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29 October 2024

P Robins

By email: fyi-request-28646-6a17eb9b@requests.fyi.org.nz

Ref: H2024053059

Tēnā koe P Robins

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to the Ministry of Health – Manatū Hauora (the Ministry) on 4 October 2024.

On 7 October 2024, you were advised that the Ministry had partially transferred your request to the Office of the Associate Minister of Health, Hon Casey Costello as the information is held by the Minister's office. Please find a response to your request for the Ministry's internal communications on heated tobacco products.

I am writing to formally request all communications related to the independent advice referenced and released to the media by the Associate Minister of Health concerning the excise reduction for heated tobacco products. This request encompasses communications within the Ministry as well as between the Associate Minister and her office and the Ministry, including between Ministry executives and staff and the Minister, political staff and departmental private secretaries. Communications pertaining to articles that were identified but not released should also be included.

The Ministry has identified three documents within scope of your request. All documents are itemised in Appendix 1 and copies of the documents are enclosed. Please note that this was a rapid assessment of the data at hand, and a follow-up email (also enclosed) further clarifies some of the information. Where information is withheld under section 9 of the Act, I have considered the countervailing public interest in release in making this decision and consider that it does not outweigh the need to withhold at this time.

I trust this information fulfils your request. If you wish to discuss any aspect of your request with us, including this decision, please feel free to contact the OIA Services Team on: oiagr@health.govt.nz.

Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Manatū Hauora website at: www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests

Nāku noa, nā

A handwritten signature in blue ink, appearing to read 'Jane Chambers'.

Jane Chambers
Group Manager, Public Health Policy and Regulation
Public Health Agency | Te Pou Hauora Tūmatanui

Appendix 1: List of documents for release

#	Date	Document details	Decision on release
1	2-3 October 2024	Email correspondence: Lancet comment on tobacco harm reduction – embargoed	Some information withheld under section 9(2)(a) of the Act, to protect the privacy of natural persons. Information deemed out of scope of your request has been excluded.
2	4 October 2024	Email correspondence: Overview of HTP/s	Some information withheld under section 9(2)(g)(i) of the Act, to maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to Ministers and officers and employees of any public service agency.
2A		Attachment: overview of htp documents	Released in full.

From: Fiona Callaghan <Fiona.Callaghan@health.govt.nz>

Sent: Thursday, October 3, 2024 9:55 AM

To: Kristie Carter <Kristie.Carter@health.govt.nz>; Jane Chambers <Jane.Chambers@health.govt.nz>; Emma Hindson <Emma.Hindson@health.govt.nz>

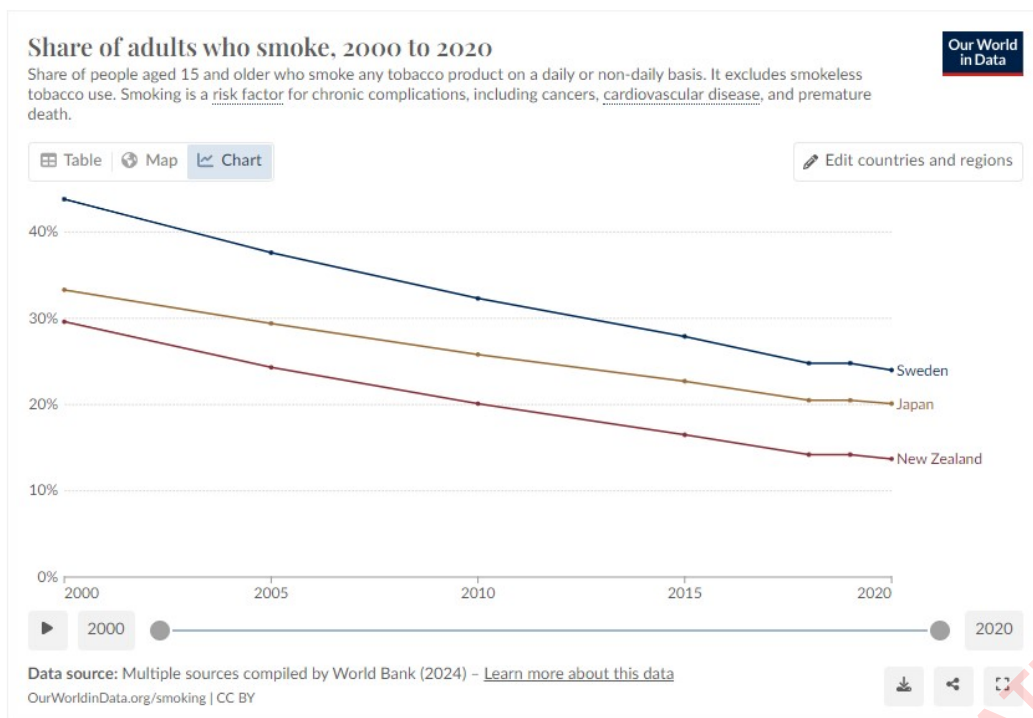
Cc: Greg Martin <Greg.Martin@health.govt.nz>

