

Submission form

Your details

This submission was completed by: (name)

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Organisation (if applicable):

Organisation address: (street/box number)
(town/city)

Role (if applicable):

Additional organisation information

I am, or I represent an organisation that is, based in:

New Zealand Australia Other (please specify):

I am, or I represent, a: (tick all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Personal submission | <input type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
| <input type="checkbox"/> Community or advocacy organisation | <input type="checkbox"/> Professional organisation |
| <input type="checkbox"/> Iwi/Hāpu affiliated, and/or Māori organisation | <input checked="" type="checkbox"/> Tobacco manufacturer, importer or distributor |
| <input type="checkbox"/> Pacific community or organisation | <input type="checkbox"/> Retailer – small, for example a dairy or convenience store |
| <input type="checkbox"/> Government organisation | <input type="checkbox"/> Retailer – medium or large, for example supermarket chain or petrol station |
| <input type="checkbox"/> Research or academic organisation – eg university, research institute | <input checked="" type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture |
| <input type="checkbox"/> Other (please specify):
<input type="text" value="Click or tap here to enter text."/> | |

Additional statistical information

These questions are not mandatory. We are asking for information, including age and ethnicity information solely for the purposes of helping us to analyse submissions.

Age:

- Under 18
- 18 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 +
- Not applicable / prefer not to say

Ethnicity/Ethnicities I identify with:

- New Zealand European
- Māori
- Pacific Peoples
- Asian
- Other European
- Other Ethnicity *(please specify):*
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Privacy

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- Do not publish this submission.

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- Remove my personal details from responses to Official Information Act requests.

Commercial interests

Do you have any commercial interests?

- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products
- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products

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Protection from commercial and other vested interests of the tobacco industry

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

Please provide details of any tobacco company links or vested interests below.

Imperial Brands Australasia is a subsidiary of Imperial Brands PLC. Globally, we manufacture, distribute and sell a range of tobacco products from combustible to innovative reduced risk products.

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Consultation questions

The Ministry of Health is seeking comments on the following proposals for a smokefree Aotearoa 2025. You can find more information about these proposals in the discussion document which can be downloaded from - <https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>.

Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

Māori governance of tobacco control programmes should emphasise input from Māori smokers. There is a high proportion of Maori smokers and mainstream harm reduction measures to date have been less effective for these people.

- b). What action are you aware of in your community that supports Smokefree 2025?

We have noted a strong emergence of consumer led quit support programmes, predominantly based around vaping as harm reduction alternatives to combustible tobacco. Retailers within the restrictive regulatory framework available to them play a critical role in supporting consumer choice. The proposals presented in the Action Plan have a potential for a detrimental effect on that role and will instead shift smokers to illicit markets - and further away from harm reduced alternatives.

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

As per 1.b) above

The discussion document refers to increasing funding for social and mass media campaigns, and we note that in the recent 2021 Budget announcement, funding has been allocated specifically for this purpose. We strongly encourage the use of education and communications as alternatives to the other heavy handed proposals contained in the discussion document.

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

Research into and evaluation of the effectiveness of individual control measures that have been implemented to date is mandatory. As an example, Vaping legislation has only recently been introduced, and regulations are still to be finalised. As smokers choose to quit or reduce harm through alternative products such as vaping, it is paramount that effectiveness and impact of this measure is thoroughly evaluated in

advance of new proposals.

Over the past 15 years product display bans, excise increases and plain packaging were control measures that have been implemented, each promising to reduce smoking rates by levels that, had they borne true, seen NZ's goal of Smokefree 2025 coming to fruition. However, despite those measures, the evaluation of effectiveness has only been undertaken on Excise.

The proposals outlined in the Smokefree 2025 Action Plan also make sweeping expectations on outcomes, yet the most recently introduced measure – regulating vaping – and one that has the most potential to succeed has not even had an opportunity to be fully implemented let alone evaluated, and then determined whether and what further measures may be required.

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

Strengthening of compliance and enforcement. As an example, we are concerned that the consultation document states:

“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”

While these further measures are not outlined, it is concerning that there is acceptance of the impact on illicit trade that these proposals will have. With KPMG UK's 2019 report¹ that New Zealand's illicit tobacco consumption had grown to 11.5% of total tobacco consumption, this is a significant portion of the smoking population which is only set to increase further by these proposals.

Growth in illicit trade means that more smokers are becoming criminalised and will increase the risk of smokers interactions with criminal networks.

Focus area 2: Make smoked tobacco products less available

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

Yes No

¹ https://www.imperialbrandsplc.com/content/dam/imperial-brands/corporate/media/KpmgNZ_26_May_2020.pdf

Please give reasons:

We support penalties for the small minority of retailers who sell tobacco to children and for criminals who trade in smuggled or counterfeit products.

However, we do not believe it is necessary for retailers to have a licence to sell tobacco.

Retailer licensing won't prevent illegal sales.

Notwithstanding the above, should a licensing scheme be implemented it must commence from a standpoint that those who currently and responsibly sell tobacco products be licensed first.

b). 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:

There is no justification for implementing measures that would limit the accessibility or availability of tobacco products. It is unproven, untested, unnecessary, and unreasonable. Rather than such measures being based on sound public policy or compelling evidence, they are based purely on emotive speculation and pressure from tobacco control groups.

No credible evidence

There is no credible evidence to support the view that limiting the accessibility and availability of tobacco products would reduce the consumption of tobacco products or smoking initiation.

Increased trade in illicit trade, reducing taxation

Measures that seek to limit the accessibility and availability of tobacco products would eliminate legitimate purchasing opportunities. As demand for tobacco products is unlikely to decline at the same rate, there is a danger that consumers would increasingly turn to illicit goods which are often readily available, thus creating greater exposure to illicit networks while reducing future excise payments to government and bypassing current legislation intended to protect consumers such as age restrictions.

Negative impact on tobacco consumers and retailers

Such measures are likely to have a severe impact on smokers and retailers, especially small independent ones which are already under considerable pressure in the current economic climate. Depending on the exact nature of this proposal, small retailers would struggle to pay punitive licence fees or be banned from stocking tobacco products altogether if government were to reduce the number or type of retail outlets that could sell tobacco products. Given that tobacco products sales account for a significant portion of sales and profit, there is a high likelihood that a considerable number of small retailers may be driven out of business. Furthermore,

consumers are very likely to be confused as to where they can still purchase legitimate tobacco products and may turn to more readily available illicit products, thus reducing legitimate retail sales and shop owner profitability/viability.

Competition concerns

The proposal to ban certain types of retail outlets from selling tobacco products raises serious competition concerns. It would disadvantage an entire retail channel and re-distribute these volumes and profits to other channels.

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

Yes No

Please give reasons:

As per 2.b) above.

Small independent retail stores and convenience outlets are accessible to consumers in terms of proximity and hours of operation. Proposals to re-direct these sales to R18 only premises and/or pharmacies is neither practical nor warranted.

d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

We support sensible, evidence-based regulation of tobacco products. The proposal to introduce a smokefree generation is neither of these things. It represents an ideological objective to restrict the free choice of New Zealanders that is unnecessary, impractical and potentially even counterproductive.

The central tenet of the proposal is that a restriction of supply will –contrary to the fundamental principles of economics –result in a contraction in demand. The concept that curtailing supply automatically cancels demand is both logically and factually absurd.

Demand will not be affected by a reduction in one channel of supply. Consumers search either for a new method of supply or, more likely, avail themselves of an existing alternative. Years of successive excise increases have given rise to a substantial illegal tobacco market in New Zealand and this policy will only further strengthen demand for illicit product.

There are also a number of practicality and workability concerns associated with this policy.

The policy will likely see a significant increase in the compliance burden placed upon small business retailers who are already struggling against unprecedented headwinds. The proposal’s enforcement will inevitably fall on small businesses who would now be tasked with regulating a new tiered definition of adulthood.

The impracticality of the proposal is evident when third party supply is considered.

Circumvention of the measure is near impossible to prevent with proposed non smokefree generation consumers purchasing tobacco products and then supplying to a member of the smokefree generation.

The contention that diversification will limit the impact on businesses fails to comprehend the percentage of turnover and profitability that the product accounts for. This is compounded when you consider the additional purchases made when a tobacco consumer enters a shop. Small business retailers are an integral part of the New Zealand economy and with their economic viability already under pressure, will unfortunately shoulder the burden of this unreasonable policy.

New Zealand is not the first jurisdiction to consider age based prohibition. The proposal has been considered overseas previously in Australia. The Tobacco Free Generation (TFG) proposal was introduced into Tasmanian Parliament in 2014 and was subsequently referred to a Parliamentary Committee.

The Committee report included a number of key findings including²;

2) The Parliament should take a measured and cautious approach in considering a Bill which could limit or 'extinguish' fundamental rights relating to age, equality and liberty. and ;

3) The Bill raises some practical legal issues in relation to online sales and the impact of the Bill on tourism/tourists.

The TFG proposal was ultimately dropped after failing to get Government support. A public health approach that assumes more intensive regulation will drive behavioural change is condemned to fail. Imperial would like to reiterate that we support strong regulation to prohibit supply or use of tobacco products by those under age and education about tobacco products to ensure informed choices are made.

e). 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:

We distribute our tobacco products nationally and our retailer partners range from large supermarkets to small independent corner dairies. Many of these businesses will be making their own individual submissions on the level of these impacts. Whereas smokers can avail themselves of alternative outlets, or alternative reduced risk products, retailers impacted by these proposals can not avail themselves of alternative revenue and profitability that will be foregone on a legal product. The consequential impact particularly for small stores is that many such stores would be forced to close, further contributing to economic and social burden being placed on communities. Many small retail stores also have homes connected to their store placing additional uncertainty on their families livelihoods also.

² <https://www.parliament.tas.gov.au/ctee/Council/Reports/gaa.inq.tfg.rep.160701.FinalReport.jm.004.pdf>

The Associate Minister is aware of the significant burden that these proposals would have on small retailers in particular referencing this in the foreword of the consultation paper, and must carefully consider the wider social and economic impacts of these decisions carefully.

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

No cigarette is considered safe. This proposal could perversely alter perceptions of both smokers and non smokers of reduced level nicotine cigarettes as being safer.

We are of the view that the Government's goal should be to significantly reduce combusted cigarette consumption, not to cease all nicotine consumption by virtue of a de facto ban on nicotine products. It is axiomatic that transitioning consumers of nicotine to less harmful sources is a net positive to public health and a significant step forward in combating combusted cigarette use.

New Zealand adults should continue to have the right to purchase and use those legal products in the manner they deem suitable for themselves and to not be deprived of that right by ineffective measures.

We also note that the proposal aims to reduce the number of young people initiating smoking – a group who are already under the Government's Smokefree 2025 goal of less than 5%, yet impacts all other aged smokers severely.

Smoker behaviour

Several studies agree that individual users have differing sensitivities to nicotine and addiction. There is no single threshold of nicotine sufficient to sustain or prevent addiction. Some studies suggest that 0.4-0.5mg/g of nicotine in the cigarette rod would not sustain addiction for most smokers, although there is no clear consensus regarding a threshold of nicotine addiction at this point in time. Importantly, any threshold will likely also be impacted by individual differences in non-physiological (eg. behavioural) aspects of smoking. No two people smoke for the same reasons. Determining a universal threshold which suits all smokers is complex and it is important that these inter-individual differences are understood and any wider implications fully considered prior to implementing any formal regulation or policy.

Reduced nicotine will only ultimately drive smokers to smoke more, and/or exacerbate the illicit tobacco market.

Technical achievability

Technical achievability stands as a significant hurdle to implementation. While there have been attempts by manufacturers to market denicotinised cigarettes and by other stakeholders to develop and grow tobacco with reduced nicotine levels, these products have yet to find success in their respective markets. Manufacturers cannot currently reach a potential target of 0.04% without modifying the tobacco's structure and undermining its quality. The only current solution is to create new varieties of tobacco.

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

No cigarette is considered safe. The proposal to prohibit filters only makes them more unsafe for anyone who continues to smoke, either while quitting or without the intention to quit.

Product features are used in cigarettes to reduce key constituents in line with regulations and consumer preferences. Unfiltered cigarettes will only fuel the demand for filtered cigarettes from illicit traders.

The role of filters

A **charcoal filter** is a standard cellulose acetate filter which has charcoal segments incorporated into it. This aids absorption of some toxicants into the filter during smoking, reducing the exposure of the smoker to some harmful substances, such as carbonyls. The degree of this effect is dependent on the smoking behaviour.

Filter ventilation comes in many types of filter using different raw materials, filter shapes and contents:

- a. Filter ventilation is one of the design tools used by manufacturers to lower emission levels to comply with mandatory maximum yields within current regulations.
- b. Most modern products, especially those with tar yields of 10mg and below, incorporate filter ventilation into their design. Compliance with current regulations that mandate maximum yields of vapor phase components, for example CO, cannot be achieved without it.
- c. Blocking of 100% of the ventilation holes in a cigarette filter does not occur in human smoking. Smokers may modify their smoking behaviour when smoking products of different tar yields, but a higher uptake of tobacco emissions is caused by increased puff volumes rather than by ventilation blocking.
- d. While filter ventilation does not make products safer, it has been shown to be a viable design tool to lower levels of biomarkers of exposure for most smokers.

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

Yes No

Please give reasons:

A regulatory power to prohibit product innovation does little more than potentially impact opportunities for harm-reduced products, and circumvents appropriate public consultation on legitimate product developments in response to consumer demands. Clearly, product innovations that increase appeal or attractiveness of tobacco products would be managed through existing frameworks.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

While the proposal provides no detail on what price such a measure might be set at, regardless we make reference to the Ministry of Health's Ernst & Young 2018 report regarding the impact of excise increases on smokers:

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

2021 is the first year in a decade that a 10% pa adhoc tobacco excise increase has not been applied, and we note that both the Government and Opposition committed to no further increases, supporting making less harmful products – notably vaping – available and regulated to support cessation.

New Zealand is only second to Australia as the market with the highest level of excise tax on tobacco products. It's no coincidence that these markets have also had increasing issues with illicit tobacco. Approximately 80% of the cost of a packet of cigarettes is taken by the Government as excise and gst revenue – providing a quasi of minimum pricing and a separate price control mechanism is not justified.

A pack of 20 cigarettes is already around \$30, with illicit tobacco products significantly less, and therefore likely to be even more attractive should a minimum price regime be implemented.

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

The Government receives circa \$2b revenue from tobacco excise annually. Only a small proportion of this is diverted to the Health budget for tobacco control

initiatives. We support proportionate and evidence-based regulation, but also believe that education can support and in some cases mitigate the need for regulatory tools to be implemented. The discussion document refers to increasing funding for social and mass media campaigns, and note that in the recent 2021 Budget announcement, funding has been allocated specifically for this purpose. We strongly encourage the use of education and communications as alternatives to the other heavy handed proposals contained in the discussion document.

b). Do you have any other comments on this discussion document?

We would like to summarise our submission.

According to SmokeFree NZ, smoking rates have declined by almost 40% since 2006. The rate of decline is because of stronger tobacco controls that restrict access to cigarettes; better education to stop people from taking up a nicotine addiction; changing societal attitudes to smoking and stronger awareness of personal health; and, adoption of reduced risk products and e-cigarettes supported by a harm reduction approach to smoking cessation.

These factors have helped put New Zealand on the cusp of attaining a smokefree generation. Smoking rates for young adults are already below 5%, the mandated target for Smokefree 2025.

However, despite the known health risks, heavy cost, and social stigma, there remains a small part of the population insistent on smoking. This is a problem especially acute for Māori and Pacific people in low socio-economic areas who remain stubbornly overrepresented in smoking rates.

Decades of outdated tobacco control policy measures have not work for this cohort. In fact, they cause more harm by forcing them into deeper impoverishment (through excise) and into criminal networks (unchecked growth in illicit tobacco).

To make New Zealand smokefree, those smokers must receive effective cessation support.

The outdated thinking is being replaced by the modern concept of harm reduction, embraced by THR advocates in NZ and internationally. Reduced risk products, recently made legal in New Zealand, are incredibly effective among smokers who have otherwise been unable to quit and are the main contributor to decline in smoking in recent years.

The Smokefree Action Plan must take account of these modern realities. Legislating for a smokefree generation, while noble, is at best misguided and unnecessary given a generation of never smokers is already emerging.

Existing smokers, especially Maori and Pacific groups, will bear a heavy burden for these good intentions outlined in the action plan. Perversely, if implemented in full, the action plan will cause more health, economic, criminal harm to these groups.

Instead, we recommend the Government continue embracing harm reduction as the

most effective way to get existing smokers to give up cigarettes. These would include:

Good regulation of reduced risk products that make RRP's as accessible and available to smokers as cigarettes.

More money invested in education and awareness raising to inform people of the dangers of smoking and the options available to smokers (NRTS, RRP's) to quit.

Submission form

Your details

This submission was completed by: (name)

Email:

Phone number:

Organisation (if applicable):

Organisation address: (street/box number)
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Role (if applicable):

Signed out by:

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- | | |
|---|--|
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| <input checked="" type="checkbox"/> Other (please specify):
<input type="text" value="Community and Public Health"/> | |

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Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

Community and Public Health notes that effective governance is kaitiakitanga - the responsibility of safeguarding. This would mean maintaining an **authentic Iwi approach** (by Māori for Māori) to explore strategies that support Smokefree outcomes e.g. strategies and structures that support kaupapa Māori approaches. Strategies must resonate with all Iwi throughout Aotearoa where different locations have different lenses, different worldviews, and different identities. This means that all Iwi voices must be represented to ensure regional variances are considered when making strategic decisions. Treaty partner representatives need familiarity with tobacco control efforts, and a drive for tobacco control for their people.

This is in line with the Māori Affairs select committee vision, a **Tupeka Kore stance**, of stamping tobacco out of Aotearoa. A tobacco free country will have an immediate impact for our most vulnerable - our unborn. It would ensure the First 1000 Days for every pēpi will be Smokefree, from the very beginning of their lives, that every whānau will be Smokefree and that every home and car will be Smokefree.

- b). 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.

South Canterbury's **local smokefree committee** supports national evidence based, identified strategies for achieving Smokefree 2025, and promotes tobacco control issues to the local community.

To strengthen community action for a Smokefree 2025 there needs to be **further mass media campaigns** highlighting the importance of Smokefree 2025 and including broader

issues (negative impacts of tobacco - environmental, social, health) rather than only focusing on a national cessation drive (vape to quit, commit to quit, I quit for my whānau).

64 of the 67 Councils in New Zealand have some form of a smokefree policy for council-owned **Outdoor Public Spaces** – green spaces like parks, playgrounds, reserves and sports grounds, CBD and Civic spaces, events, council-owned buildings and social housing, transport hubs, to beaches, rivers and lakes. These local smokefree outdoor policies are inconsistent across local authorities and largely unenforceable. Legislating smokefree outdoor public spaces provides a level playing field for all New Zealanders regardless of what local authority they live in, supports those trying to stop smoking and provides positive role modelling behaviour to our tamariki.

We support legislation for **Smokefree and Vapefree Outdoor Dining** in cafes, restaurants, bars, pubs and other hospitality/licenced venues. We do not support designated smoking areas within these hospitality venues as they are not supportive of those trying to quit smoking, do not role model positive behaviours to our tamariki and create further obstacles to achieve SF2025.

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

Community and Public Health considers the priorities to be:

Understanding what works in the **engagement and retention of priority groups** in cessation programmes and ensuring evaluation and research findings are shared in a timely manner with stop smoking support services to inform their planning and implementation of services.

Vaping - Up-to-date uptake/initiation data to stay connected with the trends and DHB collecting of vaping data. There is a lack of evidence for the health impacts of long term vape use and it is important we take a proactive approach in this space and not allow a social norm/ harms to become engrained as it did with tobacco.

Specialist Mental Health Services - high rates of smoking amongst this cohort and are less successful with quit attempts. How better to support this group to engage with quit attempts. What works? What doesn't? How have other DHBs achieved a successful supportive Smokefree environments that result in action?

1D - What else do you think is needed to strengthen New Zealand's tobacco control system? Please give reasons.

Community and Public Health believes that **additional Smokefree Enforcement Officers** are required to adequately enforce the Act. Additional vaping legislation has significantly increased the workload of Enforcement Officers as they attempt to educate small vape retailers regarding new obligations placed upon them. Currently, in Canterbury, there is one full time Smokefree Enforcement Officer for the geographical area between Waitaki River to Kaikoura. Additional SFEO's will allow proactive monitoring of retailers and premises with smoking/vaping areas.

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

Community and Public Health supports a licencing system being put in place. A positive licencing system, as found in certain Australian states, has been shown to be most effective in both assisting enforcement activities and providing revenue. Positive licencing systems require a yearly fee and prior approval for conducting business activities along with the adherence to minimum standards. We believe this is the most appropriate form of licensing for tobacco sales as it both provides a revenue for monitoring along with assisting with enforcement activities by obtaining addresses. A higher fee also helps reduce the number of tobacco retailers.

- b). 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:

Yes, Community and Public Health supports the reduction of retail availability of tobacco products to prompt quit attempts and reduce initiation. For example, a cap of no more than one tobacco retailer in an area of 10,000 residents, as opposed to the current environment of one per 800 residents. This approach would need to account for differences in baseline numbers of tobacco retailers across different regions, to ensure that tobacco retailer density is sufficiently reduced in the most socially deprived communities, where those most at risk for smoking-related harm reside. This allows a system to take control of tobacco as an issue and would therefore then allow to continue a phase out approach. Reduced availability supports those trying to make a quit attempt and reduces the normalisation of tobacco to the next generation.

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

Yes No

Please give reasons:

Community and Public Health supports reducing tobacco availability by limiting its sale to specific R18 stores but does not support the sale of tobacco in pharmacies. Community and Public Health believe that pharmacies, as a provider of health products / services, are not an appropriate source of tobacco and would send mixed

messages to the community. The abundant presence of tobacco in numerous types of retail premises makes tobacco too easily accessible within communities. Limited numbers of specific R18 tobacco stores will reduce access to tobacco and remove it from environments which can be visited by young persons. Community and Public Health suggests a similar concept to Specialist Vape Retailers which is currently being rolled out. This allows a system to take control of tobacco as an issue and would therefore then allow to continue a phase out approach.

d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

Community and Public Health supports the introduction of a Smokefree generation policy. One of the biggest drivers for the reduction in smoking rates has been the decline in uptake by younger people. So, while young people might access tobacco through illicit means, the increase in legal purchase age will create a hurdle that might deter those thinking of experimenting with tobacco, which in turn will further enhance the reduction in smoking rates.

e). 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:

Click or tap here to enter text.

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

Community and Public Health supports the reduction of nicotine in smoked tobacco products to very low levels. A less satisfying nicotine hit from cigarettes will encourage smoked tobacco users to switch to products such as vapes that can provide the desired nicotine experience. Community and Public Health considers it important that limits on nicotine content in vapes is also in place to reduce nicotine addiction. Additionally, it will be easier for new smokers to give up if they are less addicted to nicotine. However, we also question how the Trans-Tasman Mutual Recognition Arrangement will affect this. Currently, Australian tobacco may be sold in New Zealand even though their packaging does not comply with the Standardised Packaging requirements of New Zealand regulations and their Quitline information provides smokers with an Australian website and phone number. If Australian tobacco products are not reduced in nicotine content then this undermines the benefits of nicotine reduction in the New Zealand supply chain.

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

Community and Public Health supports the prohibition of filters in smoked tobacco products. It makes the product less appealing for the user, which are of no health benefit, and micro plastics end up in our waterways and take many years to break down.

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

Yes No

Please give reasons:

Community and Public Health supports the use of regulations to prohibit tobacco product innovations. The current setting has seen new tobacco products enter the New Zealand market despite Ministry of Health opposition; the apparent reason being that the new products were not envisaged by the authors of the initial Act. The New Zealand market does not need further tobacco products introduced. The Government needs a lever to stop the introduction of new tobacco products.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

Community and Public Health supports the setting of a minimum price for all tobacco products. Presently, tax increases are applied selectively across the range of tobacco products. This means that higher end products have larger tax amounts applied to them, whereas lower priced, entry level, products have smaller increases applied thereby continuing to enable smoking uptake. Rather than continuing with these types of taxes (and their creative application to tobacco products) it is better to have a consistent minimum price applied to these products. The intention should be to stop individual retailers using price as a means to entice and having the product appear more attractive to the consumer.

A minimum price needs to reflect a barrier to continue smoking or a barrier to initiation but not be set so high as to further punish existing smokers.

Final questions

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

Community and Public Health believes that the restriction of tobacco products to a limited number of R18 tobacco stores and the Smokefree Generation options should be given the highest priority. These two options will help the reduction of numbers of smokers in both current smokers and the next generation.

The consequence for not complying (i.e. selling singles, underage) needs to be more of a deterrent i.e. lose licence selling tobacco products.

Community and Public Health believes that maintaining an **authentic Iwi approach** (by Māori for Māori) to explore strategies that support Smokefree outcomes e.g. strategies and structures that support kaupapa Māori approaches should be prioritised as part of the action plan.

b). Do you have any other comments on this discussion document?

No

Submission form

Your details

This submission was completed by: (name) _____

Email: _____

Phone number: _____

Organisation (if applicable): Otautahi Maori Womens Welfare League

Organisation address: (street/box number) _____
(town/city) _____

Role (if applicable): _____

Signed out by: _____

Additional organisation information

I am, or I represent an organisation that is, based in:

- New Zealand Australia Other (please specify):
Maori Organisation

I am, or I represent, a: (tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Personal submission | <input type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
| <input type="checkbox"/> Community or advocacy organisation | <input type="checkbox"/> Professional organisation |
| <input checked="" type="checkbox"/> Iwi/Hāpu affiliated, and/or Māori organisation | <input type="checkbox"/> Tobacco manufacturer, importer or distributor |
| <input type="checkbox"/> Pacific community or organisation | <input type="checkbox"/> Retailer – small, for example a dairy or convenience store |
| <input type="checkbox"/> Government organisation | <input type="checkbox"/> Retailer – medium or large, for example supermarket chain or petrol station |
| <input type="checkbox"/> Research or academic organisation – eg university, research institute | <input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture |
| <input checked="" type="checkbox"/> Other (please specify): | |

Additional statistical information

These questions are not mandatory. We are asking for information, including age and ethnicity information solely for the purposes of helping us to analyse submissions.

Age:

- Under 18
- 18 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 +
- Not applicable / prefer not to say

Ethnicity/Ethnicities I identify with:

- New Zealand European
 - Māori
 - Pacific Peoples
 - Asian
 - Other European
 - Other Ethnicity *(please specify):*
Click or tap here to enter text.
 - Not applicable / prefer not to say
-

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If you do not want your submission published on the Ministry's website, please tick this box:

- Do not publish this submission.

Your submission will be subject to requests made under the Official Information Act (even if it hasn't been published). If you want your personal details removed from your submission, please tick this box:

- Remove my personal details from responses to Official Information Act requests.

Commercial interests

Do you have any commercial interests?

- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products
- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products

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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, all respondents are asked to disclose whether they have any direct or indirect links to, or receive funding from, the tobacco industry.

Please provide details of any tobacco company links or vested interests below.

Click or tap here to enter text.

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Consultation questions

The Ministry of Health is seeking comments on the following proposals for a smokefree Aotearoa 2025. You can find more information about these proposals in the discussion document which can be downloaded from - <https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>.

Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

Maori Kaitiakitanga (guardianship) not governance.

By maori for maori.

This integrated with the spiritual, cultural and social life of tangata whenua is holistic across whenua, moana, awa, tangata whenua within the concept of the environment.

Change the environment STOP THE SALES OF TOBACCO NOT REDUCE, businesses must change their business models to suit healthier outcomes for Maori.

Kaitiakitanga, does not focus on ownership, but authority and responsibility. Enabled through rangatiratanga, mana motuhake, which includes the authority that is needed to control access to the use of resources and to determine how the benefits will be shared.

Te tiriti o waitangi guaranteed that iwi/hapu would retain the authority they needed that is rangatiratanga-to continue to exercise kaitiakitanga.

Tribal mana exercises responsibility determined through whakapapa and tikanga.

Rangatahi (youth) will be present in this kaitiakitanga as the tuakana/teina leadership through kaumatua/kuia connections.

This tautoko the Maori Affairs select committee vision (TUPEKA KORE) eliminating tobacco out of MAORI lives, out of AOTEAROA.

This will achieve SMOKEFREE healthier outcomes for Maori.

Maori Kaitiakitanga not Maori governance.

b).

What action are you aware of in your community that supports Smokefree 2025?

Te Haa Waitaha (Canterbury Smokefree Services).

Smokefree signs in cafes, restaurants, bars, parks, schools, kindy, carparks, public places, marae.

Tamariki educated at kura and bringing that korero into their whare, marae, kapa haka and daily lives.

Affirm in Otautahi.

Healthy Day at the Paa – Tuahiwi & Rehua Marae Otautahi – Smokefree presentations.

Te Puawaitanga Ki Otautahi Trust – Face to face Smokefree Support via inhouse practitioner.

Tahu FM radio advertising and client quit story interviews.

Mai FM – Vape to Quit.

Alpha Fitness Gym Christchurch – Smokefree signs not smoking on premises.

Pacific Healthy Day in Hoon-Hay.

The first COVID 19 Vaccine rollout on the Marae Tuahiwi 28th May 2021 – Smokefree presentation.

Affirm.

Kohanga reo incentive program.

Pregnancy incentive program.

Hagley Netball Courts Christchurch – Smokefree signs.

He Puna Mareikura (Smokefree support clinic for Maori wahine 18-30) in Otautahi.

c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

PRIORTY to MAORI!

Big billboard SMOKEFREE 2025 signs. Mass media campaign right till the day tobacco sales are ceased in Aotearoa. NZ government MUST commit to funding this and allow MAORI to a run their own campaigns.

Hapu maori wahine ensuring pepi have their first 1000 days and beyond SMOKEFREE.

He Puna Mareikura (Smokefree support clinic for Maori wahine 18-30) in Otautahi. NZ government to fund yearly to support healthier outcomes for maori wahine as this is the target group right now.

Marae, Hapu, Iwi, kura, kohanga reo, kapa haka, te reo maori classes - SMOKEFREE incentive campaign funded by the NZ government run by maori for maori.

Have SMOKEFREE 2025/TUPEKA KORE promotions running with covid-19 vaccine roll outs on Marae. This worked at the first Marae covid-19 vaccine roll out at Tuahiwi Marae on Friday 28th May 2021.

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

Have maori organisations, iwi to share data made accountable, having a shared understanding of what is happening in the smoking world of their community.

Additional support smokefree enforcement officers, enforcing the act – important to have maori employed to work alongside pakeha officers.

This includes the vaping retail stores obligations placed upon them.

Currently only one enforcement officer in Otautahi and she is non-maori.

It is highly important having a maori enforcement officer in our community as mana/tangata whenua will ensure hapu /iwi tikanga and whakapapa is upheld especially in scared areas of Aotearoa.

E.g a retail store ceasing their sales of tobacco can be given maori tikanga to karakia the store to get rid of that ill wairua that once was present in the store.

Cleansing the mauri and keeping the business owners safe & well under Te Ao Maori.

This would establish close whanaungatanga with business owners and iwi, hapu, marae.

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

Honouring maori lives that have passed from smoking related diseases.

Make change NOW!

Maori leadership to make immediate action on the STOP OF SALES OF TOBACCO IN AOTEAROA.

Tupeka Kore Future START NOW! Make a date and do it!

Tobacco is the most deadly product to be legally sold in Aotearoa.

By ignoring prolongs healthy maori outcomes. The longer this is held off by government the more lives are destroyed and the cycle continues with our tamariki.

This is a slow BULLET for maori under a sneaky colonised privileged manner.

Maori lives/whakapapa don't matter in the eyes of tobacco sales in Aotearoa, money matters.

Educate our tamariki the real whakapapa of tobacco and how it was introduced into Aotearoa.

Run this information every where don't hide it, tell the truth. It should be part of kura curriculum along with the colonisation history.

Tobacco is not our whakapapa: These videos should be running on all TV stations in Aotearoa. Watch below, click on links:

<https://youtu.be/scl9ggHR7u4>

<https://www.facebook.com/hapaitehuora/videos/tobacco-is-not-our-whakapapa-2/323549468800448/>

Media campaigns need to show Aotearoa excited about the stopping the sales of tobacco in Aotearoa, don't hide it. Show videos of our whanau voices. That tobacco is not our whakapapa and never was.

International advertising showing the world Aotearoa is Tobacco free, come to our whenua smokefree, tobacco free, do not bring that taniwha here it is not welcome, it is not our whakapapa.

If you smoke tobacco in Aotearoa or bring this taniwha onto our whenua, be prepared to be fined heavily, if our tikanga is not respected.

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

A select number of retailers who pass a certain criteria are licensed. Reduce outlet numbers. E.g If you sell food, you don't sell tobacco. Make a date, advertise it, make it happen. Licencing systems will require a high yearly fee and prior approval from iwi and hapu. Determined through tikanga and whakapapa. These retail outlets will pay for their enforcement officers, again determined through iwi, hapu, marae.

End of story – retailers that sell tobacco apply for their licence along with an enforcement officer that is determined by Maori Kaitiakitanga.

- b). 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:

It is in line with the Smokefree 2025 goal. Reducing the number of tobacco retail stores is a Maori Affairs Select Committee recommendation that has not been advanced.

R18 specialist stores added as a phase out approach ONLY to Smokefree 2025 plan.

A cap put in place of no more than one retailer in an area of 15,000 residents as opposed to the current environment of one per 800 residents.

To ensure that tobacco retailer density is sufficiently reduced in the most socially deprived communities, where those most at risk for smoking-related harm reside.

Marae will have the mana to cease the sales of tobacco on their whenua immediately or use the phase out approach. This will whakamana the tupuna that have passed on from a smoking related diseases and keep hapu accountable for their own health outcomes.

This in return gives mana to the smokefree 2025 plan and phase out approach.

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

Yes No

Please give reasons:

Make it more managed along the Smokefree 2025 goals. You can separate tobacco sales from more "life essential" items i.e. food. Pharmacies are not appropriate places to sell tobacco and will give mixed messages to whanau.

Ideally cease all Tobacco sales in retail stores and only have a selected few specialist R18 stores away from kura, marae, urupa and highly populated maori vulnerable areas.

d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

The Otautahi Maori Womens Welfare League supports the introduction of a Smokefree generation policy. One of the biggest drivers for the reduction in smoking rates has been the decline in uptake by younger people. So, while young people might access tobacco through illicit means, the increase in legal purchase age will create a hurdle that might deter those thinking of experimenting with tobacco, which in turn will further enhance the reduction in smoking rates. Tobacco continues the burden on maori health and wellbeing. It is a bullet for maori a long dragged out slow killing bullet.

e). 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:

Click or tap here to enter text.

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

The Otautahi Maori Womens Welfare League has serious concerns in this approach.

Tobacco industry involvement gives mana in empowering them to manipulate and prolong delays in implementation. Court battles, lengthy disputes, policy and legislation changes.

No way will tangata whenua be involved in such another colonised privileged approach.

Absolutely kao to reducing the nicotine in smoked tobacco products kao kao kao!

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

The Otautahi Maori Womens Welfare League supports the prohibition of filters in smoked tobacco products. It makes the product more appealing for the user, which are of no health benefit, and micro plastics end up in our waterways and take many years to break down. Needs to be actioned in a straight forward manner, quickly with no interference and delay from tobacco industry.

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

Yes No

Please give reasons:

To assist achieving the smokefree 2025 goal we need cigarette appeal and decline – not the opposite. The government needs to STOP the introduction of all new tobacco products immediately.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

The Otautahi Maori Womens Welfare League supports the setting of a minimum price for all tobacco products as a phase out approach. Presently, tax increases are applied selectively across the range of tobacco products. This means that higher end products have larger tax amounts applied to them, whereas lower priced, entry level, products have smaller increases applied thereby continuing to enable smoking uptake. Rather than continuing with these types of taxes (and their creative application to tobacco products) it is better to have a consistent minimum price applied to these products. The intention should be to stop individual retailers using price as a means to entice and having the product appear more attractive to our whanau. A minimum price needs to reflect a barrier to continue smoking or a barrier to initiation but not be set so high as to further punish existing smokers.

Higher penalties for those retailers who are caught selling single cigs – retailers are warned once then licence ceased in definite.

Currently in Christchurch you can buy a packet of 20s \$2-3 cheaper in one area compared to another 5-10mins drive away.

Whanau know where to go to get cheap tobacco.

Final questions

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

Create the Maori Kaitiakitanga of the tobacco control system immediately.

STOP the sales of tobacco in retail stores immediately.

R18 specialised stores implemented immediately.

Higher penalties for those retailers who are caught selling single cigs – retailers are warned once then licence ceased in definite.

b). Do you have any other comments on this discussion document?

It will be a clear indicator if the select committee pick money over the lives and well being of MAORI! MAORI must come first, tangata whenua must come first. Why wont the select committee ACT on the STOP of sales NOW! Don't wait. Maori lives, Maori whakapapa is dying! Let Maori come out of the negative impacts that colonisation put them in. This will be the one and only chance NOW to make change. DO IT! MAURI ORA!

Submission form

Your details

This submission was completed by: (name)

Email:

Phone number:

Organisation (if applicable):

Organisation address: (street/box number)
(town/city)

Role (if applicable):

Additional organisation information

I am, or I represent an organisation that is, based in:

- New Zealand Australia Other (please specify):

I am, or I represent, a: (tick all that apply)

- | | |
|---|--|
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| <input type="checkbox"/> Pacific community or organisation | <input type="checkbox"/> Retailer – small, for example a dairy or convenience store |
| <input type="checkbox"/> Government organisation | <input type="checkbox"/> Retailer – medium or large, for example supermarket chain or petrol station |
| <input type="checkbox"/> Research or academic organisation – eg university, research institute | <input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture |
| <input type="checkbox"/> Other (please specify):
<input type="text" value="Click or tap here to enter text."/> | |

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Commercial interests

Do you have any commercial interests?

- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products
- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products

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Please provide details of any tobacco company links or vested interests below.

Canteros Limited (New Zealand based importer/retail of cigars and pipe tobacco)

Please return this form:

By email to: smokefree2025@health.govt.nz

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Consultation questions

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Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

This has to be driving inside the community; almost one-on-one to help. To be honest we have now out-priced tobacco products so much we actually probably harm children more because their parents can't afford much after buying tobacco products; but they are so hardcore addicted we need new measures to help them break the addiction.

