

Proposals for a Smokefree Aotearoa 2025 Action Plan

Discussion document

2021

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Consultation

In response to the 2018 joint report of Parliament's Māori Affairs Committee and Health Committee (Health Committee and Māori Affairs Committee 2018), the Government agreed to develop an action plan to accelerate progress towards Smokefree 2025.

Purpose of this consultation

This document seeks comment on ways to help achieve the Smokefree 2025 goal, which will inform the development of the Smokefree Aotearoa 2025 Action Plan (the action plan). These ideas are at a high level only. Those that are taken forward into the action plan will be developed in more detail with the support of information provided in submissions.

We recognise that these proposals may affect small businesses in particular and want to hear about any impacts you think there will be on your business – both positive and negative.

How to provide feedback

You can provide feedback in one of two ways.

- Use our online tool at <https://consult.health.govt.nz/tobacco-control/smokefree2025-actionplan>. This is our preferred way to get feedback.
Note: With the online tool, you can complete your submission over a number of sessions and save it as you go. If you select 'Save and come back later', you will receive an email with a unique link that will let you return to edit and submit your response. You can share this link with your colleagues if you need them to contribute to or review the submission. Once you have completed and submitted your submission, you will be sent a pdf copy for your records.
- Send an electronic submission to smokefree2025@health.govt.nz using our downloadable Microsoft Word template from the Ministry of Health website at <https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>. If you have any issues with the template, please email us at smokefree2025@health.govt.nz.

The closing date for submissions is 31 May 2021.

Note that your submission may be requested under the Official Information Act 1982. If this happens, the Ministry of Health will normally release your submission to the person who asks for it. If you consider there are good reasons to withhold it, please clearly indicate these in your submission.

Your feedback is important because it will help shape the action plan. We appreciate you taking the time to make a submission.

Further information for your submission

Further information on the options for the Smokefree Aotearoa 2025 Action Plan is available in the Regulatory Impact Statement that the Ministry of Health has prepared. You can access this at:

<https://www.health.govt.nz/about-ministry/information-releases/regulatory-impact-statements/impact-summary-proposals-smokefree-aotearoa-2025-action-plan>

Protection from commercial and other vested interests of the tobacco industry

New Zealand has an obligation under Article 5.3 of the Framework Convention on Tobacco Control (FCTC) when 'setting and implementing public health policies with respect to tobacco control ... to protect these policies from the commercial and other vested interests of the tobacco industry'.

The internationally agreed Guidelines for Implementation of Article 5.3 recommend that parties to the treaty 'should interact with the tobacco industry only when and to the extent strictly necessary to enable them to effectively regulate the tobacco industry and tobacco products'.

The proposals in this discussion document are relevant to the tobacco industry and we expect to receive feedback from companies in this industry. We will consider all feedback when analysing submissions.

To help us meet our obligations under the FCTC and ensure transparency, we ask all respondents to disclose whether they have any direct or indirect links to, or receive funding from, the tobacco industry.

Next steps after the consultation

The Ministry of Health will analyse the feedback and use it to inform a draft action plan, which Cabinet will consider before it is publicly released.

Foreword from the Associate Minister of Health

I am pleased to release this discussion document on proposals for a Smokefree Aotearoa 2025 Action Plan.

It is a decade since New Zealand adopted the goal to reduce smoking prevalence and tobacco availability to minimal levels, essentially making Aotearoa New Zealand smokefree by 2025. Over this time, smoking rates have continued to decline; however, much work still needs to be done, particularly to reduce smoking rates among Māori, Pacific peoples and those living in our most disadvantaged communities.

This Government acknowledges that a person's environment, including factors such as stress, access to resources, and the attitudes and behaviours of friends and whānau, has a strong influence on their smoking behaviour. We are committed to achieving health equity in Aotearoa New Zealand and I will support this commitment by developing an action plan that seeks to eliminate inequities in smoking rates and smoking-related illnesses.

The best way to achieve a smokefree future is for young New Zealanders to never start smoking. We have made great progress in reducing smoking among young people, but significant inequities remain. In some cases, inequities have grown as our tobacco control efforts have worked better for some groups of New Zealanders than others. We must focus much more strongly on achieving equitable outcomes for young New Zealanders.

Furthermore, despite the gains made, almost half a million New Zealanders still smoke daily. If we are to reach our goal, many more need to quit or switch to less harmful alternatives. I acknowledge how addictive nicotine is and how tough it is to quit smoking. We must provide people with better support in their decisions to stop smoking and in their quit journeys.

To accelerate progress towards Smokefree 2025, we must change how we tackle smoking. We will not achieve it with a business-as-usual approach. This discussion document seeks your feedback. Some of these proposals build on what is already working well; others suggest a new direction.

I am keen to hear what you think. When we have gathered your feedback, I will use it to inform a final Smokefree Aotearoa 2025 Action Plan.

I look forward to your contribution and thank you for taking the time to provide it.

Hon Dr Ayesha Verrall
Associate Minister of Health

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Part A: Context and history

Why a Smokefree Aotearoa is important

Smoking causes significant harm

Smoking is a leading cause of preventable death and disease in New Zealand and causes one in four cancer deaths (Minister of Health 2003). Tobacco use kills approximately 4,500 people every year in New Zealand – that is around 12 deaths a day due to smoking or exposure to second-hand smoke (Global Burden of Disease Study 2017).

