



**Te Kāwanatanga o Aotearoa**  
New Zealand Government



**MINISTRY OF  
HEALTH**

MANATŪ HAUORA

# Smokefree Aotearoa

2025 Action Plan



Amohia ake te ora o te iwi  
ka puta ki te whei ao

Kingi Tūheitia Pōtatau  
Te Wherowhero VII

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# Smokefree Aotearoa 2025 Action Plan

## Our vision

Our vision is to eliminate the harm smoked tobacco products cause our communities by transforming Aotearoa New Zealand to a smokefree nation by 2025.

## Acknowledgements

We recognise the esteemed leaders who developed and championed the vision for a smokefree Aotearoa, setting the Smokefree 2025 goal that underpins the work to enable this action plan.

We acknowledge the commitment from many who have contributed to eliminating the harm that smoking has caused, and continues to cause, to our country, our communities, and our people.

We thank those who took time to prepare and make a submission in response to the Ministry of Health's consultation on *Proposals for a Smokefree Aotearoa 2025 Action Plan*. The contribution provided by public submissions has been important in the development of this action plan.



# Mihi

**Mō koutou, aku rau tītapu ki te pō.** Nā wai koutou i raru ai? Nā ngā rauhanga a Whiro i raru ai. I mate atu koutou i te auahi warawara. I pūrere tana kakara i tawhiti, ka rongo te ihu, ka rongo te arero, ka hē te iwi. Haere rā koutou taku tira haukore i te kōmurihau. Haere rā i runga i aku roimata i whāriki i runga i ngā marae kāinga o te motu hei whakangāwaritanga iho mō ō koutou tapuwae.

Mō koutou, aku ringa raupā o te kaupapa, tēnā koutou. Ngā mana o ngā maunga, te tapu o ō koutou tīpuna. Nā koutou tēnei kaupapa i whakaara i roto i ngā tau ka huri ki muri. E aku nui, whakamutua te tangi o tōu reo, ngā roimata o ōu kanohi nā te mea, ka hoki mai te tika ki tōna whenua, ka hoki ōna hoariri ki ō rātou rohe. Ko te oati tēnei o te wāhi ngaro. Kua tāmokohia ō koutou rae ki te moko o te parawerawera, ka ora te iwi i a koutou.

Kei ngā rangatira o te motu, tēnā koutou. Amohia ake te ora o te iwi, ko te kupu tēnei o te kīngi Māori ki a tātou katoa. Ko te ora o Aotearoa te mātāmua me te mātāmuri o te whakaaro nui o te tangata. Whakarongo ō koutou taringa ki te hīhā tangi mai a Matemateāone.

Nō konei i kimi ai te ture, waiho ake mā te ture te ture anō e āki.

**We acknowledge our beloved deceased.** We reflect and ask where did this despair that we feel come from? Indeed, this despair has sprung from the many deceits of Whiro.<sup>1</sup> You were taken from us by this addictive smoke. This essence travelled here from afar for the nose to smell, for the tongue to taste, and deceived the people. Farewell to the multitudes whose spirits have left, no longer able to feel the wind. We bid you farewell with tears that have fallen on many marae of this land to help ease your travelling footprints.

We acknowledge the callused hands that laboured tirelessly to uphold this kaupapa. The pride of mountains, the sacredness of our ancestors. Because of you and your dedication such a kaupapa was able to emerge many years ago. May your cries be softened, and the tears wiped from your eyes, correcting past wrong so that our whenua can arise, when the enemies are returned back to where they came from. This was promised to us by the one that cannot be seen. Your brow bears the marks of your accomplishments, your hard work, and sweat. Lives will be saved because of you and the work you have done.

We acknowledge the many leaders of this land. The health of our people is paramount, this is the word of our Māori King to all. The health of New Zealand is foremost in one's thoughts. May your ears listen to the song of unconditional care and respect for one another as a people.

So we look towards the laws to govern us well and lead us towards prosperity.

<sup>1</sup> Whiro (personal name) atua of things associated with evil, darkness and death and a son of Rangi-nui and Papa-tū-ā-nuku. Whiro-te-tipua is the full name. Te Aka Māori Dictionary. URL: <https://maoridictionary.co.nz/> (accessed 19 November 2021).

# Associate Minister's foreword

**This Government's vision is for a smokefree Aotearoa New Zealand, where we eliminate the harm smoked tobacco products cause our communities.**

Getting to this point has been a long journey. The pioneering 1990 Smoke-free Environments Act, which has been amended many times over the years, prohibits smoking in indoor workplaces, including hospitality, schools, and early childhood centres, prohibits the display of tobacco products, and requires tobacco products to be in standardised packaging. In 2020, vaping products were regulated, and emerging oral tobacco products banned.

These legislative changes, along with health promotion, smoking cessation services and price increases, have gradually reduced smoking over the years, saving many lives. However, our tobacco control programme has not worked equally for all New Zealanders. Smoking has reduced more quickly among those with access to greater resources. So even though smoking has reduced for all groups of New Zealanders, Māori, Pacific peoples, low-income earners, adults with disabilities, and people experiencing mental health and addiction issues have much higher rates of smoking than others. Tobacco kills at least half the people who use it, yet it is lightly regulated.

New Zealand is a signatory to the World Health Organization's Framework Convention on Tobacco Control (FCTC), and the development and implementation of our tobacco control programme has been very strongly aligned with it. We remain strongly committed to the FCTC and to safeguarding public policy from tobacco industry influence.

Like several countries internationally, we have a smokefree goal. New Zealand's goal is for less than five percent of all groups of New Zealanders to smoke daily by 2025. At the current rate of progress, it is expected to take decades to reach Smokefree 2025 for all New Zealanders. But we have only four years.

This action plan is therefore unapologetically bold. No single intervention will get us to Smokefree 2025 for all. It will take a package of measures to reach our goal.

