every year from smoking than from murder, AIDS, suicide, drugs, car crashes, and alcohol combined; therefore the branding has been used as false advertising.

On the other hand, studies of plain packaging have concluded that it confers a less favourable impression of the cigarettes in the pack (see attachment B):

“Compared with original packs, smokers inferred that cigarettes from these plain packs would be less rich in tobacco, less satisfying and of lower quality tobacco.”⁵

“When participants were asked to group packs together however they wished, the plain pack was usually placed with branded packs viewed negatively. The sets of packs containing the plain pack were categorised as being ‘*the ones that older people smoke*’ (Girl , C2DE) with boring and ‘*dull colours*’ (Girl , C2DE). They were also described as ‘*common*’ (Girl , ABC1) and the packs which ‘*put you off (smoking)*’ (Boy , C2DE) ...In contrast, pack sets not containing the plain pack were positively defined as being for ‘*our age*’ (Girl , C2DE) ‘*nicely packaged*’ (Boy , ABC1) having ‘*good designs*’ (Boy , C2DE) and ‘*cool openings*’ (Girl , C2DE) and looking ‘*girly*’ (Girl , ABC1).⁶

Plain packaging of tobacco products will reduce the glamour and misperceptions conferred by the stylish pack, and will support the deterrent effects of graphic health warnings. We strongly support the amendments proposed to the Smokefree Environments legislation. Currently the package is a significant loophole in efforts to curtail tobacco advertising, and

³ Quotations in the paragraph cited in: Wakefield M, Morley C, Horan JK, Cummings KM. The cigarette pack as image: new evidence from tobacco industry documents. *Tobacco Control*. 2002 Mar 1;11 Suppl 1:173–80.

⁴ McCarthy M. Tobacco companies must admit deceit in massive new advertising campaign. *BMJ: British Medical Journal*. 2014.

⁵ Wakefield MA, Germain D, Durkin SJ. How does increasingly plainer cigarette packaging influence adult smokers’ perceptions about brand image? An experimental study. *Tobacco Control*. BMJ Publishing Group Ltd; 2008;17(6):416–21.

⁶ A major research report on plain packaging by Cancer Research UK: <http://cruk01.prod.acquia-sites.com/sites/default>

continues to give the tobacco industry the power to promote its products to young people and to those attempting to quit.

The Smokefree 2025 goal makes it vital that tobacco manufacturers cannot undermine public health policy in New Zealand by surreptitious advertising.

New Zealand will be following the strong lead taken by Australia, and will be in line with UK, Ireland and Scotland who are considering the same legislation. It is not appropriate to defer public health gains in order to consider the costs of litigation. This is precisely the tobacco industry's strategy and if the government is led by it, tobacco will have won a strategic victory at the cost of the health and lives of thousands of New Zealander adults and children, and will have imperiled the government's goal to have a Smokefree Aotearoa by 2025.

Further, New Zealand is a signatory to the World Health Organization's Framework Convention on Tobacco Control, which forbids the influence of any tobacco manufacturer upon political decision-making.

We support the purpose of this bill's amendment to reduce the appeal and glamour of tobacco marketed through the pack design, and to increase the impact of the health warnings on the pack. This is an important step to denormalise tobacco in the eyes of the public and especially of children, and now that the nettle has been grasped, and the consequences appreciated, it must be dealt with without further delay

Yours sincerely



David Newman
President



Molly Wilson
CEO



Philip Pattemore
Smokefree spokesperson



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Attachment A

(from: Pattenmore PK. Tobacco or healthy children: the two cannot co-exist. *Frontiers in Pediatrics*. 2013;1:1-7.

Table 1 | Increased fetal or child morbidity and mortality risks that have been associated with exposure to tobacco smoke (indicative, not exhaustive).