Smoking is a driver of health inequities

Māori smoking rates remain much higher than those for the overall population. Māori women have New Zealand's highest smoking rates, with just under one-third smoking daily (Ministry of Health 2020a).

The impact of smoking on Māori health inequities is significant. For example, lung cancer is the leading cause of death for Māori women and the second leading cause for Māori men; lung cancer mortality among Māori women is over four times that of non-Māori women (Ministry of Health 2018).

Smoking prevalence among Pacific peoples remains persistently higher than that of the overall population, with only a small reduction in prevalence in the last 10 years (Ministry of Health 2020a).

Smoking among those living in the most deprived areas of New Zealand is disproportionately higher than among those living in the least deprived areas. Groups living in the most deprived areas are over five times more likely to smoke than those living in the least deprived areas (Ministry of Health 2020a).

The largest inequities are among teenage girls (aged 14 to 15 years, or Year 10). In 2019, 6.8 percent of Year 10 Māori girls smoked daily compared with 0.8 percent of Year 10 non-Māori, non-Pacific girls (ASH 2019).

These inequities carry through into young adulthood, including pregnancy. For example, among women aged 15 to 24 years, Māori females smoke at over four times the rate of non-Māori females (34% and 8% respectively in 2015/16).

Eliminating smoking among these population groups will help address inequities in health outcomes, increase family and whānau wellbeing and relieve the high costs of smoking to communities and the health system.

Most smokers want to quit

Smoking is driven by addiction, which makes quitting difficult even though most smokers want to quit. In a 2017 survey, 77 percent of current smokers surveyed reported that they had tried quitting or reducing their smoking in the past. In addition, 76 percent reported that they had tried to quit at some time in the 12 months prior to the survey (Ernst & Young 2018).

The Government has obligations under Te Tiriti o Waitangi

The Government must actively protect and promote the health and wellbeing of Māori, including by meeting Māori health needs and responding to Māori health aspirations.

The principle of active protection requires the Crown to act, to the greatest extent practicable, to achieve equitable health outcomes for Māori. Māori have the highest smoking rate of any population group in New Zealand and have the poorest overall health status.

The Government has obligations to protect children

The Government has obligations under the United Nations Convention on the Rights of the Child to protect the rights of children, including their right to good health.

Smoking in pregnancy, or exposure to second-hand smoke in the early stages of a baby's life, significantly increases the risk of sudden unexpected death in infancy (SUDI). Second-hand smoke exposure also increases a child's risk of serious infections that affect breathing, including pneumonia and bronchitis. Second-hand smoke causes around 15,000 asthma attacks in children aged under 16 years in New Zealand every year (Ministry of Health 2019).

Children who grow up in smoking households are also at higher risk of smoking in future than children who grow up in non-smoking households.

A Smokefree Aotearoa supports other Government priorities

Achieving a Smokefree Aotearoa will contribute to *Whakamaua: Māori Health Action Plan 2020–2025* (Ministry of Health 2020b) and *Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025* (Ministry of Health 2020c) by supporting equitable health outcomes for Māori and Pacific peoples, respectively.

The *New Zealand Cancer Action Plan 2019–2029* identifies smoking as a leading cause of preventable cancer. It also highlights that achieving a Smokefree Aotearoa by 2025 is a leading way of reducing cancers in New Zealand.

Achieving a Smokefree Aotearoa contributes to the *Child and Youth Wellbeing Strategy*, especially to the wellbeing outcome: children and young people are happy and healthy.

A Smokefree Aotearoa also supports the Government's priority to improve New Zealand's waterways, including improving water quality through reducing pollution (most discarded cigarette butts end up in waterways). Cleaner waterways support te Mana o te Wai – the integrated and holistic wellbeing of the water, which is recognised in the National Policy Statement for Freshwater Management and reflects obligations under Te Tiriti o Waitangi to actively protect Māori rights and interests, which include those relating to fresh water.