Subject: RE: Lancet Comment on tobacco harm reduction - embargoed

Kia ora

Here are a few bits and pieces that may help – also Greg may have thoughts! I could go on but won't.

- The article is an opinion piece from 2024, albeit in a highly respected journal (Lancet). An **opinion piece is meant to be backed up by evidence, but it isn't aiming to be a complete or rigorous evidence review**, but it is supposed to be more of a 'reasonable' position on the data, argued from a particular point of view.
- The main focus is to argue that the WHO (particularly the WHO Framework Convention on Tobacco Control (FCTC)) should more strongly emphasise harm reduction for smoking addiction. There is reasonable evidence that vaping or e-cigarettes may help with smoking cessation/quitting smoking, but **no evidence for other products such as snus (tobacco and non-tobacco) or heated tobacco products (HTPs) are effective for smoking cessation**.
- The first issue is the **author conflates e-cigarettes with tobacco products** like snus and heated tobacco products --lumping them all together as "novel nicotine products" or harm reduction devices -- with no justification. There is no evidence that snus or HTPs are used or effective for smoking cessation, whereas there are several studies evaluating e-cigarettes.
- The second issue is that the **evidence that the author cites for HTPs and snus and smoking rates, is very weak, simply citing two countries with low smoking rates who also use those products** (Japan and Sweden). This is known in epidemiology as the 'ecological fallacy', where two characteristics from a population of people are said to be causally related without any evidence that they are related. As we know, correlation is not causation, so a claim such as 'a country has high snu use and low smoking rates, therefore snus may help people quit smoking' needs to be evaluated with a study designed to evaluate that question, and cannot be inferred from two separate trends in the data.
- Sweden has a 'long tradition' of snu use, and declining smoking rates, with the author implying that snus have contributed to that decline. This is not very likely, especially if snu use has remained prevalent over that time period, and there are no studies evaluating snus as a smoking cessation tool. The Public health Agency of Sweden explicitly (cited by the author) also states "*Nicotine snus and e-cigarettes are not smoking cessation drugs*" and that "*Terms such as vape, tobacco-free snus and white snus can make them appear less harmful, but nicotine's toxic and addictive properties can negatively affect health.*"
[Nicotine products and health risks — Public Health Agency of Sweden \(folkhalsomyndigheten.se\)](https://www.folkhalsomyndigheten.se/en/public-health/nicotine-products-and-health-risks)
- In addition, an analysis of 8 studies have found that **snu use has been associated with increased all-cause mortality in Sweden**: snu users had a 28% higher mortality risk compared to never-smokers, primarily due to higher risk of cardiovascular disease.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7825961/>
- The author also cites Japan having uptake of HTPs and attributes a link to lowering smoking rates. The **study cited for the claim that HTPs have helped to lower smoking rates in Japan (Cummings et al) is funded by Philip Morris**: "Data used for this study come from the Tobacco Institute of Japan and Philip Morris International".
- There is no evidence linking HTPs to declining smoking rates, and in fact smoking rates in Sweden, Japan, and New Zealand have all declined at about the same rate, with New Zealand having the lowest smoking rate, without prevalent snu, HTP or use of other similar products. <https://ourworldindata.org/smoking>. See below.
- The author also claims that not including nicotine products as part of harm reduction plans would 'favour' cigarette use and 'may discourage' vaping, without evidence for those claims.