- b). What action are you aware of in your community that supports Smokefree 2025?

Increasing the pricing is about the only thing I see now; we used to have targeted advertising for Quit Line etc. and I am (hoping) through our GP's etc. this still happens; but it is no longer a seemingly public offering of assistance like it once was. We are now at the point where most younger people are going straight to vaping; so how do we help the existing, hardcore addicted cigarette smokers better through education and support?

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

Education and targeted support for hardcore cigarette smokers; there needs to be an honest focus on assisting people with this addiction and simply increasing the pricing does nothing to help them.

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

We need more research, evaluation and we need to be totally open and honest about it; not tobacco industry-funded studies (as now the major tobacco businesses have bought into the vaping world).

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

Firstly we need to identify the problem; hardcore cigarette smokers and not cigar and pipe smokers; we need to acknowledge these two are totally different users and stop lumping them together and punishing casual aficionados of cigars and pipes alongside cigarette smokers. We also seriously need to look at the long-term health issues with vaping and try to see if this is not going to be another major issue like cigarette smoking became.

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

On one hand you are going to concentrate where cigarettes and vapes etc. are sold/stored; this gives the criminals much easier targets than they have now (albeit sadly they are already heavily targeting mum and dad dairies etc.). I struggle to see any major benefit from making this market licensed; other than guaranteeing the employment of more Government workers, I fail to see how it will benefit the any smoker.

- b). 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:

Again, this really won't have a major impact on smokers, they will still find the product; the only thing this will do is centralise and isolate where cigarettes etc. are stored/retailed and make it extremely easy for criminals to target these specific retailers/shops.

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

Yes No

Please give reasons:

This one does make sense to a degree; ensuring only R18 stores can sell the product will reduce under-age persons from purchasing cigarettes and vapes; but again you will simply concentrate where tobacco/vape products are stored and make them easy targets.

- d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

For cigarettes yes; but not for cigars or pipes. Cigars and pipes are a luxury product occasionally enjoyed; they are not used by addicted persons. Again, cigar and pipe

smokers are not included in the census and thus we really need a means of separating our cigar and pipe smokers from cigarette and even vape smokers.

e). 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:

We only import and sell cigars and pipe tobacco; we do this being one of the only online retailers of these luxury products; there is no other feasible way we could continue to service this market space. Cigar and pipe smokers are not addicted, they are not under-age (we have a 100% record for ensuring no underage purchasing) and we do not in any way sell cigarette, vape or RYO products. We are very concerned our entire source of income for our family and the family's of the staff we employ will be greatly destroyed by this. If the restrictions are solely for cigarettes, RYO and vape products then we have no issue. We also have noticed as have our staff the high number of teenagers using vape products and are very concerned about the ease of purchasing/acquiring these products.

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

Anything to help and assist cigarette smokers stop smoking must be looked at seriously and considered as a priority. Hardcore cigarette smokers are obviously struggling to break the addiction; reducing the nicotine in cigarettes may be a major step forward in assisting them.

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

From the industry papers and research papers I have read, it seems the filter is a large part of the health problem in cigarettes.

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

Yes No

Please give reasons:

Yes and no – if they are beneficial changes then the Government needs to pragmatically look at them; I am concerned the Government may just make (as they do) a sweeping decision to ignore any further innovation that may be beneficial to heavily addicted cigarette and vape users.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

Increasing the price on tobacco products (cigarettes) does not stop the hardcore smoker; education is the key to helping those who really want to quit but cannot. Punishing other tobacco smokers (cigar smokers and pipe smokers who have paid taxes all their lives and enjoy the occasional cigar should not be punished by the everyday cigarette smoker.

Additionally increasing the price of cigarettes unfortunately can bring harm to people who suffer from anxiety and use tobacco (sadly in its worst form) to help them with their anxiety.

Final questions

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

Immediate and urgent research of potential medical issues around vaping. Look at the frameworks used in the United Kingdom and other such countries around cigarette smoking vs vaping vs cigar & pipe smokers.

b). Do you have any other comments on this discussion document?

As New Zealand doesn't actually consider that cigar and pipe smokers are an issue (hence being excluded from the census) then why are cigar and pipe smokers still being punished like cigarette smokers. Why can we not look to adapt and adopt protocols and policies as set forth in the likes of the United Kingdom where re-education and other measures are targeted at cigarette smokers and casual/luxury smokers who indulge in the occasional cigar or pipe are left alone. New Zealand needs to look at the framework set out by the likes of the United Kingdom and separate out the cigar and pipe smokers from the "problem".

Submission form

Your details

This submission was completed by: (name)

[Redacted]

Email:

[Redacted]

Phone number:

[Redacted]

Organisation (if applicable):

NHMRC Centre of Research Excellence on Achieving the Tobacco Endgame, School of Public Health, Faculty of Medicine, The University of Queensland

Organisation address: (street/box number)

[Redacted]

(town/city)

[Redacted]

Role (if applicable):

[Redacted]

Additional organisation information

I am, or I represent an organisation that is, based in:

- New Zealand Australia Other (please specify):

This submission is on behalf of the NHMRC Centre of Research Excellence on Achieving the Tobacco Endgame, which has investigators based in Australia, New Zealand and Canada

I am, or I represent, a: (tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Personal submission | <input type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
| <input type="checkbox"/> Community or advocacy organisation | <input type="checkbox"/> Professional organisation |
| <input type="checkbox"/> Iwi/Hāpu affiliated, and/or Māori organisation | <input type="checkbox"/> Tobacco manufacturer, importer or distributor |
| <input type="checkbox"/> Pacific community or organisation | <input type="checkbox"/> Retailer – small, for example a dairy or convenience store |
| <input type="checkbox"/> Government organisation | <input type="checkbox"/> Retailer – medium or large, for example supermarket chain or petrol station |
| <input checked="" type="checkbox"/> Research or academic organisation – eg university, research institute | <input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture |

- Other *(please specify)*:
Click or tap here to enter text.

Additional statistical information

These questions are not mandatory. We are asking for information, including age and ethnicity information solely for the purposes of helping us to analyse submissions.

Age:

- Under 18
 18 - 34
 35 - 44
 45 - 54
 55 - 64
 65 +
 Not applicable / prefer not to say

Ethnicity/Ethnicities I identify with:

- New Zealand European
 Māori
 Pacific Peoples
 Asian
 Other European
 Other Ethnicity *(please specify)*:
Click or tap here to enter text.
 Not applicable / prefer not to say

Privacy

We intend to publish the submissions from this consultation, but **we will only publish your submission if you give permission**. We will remove personal details such as contact details and the names of individuals.

If you do not want your submission published on the Ministry's website, please tick this box:

- Do not publish this submission.

Your submission will be subject to requests made under the Official Information Act (even if it hasn't been published). If you want your personal details removed from your submission, please tick this box:

- Remove my personal details from responses to Official Information Act requests.

Commercial interests

Do you have any commercial interests?

- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products
- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products

Commercially sensitive information

We will redact commercially sensitive information before publishing submissions or releasing them under the Official Information Act.

If your submission contains commercially sensitive information, please tick this box:

- This submission contains commercially sensitive information.

If so, please let us know where.

Click or tap here to enter text.

Protection from commercial and other vested interests of the tobacco industry

New Zealand has an obligation under Article 5.3 of the World Health Organisation 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, all respondents are asked to disclose whether they have any direct or indirect links to, or receive funding from, the tobacco industry.

Please provide details of any tobacco company links or vested interests below.

Nil

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Consultation questions

The Ministry of Health is seeking comments on the following proposals for a smokefree Aotearoa 2025. You can find more information about these proposals in the discussion document which can be downloaded from -

<https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>.

Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

We note that Māori leaders have been strong advocates for creating a Smokefree Aotearoa. How Māori governance of the tobacco control system is designed and implemented should be determined and led by Māori.

- b). What action are you aware of in your community that supports Smokefree 2025?

Over the past 20 years, the global tobacco control community has been moving from a position of incremental advances in policies that slowly exert increasing downwards pressure on smoking prevalence to greater consideration of policies that could end the cigarette epidemic on a national scale in countries that implement them. A growing body of evidence to support many of the proposals has been developed by public health researchers. For example, there is now evidence from clinical trials that very low nicotine content cigarettes have great potential to substantially decrease smoking prevalence through both significant quitting and through greatly reduced initiation and progression into regular smoking among youth. Further, people who switch to them are not exposed to more toxins compared to smoking regular nicotine content cigarettes. There are also now a growing number of examples of communities that have ended tobacco sales. Support for taking strong action, such as outlined in the Action Plan Discussion Document is provided by a number of international frameworks. Article 2.1 of the World Health Organization Framework Convention on Tobacco Control (FCTC), which states that: "in order to better protect human health, Parties are encouraged to implement measures beyond those required by the Convention and its Protocols," provides strong support for taking action to achieve the Smokefree 2025 goal. As a party to the FCTC, New Zealand is supported in its efforts to protect the health of its people by implementing the measures proposed in the Action Plan. Furthermore, Article 9 of the FCTC supports the measures proposed to set a mandatory very low nicotine content for smoked tobacco products, and to regulate other cigarette features, such as banning filters and product innovations. Article 17 supports governments to assist tobacco retailers to move to other economically viable alternative activities. The Cape Town Declaration on Human Rights and a Tobacco-Free World (<https://ash.org/declaration/>), adopted at the 17th

World Conference on Tobacco or Health in 2018 also supports efforts to protect the human right to health through phasing out the manufacture, marketing and sale of tobacco.

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

Strengthening community action for achieving the Smokefree 2025 goal will require engagement with a broad range of community organisations and financial investment in these organisations to contribute to community-based initiatives. It would be appropriate to dedicate a proportion of tobacco tax to funding community action to support achieving the Smokefree 2025 goal. Collaboration between government, non-government and research sectors will lead to better understanding of the needs and concerns of different communities in New Zealand regarding the Smokefree 2025 proposal and development of effective responses to address these concerns. Engagement and involvement should extend beyond organisations with a health focus, to also include cultural, sporting, recreational, and environmental organisations. Organisations that engage with people from groups that have high smoking prevalence should be key collaborators for reaching these populations to address both the social and commercial determinants that contribute to high smoking prevalence in these populations. Examples of programs that have demonstrated efficacy among specific populations include contingency management programs (Notley et al 2019) and the Tackling Tobacco program in Australia (O'Brien et al 2012), which frames reducing smoking as a social justice issue and engages social service organisations to reach disadvantaged populations. Coordination of efforts, such as through providing opportunities for regular exchange of ideas and examples could increase the ability of community organisations to promote the Smokefree 2025 Goal and the proposed action plan, and to support community members to quit smoking.

Regardless of which policies and interventions are used to facilitate achievement of New Zealand's smokefree goal, if these measures are effective, tobacco retailers will be impacted through a loss of their customer base as people who smoke tobacco quit smoking and are not replaced by young people taking up smoking (Gartner et al 2021). The business community should therefore be engaged to assist with developing programs to support the retailing sector to adapt to tobacco-free retailing, and to implement workplace programs to support employees to quit smoking as the measures proposed in the Action Plan are likely to stimulate interest in quitting smoking. Protection of these activities against interference from the tobacco industry is vital and is supported by Article 5.3 of the WHO Framework Convention on Tobacco Control.

References

Notley C, Gentry S, Livingstone-Banks J, Bauld L, Perera R, Hartmann-Boyce J. Incentives for smoking cessation. *Cochrane Database of Systematic Reviews* 2019, Issue 7. Art. No.: CD004307. DOI: 10.1002/14651858.CD004307.pub6.

O'Brien J, Salmon AM, Penman A. What has fairness got to do with it? Tackling tobacco among Australia's disadvantaged. *Drug Alcohol Rev* 2012;31:723–726.

Gartner C, Wright A, Hefler M, Perusco A, Hoek J. It's time for governments to support retailers in the transition to a smoke-free society. *Medical Journal of Australia* 2021; Accepted for publication.

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

The Smokefree Aotearoa Action Plan has the potential to become the most innovative and ground-breaking national tobacco control program implemented anywhere in the world. A well-planned and adequately resourced independent research and evaluation program is essential to ensure high quality evidence is generated that will allow dissemination of these policies to other countries. There are many examples of evaluation plans that can be drawn upon, such as the ASPIRE2025 plan, the 10,000 Lives regional smoking cessation program evaluation (Khan et al 2021), and other national tobacco control evaluations. We recommend a formal evaluation plan is developed alongside the final action plan with the following research, evaluation, monitoring and reporting priorities outlined below.

We recommend a process evaluation is conducted that includes careful documentation and monitoring of the implementation of the Action Plan to assess how each of the policies are implemented and any factors that may impact their effectiveness. This should include both qualitative and quantitative methodologies.

Research is needed to also track public understandings and support for the Action Plan. It is a commonly observed phenomena that support for tobacco control interventions increases post-implementation (Bommel   et al 2020), and this should be tracked. It will be important that an independent research program is put in place to monitor the illicit tobacco market. Tobacco industry estimates often exaggerate the size of the illicit market compared with non-industry associated studies. When mandatory plain packaging was introduced in Australia, many industry-affiliated sources claimed there would be a large increase in illicit trade, but research post-implementation did not find evidence of this (Scollo et al 2014), demonstrating the important role of evaluating the evidence for tobacco industry claims using independent research.

Research with tobacco retailers should be undertaken to develop programs to help them to transition to tobacco-free retailing (Gartner et al 2021). Case studies of retailers who have made the transition voluntarily could be used to understand how this can be done without impacting their business viability. Some retailers may require additional business support and planning to make this change, while others will find it relatively easy. Hence, research will need to consider a range of different retailing types.

Monitoring of smoking quit attempts and success among different population groups is needed pre- and post- implementation with representative and sentinel samples. The impact on health equity needs to be formally evaluated. Existing surveys could be used where possible, but new data collections, particularly with populations with high smoking prevalence, are likely to be needed and therefore require careful planning. Collaborative research with similar countries would provide important comparisons as New Zealand implements this Action Plan. The International Tobacco Control Policy Evaluation (ITC) Project cohort survey in New Zealand is an existing and ongoing

evaluation system, with ongoing cohort surveys in other similar countries, including Australia, UK, and Canada, which allows for rigorous evaluation of measures implemented under the Action Plan employing powerful quasi-experimental (difference-in-difference) evaluation studies.

Regular reporting on progress in implementation and findings from research and evaluation activities needs to be disseminated publicly at defined intervals. Tobacco Industry interference should also be reported to ensure the public are aware of the activities of these vested interests and of the unnecessary costs that their activities are incurring on the public.

References

Khan A, Green K, Khandaker G, et al How can a coordinated regional smoking cessation initiative be developed and implemented? A programme logic model to evaluate the '10,000 Lives' health promotion initiative in Central Queensland, Australia. *BMJ Open* 2021;11:e044649. doi: 10.1136/bmjopen-2020-044649.

Bommel  J, Troelstra S, Walters BH, Willemsen M. Does support for smoke-free outdoor spaces increase after implementation?: A case study of a Dutch research center's smoke-free campus transition. *Tob Prev Cessat.* 2020 Dec 4;6:67. doi: 10.18332/tpc/129647. PMID: 33336119; PMCID: PMC7737562.

Scollo M, Zacher M, Durkin S, et al. Early evidence about the predicted unintended consequences of standardised packaging of tobacco products in Australia: a cross-sectional study of the place of purchase, regular brands and use of illicit tobacco. *BMJ Open* 2014;4(8):e005872.

Gartner C, Wright A, Hefler M, Perusco A, Hoek J. It's time for governments to support retailers in the transition to a smoke-free society. *Medical Journal of Australia* 2021; Accepted for publication.

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

It is certain that the tobacco industry will strongly oppose many of the proposed measures, especially since some of them are highly likely to achieve the Smokefree 2025 goal if implemented fully. Achieving this goal will inevitably impact the profits of commercial companies that produce and sell smoked tobacco products. However, commercial profits are not a sufficient justification for inaction. Many harmful products have been banned or subjected to strong regulation for the protection of human health (e.g. leaded petrol, leaded paint, asbestos-containing products).

Opposition from the tobacco industry is likely to take the form of legal action, fear campaigns through paid advertising and media stories, and the creation and increased support of front groups. It will be necessary to prepare and to provide sufficient support for strong, persuasive, and widely disseminated public education campaigns to counteract industry rhetoric and misinformation, and to expose the actions of the tobacco industry that are against the interests of New Zealanders' health and well-being.

Increasing monitoring and compliance activities to manage the illicit tobacco market may be needed to control any real increase in activity, but also to allay concerns generated from exaggerated claims of an increase in illicit tobacco trade. New Zealand should follow international best practice on controlling the illicit tobacco market, such as by becoming a party to the World Health Organization's Protocol to Eliminate Trade in Tobacco Products and implementing a tobacco track and trace system for any tobacco products that will remain legal for distribution within New Zealand. Ensuring New Zealand has a robust system of monitoring and enforcement to counter growth in the illicit tobacco market will ensure the Action Plan activities are not compromised through illegal activity.

The Tobacco Industry is likely to also see alternative nicotine products as an opportunity to grow their profits through recruitment of young people, including those who do not smoke. It will be critical to ensure that balanced and appropriate regulation harnesses the availability of these products to implement the proposals within the Action Plan, but also to control this market.

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

Establishing a licensing system for all levels of the tobacco supply system (importers, wholesalers and retailers) is international best practice. The lack of a licensing system for tobacco product supply is not commensurate with the supply of an addictive and harmful product. Licensing all tobacco and vaping product retailers is an essential first step to managing the supply of these products effectively.

Establishing a comprehensive licensing scheme will provide baseline information on the current supply system as well as establishing a mode of communication with retailers, and also facilitate supply reduction measures, and assist with compliance activities and minimising the illicit tobacco trade. Licensing retailers will provide a critical point that will help retailers to start planning for a Smokefree Aotearoa. Implementing a tobacco retail licensing scheme will assist with the transition to a low smoking prevalence population by providing a greater control over the supply of tobacco products and more efficient monitoring.

- b). 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:

There is a growing evidence base that the widespread availability of tobacco products is associated with higher smoking prevalence, uptake of smoking among youth and relapse to smoking among people who have quit (Valiente et al 2020). Substantially reducing the availability of smoked tobacco products would assist people who smoke to quit smoking and stay abstinent by reducing relapse triggers and making it easier to avoid impulse purchases when experiencing cigarette cravings while quitting. The current widespread availability of tobacco is not commensurate with modern regulation of high risk products and addictive substances (Gartner et al 2021). Reducing tobacco retailer density would create a healthier retail environment and one that supports people to maintain healthy choices. It would also send a clearer message that smoked tobacco products are not ordinary consumer items. Tobacco retailing is also more prevalent in low income areas compared to more affluent areas (Dalglish et al 2013), which further entrenches smoking as a normal activity within these communities. A number of jurisdictions in other countries have started taking action to reduce the availability of smoked tobacco products. Examples range from banning sales in supermarkets (Netherlands), gradual sunseting of existing licenses (Bloomington City, Minnesota, USA) to complete retail bans (Beverly Hills and Manhattan Beach, California, USA). These examples will provide valuable evidence on the implementation process. Hence, by reducing tobacco retailer density, New Zealand will be joining these vanguard regulators that are revolutionising the tobacco supply in their jurisdictions and prioritising community health and well-being over commercial interests.

References

Valiente R, Escobar F, Urtasun M, Franco M, Shortt NK, Sureda X. Tobacco retail environment and smoking: a systematic review of geographic exposure measures and implications for future studies. *Nicotine Tob Res.* 2020 Nov 6:ntaa223. doi: 10.1093/ntr/ntaa223. Epub ahead of print. PMID: 33155040.

Dalglish E, McLaughlin D, Dobson A, Gartner C. Cigarette availability and price in low and high socioeconomic areas. *ANZJPH* 2013 37(4):371-6.

Gartner C, Wright A, Hefler M, Perusco A, Hoek J. It's time for governments to support retailers in the transition to a smoke-free society. *Medical Journal of Australia* 2021; Accepted for publication.

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

Yes No

Please give reasons:

Smoked tobacco products are not an ordinary consumer item; they are addictive and result in the premature deaths of up to two-thirds of people who use these products long term. Allowing general retailers to supply smoked tobacco products does not reflect the level of risk they pose and is not in line with modern regulation of harmful and addictive substances.

Restricting to R18+ outlets or specialist tobacco stores could assist with monitoring and regulation, but serious consideration should be given to removing smoked tobacco products from retail stores that operate only on a simple sales volume and profit motive.

Alternative options, include pharmacies which can supply a full range of quit smoking aids, including prescription medicines (Petrovic van der Deen et al 2019). As health professionals, pharmacists are trained in professional ethics and health care. They are able to provide smoking cessation counselling and/or referral to other health professionals as appropriate (e.g. a medical practitioner for prescription smoking cessation aids). Current preliminary evidence suggests that some pharmacists support restricting sales to pharmacies, but others may be reluctant to supply tobacco products out of concern about supplying a harmful product (Petrovic van der Deen et al 2018). However, these concerns may be able to be addressed through further consultation, support from professional pharmaceutical societies, and the development of appropriate codes of practice for the supply of smoked tobacco products through pharmacies that ensure the focus remains on health and assisting people who smoke to quit, rather than just another product line. Pharmacists are already experienced in managing the supply of addictive and potentially harmful substances and issues concerning avoiding diversion to illicit markets. Another benefit of pharmacy-based supply of smoked tobacco products is that pharmacies would not be reliant on maintaining sales of tobacco products as it is not their core business and they have many other product lines. This means they would not be reliant on tobacco sales to maintain their revenue. Other options, such as restricting sales to specialist tobacco stores would not have the same context of a health promoting retail environment and there would be no incentive for the retailer to encourage their customers to quit smoking.

Other models that have been suggested, such as a Regulated Market Model or other non-profit models could also be considered, but would likely require greater investment in setting up a new supply system.

References

Petrović-van der Deen FS, Blakely T, Kvizhinadze G, Cleghorn CL, Cobiac LJ, Wilson N. Restricting tobacco sales to only pharmacies combined with cessation advice: a modelling study of the future smoking prevalence, health and cost impacts. *Tob Control*. 2019 Nov;28(6):643-650. doi: 10.1136/tobaccocontrol-2018-054600. Epub 2018 Nov 9. PMID: 30413563.

Petrović-van der Deen FS, Wilson N. Restricting tobacco sales to only pharmacies as an endgame strategy: are pharmacies likely to opt in? *ANZJPH* 2018; 42(2):219-20.

d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

The smokefree generation policy could provide a useful interim step to reducing tobacco supply, particularly for young people who do not smoke. It could be implemented quickly as part of the tobacco retailing licensing conditions. However, it would not be able to achieve the 2025 Smokefree Goal alone as it does not reduce smoked tobacco supply for people who are already adults. This policy may also be subject to greater risk of illegal diversion to people aged less than the legal purchase age because there would still be widespread tobacco availability, unless it was combined with other policies that reduce overall supply.

It is arguably unethical for any society with a tobacco endgame goal and policy to allow new youth to become addicted. Consideration could be given to applying this policy to both tobacco products and vaping products, i.e. the minimum age of purchase increases by one year each year for both tobacco and other nicotine products.

e). 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:

Click or tap here to enter text.

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

Reducing the nicotine content of smoked tobacco products to less than 0.4mg of nicotine per gram of tobacco would be expected to result in many people quitting smoking because people who use these products in clinical trials have found them to be much less reinforcing than regular cigarettes (Apelberg et al 2018; Donny et al 2017). Those who do not quit typically reduce their consumption and toxin exposure. Importantly clinical trials have shown that if the nicotine content of the tobacco is reduced to a sufficiently low amount, these cigarettes do not facilitate compensatory smoking, such as is observed with 'light' cigarettes that achieve lower nicotine yields through filter ventilation. Very low nicotine content cigarettes are also unlikely to lead to nicotine dependence in people who do not already smoke, who experiment with smoking.

References

Apelberg B, et al Potential Public Health Effects of Reducing Nicotine Levels in Cigarettes in the United States. N Engl J Med 2018; 378:1725-1733. DOI: 10.1056/NEJMSr1714617

Donny EC, Walker N, Hatsukami D, et al Reducing the nicotine content of combusted tobacco products sold in New Zealand Tobacco Control 2017;26:e37-e42.

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

Cigarette filters do not make smoking tobacco safe and provide a false sense of safety for people who use these products (Evans-Reeves et al 2021; King et al 2021; Hastrup et al 2001)). They also make cigarettes a more attractive product to use. Importantly, they are a major source of plastic pollution. As noted in the Discussion Document, cigarette butts are the most littered item in New Zealand (as well as globally) and contaminate waterways, providing a hazard for wildlife (Belzagui et al 2020). Removing filters from cigarettes and prohibiting the sale of this single-use plastic item is likely to lead to overall population health gains through encouraging quitting, in addition to the environmental protection benefits. Additional research on this policy, such as clinical trials of switching between cigarettes with filter-tips and without filter-tips is warranted (e.g. <https://clinicaltrials.gov/ct2/show/NCT03749876>).

References

Evans-Reeves K, Lauber K, Hiscock R. The 'filter fraud' persists: the tobacco industry is still using filters to suggest lower health risks while destroying the environment. *Tobacco Control* Published Online First: 26 April 2021. doi: 10.1136/tobaccocontrol-2020-056245.

King B, Borland R, Le Grande M, O'Connor RJ, Cummings KM, McNeill A, Fong GT. (In press; accepted May 13, 2021). Smokers' awareness of filter ventilation, and how they believe it affects them: findings from the ITC Four Country Survey. *Tobacco Control*.

Hastrup J, Cummings K, Swedrock T, et al. Consumers' knowledge and beliefs about the safety of cigarette filters. *Tobacco Control* 2001;10:84.

Belzagui F, Buscio V, Gutiérrez-Bouzán C, Vilaseca M. Cigarette butts as a microfiber source with a microplastic level of concern. *Science of the Total Environment* 2021 Mar 25;762:144165. doi: 10.1016/j.scitotenv.2020.144165. Epub 2020 Dec 17.

- c). Do you support allowing the Government to prohibit tobacco product innovations through regulations?

Yes No

Please give reasons:

Banning tobacco product innovations would prevent the industry from introducing new ways to circumvent product regulations that are intended to reduce smoking. It is sensible to pre-empt tobacco industry attempts to make tobacco products more attractive through introducing new product features.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

Setting a minimum price would ensure that tobacco tax measures that are implemented are not undermined by deep discounting. However, setting a minimum price for all tobacco products is unlikely to have a large impact on smoking prevalence and will certainly be insufficient to substantially reduce smoking prevalence. Hence, this measure will need to be combined with the other measures outlined in the Action Plan, particularly product standards and reducing retail supply.

Final questions

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

Modelling shows that achieving the Smokefree 2025 goal will require new measures that go well beyond existing approaches (Wilson et al 2018). Substantially reducing retail availability of smoked tobacco and implementing a mandatory very low nicotine content standard should be priority actions as these have the most potential to rapidly reduce smoking prevalence by transforming the current tobacco retail landscape that works against people quitting smoking and facilitates smoking uptake.

However, no single measure should be seen as sufficient to achieve the Smokefree goal. The history of tobacco control tells us that a comprehensive approach that uses multiple interventions will be most effective. The measures outlined in the Discussion Document should be considered as a set of mutually reinforcing measures that will work together to transform New Zealand into a smokefree country and address the inadequate and inappropriately relaxed approach to tobacco product regulation that has existed. The current approach of allowing general retail outlets to supply a substance as harmful and addictive as smoked tobacco is completely out of step with regulation of all other products that can impact health. The plan represents a completely proportionate and appropriate response to the enormous risk to health and the burden of disease that is caused by smoked tobacco products. While a number of potential policies listed in this proposed action plan have not been implemented anywhere on a national basis, they all have evidence to support their potential effectiveness. The long term benefits for New Zealand that implementing a comprehensive plan that achieves the Smokefree 2025 goal would be enormous.

References

Wilson N, Petrovic-van der Deen F, Edwards R, Waa A, Blakely T. Modelling the number of quitters needed to achieve New Zealand's Smokefree 2025 goal for Māori and non-Māori. *The New Zealand Medical Journal* 2018; 161(1487); <https://www.nzma.org.nz/journal-articles/modelling-the-number-of-quitters-needed-to-achieve-new-zealands-smokefree-2025-goal-for-maori-and-non-maori>

- b). Do you have any other comments on this discussion document?

The NHMRC Centre of Research Excellence on Achieving the Tobacco Endgame applauds the New Zealand government for progressing tobacco control policy in this area and the strong public health leadership that it is demonstrating by turning an aspirational goal into a concrete action plan to achieve it. If the proposals outlined in the Discussion Document are fully implemented, this Action Plan would provide a world leading model for other countries to adopt. New Zealand has been recognised internationally for the strong public health leadership demonstrated in managing the COVID-19 pandemic, implementing this comprehensive Action Plan would establish New Zealand as a global public health leader in both communicable and non-communicable disease prevention, in addition to the health benefits that will flow to all New Zealanders from achieving the Smokefree 2025 goal.

New Zealand is well-placed to implement these measures because it is a country with widespread access to smoking cessation assistance and to a range of alternative nicotine products which have high consumer acceptability. It should be noted that while alternative nicotine products provide a 'pull' away from smoked tobacco products, their widespread availability is insufficient to achieve a Smokefree 2025 Goal alone. For example, these products have been widely available in the UK for many years now, but it has not resulted in mass smoking cessation activity on the scale that would be required to achieve a Smokefree 2025 goal. Rather, additional 'push' approaches that address the main factors that sustain the smoking epidemic in New Zealand (widespread availability of a highly addictive form of smoked tobacco) are also needed.

Submission form

Your details

This submission was completed by: (name)

Email:

Phone number:

Organisation (if applicable): **The Royal Australian and New Zealand College of Psychiatrists**

Organisation address: (street/box number)
(town/city)

Role (if applicable):

Additional organisation information

I am, or I represent an organisation that is, based in:

- New Zealand** **Australia** Other (please specify):
[Click or tap here to enter text.](#)

I am, or I represent, a: (tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Personal submission | <input type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
| <input type="checkbox"/> Community or advocacy organisation | <input checked="" type="checkbox"/> Professional organisation |
| <input type="checkbox"/> Iwi/Hāpu affiliated, and/or Māori organisation | <input type="checkbox"/> Tobacco manufacturer, importer or distributor |
| <input type="checkbox"/> Pacific community or organisation | <input type="checkbox"/> Retailer – small, for example a dairy or convenience store |
| <input type="checkbox"/> Government organisation | <input type="checkbox"/> Retailer – medium or large, for example supermarket chain or petrol station |
| <input type="checkbox"/> Research or academic organisation – eg university, research institute | <input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture |
| <input type="checkbox"/> Other (please specify):
Click or tap here to enter text. | |

Additional statistical information

These questions are not mandatory. We are asking for information, including age and ethnicity information solely for the purposes of helping us to analyse submissions.

Age:

- Under 18
- 18 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 +
- Not applicable** / prefer not to say

Ethnicity/Ethnicities I identify with:

- New Zealand European
- Māori
- Pacific Peoples
- Asian
- Other European
- Other Ethnicity (*please specify*):
Click or tap here to enter text.
- Not applicable** / prefer not to say

Privacy

We intend to publish the submissions from this consultation, but **we will only publish your submission if you give permission**. We will remove personal details such as contact details and the names of individuals.

If you do not want your submission published on the Ministry's website, please tick this box:

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Commercial interests

Do you have any commercial interests?

- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products
- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products**

Commercially sensitive information

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If your submission contains commercially sensitive information, please tick this box:

- This submission contains commercially sensitive information.

If so, please let us know where.

N/A

Protection from commercial and other vested interests of the tobacco industry

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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, all respondents are asked to disclose whether they have any direct or indirect links to, or receive funding from, the tobacco industry.

Please provide details of any tobacco company links or vested interests below.

N/A

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Consultation questions

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<https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>.

Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

This should be determined by iwi and hapū Māori. To give effect to Te Tiriti o Waitangi, Māori should have decision-making power (as opposed to an advisory function). We note that the Māori Affairs Committee's Inquiry into the tobacco industry recommended that 'consideration should be given to establishing a Tobacco Control Authority with a strong kaupapa Māori approach'.

- b). What action are you aware of in your community that supports Smokefree 2025?

Action taken by the 'community' of psychiatrists: the RANZCP published a Position Statement on e-cigarettes and vaperisers, clarifying that we support the use of these as tools for smoking cessation and harm reduction.

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

Action by psychiatrists / health professionals:

We recommend more research is conducted to assess appropriate interventions for smokers with mental health conditions – noting that this group are not often identified as a specific group requiring tailored programmes, despite evidence showing that they have higher rates of smoking and lower rates of smoking cessation. This would help to inform psychiatrists and other health professionals in their efforts to support smoking cessation. Some attention needs to be given to impact of tobacco legislation and practice around smoking in inpatient settings.

Broader community action:

We note that the Māori Affairs Committee's Inquiry recommended the Government 'further increase support, including financial support, to iwi and communities to promote smoke-free events and activities, and to extend smoke-free environments, to encourage tamariki to remain smoke-free'.

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

- Ongoing support for evaluations of cessation programmes for wāhine Māori, whānau Māori and Pasifika.
- Conducting research into appropriate interventions for smokers with mental health conditions (as mentioned above)
- Continued evaluations of smoke-free campaigns to assess their reach and efficacy and to inform improvements
- Monitoring the tobacco industry for covert efforts to promote smoking, e.g. as a pathway from e-cigarettes.

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

We support the statement in Māori Affairs Committee's Inquiry that 'innovations in tobacco control should place financial, ethical, and legal pressure primarily on the tobacco industry'. This principle should be considered in any additional activities.

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

We support licensing as a mechanism to reduce availability of tobacco products and enable monitoring of sales.

- b). 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:

This is likely to support people with switching to less harmful alternatives and cessation. It is also unlikely to significantly impact small retailers such as dairies (discussed [here](#) by ASPIRE2025 researchers). It may be helpful to communicate this evidence to alleviate any concerns.

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

Yes No

Please give reasons:

There is evidence to support reducing retail outlets results in higher cessation rates. For example, limiting retail outlets has reduced the purchasing of alcohol in those areas. A 'sinking lid' policy could also be considered to continually reduce outlets that can sell and prohibiting new outlets from opening (as is used with pokie machines). We are unsure if pharmacies wish to take on the role of tobacco retailers.

- d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

This is likely to significantly reduce the number of people that take up smoking from the time it is implemented.

- e). 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:

N/A

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

Nicotine is highly addictive and nicotine dependence is associated with morbidities and mortalities across both physical and mental health dimensions. Reducing nicotine in cigarettes may help to reduce addiction and support smoking cessation.

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

This removes the illusion of safety and is likely to reduce the appeal of smoking for current and potential smokers.

We also support environmental considerations, given the interaction between the health of the environment and people's physical and mental health.

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

Yes No

Please give reasons:

It is important that the government can respond quickly to prevent moves by tobacco companies to increase tobacco consumption.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

Tax increases are well established as an effective intervention to reduce smoking so it is important to ensure that this cannot be circumvented.

However, we do note the Ministry of Health's research '[Exploring why young Māori women smoke](#)', which indicates that cost is not necessarily a deterrent for this group. Ensuring availability of effective support services must go hand-in-hand with price related interventions. We also note money is diverted into smoking by those who can least afford it.

Final questions

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

Increasing investment in stop smoking services for priority populations – especially young wāhine Māori, pregnant people, and people with severe and enduring mental health conditions (noting these are not mutually exclusive groups). As raised in response to question 1. c), New Zealanders living with mental illness have higher rates of smoking (for example one study found 32% compared with 22% of the general population). Targeted interventions are needed to ensure this group is not left behind.

There are also multiple reasons for working closely with pregnant people – they can be more open to ceasing smoking given the known harms to the baby and some may stop permanently after birth.

b). Do you have any other comments on this discussion document?

N/A

Submission form

Your details

This submission was completed by: *(name)*

Email:

Phone number:

Organisation *(if applicable)*:

Organisation address: *(street/box number)*
(town/city)

Role*(if applicable)*:

As an iwi, Ngāti Whātua’s tribal boundaries extend from Ōtāhuhu, in South Auckland, and extend to Whangarei and Waipoua in the North. The hapū of Ngāti Whātua are Orākei, Te Taoū, Te Uri o Hau and Te Roroa.

Te Rūnanga o Ngāti Whātua was established in 1988, for the purpose of settling the treaty claims of the Ngāti Whātua People. Te Rūnanga o Ngāti Whātua is constituted as a body corporate by the Te Rūnanga o Ngāti Whātua Act 1988 and is a Māori Trust Board under the Māori Trust Boards Act 1955. It is the sole representative body and authorised voice to deal with issues affecting the whole of Ngāti Whātua.

Ngāti Whātua prides itself on always being an iwi of manaaki, and through this philosophy, Ngāti Whātua can promote, enhance, and advocate for quality living for Ngāti Whātua uri, Māori, and all peoples living within the rohe Ngāti Whātua. Given its traumatic history, Ngāti Whātua are leaders and innovators in the space of advocacy for Māori rights. We continue to advocate for Māori health rights which are enshrined in Te Tiriti o Waitangi. We support the view that Te Tiriti o Waitangi recognises the status of whānau, hapū and iwi, and reinforces the rights of Māori to taonga, including wellbeing. We contribute to this right through our iwi endorsed and owned health service provider, Te Hā Oranga, carrying out Kaupapa Māori health services to whānau across Tāmaki Makaurau, Te Awaroa (Helensville), Wellsford, and Takiwira (Dargaville).

We affirm that in order to achieve equitable health outcomes for Māori, including reducing the harm and impacts of tobacco, the impacts of broader social determinants of health need to be resourced equitably and made a political priority.

We commend the proposed interventions in the Smokefree Aotearoa Action Plan and stress the urgency in implementing these changes as quickly as possible. Too much time has been wasted following the Māori Affairs Select Committee recommendations in 2010, and too many lives, particularly Māori, have been lost to smoking-related illnesses.