New Zealand's tobacco control programme

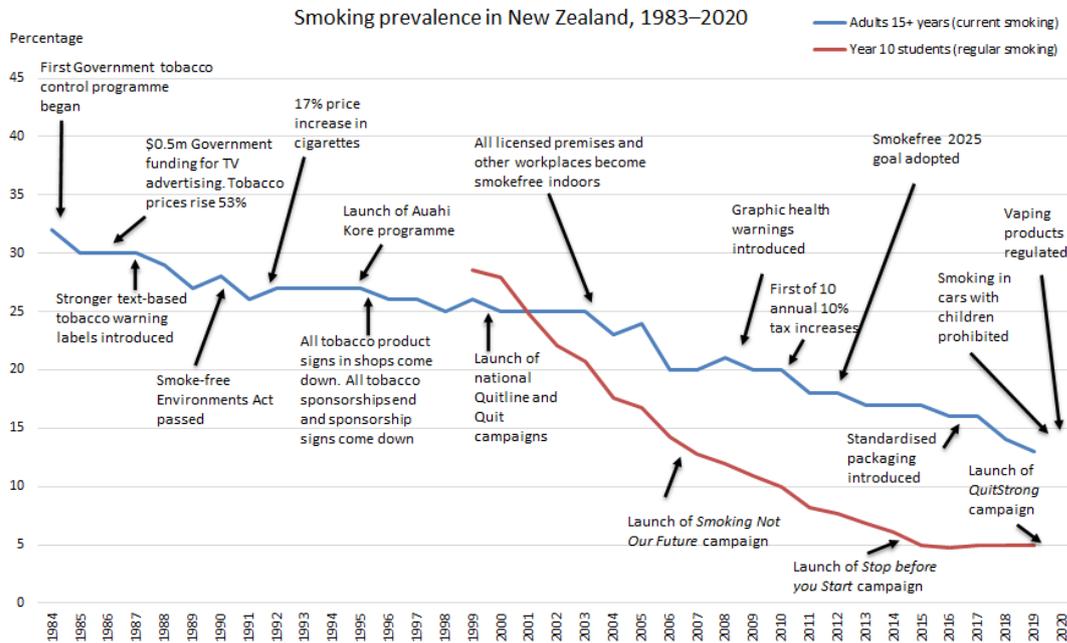
New Zealand's tobacco control programme has evolved over several decades.¹ Its objectives are to reduce smoking initiation, increase quitting and reduce exposure to second-hand smoke. More recently it has incorporated a harm-reduction objective, with the passage of the Smokefree Environments and Regulated Products (Vaping) Amendment Bill. The programme includes:

- a prohibition on sales to those aged under 18 years
- tobacco excise tax
- legislated smokefree and vapefree areas (indoor workplaces, early childhood centres and schools)
- outside smokefree and vapefree areas (decided by local authorities)
- a prohibition on advertising, sponsorship and promotion (including display of tobacco products)

¹ A full history of tobacco control in New Zealand up until 2005 has been published by the Cancer Control Council of New Zealand (2008).

- help for smokers to quit (stop-smoking medicines, nicotine replacement therapy and behavioural support)
- standardised packaging, including graphic warnings on cigarette packs.

The following diagram outlines the key tobacco control initiatives implemented since the early 1980s.



Source: Health Promotion Agency, Ministry of Health

The Smokefree 2025 goal

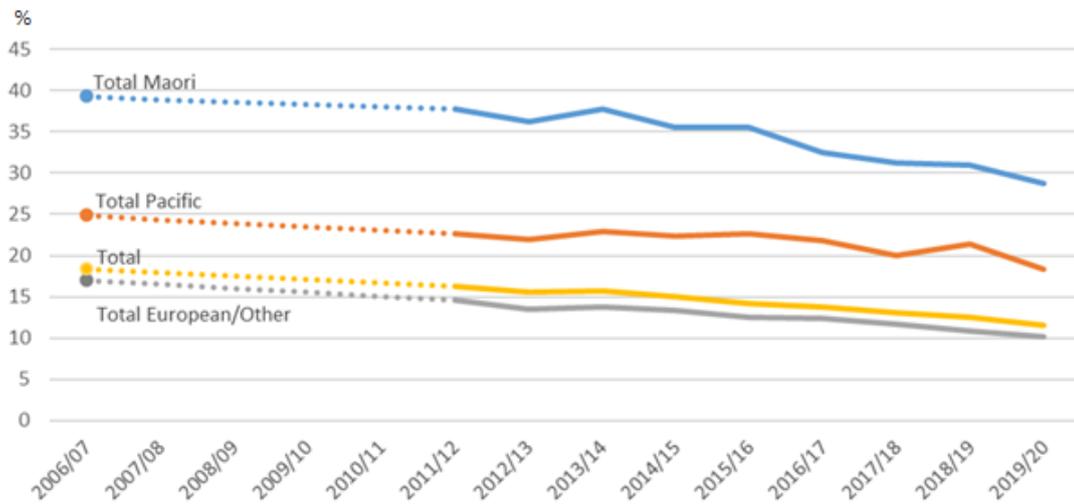
In 2010, the Māori Affairs Select Committee (the Committee) led an inquiry into the tobacco industry in New Zealand and the consequences of tobacco use for Māori. The Committee's recommendations included setting a goal for Aotearoa New Zealand to be smokefree by 2025.

In 2011, in response to this inquiry, the Government adopted the goal of reducing smoking prevalence and tobacco availability to minimal levels, which would essentially make New Zealand smokefree by 2025. This is interpreted to mean that less than 5 percent of New Zealanders of all ethnic and social groups will smoke daily by 2025.