From: Kristie Carter <Kristie.Carter@health.govt.nz>

Sent: Wednesday, October 2, 2024 4:45 PM

To: Jane Chambers <Jane.Chambers@health.govt.nz>; Fiona Callaghan <Fiona.Callaghan@health.govt.nz>; Emma Hindson <Emma.Hindson@health.govt.nz>

Subject: FW: Lancet Comment on tobacco harm reduction - embargoed

Fiona is already onto it 😊

From: Jane Chambers <Jane.Chambers@health.govt.nz>

Sent: Wednesday, October 2, 2024 4:42 PM

To: Kristie Carter <Kristie.Carter@health.govt.nz>

Cc: Emma Hindson <Emma.Hindson@health.govt.nz>; Media MOH <media@health.govt.nz>; Sanjana George <Sanjana.George@health.govt.nz>

Subject: FW: Lancet Comment on tobacco harm reduction - embargoed

Kia ora Kristie

Could someone please review this document and provide any comment that may inform any media requests we get. We have no timeframes or requests at present, but we have been asked to be prepared. Happy to discuss.

Thanks - Jane

Jane Chambers (she/her)

Group Manager, Public Health Policy and Regulation

Public Health Agency | Te Pou Hauora Tūmatanui

+64 4 496 2000

Mobile: S9(2)(a)

Jane.Chambers@health.govt.nz

Manatū Hauora, 133 Molesworth Street, Thorndon, Wellington 6011

From: Lisa McPhail <Lisa.McPhail@health.govt.nz>
Sent: Wednesday, October 2, 2024 4:17 PM
To: Jane Chambers <Jane.Chambers@health.govt.nz>
Subject: FW: Lancet Comment on tobacco harm reduction - embargoed

FYI

Out of Scope



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From: Kristie Carter
Sent: Friday, 4 October 2024 10:33 am
To: Jane Chambers; Emma Hindson; Katharine Good
Cc: Fiona Callaghan; Kristen Davison
Subject: FW: Overview of HTP/smoking docs
Attachments: overview of htp documents.docx

Kia ora team

I asked Fiona to do a quick review of the "evidence" stated in this article – see attached.

<https://www.rnz.co.nz/news/political/529782/casey-costello-releases-independent-advice-on-heated-tobacco>

I hope this is helpful.

Kristie

From: Fiona Callaghan <Fiona.Callaghan@health.govt.nz>
Sent: Friday, October 4, 2024 10:29 AM
To: Kristie Carter <Kristie.Carter@health.govt.nz>
Cc: Kristen Davison <Kristen.Davison@health.govt.nz>
Subject: Overview of HTP/smoking docs

Kia ora

Here is a potted summary of the docs. S9(2)(g)(i)

[REDACTED] it is more that it is small number of selective research, not up to date, and certainly don't form any sort of robust evidence review and don't represent current evidence.

Ngā mihi,

Dr Fiona Callaghan (She/her)

Chief Advisor Epidemiology

Intelligence, Surveillance, and Knowledge (ISK) | Ope Ate

Public Health Agency | Te Pou Hauora Tūmatanui

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Overall

- While not all the studies are of poor quality, overall these studies do not form an up-to-date, balanced view of the latest evidence on the impact of alternatives to tobacco cigarettes on smoking rates. Some studies are older, using data from prior to the widespread use of e-cigarettes (eg 2016 and before), and evidence has developed since then, and others are opinion pieces, and others relate to studies of trends in other countries that do not relate well to the New Zealand context, e.g., when e-cigarettes could not be marketed in Japan, or related to Sweden's tradition of 'snu' use, an alternative tobacco product developed in Sweden.

Royal College of Physicians report, 2016, "Nicotine without smoke: tobacco harm reduction"
<https://www.rcp.ac.uk/improving-care/resources/nicotine-without-smoke-tobacco-harm-reduction/>

- The RCP report is from 2016, and evidence has developed since that time. Vaping has grown substantially in popularity.
- The essential argument of the report is that non-tobacco, nicotine products are far less harmful than tobacco cigarettes, and their use should be encouraged in smokers. They acknowledge that there are harms and unknown potential harms associated with e-cigarettes, but that these are far outweighed by the known, substantial harm associated with tobacco cigarettes.
- They acknowledge that nicotine replacement therapy (NRT) patches are a less harmful nicotine replacement method, but that e-cigarettes are preferred by smokers.
- The report considers that non-smokers may vape also and this could lead to unintended harm if e-cigarettes are made widely available, but says "...are being used almost exclusively as safer alternatives to smoked tobacco...". This was likely true in 2016, but since then evidence has shown that there are a substantial number of young people who vape who are non-tobacco smokers.