Additional organisation information

I am, or I represent an organisation that is, based in:

- New Zealand Australia Other *(please specify)*:
[Click or tap here to enter text.](#)

I am, or I represent, a: *(tick all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Personal submission | <input checked="" type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
| <input checked="" type="checkbox"/> Community or advocacy organisation | <input type="checkbox"/> Professional organisation |
| <input checked="" type="checkbox"/> Iwi/Hāpu affiliated, and/or Māori organisation | <input type="checkbox"/> Tobacco manufacturer, importer or distributor |
| <input type="checkbox"/> Pacific community or organisation | <input type="checkbox"/> Retailer – small, for example a dairy or convenience store |
| <input type="checkbox"/> Government organisation | <input type="checkbox"/> Retailer – medium or large, for example supermarket chain or petrol station |
| <input type="checkbox"/> Research or academic organisation – eg university, research institute | <input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture |
| <input type="checkbox"/> Other <i>(please specify)</i> :
Click or tap here to enter text. | |

Additional statistical information

These questions are not mandatory. We are asking for information, including age and ethnicity information solely for the purposes of helping us to analyse submissions.

Age:

- Under 18
 18 - 34
 35 - 44
 45 - 54
 55 - 64
 65 +
 Not applicable / prefer not to say

Ethnicity/Ethnicities I identify with:

- New Zealand European
 Māori
 Pacific Peoples

- Asian
- Other European
- Other Ethnicity *(please specify)*:
Click or tap here to enter text.
- Not applicable / prefer not to say

Privacy

We intend to publish the submissions from this consultation, but **we will only publish your submission if you give permission**. We will remove personal details such as contact details and the names of individuals.

If you do not want your submission published on the Ministry's website, please tick this box:

- Do not publish this submission.

Your submission will be subject to requests made under the Official Information Act (even if it hasn't been published). If you want your personal details removed from your submission, please tick this box:

- Remove my personal details from responses to Official Information Act requests.

Commercial interests

Do you have any commercial interests?

- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products
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Focus area 1: Strengthen the tobacco control system

a). **What would effective Māori governance of the tobacco control system look like? Please give reasons.**

Effective Māori governance of the tobacco control programme must enable active Māori leadership and partnership across all levels of decision making, development of policy, legislation, and design, as well as the implementation and operations of services.

There are great Māori leaders in the smokefree public health space and it is important that they head Māori governance of the Smokefree 2025 Action Plan alongside appointed ministerials, a taiohi (youth) representative and Māori public health experts. Furthermore, regional leadership of iwi, hapū (sub-tribe), marae, and whānau must be established to work with the central Māori governance group that must have significant support, funding, and resourcing through the Māori Health Authority and Health New Zealand in a co-commissioning partnership.

This submission acknowledges previous and current Māori leadership and governance in this space and we call for further effective Māori governance to include (but not limited) to, the following aspirations and principles of Te Tiriti o Waitangi:

Te Tiriti o Waitangi

Te Tiriti o Waitangi articles, and principles as outlined in the WAI2575 Report(1), to be embedded into governance, through to management, operations, delivery and across the tobacco control programme including policy and legislation. This will require:

Kawaratanga (Governance)

- strong Māori leadership and participation across all levels, especially decision making as well as governance and management levels
- to set health outcomes, key roles and responsibilities through active consultation and partnership with iwi, hapū and Māori health providers to effectively reduce health inequities. This includes transparent annual planning, accountability to iwi Māori, and priority setting.
- resourced and equitable performance reporting and monitoring led by the Māori Health Authority.

Tino Rangatiratanga (Self-Determination)

- Tangata whenua, iwi, hapū, health providers, and whānau including kaumātua, to exercise tino rangatiratanga and mana motuhake through key participation in the design of tailored services for Māori by Māori, that are effective and responsive to the needs of each region

- a whānau and mātauranga Māori centred, flexible approach that responds to the needs and aspirations of whānau and that works towards a state of Pae Ora (healthy futures for Māori)(2)
- increased opportunities and equitable funding for Māori leadership, participation and workforce development, to design and deliver kaupapa Māori Smoking Cessation Services including the provision for growth.

Oritetanga (Equity)

- equity must be at the forefront of all decisions, actions and the impact of any tobacco control interventions, to reduce systematic inequalities in health determinants, health outcomes and health service operation
- Māori Health Authority be adequately enabled to monitor the Crown regarding Māori health equity and Māori health outcomes.

Te Ritenga (Rights to beliefs and values)

- fundamental tikanga and mātauranga Māori application at every step, including procurement, development, delivery, monitoring and evaluation of services, to create a model of care that prioritises Māori. This includes sanctioning Kaupapa Māori Cessation Programmes, such as traditional the practices of rongoā Māori (traditional Māori healing and medicines).

Implementing Rongoā Māori: Cytisine

Broader health and social issues can be supported by incorporating rongoā Māori into kaupapa Māori (Māori approach) smoking cessation services. This includes rākau rongoā (native herbal preparations), mirimiri (massage), karakia (prayer), whakapapa (family links) to address the holistic physical, mental, spiritual and whānau (family) aspects of hauora, that may resonate with more Māori to quit smoking.

We recommend further Māori led research and funding to be designated to the application of rongoā Māori within smoking cessation, such as Cytisine, the plant extract found in the New Zealand Kowhai. A recent trial in the Lakes District Health Board, Bay of Plenty and Tokoroa, found Cytisine to be at least as effective as varenicline, with less self-reported adverse events, for smoking cessation among Māori and whānau of Māori, who smoked daily and were motivated to quit.

Innovative Kaupapa Māori Services: Heru & Hapū (Patrick Salmon)

We also recommend increased resourcing and funding to Māori providers to deliver innovative support, using technology and tikanga to engage with whānau Māori. For example, the Heru & Hapū kaupapa Māori cessation programme led by Patrick Salmon combines traditional taonga of wooden heru (combs) with a smartphone app KAIRUA, to provide traditional wisdom about the protective power of heru, and a connection with tūpuna (ancestors). This high-tech approach, supported with digital wānanga, helps wāhine to empower themselves, and is designed to help hapū māmā stay smokefree. Of 30 wāhine from Waikato that participated in the trial in 2020, 90 percent were able to stay smokefree while hapū.

Cross-Sector Collaboration

Collaboration and increased Māori representation is required across all government sectors to address the broader health and social determinants that contribute to health inequities, including Māori smoking prevalence. This includes sectors such as housing, employment, education, mental health and social services, as proposed by Tā Mason Durie in his Te Rūnanga Whakapiki Mauri the

Ultimate Māori Health and Wellbeing Authority model, and is in line with Whakamaua: the Māori Health Action Plan (2).

b). What actions are you aware of in your community that supports Smokefree 2025?

Actions that we are aware of in our community, particularly our Māori and Pacific communities that support Smokefree 2025 include:

- **Heru & Hapū** cessation programme in Waikato – utilising innovative kaupapa Māori smoking cessation approaches for hapū mama.
- **Hāpai Te Hauora** – Māori Public Health Leadership driving Smokefree/Vaping community consultation, Smokefree Cars Campaign and World Smokefree Day Campaign.
SUDI prevention through wananga wahakura and resourcing.
Disseminating smokefree research, engaging with policy & decision makers, and amplifying community voices. Engaging in community led initiatives, contributing expertise and when appropriate with financial support. Leading the World Smokefree Day Campaign.
- **Te Ha Oranga** – Host Hapu Māmā wananga promoting holistic hauora, SUDI prevention, and smokefree pregnancy by addressing areas of need or hardship for whānau.
Community consultation – bridging the gap between community & policy, ensuring whānau voices are represented in government submissions, and informing whānau of changes in legislation and hauora action plans.
Health promotion, including forming and implementing Smokefree policies for community rōpū (groups) including kura, marae, sports teams, organisations etc.
Referring whānau and clients to smoking cessation services, including NRT prescriptions for clients in Dargaville.
- **Smokefree Marae**
- **Patu Puaauhi Smokefree Te Tai Tokerau Collective** - Ensuring the voice of Te Tai Tokerau on achieving Smokefree 2025 is heard in the wider health and government sectors, including promoting Smokefree Vehicles, as well as ongoing community consultation.
- **Sarah Matene & other tobacco free retailers** – dairy owners/retailers that refuse to sell tobacco products, and encourage other retailers, and whānau to be smokefree.
- **Lloyd & Hinga Whiu** – Has travelled the motu (country) promoting Smokefree kaupapa in schools through purakau maori and performing arts. They continue to champion the smokefree kaupapa at the Tainui Games and take any opportunity to promote this message.
- **Māori sports/tournaments that are smokefree:** Māori Touch, Māori Netball and Waka Ama
- **Tupuna Maunga Authority** – Smokefree Maunga in Tāmaki Makaurau (iwi based action)
- **The Fono** – attend Tongan Kava Sessions and often match stop smoking practitioners with clients/whānau of the same ethnicity so they can communicate in their respective pacific languages.
- **Ready, Steady Wahine** – Uses innovative and relatable approaches to wahine, through life skills wananga that address the broader determinants that lead to smoking such as financial

hardship, stress, employment, education, whānau etc. Have attended SUDI wananga wahakura to better understand how to support hapu māmā.

- **Tala Pasifika** – an advocate for Smokefree Aotearoa through the traditional Pacific concept of collective community solutions to problem-solving. Working alongside The Heart Foundation and Te Hiringa Hauora to run the Pan Pacific Fono conference for researchers, community groups, smokefree champions and the sector in 2020. They continue to meet monthly to discuss topics including Smokefree Kaupapa and consultations.

What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

We believe the following aspects are required to strengthen and drive community action for a Smokefree 2025:

1. Engage communities to share priorities

- Value local input and a strong community voice including iwi, hapū and whānau in consultations on the design, delivery and evaluation of smoking cessation services, policy and legislation.
- Build and strengthen the knowledge base about what is effective for priority groups. For example, introducing tailored programmes for rangatahi (youth), māmā, tāne, kaumatua, kuia, as well as different Pacific communities.
- Roll out of effective, localised media campaigns that are tailored according to each community through community champions, relevant issues, or topics that resonate, whilst referring to local services and support.

2. Build community capacity

This section provides key points for increased access and support to funding for community, hapū and iwi action led projects:

- Support the development of capacity-building through increasing the knowledge, skills and competencies of the community. This may include raising awareness of smokefree legislation and changes, how community can write submissions/make complaints, and supporting the growth of community champions.
- Introducing quit smoking services/holistic approaches into everyday accessible locations such as kura for parents, churches, community groups, nearby malls etc. Many people who smoke want to quit, barriers to access support and cessation programmes must be eliminated.
- Improved systems transformation and development that better aligns with community capacity and capability as well as whānau aspirations towards Pae Ora (Whakamaua; Māori Health Action Plan 2020-2025).

3. Mechanisms for flexible and transparent funding

- Prioritise and set tobacco control/smoking cessation service contracts so that a fixed percentage is allocated to supporting community, iwi and Māori led action.
- Develop suitable prototypes for flexible and transparent funding outside a conventional programme design.

- Dedicate funding and resource to support Māori and Pacific community-led and owned action.

Te Hā Oranga Community Consultation

To gather community insights, Te Hā Oranga carried out a Smokefree Aotearoa 2025 Workshop with 35-40 community members from the Kaupapa Māori based, addiction recovery group, 'He Waka Eke Noa (whakatauki (proverb) that speaks about unity) Recovery.' This consultation was based around bridging the gap that exists between the community and policy, as well as encouraging the rōpū (group) to actively be a part of achieving the Smokefree Aotearoa 2025 goal.

As a part of the workshop, participants were split into four groups and asked to discuss and write down their ideas for the following questions:

1. *"We want a Smokefree Aotearoa because..."*
2. *What needs to be done, or changed, to achieve Smokefree Aotearoa 2025? What will help whānau to quit?*

During this exercise, common themes for wanting a Smokefree Aotearoa were:

- for our future babies/protecting our babies during pregnancy
- to be a better role model for our whānau and future generations
- to live longer and be healthier – healthy bodies, healthy minds
- to breathe easier, including no more second-hand smoke
- less cancer and whānau dying
- to break the cycle and stop intergenerational trauma being passed onto the next generation
- to save money/more money for our mokopuna (grandchildren)/addiction is taking away from our kids
- more time with our kids instead of smoking

- all our kids are smoking
- less pollution/impact on the environment. Less cigarette butts in our rivers and sea.
- reduce the impact on our hospitals so sick people get better healthcare.

For question 2: *What needs to be done, or changed, to achieve Smokefree Aotearoa 2025? What will help whānau to quit?* Suggestions included:

- reduce stores selling tobacco/reduce the supply of smokes in New Zealand
- offering whānau that smoke more support to quit. Including incentives, vouchers and food parcels
- giving people that successfully quit jobs, funding, or incentives to be Community Champions that mentor others to quit – leading to a domino effect
- raising more awareness via TV, shops, newspapers, rehabs etc of the effects that smoking has on our whānau and environment
- whānau are getting sick, and they are not aware of what is actually in cigarettes (educating around the content of cigarettes)
- more educational groups, quit smoking therapy (not just Quitline), support groups and community health centres
- make smoking cessation services more accessible
- more support and awareness to mothers during pregnancy and fathers.
- More self-care methods/teaching alternative stress relief through support programmes
- addressing racism
- subsidised vaping products
- addressing poverty and increasing wages
- limit smoking areas
- ban cigarettes and stop importing them into Aotearoa New Zealand.

This consultation identified that community members want a Smokefree Aotearoa primarily for their hauora (health), to have healthier lifestyles for themselves, their tamāriki especially, and for future generations. Cancer was a common theme, in which participants identified that too many whānau members were passing away from smoking related illnesses. The rōpū also identified smoking as an intergenerational cycle that needs to be broken.

A range of ideas were identified to achieve the Smokefree Aotearoa 2025 goal, including significantly reducing the number of cigarettes available in Aotearoa, by reducing tobacco import and stores, with some participants suggesting that cigarettes be banned in Aotearoa. A common suggestion was more variety and access to smoking cessation support services, educational groups, community centres and alternative stress relief. Support was raised for those who quit smoking to be given an incentive or a job to become cessation mentors, using lived experience to encourage others to quit. Hapū māmā and safe pregnancies were also a common theme for both questions, with the rōpū identifying that more support is needed for both mothers and fathers to become smokefree.

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

All smokefree research, evaluation, monitoring and reporting must be equity led and have a values and rights based approach with a specific focus on Te Tiriti o Waitangi. Māori Governance of the Smokefree 2025 programme must be included in decision making to set key roles and responsibilities; on how the data is used, how information is presented, and how to prioritise what research that is undertaken. This submission supports more Kaupapa Māori and Mātauranga Māori methodologies to be used for research, evaluation, monitoring and reporting, as well as the call to address broader determinants that lead to smoking in the first instance. There is an opportunity with this action plan to provide a strong and clear pathway between smokefree research, evaluation, monitoring, and reporting through to decision making, policy development and implementation.

Key areas

Commitment to Te Tiriti o Waitangi to accelerate improved health responsiveness for Māori

To date, the tobacco control system of Aotearoa has failed at reducing smoking rates for Māori and the national action plan needs to have robust measures to ensure the policies being enacted are contributing to eliminating in smoking rates for Māori to move towards Pae Ora. Further to the points made in the Māori Governance section of this submission, the following points are made in relation to research, evaluation, monitoring and reporting:

Kawaratanga (Governance)

- Strong Māori leadership and participation across all continuous quality improvement initiatives to ensure iwi, hapū and whānau voices and matauranga are utilised respectfully and that activities are resourced adequately.
- The Māori Health Authority have a lead role in the performance and equity monitoring and reporting for the action plan.

Tino Rangatiratanga (Self-Determination)

- Iwi, hapū, health providers, and whānau including kaumātua, exercise tino rangatiratanga and mana motuhake through key participation across research, evaluation, monitoring and reporting in the decision making and design of tailored services for Māori by Māori, responsive to the needs and aspirations of whānau in each region.

Oritetanga (Equity)

- It is an expectation that Māori health equity is a priority in the research, evaluation, monitoring and reporting of the activities and interventions from the Smokefree Aotearoa 2025 Action Plan that enables accurate and timely data and information for better decision making and policy development as inadequate public health policy contributes to inequity¹
- It is critical that purposeful and strong Māori health equity measures are developed to inform robust system improvements, accountability of performance and monitoring

¹Waitangi Tribunal [Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry 2019](#).

frameworks in particular for new initiatives, additional funding or targets to help reduce the smoking rate amongst young wāhine Māori as a priority.

Te Ritenga (Rights to beliefs and values)

- Tikanga and Mātauranga Māori are prioritised as critical ideologies and fundamental in the approaches to Smokefree Aotearoa 2025 research, evaluation, monitoring and reporting. Furthermore, these approaches such as Kaupapa Māori and the respectful use of te reo Māori, must be fully enabled, respected and encouraged to be utilised appropriately.
- That the profile of a Te Ao Māori tirohanga (Māori world view) of hauora (health) is elevated and this context is used to measure mana motuhake, and mana tangata.

Equity responsiveness

- Equity must be at the forefront of continuous quality improvements of the health system where population data is high quality, accurate, timely and includes ethnicity, deprivation, age, gender, disability, and location details.
- The effectiveness of the plan needs to be frequently measured and reported to ensure positive outcomes for priority groups (3,4). This will also help to support effective reporting from cessation services.
- Research should involve identifying how to create programmes that are more tailored to priority groups in particular Māori and Pacific peoples relation to acceleration of health equity.
- Ethnic-specific data need to be collected to inform action that meets the diverse needs of priority groups. As a priority group, ethnic-specific data need to be collected for Māori and Pacific peoples.

Data collection, sharing and operational delivery

- Representatives from all priority groups, should be involved in the design and implementation of data collection and sharing mechanisms, as well as monitoring the performance of the plan, to ensure that they will support improved outcomes for their communities.
- A centralised database which allows those in the provider arm to accurately capture activity and have easy access to dashboards and monitoring platform.
- Data including training provided to retailers, sales volumes, numbers accessing cessation services and the number of retailer closures must be gathered and shared both nationally and internationally, as this would be a landmark undertaking in tobacco control internationally.

Community-led action

- The community has played an important role in advancing tobacco control and cessation initiatives and need to have all the tools possible at their disposal to continue to support their whānau to reach Smokefree Aotearoa 2025. These include mechanisms in place to allow sharing between communities of effective actions and clear pathways for the community to influence decision making, policy development and implementation.

- Use systematic and routine community-led monitoring to identify where the national action plan requires improvement to support people to switch from, quit, or never start smoking. For example, to know how effective the point-of-sale cessation support is, how accessible are cessation services, including for different individuals and groups, and surveys of public understanding and support of new Smokefree laws. Importantly, this will help identify what barriers different groups face in accessing, both initially and long-term, these services.
- Dedicate specific funding and resource for Māori, Pacific peoples, and other priority groups to lead and own actions and projects which support their achievement of Smokefree Aotearoa 2025.

Reducing the access to, the addictiveness and normalisation of tobacco products

- Reducing the access to tobacco products, their addictiveness and their normalisation will be integral to the success of the plan. Any monitoring, evaluation, and reporting framework should include baseline and post-implementation measurements of these domains. For example, the effectiveness of the tobacco-free generation policy and extension of smokefree areas on reducing youth uptake of smoking through reduced access and de-normalisation or the effect of reducing nicotine levels on nation-wide quit success rates.

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

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

Te Rūnanga o Ngāti Whātua strongly supports a licensing system for the retail of all tobacco and vaping products, and agree it is fundamental to achieving the 2025 goal alongside other retail reduction measures. Given Vaping regulations addresses a licensing scheme, we would like to see a licensing system with more stringent requirements for tobacco products. Tobacco products must not be more accessible than vaping and Nicotine Replacement Therapy. This imbalance alone undermines the Smokefree 2025 goal.

We support a licensing system where a limited number of licenses are awarded upon application provided the retailer meets the following licensing requirements:

- staff training in stop smoking support
- nicotine Replacement Therapy products must also be available.
- annual reporting requirements
- density and proximity measures as detailed in the following question
- licensing fee set greater than that for specialist vape retailers to signal the greater harm of cigarettes and entirely cover the costs of monitoring, enforcement, education and training of new tobacco retailers
- a robust tobacco licensing system, reflecting the harms of the product.

The reasons for our support of licensing are outlined below:

- **the market is saturated with tobacco:** Easy access to tobacco retailers facilitates smoking uptake and increases difficulty with quit attempts(5–9). Licensing regimes already exist for other products and practices including food, alcohol, vaping and gambling – many of which are less harmful to health than tobacco use. This alone should justify implementing a positive licensing system for tobacco retailing.
- **licensing will help to de-normalise and monitor tobacco sales:** The saturation of tobacco in the retail environment normalises smoking, posing a significant barrier to people successfully quitting and increases the likelihood of relapse and initial uptake among consumers(5,6). From community consultation with He Waka Eke Noa Recovery group (35–40 community members), many participants outlined that smoking was an intergenerational cycle that must be broken. De-normalising tobacco through reduced availability is crucial to breaking this cycle.
- **there is strong public support:** There is strong public support for tobacco supply reduction in New Zealand even among those who smoke, particularly when framed as a measure to protect youth(7). A large recent national survey found 68% support for further tobacco supply reduction initiatives(8).

In a community consultation survey carried out by the Cancer Society, in collaboration with Te Hā Oranga, 90% of participants agreed that the Government Smokefree Action Plan must include commitments to reducing the number of places selling tobacco.

During the He Waka Eke Noa community consultation, participants emphasised that tobacco import, and availability must be reduced, with many asking for cigarettes to be banned in Aotearoa.

- **we cannot rely on retailers to voluntarily stop the sale of tobacco:** Retailers are discouraged from voluntarily withdrawing from tobacco sales for many reasons including big tobacco's influence through incentives and the density of competitive tobacco.
- **licensing will enhance equity:** In New Zealand Māori and Pacific peoples live predominantly in retailer saturated areas, leading to substantial inequities in smoking prevalence. Licensing with proximity and density measures will result in a greater reduction of retailers in these communities which currently experience a greater burden of tobacco-related harm. This will help to reduce tobacco harm in our communities and create more equitable outcomes.

b). 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:

Te Rūnanga o Ngāti Whātua is supportive of placing density measures in license requirements to significantly reduce the number of retailers. Retailer proximity also needs to be considered alongside density requirements. Studies have found that outlet density was associated with individual-level smoking among adults and youth and that proximity was associated with smoking among youth and reduced cessation among adults(5,6,9).

We are supportive of the 95% reduction in tobacco retailers recommended in the ASAP plan(7). We propose that specialist tobacco retailers are spread evenly geographically across regions to reduce the current clustering of retailers in disadvantaged areas, and to ensure no single suburb is too far from a retailer. This would mean that retailers are not within an estimated 4km from another. We would not be supportive of locating these based on population density or smoking rates, as this will serve to maintain existing density inequities.

Due to the minimal time until 2025, we would request that this reduction takes no more than 12 months. We would also recommend that larger tobacco retailers including supermarkets and petrol stations be phased out of tobacco sales prior to smaller retailers.

Suggested Density considerations:

- set a maximum number of licenses to be issued nationally.
- set a sinking lid on licenses, whereby a license cannot carry across with the sale, relocation or change of ownership of an existing licensed retailer or premises
- prioritise licenses for retailers on main roads or in commercially zoned areas. This is to strike a balance between ensuring ease of access for those who wish to purchase

cigarettes and to also avoid unnecessary exposure to youth and families if retailers exist in residential areas

- require that no tobacco retailer is within a 4 km radius of another specialist tobacco retailer
- ensure all staff are quit trained and have clear relationships with smoking cessation providers for referrals
- where multiple applications are received for the same area prioritise giving the license to the retailer furthest from any school or in a less residential area
- that consideration is made for those living in remote areas with regards to tobacco retailer access.

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

Yes No

Please give reasons:

Te Rūnanga o Ngāti Whātua is supportive of limiting tobacco sales to age restricted specialist outlets only, preferably Government owned. We support this approach, or any similar approach which removes the commercial interest aspect from tobacco retailing for the following reasons:

- age restricted specialist outlets help to restrict youth access
- commercial profit from tobacco sales provides continued incentive for retailers to promote and sell this harmful product
- government owned specialist retailers with no commercial interest in tobacco sales would not protest a store closure. This will help to facilitate a sinking lid approach to retail supply reduction or a future phase out of tobacco retail.
- this model supports ensuring training for staff around quit support, which replicates a key strength of the pharmacy model
- there is a low level of interest from pharmacies in selling tobacco
- there are ethical considerations with selling a deadly harmful product at pharmacies which are a health focused store
- the Government owned model would reduce the current need for profitability and would allow the **full mark up on tobacco to be transferred back to tobacco control interventions**. Public support for tobacco control interventions increase significantly when the profits from tobacco are re-invested in tobacco control(10).

If tobacco were to be sold at pharmacies, we would want the following provisions included:

- pharmacies being able to decide if they sell tobacco
- tobacco sales should be not-for-profit simply covering the retail training, retail and licensing costs
- the area in which tobacco is sold at a pharmacy is physically separated as much as possible from health focused goods
- pharmacies must not advertise that they sell tobacco products but could be listed on a register
- tobacco products must not be visible inside or from outside the store and retail must meet the requirements of the Smokefree Environments and Regulated Products Act 1990

- pharmacy staff would be required to be quit trained, make referrals to top smoking services, and offer Nicotine Replacement Therapy as alternatives to tobacco products.

d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

Te Rūnanga o Ngāti Whātua supports a smokefree generation policy to protect rangatahi (youth) and future generations from tobacco related harm and addiction.

Across community consultation with He Waka Eke Noa Recovery group (35-40 community participants) a leading theme for why they wanted a Smokefree Aotearoa, was to protect their tamariki, mokopuna (grandchildren) and future generations. It was evident that participants want upcoming generations to be free from the harms of smoking, including second-hand smoke.

From community consultation carried out by the Cancer Society and Te Hā Oranga, 86% of survey participants agreed that the age for purchasing tobacco should be increased to create a Smokefree generation.

Preventing youth initiation of tobacco is a key strategy to achieving and maintaining Smokefree Aotearoa 2025. Almost 90% of smokers start by 18 years of age, and are biologically more vulnerable to nicotine addiction(11,12). There are large inequities in smoking prevalence, particularly for Māori youth and young adults.

A smokefree generation has received strong public support within Aotearoa and in other countries both from tobacco control experts and from youth(13,14). New Zealand modelling studies suggest the TFG strategy will result in a halving of smoking prevalence in those aged less than 45 years within 10 – 15 years(15).

This strategy is pro-equity, due to the young age structure of Māori and Pacific populations and higher smoking prevalence in these populations, and was rated as the most equitable in the New Zealand modelling studies. This approach supports Te Tiriti o Waitangi principles of active protection, partnership, and equity. It is also aligned with a focus on an early year's approach by ensuring tamāriki have the best start to life in a smokefree environment.

e). 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: n/a

Focus area 3: Make smoked tobacco products less addictive and less appealing

a). **Do you support reducing the nicotine in smoked tobacco products to very low levels?**

Yes No

Please give reasons:

Te Rūnanga o Ngāti Whātua supports a mandated policy to restrict the sale of tobacco to Very-Low-Nicotine-Content (VLNC) products (with an optimal level of nicotine less than 0.4mg per gram of tobacco (16)).

VLNC products will aid people who smoke to quit, stay quit, whilst preventing people from becoming addicted and smoking regularly. New Zealand research has shown that a VLNC policy would help increase cessation rates markedly, and to a far greater extent than introducing e-cigarettes as a cessation tool (17).

Studies have shown that participants who were assigned VLNC cigarettes often cut down on the number of cigarettes smoked after finding them unsatisfying, experienced fewer withdrawal symptoms, elicited only limited compensatory smoking, made more quit attempts and were more likely to successfully quit (18-20).

There is strong public support for a mandated nicotine reduction policy from people who previously smoked, people who currently smoke and from Māori and Pacific peoples (21). Responses in the ITC survey showed VLNC cigarettes received the greatest support from Māori of any tobacco control intervention and almost 80% of the Māori respondents said they would try VLNC or nicotine-free cigarettes(21). It also found that 80% of those who smoked want the addictiveness of cigarettes to be removed, provided nicotine replacement therapy is made available in other products to help alleviate withdrawals(21).

We recommend combining a VLNC policy with increased access to alternative nicotine-delivery products such as e-cigarettes, nicotine patches and gum. We call for NRT products and quit smoking support to be available at every tobacco retailer.

b). **Do you support prohibiting filters in smoked tobacco products?**

Yes No

Please give reasons:

Te Rūnanga o Ngāti Whātua supports prohibiting filters in smoked tobacco products to reduce the appeal and palatability of cigarettes particularly for rangatahi (youth) and those starting to

smoke (22). We also support prohibiting filters (including proposed biodegradable filters) to reduce the toxic waste harm on our whenua and wai (water).

The majority of cigarettes in the New Zealand and global market are filtered (23). Although cigarettes cause harm with or without a filter (24–26,27), a number of international studies have found that people who smoke still believe filtered cigarettes are less harmful (25). Flavoured filters also contribute to the appeal of tobacco products for new smokers, and act as a gateway to regular smoking.

Te Rūnanga o Ngāti Whātua has sacred obligations as kaitiaki of our whenua. We advocate for quality living for Ngāti Whātua uri, Māori, and all peoples living within the rohe of Ngāti Whātua. We consider the health of our iwi to be closely intertwined with the health of our whenua (land) and wai (water). As Māori, we have a close relationship with water in all its forms, both spiritually and physically. Water is a taonga of huge significance, and the health of our waterways is a priority. Tangata whenua, whenua and wai were traditionally tupeka kore (tobacco-free). The introduction of tobacco through colonisation has stripped our people of their whakapapa right to fresh air, hauora, and clean waterways.

Cigarette filters or ‘butts’ were the most littered items nationally in 2019. Cigarette filters are mainly comprised of poorly biodegradable plastic, containing chemical toxins from tobacco, contributing to microplastic contamination in the environment.

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

Yes No

Please give reasons:

Te Rūnanga o Ngāti Whātua supports the establishment of regulations to prohibit innovations of tobacco products, including innovations and additives that make tobacco more addictive, palatable, and appealing, particularly to rangatahi (youth) and young adults.

Tobacco product regulation is a critical component of the action plan and has the ability to help reduce tobacco-related attributable death and disease, as well as health inequities by removing the industry’s free-rein to develop new ways to appeal to new users and keep existing users addicted. This will mean fewer people take up smoking, and when people who smoke try to quit, they are more likely to be successful. New Zealand surveys have repeatedly shown public support for strong regulatory measures such as this, including among people who smoke and Māori and Pacific peoples(21).

We place emphasis on banning flavoured cigarettes, which have been linked to addiction, with users showing greater signs of nicotine dependence and less success in quitting. The 2019 ITC NZ study found that a substantial proportion of participants who smoked used flavoured tobacco products, particularly females(21). Just under half (45%) of menthol flavoured users reported they would quit smoking entirely if menthols were banned and a further quarter (25%) reported they would switch to a non-menthol brand(21). Surveys have also shown that menthol flavoured cigarettes are particularly appealing among Māori and Pacific adolescents (28).

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

Te Rūnanga o Ngāti Whātua support a minimum unit pricing policy set at the average cost of a budget brand in 2021. This would prevent price shifting and discounting tactics designed to keep people who smoke from consuming large volumes and thus sustaining heavy addictions. We acknowledge that tobacco addiction has a significant economic impact on people who smoke and we would not want to see any further taxation increases which would place further financial burden on these people.

Whenever possible we would like to see the greatest responsibilities, costs or disadvantages of any future tobacco control interventions placed on the tobacco industry rather than on the consumers of this addictive product. Sale of tobacco products generates huge profits for tobacco companies, yet the negative externalities created, including the economic, social, and health costs, are borne by individuals, whānau and society. Individuals who are addicted to tobacco, the tax-payers of New Zealand, and New Zealand society more broadly should not have to pay for the costs of this addictive and lethal product.

Final questions

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

No single intervention will have us reach our 2025 target. Relying on personal responsibility alone is clearly inadequate to reach our 2025 goals and does a disservice to those who smoke. We are supportive of the multi-faceted approach with the full suite of interventions suggested in the proposed action plan. A key priority in achieving this will be implementing legislation as quickly as possible.

Smoking remains a leading cause of health inequity in Aotearoa and while smoking prevalence has declined, high rates of smoking continue to undermine the health of specific population groups (29), including Māori, Pacific peoples and people experiencing greater deprivation (29). A key priority is to ensure smoking rates among these population groups decline considerably by ensuring equity is at the forefront of all decision making and any intervention that is

implemented needs to specifically measure whether or not they reduce tobacco-related inequalities.

b). Do you have any other comments on this discussion document?

Te Rūnanga o Ngāti Whātua also requests the following actions to be included in the action plan as critical in achieving the Smokefree Aotearoa 2025 goal:

A vaping endgame strategy

We recommend the future development of a vaping end-game strategy which recognises vaping as a quit device, but that it should not be intended for ongoing use. Protecting the health of people vaping, in particular Māori, Pacific peoples and young people, must continue to be a priority and work must start on ensuring these population groups are not simply migrated onto another addictive, and potentially harmful product.

Effective compliance and enforcement

In order to achieve thorough effectiveness of interventions, a robust compliance and enforcement system needs to be established. This includes having sufficient resourcing at both national and regional levels and clear regulatory direction.

Mass media

We support the continuation of evidence-based mass media campaigns including social media and would encourage the addition of complementary localised content to campaigns. A particular focus on culturally appropriate media for Māori and Pacific peoples is required. Effective campaigns must be well informed and developed alongside priority populations to achieve the Smokefree Aotearoa 2025 goal. Media campaigns should be bold, strong and cutting edge that uses technology to its full potential and across multiple types of media.

Increase funding for Stop Smoking Services (particularly Māori services)

We would like to see increased funding for Stop Smoking Services, especially Kaupapa Māori Cessation services that address the broader determinants that lead to smoking, including multi-session behavioural support and help for people who smoke to access and use a range of stop-smoking medicines (nicotine replacement therapy, bupropion, nortriptyline, varenicline, and rongoā Māori).

Mental health and addiction service users should be added to the Ministry of Health's priority populations (alongside Māori, Pacific peoples and pregnant women) for stop smoking services. Mental health and addiction service users have very high rates of smoking. Mental health and addiction service users need a tailored approach (with a longer and more intensive period of support) delivered by skilled practitioners to help them to quit.

Stop Smoking Services must be tailored to priority populations and provide responsive, flexible and holistic services which support the broader needs and life goals of clients and their whānau. This includes improving access to prescription medications (for example, through pharmacy prescribing of stop smoking medications or funding of primary care visits and prescriptions) and e-cigarettes (through discounts or funded vape products when used for smoking cessation).

Pharmac should also subsidise all nicotine replacement therapy products (for example, Quit Mist, an oral spray which is currently unfunded and, improving access and options for rongoā Māori for assisting in cessation).

Workforce representation and national resources

It is essential that services are delivered in a culturally appropriate and whānau centred way to support priority populations through their smoking cessation journeys. This requires a culturally diverse and competent workforce with strong linkages between Stop Smoking Services, Kaupapa Māori and Pacific health services and other community organisations (for example, those that provide housing or income support). Increasing funding for training and recruitment of stop smoking practitioners (particularly Māori and Pacific practitioners) and contract lengths will facilitate this. The stop smoking practitioner workforce also requires strengthened provision of training at a national level, with development of additional national resources for practitioners to

utilise in their work. These need to include content on working with mental health and addiction clients, including how to tailor the stop smoking journey to meet their needs.

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Submission form

Your details

This submission was completed by: (name)

Email:

Phone number:

Organisation (if applicable):

Organisation address: (street/box number)
(town/city)

Role (if applicable):

Additional organisation information

I am, or I represent an organisation that is, based in:

- New Zealand Australia Other (please specify):
[Click or tap here to enter text.](#)

I am, or I represent, a: (tick all that apply)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Personal submission | <input type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
| <input type="checkbox"/> Community or advocacy organisation | <input type="checkbox"/> Professional organisation |
| <input type="checkbox"/> Iwi/Hāpu affiliated, and/or Māori organisation | <input type="checkbox"/> Tobacco manufacturer, importer or distributor |
| <input type="checkbox"/> Pacific community or organisation | <input type="checkbox"/> Retailer – small, for example a dairy or convenience store |
| <input type="checkbox"/> Government organisation | <input type="checkbox"/> Retailer – medium or large, for example supermarket chain or petrol station |
| <input checked="" type="checkbox"/> Research or academic organisation – eg university, research institute | <input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture |
| <input type="checkbox"/> Other (please specify):
Click or tap here to enter text. | |

Additional statistical information

These questions are not mandatory. We are asking for information, including age and ethnicity information solely for the purposes of helping us to analyse submissions.

Age:

- Under 18
- 18 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 +
- Not applicable / prefer not to say

Ethnicity/Ethnicities I identify with:

- New Zealand European
- Māori
- Pacific Peoples
- Asian
- Other European
- Other Ethnicity *(please specify):*
Click or tap here to enter text.
- Not applicable / prefer not to say

Privacy

We intend to publish the submissions from this consultation, but **we will only publish your submission if you give permission**. We will remove personal details such as contact details and the names of individuals.

If you do not want your submission published on the Ministry's website, please tick this box:

- Do not publish this submission.

Your submission will be subject to requests made under the Official Information Act (even if it hasn't been published). If you want your personal details removed from your submission, please tick this box:

- Remove my personal details from responses to Official Information Act requests.

Commercial interests

Do you have any commercial interests?

- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products
- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products

Commercially sensitive information

We will redact commercially sensitive information before publishing submissions or releasing them under the Official Information Act.

If your submission contains commercially sensitive information, please tick this box:

- This submission contains commercially sensitive information.

If so, please let us know where.

Click or tap here to enter text.

Protection from commercial and other vested interests of the tobacco industry

New Zealand has an obligation under Article 5.3 of the World Health Organisation 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'.

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

Please provide details of any tobacco company links or vested interests below.

No interests to declare. I have never received funding from the tobacco industry or organisations funded by it such as the Foundation for a Smoke-Free World. I have never received funding from the pharmaceutical industry.

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Consultation questions

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<https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>.

Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

Māori leaders have a strong history of leadership in resisting the commercial tobacco industry. The emphasis given to Māori governance in the proposal is important and appropriate. Māori-led organisations and individuals are best placed to comment on specific arrangements.

- b). What action are you aware of in your community that supports Smokefree 2025?