The action plan will support more people to quit smoking and encourage young people never to start, by strengthening smoking cessation and health promotion programmes. It will mobilise communities to draw on local knowledge and leadership to achieve a Smokefree Aotearoa. But the plan is about more than mobilising communities and providing better support for individuals. It also aims to radically change the smoking environment to make it easy for all New Zealanders to live smokefree, by tackling everything about the product, including where it is sold and what is in it.

We have a smokefree future in our sights. I am proud to be part of it and ask every New Zealander to join in making our country one where every child can grow up in an environment free from the destruction smoking causes to our families, whānau, and communities.

**Hon Dr Ayesha Verrall**  
**Associate Minister of Health**



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# Smokefree Aotearoa 2025 Framework



## Smokefree Aotearoa 2025

### Our vision

Eliminate the harm smoked tobacco products cause our communities by transforming Aotearoa New Zealand to a smokefree nation by 2025

### Our goal

By 2025, daily smoking prevalence is less than five percent for all population groups in New Zealand<sup>2</sup>

### Our outcomes

Eliminate inequities in smoking rates and smoking-related illnesses

Create a smokefree generation by increasing the number of children and young people who remain smokefree

Increase the number of people who successfully quit smoking

### Our focus areas



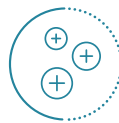
**1:**

Ensure Māori leadership and decision-making at all levels



**2:**

Increase health promotion and community mobilisation



**3:**

Increase evidence-based stop smoking services



**4:**

Reduce the addictiveness and appeal of smoked tobacco products



**5:**

Reduce the availability of smoked tobacco products



**6:**

Ensure manufacturers, importers and retailers meet their legal obligations

### Te Tiriti o Waitangi principles that apply to our work

Tino rangatiratanga

Equity

Active protection

Options

Partnership

<sup>2</sup> The prevalence goal is for smoking; it excludes vaping and the use of smokeless tobacco products.



# Introduction: Smoked tobacco is the problem

**Smoking tobacco products kills approximately 4,500 to 5,000 people every year in New Zealand – that is around 12 to 13 deaths every day due to smoking or exposure to second-hand smoke.**<sup>3</sup> Since the Māori Affairs Committee's Inquiry into the tobacco industry in Aotearoa and the consequences of tobacco use for Māori in 2010,<sup>4</sup> more than 50,000 New Zealanders have died of smoking-related causes. **Appendix 1** provides more information about the harm smoked tobacco products cause our people, our children and our communities.

## Purpose of this plan

This action plan sets out the actions we will take over the next four years and beyond to achieve Smokefree Aotearoa 2025 and ultimately end the harm smoking causes. To achieve our goal of a smoking prevalence of less than five percent in the next four years, we will need to implement a comprehensive mutually reinforcing package of actions at speed.

## Our international obligations

New Zealand is a signatory to the World Health Organization's Framework Convention on Tobacco Control (FCTC). The FCTC was developed in response to the global tobacco epidemic. It is an evidence-based treaty that reaffirms the right of all people to the highest standard of health and has become one of the most rapidly and widely embraced treaties in the United Nation's history.

The development of New Zealand's tobacco control programme over many years has been closely modelled on the FCTC. New Zealand remains committed to supporting the implementation of the FCTC globally.

All actions will also need to take into account New Zealand's international trade obligations.

<sup>3</sup> This information is available on the Global Health Data Exchange, see <http://ghdx.healthdata.org/gbd-results-tool> (accessed 4 October 2021).

<sup>4</sup> Māori Affairs Committee. 2010. *Inquiry into the tobacco industry in Aotearoa and the consequences of tobacco use for Māori: Report of the Māori Affairs Committee*. Wellington: Māori Affairs Committee. URL: [www.parliament.nz/resource/en-NZ/49DBSCH\\_SCR4900\\_1/2fc4d36b0fbdfed73f3b4694e084a5935cf967bb](http://www.parliament.nz/resource/en-NZ/49DBSCH_SCR4900_1/2fc4d36b0fbdfed73f3b4694e084a5935cf967bb) (accessed 4 October 2021).

# Our outcomes

Our outcomes, in more depth, are as follows.

## Outcome 1 –

### Eliminate inequities in smoking rates and smoking-related illnesses

To reverse inequity and improve health and wellbeing for all, we need to end the unequal distribution of the harm smoking causes.

This outcome acknowledges the marked inequities in health caused by higher smoking prevalence among Māori, Pacific peoples, and those living in the most deprived areas of New Zealand.

This action plan is an essential step towards meeting our obligations under Te Tiriti o

Waitangi including achieving equitable health outcomes for Māori.<sup>5</sup>

This action plan supports commitments the Ministry of Health has made to achieving equitable health outcomes for Māori and Pacific peoples respectively in Whakamaua: Māori Health Action Plan 2020–2025 and Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025.<sup>6</sup>

## Outcome 2 –

### Create a smokefree generation by increasing the number of children and young people who remain smokefree

Stopping our children and young people from ever smoking will reduce future smoking rates and smoking related harm.

This outcome requires a holistic approach to protecting children and young people, including reducing their exposure to smoked tobacco products and to second-hand smoke, supporting parents and whānau to quit smoking, and ensuring smoked tobacco products are not appealing or addictive. By focusing on stopping new generations of people from ever starting to smoke, we acknowledge that children and young people are our future and put them front and centre.

This action plan contributes to meeting our obligations under the United Nations Convention on the Rights of the Child to protect children from the harms of smoking, including from beginning to smoke themselves.

<sup>5</sup> The right to be smokefree is entrenched in Te Tiriti o Waitangi. For instance, article 2 guarantees protection of taonga; the right to wellbeing and tiaki whakapapa falls under this. Article 3 sets out the right to equality before the law.