Progress towards a Smokefree Aotearoa

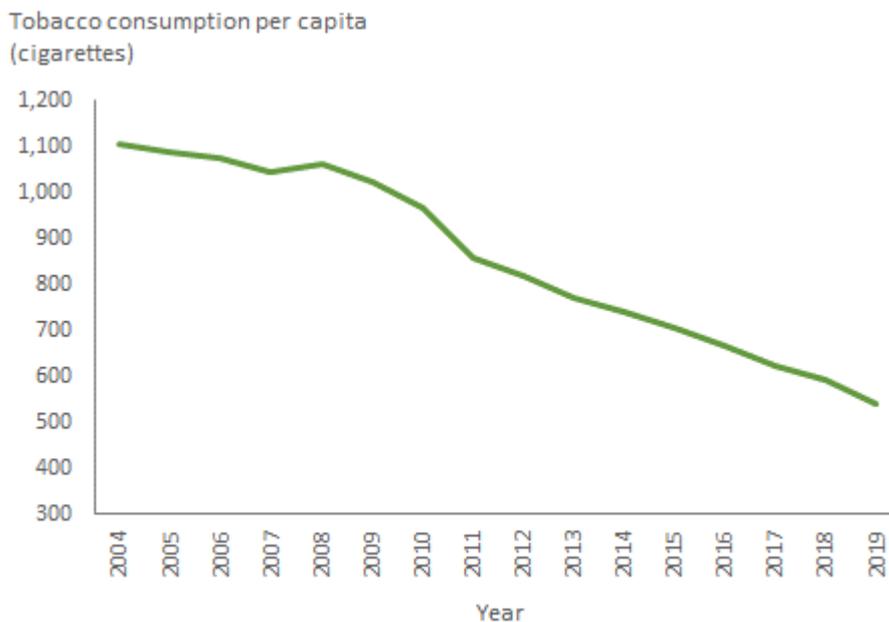
New Zealand's tobacco control programme has contributed to a decline in smoking rates across all groups in New Zealand. From 2006/07 to 2019/20, smoking prevalence has reduced from 17.0 to 10.1 percent among the European/Other population, from 39.2 to 28.7 percent among Māori and from 24.8 to 18.3 percent among Pacific peoples (Figure 1).

Figure 1: Daily smoking prevalence by ethnicity, 2006/07–2019/20



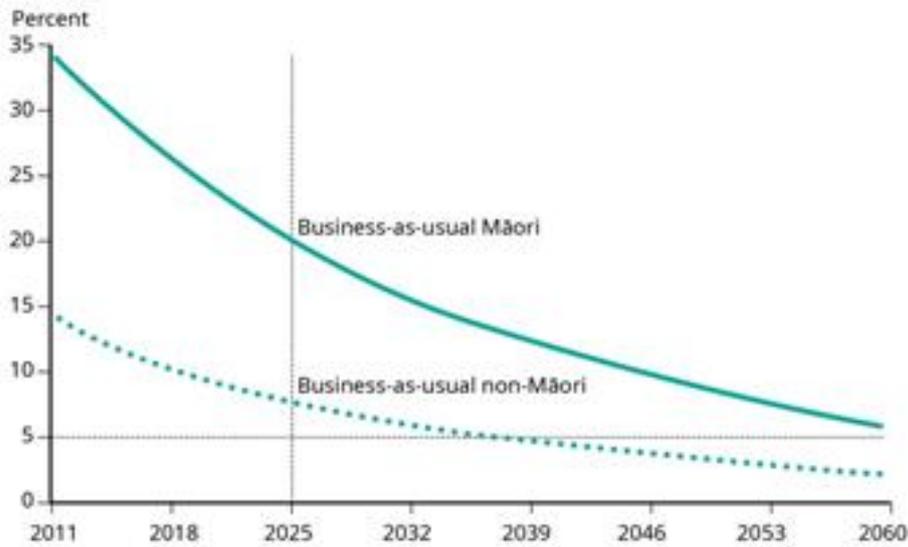
The amount of tobacco New Zealanders consume is also decreasing. For example, cigarette consumption per person decreased by 40 percent between 2011, when the recent series of 10 percent increases on tobacco excise began, and 2019 (Figure 2).

Figure 2: Tobacco consumption trends, 2004–2019



However, modelling indicates that if we continue with a business-as-usual approach, New Zealand will not meet its smokefree goal by 2025, and Māori will not reach it until 2061 (Blakely et al 2018) (Figure 3).

Figure 3: Projections of adult smoking prevalence (for daily smoking) for Māori and non-Māori to 2060



Source: Blakely et al 2018

Developing the Smokefree Aotearoa 2025 Action Plan

Given the limited time available to reach the smokefree goal, promoting quitting is paramount. To achieve this, we should continue to invest in both social marketing campaigns, because these drive the number of quit attempts, and holistic stop smoking services to increase the chances of success of those quit attempts. In addition, investment is needed in social marketing aimed at reducing smoking initiation among young people. We should also increase our investment in community-based initiatives aimed at achieving a Smokefree 2025.

However, to really make a difference, we must re-orient our tobacco control programme. New Zealand's tobacco control programme largely focuses on reducing demand through influencing consumer behaviour. It relies heavily on an individual's ability to quit, which is strongly influenced by their social environment and the resources available to them.

These measures have been successful in reducing smoking prevalence, but they have worked better for some groups than for others, which in some cases has widened inequities (eg, among teenage girls). If New Zealand is to achieve its smokefree goal equitably, we must take measures that alter the broader environment in which people live, to make it easy for young people to remain smokefree and for smokers to quit, rather than only focus on measures that have an influence at an individual level.

The emergence of vaping products over the last decade or so expands the choices that are possible. Now smokers who are not ready or able to quit have an alternative that provides a satisfying dose of nicotine at a much lower cost and much reduced risk to health (Hartmann-Boyce et al 2016).

The addition of vaping products to the market provides decision-makers with an opportunity to adjust the regulatory settings in the Smokefree Environments and Regulated Products Act 1990 towards a more risk-proportionate framework. This framework would make smoked tobacco much less accessible and less desirable than vaping products and smokeless tobacco.