Studies in a range of settings have found high levels of public support for several measures in the plan, particularly denicotinisation¹ and phasing out cigarette sales.^{2, 3} Across a range of settings, a clear majority of smokers want to quit, including groups with high smoking prevalence such as First Nations peoples in Australia.⁴ The Proposals are aligned with Aotearoa's obligations as a Party to the WHO Framework Convention on Tobacco Control, particularly Article 2.1, which encourages governments to go beyond the minimum measures contained in the Treaty. The Action Plan also aligns with the Cape Town Declaration on Human Rights and a Tobacco-Free World (<https://ash.org/declaration/>), adopted at the 17th World Conference on Tobacco or Health in 2018. The Declaration recognises that the manufacture, marketing and sale of tobacco is incompatible with the human right to health.

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

The research evidence for the suite of proposals is sound, noting that these are likely to work synergistically. As noted in the draft, it will be important to include engagement with groups who currently have very high smoking prevalence to ensure their specific needs are taken into account in the formulation and implementation of strategies. In particular, ensuring that measures do not inadvertently further marginalise or stigmatise specific groups or individuals will be essential. The focus on providing a supportive environment, including mass and social media campaigns, and additional cessation support for smokers is welcome.

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

The development of a robust and adequately resourced program of research, monitoring and evaluation will be essential to ensure fidelity to specific measures and identify where targeted additional resourcing may be needed. A key priority should be a focus on equity to monitor whether the plan is achieving intended reductions in smoking-related disparities.

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

Continuing to have strong safeguards in place against tobacco industry interference will be vital, particularly given the tobacco industry is increasingly funding third party organisations. Examples include the Foundation for a Smoke-Free World (FSFW) which is entirely funded by Philip Morris International.

Compliance and enforcement should be a specific focus, particularly in relation to illicit tobacco. Ratification of the WHO Framework Convention on Tobacco Control Protocol to Eliminate Illicit Trade in Tobacco Products is an important component of this, along with associated measures such as the global track and trace system and licensing and monitoring of all importers and distributors of tobacco products.

A commitment to stable and adequate resourcing of research capability and community-based initiatives is essential to support implementation of the plan.

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

Requiring retail licensing for tobacco products aligns with international best practice, and is a necessary first step to manage and reduce the number of retailers. It will assist with establishing baseline information about the current supply system, providing a basis for planning reductions in the number of retailers and provision of targeted support to assist retailers with the transition process.

- b). 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:

A substantial reduction in the availability of smoked tobacco products would reduce relapse triggers for people trying to quit smoking, and reduce opportunities for smoking initiation among young people. Cigarettes are not a normal consumer product; it is an anomaly that they are widely available despite their harms being established for over 50 years. Limiting their availability is in line with other consumer product regulations and restrictions.

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

Yes No

Please give reasons:

As noted above, cigarettes are not a normal consumer product. Restricting their availability to specific retail outlets provides an important signal to consumers about their unique harms.

- d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

This is an important interim step in reducing cigarette availability, and politically feasible due to its focus on protecting young people from initiating smoking. It is

able to be implemented relatively quickly, has been shown to have high public support, and is likely to sustainably support low prevalence once fully implemented.⁵

e). 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:

Click or tap here to enter text.

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

Reducing nicotine to non addictive levels of 0.4mg of nicotine per gram of tobacco or less, is likely to result in both rapid and sustained reductions in smoking prevalence.⁶ This measure has a number of benefits: it supports smokers to quit, reduces the risk of occasional smoking progressing to regular smoking, and has a similar impact across different population groups, including those with higher than average smoking prevalence.^{7,8} Importantly, it has also been shown to have minimal unintended consequences such as compensatory smoking.⁹

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

Filters further perpetuate the harms of tobacco in two ways. For individual smokers, they are widely misperceived as 'safer' for smokers than non-filter products. Environmentally, they are a major source of plastic pollution.¹⁰

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

Yes No

Please give reasons:

While banning cigarette filters will prevent the majority of cigarette product innovations observed in recent years (such as flavour capsules), this measure will preempt other potential innovations by the tobacco industry.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

While this measure is not likely to have a large impact on smoking prevalence in isolation, it is an important complementary measure to prevent the tobacco industry from undermining the effectiveness of price and taxation measures.

Final questions

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

Achieving the Smokefree 2025 goal will require a suite of new measures that extend existing approaches.¹¹ Mandating nicotine at non-addictive levels, dramatically reducing the retail availability of cigarettes and the smoke free generation policy should be prioritised. Together these actions will transform the current tobacco control landscape and are likely to contribute to a significant and sustained drop in smoking prevalence by both reducing uptake among never smokers and accelerating cessation among existing smokers.

b). Do you have any other comments on this discussion document?

The strength of the plan lies in its comprehensive approach of measures which are likely to work synergistically. While the measures noted above are particularly important, no one measure will realise the 2025 Smokefree goal.

References

1. Pearson JL, Abrams DB, Niaura RS, Richardson A, Vallone DM. Public support for mandated nicotine reduction in cigarettes. *Am J Public Health*. 2013 Mar;103(3):562-7. doi: 10.2105/AJPH.2012.300890. Epub 2013 Jan 17. PMID: 23327262; PMCID: PMC3673497.
2. Hayes L, Wakefield MA, Scollo MM. Public opinion about ending the sale of tobacco in Australia *Tob Control* 2014;23:183-184.

3. Wang MP, Wang X, Lam TH, et al The tobacco endgame in Hong Kong: public support for a total ban on tobacco sales *Tob Control* 2015;24:162-167.
4. Nicholson AK, Borland R, Davey ME, Stevens M, Thomas DP. Predictors of wanting to quit in a national sample of Aboriginal and Torres Strait Islander smokers. *Med J Aust*. 2015 Jun 1;202(10):S26-32. doi: 10.5694/mja15.00199. PMID: 26017252.
5. Gartner CE, Barendregt JJ, Hall WD. Predicting the future prevalence of cigarette smoking in Australia: how low can we go and by when? *Tob Control* 2009;18(3): 183.
6. Apelberg BJ, Feirman SP, Salazar E, et al. Potential Public Health Effects of Reducing Nicotine Levels in Cigarettes in the United States. *N Engl J Med* 2018;378:1725-33. doi: 10.1056/NEJMs1714617
7. Benowitz NL, Henningfield JE. Reducing the nicotine content to make cigarettes less addictive. *Tob Control* 2013;22 Suppl 1:i14-7.
8. Tidey JW, Davis DR, Miller ME, et al. Modeling nicotine regulation: A review of studies in smokers with mental health conditions. *Prev Med* 2018;117:30-37.
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Submission form

Your details

This submission was completed by: (name)

Email:

Phone number:

Organisation (if applicable):

Organisation address: (street/box number)
(town/city)

Role (if applicable):

Additional organisation information

I am, or I represent an organisation that is, based in:

- New Zealand Australia Other (please specify):

I am, or I represent, a: (tick all that apply)

- | | |
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| <input checked="" type="checkbox"/> Personal submission | <input type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
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- 18 - 34
- 35 - 44
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- 65 +
- Not applicable / prefer not to say

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- Other European
- Other Ethnicity *(please specify)*:
Click or tap here to enter text.
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Commercial interests

Do you have any commercial interests?

- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products
- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products

Commercially sensitive information

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- This submission contains commercially sensitive information.

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Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

Māori must have strong governance and be able to identify and appoint relevant persons to ensure that they are listened to and actions are taken. I understand from speaking with hauora workers, that I know, that planning for a tobacco free nation is really the optimal way to promote better health and reduce poverty.

- b). What action are you aware of in your community that supports Smokefree 2025?

The initiatives to date that have raised the price of tobacco, removed it from certain places, and made it less visible, along with signage support the Smokefree campaign. In the Specialist Mental Health Service of the CDHB there is still an attitude that smoking is a right/choice and of not everyone viewing it as a 'public health issue', however we are once again taking a fresh approach and trying to focus on staff and their attitudes. It is not acceptable for a person who is a smoker living in the community to light up in a café, on a bus, etc - and yet we seem to tolerate consumers/visitors and sometimes staff doing this on hospital grounds or right outside buildings where unwell people are resident or being seen for appointments. As a division of health, we do need to regroup and consider the public health messages that we also ought to be promoting amongst our demographic.

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

Ongoing government-led initiatives, such as : 1) Making smoked tobacco products less available e.g. reducing how many retail outlets can sell tobacco; 2) Lessening tobacco availability by introducing a Smokefree generation policy, so people born after a certain date can't buy tobacco; 3) Making tobacco less appealing and addictive such as reducing the amount of nicotine allowed in cigarettes to very low levels, and banning filters, which give no health benefit, and are made from pollution causing non-recyclable plastics.

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

Vaping, whilst a quit tool, is also not well understood by the non-smokers who are taking it up as a recreational device. NZ-based research about its consequences, especially amongst younger people would be worthwhile.

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

Refer to c). ...The government and MoH must continue to initiate actions that will reduce access to tobacco, especially amongst younger generations. Vaping will need to be addressed, for although it can be a helpful quit tool, the fact that young people who have never smoked cigarettes in their life, are taking up vaping, is a huge concern. Vaping is not harmless.... they need to be made aware of this.

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

We do it for alcohol. Also, there are risks in having tobacco in a dairy and some may wish to opt out.

- b). 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:

Without such initiatives we will not achieve the goal which is ultimately about improved health of the nation.

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

Yes No

Please give reasons:

Would not want my pharmacy selling tobacco but definitely not as accessible as it currently is.

- d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

This will help consolidate. We do not permit alcohol sales under a certain age.

- e). 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:

Click or tap here to enter text.

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

This will support the harm minimisation approach.

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

Do not know enough.

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

Yes No

Please give reasons:

Click or tap here to enter text.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

Raising the price has been an incentive for smokers to quit.

Final questions

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

Working towards a tobacco free nation.

- b). Do you have any other comments on this discussion document?

Click or tap here to enter text.

Submission form

Your details

This submission was completed by: (name)

Email:

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| <input type="checkbox"/> Research or academic organisation – eg university, research institute | <input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture |
| <input type="checkbox"/> Other (please specify): <input type="text" value="Click or tap here to enter text."/> | |

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- New Zealand European
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- Pacific Peoples
- Asian
- Other European
- Other Ethnicity (*African, Sri Lankan, Indian, Bhutanese*):
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Please provide details of any tobacco company links or vested interests below.

None

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington
6140.

Consultation questions

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Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

For Māori, by Māori

- b). What action are you aware of in your community that supports Smokefree 2025?

Click or tap here to enter text.

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

For Ministry of Health staff speak to schools in such a way that engages students in a way that is informative of the negative effects of smoking such as the financial implications of smoking, the health implications caused by smoking, and the long-term effects of smoking. Other such means of prevention could include: have signs and posters endorsing tobacco users to switch to healthier alternatives, have experts speak to various communities and groups of people by speaking in places such as: Marae, Church groups, schools, other gatherings of religious communities, sport clubs, and other youth organisations. When speaking to cultural groups, speakers should be members of both the Ministry of Health, but also of the cultural community in which they are talking to.

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

Click or tap here to enter text.

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

Research into safe alternatives to smoking, counselling sessions for smoke addicts, and health education to students in Primary school onwards. Nelson Youth Council request that funding towards smoking education specialists has priority in lower

decide schools as it is these communities in which smoking is most likely to be a significant issue.

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

Click or tap here to enter text.

- b). 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:

Click or tap here to enter text.

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

Yes No

Please give reasons:

We believe cigarettes and vapes should not be offered in supermarkets, gas stations or any place that is not a vape store in order to make purchasing vapes less convenient and adding the need to make a special trip required to buy vapes. We recognise and understand that it's important to have vapes available in places where cigarettes are sold. Ideally, we would like to see both vapes and cigarettes taken out of these stores and restricted to being sold in specific tobacco stores of which there would be a limit on how many of these tobacco stores there can be in a certain area.

- d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

To deter young people starting to smoke. Nelson Youth Council request that each year until the 2025 deadline the legal age for purchasing tobacco products increases by 1-2 years (as for tariff increases).

e). 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:

Click or tap here to enter text.

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

Click or tap here to enter text.

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

Click or tap here to enter text.

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

Yes No

Please give reasons:

Click or tap here to enter text.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

However, Nelson Youth Council does NOT support Government's reliance on tax increases on cigarettes as primary means of discouraging smoking as it tends to be

people who are already struggling financially who smoke, therefore Government is only making the financial struggles of socio-economically disadvantaged Kiwis worse off.

Final questions

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

Click or tap here to enter text.

- b). Do you have any other comments on this discussion document?

Nelson Youth Council request that Government make efforts towards implementation of the 2025 Smokefree Action Plan in New Zealand. Nelson Youth Council acknowledge the difficulties in the implementation of this policy, as smoking is an addiction for many and for some it is a way of managing stress. However, there are alternatives available that are much cheaper and more family-friendly. The Nelson Youth Council believe it is important that people are made aware of alternatives and that Government advertises and endorses these alternatives. Nelson Youth Council believes it is more important to focus on prevention of smoking as opposed to attempting to making current addicts quit smoking. The Nelson Youth Council would also like to see big efforts to prevent and reduce the use of vapes in New Zealand. We recognise that this is just as important to prevent as cigarettes as it has recently become a big trend, especially amongst youth. This is a serious concern for adolescent brain development, not to mention various other health problems, hence why this needs to be addressed immediately with efficiency and adequate resources. We believe the most important step is prevention of initiation. We would like to see someone with personal experiences on the effects of vaping to come in to schools to share their experiences and inform students on why they shouldn't take up this addiction or how they can recover from it if they have already started. We believe it is very important for these presentations to come from someone who has lived with the addiction, rather than someone who has no experience or understanding. The Nelson Youth Council also believes that there should be less flavours of vape juice, as new and preferred flavours will only increase the appeal, especially to teenagers who have yet to start vaping. We would also like to see that in the future vaping is only offered as a last resort for those who are quitting smoking or trying to reduce their intake of nicotine. We are concerned at the level of vaping which occurs on school grounds and buildings, with teachers often turning a blind eye. We request that interventions are introduced to hinder students vaping at school such as introducing effective smoke alarms to all rooms and bathrooms to preventing vaping in schools while maintaining privacy of students.

Submission form

Your details

This submission was completed by: (name)

Email:

Phone number:

Organisation (if applicable): TSANZ (Thoracic Society of Australia and New Zealand)

Organisation address: (street/box number)
(town/city)

Role (if applicable):

Additional organisation information

I am, or I represent an organisation that is, based in:

- New Zealand Australia Other (please specify):
The peak professional body for respiratory medicine in New Zealand and Australian

I am, or I represent, a: (tick all that apply)

- | | |
|--|--|
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Ethnicity/Ethnicities I identify with:

- New Zealand European
- Māori
- Pacific Peoples
- Asian
- Other European
- Other Ethnicity *(please specify):*
Click or tap here to enter text.
- Not applicable / prefer not to say

Privacy

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Commercial interests

Do you have any commercial interests?

- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products
- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products

Commercially sensitive information

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Protection from commercial and other vested interests of the tobacco industry

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

Please provide details of any tobacco company links or vested interests below.

Nil

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Consultation questions

The Ministry of Health is seeking comments on the following proposals for a smokefree Aotearoa 2025. You can find more information about these proposals in the discussion document which can be downloaded from - <https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>.

Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

Effective governance would involve listening to and implementing the plans of the Māori leaders who want to see their people free of the addiction to cigarettes and the adverse effects that it has on the Māori population. In 2010, the Maori Affairs Committee into the tobacco industry developed practical suggestions but these have not been implemented to date. In addition, the New Zealand Maori council, in 2019, called for a tighter regulation on smoking as well as vaping in Maori population as they experience more adverse events related to smoking and vaping. The implementation of these practical suggestions would involve working alongside Māori communities in their marae and in public gatherings to increase culturally appropriate education on the dangers of starting smoking. This will help increase the buy-in on the need to stop the younger generations from ever starting smoking. This education needs to focus on the importance of good ora, good wellbeing and health. Embedding easy access to culturally appropriate smoking cessation advice and support is essential. Smoking cessation needs to focus holistically on the whole person, looking to overcome some of the factors that drive people back to smoking – often as a form of stress release or as an escape from the pressures of life.

- b). What action are you aware of in your community that supports Smokefree 2025?

We are unaware of additional community supports other than those already mentioned in the document.

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

Funding and sponsorship of hui aimed at the younger generations. Any intervention in this area needs to focus on young people, to inspire them at an early stage to form the habit of promoting and practicing good health for the future. This will prevent any uptake of bad habits that are hard to quit.

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

1) Rates of cigarette and vaping consumption by age, gender and ethnicity and comparing rates across the regions. To assist in this data collection, there must be strict enforcement of tobacco sales, including monitoring and reporting.

2) Data on illegal markets including vaping – there may be future attempts by the tobacco industry to claim that restrictions/prices increase etc lead to increased illicit supply. A claim which is unlikely to be true.

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

Continue to increase broader control measures for tobacco products – including Heat-Not-Burn and alternative products such as vaping. Increased signage and enforcement of public Smokefree and Vapefree areas and encouragement of local authorities to follow suit.

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

A key area to address is in making cigarettes and vaping products less available – there is the need get rid of/reduce access to these tobacco products from general consumer shopping practises, e.g., corner store, petrol stations and supermarkets so that they do not become embedded in the subconscious of growing children as part of everyday grocery items. A licencing system will provide much better visibility on where tobacco and vaping products are being sold and enable a rapid response system to introduce and enforce any changes in legislation (e.g., reduce the number of outlets, keeping outlets >1km from schools, subsequently increasing the age of purchase over time, as well as introducing compulsory display of smoking cessation services at all outlets).

Setting up a licencing system will also allow for the loss of licence, after a warning, as a form of penalty to retailers who go against the licencing rules, for e.g., selling to children.

- b). 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:

There is ample evidence from literature which shows that reducing the number of outlets selling cigarettes and increasing the distance of travel for purchase significantly reduces smoking rates. It is imperative that this evidence is translated for the community. There is a need to remove the sale of these products out of the corner community stores (dairy, petrol station, supermarket) and into specialist shops only. Retail outlets that stock these tobacco products need to be situated more than one kilometre away from any school and we must reduce the current high density of these retail outlets from within the socioeconomically deprived communities.

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

Yes No

Please give reasons:

The benefits of reducing the retail availability of tobacco by restricting sales to a limited number of specific store types outweigh any concerns this may raise. – Providing the sale of tobacco in specialist stores enables easier enforcement of age restriction on purchase as well as enabling the implementation of a ‘generation free’ age increase more effectively. This could be a gradual process, starting with an R18 entry. Another alternative could be borrowing a similar practice from the USA where these specialist stores are mandated R21 stores. Scientific evidence shows that the majority of smokers would like to quit and wish they had never started. In addition, a lesser proportion of individuals start smoking after the age of 25, therefore the closer the age of restriction for tobacco access is to 25, the more significant the long-term reduction in uptake will be.

d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

This is a welcomed concept. This policy will mean that young generations of New Zealanders will be unable to legally purchase cigarettes. This will result in massive health benefits. It supports the aim of making tobacco products use in New Zealand an extremely rare occurrence without rendering tobacco illegal. However, there is the concern for the unfortunate few who might slip through the net and be trapped in the cycle of addiction – a smoke-free generation would be most successful if combined with a program to support cessation and avoid a situation where smokers source products illegally for potentially many years.

e). 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:

Click or tap here to enter text.

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

Nicotine is highly addictive and is the main driver in the loss of control people experience in their smoking habit. Reducing the nicotine content to ultra-low levels will significantly increase the chances of not getting addicted to begin with, and in breaking the habit for those caught in the addiction cycle. Care must be taken to also make sure that nicotine is not available in higher concentrations in other devices such as vaping products; otherwise, the success obtained here will quickly be undone by addiction to another product.

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

Filters give a false impression that harm is being reduced. They also cause a significant amount of waste and litter. 4-6 trillion cigarette butts are thrown into the environment every year and are the most abundant form of plastic waste in the world. Filters can take up to 10 years to degrade, leaching nicotine and heavy metals before turning into microplastic pollution. Over 2 billion cigarettes are sold in NZ per annum.

NZ is rightly proud of its huge commitment to a better global environment, committing to zero greenhouse gas emissions by 2050 through the landmark Climate Change Response (Zero Carbon) Amendment Act 2019, cementing New Zealand's position as a climate leader in the Pacific region. Cigarette filters are the "last acceptable form of littering". Banning filters sends a clear health and environmental message that will continue to make smoking socially unacceptable. At the same time, NZ must be cognisant of vaping products which are rapidly becoming the next version of single-use disposable plastics. Protecting the environment and health must therefore address all smoking and vaping products.

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

Yes No

Please give reasons:

Big Tobacco will be quick to develop new ways of getting around legislation. Having greater regulatory power to quickly respond to these innovations to prevent the appeal and addictiveness of tobacco and vaping products will be an important step in the ongoing control measures.

We recommend regulating products with standards such as:

- Set minimum floor price for tobacco products
- Limit tobacco product size, i.e., cigarette standard pack size of 20. Ban larger pack sizes
- Limit brand descriptors on plain packs that are effectively text rendering of pictorial imagery

Flavourings should also be banned as they are designed to entice people to try smoking.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

There is a possibility that it will prevent the development and introduction of lower cost alternatives. It is important that minimum price for tobacco products include vaping products as well.

The downside to this may be that companies push down their price to the minimum and may contribute to price elasticity – e.g., by companies developing products at the minimum price (if not high enough) to offset their more expensive products.

Final questions

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

1/ Restriction of places of sale. This will have almost an immediate effect on smoking rates and enable the enforcement of the R18 label and enable restrictions on distance from schools. It also sets us up to quickly enforce and implement any ongoing changes. Followed closely by

2/ Reduction of nicotine content to very low levels – as this will instantly reduce the addictive power of the cigarettes reducing the number being caught up in the habit and empowering those who are trapped to break-free from the addiction.

3/ Plain packing for all tobacco products including vaping products.

4/ High taxation and therefore price on all permitted products (as this is the strongest MPOWER measure related to reduction in smoking rates)

- b). Do you have any other comments on this discussion document?

The Minister Hon Dr Ayesha Verrall should be congratulated on this document and the proposals put forward. Within this document are the keys to unlocking a Smokefree Aotearoa. As Respiratory professionals we dream of a day when smoking related lung disease no longer troubles our shores.

There is a great need to encourage real innovation and ensure that implementation of this action plan does not inadvertently create a new addiction to e-cigarettes i.e., all the enforcement for tobacco should also apply to vapes. Billboard advertisement of vaping should be prohibited and more generally “vaping to quit” must continue as the principle with careful monitoring to determine whether youth or long-term adult vaping takes off as the Smoke Free 2025 plan is enacted.

Submission form

Your details

This submission was completed by: (name)

Email:

Phone number:

Organisation (if applicable):

Organisation address: (street/box number)
(town/city)

Role (if applicable):

Additional organisation information

I am, or I represent an organisation that is, based in:

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I am, or I represent, a: (tick all that apply)

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| <input type="checkbox"/> Research or academic organisation – eg university, research institute | <input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture |
| <input checked="" type="checkbox"/> Other (please specify): <input type="text" value="Regional Government"/> | |

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Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Consultation questions

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Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

No comment

- b). What action are you aware of in your community that supports Smokefree 2025?

No comment

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

No comment

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

No comment

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

No comment

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

No comment

- b). 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:

No comment

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

Yes No

Please give reasons:

No comment

- d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

No comment

- e). 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:

No comment

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

- Yes No

Please give reasons:

No comment

b). Do you support prohibiting filters in smoked tobacco products?

- Yes No

Please give reasons:

Northland Regional Council ("the Council") supports prohibiting filters in smoked tobacco products. The Council has significant concerns about the environmental impact of filters and has recently initiated a project to estimate how much plastic and litter is reaching our rivers and estuaries each year. Together with local partners we have installed 50 LittaTraps in stormwater grates throughout the region and intend to audit the contents of these traps every quarter. We have just completed our first audit and found a total of 4,661 items. The most frequently found item was cigarette butts/filters with a total of 1,439 found (31%). In one stormwater grate, outside Whangārei Hospital, which had only been installed for 57 days, 350 cigarette butts were recorded. That indicates a rate of 6.14 cigarettes butts/filters per day, which would equate to 2,241 cigarette butts/filters each year from just one stormwater grate.

These results indicate that cigarette butts and filters are likely to be a significant source of plastic reaching our rivers, estuaries and coastline. Cigarette butts are made from a plastic – cellulose acetate – which degrades very slowly over time into smaller and smaller pieces and ultimately microplastics. They therefore have the potential to cause damage to the environment and organisms that ingest them for a very long time. In addition, discarded cigarette butts and filters also impact the aesthetics and amenity value of our coast and natural features. Once discarded into the environment cigarette butts and filters are expensive and time consuming to clean up. The cost of removing discarded cigarettes currently falls largely on local authorities.

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

- Yes No

Please give reasons:

No comment

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

No comment

Final questions

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

The Council has only responded to the question regarding the proposal to prohibit filters in smoked tobacco products because of their impact on the natural environment, which falls within our legislative responsibilities. Given that the proposal states that *"Evidence shows filters and associated design features have no effect on reducing the harm from smoking"* and that there are well-established adverse environmental impacts of continuing the use of plastic-based cigarette filters, the Council considers that moving rapidly to prohibit filters would be beneficial. The longer the delay in implementing the proposal the higher the number of filters that will be discarded and the greater the impact on the environment and the costs associated with their clean up and recovery. Therefore, the Council believes that the proposal to prohibit filters in smoked tobacco products should be a high priority.

b). Do you have any other comments on this discussion document?

If the proposal to prohibit cigarette filters is not implemented, or there is a delay in implementing this proposal, a tax or levy on filters should be considered to cover the cost of clean-up and recovery of discarded cigarette butts and filters from the environment. Consideration should also be given to mandatory labeling, so that consumers are fully aware that they contain plastic and must be diverted to landfill.

1 Submission form

1 Your details

This submission was completed by: (name)

Email:

Phone number:

Organisation (if applicable):

Organisation address: (street/box number)

(town/city)

Role (if applicable):

2 Additional organisation information

I am, or I represent an organisation that is, based in:

New Zealand Australia Other (please specify):

I am, or I represent, a: (tick all that apply)

- | | |
|--|---|
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| <input type="checkbox"/> Research or academic organisation – eg university, research institute | <input checked="" type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture |
| <input type="checkbox"/> Other (please specify): <input type="text" value="Click or tap here to enter text."/> | |

3

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- 65 +
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- Other Ethnicity (*please specify*):
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2 Consultation questions

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1 Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

Inclusion and consultation. Effectively Maori being involved and consulted with in all facets of its operation.

- b). What action are you aware of in your community that supports Smokefree 2025?

Quitline, Te Ha Waitaha Smoke Stop.

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

More availability of smoke stop services locally. More funding for services. National awareness campaigns.

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

More research into smoking alternatives and support programs. With NZ wanting to achieve a smokefree 2025 both of these will need to be implemented effectively in order to attain this goal.

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

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

Licensing will provide a procedural structure for stores.

- b). 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:

Less retailers means less availability and less access by non-smokers..

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

Yes No

Please give reasons:

That way these sales can be overseen by people with the understanding of smoking cessation..

- d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

This will stop young people from ever taking up smoking.

- e). 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:

Focus area 3: Make smoked tobacco products less addictive and less appealing

- a). Do you support reducing the nicotine in smoked tobacco products to very low levels?
x Yes No

Please give reasons:

Less nicotine should reduce the need for smoking.

- b). Do you support prohibiting filters in smoked tobacco products?
x Yes No

Please give reasons:

Anything to reduce the desirability of smoking.

- c). Do you support allowing the Government to prohibit tobacco product innovations through regulations?
x Yes No

Please give reasons:

To ensure 'big tobacco' doesn't just replace it with something else.

1

2 Focus area 4: Make tobacco products less affordable

- a). Do you support setting a minimum price for all tobacco products?
x Yes No

Please give reasons:

Setting a high minimum price should reduce the number of current smokers.

3 Final questions

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

Licensing and restrictions on where tobacco can be sold. Reducing who can sell it, and where they can sell it, will reduce the number of smokers. Licensing will also require more accountability on the part of stores.

- b). Do you have any other comments on this discussion document?

No.

Submission form

Your details

This submission was completed by: (name) University of Auckland

Email:

Phone number:

Organisation (if applicable):

Organisation address: (street/box number) (town/city)

Role (if applicable):

Additional organisation information

I am, or I represent an organisation that is, based in:

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Protection from commercial and other vested interests of the tobacco industry

New Zealand has an obligation under Article 5.3 of the World Health Organisation 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, all respondents are asked to disclose whether they have any direct or indirect links to, or receive funding from, the tobacco industry.

Please provide details of any tobacco company links or vested interests below.

None. ASH does not, and has not ever had any commercial or vested interest in tobacco companies, or manufacturers of nicotine products. This includes e-cigarettes, oral products and pharmacological nicotine.

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Consultation questions

The Ministry of Health is seeking comments on the following proposals for a smokefree Aotearoa 2025. You can find more information about these proposals in the discussion document which can be downloaded from -

<https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>.

Focus area 1: Strengthen the tobacco control system

Overview

I appreciate the opportunity to comment on the draft Smokefree 2025 plan. I also commend the commitment of the government to consult on the actions required to achieve a *Smokefree 2025*.

I am a public health practitioner and have been involved in tobacco control for some decades. Research I have been involved with showed the impact of smoking on the chronic diseases, particularly heart disease and stroke in New Zealand. At the international level, I was a former director of NCD surveillance at WHO and was working during the early negotiations around the development of the FCTC.

In the 10 years since the 2011 the *Smokefree 2025* goal was first adopted, I am concerned at the lack of urgency given to the most readily preventable cause of ill health and death. Worse, a greater proportion of cigarette smokers are now Māori, Pasifika or in the two lowest decile socio-economic groups; these cigarette smokers are, through no fault of their own, caught in the poverty trap.

Smoking, specifically burning tobacco to access nicotine, is a major cause of inequity and we have reached a point where further increases in the cost of cigarettes would be punitive. Equity therefore needs to be a key focus of the plan with measurable outcomes showing the improvements in quitting cigarette smoking among the 500,000 adult smokers, Particularly the 250,000 who are the most vulnerable.

In my view, there are a few key actions to the success of the proposed plan. In summary:

- Do what is achievable now, in the short term, keeping **Smokefree 2025** as the benchmark against which all policies and interventions are measured and focus on

those interventions which will have the biggest impact on current smokers in enabling them to quit in favour of less harmful nicotine delivery devices and products;

- be prepared for any negative consequences of any aspect of suggested interventions, particularly those which could see an increase in access to illicit trade in cheap cigarettes which is a recent, and growing phenomenon;
- ensure that the focus is on the health of smokers, rather than being anti-smoking; and place quitting smoking for those who have nicotine dependence at smoke at the centre; smokers must be the beneficiaries of tobacco control;
- ensure that the greatest share of the resources and policy efforts are directed at increasing the quit rate as this is where the greatest impact on health gains will be made.

In practical terms, these principles require the following in the first instance:

- ensure that substantial funds are targeted towards social marketing campaigns to create widespread public support for Smokefree 2025 and simple information encouraging wider accessibility to the use of less harmful alternatives to cigarette smoking.
- ensure the health system supports all smokers to quit, and / or assist them switch to less harmful alternates; cigarette smokers discharged from hospital or identified in primary health care should be a prime starting point; and
- investigate options to penalise tobacco companies selling combustible tobacco and encourage the transition of the market to much less harmful nicotine.

a). What would effective Māori governance of the tobacco control system look like?

One in five deaths among Māori are related to cigarette smoking; and cigarettes are a leading cause of health inequities with significant social and economic burdens for Māori.

Since all systems – social welfare, education, housing, health etc - have a role in addressing the impact of smoking tobacco, accountability for Māori smoking and health needs to be incorporated into all state funded services and providers serving Māori populations.

Health system governance should have overall accountability for reducing smoking

c). What do you think the priorities are for research, evaluation, monitoring and reporting?

- Monitoring the impact on low income, Māori and Pacific populations
- Monitoring unintended consequences
- Measuring the number of successful quits
- Undertaking regular monitoring to evaluate and refine approaches to reducing smoking and their impact on priority populations.
- Monitoring the distribution and access to tobacco through a licensing scheme and use of current tobacco returns to allow for more accessible use of this data to monitor trends in volumes released for sale.
- Increasing the overall monitoring and reporting on illicit tobacco, from customs and from supply at the community level

d). What else do you think is needed to strengthen New Zealand's tobacco control system?

All actions related to the Smokefree 2025 should demonstrate how they will contribute to this goal; this will require a set of clear criteria against which to test policies and actions to increase quitting rates.

Make tobacco control an all of government responsibility, with accountability built in

Focus area 2: Make smoked tobacco products less available

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

Yes No

- It would allow the sales and distribution of tobacco products to be monitored and would set the conditions under which tobacco products can be manufactured, imported, distributed and sold.
- Note – whether a register of licensing scheme, it should function to monitor and mitigate against illicit trade.

b). 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

- Reducing retail availability of smoked cigarettes may contribute to reducing smoking rates
- This would address the current imbalance between access to tobacco and the availability of less harmful alternates that can help people to stop smoking.
- c). Do you support reducing the retail availability of tobacco by restricting sales to a limited number of specific store types (eg, specialist R18 stores and/or pharmacies)?

Yes,

No

There needs to be a better balance and focus on older smokers who must be able to access legal tobacco sales wherever they live.

Restrictions to R18 could favour alternate illicit sources of tobacco

d). Do you support introducing a smokefree generation policy?

Yes **No**

- The impact of this policy Smokefree2025 would be limited, and would public support.
- It could encourage and enable illicit sales.
- Smoking in this age range in NZ is very low, around 3%.

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes **No**

- Too punitive and would take too long to have a real impact on Smokefree 2025.
- Managing nicotine withdrawal is already hard and forced abstinence could be seen as unethical.
- Impractical – trade issue would be problematic

b). Do you support prohibiting filters in smoked tobacco products?

Yes **No**

- For environmental reasons, In the long term, yes, but not in the foreseeable 4 years. .

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

Yes **No**

Although this measure should not be used a mechanism to stop innovation of alternate and less harmful products, including heated tobacco devices.

Rather, increase the scope to limit smoked tobacco brand variants, pack sizes, and product naming protocols.

Focus area 4: Make tobacco products less affordable

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

Yes **No**

This would be to the advantage of the tobacco industry

Final questions

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

In summary:

- Do what is achievable now, in the short term, keeping **Smokefree 2025** as the benchmark against which all policies and interventions are measured and focus on those interventions which will have the biggest impact on current smokers in enabling them to quit in favour of less harmful nicotine delivery devices and products;
- be prepared for any negative consequences of any aspect of suggested interventions, particularly those which could see an increase in access to illicit trade in cheap cigarettes which is a recent, and growing phenomenon;
- ensure that the focus is on the health of smokers, rather than being anti-smoking; and place quitting smoking for those who have nicotine dependence at smoke at the centre; smokers must be the beneficiaries of tobacco control;
- ensure that the greatest share of the resources and policy efforts are directed at increasing the quit rate as this is where the greatest impact on health gains will be made.

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- ensure the health system supports all smokers to quit, and / or assist them switch to less harmful alternates; cigarette smokers discharged from hospital or identified in primary health care should be a prime starting point; and
- investigate options to penalise tobacco companies selling combustible tobacco and encourage the transition of the market to much less harmful nicotine.

Submission form

Your details

This submission was completed by: (name)

Email:

Phone number:

Organisation (if applicable):

Organisation address: (street/box number)
(town/city)

Role (if applicable):

Additional organisation information

I am, or I represent an organisation that is, based in:

- New Zealand Australia Other (please specify):

I am, or I represent, a: (tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Personal submission | <input checked="" type="checkbox"/> Healthcare provider e.g., Primary Care provider, stop smoking provider |
| <input checked="" type="checkbox"/> Community or advocacy organisation | <input type="checkbox"/> Professional organisation |
| <input type="checkbox"/> Iwi/Hāpu affiliated, and/or Māori organisation | <input type="checkbox"/> Tobacco manufacturer, importer or distributor |
| <input type="checkbox"/> Pacific community or organisation | <input type="checkbox"/> Retailer – small, for example a dairy or convenience store |
| <input type="checkbox"/> Government organisation | <input type="checkbox"/> Retailer – medium or large, for example supermarket chain or petrol station |
| <input type="checkbox"/> Research or academic organisation – e.g., university, research institute | <input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture |
| <input type="checkbox"/> Other (please specify): <input type="text" value="Click or tap here to enter text."/> | |

Additional statistical information

These questions are not mandatory. We are asking for information, including age and ethnicity information solely for the purposes of helping us to analyse submissions.

Age:

- Under 18
- 18 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 +
- Not applicable / prefer not to say

Ethnicity/Ethnicities I identify with:

- New Zealand European
- Māori
- Pacific Peoples
- Asian
- Other European
- Other Ethnicity *(please specify):*
Click or tap here to enter text.
- Not applicable / prefer not to say

Privacy

We intend to publish the submissions from this consultation, but **we will only publish your submission if you give permission**. We will remove personal details such as contact details and the names of individuals.

If you do not want your submission published on the Ministry's website, please tick this box:

- Do not publish this submission.

Your submission will be subject to requests made under the Official Information Act (even if it hasn't been published). If you want your personal details removed from your submission, please tick this box:

- Remove my personal details from responses to Official Information Act requests.

Commercial interests

Do you have any commercial interests?

- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products
- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products

Commercially sensitive information

We will redact commercially sensitive information before publishing submissions or releasing them under the Official Information Act.

If your submission contains commercially sensitive information, please tick this box:

- This submission contains commercially sensitive information.

If so, please let us know where.

Click or tap here to enter text.

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Click or tap here to enter text.

Please return this form:

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By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Consultation questions

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<https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>.

Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

After attending Tupeka Kore National Maori Hui we were able to consult with many Maori Leaders within the tobacco control space, from our consultation we were able collectively identify key focuses for Smokefree 2025 action plan Proposal regarding Maori governance. It was identified that Maori leadership and governance should have an established taskforce, which could be made up of 5 members to govern, oversee and advocate the achievement of Smokefree 2025 goals, laid out by and for Maori. Potentially Taskforce would be Chaired by Dame Tariana Turia, Minister of Health, a 2nd appointed Minister and 2 sector appointees at all times a minimum of 2 members of said task force shall be Maori. Ministry of Health to provide support to The Task Force by way of research analysis and other resource deemed necessary. Taskforce Chair to advocate and attend Government department hui related to the betterment of Maori Health. Maori Governance outline achieving Smokefree 2025 by prioritising Maori and Pasifika in all planning at all levels, to disestablish current campaigns and develop specific Maori Strategies and Campaigns that will be refined and reviewed regularly leading up to 2025. Strong advocacy to phase out tobacco retailers and then vape retailers leaving only approved medical retailers after 2025. Reduction in nicotine and flavours for all tobacco and vape products. Increase budget from tobacco tax for Tobacco Control to 10% and then annual 5% increase yearly up to 2025. To develop a case and sue Big Tobacco for all harms of their products and historic, current and future Tobacco Related death, (similar to the U.S case against big Tobacco) To set specific Tax for big tobacco – not necessarily Retailer leading to SF 2025.