<sup>6</sup> Ministry of Health. 2020. *Whakamaua: Māori Health Action Plan 2020–2025*. Wellington: Ministry of Health. URL: [www.health.govt.nz/publication/whakamaua-maori-health-action-plan-2020-2025](http://www.health.govt.nz/publication/whakamaua-maori-health-action-plan-2020-2025) (accessed 4 October 2021). Ministry of Health. 2020. *Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025*. Wellington: Ministry of Health. URL: [www.health.govt.nz/publication/ola-manuia-pacific-health-and-wellbeing-action-plan-2020-2025](http://www.health.govt.nz/publication/ola-manuia-pacific-health-and-wellbeing-action-plan-2020-2025) (accessed 4 October 2021).

## Outcome 3 –

### **Increase the number of people who successfully quit smoking**

A key part of achieving our smokefree goal is removing the barriers that undermine quit attempts and ensuring the right quitting support is easy to access.

This outcome requires a focus on changing the settings in New Zealand that allow smoked tobacco products to be widely available, concentrated in disadvantaged neighbourhoods, and highly addictive. Support to quit smoking or to switch to a

less harmful alternative must be available given the potential impact of the significant changes proposed in this action plan to transform the availability, addictiveness and appeal of smoked tobacco products.

This action plan acknowledges that smoking is not an individual issue. Smoking is a community issue and a social issue.





# Te Tiriti o Waitangi principles that apply to our work

**The Ministry of Health has a responsibility to contribute to the Crown meeting its obligations under Te Tiriti o Waitangi.** The principles of Te Tiriti, as articulated by the courts and the Waitangi Tribunal, provide the framework for how we will meet our obligations under Te Tiriti.

**The principles that apply to our work are set out below.**

## Tino rangatiratanga

The guarantee of tino rangatiratanga, which provides for Māori self-determination and mana motuhake in the design, delivery, and monitoring of health and disability services.

## Equity

The principle of equity, which requires the Crown to commit to achieving equitable health outcomes for Māori.

## Active protection

The principle of active protection, which requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. This includes ensuring that the Crown, its agents, and its Treaty partner are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity.

## Options

The principle of options, which requires the Crown to provide for and properly resource kaupapa Māori health and disability services. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.

## Partnership

The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery, and monitoring of health and disability services. Māori must be co-designers, with the Crown, of the primary health system for Māori.

# Vaping and the action plan

**The emergence of vaping products over the last decade or so has changed the possibilities for people who smoke.** Those who are not ready to quit, or are unable to, now have an alternative at much less cost and risk to health.

However, while vaping is substantially less harmful than smoking tobacco, it is not without risk.

The regulation of vaping products under the Smokefree Environments and Regulated Products Act 1990 means that many of the existing restrictions for smoked tobacco products now also apply to vaping products, but with some exemptions. For example, vaping products, unlike smoked tobacco products, can be displayed in shops, and information and advice can be provided to help people shift from smoking to vaping.

The changes to the legislation to regulate vaping products intend to strike a balance between preventing the uptake of vaping among children and young people and supporting people who smoke to switch to a less harmful product (and thereby contributing to our Smokefree 2025 goal).

We will monitor the continued impact of these regulatory changes, including any unintended consequences. Additionally, we will introduce a requirement for general retailers selling vaping products to advise the Director-General of Health that they are doing so. This will provide an accurate picture of the number and type of retailers selling vaping products. It will make it easier for the Ministry to communicate changes to the law in a way that places the least regulatory and administrative burden on retailers.

More importantly, we wish to ensure that children and young people are protected from addiction and any other risks to their health. Actions set out in **Focus area 2** (Increase health promotion and community mobilisation) will further support the intent of the legislation, to ensure that children and young people choose to never smoke or vape.

We will not achieve our goal of Smokefree 2025, however, until our current regulatory settings reflect a more risk-proportionate framework. We can ensure this by making smoked tobacco products more regulated and less available than vaping products, given their greater health impact. Actions set out in **Focus areas 4 and 5** (Reduce the addictiveness and appeal of smoked tobacco products and Reduce the availability of smoked tobacco products) are intended to achieve this.



# Monitoring and evaluating the action plan

**Over the next four years, it is imperative that monitoring and evaluation of the action plan is effective.** We must ensure that the recommended focus areas and actions are well designed, that they are implemented as intended, and that they achieve sufficient impact to reach our goal and our three high-level outcomes.

Effective monitoring and evaluation includes assessing the impact the actions have on reducing the prevalence of smoking for all population groups in New Zealand. It also includes monitoring for unintended consequences, such as illicit trade or negative impacts on equity, mental health or financial wellbeing.

Some evidence and data are already available from:

- Te Hiringa Hauora adult smoking surveys
- Action on Smoking and Health (ASH) Year 10 surveys
- New Zealand arm of the International Tobacco Control Project, led by the University of Otago (this project involves 29 countries, covering 70 percent of the world's tobacco users in six World Health Organization regions).

However, because some of the actions we are planning are world leading, relevant literature and data sources will not be available. We will need to undertake new studies and engage with tobacco control researchers to identify the best approaches for rapid research. For instance, we will need to conduct new research to better understand the current size of the illicit market, and to measure the impact the regulatory changes resulting from this action plan have upon this market.

This action plan provides us with an opportunity to improve our monitoring and evaluation activities, by partnering with and providing greater accountability to Māori. We need to create the opportunity for Māori to lead research, monitoring and evaluation of the actions. The Ministry of Health will work with the Smokefree Aotearoa 2025 Taskforce, under **Focus area 1** (Ensure Māori leadership and decision-making at all levels) to develop a monitoring and evaluation plan for the action plan that ensures this.

Finally, we must regularly publish our monitoring and evaluation findings.



# Our actions

**This section details the actions we will take under our six focus areas in more depth.** These actions actively prioritise efforts to reduce smoking-related harms among children and young people, Māori, Pacific populations and those living in the most deprived areas of New Zealand.

For each action, we have specified a lead and a timeframe. We will publish further implementation timelines (for instance, regarding the actions that require legislative change) on our website.