Part B: Proposed Smokefree Aotearoa 2025 Action Plan

We propose the following framework to guide the development of the action plan. It comprises outcomes and focus areas, with potential actions. Which actions will be included in the action plan will be decided following public consultation.

Smokefree 2025 goal

To reduce smoking and tobacco availability to minimal levels by 2025

Outcomes

Eliminating inequities in smoking rates and smoking-related illnesses

Increasing the number of children and young people who remain smokefree

Increasing the number of people who successfully quit smoking

Focus areas and potential actions

Strengthen the tobacco control system

Strengthen Māori governance of the tobacco control programme

Support community action for a Smokefree 2025

Increase research, evaluation, monitoring and reporting

Strengthen compliance and enforcement activity

Make smoked tobacco products less available

License all retailers of tobacco and vaping products

Significantly reduce the number of smoked tobacco product retailers based on population size and density

Restrict sales of smoked tobacco products to a limited number of specific store types

Introduce a smokefree generation policy

Make smoked tobacco products less addictive and less appealing

Reduce nicotine in smoked tobacco products to very low levels

Prohibit filters in smoked tobacco products

Prohibit innovations aimed at increasing the appeal and addictiveness of smoked tobacco products

Make tobacco products less affordable

Set a minimum price for tobacco

Enhance existing initiatives

Increase investment in mass and social media campaigns

Increase investment in stop smoking services for priority populations

Outcomes of the action plan

Achieving Smokefree Aotearoa by 2025 requires a focus on:

1. eliminating inequities in smoking rates and smoking-related illnesses
2. increasing the number of children and young people who remain smokefree
3. increasing the number of people who successfully quit smoking.

The action plan will focus on achieving these three outcomes for the reasons we discuss below.

1. Eliminating inequities in smoking rates and smoking-related illnesses

Māori smoking rates remain much higher than the rates for the overall population. Māori women remain the group with the highest rate of smoking, with over a third smoking daily (Ministry of Health 2020a).

Among Pacific peoples, smoking prevalence also remains persistently higher than in the overall population and has had only a small reduction in the past 10 years (Ministry of Health 2020a).

Smoking among those living in the most deprived areas is over five times higher than among those in the least deprived areas (Ministry of Health 2020a).

To meet Te Tiriti o Waitangi obligations and achieve a Smokefree Aotearoa by 2025, action is needed to contribute to eliminating inequities in smoking and smoking-related diseases.

2. Increasing the number of children and young people who remain smokefree

As part of meeting our obligations under the United Nations Convention on the Rights of the Child, New Zealand must protect children from the harms of smoking, including from becoming smokers themselves.

We have an opportunity to significantly reduce future smoking rates by targeting young people with actions that will prevent them from ever starting smoking.

Action that significantly increases the proportion of young people who remain smokefree will stop the supply of future smokers and support an enduring Smokefree Aotearoa.

3. Increasing the number of people who successfully quit smoking

Nearly half a million New Zealanders smoke daily (Ministry of Health 2020a). To get to Smokefree 2025, we need a significant number of these smokers to quit.

Research shows that most smokers intend to stop smoking and regret ever starting, but nicotine addiction makes it difficult for them to quit. This suggests that we have an opportunity to better support remaining smokers to overcome their addiction by making it easier to quit.

Proposed focus areas and potential actions for the action plan

The Ministry of Health (the Ministry) proposes five focus areas to guide the development of the action plan and achieve the outcomes set out above. These are to:

1. strengthen the tobacco control system
2. make smoked tobacco products less available
3. make smoked tobacco products less addictive and less appealing
4. make tobacco products less affordable
5. enhance existing initiatives.

Under each of these focus areas, the Ministry has set out the options we believe have the greatest potential to transform the smoking environment and accelerate progress towards a Smokefree Aotearoa.

Overall, these changes are likely to affect smokers and their whānau, young people, iwi, community groups, health providers, and businesses that import or sell tobacco in different ways. Many of these changes will be positive.

We recognise, however, that advancing progress towards a Smokefree Aotearoa in 2025 will result in declining sales of cigarettes and higher compliance costs for retailers. This may negatively affect some small businesses, such as dairies, although the nature and size of the impact will depend on the extent to which smokers substitute cigarettes for less harmful alternatives such as vaping products.

Some of the ideas proposed in this consultation document will also contribute to an increase in illicit trade in tobacco (eg, cigarettes that have not had tax paid on them). While the Government has recently strengthened action to reduce illicit trade at the border, further measures will be necessary.

1. Strengthen the tobacco control system

Strengthening the tobacco control system involves making sure that we have the right infrastructure and governance to achieve the outcomes of the action plan and support progress towards a Smokefree Aotearoa.

To strengthen the tobacco control system, we could:

(a) Strengthen Māori governance of the tobacco control programme

Our smokefree goal arose from the inquiry of Parliament's Māori Affairs Committee into the tobacco industry and the consequences of tobacco use for Māori, reflecting strong Māori leadership in the movement for a Smokefree Aotearoa.

Responding to Māori health aspirations is an obligation under Te Tiriti o Waitangi. Significantly reducing the inequity that persists for Māori in smoking prevalence is a key focus for achieving a Smokefree Aotearoa.