- b). What action are you aware of in your community that supports Smokefree 2025?

With a total of 67 district councils across the Motu, the Whanganui District Council (WDC) with support of the Whanganui DHB (WDHB) and other community stakeholders, was one of the first of 64 councils in New Zealand to form a Smokefree and Vape free policy for council owed spaces. This includes the entire Central Business District (CBD), playgrounds, green spaces, transport hubs, social housing, beach and river ways, sports grounds and civic spaces. We are also one of 37 Councils

to adopt a Smokefree and Vape free outdoor dining policy.
At a local governance level, these policies are difficult to enforce, therefore, we advocate for Smokefree and Vape free public outdoor spaces and outdoor dining spaces to be included as part of all National Smokefree Legislation.
We are focussed on supporting our hāpu mama and high needs populations, including Maori, Pasifika and rangatahi. We have public health initiatives that raise awareness around the harms of smoking and the benefits of Smokefree 2025 with our people, this includes hāpu mama support groups and harakeke wananga, whanau ora support for stop smoking service users, as well as working alongside rangatahi services to provide support for staff and pupil to raise awareness on the harms of tobacco smoking, nicotine addiction and the benefits of a Smokefree 2025. These are just a few of our community level actions that are taking place throughout our rohe.

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

The WDHB believe to strengthen community action, Smokefree and Vape free public outdoor spaces and outdoor dining spaces need to be included as part of all National Smokefree Legislation. This will strengthen current local laws and allows for more enforcement capacity of our local Smokefree Bylaw. This will also then be role-modelled on a national scale, setting a precedent leading up to Smokefree 2025.

We advocate strongly for a refocus and increase of all tobacco control resourcing and financial capacities for our priority populations i.e., Maori, Pasifika, wahine and rangatahi lead initiatives and campaigns. This includes stop smoking support services, public health promotion, primary care services and all community lead initiatives.

To strengthen community action, campaigns and initiatives must include advocacy for the reduction of tobacco smoke harm on our communities by addressing the availability of tobacco products, particularly in our most vulnerable communities.

We must also advocate for the protection of our tamariki and rangatahi from the normalisation of initiation of smoking and vaping, keeping our next generation Smokefree and Vape free. We agree and understand the cessation purposes of vaping as harm-reduction model and the benefits of vaping to quit, but believe vaping needs multifaceted approach i.e., Vape to quit tobacco smoking and stopping the normalisation of vaping initiation among tamariki and rangatahi. Our current approach is one-sided and needs wider scope to meet the needs of our young. We cannot have one without the other if we truly want to strengthen our approach, protect our communities and achieve Smokefree 2025, without harmful repercussions of our next generation becoming heavily addicted to nicotine.

We know that Maori and Pasifika still have a higher prevalence of smoking rates and smoking related illness and death compared to non-Maori. The WDHB are strong advocates for equity and reducing the inequity in health outcomes for our Maori and Pasifika. We believe in building resilient communities, empowering whānau and individuals to determine their own wellbeing. Therefore, we believe our priority populations should be included at all levels of tobacco control planning and strategy development. We advocate this in our He Hapori Ora - thriving communities' values

document.

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

Priorities mentioned above are key areas of focus, that we believe need to be regularly monitored, evaluated and researched.

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

As mentioned in focus area 1, questions A, B and C are areas we strongly believe are needed to strengthen our tobacco Control system.

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

Yes, we agree

- b). 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:

The WDHB agree that introducing a licencing scheme for all smoked tobacco product retailers and a phase-out process on all smoking tobacco product retailers, beginning with reduction of retailers based on population size and density.

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

Yes No

Please give reasons:

The WDHB agree that smoked tobacco product regulation should always be more stringent than that applied to vaping products because of the proportionately greater harm caused by smoked tobacco products. We strongly advocate for pharmacies to take on the retail availability of tobacco and vaping products in a phase in and out system. This may look like tobacco products being the first phased into pharmacies followed by Vaping products. Then, following on to tobacco products being phased out completely.

- d). Do you support introducing a Smokefree generation policy?

Yes No

Please give reasons:

Yes, we believe to keep our Tamariki safe and protected from the harms caused by smoking tobacco a Smokefree generation policy could potentially achieve a safer, healthier generation.

e). 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:

Click or tap here to enter text.

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

Yes, we agree in the reduction of nicotine levels in smoked tobacco. We also want to advocate for further regulation of nicotine levels in vaping liquid. There is potential for those who vape to become heavily addicted to vaping, particularly if vaping juice has the potential to have higher concentrated levels of nicotine than smoked tobacco products.

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

Yes, we are in support. Tobacco cigarette filters do little to nothing in being a preventative or lessening any harmful chemicals passing through to our body. Therefore, this product could be seen as a tobacco profit purpose product. It could be used as a marketing ploy, prohibiting filters could stop any potential for future altering to contain small nicotine cartridges or developing them to hold extra nicotine.

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

Yes No

Please give reasons:

Click or tap here to enter text.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

We agree, however, we also advocate for more percent of tobacco retail tax to be allocated to tobacco control resources, campaigns, initiatives and strategies. We propose an increase tobacco control funding to 10% and then a 5% increase annually leading up to Smokefree 2025.

Final questions

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

Firstly, we the WDHB strongly advocate for the de-normalisation of smoking and particularly vaping initiation among tamariki and rangatahi. That more resource be put into preventative messaging.

Secondly, we agree that reduction in availability is a priority, as we know Tobacco companies have targeted our most vulnerable and have led to the massive inequalities in health outcomes amongst our Maori and Pasifika compared to non-Maori.

Thirdly, and most importantly the importance of fostering values of equity and striving to reduce inequities amongst our people. Building resilient communities, empowering whānau and individuals to determine their own wellbeing, therefore, if we want to achieve Smokefree 2025, we must include and prioritize Maori and Pasifika at all levels of tobacco control planning.

b). Do you have any other comments on this discussion document?

Click or tap here to enter text.

Smokefree Aotearoa 2025 Action Plan

Your details

This submission was completed by: (name)

Email:

Phone number:

Organisation (if applicable):

Organisation address: (street/box number)
(town/city)

Role (if applicable):

I represent, a: (tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Personal submission | <input type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
| <input type="checkbox"/> Community or advocacy organisation | <input type="checkbox"/> Professional organisation |
| <input type="checkbox"/> Iwi/Hāpu affiliated, and/or Māori organisation | <input type="checkbox"/> Tobacco manufacturer, importer or distributor |
| <input type="checkbox"/> Pacific community or organisation | <input type="checkbox"/> Research or academic organisation – eg university, research institute |
| <input type="checkbox"/> Government organisation | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Other (please specify): | |
| <input checked="" type="checkbox"/> I do not have any commercial interests in tobacco or vaping products | |

If you do not want your submission published on the Ministry's website, please tick this box:

- Do not publish this submission.

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By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

New Zealand banned smoking in places such as workplaces and schools in 1990. In 2004, the Government extended this ban to cover all indoor public places. We now need this to extend to include more outdoor public places, such as dining and hospitality areas, in line with other countries. Currently, this is not included in the Smokefree 2025 Action Plan and we would like to see it added.

Legislating smokefree outdoor public spaces provides a level playing field for all New Zealanders regardless of what local authority they live in, supports those trying to stop smoking and provides positive role modelling behaviour to our tamariki.

There is strong public support for **Smokefree Outdoor Dining**. With 31 of the 67 councils in New Zealand currently offer some form of smokefree outdoor dining.¹

The Nelson Tasman Fresh Air Project took place in 2017/2018. The Fresh Air Project is an initiative supporting hospitality venues to have outdoor dining areas that are totally smokefree.

- 96% of customers who completed feedback supported smokefree outdoor dining areas (n. 379).
- 73.5% stated that they would be more likely to visit the venue again because of the smokefree outdoor dining area
- 94.7% (18 out of 19) of respondents stated they would continue to have 100% smokefree outdoor dining areas at their venues and the other venue will continue to have one smokefree outdoor dining area.
- 86% of cafes in Nelson/Tasman would recommend smoke free outdoor dining to other hospitality venues.

People trying to quit smoking need places where being smokefree is normal, and international evidence indicates that smokefree outdoor hospitality areas increase quitting attempts and reduce relapses.^{2 3}

We support legislation for **Smokefree Outdoor Dining** in cafes, restaurants, bars, pubs and other hospitality/licenced venues.

We do not support designated smoking areas within these hospitality venues as they are not supportive of those trying to quit smoking, do not role model positive behaviours to our tamariki and create further obstacles to achieve SF2025.

-
- 1 <https://www.smokefree.org.nz/smokefree-resources/maps-of-nz-councils-smokefree-outdoor-policies-and-spaces>
 - 2 Zablocki RW, Edland SD, Myers MG, Strong DR, Hofstetter CR, Al-Delaimy WK. Smoking ban policies and their influence on smoking behaviors among current California smokers: a population-based study. *Prev Med* 2014;59:73-8.
 - 3 Chaiton M, Diemert L, Zhang B, Kennedy RD, Cohen JE, Bondy SJ, Ferrence R. Exposure to smoking on patios and quitting: a population representative longitudinal cohort study. *Tob Control* 2016;25:83-8.

Smokefree Aotearoa 2025 Action Plan

Community | Consultation submission

Your details

This submission was completed by: (name)

Email:

Phone number:

Organisation (if applicable): Eastern Bay of Plenty Smokefree Coalition

Organisation address: (street/box number)
(town/city)

Role (if applicable):

Additional organisation information

I am, or I represent, a: (tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Personal submission | <input type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
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| <input type="checkbox"/> Government organisation | <input type="checkbox"/> |
| <input type="checkbox"/> Other (please specify): | |

I do not have any commercial interests in tobacco or vaping products

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By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013,
Wellington 6140.

Introduction & Background

Traditionally, Māori did not smoke. However, when tobacco was introduced to New Zealand in the 18th century that changed quickly. Smoking has been particularly damaging for Māori, who have higher smoking rates and higher rates of death and tobacco-related illness than non-Māori.

Māori daily smoking prevalence in 2019/20 was 28.7% (145,000 smokers) and current smoking prevalence 31.4% (158,000 smokers).

Māori were three times more likely than non-Māori to be daily smokers.

The absolute difference in daily smoking prevalence between Māori and European/others narrowed by only 3.9% (from 23.7% to 19.8%) between 2011/12 and 2019/20.

The daily smoking rate for Māori adults is 28.7%.

Māori were 2.77 times as likely to be current smokers, and Māori women were 3.6 times as likely to be current smokers, than their non-Māori counterparts, after adjusting for age, and gender.

Māori smokers are the youngest to start smoking, at just over 14-years-old on average.

As highlighted in the 2018 Eastern Bay of Plenty's Vital Signs report the prevalence of smoking is higher in the Eastern Bay of Plenty region compared to New Zealand Overall. It is for these reasons we; the Eastern Bay of Plenty Smokefree Coalition is determined to see the reduction of smoking in our region with the decline of vape use particularly among rangatahi who have never smoked before.

The Eastern Bay of Plenty Smokefree Coalition is made up of the following agencies and community organisations/services that aim to reduce smoking initiation, support whanau to quit, and, or to provide support to people suffering from tobacco related illnesses. Members include 'Hapainga' our Stop Smoking Service for the whole of the Bay of Plenty region, Bay of Plenty District Health Board, Toi Te Ora Public Health, Eastern Bay Primary Health Alliance, Healthy Families East Cape, Ngai Tai Iwi Health Authority, Te Puna Ora o Mataatua Charitable Trust, Te Tohu Ora o Ngati Awa, Tuwharetoa ki Kawerau, Education & Social Services, Te Pou Oranga o Te Whakatohea, Te Runanga o te Whanau a Apanui, East Bay REAP, and the Cancer Society.

Consultation questions

Focus area 1: Strengthen the tobacco control system

a). **What would effective Māori governance of the tobacco control system look like?**

Māori-led governance to be based on an **overarching Te Tiriti o Waitangi framework** and must oversee the strategic direction of the tobacco control programme. Effective Māori governance will involve all tobacco control approaches being informed by, and responsive to, Māori health aspirations. Given Māori carry the greatest burden of tobacco related harm the tobacco control programme should transfer to the Māori Health Authority. Māori-led governance of tobacco control activities will hold the Government to account for its responsibilities under Te Tiriti o Waitangi. The Māori Governance Group should include members with a diverse range of backgrounds and experience including smoking cessation, policy analysis, Mātauranga, community engagement, rangatahi and youth development, and an understanding of population health and the social determinants of health.

For effective Maori governance there must also be Maori governance at local and regional levels, with budget and resources to match.

b). **What action are you aware of in your community that supports Smokefree 2025?**

64 of the 67 Councils in New Zealand have some form of a smokefree policy for council-owned **Outdoor Public Spaces** – green spaces like parks, playgrounds, reserves and sports grounds, CBD and Civic spaces, events, council-owned buildings and social housing, transport hubs, to beaches, rivers and lakes. These local smokefree outdoor policies are inconsistent across local authorities and largely unenforceable. Legislating smokefree outdoor public spaces provides a level playing field for all New Zealanders regardless of what local authority they live in, supports those trying to stop smoking and provides positive role modelling behaviour to our tamariki.

There is strong public support for **Smoke free Outdoor Dining**. With 31 of the 67 councils in New Zealand currently offer some form of smokefree outdoor dining¹.

Councils and Local Government New Zealand requested that the government develop and implement legislation to prohibit smoking outside cafes, restaurants and bars in 2015. Many jurisdictions in similar countries (Australia, Canada, and the USA) have long had effective laws for various types of

smokefree outdoor areas. People trying to quit smoking need places where being smokefree is normal, and international evidence indicates that smokefree outdoor hospitality areas increase quitting attempts and reduce relapses^{2 3}.

Additional comments:

A large majority of marae in the Eastern Bay of Plenty are Auahi Kore however there is a few that have reverted to smoking status.

The Eastern Bay Smokefree Coalition is made up of the following groups, the local stop smoking provider (Hapainga), health promoters, non-government organisations, smokefree coordinators, whanau ora representatives and a smokefree enforcement officer.

The coalition collaborates to support events such as World Smokefree Day Stoptober and to identify ways of increasing engagement with target populations. Also, verbal, and oral submissions to local and central government ie Opotiki educational smokefree outdoor spaces, Whakatane smokefree council open spaces policy and Kawerau smokefree public place and the auditing of recreational parks and playground smokefree signage.

There needs to be simplified parameters defining what is and what does not constitute smokefree outdoor spaces provided to alcohol and food outlets.

c). What is needed to strengthen community action for a Smokefree 2025?

We support legislation for **Smokefree Outdoor Public Spaces** - green spaces like parks, playgrounds, reserves and sports grounds, CBD and Civic spaces, events, council-owned buildings and social housing, transport hubs, to beaches, rivers and lakes.

Yes No

We support legislation for **Smokefree Outdoor Dining** in cafes, restaurants, bars, pubs and other hospitality/licenced venues. We do not support designated smoking areas within these hospitality venues as they are not supportive of those trying to quit smoking, do not role model positive behaviours to our tamariki and create further obstacles to achieve SF2025.

Yes No

Additional comments:

Strengthening community action by acknowledging and supporting Te Tiriti o Waitangi aspirations, not the Treaty of Waitangi and not the principles of the Treaty of Waitangi.

c). What do you think the priorities are for research, evaluation, monitoring and reporting?

Additional comments:

Research and Evaluate our government's response to our Smokefree Aotearoa 2025 goal it appears the government of the day supports the tobacco industry

at the expense of whanau living in the Eastern Bay of Plenty and the rest of Aotearoa.

Our Government's response and acceptance of this has led to the tobacco industry targeting vulnerable whanau (often rangatahi) with an addictive product and yet the problem becomes the individual's.

d). What else do you think is needed to strengthen New Zealand's tobacco control system?

Additional comments:

Stop smoking, Smokefree Enforcement and Prevention to be aligned as one approach (Tobacco Control) and Not operating in individual silo's

Focus area 2: Make smoked tobacco products less available

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

We support the establishment of a tobacco retailer licencing scheme. Licencing is a pre-requisite for reducing tobacco retail availability, providing a tool to identify and manage retailer numbers⁴. Tobacco retailer licencing with annual fee increases has achieved tobacco outlet reduction in South Australia⁵. However, a licencing scheme alone will not reduce retailer numbers sufficiently to affect population health. The Government must therefore introduce additional measures to bring about a meaningful reduction in tobacco retailer numbers.

Yes No

We support licences for tobacco retailers that *specifies operating conditions*, where tobacco could be sold:

- staff training in stop smoking support,

Yes No

- annual reporting requirements,

Yes No

- density and proximity measures

Yes No

We support a *limited number of licenses* are awarded upon application provided the retailer successfully meets the licensing requirements.

Yes No

We support a *licensing fee* set greater than that for specialist vape retailers to signal the greater harm of cigarettes and help cover the costs of monitoring, enforcement, education and training of new tobacco retailers.

Yes No

We support a regulatory body being set up (or extend regulatory powers to an existing agency) to manage the market as has been established for vaping retailers (the Vaping Authority) and was proposed for cannabis retailers⁶.

Yes No

We ask that the communities would be able to have their say on tobacco retailer licence applications within their local area.

Yes No

Additional comments:

Our preference is: **Tobacco and Vape products to be only sold at Pharmacies through doctor's prescription.**

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

Our preference is: **Tobacco and Vape products to be only sold at Pharmacies through doctor's prescription**

We support reducing the number of retail outlets to around 5% of the current number (i.e., from around 6000 to 300).

Yes No

We support reducing tobacco retail outlets based on population size and density.

Yes No

We support a set a maximum number of licenses to be issued nationally.

Yes No

We support introducing a cap of no more than one tobacco retailer in an area of 10,000 residents.

Yes No

We support no tobacco retailers are permitted within 1-km of a school.

Yes No

We support a sinking lid on licenses, whereby a license cannot carry across with the sale, relocation or change of ownership of an existing licensed retailer.

Yes No

We require that no tobacco retailer is within a 4 km radius of another specialist tobacco retailer.

Yes No

We support a progressive phasing out of tobacco retailers over a 12-month period.

Yes No

- We would like to see **dairies/convenience** stores stop selling tobacco within: **6-months** 12-months
- We would like to see **petrol stations** stop selling tobacco within: **6-months** 12-months
- We would like to see **liquor outlets** and other retailers stop selling tobacco within: **6-months** 12-months
- We would like to see **supermarkets** stop selling tobacco within: **6-months** 12-months

Additional comments:

Tobacco and Vape products to be only sold at Pharmacies through a doctor's prescription

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

We support restricting tobacco sales to '*age restricted*' **specialist stores**. This approaches will ensure that a 'level playing field' is maintained for the main existing retail outlets (dairies, convenience stores, service stations and supermarkets), none of which would be allowed to sell tobacco products.

Yes No

Additional comments:

We support that tobacco and vape products only be prescribed by a GP toward an individual's quitting journey shared with their whanau.

- d). **Do you support introducing a smokefree generation policy?** Anyone born after 1 January 2004 will never be able to lawfully buy tobacco products.

Yes

Additional comments:

Wouldn't it be wonderful if our mokopuna could grow up in an Auahi Kore/ Tupeka Kore Nation? That is the legacy we want to leave for them.

Focus area 3: Make smoked tobacco products less addictive and less appealing

- a). **Do you support reducing the nicotine in smoked tobacco products to very low levels?**

Currently the contents - what goes into tobacco product, is unregulated. The consequence is that tobacco products are now highly addictive, palatable and appealing (e.g., with high nicotine content and added sugar and flavourings).

The tobacco industry and researchers and have long known that nicotine is the main cause of the addictiveness of smoking. Reducing the nicotine content to minimal or no nicotine in tobacco products reduces the addictiveness of smoked tobacco products and is likely to markedly reduce uptake, increase quitting and greatly lower smoking prevalence.

Reducing nicotine content could also support people who smoke to quit, and decrease relapse among people who are trying to quit smoking.

Yes No

- b). **Do you support prohibiting filters in smoked tobacco products?**

Filter tips feature on almost every mass-produced cigarette smoked across the globe. Filters first appeared in the 1860s as an attempt to protect against tobacco flakes entering the mouth. Modern cellulose acetate cigarette filters were introduced in the 1950s to alleviate public concerns about smoking-related lung cancer.

The overwhelming majority of research shows that filters do not reduce the harms associated with smoking. In fact, filters may increase the harms caused by smoking by enabling smokers to inhale smoke more deeply into their lungs. Furthermore, toxic fibres shed from the cut end of the filter are inhaled and ingested by smokers.

Cigarette filters are an environmental hazard and are among the 10 most common plastics in the world's oceans. Every year, an estimated 4.5 trillion cigarette filters, commonly made of cellulose acetate - a plastic, are deposited into the environment⁷. While designing filters from alternative, less environmentally harmful, components may seem an appropriate compromise, this measure would likely further mislead smokers. For example, it would encourage them to view discarded butts as harmless, even though toxic chemicals would still be leached into the environment. Further, biodegradable filters would still lead consumers to believe that filters made cigarette less harmful. We support prohibiting filters in smoked tobacco products.

Yes No

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

Prohibiting the use of filters will also remove product innovations such as capsules or 'crush balls' that can contain flavoured beads which when popped change the taste of the cigarette. While most capsule variants offer menthol or mint flavours, fruit flavours are increasingly common, as have cigarettes with two differently flavoured capsules in the same filter. We support prohibiting all and any product innovation.

Yes No

Flavourings can further contribute to the appeal of tobacco products. We also support the removing of additives and flavourings like menthol, which may enhance the palatability and appeal of tobacco products.

Yes No

Additional comments:

Government prohibits the sale of Tobacco and Vape products by 2025

Focus area 4: Make tobacco products less affordable

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

We support a Minimum Price Policy (MPP) which typically requires cigarette retailers to charge a minimum retail price for tobacco, this minimum price for all cigarettes prohibits discounts to consumers and retailers. This would prevent price shifting and

discounting tactics designed to keep people who smoke from consuming large volumes and thus sustaining heavy addictions.

Yes No

Additional comments:

Currently the government increases tobacco excise taxes annually however how much of the tobacco excise tax money goes back into tobacco control budget. Government receives more than 2.1 billion annually with approximately \$36 million targeted for tobacco control this is unjust and unequitable particularly for Maori health.

Focus area 5: Enhance existing initiatives

a). Increase investment in mass and social media campaigns

We support increased investment in evidence-based mass media campaigns including social media and would encourage the addition of complementary localised content to campaigns. **A particular focus on culturally appropriate media for Māori and Pacific peoples is required.**

Yes No

Additional comments:

Again, with a particular focus on Auahi Kore / Tupeka Kore Aotearoa 2025

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

Demand for Stop Smoking Services will also increase as additional measures are put in place to reduce the availability and appeal of tobacco as part of the Smokefree 2025 Action Plan. We support increasing investment in stop smoking services alongside improving access to prescription medications – all nicotine replacement therapy products should be subsidised (e.g. Inhalator & Quit Mist which is currently unfunded).

Yes No

In order to achieve maximum effectiveness of interventions outlined in the governments SF2025 Action Plan, a supportive compliance and enforcement system needs to be established. This includes having sufficient resourcing at both national and regional levels and clear regulatory direction. We support increased funding to ensure effective retailer compliance and enforcement.

Yes No

Additional comments:

Provide budget for professional development training for Smokefree Coalition representatives and to acknowledge Auahi Kore/ Tupeka Kore community champions

Final questions

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

Te Tiriti o Waitangi to be acknowledged and used as a framework to meet our smokefree Aotearoa 2025 goal Te Tiriti o Waitangi to be acknowledged and used as an **overarching** framework to meet our smokefree Aotearoa 2025 goal

- b). Do you have any other comments on this discussion document?

- The New Zealand Government must be held to account for allowing the Tobacco Industry for deliberately using their products to exploit vulnerable populations.
- The New Zealand Government must be held to account for exploiting the tobacco industry for financial gain **and redirecting a large chunk of that gain towards non-smoking related government funding.**
- Tobacco and Vape products to be sold in Pharmacies only through a GP prescription
- Government prohibits the sale of tobacco products by 2025

-
- 1 <https://www.smokefree.org.nz/smokefree-resources/maps-of-nz-councils-smokefree-outdoor-policies-and-spaces>
 - 2 Zablocki RW, Edland SD, Myers MG, Strong DR, Hofstetter CR, Al-Delaimy WK. Smoking ban policies and their influence on smoking behaviors among current California smokers: a population-based study. *Prev Med* 2014;59:73-8.
 - 3 Chaiton M, Diemert L, Zhang B, Kennedy RD, Cohen JE, Bondy SJ, Ferrence R. Exposure to smoking on patios and quitting: a population representative longitudinal cohort study. *Tob Control* 2016;25:83-8.
 - 4 <https://blogs.otago.ac.nz/pubhealthexpert/reducing-tobacco-retail-availability-how-could-this-be-achieved-and-what-evidence-supports-the-nz-governments-proposals/>
 - 5 Bowden JA, Dono J, John DL, et al. What happens when the price of a tobacco retailer licence increases? *Tob Control* 2014;23(2):178-80. doi: 10.1136/tobaccocontrol-2012-050615 [published Online First: 2013/06/21]
 - 6 <https://ndhadeliver.natlib.govt.nz/webarchive/wayback/20200605065137/https://www.referendums.govt.nz/cannabis-summary.html>
 - 7 Evans-Reeves K, Lauber K, Hiscock R. Tob Control Epub ahead of print: [please include Day Month Year]. doi:10.1136/ tobaccocontrol-2020-056245

Smokefree Aotearoa 2025 Action Plan

Community | Consultation submission

Your details

This submission was completed by: (name) _____
Email: _____
Phone number: _____
Organisation (if applicable): Eastern Bay of Plenty Smokefree Coalition
Organisation address: (street/box number) _____
(town/city) _____
Role (if applicable): _____

Additional organisation information

I am, or I represent, a: (tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Personal submission | <input type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
| <input checked="" type="checkbox"/> Community or advocacy organisation | <input type="checkbox"/> Professional organisation |
| <input type="checkbox"/> Iwi/Hāpu affiliated, and/or Māori organisation | <input type="checkbox"/> Tobacco manufacturer, importer or distributor |
| <input type="checkbox"/> Pacific community or organisation | <input type="checkbox"/> Research or academic organisation – eg university, research institute |
| <input type="checkbox"/> Government organisation | <input type="checkbox"/> |
| <input type="checkbox"/> Other (please specify): | |

I do not have any commercial interests in tobacco or vaping products

If you do not want your submission published on the Ministry's website, please tick this box:

Do not publish this submission.

Your submission will be subject to requests made under the Official Information Act (even if it hasn't been published). If you want your personal details removed from your submission, please tick this box:

Remove my personal details from responses to Official Information Act requests.

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013,
Wellington 6140.

Introduction & Background

Traditionally, Māori did not smoke. However, when tobacco was introduced to New Zealand in the 18th century that changed quickly. Smoking has been particularly damaging for Māori, who have higher smoking rates and higher rates of death and tobacco-related illness than non-Māori.

Māori daily smoking prevalence in 2019/20 was 28.7% (145,000 smokers) and current smoking prevalence 31.4% (158,000 smokers).

Māori were three times more likely than non-Māori to be daily smokers.

The absolute difference in daily smoking prevalence between Māori and European/others narrowed by only 3.9% (from 23.7% to 19.8%) between 2011/12 and 2019/20.

The daily smoking rate for Māori adults is 28.7%.

Māori were 2.77 times as likely to be current smokers, and Māori women were 3.6 times as likely to be current smokers, than their non-Māori counterparts, after adjusting for age, and gender.

Māori smokers are the youngest to start smoking, at just over 14-years-old on average.

As highlighted in the 2018 Eastern Bay of Plenty's Vital Signs report the prevalence of smoking is higher in the Eastern Bay of Plenty region compared to New Zealand Overall. It is for these reasons we; the Eastern Bay of Plenty Smokefree Coalition is determined to see the reduction of smoking in our region with the decline of vape use particularly among rangatahi who have never smoked before.

The Eastern Bay of Plenty Smokefree Coalition is made up of the following agencies and community organisations/services that aim to reduce smoking initiation, support whanau to quit, and, or to provide support to people suffering from tobacco related illnesses. Members include 'Hapainga' our Stop Smoking Service for the whole of the Bay of Plenty region, Bay of Plenty District Health Board, Toi Te Ora Public Health, Eastern Bay Primary Health Alliance, Healthy Families East Cape, Ngai Tai Iwi Health Authority, Te Puna Ora o Mataatua Charitable Trust, Te Tohu Ora o Ngati Awa, Tuwharetoa ki Kawerau, Education & Social Services, Te Pou Oranga o Te Whakatohea, Te Runanga o te Whanau a Apanui, East Bay REAP, and the Cancer Society.

Consultation questions

Focus area 1: Strengthen the tobacco control system

a). **What would effective Māori governance of the tobacco control system look like?**

Māori-led governance to be based on an **overarching Te Tiriti o Waitangi framework** and must oversee the strategic direction of the tobacco control programme. Effective Māori governance will involve all tobacco control approaches being informed by, and responsive to, Māori health aspirations. Given Māori carry the greatest burden of tobacco related harm the tobacco control programme should transfer to the Māori Health Authority. Māori-led governance of tobacco control activities will hold the Government to account for its responsibilities under Te Tiriti o Waitangi. The Māori Governance Group should include members with a diverse range of backgrounds and experience including smoking cessation, policy analysis, Mātauranga, community engagement, rangatahi and youth development, and an understanding of population health and the social determinants of health.

For effective Maori governance there must also be Maori governance at local and regional levels, with budget and resources to match.

b). **What action are you aware of in your community that supports Smokefree 2025?**

64 of the 67 Councils in New Zealand have some form of a smokefree policy for council-owned **Outdoor Public Spaces** – green spaces like parks, playgrounds, reserves and sports grounds, CBD and Civic spaces, events, council-owned buildings and social housing, transport hubs, to beaches, rivers and lakes. These local smokefree outdoor policies are inconsistent across local authorities and largely unenforceable. Legislating smokefree outdoor public spaces provides a level playing field for all New Zealanders regardless of what local authority they live in, supports those trying to stop smoking and provides positive role modelling behaviour to our tamariki.

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smokefree outdoor areas. People trying to quit smoking need places where being smokefree is normal, and international evidence indicates that smokefree outdoor hospitality areas increase quitting attempts and reduce relapses^{2 3}.

Additional comments:

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c). What is needed to strengthen community action for a Smokefree 2025?

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Additional comments:

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c). What do you think the priorities are for research, evaluation, monitoring and reporting?

Additional comments:

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at the expense of whanau living in the Eastern Bay of Plenty and the rest of Aotearoa.

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d). What else do you think is needed to strengthen New Zealand's tobacco control system?

Additional comments:

Stop smoking, Smokefree Enforcement and Prevention to be aligned as one approach (Tobacco Control) and Not operating in individual silo's

Focus area 2: Make smoked tobacco products less available

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

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Yes No

- annual reporting requirements,

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- density and proximity measures

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We ask that the communities would be able to have their say on tobacco retailer licence applications within their local area.

Yes No

Additional comments:

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We require that no tobacco retailer is within a 4 km radius of another specialist tobacco retailer.

Yes No

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Yes No

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Additional comments:

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Additional comments:

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Yes

Additional comments:

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Focus area 3: Make smoked tobacco products less addictive and less appealing

- a). **Do you support reducing the nicotine in smoked tobacco products to very low levels?**

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Yes No

- b). **Do you support prohibiting filters in smoked tobacco products?**

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Yes No

Additional comments:

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Focus area 4: Make tobacco products less affordable

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discounting tactics designed to keep people who smoke from consuming large volumes and thus sustaining heavy addictions.

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Additional comments:

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Additional comments:

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Yes No

Additional comments:

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Final questions

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

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 - 2 Zablocki RW, Edland SD, Myers MG, Strong DR, Hofstetter CR, Al-Delaimy WK. Smoking ban policies and their influence on smoking behaviors among current California smokers: a population-based study. *Prev Med* 2014;59:73-8.
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 - 4 <https://blogs.otago.ac.nz/pubhealthexpert/reducing-tobacco-retail-availability-how-could-this-be-achieved-and-what-evidence-supports-the-nz-governments-proposals/>
 - 5 Bowden JA, Dono J, John DL, et al. What happens when the price of a tobacco retailer licence increases? *Tob Control* 2014;23(2):178-80. doi: 10.1136/tobaccocontrol-2012-050615 [published Online First: 2013/06/21]
 - 6 <https://ndhadeliver.natlib.govt.nz/webarchive/wayback/20200605065137/https://www.referendums.govt.nz/cannabis/summary.html>
 - 7 Evans-Reeves K, Lauber K, Hiscock R. *Tob Control* Epub ahead of print: [please include Day Month Year]. doi:10.1136/ tobaccocontrol-2020-056245

Smokefree Aotearoa 2025 Action Plan

Community | Consultation submission

Your details

This submission was completed by: (name)

Email:

Phone number:

Organisation (if applicable):

Organisation address: (street/box number)
(town/city)

Role (if applicable):

Additional organisation information

I am, or I represent, a: (tick all that apply)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Personal submission | <input type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
| <input type="checkbox"/> Community or advocacy organisation | <input type="checkbox"/> Professional organisation |
| <input type="checkbox"/> Iwi/Hāpu affiliated, and/or Māori organisation | <input type="checkbox"/> Tobacco manufacturer, importer or distributor |
| <input type="checkbox"/> Pacific community or organisation | <input type="checkbox"/> Research or academic organisation – eg university, research institute |
| <input type="checkbox"/> Government organisation | <input type="checkbox"/> |
| <input type="checkbox"/> Other (please specify): | |

I do not have any commercial interests in tobacco or vaping products

If you do not want your submission published on the Ministry's website, please tick this box:

Do not publish this submission.

Your submission will be subject to requests made under the Official Information Act (even if it hasn't been published). If you want your personal details removed from your submission, please tick this box:

Remove my personal details from responses to Official Information Act requests.

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Introduction & Background

We congratulate the NZ Government on its proposed Action Plan for the Smokefree Aotearoa 2025 goal. The proposed plan contains excellent potential new tobacco control measures that are truly world-leading. If adopted and implemented in full, the Action Plan offers a realistic chance of realising the 2025 goal.

Note | Introduce who you are, about your organisation, any local data/statistics, why this is important for you e.g. a personal story.

Consultation questions

Focus area 1: Strengthen the tobacco control system

a). **What would effective Māori governance of the tobacco control system look like?**

A strong independent chair, setting a challenging agenda for the Board/Committee setting clear expectations, understanding legal and required duties, effective decision making, belief in the purpose (the why), good communication and transparent relationships.

b). **What action are you aware of in your community that supports Smokefree 2025?**

64 of the 67 Councils in New Zealand have some form of a smokefree policy for council-owned **Outdoor Public Spaces** – green spaces like parks, playgrounds, reserves and sports grounds, CBD and Civic spaces, events, council-owned buildings and social housing, transport hubs, to beaches, rivers and lakes. These local smokefree outdoor policies are inconsistent across local authorities and largely unenforceable. Legislating smokefree outdoor public spaces provides a level playing field for all New Zealanders regardless of what local authority they live in, supports those trying to stop smoking and provides positive role modelling behaviour to our tamariki.

There is strong public support **Smokefree Outdoor Dining**. With 31 of the 67 councils in New Zealand currently offer some form of smokefree outdoor dining¹.

Councils and Local Government New Zealand requested that the government develop and implement legislation to prohibit smoking outside cafes, restaurants and bars in 2015. Many jurisdictions in similar countries (Australia, Canada, and the USA) have long had effective laws for various types of smokefree outdoor areas. People trying to quit smoking need places where

being smokefree is normal, and international evidence indicates that smokefree outdoor hospitality areas increase quitting attempts and reduce relapses^{2 3}.

Additional comments:

Click or tap here to enter text.

c). What is needed to strengthen community action for a Smokefree 2025?

We support legislation for **Smokefree Outdoor Public Spaces** - green spaces like parks, playgrounds, reserves and sports grounds, CBD and Civic spaces, events, council-owned buildings and social housing, transport hubs, to beaches, rivers and lakes.

Yes No

We support legislation for **Smokefree Outdoor Dining** in cafes, restaurants, bars, pubs and other hospitality/licenced venues. We do not support designated smoking areas within these hospitality venues as they are not supportive of those trying to quit smoking, do not role model positive behaviours to our tamariki and create further obstacles to achieve SF2025.

Yes No

Additional comments:

Click or tap here to enter text.

c). What do you think the priorities are for research, evaluation, monitoring and reporting?

Additional comments:

Research not just focussed on smoking the interlinking with the health and well-being (diet, exercise, social and mental health issues, environment)

d). What else do you think is needed to strengthen New Zealand's tobacco control system?

Additional comments:

A targeted and controlled vape to quit programme

Focus area 2: Make smoked tobacco products less available

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

We support the establishment of a tobacco retailer licencing scheme. Licencing is a pre-requisite for reducing tobacco retail availability, providing a tool to identify and manage retailer numbers⁴. Tobacco retailer licencing with annual fee increases has achieved tobacco outlet reduction in South Australia⁵. However, a licensing scheme alone will not reduce retailer numbers sufficiently to affect population health. The Government must therefore introduce additional measures to bring about a meaningful reduction in tobacco retailer numbers.

Yes No

We support licences for tobacco retailers that *specifies operating conditions*, where tobacco could be sold:

- staff training in stop smoking support,

Yes No

- annual reporting requirements,

Yes No

- density and proximity measures

Yes No

We support a *limited number of licenses* are awarded upon application provided the retailer successfully meets the licensing requirements.

Yes No

We support a *licensing fee* set greater than that for specialist vape retailers to signal the greater harm of cigarettes and help cover the costs of monitoring, enforcement, education and training of new tobacco retailers.

Yes No

We support a regulatory body being set up (or extend regulatory powers to an existing agency) to manage the market as has been established for vaping retailers (the Vaping Authority) and was proposed for cannabis retailers⁶.