The actions do not include changes to the law that have already been passed. The Smoke-free Environments (Prohibiting Smoking in Motor Vehicles Carrying Children) Amendment Act was passed in May 2020; it came into force on 28 November 2021. Smoking and vaping in motor vehicles carrying children and young people under 18 years of age is now against the law.

Some of the actions in this action plan are non-legislative (see **Focus areas 1, 2 and 3**), while others will require legislation (see **Focus areas 4, 5 and 6**).

Current tobacco control measures are largely focused on changing individual behaviours, for instance, through encouraging people not to start smoking or to stop smoking. While important, this approach has not worked for everyone. Smoking rates have reduced faster among those with access to greater resources.

The onus of responsibility for reducing our smoking rates must not, therefore, sit with the individual who smokes. The actions that will require legislative change focus instead on changing the broader environment in which we all live, to make it easy for children and young people to remain smokefree and for those who smoke to quit. These actions have been designed to have equitable reach and to have an impact on all people who smoke.

We acknowledge the impact that some of these actions will have on businesses that currently sell smoked tobacco products. This impact is outweighed by the ongoing harm and loss of life that smoking causes to communities and whānau.

We will implement these actions in collaboration with a variety of stakeholders, including government agencies, the tobacco control sector, the primary health care sector, the academic sector (including researchers), community and iwi organisations, and non-government organisations.

We must all work together to reduce the negative impacts of smoking in Aotearoa.



## Focus area 1:

### Ensure Māori leadership and decision-making at all levels

**Māori leadership and decision-making are essential for the effective delivery of the action plan if we are to achieve equitable outcomes.**

- Establishing the Smokefree Aotearoa 2025 Taskforce is an important step towards achieving the Tiriti principle of tino rangatiratanga. The Taskforce will advise at the national level on whether progress under this action plan is achieving the smokefree goal for Māori.

- Māori leadership and decision-making, particularly at community and regional levels, will also occur through actions in **Focus areas 2 and 3.**

Finally, the changes that are occurring within the wider health and disability sector offer a further opportunity to provide for Māori leadership and decision-making.

Hāpai Te Hauora engaged with Māori, on behalf of the Ministry of Health, to develop this action plan.<sup>7</sup> Now the Ministry of Health is partnering with Hāpai Te Hauora to develop a health promotion plan, which will consider how best to enable iwi Māori collectively to participate. An investment plan for additional stop smoking services will provide for an increased Māori workforce to deliver kaupapa Māori service solutions.



*Leadership is not about what is done for us or to us – it is about what is done by us. That, indeed, is the very basis of self-determination.*

**Dame Tariana Turia<sup>8</sup>**

*Kua tawhiti kē tō haerenga mai, kia kore e haere tonu. He tino nui rawa ō mahi, kia kore e mahi nui tonu. You have come too far, not to go further. You have done too much, not to do more.*

**Minister Peeni Henare reciting the words of his koroua, Sir James Henare<sup>9</sup>**

<sup>7</sup> Hāpai Te Hauora holds the national tobacco control advocacy service contract and is responsible for delivering to all communities, but with a focus on the populations experiencing the greatest burden of harm.

<sup>8</sup> Tariana Turia. 2012. Key-note presentation presented at the Tobacco-Free Aotearoa Conference, Wellington, 2012. URL: [www.beehive.govt.nz/speech/tobacco-free-aotearoa-conference](http://www.beehive.govt.nz/speech/tobacco-free-aotearoa-conference) (accessed 4 October 2021).

<sup>9</sup> *New Zealand Parliamentary Debates*, 12 February 2019. URL: [www.parliament.nz/en/pb/hansard-debates/rhr/document/HansS\\_20190212\\_060750000/henare-peeni](http://www.parliament.nz/en/pb/hansard-debates/rhr/document/HansS_20190212_060750000/henare-peeni) (accessed 4 October 2020).

## Key actions for Focus area 1

#	Action	Lead	Timeframe
1.1	Establish the Smokefree Aotearoa 2025 Taskforce, comprising Māori leaders, to provide assurance on progress and delivery of the actions to achieve Smokefree 2025 for Māori	Ministry of Health	Now
1.2	Ensure the Smokefree Aotearoa 2025 Taskforce holds the Ministry of Health, the government and the tobacco control sector accountable to Māori, through equitable performance reporting and monitoring and evaluation of this action plan	Smokefree Aotearoa 2025 Taskforce	Now – 2025
1.3	Develop a plan for health promotion and community mobilisation that reflects and aligns with Māori rights under Te Tiriti o Waitangi and interests, aspirations and perspectives at community, regional and national levels (per action 2.2)	Hāpai Te Hauora	Now – 2025
1.4	Provide for an increased Māori workforce to deliver kaupapa Māori service solutions across all service areas (through the investment plan for stop smoking services, per actions 3.1 and 3.2)	Ministry of Health	Plan finalised by 30 April 2022
1.5	Proactively support and expand the right for Māori to exercise their authority over matters affecting their lives and the aspiration for pae ora (healthy futures), including via the new Māori Health Authority, committees such as the Public Health Advisory Committee and through iwi Māori partnership boards	Ministry of Health	Key decisions 2021 – 2022





## Focus area 2:

### Increase health promotion and community mobilisation

**Health promotion creates supportive environments in which we can encourage population-level change, strengthen smokefree norms and communicate and explain changes to the law.**

- Budget 2021 committed \$12.750 million over four years towards additional smokefree health promotion and community mobilisation.
- Over the next four years, health promotion programmes will support the Smokefree 2025 goal and the creation of a new generation of New Zealanders who never smoke. Specifically, health promotion programmes will support and reinforce the actions that make changes to the law.
- Health promotion programmes will reflect the needs, priorities and voices of communities, acknowledging that these will vary.
- We will harness community mobilisation that draws on local knowledge and leadership to achieve a Smokefree Aotearoa. The leadership and mana of the Smokefree Aotearoa 2025 Taskforce members is integral to the success of the

smokefree mahi. To ensure the action plan is effective for the needs of Pacific peoples and Pacific communities, Pacific leadership must also be prominent.