PRE-/PERI-CONCEPTIONAL EFFECTS OF FATHER SMOKING

Anorectal malformations [pOR 1.53 (40)]
Childhood cancers [including ALL and AML (41–45)]

PRE-/PERI-CONCEPTIONAL EFFECTS OF MOTHER OR BOTH PARENTS SMOKING

Hepatoblastoma [mother smoking OR = 2.68, both parents OR = 4.74 (46, 47)]

IN UTERO EFFECTS ON FETUS

Miscarriage [aOR = 2.11 (48), fetal death, and stillbirth (pooled RR 1.26) (49)]
Restricted fetal growth and low birth weight [pooled RR 1.82 (49)]
Alteration of development of fetal airways (50)
Cleft palate (51)

IN UTERO EFFECTS AFFECTING POSTNATAL LIFE (52)

Reduced respiratory drive and arousal responses in infant (50)
Sudden unexpected death of infancy [pooled aOR = 2.25 (53)]
Hospitalization in infancy [aOR = 1.52 (54)]
Invasive meningococcal disease [pOR = 2.93 (55)]
LRI and bronchitis in young children (50)
Infant wheezing [aOR = 4.9 (56), pOR = 1.4 (57)]
Asthma [≤ 2 years pOR = 1.85; 5–18 years pOR = 1.23 (57)]
Asthma in adolescent girls [aOR ~2 (58)]
Decreased lung function in adolescent boys (59)
Reduced response to inhaled corticosteroids in children with asthma (60)
Learning difficulties, behavioral problems, and ADHD (61)
Sensorineural hearing loss [aOR = 1.83 (62)]
Gestational diabetes in females (63)
Obesity [aOR 1.5–2.65 (64–66)]
Pyloric stenosis [aOR 2.0 (67)]
Smoking initiation [OR 2.1–2.7 (68)]

POSTNATAL EXPOSURE EFFECTS ON YOUNG CHILDREN

Sudden unexpected death of infancy [pooled independent aOR = 1.97 (53)]
Respiratory tract infections including pneumonia, bronchiolitis, bronchitis, pharyngotonsillitis, sinusitis, otitis media, and the common cold [1.5- to 4-fold risks (61, 69)]
Increased severity of influenza (70)
Invasive meningococcal disease [pOR = 2.26 (55)]
Wheezing [≤ 2 years pOR 1.7, 5–18 years pOR = 1.2–1.4 (57)] asthma [≤ 2 years pOR = 2.47 (57)]; pOR = 1.32, pooled aOR 1.27 (71)
High blood pressure (72)
Learning difficulties, behavior problems, and ADHD (61)
Childhood and adult cancers (43, 47)
Increased severity of asthma (73–76)
Decreased pulmonary function (57, 59, 77–79)
Injury from house fires (24)

EXPOSURE IN LATER CHILDHOOD AND ADOLESCENCE

Respiratory infections, severe asthma, and decreased pulmonary function (as above)
Diastolic blood pressure [aOR = 2.25 (80)]
Adverse changes in serum lipids (81, 82)
Developing the metabolic syndrome [aOR = 4.7 (83)]
Smoking initiation (11, 12)

OR, odds ratio; aOR, adjusted odds ratio; pOR, pooled odds ratio; RR, relative risk.



Attachment B

(From News Corp Australia Network November 30, 2012)

Plain packaging leaves bad taste in smokers' mouths

- SUE DUNLEVY AND PETRA STARKE
- NEWS CORP AUSTRALIA NETWORK
- NOVEMBER 30, 2012 12:00AM



Health Minister Tanya Plibersek with the first plain cigarette packs on sale ahead of new plain packaging rules. Picture: Kym Smith *Source: News Limited*

NOT only do they look plain but smokers are complaining that cigarettes taste worse now they are in the green packaging that becomes mandatory from tomorrow.

Advice group Quitline and Facebook fan sites have been inundated with comments saying their smokes taste "pathetic", "sickening" and lack flavour now they come in one-colour packets dominated by vivid health warnings. Tobacco companies deny changing ingredients, while pundits say the issue highlights the power of branding.



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A spokeswoman for Imperial Tobacco Australia, which makes Peter Stuyvesant, Davidoff, Horizon and Camel, said the company had "not changed any of our tobacco products".

"Consumers of ITA's products can be assured that our high quality products will remain the same," she said.

British American Tobacco, which makes Winfield, Benson & Hedges and Dunhill, also denied changing the makeup of their cigarettes.

But Quitline's Fiona Sharkey said: "People are blaming the government saying, 'I think they've changed the inside and the taste'. "If those comments don't spell out how important branding is, I don't know what does." Action on Smoking and Health's Anne Jones said the complaints showed why the government was right to target the branding of cigarettes in its bid to drive smoking rates down.