He Korowai Oranga: Māori Health Strategy has the overall aim of pae ora (healthy futures). This focus on pae ora encourages everyone in the health and disability sector to work together to achieve wellbeing and to provide equitable and effective services.

Making progress towards achieving pae ora requires kaupapa Māori input and leadership across the tobacco control programme, along with a commitment to working with iwi, hapū, whānau and Māori communities to develop and implement services.

What would effective Māori governance of the tobacco control programme look like? Please give reasons.

(b) Support community action for a Smokefree 2025

Community-based action has long been a part of New Zealand's smokefree movement. It can successfully change social norms about smoking and influence policy and legislation.

For example, initiatives over many years at local and regional levels have promoted smokefree vehicles carrying children, and some of them have received community partnership grants funded by Te Hiringa Hauora (Health Promotion Agency). This work supported a change in social norms and contributed to legislative change.

In 2020, Parliament passed the Smoke-free Environments (Prohibiting Smoking in Motor Vehicles Carrying Children) Amendment Act. As part of the implementation of this Act, the Ministry proposes to support community action, in addition to a national-level campaign.

More recently, the Cancer Society and Hāpai te Hauora, which holds the national tobacco control advocacy contract, have been supporting local action to curb the retail supply of tobacco.

What action are you aware of in your community that supports Smokefree 2025?
What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

(c) Increase research, evaluation, monitoring and reporting

Further investment in research, evaluation, monitoring and reporting will improve understanding of smoking populations and the contexts in which people begin to smoke and quit smoking. Monitoring and evaluation of the impacts of the action plan and its components will also be needed. This information can in turn contribute to better decision-making.

What do you think the priorities are for research, evaluation, monitoring and reporting? Please give reasons.

(d) Strengthen compliance and enforcement activity

Compliance with smokefree legislation is generally high. However, the Smokefree Environments and Regulated Products (Vaping) Amendment Act 2020 made significant changes to how vaping products are regulated.

An enhanced compliance function will support the balanced approach that the legislative changes aim to achieve (ie, to make vaping products available for smokers wishing to reduce harms to their health while minimising uptake by non-smoking young people).

The Government has also recently strengthened action to reduce illicit trade at the border. The Customs and Excise (Tobacco) Amendment Act 2020 came into force on 1 July 2020. It requires, for example, that all importers of tobacco products and tobacco leaf have a permit to import issued by the New Zealand Customs Service (with some limited exceptions). Any tobacco imported without a permit is seized and destroyed.

Evidence indicates that the amount of tobacco products being smuggled into New Zealand has increased substantially in recent years and organised criminal groups are involved in large-scale smuggling. The changes proposed in this document may contribute to this problem. Increased availability of illicit tobacco undermines the Smokefree 2025 goal.

What else do you think is needed to strengthen New Zealand's tobacco control system? Please give reasons.

2. Make smoked tobacco products less available

New Zealand has no restrictions on where tobacco can be sold. At least 80 percent of it is sold through convenience stores, service stations, on-licensed premises and supermarkets. An estimated 5,000 to 8,000 retail outlets sell tobacco in New Zealand (Robertson 2016). Fifty-four percent of secondary schools have at least one tobacco retail outlet within 500 metres of the school, and 83 percent have at least one outlet within 1 kilometre (Robertson et al 2016).

Tobacco retail outlets are highly concentrated in more disadvantaged neighbourhoods; their density is about four times greater in the most disadvantaged neighbourhoods compared with the most advantaged neighbourhoods (Marsh et al 2013). Those living in New Zealand's most disadvantaged neighbourhoods are over five times more likely to smoke than those living in our most advantaged neighbourhoods (Ministry of Health 2020a). Almost half of young Māori women aged 18–24 years who live in the most disadvantaged neighbourhoods smoke daily (Ministry of Health 2017).

The widespread availability of tobacco products in retail outlets can also encourage young people to experiment with and take up smoking and can trigger smokers who are trying to quit, potentially leading to relapse.

Growing evidence indicates that reducing the availability of tobacco products in retail outlets will reduce the number of people who start smoking, encourage smokers to quit and support former smokers to remain smokefree (Pearson et al 2015, 2017).

To make a meaningful contribution to Smokefree 2025, the number of retail outlets would need to be significantly reduced. New Zealand modelling has suggested that we should reduce retail supply to 5 percent or less of the current estimated number of outlets (van der Deen et al 2018).

The following options could be adopted to make smoked tobacco products less available.

(a) License all retailers of tobacco and vaping products

The Smokefree Environments and Regulated Products Act 1990 requires specialist vape retailers (SVRs) to be approved. This supports compliance activity and enables the government to monitor sales of vaping products by SVRs.

All retailers of tobacco and vaping products, in addition to SVRs, could be licensed. This measure would build on the system being established for SVRs, enabling the government to monitor all sales of vaping and tobacco products. It would also support compliance activity and help to combat the sale and distribution of illicit tobacco products.

Licensing retailers of smoked tobacco products would be necessary to implement the proposals below to significantly reduce retail availability. It would also help to combat the sale and distribution of illicit tobacco products.

Do you support the establishment of a licensing system for all retailers of tobacco and vaping products (in addition to specialist vape retailers)?

- Yes
- No

Please give reasons.