Strategies and efforts designed and implemented by community members will increase the likelihood of achieving the smokefree goal. Funding will be available for communities to support smokefree efforts at the local level and to ensure specific and culturally appropriate approaches.

Finally, in addition to raising awareness on the harms and impacts of smoking and the benefits of stopping smoking, effort will focus on supporting our children and young people to choose to never vape. The Ministry of Health will also work with the Ministry of Education to provide information to schools to support their vape-free policies.



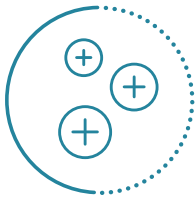
*Build the movement!*  
**Tongan youth group submission<sup>10</sup>**

<sup>10</sup> Submission to Ministry of Health consultation on *Proposals for a Smokefree Aotearoa 2025 Action Plan*.

## Key actions for Focus area 2

#	Action	Lead	Timeframe
2.1	Fund health promotion and community mobilisation activities that support the smokefree goal	Health New Zealand/ Māori Health Authority	Ongoing
2.2	Develop a plan for health promotion and community mobilisation that reflects and aligns with Māori rights under Te Tiriti o Waitangi and interests, aspirations and perspectives at community, regional and national levels (per actions 1.3)	Hāpai Te Hauora	Now – 2025
2.3	Fund a health promotion programme to prevent young people from vaping	Ministry of Health	From 2021
2.4	Create opportunity for Pacific leadership across the action plan to ensure culturally responsive approaches that will reduce smoking prevalence among Pacific peoples	Ministry of Health	From 2022





## Focus area 3:

### Increase evidence-based stop smoking services

**Many people who smoke want to quit; we acknowledge that this can be very hard to do.** Stop smoking services can support quit attempts and wrap additional support around people attempting to quit.

- Budget 2021 committed an extra \$13.875 million towards additional stop smoking services (to be spent over three years commencing from July 2022). An additional \$8 million over four years was allocated to services to support Pacific populations.
- The demands on stop smoking services are many and varied. In addition to providing culturally appropriate services for Māori and Pacific populations, stop smoking services need to provide accessible services for disabled people; for example, by providing information in formats such as easy-read, large-print, Braille and New Zealand Sign Language.
- Services to specifically support pregnant women to quit smoking are essential because smoking is a major risk factor for sudden unexpected death in infancy.
- Stop smoking services will be increasingly important as tobacco becomes less available to purchase (see **Focus area 5**), and less appealing to smoke (see **Focus area 4**). We will need to provide targeted and proactive support for people who find the changes outlined in this action plan distressing; this may include those with mental health needs. These services must be

fit for purpose and delivered by organisations able to engage the particular demographic involved and address disparity.

We need a strong workforce to deliver effective stop smoking services, and a new cohort of practitioners will need to obtain the nationally recognised qualification for stop smoking practitioners.<sup>11</sup> The increase in stop smoking services provides opportunity for entry and access into training and qualifications that support an equitable and reflective workforce. An effective workforce will hold target demographic values and understand social determinants to turn the curve of harm and smoking rates.

The wider health sector will need to work cohesively to achieve our smokefree goal. There are opportunities to improve referrals to stop smoking services across the health sector; for example, when a person who smokes visits their general practitioner<sup>12</sup> or is discharged from hospital,<sup>13</sup> or when a Well Child Tamariki Ora practitioner visits a home,<sup>14</sup> or a lead maternity care practitioner meets with someone who is pregnant.

**11** There are currently three versions of the Stop Smoking Support Programme (SSSP): Full Programme (for practitioners with no formal qualifications), Fast Track Programme (for practitioners with evidence of achieved qualifications or tertiary level health papers at Level 3 or above), and Health Professionals Programme (for registered health practitioners).

**12** In the 15 months to June 2021, 496,950 patients aged 15 to 74 enrolled in a primary health organisation identified as people who smoke.

**13** The submission on *Proposals for a Smokefree Aotearoa 2025 Action Plan* on behalf of district health board chief executives highlighted the unrealised opportunity for intervention when patients who smoke are discharged from hospital.

**14** These practitioners provide whānau and families with children a series of health visits typically beginning when the child is around six weeks old and ending when they are up to five years of age (and may include an antenatal visit). Practitioners enquire whether the home is a smokefree environment for pēpi and/or tamariki.

Finally, our prisons have been smokefree since 2011. However, to reap maximum health gains from the smoking ban in prison, we should consider whether the

current approach to prisoners who smoke on entering prison supports them to remain smokefree when they leave prison.

### Key actions for Focus area 3

#	Action	Lead	Timeframe
3.1	Increase investment in evidence-based stop smoking services, with particular emphasis on the provision of available and accessible services to meet the varied needs of our smoking population	Health New Zealand/ Māori Health Authority	Ongoing
3.2	Develop a three-year investment plan to support an increase in stop smoking services	Ministry of Health	By 30 April 2022
3.3	Work with mental health and addiction service providers and clients to better understand the specific and targeted stop smoking needs of these service users and use this information to inform service development and delivery	Ministry of Health	From May 2022
3.4	Invest directly with Pacific health providers to ensure the delivery of culturally appropriate and innovative stop smoking services for Pacific communities	Ministry of Health	From January 2022
3.5	Review the smoking cessation support training needs of the health workforce, including primary care, maternity and Well Child Tamariki Ora practitioners	Ministry of Health	From January 2022
3.6	Improve the quality of referrals to stop smoking services by primary and secondary care health practitioners across the health system	District health boards	Now
3.7	Support Well Child Tamariki Ora and lead maternity care practitioners to make quality targeted referrals to stop smoking services to support pregnant women and their households to successfully quit smoking	Ministry of Health	Ongoing
3.8	Undertake a nationwide review of stop smoking support in New Zealand's prisons and report to the government setting out findings and making recommendations regarding the approach to stop smoking support: <ol style="list-style-type: none"> <li>on entry to prison (including pharmaceutical support), and</li> <li>before and after release from prison</li> </ol>	Department of Corrections	By August 2022