Yes No

We ask that the communities would be able to have their say on tobacco retailer licence applications within their local area.

Yes No

Additional comments:

Click or tap here to enter text.

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

Tobacco is a highly addictive and deadly product and is sold by almost every dairy, supermarket and service station. Allowing tobacco to be so widely available normalises the product, frames smoking as socially acceptable, and undermines smokefree initiatives. Reducing outlet numbers is likely to help reduce disparities in smoking as tobacco retailers are heavily concentrated in disadvantaged areas⁷. Recent GIS Mapping of known tobacco retailers in New Zealand showed that there are 1.06 tobacco retailers per 1,000 people (or 945 people per retailer). New Zealand modelling studies suggest that greatly reducing the number of retail outlets would have a significant impact on reducing smoking prevalence^{8 9}. Phased reductions in availability were recently introduced in the Netherlands – with sales in supermarkets and gas stations due to be phased out by 2022¹⁰.

We support reducing the number of retail outlets to around 5% of the current number (i.e., from around 6000 to 300).

Yes No

We support reducing tobacco retail outlets based on population size and density.

Yes No

We support a set a maximum number of licenses to be issued nationally.

Yes No

We support introducing a cap of no more than one tobacco retailer in an area of 10,000 residents.

Yes No

We support no tobacco retailers are permitted within 1-km of a school.

Yes No

We support a sinking lid on licenses, whereby a license cannot carry across with the sale, relocation or change of ownership of an existing licensed retailer.

Yes No

We require that no tobacco retailer is within a 4 km radius of another specialist tobacco retailer.

Yes No

We support a progressive phasing out of tobacco retailers over a 12-month period.

Yes No

- We would like to see **dairies/convenience** stores stop selling tobacco within: 6-months 12-months
- We would like to see **petrol stations** stop selling tobacco within: 6-months 12-months
- We would like to see **liquor outlets** and other retailers stop selling tobacco within: 6-months 12-months
- We would like to see **supermarkets** stop selling tobacco within: 6-months 12-months

We prefer that all tobacco retailers, other than licenced 'age restricted' stores, stop selling tobacco by a set date as previously done through the introduction of smokefree bars and smokefree prisons.

Yes No

Additional comments:

Click or tap here to enter text.

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

We support restricting tobacco sales to '*age restricted*' **specialist stores**. This approaches will ensure that a 'level playing field' is maintained for the main existing retail outlets (dairies, convenience stores, service stations and supermarkets), none of which would be allowed to sell tobacco products.

Yes No

There is a low level of interest from *pharmacies* in selling tobacco. There are also ethical considerations with selling a deadly harmful product at pharmacies which are a health focused store. However, if the government were to restrict tobacco sales to Pharmacies, we support the following conditions be met e.g. a tobacco licencing

scheme implemented with Pharmacies exempt from fees only, tobacco sales be optional for Pharmacies, tobacco sales to be not for profit or any profits to be put back into the community, the area where tobacco is sold to be separate from remainder of store, products not visible to the public, no 'tobacco available here' advertising, staff must be quit trained and the cost of training staff to be funded by Government .

Yes No

Commercial profit from tobacco sales provides continued incentive for retailers to promote and sell this harmful product. We support the idea of Government owned specialist retailers with no commercial interest in tobacco sales. This *Government owned model* would reduce the current need for profitability and would allow the full mark up on tobacco to be transferred back to tobacco control interventions. The government model would also reduce administration costs due to not requiring licencing applications.

Yes No

Additional comments:

Click or tap here to enter text.

- d). **Do you support introducing a smokefree generation policy?** Anyone born after 1 January 2004 will never be able to lawfully be able to buy tobacco products.

Yes No

Additional comments:

Click or tap here to enter text.

Focus area 3: Make smoked tobacco products less addictive and less appealing

- a). **Do you support reducing the nicotine in smoked tobacco products to very low levels?**

Currently the contents - what goes into tobacco product, is unregulated. The consequence is that tobacco products are now highly addictive, palatable and appealing (e.g., with high nicotine content and added sugar and flavourings).

The tobacco industry and researchers and have long known that nicotine is the main cause of the addictiveness of smoking. Reducing the nicotine content to minimal or no nicotine in tobacco products reduces the addictiveness of smoked tobacco products and is likely to markedly reduce uptake, increase quitting and greatly lower smoking prevalence.

Reducing nicotine content could also support people who smoke to quit, and decrease relapse among people who are trying to quit smoking.

Yes No

b). Do you support prohibiting filters in smoked tobacco products?

Filter tips feature on almost every mass-produced cigarette smoked across the globe. Filters first appeared in the 1860s as an attempt to protect against tobacco flakes entering the mouth. Modern cellulose acetate cigarette filters were introduced in the 1950s to alleviate public concerns about smoking-related lung cancer.

The overwhelming majority of research shows that filters do not reduce the harms associated with smoking. In fact, filters may increase the harms caused by smoking by enabling smokers to inhale smoke more deeply into their lungs. Furthermore, toxic fibres shed from the cut end of the filter are inhaled and ingested by smokers.

Cigarette filters are an environmental hazard and are among the 10 most common plastics in the world's oceans. Every year, an estimated 4.5 trillion cigarette filters, commonly made of cellulose acetate - a plastic, are deposited into the environment¹¹. While designing filters from alternative, less environmentally harmful, components may seem an appropriate compromise, this measure would likely further mislead smokers. For example, it would encourage them to view discarded butts as harmless, even though toxic chemicals would still be leached into the environment. Further, biodegradable filters would still lead consumers to believe that filters made cigarette less harmful. We support prohibiting filters in smoked tobacco products.

Yes No

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

Prohibiting the use of filters will also remove product innovations such as capsules or 'crush balls' that can contain flavoured beads which when popped change the taste of the cigarette. While most capsule variants offer menthol or mint flavours, fruit flavours are increasingly common, as have cigarettes with two differently flavoured capsules in the same filter. We support prohibiting all and any product innovation.

Yes No

Flavourings can further contribute to the appeal of tobacco products. We also support the removing of additives and flavourings like menthol, which may enhance the palatability and appeal of tobacco products.

Yes No

Additional comments:

Click or tap here to enter text.

Focus area 4: Make tobacco products less affordable

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

We support a Minimum Price Policy (MPP) which typically requires cigarette retailers to charge a minimum retail price for tobacco, this minimum price for all cigarettes prohibits discounts to consumers and retailers. This would prevent price shifting and discounting tactics designed to keep people who smoke from consuming large volumes and thus sustaining heavy addictions.

Yes No

Additional comments:

Click or tap here to enter text.

Focus area 5: Enhance existing initiatives

a). **Increase investment in mass and social media campaigns**

We support increased investment in evidence-based mass media campaigns including social media and would encourage the addition of complementary localised content to campaigns. A particular focus on culturally appropriate media for Māori and Pacific peoples is required.

Yes No

Additional comments:

Click or tap here to enter text.

b). **Increase investment in stop smoking services for priority populations**

Demand for Stop Smoking Services will also increase as additional measures are put in place to reduce the availability and appeal of tobacco as part of the Smokefree 2025 Action Plan. We support increasing investment in stop smoking services alongside improving access to prescription medications – all nicotine replacement therapy products should be subsidised (e.g. Inhalator & Quit Mist which is currently unfunded).

Yes No

In order to achieve maximum effectiveness of interventions outlined in the governments SF2025 Action Plan, a supportive compliance and enforcement system needs to be established. This includes having sufficient resourcing at both national and regional levels and clear regulatory direction. We support increased funding to ensure effective retailer compliance and enforcement.

Yes No

While we recognise that vaping has the potential to support people to stop smoking we would like to see the government develop *vaping end-game strategy* to recognise that, vaping is not intended for on-going use.

Yes No

Additional comments:

Yes agree funded and tightly controlled vape to quit programme

Final questions

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

Focus on priority population, decreased availability at supermarkets, liquor retailers etc

- b). Do you have any other comments on this discussion document?

Click or tap here to enter text.

-
- 1 <https://www.smokefree.org.nz/smokefree-resources/maps-of-nz-councils-smokefree-outdoor-policies-and-spaces>
 - 2 Zablocki RW, Edland SD, Myers MG, Strong DR, Hofstetter CR, Al-Delaimy WK. Smoking ban policies and their influence on smoking behaviors among current California smokers: a population-based study. *Prev Med* 2014;59:73-8.
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 - 7 Marsh L, Doscher C, Robertson LA. Characteristics of tobacco retailers in New Zealand. *Health Place* 2013;23:165-70. doi: 10.1016/j.healthplace.2013.07.003
 - 8 Pearson AL, Cleghorn CL, van der Deen FS, et al. Tobacco retail outlet restrictions: health and cost impacts from multistate life-table modelling in a national population. *Tob Control* 2016;(E-publication 22 September) doi: 10.1136/tobaccocontrol-2015-052846 [published Online First: 2016/09/24]
 - 9 Petrović-van der Deen FS, Blakely T, Kvizhinadze G, et al. Restricting tobacco sales to only pharmacies combined with cessation advice: a modelling study of the future smoking prevalence, health and cost impacts. *Tob Control* 2018;(E-publication 9 November) doi: 10.1136/tobaccocontrol-2018-054600 [published Online First: 2018/11/11]
 - 10 van Lier B, de kanter W. NETHERLANDS: Move to phase out tobacco sales in supermarkets and petrol stations. *Tob Control* 2020;29:247. <https://tobaccocontrol.bmj.com/content/29/3/247>.
 - 11 Evans-Reeves K, Lauber K, Hiscock R. *Tob Control* Epub ahead of print: [please include Day Month Year]. doi:10.1136/ tobaccocontrol-2020-056245

Smoke free Aotearoa 2025 Action Plan

Community | Consultation submission

Your details

This submission was completed by: (name) _____
Email: _____
Phone number: _____
Organisation (if applicable): Te Wakahuia Manawatu Trust
Organisation address: (street/box number) _____
(town/city) _____
Role (if applicable): _____

Additional organisation information

I am, or I represent, a: (tick all that apply)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Personal submission | <input type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
| <input type="checkbox"/> Community or advocacy organisation | <input type="checkbox"/> Professional organisation |
| <input type="checkbox"/> Iwi/Hāpu affiliated, and/or Māori organisation | <input type="checkbox"/> Tobacco manufacturer, importer or distributor |
| <input type="checkbox"/> Pacific community or organisation | <input type="checkbox"/> Research or academic organisation – eg university, research institute |
| <input type="checkbox"/> Government organisation | <input type="checkbox"/> |
| <input type="checkbox"/> Other (please specify): | |

I do not have any commercial interests in tobacco or vaping products

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Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Introduction & Background

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Note | Introduce who you are, about your organisation, any local data/statistics, why this is important for you e.g. a personal story.

Consultation questions

Focus area 1: Strengthen the tobacco control system

a). **What would effective Māori governance of the tobacco control system look like?**

Having a maori led plan would help ensure our voice are heard and culture respected. Whanau are also more likely to trust the new action plan if they believe they matter and seeing someone who looks like them and has been through the same struggles as them can help ensure more co-operation. So I believe it would be key to use someone who has links to the maori community and is highly respected by said community. Someone who has a track record of helping maori and those less fortunate.

b). **What action are you aware of in your community that supports Smokefree 2025?**

64 of the 67 Councils in New Zealand have some form of a smokefree policy for council-owned **Outdoor Public Spaces** – green spaces like parks, playgrounds, reserves and sports grounds, CBD and Civic spaces, events, council-owned buildings and social housing, transport hubs, to beaches, rivers and lakes. These local smokefree outdoor policies are inconsistent across local authorities and largely unenforceable. Legislating smokefree outdoor public spaces provides a level playing field for all New Zealanders regardless of what local authority they live in, supports those trying to stop smoking and provides positive role modelling behaviour to our tamariki.

There is strong public support **Smokefree Outdoor Dining**. With 31 of the 67 councils in New Zealand currently offer some form of smokefree outdoor dining¹.

Councils and Local Government New Zealand requested that the government develop and implement legislation to prohibit smoking outside cafes,

restaurants and bars in 2015. Many jurisdictions in similar countries (Australia, Canada, and the USA) have long had effective laws for various types of smokefree outdoor areas. People trying to quit smoking need places where being smokefree is normal, and international evidence indicates that smokefree outdoor hospitality areas increase quitting attempts and reduce relapses^{2 3}.

Additional comments:

Click or tap here to enter text.

c). What is needed to strengthen community action for a Smokefree 2025?

We support legislation for **Smokefree Outdoor Public Spaces** - green spaces like parks, playgrounds, reserves and sports grounds, CBD and Civic spaces, events, council-owned buildings and social housing, transport hubs, to beaches, rivers and lakes.

Yes No

We support legislation for **Smokefree Outdoor Dining** in cafes, restaurants, bars, pubs and other hospitality/licenced venues. We do not support designated smoking areas within these hospitality venues as they are not supportive of those trying to quit smoking, do not role model positive behaviours to our tamariki and create further obstacles to achieve SF2025.

Yes No

Additional comments:

I think it's a good idea to restrict smoking areas in Aotearoa as I have heard from smokers the biggest frustration is not being able to find somewhere to smoke and in some cases they don't actually have a cigarette due to this.

c). What do you think the priorities are for research, evaluation, monitoring and reporting?

Additional comments:

I think we need to increase the research etc. in the Maori, Pasifika demographics as they are our highest risk group. I also believe evaluation and reporting needs to be adjusted from just c0 valuated quits to include areas of improvement in whanau's lives. For example, healthier choices made in their lives like just smoking outside side and no longer inside etc.

d). What else do you think is needed to strengthen New Zealand's tobacco control system?

Additional comments:

More policies to ensure less innovation in this area like vaping and more encouragement for innovation in prevention methods. Make tobacco less

excess able to whanau. More thought and attention needs to be focused in this area than there has been previously.

Focus area 2: Make smoked tobacco products less available

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

We support the establishment of a tobacco retailer licencing scheme. Licencing is a pre-requisite for reducing tobacco retail availability, providing a tool to identify and manage retailer numbers⁴. Tobacco retailer licencing with annual fee increases has achieved tobacco outlet reduction in South Australia⁵. However, a licencing scheme alone will not reduce retailer numbers sufficiently to affect population health. The Government must therefore introduce additional measures to bring about a meaningful reduction in tobacco retailer numbers.

Yes No

We support licences for tobacco retailers that *specifies operating conditions*, where tobacco could be sold:

- staff training in stop smoking support,

Yes No

- annual reporting requirements,

Yes No

- density and proximity measures

Yes No

We support a *limited number of licenses* are awarded upon application provided the retailer successfully meets the licencing requirements.

Yes No

We support a *licensing fee* set greater than that for specialist vape retailers to signal the greater harm of cigarettes and help cover the costs of monitoring, enforcement, education and training of new tobacco retailers.

Yes No

We support a regulatory body being set up (or extend regulatory powers to an existing agency) to manage the market as has been established for vaping retailers (the Vaping Authority) and was proposed for cannabis retailers⁶.

Yes No

We ask that the communities would be able to have their say on tobacco retailer licence applications within their local area.

Yes No

Additional comments:

Tobacco should be treated like alcohol for licencing etc.

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

Tobacco is a highly addictive and deadly product and is sold by almost every dairy, supermarket and service station. Allowing tobacco to be so widely available normalises the product, frames smoking as socially acceptable, and undermines smokefree initiatives. Reducing outlet numbers is likely to help reduce disparities in smoking as tobacco retailers are heavily concentrated in disadvantaged areas⁷. Recent GIS Mapping of known tobacco retailers in New Zealand showed that there are 1.06 tobacco retailers per 1,000 people (or 945 people per retailer). New Zealand modelling studies suggest that greatly reducing the number of retail outlets would have a significant impact on reducing smoking prevalence^{8 9}. Phased reductions in availability were recently introduced in the Netherlands – with sales in supermarkets and gas stations due to be phased out by 2022¹⁰.

We support reducing the number of retail outlets to around 5% of the current number (i.e., from around 6000 to 300).

Yes No

We support reducing tobacco retail outlets based on population size and density.

Yes No

We support a set a maximum number of licenses to be issued nationally.

Yes No

We support introducing a cap of no more than one tobacco retailer in an area of 10,000 residents.

Yes No

We support no tobacco retailers are permitted within 1-km of a school.

Yes No

We support a sinking lid on licenses, whereby a license cannot carry across with the sale, relocation or change of ownership of an existing licensed retailer.

Yes No

We require that no tobacco retailer is within a 4 km radius of another specialist tobacco retailer.

Yes No

We support a progressive phasing out of tobacco retailers over a 12-month period.

Yes No

- We would like to see **dairies/convenience** stores stop selling tobacco within: 6-months 12-months
- We would like to see **petrol stations** stop selling tobacco within: 6-months 12-months
- We would like to see **liquor outlets** and other retailers stop selling tobacco within: 6-months 12-months
- We would like to see **supermarkets** stop selling tobacco within: 6-months 12-months

We prefer that all tobacco retailers, other than licenced 'age restricted' stores, stop selling tobacco by a set date as previously done through the introduction of smokefree bars and smokefree prisons.

Yes No

Additional comments:

They should all stop selling.

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

We support restricting tobacco sales to 'age restricted' **specialist stores**. This approaches will ensure that a 'level playing field' is maintained for the main existing retail outlets (dairies, convenience stores, service stations and supermarkets), none of which would be allowed to sell tobacco products.

Yes No

There is a low level of interest from *pharmacies* in selling tobacco. There are also ethical considerations with selling a deadly harmful product at pharmacies which are a health focused store. However, if the government were to restrict tobacco sales to Pharmacies, we support the following conditions be met e.g. a tobacco licencing scheme implemented with Pharmacies exempt from fees only, tobacco sales be optional for Pharmacies, tobacco sales to be not for profit or any profits to be put back into the community, the area where tobacco is sold to be separate from remainder of store, products not visible to the public, no 'tobacco available here' advertising, staff must be quit trained and the cost of training staff to be funded by Government .

Yes No

Commercial profit from tobacco sales provides continued incentive for retailers to promote and sell this harmful product. We support the idea of Government owned specialist retailers with no commercial interest in tobacco sales. This *Government owned model* would reduce the current need for profitability and would allow the full mark up on tobacco to be transferred back to tobacco control interventions. The government model would also reduce administration costs due to not requiring licencing applications.

Yes No

Additional comments:

Pharmacies should sell tobacco due to the health and safety risks and it would be a contradiction to the prevention methods they sell and promote to help people stop smoking. I whole heartily agree with the profits mark ups from sales to go back into control interventions, in my opinion it's a no brainer and if it can help ease the cost of the taxpayers money for the health side effects of smoking

d). Do you support introducing a smokefree generation policy? Anyone born after 1 January 2004 will never be able to lawfully be able to buy tobacco products.

Yes No

Additional comments:

Yes in the way that it's a great but optimistic idea and in an ideal world it would ensure no one would smoke again or reduce the numbers, but also no because people would then look to shadier places of sales(black market) which can be twice as expensive and not regulated and contain unhealthier ingredients that can harm people. There is also the dilemma of freedom of choice and if we take away this choice for people what's to stop other choices been taken away if this is proven successful. Also the fact that most young people these days are able to get access to alcohol and smokes now so they will find someone to buy it for them anyway and the government would waste precious resources on this policy that has no evidence of possibly being successful.

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Currently the contents - what goes into tobacco product, is unregulated. The consequence is that tobacco products are now highly addictive, palatable and appealing (e.g., with high nicotine content and added sugar and flavourings).

The tobacco industry and researchers have long known that nicotine is the main cause of the addictiveness of smoking. Reducing the nicotine content to minimal or no nicotine in tobacco products reduces the addictiveness of smoked tobacco products and is likely to markedly reduce uptake, increase quitting and greatly lower smoking prevalence.

Reducing nicotine content could also support people who smoke to quit, and decrease relapse among people who are trying to quit smoking.

Yes No

b). Do you support prohibiting filters in smoked tobacco products?

Filter tips feature on almost every mass-produced cigarette smoked across the globe. Filters first appeared in the 1860s as an attempt to protect against tobacco flakes entering the mouth. Modern cellulose acetate cigarette filters were introduced in the 1950s to alleviate public concerns about smoking-related lung cancer.

The overwhelming majority of research shows that filters do not reduce the harms associated with smoking. In fact, filters may increase the harms caused by smoking by enabling smokers to inhale smoke more deeply into their lungs. Furthermore, toxic fibres shed from the cut end of the filter are inhaled and ingested by smokers.

Cigarette filters are an environmental hazard and are among the 10 most common plastics in the world's oceans. Every year, an estimated 4.5 trillion cigarette filters, commonly made of cellulose acetate - a plastic, are deposited into the environment¹¹. While designing filters from alternative, less environmentally harmful, components may seem an appropriate compromise, this measure would likely further mislead smokers. For example, it would encourage them to view discarded butts as harmless, even though toxic chemicals would still be leached into the environment. Further, biodegradable filters would still lead consumers to believe that filters made cigarette less harmful. We support prohibiting filters in smoked tobacco products.

Yes No

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

Prohibiting the use of filters will also remove product innovations such as capsules or 'crush balls' that can contain flavoured beads which when popped change the taste

of the cigarette. While most capsule variants offer menthol or mint flavours, fruit flavours are increasingly common, as have cigarettes with two differently flavoured capsules in the same filter. We support prohibiting all and any product innovation.

Yes No

Flavourings can further contribute to the appeal of tobacco products. We also support the removing of additives and flavourings like menthol, which may enhance the palatability and appeal of tobacco products.

Yes No

Additional comments:

There should be zero innovations in an addictive drug that has proven it kills but more innovation and funding in prevention and control methods.

Focus area 4: Make tobacco products less affordable

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

We support a Minimum Price Policy (MMP) which typically requires cigarette retailers to charge a minimum retail price for tobacco, this minimum price for all cigarettes prohibits discounts to consumers and retailers. This would prevent price shifting and discounting tactics designed to keep people who smoke from consuming large volumes and thus sustaining heavy addictions.

Yes No

Additional comments:

All smokes in NZ should be the same price no matter where so yes.

And there needs to be harsher fines for stores ignoring this or selling cigarettes separately to make profits. Without a high profit margin people would be less likely to sell the smokes so possibly include a standard fee to store owners selling this.

Focus area 5: Enhance existing initiatives

a). **Increase investment in mass and social media campaigns**

We support increased investment in evidence-based mass media campaigns including social media and would encourage the addition of complementary localised content to campaigns. A particular focus on culturally appropriate media for Māori and Pacific peoples is required.

Yes No

Additional comments:

Click or tap here to enter text.

- b). Increase investment in stop smoking services for priority populations

Demand for Stop Smoking Services will also increase as additional measures are put in place to reduce the availability and appeal of tobacco as part of the Smokefree 2025 Action Plan. We support increasing investment in stop smoking services alongside improving access to prescription medications – all nicotine replacement therapy products should be subsidised (e.g. Inhalator & Quit Mist which is currently unfunded).

Yes No

In order to achieve maximum effectiveness of interventions outlined in the governments SF2025 Action Plan, a supportive compliance and enforcement system needs to be established. This includes having sufficient resourcing at both national and regional levels and clear regulatory direction. We support increased funding to ensure effective retailer compliance and enforcement.

Yes No

While we recognise that vaping has the potential to support people to stop smoking we would like to see the government develop *vaping end-game strategy* to recognise that, vaping is not intended for on-going use.

Yes No

Additional comments:

If we are not careful vaping will become the new tobacco issue and we will be do this all over again in 20-40 years. Vaping is not natural and was invented by the same companies losing money in the cigarette industry due to the new health conscious generation and vapes were marketed just as such. Without a vaping end-game in mind we might as well give up on this control action plan as well.

Final questions

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

Regulations on shop owners selling, licencing for tobacco, make it less access able and start a vaping end game as its slowly becoming a new health crisis

- b). Do you have any other comments on this discussion document?

This action plan needs to include a maori/pasifika voice and opinion to be able to ensure we can target our people more accurately and culturally appropriate what works for one doesn't work for another as most people are smoking to escape a

certain reality or situation/emotion and if we could have wrap around services supporting smoking cessation services like therapists session , financial training, housing, health and nutrition, P.T sessions etc to create a healthier lifestyle all around to help ensure less failure in whanau’s quitting journeys

- 1 <https://www.smokefree.org.nz/smokefree-resources/maps-of-nz-councils-smokefree-outdoor-policies-and-spaces>
- 2 Zablocki RW, Edland SD, Myers MG, Strong DR, Hofstetter CR, Al-Delaimy WK. Smoking ban policies and their influence on smoking behaviors among current California smokers: a population-based study. *Prev Med* 2014;59:73-8.
- 3 Chaiton M, Diemert L, Zhang B, Kennedy RD, Cohen JE, Bondy SJ, Ferrence R. Exposure to smoking on patios and quitting: a population representative longitudinal cohort study. *Tob Control* 2016;25:83-8.
- 4 <https://blogs.otago.ac.nz/pubhealthexpert/reducing-tobacco-retail-availability-how-could-this-be-achieved-and-what-evidence-supports-the-nz-governments-proposals/>
- 5 Bowden JA, Dono J, John DL, et al. What happens when the price of a tobacco retailer licence increases? *Tob Control* 2014;23(2):178-80. doi: 10.1136/tobaccocontrol-2012-050615 [published Online First: 2013/06/21]
- 6 <https://ndhadeliver.natlib.govt.nz/webarchive/wayback/20200605065137/https://www.referendums.govt.nz/cannabis/su>
mmmary.html
- 7 Marsh L, Doscher C, Robertson LA. Characteristics of tobacco retailers in New Zealand. *Health Place* 2013;23:165-70. doi: 10.1016/j.healthplace.2013.07.003
- 8 Pearson AL, Cleghorn CL, van der Deen FS, et al. Tobacco retail outlet restrictions: health and cost impacts from multistate life-table modelling in a national population. *Tob Control* 2016;(E-publication 22 September) doi: 10.1136/tobaccocontrol-2015-052846 [published Online First: 2016/09/24]
- 9 Petrović-van der Deen FS, Blakely T, Kvizhinadze G, et al. Restricting tobacco sales to only pharmacies combined with cessation advice: a modelling study of the future smoking prevalence, health and cost impacts. *Tob Control* 2018;(E-publication 9 November) doi: 10.1136/tobaccocontrol-2018-054600 [published Online First: 2018/11/11]
- 10 van Lier B, de kanter W. NETHERLANDS: Move to phase out tobacco sales in supermarkets and petrol stations. *Tob Control* 2020;29:247. <https://tobaccocontrol.bmj.com/content/29/3/247>.
- 11 Evans-Reeves K, Lauber K, Hiscock R. *Tob Control* Epub ahead of print: [please include Day Month Year]. doi:10.1136/ tobaccocontrol-2020-056245

Submission form

Your details

This submission was completed by: (name)

Email:

Phone number:

Organisation (if applicable):

Organisation address: (street/box number)
(town/city)

Role (if applicable):

Additional organisation information

I am, or I represent an organisation that is, based in:

- New Zealand Australia Other (please specify):

I am, or I represent, a: (tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Personal submission | <input type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
| <input type="checkbox"/> Community or advocacy organisation | <input type="checkbox"/> Professional organisation |
| <input type="checkbox"/> Iwi/Hāpu affiliated, and/or Māori organisation | <input type="checkbox"/> Tobacco manufacturer, importer or distributor |
| <input type="checkbox"/> Pacific community or organisation | <input type="checkbox"/> Retailer – small, for example a dairy or convenience store |
| <input type="checkbox"/> Government organisation | <input type="checkbox"/> Retailer – medium or large, for example supermarket chain or petrol station |
| <input type="checkbox"/> Research or academic organisation – eg university, research institute | <input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture |
| <input checked="" type="checkbox"/> Other (please specify):
<input type="text" value="Territorial Authority (local government)"/> | |

Additional statistical information

These questions are not mandatory. We are asking for information, including age and ethnicity information solely for the purposes of helping us to analyse submissions.

Age:

- Under 18
- 18 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 +
- Not applicable / prefer not to say

Ethnicity/Ethnicities I identify with:

- New Zealand European
- Māori
- Pacific Peoples
- Asian
- Other European
- Other Ethnicity *(please specify)*:
[Click or tap here to enter text.](#)
- Not applicable / prefer not to say

Privacy

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If you do not want your submission published on the Ministry's website, please tick this box:

- Do not publish this submission.

Your submission will be subject to requests made under the Official Information Act (even if it hasn't been published). If you want your personal details removed from your submission, please tick this box:

- Remove my personal details from responses to Official Information Act requests.

Commercial interests

Do you have any commercial interests?

- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products
- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products

Commercially sensitive information

We will redact commercially sensitive information before publishing submissions or releasing them under the Official Information Act.

If your submission contains commercially sensitive information, please tick this box:

- This submission contains commercially sensitive information.

If so, please let us know where.

Click or tap here to enter text.

Protection from commercial and other vested interests of the tobacco industry

New Zealand has an obligation under Article 5.3 of the World Health Organisation 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, all respondents are asked to disclose whether they have any direct or indirect links to, or receive funding from, the tobacco industry.

Please provide details of any tobacco company links or vested interests below.

Click or tap here to enter text.

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Consultation questions

The Ministry of Health is seeking comments on the following proposals for a smokefree Aotearoa 2025. You can find more information about these proposals in the discussion document which can be downloaded from -

<https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>.

Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

Māori smoking rates remain much higher than those for the overall population and the impact of smoking on Māori health inequities is significant. We envisage the recently-announced Māori Health Authority will have an important role to play in providing leadership and direction for delivery of the Smokefree 2025 Action Plan. This should include taking a lead in decision-making and having control of spending on smokefree and smoking cessation programmes for Māori.

- b). What action are you aware of in your community that supports Smokefree 2025?

Napier City Council (together with Hastings District Council) implemented a smokefree policy for the two areas in 2015, which is soon to be reviewed. This policy aims to: 1. Improve the health and wellbeing of our communities by decreasing the prevalence of smoking and decreasing public exposure to second hand smoke, and 2. Increase the likelihood that people, particularly young people, will remain smokefree by reducing the number of places where they see others smoking. This policy had the foresight to include measures focusing on vape-free, as well as smokefree, behaviours and included an extensive number of smokefree and vape-free areas. Recent feedback indicates a community desire to see more areas become smoke/vape-free in Napier and Hastings (73% of residents, 68% of businesses). We are members of the Hawke's Bay Smokefree Coalition, which provides an opportunity for agencies to work collectively towards the Smokefree 2025 goal.

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

National level policy changes are required to support the work happening at the community level. We are aware that 64 of the 67 territorial authorities in New Zealand have some form of Smokefree policy for council-owned outdoor public places (including for example parks, playgrounds, reserves and sportsgrounds, CBD and Civic spaces, events, council-owned buildings, transport hubs, social housing, beaches and lakes). However, these outdoor public place policies are inconsistent across Councils

and are largely unenforceable. Bylaws are not the answer (aside from the inconsistency they introduce in so many different localities) so we ask the Government to legislate smokefree outdoor public places, to ensure a level playing field for all New Zealanders regardless of where they live, work and travel to. Such legislation will more consistently support those trying to stop smoking, and provide positive role modelling behaviour to tamariki. We also ask the Government to consider legislating smokefree outdoor dining in cafes, restaurants, bars, pubs and other hospitality/licensed venues. Less than half of our territorial authorities across the country (31 out of 67) currently require some form of smokefree outdoor dining – however again, this is inconsistent (eg, some requirements only cover Council-owned property). Other countries, including Australia and Canada, have long had effective laws for smokefree outdoor areas. We do not support designated smoking areas in these venues, as evidence shows they are not favoured by people who are trying to quit smoking, do not role model positive behaviours to children, and create further obstacles to achieving Smokefree 2025. We also support the continuation, and expansion, of national evidence-based mass media campaigns, and encourage the addition of localised content for these wherever possible. National and local champions should be identified to assist with generating local-level support and promoting the Smokefree 2025 goal. There has been minimal national policy direction and change in the tobacco control field (apart from tobacco tax increases) for a long period of time. The proposed Smokefree 2025 Action Plan provides a platform for real change, which can be supported by locally-specific and driven community action.

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

Understanding the motivations of people who smoke and/or vape so cessation packages and messages can be tailored to suit. Close regular monitoring and evaluation of actions implemented as part of the final Smokefree 2025 Action Plan, to ensure they are delivering the required change in order to meet the national goal.

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

1. Implementation of vaping product regulation (underway). 2. Reduced availability of tobacco in local neighbourhoods. 3. National leadership and direction, through a comprehensive, evidence-based Action Plan.

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

Licensing of retailers will assist with reducing the availability of tobacco for sale. It will also assist with ensuring vaping products are not sold illegally to minors. Licensing provides a further opportunity for the Government to indicate it is serious about meeting the Smokefree 2025 goal, and that tobacco is a dangerous product. Licensing of other high-risk products in New Zealand (eg, alcohol, some pharmaceuticals, gambling, firearms) sets a precedent for establishing a licensing system for retailers of tobacco and vaping products. Licensing schemes such as this, are the norm in other countries including most states of Australia, Finland, Singapore and the Cook Islands. A licensing system for tobacco and vaping product retailers is overdue.

- b). 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:

This will assist with ensuring consistency of retail availability across the country and reducing the prevalence of retailers in low socio-economic areas. We also recommend the Government considers proximity to for example, schools, sites of significance etc. Licensing based on both proximity and density measures will reduce the number of retailers in low socio-economic communities, where tobacco retailers is currently overrepresented. We also recommend the Government considers introducing a 'sinking lid' approach to the number of retailers, similar to what is used by some territorial authorities to control the number of electronic gaming machine (pokie) venues. Reducing the convenience of tobacco or vaping product purchase will also encourage smokers wanting to quit, to stay quit, by reducing the likelihood of impulse purchases.

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

Yes No

Please give reasons:

Restricting the sale of tobacco and vaping products to specialist stores will help support the de-normalisation of smoking and vaping. This will help reduce the uptake

of smoking and vaping by young people, will help support smokers who are trying to quit and will support the message that tobacco and nicotine are dangerous products.

d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

The evidence presented in the Ministry's discussion documents indicates this single action has the potential to halve smoking rates within 10 to 15 years of implementation. It also has great potential to address health inequities for Māori and Pacific communities, due to their younger population structure and higher rates of smoking. If we are to achieve our national goal, save lives, and reduce inequities, then this action needs to be implemented as soon as possible. This action also has the lowest impact on existing smokers.

e). 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:

Not applicable.

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

This strategy aligns with the 2010 Māori Affairs Select Committee inquiry findings which recommended a mandated nicotine reduction policy as an effective harm reduction strategy. The strategy will effectively reduce the number of people addicted to nicotine. It will help current smokers to quit smoking. It will also impact on the number of young people taking up smoking as they will be less likely to become addicted to tobacco. Recent amendments to the Smokefree Environments and Regulated Products (Vaping) Amendment Act 2020 enable product safety for vaping and smokeless tobacco products – the same focus on making products less addictive and less appealing (in so much as that is possible) should also be applied to smoked tobacco products.

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

As the Ministry's discussion document highlights, filters contribute to the appeal of cigarettes as there is a perception that they make the cigarette 'safer'. Aside from the fact that there is no evidence that filters have no effect on reducing the harm from smoking, their impact on the environment should not be overlooked. Filters are a particular issue for territorial authorities as we manage stormwater and rubbish collection with the aim of keeping our city beautiful. Filters are a widespread form of non-biodegradable plastic pollution that take many years to break down.

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

Yes No

Please give reasons:

History tells us that tobacco products and the way they are manufactured can be modified so they are more appealing to the smoker. Anything we can do to limit these modifications and innovations in the future will only help towards minimising the harm to smokers and meeting our Smokefree 2025 goal.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

A minimum price for tobacco will prevent manipulation of retail prices, particularly following excise tax increases. Scotland and other countries have clearly demonstrated the impact of a minimum price for alcohol. It is likely the same would be experienced for tobacco. A combination of excise tax increases and minimum price will have a positive impact on achieving the Smokefree 2025 goal.

Final questions

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

1. Retailer licensing and location/density to reduce accessibility and control availability. 2. Legislated mandatory smokefree and vape-free outdoor public places to ensure consistency across New Zealand and to assist with reducing the socialisation of smoking/vaping. 3. A smokefree generation policy given its probability of reducing health inequities.

b). Do you have any other comments on this discussion document?

No further comments, thank you.

Submission form

Your details

This submission was completed by: (name)

Email:

Phone number:

Organisation (if applicable): Takiri Mai Te Ata – Regional Stop Smoking Services

Organisation address: (street/box number)
(town/city)

Role (if applicable):

Additional organisation information

I am, or I represent an organisation that is, based in:

- New Zealand Australia Other (please specify):
[Click or tap here to enter text.](#)

I am, or I represent, a: (tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Personal submission | <input checked="" type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
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| <input type="checkbox"/> Research or academic organisation – eg university, research institute | <input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture |
| <input type="checkbox"/> Other (please specify):
Click or tap here to enter text. | |

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- 35 - 44
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- Māori
- Pacific Peoples
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- Other Ethnicity *(please specify)*:
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Commercial interests

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- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products
- I have commercial interests in tobacco and vaping products
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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.

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Please provide details of any tobacco company links or vested interests below.

Click or tap here to enter text.

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Consultation questions

The Ministry of Health is seeking comments on the following proposals for a smokefree Aotearoa 2025. You can find more information about these proposals in the discussion document which can be downloaded from -

<https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>.

Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

The National Maori Tupeka Kore hui recommendations held on 18th May 2021 to establish a Maori governance group would be an ideal platform to provide effective leadership, advice and support on a national basis. Ideally it would consist of Maori Tobacco Control leaders i.e. Dame Tariana Turia, Hone Harawera, Sue Taylor and Shane bradbrook, to name a few. Their ideology as shown in the past will be guided by Whanau Ora and Kaupapa Maori Values, underpinned by Te Whare Tapa Wha model. We support a “By Maori for Maori” concept as this would achieve better results for Maori.

- b). What action are you aware of in your community that supports Smokefree 2025?

We support a Pacific smoke free action plan for each Region led by Pacific (Tala Pasefika) and resourced from the National Tobacco funding budget. We support a Vapefree action Plan for Pacific Youth and community as agreed to at the National Tupeka Kore Hui on 18th of May 2021.

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

Investment in an intensified TV and Radio marketing campaign in the last few years of our Smokefree 2025 target, and an increase in excise tax to provide pressure on smokers to quit. All with a call to action to cessation services. Having a Tender process for all advertising campaigns to choose the most effective campaign targeting Maori and Pacific communities.