(b) Significantly reduce the number of smoked tobacco product retailers based on population size and density

Linking the number of retailers in an area to its population size and density could significantly reduce the number of retail outlets selling smoked tobacco and make it substantially more difficult to buy cigarettes. The result would be to reduce uptake by young people and encourage smokers to quit or switch to vaping or smokeless tobacco products that would be more readily available.

This option could be progressively implemented, beginning with licensing existing retailers of smoked tobacco.

Do you support reducing the retail availability of smoked tobacco products by significantly reducing the number of retailers based on population size and density?

- Yes
- No

Please give reasons.

(c) Restrict sales of smoked tobacco products to a limited number of specific store types

Restricting sales to a limited number of store types would make it substantially more difficult to buy cigarettes. The result would be to reduce uptake by young people and support smokers who are trying to quit.

Some commentators have suggested that tobacco products should be sold only in specialist R18 stores. Pharmacies have also been suggested as an option that could provide a strong link with smoking cessation advice.

Do you support reducing the retail availability of tobacco products by restricting sales to a limited number of specific store types (eg, specialist R18 stores and/or pharmacies)?

- Yes
- No

Please give reasons.

(d) Introduce a smokefree generation policy

A smokefree generation policy would prohibit the sale, and the supply in a public place, of smoked tobacco products to new cohorts from a specified date. For example, if legislation commenced on 1 January 2022, then people younger than 18 years at that time or those born after 1 January 2004 would never be able to lawfully be sold smoked tobacco products.

This option would grandfather existing smokers, but the supply of new smokers would cease. This would effectively phase out the legal sale of smoked tobacco products over many years.

New Zealand modelling suggests that, if well enforced, a smokefree generation policy would halve smoking rates within 10 to 15 years of implementation. The health gains per person would be five times larger for Māori than for non-Māori (Blakely et al 2018).

Do you support introducing a smokefree generation policy?

- Yes
- No

Please give reasons.

Reducing the availability of tobacco would have impacts on businesses that currently sell tobacco. These impacts would vary depending on the amount of smoked tobacco a store sells, the profitability of those sales and the ability of stores to replace sales, for example with smokeless tobacco or vaping products. We are interested in hearing from small retailers about the potential impacts of these proposals, and how to best mitigate these while still achieving a Smokefree Aotearoa.

Are you a small business that sells smoked tobacco products?

- Yes
- No

Please explain any impacts that making tobacco less available would have on your business that other questions have not captured. Please be specific.

3. Make smoked tobacco products less addictive and less appealing

We could make smoked tobacco less addictive and less appealing. With this action, young people would be less likely to experiment with smoking and those who did try it would be less likely to become addicted, while smokers would find it easier to quit smoking.

The following actions are proposed to make smoked tobacco less addictive and less appealing.

(a) Reduce nicotine in smoked tobacco products to very low levels

Reducing nicotine content to minimal levels would likely decrease the number of young people trying smoking as they would not expect to get a hit from nicotine. It should also stop the progression to addiction among those who do experiment and prevent relapse in people who are trying to quit smoking.

Even for smokers who are not currently considering quitting, using very low nicotine cigarettes can lead them to reduce the number of cigarettes they smoke per day and be more likely to contemplate, make and succeed at a quit attempt (Robert Wood Johnson Foundation 2018).

Do you support reducing the nicotine in smoked tobacco products to very low levels?

- Yes
- No

Please give reasons.

(b) Prohibit filters in smoked tobacco products

Evidence shows filters and associated design features have no effect on reducing the harm from smoking. Research further indicates that prohibiting filters could reduce smoking prevalence (Kozlowski and O'Connor 2002; Wallbank et al 2016).

Tobacco companies also use various design features in cigarette filters to make tobacco more palatable (eg, flavoured crush balls) and to create an impression of reduced harm (eg, ventilation holes).

Cigarette butts are believed to be the most pervasive form of plastic pollution on the planet. They are also the most common item of litter in New Zealand, accounting for 78 percent of littered items nationally (Keep New Zealand Beautiful 2018).

Most discarded cigarette butts end up in waterways, where they leach heavy metals and chemicals (Gersberg et al 2011). Over the many years that filters take to degrade, they break down into microplastics, which cause irreversible damage to waterways and wildlife.

Do you support prohibiting filters in smoked tobacco products?

- Yes
- No

Please give reasons.

(c) Prohibit innovations aimed at increasing the appeal and addictiveness of smoked tobacco products

It is possible that in future, there may be further changes to the design of smoked tobacco products. Some of these might be in response to other changes we are proposing.

A regulatory power could be added to the Smokefree Environments and Regulated Products Act 1990 to enable the Government to prohibit innovations aimed at increasing the appeal and addictiveness of smoked tobacco products. This could cover flavours, additives and design features. Using regulations means that faster changes could be made, because it would not be necessary to amend the Smokefree Environments and Regulated Products Act 1990 each time.

Do you support allowing the Government to prohibit tobacco product innovations through regulations?

- Yes
- No

Please give reasons.

4. Make tobacco products less affordable

Making all tobacco products less affordable has been an important part of the tobacco control programme and has contributed to the reduction in smoking rates and tobacco consumption in New Zealand. Between January 2011 and January 2020, tobacco excise increased 10 percent each year on top of the annual adjustment made to keep pace with inflation.