## Focus area 4:

### Reduce the addictiveness and appeal of smoked tobacco products

#### Smoked tobacco products are highly addictive.

- Nicotine is the primary addictive component of smoked tobacco, and the level of nicotine in tobacco products available for purchase in New Zealand is high.<sup>15</sup>
- Because of nicotine addiction, many people who smoke are unable to choose to stop smoking.
- The addictive properties of nicotine in smoked tobacco products are the key driver for a move from experimental use of tobacco to sustained use. Once people become addicted, they require nicotine to avoid withdrawal symptoms. In the process of obtaining nicotine, users of combustible tobacco products are exposed to an array of toxicants in tobacco and tobacco smoke. Long-term addiction to nicotine and smoked tobacco products increases people's risks of chronic diseases and premature death.
- Reducing nicotine in smoked tobacco products to minimally addictive levels will help people to either quit or swap to a less harmful alternative.
- Although New Zealand has prohibited marketing of smoked tobacco products and mandated that tobacco be sold in standardised packaging, there are currently very limited measures that focus on the design of the product itself.
- Design features may act to maintain or increase the addictiveness and appeal of smoked tobacco products, even if nicotine levels are dramatically reduced. For example, tobacco companies use various design features to make tobacco more palatable (eg, flavoured crush balls) or to create an impression of reduced harm (eg, ventilation holes). Product design features

that aim to increase the appeal and addictiveness of smoked tobacco products will be restricted.

An additional concern is that cigarette filters are the most common item of litter in New Zealand. Most discarded filters end up in waterways. Over the many years that they take to degrade, they can leach heavy metals and other chemicals, and break down into microplastics, which cause damage to waterways and wildlife. 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 2020 and reflects the Crown's obligations under Te Tiriti o Waitangi to actively protect Māori rights and interests, which include those relating to fresh water.

By 2025, only those smoked tobacco products that meet product design requirements including reduced nicotine levels will be available for sale in New Zealand. Product design features that aim to increase the appeal and addictiveness of smoked tobacco products will be restricted. We will consider how best to minimise the detrimental impact of filters on human health and the environment, including as part of Aotearoa's broader waste minimisation strategy.

<sup>15</sup> In general, one cigarette contains approximately 10–14mg of nicotine.



## Key actions for Focus area 4

#	Action	Lead	Timeframe
4.1	Establish a technical advisory group to support development of the regulatory scheme to reduce the addictiveness and appeal of smoked tobacco products	Ministry of Health	From February 2022
4.2	Introduce an amendment Bill to allow only very low nicotine levels in smoked tobacco products for manufacture, importation, distribution, and sale and introduce product assurance systems to support compliance with these requirements	Ministry of Health	2022
4.3	Introduce an amendment Bill to restrict product design measures aimed at maintaining or enhancing the appeal and addictiveness of smoked tobacco products	Ministry of Health	2022
4.4	Work across government, including with the Ministry for the Environment, to consider how best to restrict filters	Ministry of Health	From 2022



*Tobacco companies should not be allowed to keep offering toxins that kill to our whānau. So to be allowed to innovate to change and increase appeal and addictiveness and to keep our whānau trapped is not acceptable.*

**Hapū submission<sup>16</sup>**

*Cigarettes taste foul, they stink, they're gross but boy oh boy do they give you a hit!*

**Personal submission, Māori, 18-34 years<sup>17</sup>**

<sup>16</sup> Submission to Ministry of Health consultation on *Proposals for a Smokefree Aotearoa 2025 Action Plan*.

<sup>17</sup> Submission to Ministry of Health consultation on *Proposals for a Smokefree Aotearoa 2025 Action Plan*.



## Focus area 5:

### Reduce the availability of smoked tobacco products

**Smoked tobacco products are widely available in New Zealand, particularly in disadvantaged areas.** There are nearly four times more tobacco retailers in low-income communities, where smoking rates are highest, than there are in higher-income communities.

- The widespread availability of smoked tobacco products in retail outlets can encourage young people to experiment with and take up smoking. People trying to quit are at greatest risk of relapse if they live in areas where tobacco is readily available.
- Actions in this focus area will change the law to restrict who can sell smoked tobacco products and ensure that retailers are not clustered in New Zealand's most deprived neighbourhoods.
- These changes ensure New Zealand's legal settings for the sale of smoked tobacco products better reflect the harm these products cause. We will monitor the impact the changes have on the size and nature of the illicit sale and supply of smoked tobacco products in New Zealand.
- Significantly reducing the retail availability of smoked tobacco products will reduce the number of young people who start smoking, encourage people who smoke to quit, and support people who have stopped smoking to remain smokefree. Reducing the availability of smoked tobacco products in retail settings will help people to reduce the impact of smoking on their lives and their whānau.

Smoked tobacco products cannot currently be sold to anyone under the age of 18. However, we must do more to safeguard the welfare of future generations and protect them from the harm smoking causes. Action 5.2 is a 'smokefree generation' policy to prohibit the sale, delivery and supply, of smoked tobacco products to individuals born after a certain date. This will make it unlawful to sell smoked tobacco products to people born after this date. Preventing the legal sale of smoked tobacco products to new generations removes any perception that there is a safe age to smoke.

Finally, to give a complete view of the retail environment for tobacco and vaping products we will introduce a requirement for general retailers of vaping products to advise the Director-General of Health that they are selling vape products. This requirement will be less burdensome than the new retail requirements for tobacco products and the existing retail requirements for specialist vape retailers.