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

We recommend that all research and evaluation, monitoring and reporting should be conducted from a Pacific cultural lens also measuring - Cultural harm. Cultural Impact and Cultural Risk. We recommend investment into research around vaping prevalence, to gather information on their age groups, ethnicity and other relevant information that would inform how vaping is impacting on our community.

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

More resources and funding are needed to improve Smokefree / Vapefree Health Literacy for Pasefika communities and agencies, so that communities and agencies are equipped with the information they need to be compliant.

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

We support the establishment of a licencing system to regulate where tobacco and vaping products are sold. Currently these sites are over represented in low decile areas where there are high populations of Maori and Pacific

- b). 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:

Reducing the retail availability of tobacco products particularly where there are high populations of Maori and Pacific will decrease the availability of these harmful products to these vulnerable communities..

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

Yes No

Please give reasons:

Any reduction in retail availability of tobacco by restricting sales to a limited number of specific store types will help reduce the sale of these products in areas high in Maori and Pacific populations.

- d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

We support introduction of a smokefree generation policy. This is an opportunity to create initiatives needed to reduce tobacco/Vape use and help stop nicotine addiction within our younger generations

- e). 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:

Click or tap here to enter text.

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

There is available data that suggest that, in current smokers, very low nicotine content (VLNC) cigarettes decrease nicotine exposure, decrease cigarette dependence, reduce the number of cigarettes smoked per day and increase the likelihood of contemplating, making and succeeding at a quit attempt

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

Cigarette filters causes pollution by being carried, as runoff, to drains and from there to rivers, beaches and oceans. Preliminary studies show that organic compounds (such as nicotine, pesticide residues and metal) seep from cigarette filters into aquatic ecosystems, becoming acutely toxic to fish and microorganisms. Cigarette filters are the single most littered item in the world, surpassing plastics with 2 billion pounds of cigarette filters tossed aside annually.

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

Yes No

Please give reasons:

Tobacco and Vaping product innovations should be prohibited. They both cause harm. Not enough research around vaping to know much about its long term effects so best to prohibit innovations and promotions of these products till we have evidence based results that can clear them from harm.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

Previous increases in excise tax has resulted in reductions in people smoking, we need to continue this at a higher rate of 20 percent each year in order to escalate our

response to smokefree 2025 and invest this increased exercise tax in compliance/enforcement, Health promotion, Maori and Pacific cessation and research.

Final questions

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

Of all the issues raised in this discussion document, priority must be the lowering of smoking prevalence among Maori, Pasifika and Hapu Mama. We support an action Plan for Pacific communities as agreed to at the National Tupeka Kore Hui on 18th of May 2021.

- b). Do you have any other comments on this discussion document?

We need to intensify our mahi around being strategic and innovative in the final years of our 2025 Smokefree Goal. "Don't take the foot off the pedal"

Submission form

Your details

This submission was completed by: (name)

Email:

Phone number:

Organisation (if applicable):

Organisation address: (street/box number)
(town/city)

Role (if applicable):

Additional organisation information

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| <input type="checkbox"/> Pacific community or organisation | <input type="checkbox"/> Retailer – small, for example a dairy or convenience store |
| <input type="checkbox"/> Government organisation | <input type="checkbox"/> Retailer – medium or large, for example supermarket chain or petrol station |
| <input type="checkbox"/> Research or academic organisation – eg university, research institute | <input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture |
| <input type="checkbox"/> Other (please specify): <input type="text" value="Click or tap here to enter text."/> | |

Additional statistical information

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Age:

- Under 18
- 18 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 +
- Not applicable / prefer not to say

Ethnicity/Ethnicities I identify with:

- New Zealand European
- Māori
- Pacific Peoples
- Asian
- Other European
- Other Ethnicity *(please specify)*:
Click or tap here to enter text.
- Not applicable / prefer not to say

Privacy

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Commercial interests

Do you have any commercial interests?

- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products
- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products

Commercially sensitive information

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If your submission contains commercially sensitive information, please tick this box:

- This submission contains commercially sensitive information.

If so, please let us know where.

No commercially sensitive information

Protection from commercial and other vested interests of the tobacco industry

New Zealand has an obligation under Article 5.3 of the World Health Organisation 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, all respondents are asked to disclose whether they have any direct or indirect links to, or receive funding from, the tobacco industry.

Please provide details of any tobacco company links or vested interests below.

No links or vested interest in any tobacco company

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Consultation questions

The Ministry of Health is seeking comments on the following proposals for a smokefree Aotearoa 2025. You can find more information about these proposals in the discussion document which can be downloaded from -

<https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>.

Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

Ngai Tamahaua Hapu Rangatira signed the Tiriti o Waitangi on the 27th and 28th May 1840 Our worldview is Auahi Kore and we have a strong commitment to support Smokefree Aotearoa 2025 We believe that the Ministry of Health should show leadership to realise the aspirational goal of addressing the health outcomes for Maori Effective Maori Governance would reflection the engagement and participation of Maori at all level of decision making, management and service delivery aligned to Hapu and Iwi providers. The relationship between the Ministry of Health and Hapu and Iwi Providers needs to be strengthened to enable both parties to work together to bring about change

- b). What action are you aware of in your community that supports Smokefree 2025?

Ngai Tamahaua had a historical position of support Auahi Kore Marae at Opape We have the Muriwai Tournament an annual event that is Auahi Kore We have Auahi Kore cessation support working with Tracy Hillier who has been an advocate for over 20 years and supported 100's of Whanau become Auahi Kore We have had education programmes and promote Auahi Kore to Rangatahi and pregnant woman. We also been part of World Smokefree Day and supported Rangatahi engage in Smokefree Bands. We also had some input with the Opotiki District Council Policy on Parks and Public Places

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

Our Ngai Tamahaua submission is the Ministry needs to show a higher level of commitment to Smokefree Aotearoa 2025 and form stronger and more effective relationships with Whanau, Hapu and Iwi Smoking is the lead cause of preventable deaths and as Maori we have such high levels of smoking behaviour To make a change Ngai Tamahaua support By Maori fo Maori where we as Community lead this kaupapa working directly with Whanau. There has to be a strong focus on Tamariki and Rangatahi education to stop this

group beginning the smoking journey Promote the benefits of Auahi Kore Lifestyles and support Hapu and Iwi Community Initiatives Maori Community have the solution we just need the opportunity to engage and backup with the resources to delivery these services to our Whanau and Hapu. We also submit that there should be a return to connecting the kaupapa of Auahi Kore at every major event within Maori Community. Support education to stop Whanau taking up Smoking. Work with Whanau, Hapu and Iwi events. Getting cessation support working with Whanau and Hapu Mama

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

Research is essential. Increase research, evaluation, monitoring and reporting

As Hapu we support and believe research is essential to enhance our understanding of Smokefree and our Community determinants We need research on Maori success in being Auahi Kore and Maori models of Auahi and Maori solutions The Research on the effects on Whanau and harm of Smoking How much money is spent on smoking and the effects

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

In reference to the NZ Tobacco Control System who submit the regulations around compliance around the selling of tobacco should be strongly controlled especially around stopping Rangatahi access

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

License all retailers of tobacco and vaping products To have some control over retail and limit sellers out of high risk areas and to rangatahi

- b). 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:

Significantly reduce the number of tobacco product retailers based on population size and density To restrict the supply As Ngai Tamahaua we do wish to submit that in restricting the availability of tobacco products this should be balanced with increase support for Smokers to not increase their mental health pressures

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

Yes No

Please give reasons:

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

- d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

As Ngai Tamahaua we submit that we have to have a high commitment to the Smokefree Aotearoa. 2025 to achieve the elimination of Smoking to reduce the incidence of smoking related deaths We want a better future for our Mokopuna and all Whanau, Hapu and Iwi

- e). 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:

Click or tap here to enter text.

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

So the product is less addictive from the beginning

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

To make the product less palatable to consumers

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

Yes No

Please give reasons:

Tobacco Companies should not be allowed to keep offering toxins that kill to our Whanau. So to be allowed to innovate to change and increase appeal and addictiveness and to keep our Whanau trapped in addiction is not acceptable

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

Using the strategy of price can create huge stress and pressure on a very vulnerable group who smoke especially our Maori Whanau with limited income So we should use a range of other strategies first

Final questions

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

Enhance existing initiatives Increase investment in mass and social media campaigns
Increase investment in stop smoking services for priority populations Work with
Whanau Hapu and Iwi initiatives Re focus on Marae Auahi Kore Mana Wahine
Programmes More support for Maori solutions and Cessation Supports

- b). Do you have any other comments on this discussion document?

The Ministry of Health needs a stronger commitment to Smokefree Aotearoa 2025 considering that Smoking is the leading cause of death and Maori have such high levels of Smoking behaviour which could be changed to generate improved health outcomes For a better future we must drive for the elimination of smoking within Whanau

Within Whanau, Hapu and Iwi using a strategy of by Maori for Maori we have solutions that have been and are successful in supporting Whanau to become Auahi Kore

From a Community perspective Leadership is the key to change and within the system of Tobacco Control the Ministry of Health needs to recognise and acknowledge Maori Leadership

In pursuing Maori Hapu and Iwi solutions, hear the karanga of our Community to Honour the Tiriti. We call the Ministry of Health to give the opportunity for our Hapu to be part of this kaupapa Smokefree Aotearoa 2025 Within the Maori Community we are the solution if allowed to be part of the Smokefree Aotearoa 2025 Strategy If there is good faith intent of Kotahitangi collective solution then this will be the future of Smokefree Aotearoa by 2025

Submission form

Your details

This submission was completed by: (name)

Email:

Phone number:

Organisation (if applicable):

Organisation address: (street/box number)
(town/city)

Role (if applicable):

Additional organisation information

I am, or I represent an organisation that is, based in:

- New Zealand Australia Other (please specify):

I am, or I represent, a: (tick all that apply)

- | | |
|--|---|
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Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

We strongly advocate strengthening Māori governance around tobacco control. We are confident that a te Ao Māori approach will ensure a strong intergenerational approach that treasures pēpē and tamariki.

Effective Māori governance would give Māori the opportunity to guide and make decisions about tobacco control. This could include divested power to decide where to allocate funding in smoking cessation services, advertising and access to tobacco and any additional tobacco control measures. This governance group could operate alongside the new Māori Health Authority or within the Ministry of Health.

Our data shows Māori (34%) and Pacific (26%) children have a higher likelihood of having a smoker in the household than non-Māori and non-Pacific people (9%). The inequities of smoking rates and smoking related illnesses and the impact this has on children is significant. Whānau Āwhina Plunket data indicates Māori mothers have the highest smoking rates compared to any other ethnicities.

We advocate for the provision of resources and decision-making power to a Māori governance group to turn the tide on the smoking statistics. A mainstream approach has not had the desired impact for Maori people who smoke, so a new path forward must be charted.

Whānau Āwhina Plunket has trialled a programme called Hera and Hapū Māmā focusing on Smoking Cessation for Māori mothers. The programme utilizes a Māori model of practice that provides a holistic view and helps mothers to stop smoking. Early evaluation indicates it has helped participants in their journey of smoking cessation.

Whānau Āwhina Plunket also advocates setting a clear purpose and focus for the governance group which considers the health and wellbeing of children. The purpose needs to be in line with the Child & Youth Wellbeing Strategy and the United Nations

Convention on the Rights of the Child to protect the rights of children, including their right to good health and clean air.

- b). What action are you aware of in your community that supports Smokefree 2025?

Whānau Āwhina Plunket provides the national Well Child Tamariki Ora schedule to 85% of New Zealand tamariki. A care delivery component in the seven core visits is ABC smoking cessation. We have also been working in partnership with the Health Promotion Agency to develop and support the campaign informing and supporting the public on the upcoming changes to The Smoke-free Environments (Prohibiting Smoking in Motor Vehicles Carrying Children) Amendment Act.

Whānau Āwhina Plunket runs Whirihia (antenatal service) wananga in Kirikiriroa, which supports participants to become smokefree during their pregnancy. We have eight trained staff to provide the smoking cessation service through Whirihia wananga to whānau Māori.

Whānau Āwhina Plunket is on the Hāpai te Hauora expert advisory group for Sudden Unexplained Death of an Infant (SUDI). Smokefree homes is an important aspect of SUDI prevention.

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

Additional funding and further collaboration across the health, social and education sectors, to support grass roots approaches to smoking cessation.

Whānau Āwhina Plunket would welcome any opportunity to further collaborate with community or government organisations to support the goal of Smokefree 2025. We are in a unique position of being invited into the homes of 85% of all newborns in New Zealand and we have wide community reach. This could be harnessed to support ongoing smoking cessation work.

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

Research

The impact of parental vaping on infants and children's health and wellbeing throughout their lives is a new issue in need of stronger evidence. Vaping has been on the rise and in recent years 49.6% of youth (15 to 24-year olds) are most likely to report vaping, the highest percentage compared to any other age group¹. Based on this think the following could be considered as research priorities:

- the likelihood of children of parents who vape picking up vaping at some point in their life;

¹ Ministry of Health. 2021. *Smokefree Environments and Regulated Products Act 1990 Proposals for regulations – Public Consultation Document*. Wellington: Ministry of Health.

- understand the impact of second-hand vaping, particularly on children;
- understand the appeal e-cigarettes have for tobacco non-smokers, especially the youth.

Evaluation and Monitoring

Whānau Āwhina Plunket advocates for the evaluation of the impact of upcoming changes to The Smoke-free Environments (Prohibiting Smoking in Motor Vehicles Carrying Children) Amendment Act as this is crucial to understanding any unintended consequences or long-term impacts on vulnerable children.

We also advocate for the inclusion of a focus on children and their health and wellbeing in the evaluation and monitoring of the Environments and Regulated Products (Vaping) Amendment Act 2020.

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

Because smoking is part of a complex set of socio-economic issues influenced by poverty, housing, employment and health, a multipronged approach to strengthen the tobacco control system is recommended.

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

Whānau Āwhina Plunket supports the establishment of a licensing system for all retailers of tobacco and vaping products (in addition to specialist vape retailers). Tobacco (and vaping products) are substances that have significant adverse effects on health. A consistent licensing system will enable monitoring agencies to track sales and make decisions on any future regulation changes. This will also allow regulators to look at issuing new licenses from a population health approach, including the type of licence (e.g. vaping) against population profiles and localities (e.g. proximity to schools). This might reduce risk and impact on equitable outcomes for identified priority population groups.

Because research suggests that raising licence fees is likely to reduce tobacco sales we support an addition of license fees. This in turn may impact consumption. ²

We are conscious of the impact new laws and regulations can have on resource-poor populations. We do not agree with a punitive approach to managing infractions or any approach that will further marginalise already vulnerable communities.

- b). 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:

Whānau Āwhina Plunket strongly supports the reduction in retail availability of tobacco products by significantly reducing the number of retailers based on population size and density. The disproportional availability of tobacco in disadvantaged neighbourhoods (as outlined by the consultation document *Proposal for a Smokefree Aotearoa Action Plan 2025 Discussion Document*, pp.13) can further increase the health inequities experienced by those communities.

² Bowden, J., Dono, J., John, D., & Miller, C. (2014). What happens when the price of a tobacco retailer licence increases? *Tobacco Control*, 23(2), 178–180. <https://doi.org/10.1136/tobaccocontrol-2012-050615>

- c). Do you support reducing the retail availability of tobacco by restricting sales to a limited number of specific store types (eg, specialist R18 stores and/or pharmacies)?
- Yes No

Please give reasons:

Whānau Āwhina Plunket supports the notion of reducing the retail availability of tobacco products by restricting sales to a limited number of specific store types. However, we advise that placing cigarettes in pharmacies should be done with caution.

Notwithstanding the difference between retail pharmacies in the US and the date of the research, we draw attention to a study conducted in Indiana in 2001 which found that three quarters of pharmacists working in retail pharmacies felt that selling cigarettes did not align with their professional values. This study also found most pharmacists did not inquire about their patients smoking behaviours and were not familiar with public health smoking cessation initiatives. The report noted that counselling service programs were on offer to patients wanting to quit at three quarters of the pharmacists³.

The implicit endorsement that placing tobacco products within a pharmacy might provide would need to be mitigated by ensuring products were kept out of display and supplied in plain packaging on receipt of a prescription and the expectation that someone, either the pharmacists or other prescribing health practitioner, provides requisite health advice and support.

- d). Do you support introducing a smokefree generation policy?
- Yes No

Please give reasons:

Whānau Āwhina Plunket in principle supports the smokefree generation policy, especially noting that if effective, the health gain for Māori would be significant. This is in line with our organisational commitment to equitable outcomes for Māori and for all and upholding the principles of the Treaty of Waitangi. This policy has potential to reduce SUDI rates and eliminate the harmful impacts of second-hand smoke on infants and children.

We recommend that you to consider vaping products as well. The action plan has not considered vaping, and there is some evidence of vaping being adopted by non-smokers and little evidence on its long-term impacts.

This policy does not seem to have considered migrants and this will be a key issue in the implementation of this policy. People entering New Zealand temporarily or longer term who are existing smokers will need to receive adequate information prior to

³ Kotecki, J., & Hillery, D. (2002). A Survey of Pharmacists' Opinions and Practices Related to the Sale of Cigarettes in Pharmacies—Revisited. *Journal of Community Health, 27*(5), 321–333. <https://doi.org/10.1023/A:1019884526205>

entering the country and if necessary, access support when they arrive when they will no longer be able to purchase tobacco products.

e). 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:

Click or tap here to enter text.

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

Yes. Whānau Āwhina Plunket supports reducing the nicotine in smoked tobacco products to very low on the basis that may help people to quit smoking and reduce chances of relapsing.

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

The evidence will need to be balanced between the risk reduction benefits of having a filter (the contents of which can be regulated) and the deterrent effect of no filter. Of note, the slow breakdown of cigarette butts with filters, poses a public health nuisance to inquisitive small children and the environment.

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

Yes No

Please give reasons:

Whānau Āwhina Plunket supports allowing the Government to prohibit tobacco product innovations through regulations. Whānau Āwhina Plunket is concerned about the impact of tobacco and its targeted advertising on the younger generation.

With the limited understanding of the long-term impacts of vaping, vaping products should be included in this regulation to ensure the action plan increases the number of children and young people who remain smokefree. According to the Youth19 Rangatahi Smart Survey, 65% of students (year 9 to 13) who had tried vaping, and 58% who were regular vapers, had ever never smoked cigarettes⁴. E-cigarettes and vapes come in various candy-flavours, which appeal to youth more than the tobacco flavours and are made more attractive by its modern-day, discreet design.

⁴ Ministry of Health. 2021. *Smokefree Environments and Regulated Products Act 1990 Proposals for regulations – Public Consultation Document*. Wellington: Ministry of Health.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

Whānau Āwhina Plunket supports a minimum price for tobacco products but not in conjunction with regular tax increases. We are aware that those people still smoking are often those with less financial resources to call on. We do not want to see the addiction of family members have a further detrimental impact on children.

Final questions

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

We believe limiting access and the licensing of products are the most important issues moving forward. We would like to see an equal balance between proactive support for those stopping smoking (through an increase in campaigns and incentives) and deterring young people from smoking/vaping in the first place.

b). Do you have any other comments on this discussion document?

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

Whānau Āwhina Plunket supports the intention of Smokefree 2025 Action Plan and agrees there is a need to eliminate inequities in smoking rates and smoking-related illnesses in Aotearoa. Whānau Āwhina Plunket is on a journey to become a pro-equity organisation and is committed to equitable outcomes for whānau Māori and for all, by upholding the principles of the Treaty of Waitangi as a stated goal in Wai2575 Hauora Report.

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

Research has indicated that children of parents who are smokers are more likely to be smokers themselves⁵. There should be more investment to support maternal and

⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4035590/>

paternal smokers to quit smoking as early as possible in their children's lives⁶, ideally in the ante natal period. This is specifically to reduce the negative impacts of parental smoking on child health and increase the number of children and young people who remain smokefree.

We recommend a whānau centric approach, rather than just on parents and guardians. Focusing cessation on other people who are smokers and living in the same household and on the wider whānau would ensure the child would be truly smokefree within their immediate support circle.

Whānau Āwhina Plunket believes no child should suffer from smoking behaviour and second-hand smoking, and no child should grow up to be a smoker themselves. We would like to see the Smokefree Action Plan extended to vaping in the future because of its increasing popularity with younger people -tomorrows parents.

Whilst limited research is available on vaping, we advocate for greater investigation into the effects of second-hand vaping on infants and children and the potential risk parental vaping poses on future likelihood of children adopting the habit.

⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4035590/>

Submission form

Your details

This submission was completed by: (name)

Email:

Phone number:

Organisation (if applicable): Australian and New Zealand College of Anaesthetists & Faculty of Pain Medicine

Organisation address: (street/box number)
(town/city)

Role (if applicable):

Additional organisation information

I am, or I represent an organisation that is, based in:

- New Zealand Australia Other (please specify):
[Click or tap here to enter text.](#)

I am, or I represent, a: (tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Personal submission | <input type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
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Click or tap here to enter text.

Protection from commercial and other vested interests of the tobacco industry

New Zealand has an obligation under Article 5.3 of the World Health Organisation 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, all respondents are asked to disclose whether they have any direct or indirect links to, or receive funding from, the tobacco industry.

Please provide details of any tobacco company links or vested interests below.

Click or tap here to enter text.

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Consultation questions

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Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

Click or tap here to enter text.

- b). What action are you aware of in your community that supports Smokefree 2025?

Click or tap here to enter text.

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

Click or tap here to enter text.

- b). 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:

Click or tap here to enter text.

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

Yes No

Please give reasons:

Click or tap here to enter text.

- d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

Click or tap here to enter text.

- e). 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:

Click or tap here to enter text.

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

Click or tap here to enter text.

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

Click or tap here to enter text.

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

Yes No

Please give reasons:

Click or tap here to enter text.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

Click or tap here to enter text.

Final questions

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

Click or tap here to enter text.

- b). Do you have any other comments on this discussion document?

Click or tap here to enter text.

Submission form

Your details

This submission was completed by: (name)

Email:

Phone number:

Organisation (if applicable): Georgia State University School of Public Health

Organisation address: (street/box number)
(town/city)

Role (if applicable):

Additional organisation information

I am, or I represent an organisation that is, based in:

- New Zealand Australia Other (please specify):
United States

I am, or I represent, a: (tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Personal submission | <input type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
| <input type="checkbox"/> Community or advocacy organisation | <input type="checkbox"/> Professional organisation |
| <input type="checkbox"/> Iwi/Hāpu affiliated, and/or Māori organisation | <input type="checkbox"/> Tobacco manufacturer, importer or distributor |
| <input type="checkbox"/> Pacific community or organisation | <input type="checkbox"/> Retailer – small, for example a dairy or convenience store |
| <input type="checkbox"/> Government organisation | <input type="checkbox"/> Retailer – medium or large, for example supermarket chain or petrol station |
| <input type="checkbox"/> Research or academic organisation – eg university, research institute | <input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture |
| <input checked="" type="checkbox"/> Other (please specify):
We are all academic researchers who study tobacco control. We are submitting our professional opinion about the policy. | |

Additional statistical information

These questions are not mandatory. We are asking for information, including age and ethnicity information solely for the purposes of helping us to analyse submissions.

Age:

- Under 18
- 18 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 +
- Not applicable / prefer not to say

Ethnicity/Ethnicities I identify with:

- New Zealand European
- Māori
- Pacific Peoples
- Asian
- Other European
- Other Ethnicity *(please specify):*
Click or tap here to enter text.
- Not applicable / prefer not to say

Privacy

We intend to publish the submissions from this consultation, but **we will only publish your submission if you give permission**. We will remove personal details such as contact details and the names of individuals.

If you do not want your submission published on the Ministry's website, please tick this box:

- Do not publish this submission.

Your submission will be subject to requests made under the Official Information Act (even if it hasn't been published). If you want your personal details removed from your submission, please tick this box:

- Remove my personal details from responses to Official Information Act requests.

Commercial interests

Do you have any commercial interests?

- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products
- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products

Commercially sensitive information

We will redact commercially sensitive information before publishing submissions or releasing them under the Official Information Act.

If your submission contains commercially sensitive information, please tick this box:

- This submission contains commercially sensitive information.

If so, please let us know where.

Click or tap here to enter text.

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Yes No

Please give reasons:

Click or tap here to enter text.

- b). 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:

Click or tap here to enter text.

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

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Please give reasons:

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

Yes No

Please give reasons:

We have attached our public comment that contains our professional opinion on the subject.

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

Click or tap here to enter text.

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Yes No

Please give reasons:

Click or tap here to enter text.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

Click or tap here to enter text.

Final questions

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Click or tap here to enter text.

- b). Do you have any other comments on this discussion document?

We have attached our public comment that contains our professional opinion.

Smokefree Aotearoa 2025 Action Plan

Community | Consultation submission

Your details

This submission was completed by: (name) [redacted] Team Leader TOAM services

Email: [redacted]

Phone number: [redacted]

Organisation (if applicable): TOAM Smoking Cessation Services

Organisation address: (street/box number) [redacted]
(town/city) [redacted]

Role (if applicable): [redacted]

Additional organisation information

I am, or I represent, a: (tick all that apply)

- | | |
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| <input type="checkbox"/> Other (please specify): | |

I do not have any commercial interests in tobacco or vaping products

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Note | Introduce who you are, about your organisation, any local data/statistics, why this is important for you e.g. a personal story.

Consultation questions

Focus area 1: Strengthen the tobacco control system

a). **What would effective Māori governance of the tobacco control system look like?**

An effective Maori Governance of the tobacco control system would have strong representation and be able to influence industry / government. Whaea Tariana Turia as Chair, x2 Maori Pro quitting advocates from the tobacco sector and x2 Govt appointed members. They would sit at a level that enables a voice regarding tobacco control.

b). **What action are you aware of in your community that supports Smokefree 2025?**

64 of the 67 Councils in New Zealand have some form of a smokefree policy for council-owned **Outdoor Public Spaces** – green spaces like parks, playgrounds, reserves and sports grounds, CBD and Civic spaces, events, council-owned buildings and social housing, transport hubs, to beaches, rivers and lakes. These local smokefree outdoor policies are inconsistent across local authorities and largely unenforceable. Legislating smokefree outdoor public spaces provides a level playing field for all New Zealanders regardless of what local authority they live in, supports those trying to stop smoking and provides positive role modelling behaviour to our tamariki.

There is strong public support **Smokefree Outdoor Dining**. With 31 of the 67 councils in New Zealand currently offer some form of smokefree outdoor dining¹.

Councils and Local Government New Zealand requested that the government develop and implement legislation to prohibit smoking outside cafes, restaurants and bars in 2015. Many jurisdictions in similar countries (Australia, Canada, and the USA) have long had effective laws for various types of

smokefree outdoor areas. People trying to quit smoking need places where being smokefree is normal, and international evidence indicates that smokefree outdoor hospitality areas increase quitting attempts and reduce relapses^{2 3}.

Additional comments:

The messaging for smokefree 2025 has been quiet over the past 24 months and lost traction with the previous minister tasked with the smokefree action plan. Smokefree 2025 has not be as vocal or active and requires a fresh marketing plan to revive this initiative.

c). What is needed to strengthen community action for a Smokefree 2025?

We support legislation for **Smokefree Outdoor Public Spaces** - green spaces like parks, playgrounds, reserves and sports grounds, CBD and Civic spaces, events, council-owned buildings and social housing, transport hubs, to beaches, rivers and lakes.

Yes No

We support legislation for **Smokefree Outdoor Dining** in cafes, restaurants, bars, pubs and other hospitality/licenced venues. We do not support designated smoking areas within these hospitality venues as they are not supportive of those trying to quit smoking, do not role model positive behaviours to our tamariki and create further obstacles to achieve SF2025.

Yes No

Additional comments:

Public awareness, education via quality marketing, community groups buy into smokefree for the clubs, teams, whanau.

c). What do you think the priorities are for research, evaluation, monitoring and reporting?

Additional comments:

Addiction, change behaviour, giving up smoking, harm reduction, identifying positive outcomes i.e improvements and successful strategies to smoking cessation.

d). What else do you think is needed to strengthen New Zealand's tobacco control system?

Additional comments:

Stronger marketing, more investment,

Focus area 2: Make smoked tobacco products less available

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

We support the establishment of a tobacco retailer licencing scheme. Licencing is a pre-requisite for reducing tobacco retail availability, providing a tool to identify and manage retailer numbers⁴. Tobacco retailer licencing with annual fee increases has achieved tobacco outlet reduction in South Australia⁵. However, a licensing scheme alone will not reduce retailer numbers sufficiently to affect population health. The Government must therefore introduce additional measures to bring about a meaningful reduction in tobacco retailer numbers.

Yes No

We support licences for tobacco retailers that *specifies operating conditions*, where tobacco could be sold:

- staff training in stop smoking support,

Yes No

- annual reporting requirements,

Yes No

- density and proximity measures

Yes No

We support a *limited number of licenses* are awarded upon application provided the retailer successfully meets the licensing requirements.

Yes No

We support a *licensing fee* set greater than that for specialist vape retailers to signal the greater harm of cigarettes and help cover the costs of monitoring, enforcement, education and training of new tobacco retailers.

Yes No

We support a regulatory body being set up (or extend regulatory powers to an existing agency) to manage the market as has been established for vaping retailers (the Vaping Authority) and was proposed for cannabis retailers⁶.

Yes No

We ask that the communities would be able to have their say on tobacco retailer licence applications within their local area.

Yes No

Additional comments:

Click or tap here to enter text.

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

Tobacco is a highly addictive and deadly product and is sold by almost every dairy, supermarket and service station. Allowing tobacco to be so widely available normalises the product, frames smoking as socially acceptable, and undermines smokefree initiatives. Reducing outlet numbers is likely to help reduce disparities in smoking as tobacco retailers are heavily concentrated in disadvantaged areas⁷. Recent GIS Mapping of known tobacco retailers in New Zealand showed that there are 1.06 tobacco retailers per 1,000 people (or 945 people per retailer). New Zealand modelling studies suggest that greatly reducing the number of retail outlets would have a significant impact on reducing smoking prevalence^{8 9}. Phased reductions in availability were recently introduced in the Netherlands – with sales in supermarkets and gas stations due to be phased out by 2022¹⁰.

We support reducing the number of retail outlets to around 5% of the current number (i.e., from around 6000 to 300).

Yes No

We support reducing tobacco retail outlets based on population size and density.

Yes No

We support a set a maximum number of licenses to be issued nationally.

Yes No

We support introducing a cap of no more than one tobacco retailer in an area of 10,000 residents.

Yes No

We support no tobacco retailers are permitted within 1-km of a school.

Yes No

We support a sinking lid on licenses, whereby a license cannot carry across with the sale, relocation or change of ownership of an existing licensed retailer.

Yes No

We require that no tobacco retailer is within a 4 km radius of another specialist tobacco retailer.

Yes No

We support a progressive phasing out of tobacco retailers over a 12-month period.

Yes No

- We would like to see **dairies/convenience** stores stop selling tobacco within: 6-months 12-months
- We would like to see **petrol stations** stop selling tobacco within: 6-months 12-months
- We would like to see **liquor outlets** and other retailers stop selling tobacco within: 6-months 12-months
- We would like to see **supermarkets** stop selling tobacco within: 6-months 12-months

We prefer that all tobacco retailers, other than licenced 'age restricted' stores, stop selling tobacco by a set date as previously done through the introduction of smokefree bars and smokefree prisons.

Yes No

Additional comments:

Click or tap here to enter text.

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

We support restricting tobacco sales to '*age restricted*' **specialist stores**. This approaches will ensure that a 'level playing field' is maintained for the main existing retail outlets (dairies, convenience stores, service stations and supermarkets), none of which would be allowed to sell tobacco products.

Yes No

There is a low level of interest from *pharmacies* in selling tobacco. There are also ethical considerations with selling a deadly harmful product at pharmacies which are a health focused store. However, if the government were to restrict tobacco sales to Pharmacies, we support the following conditions be met e.g. a tobacco licencing

scheme implemented with Pharmacies exempt from fees only, tobacco sales be optional for Pharmacies, tobacco sales to be not for profit or any profits to be put back into the community, the area where tobacco is sold to be separate from remainder of store, products not visible to the public, no 'tobacco available here' advertising, staff must be quit trained and the cost of training staff to be funded by Government .

Yes No

Commercial profit from tobacco sales provides continued incentive for retailers to promote and sell this harmful product. We support the idea of Government owned specialist retailers with no commercial interest in tobacco sales. This *Government owned model* would reduce the current need for profitability and would allow the full mark up on tobacco to be transferred back to tobacco control interventions. The government model would also reduce administration costs due to not requiring licencing applications.

Yes No

Additional comments:

Click or tap here to enter text.

- d). **Do you support introducing a smokefree generation policy?** Anyone born after 1 January 2004 will never be able to lawfully be able to buy tobacco products.

Yes No

Additional comments:

Click or tap here to enter text.

Focus area 3: Make smoked tobacco products less addictive and less appealing

- a). **Do you support reducing the nicotine in smoked tobacco products to very low levels?**

Currently the contents - what goes into tobacco product, is unregulated. The consequence is that tobacco products are now highly addictive, palatable and appealing (e.g., with high nicotine content and added sugar and flavourings).

The tobacco industry and researchers and have long known that nicotine is the main cause of the addictiveness of smoking. Reducing the nicotine content to minimal or no nicotine in tobacco products reduces the addictiveness of smoked tobacco products and is likely to markedly reduce uptake, increase quitting and greatly lower smoking prevalence.

Reducing nicotine content could also support people who smoke to quit, and decrease relapse among people who are trying to quit smoking.

Yes No

b). Do you support prohibiting filters in smoked tobacco products?

Filter tips feature on almost every mass-produced cigarette smoked across the globe. Filters first appeared in the 1860s as an attempt to protect against tobacco flakes entering the mouth. Modern cellulose acetate cigarette filters were introduced in the 1950s to alleviate public concerns about smoking-related lung cancer.

The overwhelming majority of research shows that filters do not reduce the harms associated with smoking. In fact, filters may increase the harms caused by smoking by enabling smokers to inhale smoke more deeply into their lungs. Furthermore, toxic fibres shed from the cut end of the filter are inhaled and ingested by smokers.

Cigarette filters are an environmental hazard and are among the 10 most common plastics in the world's oceans. Every year, an estimated 4.5 trillion cigarette filters, commonly made of cellulose acetate - a plastic, are deposited into the environment¹¹. While designing filters from alternative, less environmentally harmful, components may seem an appropriate compromise, this measure would likely further mislead smokers. For example, it would encourage them to view discarded butts as harmless, even though toxic chemicals would still be leached into the environment. Further, biodegradable filters would still lead consumers to believe that filters made cigarette less harmful. We support prohibiting filters in smoked tobacco products.

Yes No

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

Prohibiting the use of filters will also remove product innovations such as capsules or 'crush balls' that can contain flavoured beads which when popped change the taste of the cigarette. While most capsule variants offer menthol or mint flavours, fruit flavours are increasingly common, as have cigarettes with two differently flavoured capsules in the same filter. We support prohibiting all and any product innovation.

Yes No

Flavourings can further contribute to the appeal of tobacco products. We also support the removing of additives and flavourings like menthol, which may enhance the palatability and appeal of tobacco products.

Yes No

Additional comments:

Click or tap here to enter text.

Focus area 4: Make tobacco products less affordable

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

We support a Minimum Price Policy (MPP) which typically requires cigarette retailers to charge a minimum retail price for tobacco, this minimum price for all cigarettes prohibits discounts to consumers and retailers. This would prevent price shifting and discounting tactics designed to keep people who smoke from consuming large volumes and thus sustaining heavy addictions.

Yes No

Additional comments:

Click or tap here to enter text.

Focus area 5: Enhance existing initiatives

a). **Increase investment in mass and social media campaigns**

We support increased investment in evidence-based mass media campaigns including social media and would encourage the addition of complementary localised content to campaigns. A particular focus on culturally appropriate media for Māori and Pacific peoples is required.

Yes No

Additional comments:

Click or tap here to enter text.

b). **Increase investment in stop smoking services for priority populations**

Demand for Stop Smoking Services will also increase as additional measures are put in place to reduce the availability and appeal of tobacco as part of the Smokefree 2025 Action Plan. We support increasing investment in stop smoking services alongside improving access to prescription medications – all nicotine replacement therapy products should be subsidised (e.g. Inhalator & Quit Mist which is currently unfunded).

Yes No

In order to achieve maximum effectiveness of interventions outlined in the governments SF2025 Action Plan, a supportive compliance and enforcement system needs to be established. This includes having sufficient resourcing at both national and regional levels and clear regulatory direction. We support increased funding to ensure effective retailer compliance and enforcement.

Yes No

While we recognise that vaping has the potential to support people to stop smoking we would like to see the government develop *vaping end-game strategy* to recognise that, vaping is not intended for on-going use.

Yes No

Additional comments:

Click or tap here to enter text.

Final questions

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

A timeline to ensure that implementation of initiatives commences asap

- b). Do you have any other comments on this discussion document?

Click or tap here to enter text.