Cummings et al *What Is Accounting for the Rapid Decline in Cigarette Sales in Japan?* 2020, International Journal of Environmental Research and Public Health <https://www.mdpi.com/1660-4601/17/10/3570>

- This study uses data from smoking rates and HTP use rates (2011-2019), and shows that the rates of smoking declined at the same time that the rates of HTP use increased. This is not a study designed to show causation, such as prospective study of smokers and non-smokers followed over time, or a detailed questionnaire of smokers and HTP users. They do not show one trend is casually linked to the other, just that the trends occurred at the same time on a national level.
- They do not consider e-cigarette trends, and in fact state that Japan "...prohibits the marketing of electronic nicotine delivery systems (ENDS)...". Hence, it only considers the impact of HTP use in a country where HTPs are marketed but e-cigarettes are not. This limits the applicability to most countries, including New Zealand.
- Data used for this study come from the Tobacco Institute of Japan and Philip Morris International.

Ramstrom et al 2016 *Patterns of Smoking and Snus Use in Sweden: Implications for Public Health* .
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5129320/pdf/ijerph-13-01110.pdf>

- 'snus' are a non-combustible, lower-toxicity (compared to regular tobacco cigarettes), oral tobacco product. This product was developed in Sweden in the 1970s by the then government-owned tobacco company, in the context of high smoking rates, to provide a less harmful alternative to tobacco cigarettes. Snus accounts for a substantial proportion of the tobacco market there, but is not a product widely used outside of Sweden.
- The paper reports that snu users are less likely to become smokers than non-snu users, and that smokers who also use snus, tend to quit using regular tobacco cigarettes. This study is more than simply a report of a correlation of trends in smoking, but does involve a relatively detailed survey of people and their smoking habits.
- The paper states that snus are not associated with a mortality risk, except for acute myocardial infarction risk. Evidence has grown since 2016. Subsequent studies have shown that snus are associated with around a 30% increased all-cause mortality risk and a similar increased risk of cardiovascular-related death. [Swedish snus use is associated with mortality: a pooled analysis of eight prospective studies | International Journal of Epidemiology | Oxford Academic \(oup.com\)](#)
- It is unknown if snus or any other alternative to tobacco cigarettes would have the same impact on a population, or even if the availability of alternatives leads to lower smoking rates. Smoking rates were declining in many countries prior to the availability of e-cigarettes or other products. The lower smoking rates in Sweden or elsewhere could also be due to other public health actions occurring at the same time, e.g., anti-smoking campaigns, greater awareness, increases in cost of tobacco products, changes in public attitudes to smoking etc.

Levy et al 2022 A Decision-Theoretic Public Health Framework for Heated Tobacco and Nicotine Vaping Products <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9602493/pdf/ijerph-19-13431.pdf>

- This paper proposed a framework for how HTPs, e-cigarettes and other non-tobacco cigarette products might be regulated and rolled-out with the overall goal of reducing tobacco smoking rates. It is proposed policy road map, but does not provide evidence that this framework would be successful, or evidence on the harms of smoking, smoking cessation efficacy, or other related issues.

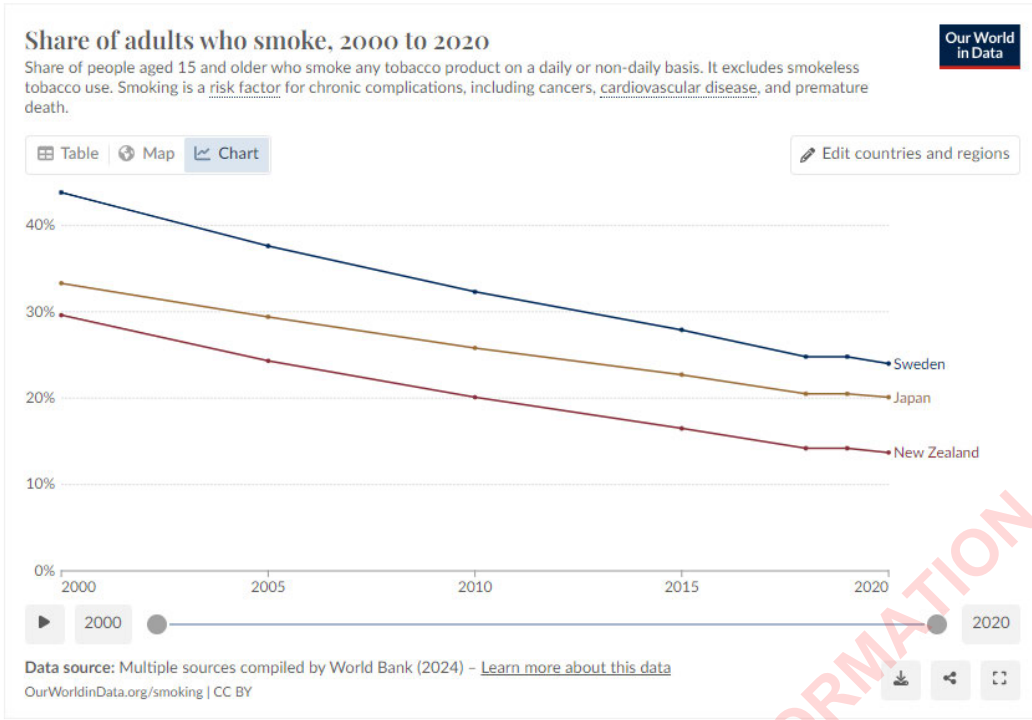
Beaglehole et al 2014 Harnessing tobacco harm reduction [Harnessing tobacco harm reduction - ScienceDirect](#)