## Key actions for Focus area 5

#	Action	Lead	Timeframe
5.1	Introduce an amendment Bill to only allow smoked tobacco products to be sold by authorised retailers, to: <ol style="list-style-type: none"> <li>significantly reduce the current number of retailers</li> <li>ensure retail supply is not concentrated in New Zealand’s most deprived neighbourhoods</li> </ol>	Ministry of Health	2022
5.2	Introduce an amendment Bill to prohibit the sale, delivery and supply of smoked tobacco products to persons born after a certain date, to create a smokefree generation	Ministry of Health	2022
5.3	Introduce an amendment Bill to require general retailers selling vaping products to advise the Director-General of Health before selling vaping products	Ministry of Health	2022



*It’s really really hard to give up the cigarettes when it’s so easy to buy everywhere in my community.*

**Personal submission from Hāpai Te Hauora community survey<sup>18</sup>**

*Principally, it is about protecting future generations from the harm caused by tobacco use.*

**Personal submission, Māori Tobacco Control Advocate<sup>19</sup>**

<sup>18</sup> Submission to Ministry of Health consultation on *Proposals for a Smokefree Aotearoa 2025 Action Plan*.

<sup>19</sup> Submission to Ministry of Health consultation on *Proposals for a Smokefree Aotearoa 2025 Action Plan*.



## Focus area 6:

### Ensure manufacturers, importers and retailers meet their legal obligations

**The Ministry of Health is responsible for controls related to the sale and supply of smoked tobacco products within New Zealand.** Enforcement of these controls is the responsibility of smokefree enforcement officers (SFEOs) appointed by the Director-General of Health under the Smokefree Environments and Regulated Products Act 1990. These officers are also responsible for enforcing the controls related to the sale and supply of vaping products and legislated smokefree and vape-free areas.

- The large number of retailers currently selling smoked tobacco products makes it difficult for SFEOs to ensure all retailers are complying with the law. A lack of accurate records of tobacco retailers creates further challenges for monitoring and enforcement. The recent changes regulating vaping products have created additional workforce pressures.
- Manufacturers, importers, distributors and retailers of smoked tobacco products will need to comply with new obligations under the law that this action plan brings about, and there will be new penalties and offences if they do not. Those obligations will include the following.
  - Manufacturers, distributors, importers and retailers will need to comply with regulations restricting nicotine levels.
  - Retailers will not be able to sell smoked tobacco products to persons born after a certain date.
  - When the restricted retail scheme begins, existing retailers will need to stop selling smoked tobacco products unless they have been authorised to do so.

New Zealand Customs is responsible for compliance and enforcement at the border, as well as collection of excise tax. Customs advises that the import of illicit tobacco products is growing, and organised crime is now involved. In comparison with the rest of the world, New Zealand has very high retail prices for legitimate tobacco products; in part, this is driven by a high rate of tobacco taxation. Any actions to reduce the appeal and addictiveness of smoked tobacco products and their supply and availability may add incentives to import illicit tobacco products. This will require monitoring and increased compliance and enforcement efforts.

### Key actions for Focus area 6

#	Action	Lead	Timeframe
6.1	Introduce an amendment Bill that sets out an up-to-date offences and penalties regime	Ministry of Health	2022
6.2	Review the current capacity and capability of the SFEO workforce, and meet any gaps through, for example: <ul style="list-style-type: none"> <li>a. increasing the number of SFEOs</li> <li>b. considering a broader workforce to support or undertake compliance and enforcement roles</li> <li>c. meeting additional training needs</li> </ul>	Ministry of Health	From January 2022
6.3	Commission research to better understand the size of the illicit tobacco product market and to measure the impact policy changes will have upon it	Ministry of Health and Customs	From March 2022
6.4	Establish a compliance network working group to facilitate intelligence sharing between SFEOs and Customs officers and coordinate compliance efforts, including to prevent the illicit trade of tobacco products	Ministry of Health and Customs	From January 2022





# Consultation

**The Ministry of Health consulted on *Proposals for a Smokefree Aotearoa 2025 Action Plan* from 15 April to 31 May 2021.**

Over 5,200 people and organisations engaged with the consultation process, either through a written submission or by attending hui (399) or Pacific-focused community meetings (788) organised by Hāpai Te Hauora. Many of these face-to-face meetings included community members who smoked or had been affected by smoking in their whānau.

Written submissions came in a variety of formats. The Ministry's online consultation platform, Citizen Space, received 2,254 submissions. These included two anonymously organised form submissions for small retailers (1,589).<sup>20</sup> The remaining Citizen Space submissions (665) were mostly from academics in New Zealand and overseas; local government and health care organisations; retail and tobacco industry groups; and iwi, advocacy and political interest groups. Finally, many submitters completed form submissions via the Cancer Society (844) or Hāpai Te Hauora (921).

A summary of submissions will be available on the Ministry of Health website.

<sup>20</sup> We received 1,229 submissions from one IP address and 360 from another.

# Protection from interests of the tobacco industry

**In the process to reach agreement on the actions set out in this action plan, the Government has remained committed to limiting interaction with the tobacco industry.**

New Zealand has an obligation under article 5.3 of the World Health Organization's Framework Convention on Tobacco Control in 'setting and implementing public health policies with respect to tobacco control ... to protect these policies from commercial and other vested interests of the tobacco industry'.<sup>21</sup>

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'.<sup>22</sup>

The Ministry asked all submitters to disclose any direct or indirect links to, or receipt of funding from, the tobacco industry.

Of the 5,206 submissions received, 1,722 submissions disclosed a tobacco industry link. Of these submissions, eight came directly from tobacco companies.

<sup>21</sup> World Health Organisation. 2003. *WHO Framework Convention on Tobacco Control*. URL: <https://fctc.who.int/who-fctc/overview> (accessed 19 November 2021).

<sup>22</sup> World Health Organisation. *Guidelines for implementation of Article 5.3 of the WHO Framework Convention on Tobacco Control*. Recommendation 2.1. URL: [https://www.who.int/fctc/guidelines/article\\_5\\_3.pdf](https://www.who.int/fctc/guidelines/article_5_3.pdf) (accessed 19 November 2021).