A 2018 evaluation of New Zealand's tobacco excise increases found that the benefits of taxation exceeded the harms, with around half of smoking households reporting they purchased less tobacco in response to price rises. It also found, based on the qualitative component of the evaluation, that some groups, including Māori, Pacific peoples and low-income earners who continued to smoke, experienced hardship as a result. For example, in the evaluation's community survey, 10 percent of respondents overall and 19 percent of Māori reported that, in the month prior to the survey, their household had gone without something else that they needed (Ernst & Young 2018). Increasing prices may also contribute to the growth of the illicit market for tobacco.

No further tobacco excise increases are proposed; however, we could consider alternative measures related to affordability.

(a) Set a minimum price for tobacco

Setting a minimum price for tobacco would support existing excise tax measures. It would aim to prevent manipulation of retail margins to reduce the impact of any excise increases on low-end products, thus undermining the impact of price increases on smoking rates. It would be based on the final retail price and would establish a minimum price below which sales would be prohibited by law.

Do you support setting a minimum price for all tobacco products?

- Yes
- No

Please give reasons.

5. Enhance existing initiatives

New Zealand has well-established mass and social media campaigns and stop smoking services which need scaling up through increased investment.

(a) Increase investment in mass and social media campaigns

Mass and social media campaigns that promote smokefree lifestyles and quitting smoking are a core part of the tobacco control programme (Health Promotion Agency. 2018). Campaigns focus on priority populations, including Māori, Pacific peoples and young adults.

New Zealand has a long history of mass and social media campaigns focused on the goal of keeping young people smokefree (eg, Stop Before You Start, which targeted those aged 17–20 years). Currently, Te Hiringa Hauora works in partnership with Rockquest Promotions to sponsor Smokefree rock quests and Smokefree Tangata Beats, which promote smokefree lifestyles to young New Zealanders.

However, current campaigns are focused more on encouraging smokers to quit smoking and stay smokefree. For example, the Quitstrong campaign has been in the market since late 2019 and the Vape to Quit campaign is scheduled to start from March 2021.

While it is important to continue to deliver campaigns that encourage people to quit smoking, we also need to renew our focus on supporting young people to stay smokefree and vape-free.

(b) Increase investment in stop smoking services for priority populations

While many smokers want to quit, it can be very hard to do so, particularly for those who face complex challenges in their lives. Some people feel that smoking is the only pleasure they have left, even if they want to quit; these smokers need wider support than just 'quit smoking' interventions.

In 2016, the Ministry of Health began working with young Māori women and four providers to develop and test new models of service delivery through four prototypes.

The evaluation of the prototypes found that for this cohort of women, services should first focus on the complex mix of challenges and issues that wāhine need to address, in order for wāhine to thrive, rather than emphasising smoking cessation as the most important issue first up. The prototypes used aspirational and holistic wellbeing planning processes with wāhine, rather than plans that focus only on smoking-related goals. The evaluation findings have been applied to all stop smoking services.

In 2019, the Ministry published the good practice guidance *Ka Pū te Ruha, ka Hao te Rangatahi* (the Guidance) to support stop smoking services to make these changes (Ministry of Health in collaboration with ThinkPlace 2019). The Guidance was co-designed with young Māori women and Māori stop smoking service providers. It supports stop smoking services to take a holistic wellbeing approach that is responsive and wāhine-led, with a view to reducing the health inequities that persist in New Zealand.

All stop smoking services are required to use the guidance when they are designing and delivering services, with an expectation that more Māori women will engage with services than previously. By using the guidance, services will gain the support they

need to better target and meet the needs of priority populations, particularly young Māori women.

A formative evaluation of the implementation of the Guidance was completed in July 2020. The aim of the evaluation was to understand if, and how, stop smoking providers were using the Guidance. The evaluation found that providers loved the look and feel of the Guidance and the focus on young wāhine Māori. It found that the Guidance was easy to understand but harder to implement and that more support was needed to help providers with new ways of working. It also raised concerns that contractual constraints and a lack of funding were barriers to implementing the Guidance. The Ministry of Health and stop smoking services are working through the findings to improve uptake of the Guidance.

An outcomes evaluation will be undertaken within the next 18 months.

Similar work is under way to develop services focused on supporting Pacific peoples to stop smoking.

The Ministry has also begun to explore how to provide better smoking cessation support to prisoners.

Support for quitting smoking during pregnancy is a significant focus of our stop smoking services. Overall, around 13 percent of New Zealand women continue to smoke during pregnancy. These women are more likely to be Māori, under 20 years old and living in the poorest communities (Smokefree 2019). Among the pregnant Māori women who presented to a lead maternity carer for the first time in the first quarter of 2020/21, 35 percent smoked.²

Most stop smoking service providers offer an incentive programme for pregnant women and/or their whānau. Incentives are usually in the form of vouchers for supermarkets, petrol stations or baby products.

Of all the issues raised in this discussion document, what would you prioritise to include in the action plan? Please give reasons.

Do you have any other comments on this discussion document?

² Q1 2020/21 Better help for smokers to quit (maternity) pregnant Māori prevalence rate at first presentation with LMC. Data reported to the Ministry of Health by district health boards and the Midwifery and Maternity Providers Organisation.

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