- [I've updated from my previous email below with changes in red]
- The article is an opinion piece from 2014, albeit in a highly respected journal (Lancet). An **opinion piece is meant to be backed up by evidence, but it isn't aiming to be a complete or rigorous evidence review**, but it is supposed to be more of a 'reasonable' position on the data, argued from a particular point of view.
- The main focus is to argue that the WHO (particularly the WHO Framework Convention on Tobacco Control (FCTC)) should more strongly emphasise harm reduction for smoking addiction. There is reasonable evidence that vaping or e-cigarettes may help with smoking cessation/quitting smoking, but **no evidence for other products such as snus (tobacco and non-tobacco) or heated tobacco products (HTPs) are effective for smoking cessation.**
- The first issue is the **author conflates e-cigarettes with tobacco products** like snus and heated tobacco products --lumping them all together as "novel nicotine products" or harm reduction devices -- with no justification. There is no evidence that snus or HTPs are used or effective for smoking cessation, whereas there are several studies evaluating e-cigarettes.
- The second issue is that the **evidence that the author cites for HTPs and snus and smoking rates, is very weak, simply citing two countries with low smoking rates who also use those**

products (Japan, Sweden). This is known in epidemiology as the 'ecological fallacy', where two characteristics from a population of people are said to be causally related without any evidence that they are related. As we know, correlation is not causation, so a claim such as 'a country has high snu use and low smoking rates, therefore snus may help people quit smoking' needs to be evaluated with a study designed to evaluate that question, and cannot be inferred from two separate trends in the data.

- Sweden has a 'long tradition' of snu use, and declining smoking rates, with the author implying that snus have contributed to that decline. This is not very likely, especially if snu use has remained prevalent over that time period, and there are no studies evaluating snus as a smoking cessation tool. **The study observes that in Sweden individuals that start using snus, tend to stay using snus, and that smokers will often switch to snus, and many people use neither. However, this doesn't provide evidence that snus are used as a smoking cessation tool, only that in a country where both are available, the use of one or other or both are prevalent, and one is associated with less harm.** The Public health Agency of Sweden explicitly (cited by the author) also states "*Nicotine snus and e-cigarettes are not smoking cessation drugs*" and that "*Terms such as vape, tobacco-free snus and white snus can make them appear less harmful, but nicotine's toxic and addictive properties can negatively affect health.*" [Nicotine products and health risks — Public Health Agency of Sweden \(folkhalsomyndigheten.se\)](https://www.folkhalsomyndigheten.se/en/press-releases/2019/nicotine-products-and-health-risks)
- In addition, an analysis of 8 studies have found that **snu use has been associated with increased all-cause mortality in Sweden**: snu users had a 28% higher mortality risk compared to never-smokers, primarily due to higher risk of cardiovascular disease. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7825961/>
- The author also cites Japan having uptake of HTPs and attributes a link to lowering smoking rates. The **study cited for the claim that HTPs have helped to lower smoking rates in Japan (Cummings et al) is provided by tobacco companies**: "Data used for this study come from the Tobacco Institute of Japan and Philip Morris International".
- There is no evidence linking HTPs to declining smoking rates, and in fact smoking rates in Sweden, Japan, and New Zealand have all declined at about the same rate, with New Zealand having the lowest smoking rate, without prevalent snu, HTP or use of other similar products. <https://ourworldindata.org/smoking>. See below.
- The author also claims that not including nicotine products as part of harm reduction plans would 'favour' cigarette use and 'may discourage' vaping, without evidence for those claims.

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