# Appendix 1:

## The harm smoked tobacco products cause our people, our children and our communities

### Smoking is a leading cause of preventable death and disease in New Zealand

In New Zealand, smoking is a major cause of heart attacks; strokes; other cardiovascular diseases; serious respiratory diseases such as emphysema, bronchitis and asthma; and a range of other conditions, including blindness and infertility. Smoking causes 1,200 deaths from lung cancer every year.<sup>23</sup>

People who smoke are at increased risk of perioperative respiratory, cardiac and wound-related complications.<sup>24</sup>

### Smoking harms children

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.<sup>25</sup>

Second-hand smoke exposure increases a child's risk of serious infections that affect breathing, including pneumonia and bronchitis. Second-hand smoke is a significant contributor to asthma attacks in children aged under 16 years in New Zealand every year.<sup>26</sup>

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.

<sup>23</sup> This information is available on the Global Health Data Exchange, see <http://ghdx.healthdata.org/gbd-results-tool> (accessed 4 October 2021).

<sup>24</sup> Submission on the Ministry of Health consultation on *Proposals for a Smokefree Aotearoa 2025 Action Plan* from the Australian and New Zealand College of Anaesthetists.

<sup>25</sup> U.S. Department of Health and Human Services. 2006. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. URL: <https://www.ncbi.nlm.nih.gov/books/NBK44324/> (accessed 12 November 2021).

<sup>26</sup> Ministry of Health. 2019. *Health effects of smoking*. URL: <https://www.health.govt.nz/your-health/healthy-living/addictions/smoking/health-effects-smoking> (accessed 4 October 2021); Woodward A. and M. Laugesen. 2001. *Morbidity Attributable to second hand cigarette smoke in New Zealand*. URL: <https://www.health.govt.nz/system/files/documents/publications/morbidityattributabletosecondhandcigarettesmoke.pdf> (accessed 12 November 2021).

## Smoking drives health inequities

Tobacco is the major single contributor to ethnic inequalities in cancer in New Zealand,<sup>27</sup> whereby some population groups fare much worse than others (in particular, Māori, Pacific peoples and those living in the most deprived areas).

The Crown's Treaty partners, Māori, are disproportionately represented in the smoking mortality statistics; we must view this in the wider context of systemic inequity. Lung cancer is the leading cause of death for Māori women and the second-leading cause of death for Māori men.<sup>28</sup> Lung cancer mortality among Māori women is over four times that of non-Māori women.<sup>29</sup>

Smoking prevalence among Pacific peoples remains persistently higher than among the overall population; there has been only a small reduction in prevalence in the last 10 years.<sup>30</sup>

People living in the most deprived areas are over five times more likely to smoke than those living in the least deprived areas.<sup>31</sup>

Smoking prevalence is also greater among people with experience of mental illness (the rate is estimated to be approximately 40–50 percent). Smoking is also known to have an impact on the effectiveness of some medications, including those prescribed for mental health conditions. The more severe the mental health condition, the more likely a person is to smoke, and the higher the number of cigarettes smoked per day, the greater the likelihood of developing a mental health condition.<sup>32</sup>

### The wider context of systemic inequity

Māori health inequities are influenced by a wide range of factors, including income and poverty, employment, education and housing – we call these the social determinants of health.

Māori health inequities are also influenced by the cumulative effects of colonisation. The legacy and ongoing impacts of colonisation now partly manifest as a form of discrimination often termed institutional racism.<sup>33</sup>

- 27 Walsh M, Wright K. 2020. *Ethnic inequities in life expectancy attributable to smoking*. New Zealand Medical Journal 133:1509. URL: <https://journal.nzma.org.nz/journal-articles/ethnic-inequities-in-life-expectancy-attributable-to-smoking> (accessed 12 November 2021).
- 28 Ministry of Health, 2018. *Major causes of death*. URL: <https://www.health.govt.nz/our-work/populations/maori-health/tatau-kahukura-maori-health-statistics/nga-mana-hauora-tutohu-health-status-indicators/major-causes-death> (accessed 4 October 2021).
- 29 Ministry of Health, 2018. *Cancer*. URL: <https://www.health.govt.nz/our-work/populations/maori-health/tatau-kahukura-maori-health-statistics/nga-mana-hauora-tutohu-health-status-indicators/cancer> (accessed 4 October 2021).
- 30 Ministry of Health. 2020. *Annual Data Explorer 2019/20: New Zealand Health Survey* [Data File]. URL: <https://minhealthnz.shinyapps.io/nz-health-survey-2019-20-annual-data-explorer/> (Accessed 12 November 2021).
- 31 Ministry of Health. 2020. *Annual Data Explorer 2019/20: New Zealand Health Survey* [Data File]. URL: <https://minhealthnz.shinyapps.io/nz-health-survey-2019-20-annual-data-explorer/> (Accessed 12 November 2021).
- 32 Further information regarding smoking and mental health and addiction is available from ASH. 2019. *Action on smoking and health, Fact sheet No.12: Smoking and Mental Health*. URL: [https://ash.org.uk/wp-content/uploads/2019/08/ASH-Factsheet\\_Mental-Health\\_v3-2019-27-August-1.pdf](https://ash.org.uk/wp-content/uploads/2019/08/ASH-Factsheet_Mental-Health_v3-2019-27-August-1.pdf) (accessed 4 October 2021); and Te Pou o te Whakaaro Nui (2017). *The physical health of people with mental health conditions and/or addiction: Summary evidence update*. Auckland: New Zealand.
- 33 Waitangi Tribunal. 2019. *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry (WAI 2575)*. Wellington: Waitangi Tribunal. URL: [https://forms.justice.govt.nz/search/Documents/WT/wt\\_DOC\\_152801817/Hauora%20W.pdf](https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_152801817/Hauora%20W.pdf) (accessed 4 October 2021).





Pēnā kāre  
he whakakitenga,  
ka mate te iwi