-
- 1 <https://www.smokefree.org.nz/smokefree-resources/maps-of-nz-councils-smokefree-outdoor-policies-and-spaces>
 - 2 Zablocki RW, Edland SD, Myers MG, Strong DR, Hofstetter CR, Al-Delaimy WK. Smoking ban policies and their influence on smoking behaviors among current California smokers: a population-based study. *Prev Med* 2014;59:73-8.
 - 3 Chaiton M, Diemert L, Zhang B, Kennedy RD, Cohen JE, Bondy SJ, Ferrence R. Exposure to smoking on patios and quitting: a population representative longitudinal cohort study. *Tob Control* 2016;25:83-8.
 - 4 <https://blogs.otago.ac.nz/pubhealthexpert/reducing-tobacco-retail-availability-how-could-this-be-achieved-and-what-evidence-supports-the-nz-governments-proposals/>
 - 5 Bowden JA, Dono J, John DL, et al. What happens when the price of a tobacco retailer licence increases? *Tob Control* 2014;23(2):178-80. doi: 10.1136/tobaccocontrol-2012-050615 [published Online First: 2013/06/21]
 - 6 <https://ndhadeliver.natlib.govt.nz/webarchive/wayback/20200605065137/https://www.referendums.govt.nz/cannabis/summary.html>
 - 7 Marsh L, Doscher C, Robertson LA. Characteristics of tobacco retailers in New Zealand. *Health Place* 2013;23:165-70. doi: 10.1016/j.healthplace.2013.07.003
 - 8 Pearson AL, Cleghorn CL, van der Deen FS, et al. Tobacco retail outlet restrictions: health and cost impacts from multistate life-table modelling in a national population. *Tob Control* 2016;(E-publication 22 September) doi: 10.1136/tobaccocontrol-2015-052846 [published Online First: 2016/09/24]
 - 9 Petrović-van der Deen FS, Blakely T, Kvizhinadze G, et al. Restricting tobacco sales to only pharmacies combined with cessation advice: a modelling study of the future smoking prevalence, health and cost impacts. *Tob Control* 2018;(E-publication 9 November) doi: 10.1136/tobaccocontrol-2018-054600 [published Online First: 2018/11/11]
 - 10 van Lier B, de kanter W. NETHERLANDS: Move to phase out tobacco sales in supermarkets and petrol stations. *Tob Control* 2020;29:247. <https://tobaccocontrol.bmj.com/content/29/3/247>.
 - 11 Evans-Reeves K, Lauber K, Hiscock R. *Tob Control* Epub ahead of print: [please include Day Month Year]. doi:10.1136/tobaccocontrol-2020-056245

Smokefree Aotearoa 2025 Action Plan

Community | Consultation submission

Your details

This submission was completed by: *(name)*

Email:

Phone number:

Organisation *(if applicable)*:

Organisation address: *(street/box number)*
(town/city)

Role *(if applicable)*:

[Redacted]
[Redacted]
[Redacted]
TOAM Smoking Cessation Services
[Redacted]
[Redacted]
[Redacted]

Additional organisation information

I am, or I represent, a: *(tick all that apply)*

- | | |
|--|---|
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An effective Maori Governance of the tobacco control system would have strong representation and be able to influence industry / government. Whaea Tariana Turia as Chair, x2 Maori Pro quitting advocates from the tobacco sector and x2 Govt appointed members. They would sit at a level that enables a voice regarding tobacco control.

b). **What action are you aware of in your community that supports Smokefree 2025?**

64 of the 67 Councils in New Zealand have some form of a smokefree policy for council-owned **Outdoor Public Spaces** – green spaces like parks, playgrounds, reserves and sports grounds, CBD and Civic spaces, events, council-owned buildings and social housing, transport hubs, to beaches, rivers and lakes. These local smokefree outdoor policies are inconsistent across local authorities and largely unenforceable. Legislating smokefree outdoor public spaces provides a level playing field for all New Zealanders regardless of what local authority they live in, supports those trying to stop smoking and provides positive role modelling behaviour to our tamariki.

There is strong public support **Smokefree Outdoor Dining**. With 31 of the 67 councils in New Zealand currently offer some form of smokefree outdoor dining¹.

Councils and Local Government New Zealand requested that the government develop and implement legislation to prohibit smoking outside cafes, restaurants and bars in 2015. Many jurisdictions in similar countries (Australia, Canada, and the USA) have long had effective laws for various types of

smokefree outdoor areas. People trying to quit smoking need places where being smokefree is normal, and international evidence indicates that smokefree outdoor hospitality areas increase quitting attempts and reduce relapses^{2 3}.

Additional comments:

The messaging for smokefree 2025 has been quiet over the past 24 months and lost traction with the previous minister tasked with the smokefree action plan. Smokefree 2025 has not be as vocal or active and requires a fresh marketing plan to revive this initiative.

c). What is needed to strengthen community action for a Smokefree 2025?

We support legislation for **Smokefree Outdoor Public Spaces** - green spaces like parks, playgrounds, reserves and sports grounds, CBD and Civic spaces, events, council-owned buildings and social housing, transport hubs, to beaches, rivers and lakes.

Yes No

We support legislation for **Smokefree Outdoor Dining** in cafes, restaurants, bars, pubs and other hospitality/licenced venues. We do not support designated smoking areas within these hospitality venues as they are not supportive of those trying to quit smoking, do not role model positive behaviours to our tamariki and create further obstacles to achieve SF2025.

Yes No

Additional comments:

Public awareness, education via quality marketing, community groups buy into smokefree for the clubs, teams, whanau.

c). What do you think the priorities are for research, evaluation, monitoring and reporting?

Additional comments:

Addiction, change behaviour, giving up smoking, harm reduction, identifying positive outcomes i.e improvements and successful strategies to smoking cessation.

d). What else do you think is needed to strengthen New Zealand's tobacco control system?

Additional comments:

Stronger marketing, more investment,

Focus area 2: Make smoked tobacco products less available

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

We support the establishment of a tobacco retailer licencing scheme. Licencing is a pre-requisite for reducing tobacco retail availability, providing a tool to identify and manage retailer numbers⁴. Tobacco retailer licencing with annual fee increases has achieved tobacco outlet reduction in South Australia⁵. However, a licensing scheme alone will not reduce retailer numbers sufficiently to affect population health. The Government must therefore introduce additional measures to bring about a meaningful reduction in tobacco retailer numbers.

Yes No

We support licences for tobacco retailers that *specifies operating conditions*, where tobacco could be sold:

- staff training in stop smoking support,

Yes No

- annual reporting requirements,

Yes No

- density and proximity measures

Yes No

We support a *limited number of licenses* are awarded upon application provided the retailer successfully meets the licensing requirements.

Yes No

We support a *licensing fee* set greater than that for specialist vape retailers to signal the greater harm of cigarettes and help cover the costs of monitoring, enforcement, education and training of new tobacco retailers.

Yes No

We support a regulatory body being set up (or extend regulatory powers to an existing agency) to manage the market as has been established for vaping retailers (the Vaping Authority) and was proposed for cannabis retailers⁶.

Yes No

We ask that the communities would be able to have their say on tobacco retailer licence applications within their local area.

Yes No

Additional comments:

Click or tap here to enter text.

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

Tobacco is a highly addictive and deadly product and is sold by almost every dairy, supermarket and service station. Allowing tobacco to be so widely available normalises the product, frames smoking as socially acceptable, and undermines smokefree initiatives. Reducing outlet numbers is likely to help reduce disparities in smoking as tobacco retailers are heavily concentrated in disadvantaged areas⁷. Recent GIS Mapping of known tobacco retailers in New Zealand showed that there are 1.06 tobacco retailers per 1,000 people (or 945 people per retailer). New Zealand modelling studies suggest that greatly reducing the number of retail outlets would have a significant impact on reducing smoking prevalence^{8 9}. Phased reductions in availability were recently introduced in the Netherlands – with sales in supermarkets and gas stations due to be phased out by 2022¹⁰.

We support reducing the number of retail outlets to around 5% of the current number (i.e., from around 6000 to 300).

Yes No

We support reducing tobacco retail outlets based on population size and density.

Yes No

We support a set a maximum number of licenses to be issued nationally.

Yes No

We support introducing a cap of no more than one tobacco retailer in an area of 10,000 residents.

Yes No

We support no tobacco retailers are permitted within 1-km of a school.

Yes No

We support a sinking lid on licenses, whereby a license cannot carry across with the sale, relocation or change of ownership of an existing licensed retailer.

Yes No

We require that no tobacco retailer is within a 4 km radius of another specialist tobacco retailer.

Yes No

We support a progressive phasing out of tobacco retailers over a 12-month period.

Yes No

- We would like to see **dairies/convenience** stores stop selling tobacco within: 6-months 12-months
- We would like to see **petrol stations** stop selling tobacco within: 6-months 12-months
- We would like to see **liquor outlets** and other retailers stop selling tobacco within: 6-months 12-months
- We would like to see **supermarkets** stop selling tobacco within: 6-months 12-months

We prefer that all tobacco retailers, other than licenced 'age restricted' stores, stop selling tobacco by a set date as previously done through the introduction of smokefree bars and smokefree prisons.

Yes No

Additional comments:

Click or tap here to enter text.

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

We support restricting tobacco sales to '*age restricted*' **specialist stores**. This approaches will ensure that a 'level playing field' is maintained for the main existing retail outlets (dairies, convenience stores, service stations and supermarkets), none of which would be allowed to sell tobacco products.

Yes No

There is a low level of interest from *pharmacies* in selling tobacco. There are also ethical considerations with selling a deadly harmful product at pharmacies which are a health focused store. However, if the government were to restrict tobacco sales to Pharmacies, we support the following conditions be met e.g. a tobacco licencing

scheme implemented with Pharmacies exempt from fees only, tobacco sales be optional for Pharmacies, tobacco sales to be not for profit or any profits to be put back into the community, the area where tobacco is sold to be separate from remainder of store, products not visible to the public, no 'tobacco available here' advertising, staff must be quit trained and the cost of training staff to be funded by Government .

Yes No

Commercial profit from tobacco sales provides continued incentive for retailers to promote and sell this harmful product. We support the idea of Government owned specialist retailers with no commercial interest in tobacco sales. This *Government owned model* would reduce the current need for profitability and would allow the full mark up on tobacco to be transferred back to tobacco control interventions. The government model would also reduce administration costs due to not requiring licencing applications.

Yes No

Additional comments:

Click or tap here to enter text.

- d). **Do you support introducing a smokefree generation policy?** Anyone born after 1 January 2004 will never be able to lawfully be able to buy tobacco products.

Yes No

Additional comments:

Click or tap here to enter text.

Focus area 3: Make smoked tobacco products less addictive and less appealing

- a). **Do you support reducing the nicotine in smoked tobacco products to very low levels?**

Currently the contents - what goes into tobacco product, is unregulated. The consequence is that tobacco products are now highly addictive, palatable and appealing (e.g., with high nicotine content and added sugar and flavourings).

The tobacco industry and researchers and have long known that nicotine is the main cause of the addictiveness of smoking. Reducing the nicotine content to minimal or no nicotine in tobacco products reduces the addictiveness of smoked tobacco products and is likely to markedly reduce uptake, increase quitting and greatly lower smoking prevalence.

Reducing nicotine content could also support people who smoke to quit, and decrease relapse among people who are trying to quit smoking.

Yes No

b). Do you support prohibiting filters in smoked tobacco products?

Filter tips feature on almost every mass-produced cigarette smoked across the globe. Filters first appeared in the 1860s as an attempt to protect against tobacco flakes entering the mouth. Modern cellulose acetate cigarette filters were introduced in the 1950s to alleviate public concerns about smoking-related lung cancer.

The overwhelming majority of research shows that filters do not reduce the harms associated with smoking. In fact, filters may increase the harms caused by smoking by enabling smokers to inhale smoke more deeply into their lungs. Furthermore, toxic fibres shed from the cut end of the filter are inhaled and ingested by smokers.

Cigarette filters are an environmental hazard and are among the 10 most common plastics in the world's oceans. Every year, an estimated 4.5 trillion cigarette filters, commonly made of cellulose acetate - a plastic, are deposited into the environment¹¹. While designing filters from alternative, less environmentally harmful, components may seem an appropriate compromise, this measure would likely further mislead smokers. For example, it would encourage them to view discarded butts as harmless, even though toxic chemicals would still be leached into the environment. Further, biodegradable filters would still lead consumers to believe that filters made cigarette less harmful. We support prohibiting filters in smoked tobacco products.

Yes No

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

Prohibiting the use of filters will also remove product innovations such as capsules or 'crush balls' that can contain flavoured beads which when popped change the taste of the cigarette. While most capsule variants offer menthol or mint flavours, fruit flavours are increasingly common, as have cigarettes with two differently flavoured capsules in the same filter. We support prohibiting all and any product innovation.

Yes No

Flavourings can further contribute to the appeal of tobacco products. We also support the removing of additives and flavourings like menthol, which may enhance the palatability and appeal of tobacco products.

Yes No

Additional comments:

Click or tap here to enter text.

Focus area 4: Make tobacco products less affordable

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

We support a Minimum Price Policy (MPP) which typically requires cigarette retailers to charge a minimum retail price for tobacco, this minimum price for all cigarettes prohibits discounts to consumers and retailers. This would prevent price shifting and discounting tactics designed to keep people who smoke from consuming large volumes and thus sustaining heavy addictions.

Yes No

Additional comments:

Click or tap here to enter text.

Focus area 5: Enhance existing initiatives

a). **Increase investment in mass and social media campaigns**

We support increased investment in evidence-based mass media campaigns including social media and would encourage the addition of complementary localised content to campaigns. A particular focus on culturally appropriate media for Māori and Pacific peoples is required.

Yes No

Additional comments:

Click or tap here to enter text.

b). **Increase investment in stop smoking services for priority populations**

Demand for Stop Smoking Services will also increase as additional measures are put in place to reduce the availability and appeal of tobacco as part of the Smokefree 2025 Action Plan. We support increasing investment in stop smoking services alongside improving access to prescription medications – all nicotine replacement therapy products should be subsidised (e.g. Inhalator & Quit Mist which is currently unfunded).

Yes No

In order to achieve maximum effectiveness of interventions outlined in the governments SF2025 Action Plan, a supportive compliance and enforcement system needs to be established. This includes having sufficient resourcing at both national and regional levels and clear regulatory direction. We support increased funding to ensure effective retailer compliance and enforcement.

Yes No

While we recognise that vaping has the potential to support people to stop smoking we would like to see the government develop *vaping end-game strategy* to recognise that, vaping is not intended for on-going use.

Yes No

Additional comments:

Click or tap here to enter text.

Final questions

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

A timeline to ensure that implementation of initiatives commences asap

- b). Do you have any other comments on this discussion document?

Click or tap here to enter text.

-
- 1 <https://www.smokefree.org.nz/smokefree-resources/maps-of-nz-councils-smokefree-outdoor-policies-and-spaces>
 - 2 Zablocki RW, Edland SD, Myers MG, Strong DR, Hofstetter CR, Al-Delaimy WK. Smoking ban policies and their influence on smoking behaviors among current California smokers: a population-based study. *Prev Med* 2014;59:73-8.
 - 3 Chaiton M, Diemert L, Zhang B, Kennedy RD, Cohen JE, Bondy SJ, Ferrence R. Exposure to smoking on patios and quitting: a population representative longitudinal cohort study. *Tob Control* 2016;25:83-8.
 - 4 <https://blogs.otago.ac.nz/pubhealthexpert/reducing-tobacco-retail-availability-how-could-this-be-achieved-and-what-evidence-supports-the-nz-governments-proposals/>
 - 5 Bowden JA, Dono J, John DL, et al. What happens when the price of a tobacco retailer licence increases? *Tob Control* 2014;23(2):178-80. doi: 10.1136/tobaccocontrol-2012-050615 [published Online First: 2013/06/21]
 - 6 <https://ndhadeliver.natlib.govt.nz/webarchive/wayback/20200605065137/https://www.referendums.govt.nz/cannabis/summary.html>
 - 7 Marsh L, Doscher C, Robertson LA. Characteristics of tobacco retailers in New Zealand. *Health Place* 2013;23:165-70. doi: 10.1016/j.healthplace.2013.07.003
 - 8 Pearson AL, Cleghorn CL, van der Deen FS, et al. Tobacco retail outlet restrictions: health and cost impacts from multistate life-table modelling in a national population. *Tob Control* 2016;(E-publication 22 September) doi: 10.1136/tobaccocontrol-2015-052846 [published Online First: 2016/09/24]
 - 9 Petrović-van der Deen FS, Blakely T, Kvizhinadze G, et al. Restricting tobacco sales to only pharmacies combined with cessation advice: a modelling study of the future smoking prevalence, health and cost impacts. *Tob Control* 2018;(E-publication 9 November) doi: 10.1136/tobaccocontrol-2018-054600 [published Online First: 2018/11/11]
 - 10 van Lier B, de kanter W. NETHERLANDS: Move to phase out tobacco sales in supermarkets and petrol stations. *Tob Control* 2020;29:247. <https://tobaccocontrol.bmj.com/content/29/3/247>.
 - 11 Evans-Reeves K, Lauber K, Hiscock R. *Tob Control* Epub ahead of print: [please include Day Month Year]. doi:10.1136/tobaccocontrol-2020-056245

Submission form

Your details

This submission was completed by: (name)

Email:

Phone number:

Organisation (if applicable):

Organisation address: (street/box number)
(town/city)

Role (if applicable):

Additional organisation information

I am, or I represent an organisation that is, based in:

- New Zealand Australia Other (please specify):

I am, or I represent, a: (tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Personal submission | <input type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
| <input type="checkbox"/> Community or advocacy organisation | <input type="checkbox"/> Professional organisation |
| <input type="checkbox"/> Iwi/Hāpu affiliated, and/or Māori organisation | <input type="checkbox"/> Tobacco manufacturer, importer or distributor |
| <input type="checkbox"/> Pacific community or organisation | <input checked="" type="checkbox"/> Retailer – small, for example a dairy or convenience store |
| <input type="checkbox"/> Government organisation | <input checked="" type="checkbox"/> Retailer – medium or large, for example supermarket chain or petrol station |
| <input type="checkbox"/> Research or academic organisation – eg university, research institute | <input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture |
| <input type="checkbox"/> Other (please specify): <input type="text" value="Click or tap here to enter text."/> | |

Additional statistical information

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- Under 18
- 18 – 34
- 35 – 44
- 45 – 54
- 55 – 64
- 65 +
- Not applicable / prefer not to say

Ethnicity/Ethnicities I identify with:

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Commercial interests

Do you have any commercial interests?

- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products
- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products

Commercially sensitive information

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Please provide details of any tobacco company links or vested interests below.

Click or tap here to enter text.

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

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Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

Click or tap here to enter text.

- b). What action are you aware of in your community that supports Smokefree 2025?

Click or tap here to enter text.

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

No as it will affect are profit, Gst and our overall business.

- b). 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:

As if wont change or stop people from buying tobacco.

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

Yes No

Please give reasons:

As if wont change or stop people from buying tobacco.

- d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

As people will move to other harmful substances.

- e). 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:

It will badly effect on our business profits.

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

Click or tap here to enter text.

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

Click or tap here to enter text.

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

Yes No

Please give reasons:

Click or tap here to enter text.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

Click or tap here to enter text.

Final questions

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

Click or tap here to enter text.

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Focus area 1: Strengthen the tobacco control system

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Click or tap here to enter text.

- b). What action are you aware of in your community that supports Smokefree 2025?

Vaping products helps people get off tobacco products

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

This is increasing cost compliance, which negatively affects small retailers who cannot afford to pay these costs. Regulations are not efficient for the economy.

- b). 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:

It will lead to more crime of these retailers and black-market activity

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

Yes No

Please give reasons:

It will lead to more crime of these retailers and black-market activity

- d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

People will still have access to tobacco by other means such as through other people and black-market. There may be more crime as tobacco is harder to get. Also, it will be hard to enforce.

- e). 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:

Most dairy/superettes and petrol stations will close. Those customers who buy groceries along with tobacco will shop nearby tobacconist shops, which will have effect on our grocery sales as well. There will be a significant number of people out of

jobs because of businesses shutting down. While young people might be able to find another job, most of the 55+ age group will have to go on the social benefit.

There are certain groups in society such as the elderly that rely on their local dairies/superettes for groceries and other items. If these retailers close, then the needs of these groups will not be met.

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

It will lead to more crime and black-market activity as tobacco with higher nicotine will be available on the black market. More illegal tobacco coming into the country and more unnecessary resourcing required for Customs and Police to crack down on this activity.

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

Will make cigarettes less safe and undesirable health outcomes and dental decay

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

Yes No

Please give reasons:

Innovations such as vape has allowed many people to get off tobacco and such innovation should be encouraged.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

It leads to more crime and black-market activity, as we have seen a lot since excise duty tax on tobacco was introduced.

The high prices of cigarettes/tobacco are already having a consequence in that many people that are addicted are no longer buying enough food for themselves. I have seen several people in this situation, which is quite terrible for those people's health. This is increasing poverty in the country and not reducing it as intended by the government.

Final questions

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

Eliminating crime and blackmarket activity but the 2025 smokefree proposal

- b). Do you have any other comments on this discussion document?

I believe the governments smokefree 2025 action plan will lead to unintended consequences and greater issues in society.

To make New Zealand a completely smokefree country by 2025 is a practically impossible task. If tobacco is sold by less or no retailers then it will be sold in the black market illegally. The government and small businesses will ultimately be the biggest loser from this, and criminals will be the biggest winner.

While there is no doubt that tobacco sales have decreased due to the high taxes placed on tobacco, the price gap between tobacco and illegal drugs has decreased. This has resulted to consequences and significantly more criminal activity.

One such consequence is that it has led to the increased prevalence of illegal tobacco and drugs. I have noticed many people buying tobacco papers and filters now only. They are carrying loose tobacco in snap lock bags, which appear to black market tobacco.

Another consequence of the high prices of cigarettes/tobacco is that many people that are addicted are no longer buying enough food for themselves. I have seen several people in this situation, which is quite terrible for those people's health.

NZ is becoming like a 3rd world country. There are so many people that can be seen these days collecting cigarette butts off the ground and side gutters and taking the tobacco from that for the purpose of making cigarettes. This is not healthy, nor is it the image of the country that we want to portray to the world.

To make NZ a smoke-free country by 2025 will worsen the already dire situation and will result in undesirable outcomes in society as follows:

Most dairy/superettes and petrol stations will close. Those customers who buy groceries along with tobacco will shop nearby tobacconist shops, which will have effect on our grocery sales as well. There will be a significant number of people out of

jobs because of businesses shutting down. While young people might be able to find another job, most of the 55+ age group will have to go on the social benefit.

There are certain groups in society such as the elderly that rely on their local dairies/superettes for groceries and other items. If these retailers close, then the needs of these groups will not be met.

The real economy will shrink, and the black-market economy will expand. Tobacco being sold in the black-market will easily expose people to other harmful illegal drugs that they would not otherwise have exposure to. Consumption of hard drugs cause greater harm to society than tobacco use and there are possibilities we will see more accidents on roads as well as at workplaces too. Alternatively, if addicted people cannot access tobacco, then they may suffer from depression, which is creating another health-related problem.

The Government will need to increase the police force to encounter criminal and black-market activities. Additionally, more jails are needed to put criminals behind bars. Some criminals will keep reoffending with illegal activities no matter how many times they go to jail. This proposal will breed more criminals and taxpayers will have to pay those additional costs.

We also question the timing of such a drastic change. We have not come out from the Coronavirus pandemic and the government needs to recover the additional spending put towards the pandemic. Losing the billions of dollars in tobacco excise duty revenue and the increase in spending will be an economic disaster and ultimately taxpayers will suffer.

Some people want to live their life with an addiction. If you force them to give up tobacco, then they will look at other avenues to fulfil their addiction.

In summary, the proposed action plan will be detrimental to society. It is promoting black-market activity and will result in more crime. Businesses will be forced to shut down, creating significant unemployment. The government emphasis should be on supporting people with a tobacco addiction in a different way instead of punishing small businesses that are contributing to society and the economy.

Smokefree Aotearoa 2025 Action Plan

Consultation submission

Your details

This submission was completed by: (name) [REDACTED]

Email: [REDACTED]

Phone number: [REDACTED]

Organisation (if applicable): Nga Tai Ora Public Health Northland

Organisation address: (street/box number) [REDACTED]
(town/city) [REDACTED]

Role (if applicable): [REDACTED]

Additional organisation information

I am, or I represent, a: (tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Personal submission | <input type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
| <input type="checkbox"/> Community or advocacy organisation | <input type="checkbox"/> Professional organisation |
| <input type="checkbox"/> Iwi/Hāpu affiliated, and/or Māori organisation | <input type="checkbox"/> Tobacco manufacturer, importer or distributor |
| <input type="checkbox"/> Pacific community or organisation | <input type="checkbox"/> Research or academic organisation – eg university, research institute |
| <input checked="" type="checkbox"/> Government organisation | <input type="checkbox"/> |
| <input type="checkbox"/> Other (please specify): | |

I do not have any commercial interests in tobacco or vaping products

If you do not want your submission published on the Ministry's website, please tick this box:

Do not publish this submission.

Your submission will be subject to requests made under the Official Information Act (even if it hasn't been published). If you want your personal details removed from your submission, please tick this box:

Remove my personal details from responses to Official Information Act requests.

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013,
Wellington 6140.

Introduction & Background

We congratulate the NZ Government on its proposed Action Plan for the Smokefree Aotearoa 2025 goal. The proposed plan contains excellent potential new tobacco control measures that are truly world-leading. If adopted and implemented in full, the Action Plan offers a realistic chance of realising the 2025 goal.

Northland DHB is the major health provider in Te Tai Tokerau/Northland. We oversee four local hospitals, as well as providing a wide range of health services. NDHB is the largest employer in Northland.

As an organisation, we are committed to the health of our people and communities. A major focus is on equity; Northland has a very high proportion of people in the most deprived section of the population while the least deprived section is under-represented. Māori experience low health status across a range of health and socio-economic statistics, comprising over one-third of Northland's total population. Māori experience early onset of long-term conditions like cardiovascular disease and diabetes, and their life expectancy is about nine years less than non-Māori. We believe everyone has the right to the highest attainable standard of physical and mental health. With this belief comes our responsibility to ensure that all our services, facilities, and workforce are accessible, acceptable and sufficient.

Consultation questions

Focus area 1: Strengthen the tobacco control system

- a). **What would effective Māori governance of the tobacco control system look like?**

At the recent National Hui Maori/Tupeka Kore Aotearoa in Wellington, a radical plan was tabled and agreed to by all who were present in the room. This included ending all current campaigns, strategies and initiatives by December 2021 to refocus funding, resources and workforce in development of new campaigns that prioritise Maori and Pasifika communities in all planning, with Maori-specific smokefree campaigns. This would be overseen by an advisory board comprised of those such as Dame Tariana Turia, Dame Aroha Reriti-Croft, Hone Harawira, Shane Kawenata Bradbrook, Moana Maniapoto and Skye Kimura. It was felt that 'if we don't do something radical we will never get there for our Maori whanau to have the quality and longevity of life that they are entitled to'. One of the most important factors regarding Maori governance is control/ rangatiratanga over initiatives from design to implementation to evaluation and research¹.

b). What action are you aware of in your community that supports Smokefree 2025?

64 of the 67 Councils in New Zealand have some form of a smokefree policy for council-owned **Outdoor Public Spaces** – green spaces like parks, playgrounds, reserves and sports grounds, CBD and Civic spaces, events, council-owned buildings and social housing, transport hubs, to beaches, rivers and lakes. These local smokefree outdoor policies are inconsistent across local authorities and largely unenforceable. Legislating smokefree outdoor public spaces provides a level playing field for all New Zealanders regardless of what local authority they live in, supports those trying to stop smoking and provides positive role modelling behaviour to our tamariki.

There is strong public support **Smokefree Outdoor Dining**. With 31 of the 67 councils in New Zealand currently offer some form of smokefree outdoor dining².

Councils and Local Government New Zealand requested that the government develop and implement legislation to prohibit smoking outside cafes, restaurants and bars in 2015. Many jurisdictions in similar countries (Australia, Canada, and the USA) have long had effective laws for various types of smokefree outdoor areas. People trying to quit smoking need places where being smokefree is normal, and international evidence indicates that smokefree outdoor hospitality areas increase quitting attempts and reduce relapses^{3,4}.

NDHB has undertaken several research projects designed to highlight the perceptions of Northland's tobacco retailers and those tobacco-free retailers throughout New Zealand – more information below.

c). What is needed to strengthen community action for a Smokefree 2025?

We support legislation for Smokefree Outdoor Public Spaces - green spaces like parks, playgrounds, reserves and sports grounds, CBD and Civic spaces, events, council-owned buildings and social housing, transport hubs, to beaches, rivers and lakes.

We support legislation for Smokefree Outdoor Dining in cafes, restaurants, bars, pubs and other hospitality/licenced venues. **We do not support designated smoking areas within these hospitality venues** as they are not supportive of those trying to quit smoking, do not role model positive behaviours to our tamariki and create further obstacles to achieve SF2025.

c). What do you think the priorities are for research, evaluation, monitoring and reporting?

More research is needed on Maori and smoking, with regard to, for example, barriers to cessation, solutions to dissolving those barriers, and deeper evaluation of why mainstream methods are not working as they should for Maori. Action research to

develop Maori methods of stop smoking is also required. These projects should be Maori-designed and Maori-led. This would enable better opportunity to develop initiatives that have a better uptake by Maori and are more likely to have positive outcomes.

d). What else do you think is needed to strengthen New Zealand's tobacco control system?

The kind of initiatives put forward in the Action Plan could go a long way to reducing tobacco consumption and reach our targets of 5%.

Focus area 2: Make smoked tobacco products less available

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

We support the establishment of a tobacco retailer licencing scheme. Licencing is a pre-requisite for reducing tobacco retail availability, providing a tool to identify and manage retailer numbers³. Tobacco retailer licencing with annual fee increases has achieved tobacco outlet reduction in South Australia⁵. However, a licencing scheme alone will not reduce retailer numbers sufficiently to affect population health. The Government must therefore introduce additional measures to bring about a meaningful reduction in tobacco retailer numbers.

We support licences for tobacco retailers that **specifies operating conditions**, where tobacco could be sold e.g.: staff training in stop smoking support, annual reporting requirements and, density and proximity measures. We support a **limited number of licenses** are awarded upon application provided the retailer successfully meets the licencing requirements.

We support a **licensing fee** set greater than that for specialist vape retailers to signal the greater harm of cigarettes and help cover the costs of monitoring, enforcement, education and training of new tobacco retailers. We support a **regulatory body** being set up (or extend regulatory powers to an existing agency) to manage the market as has been established for vaping retailers (the Vaping Authority) and was proposed for cannabis retailers¹⁵. We ask that the communities would be able to have their say on tobacco retailer licence applications within their local area.

Ngā Tai Ora/Public Health Northland undertook three research projects relating to the perceptions of owners/managers of convenience stores, dairies and alcohol retailers who sell tobacco projects⁶. While many supported the idea of licencing, only 9.1% were interested in becoming voluntary Tobacco Free Retailers. A national licencing scheme, however, elicited comments such as "Happy to have a license; it keeps us safe and sets clear rules", and "That is good – they will know how to sell and

who to sell to.” There were major concerns though about the impact on their business if they had to stop selling tobacco, and therefore some considered they would continue selling tobacco through a license. One participant noted “I would just get a license because it is a part of my core business”; and “Tobacco is a draw card so that’s why I sell them, otherwise they’ll just get them from [elsewhere]”. A petrol station owner suggested he would just become a self-service fuel outlet, as having no tobacco meant no other customers and shop sales. Others thought it would be “Not worth it for such a small margin”; another suggested this would not work as a smokefree initiative because “I can still sell tobacco and then the government makes more money.” The main concerns, however, from this group, was the loss of customers and therefore profit, and angry/ inconvenienced customers⁶.

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

Tobacco is a highly addictive and deadly product and is sold by almost every dairy, supermarket and service station. Allowing tobacco to be so widely available normalises the product, frames smoking as socially acceptable, and undermines smokefree initiatives. Reducing outlet numbers is likely to help reduce disparities in smoking as tobacco retailers are heavily concentrated in disadvantaged areas⁷. Recent GIS Mapping of known tobacco retailers in New Zealand showed that there are 1.06 tobacco retailers per 1,000 people (or 945 people per retailer). New Zealand modelling studies suggest that greatly reducing the number of retail outlets would have a significant impact on reducing smoking prevalence^{8,9}. Phased reductions in availability were recently introduced in the Netherlands – with sales in supermarkets and gas stations due to be phased out by 2022¹⁰.

We support reducing the number of retail outlets to around 5% of the current number (i.e., from around 6000 to 300).

We support reducing tobacco retail outlets based on population size and density, a set a maximum number of licenses to be issued nationally, introducing a cap of no more than one tobacco retailer in an area of 10,000 residents, no tobacco retailers are permitted within 1-km of a school, a sinking lid on licenses, whereby a license cannot carry across with the sale, relocation or change of ownership of an existing licensed retailer, no tobacco retailer is within a 4 km radius of another specialist tobacco retailer.

We support a progressive phasing out of tobacco retailers over a 12-month period.

We would like to see **supermarkets, liquor outlets and other retailers** stop selling tobacco within 6-months.

We would like to see **dairies/convenience stores** and **petrol stations** stop selling tobacco within 12-months.

We would also consider all tobacco retailers, other than licenced '*age restricted*' stores, **stop selling tobacco by a set date** as previously done through the introduction of smokefree bars and smokefree prisons.

There are currently 53 retailers throughout the country who have become voluntarily tobacco free (Tobacco Free Retailers, TFR). In February 2020, the Auckland Cancer Society conducted research with 16 retailers in Northland¹¹ – 15 had become TFR, although three had returned to selling tobacco products under new ownership. The 16th participant was on the verge of becoming TFR. The most common reason given for stopping sales of tobacco products was for security reasons (9 participants – 56.3%) while 7 participants (43.8%) cited the 'community health and wellbeing' and the 'cost of tobacco stock' as their second most valid reason for becoming TFR. Five participants noted their 'support of the Smokefree 2025 goal' and 'not enough profit' as other reasons for their decision. Regarding support for government regulation of where and how tobacco products could be sold, 10 participants (62.5%) agreed that tobacco should be restricted to R18 stores only, while 9 (56.3%) agreed with licensing all tobacco retailers. The NDHB conducted research with 31 of the 53 national TFR's¹². The findings overall show a stronger support for 'security reasons' (87.5%), and 96.8% noted concerns for the health and wellbeing of their communities as a prominent reason. Some explained their reasons for becoming TFR as 'moral or ethical' (33.3% of respondents), wanting to be good role models for children and community. Generally the reaction of tobacco suppliers was neutral (70% of respondents), while 38.7% of retailers considered that while smoking customers were initially disappointed, they quickly became accepting if the decision. Two retailers (6.4%) noted they lost some customers, while 16.1% said customers noted they could just 'go across the road'. Six (19.4%) of retailers noted their customers were quite frustrated and angry, with one threatening to firebomb the shop. Remoteness was a factor for several, and therefore the distance to travel to a tobacco-supplying retailer. Reactions from non-smoking customers were generally congratulatory, with one noting "That's awesome for our community!" Overall, retailers were positive about their decision to become a TFR, noting the increased sense of safety and the "positive step for the community." Five retailers (16.1%) noted the loss of income as a negative effect, but 80.6% of retailers saw no negative effects (apart from a few disappointed customers) to becoming tobacco-free. As noted by McDaniel and Malone¹³, "Voluntary retailer abandonment of tobacco sales both reflects and extends social norm changes that have problematized tobacco...Our findings suggest that such voluntary initiatives by retailers are welcomed by consumers and should be publicized, enhancing public health efforts" (p. 848).

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

We support restricting tobacco sales to '*age restricted*' specialist stores. This approaches will ensure that a 'level playing field' is maintained for the main existing retail outlets (dairies, convenience stores, service stations and supermarkets), none of which would be allowed to sell tobacco products.

There is a low level of interest from *pharmacies* in selling tobacco. There are also ethical considerations with selling a deadly harmful product at pharmacies which are a health focused store.

However, if the government were to **restrict tobacco sales to Pharmacies**, we support the following conditions be met e.g. a tobacco licencing scheme implemented with Pharmacies exempt from fees only, tobacco sales be optional for Pharmacies, tobacco sales to be not for profit or any profits to be put back into the community, the area where tobacco is sold to be separate from remainder of store, products not visible to the public, no 'tobacco available here' advertising, staff must be quit trained and the cost of training staff to be funded by Government .

Commercial profit from tobacco sales provides continued incentive for retailers to promote and sell this harmful product. We support the idea of Government owned specialist retailers with no commercial interest in tobacco sales. This *Government owned model* would reduce the current need for profitability and would allow the full mark up on tobacco to be transferred back to tobacco control interventions. The government model would also reduce administration costs due to not requiring licencing applications.

In George et. al's 2021 study of national Tobacco Free Retailers⁶, one retailer noted they were originally a pharmacy who had 'absorbed' the dairy next door for more space. They considered selling tobacco products to be contrary to their role as health professionals, and would never sell cigarettes in their store. However, as noted by McDaniel and Malone¹⁴, "Limiting the ubiquitous availability of tobacco sales is key to ending the tobacco epidemic" (p. e106461). Having sales of tobacco products in pharmacies could highlight the health issues surrounding smoking and therefore bring home the understanding of the negative impact of smoking.

- d). **Do you support introducing a smokefree generation policy?** Anyone born after 1 January 2004 will never be able to lawfully be able to buy tobacco products.

We are supportive of a Smokefree generation policy to protect our future generations. We recognise that the tobacco industry will continually attempt to influence our tamariki and rangatahi with innovative campaigns to encourage the uptake of tobacco use for this vulnerable sector of our community. Therefore, we strongly support the Smokefree generation policy.

Having future generations for whom smoking is aberrant behaviour is a positive way in which to "protect future generations from the harms of tobacco" (Elwood, Cancer Society⁷). This is particularly important for young Maori individuals and communities who are inequitably impacted by the harms of smoking⁸⁻¹¹.

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Currently the contents - what goes into tobacco product, is unregulated. The consequence is that tobacco products are now highly addictive, palatable and appealing (e.g., with high nicotine content and added sugar and flavourings).

The tobacco industry and researchers have long known that nicotine is the main cause of the addictiveness of smoking. Reducing the nicotine content to minimal or no nicotine in tobacco products reduces the addictiveness of smoked tobacco products and is likely to markedly reduce uptake, increase quitting and greatly lower smoking prevalence.

Reducing nicotine content could also support people who smoke to quit, and decrease relapse among people who are trying to quit smoking.

We strongly support reducing the nicotine content of smoked tobacco products.

b). Do you support prohibiting filters in smoked tobacco products?

Filter tips feature on almost every mass-produced cigarette smoked across the globe. Filters first appeared in the 1860s as an attempt to protect against tobacco flakes entering the mouth. Modern cellulose acetate cigarette filters were introduced in the 1950s to alleviate public concerns about smoking-related lung cancer.

The overwhelming majority of research shows that filters do not reduce the harms associated with smoking. In fact, filters may increase the harms caused by smoking by enabling smokers to inhale smoke more deeply into their lungs. Furthermore, toxic fibres shed from the cut end of the filter are inhaled and ingested by smokers.

Cigarette filters are an environmental hazard and are among the 10 most common plastics in the world's oceans. Every year, an estimated 4.5 trillion cigarette filters, commonly made of cellulose acetate - a plastic, are deposited into the environment¹⁶. While designing filters from alternative, less environmentally harmful, components may seem an appropriate compromise, this measure would likely further mislead smokers. For example, it would encourage them to view discarded butts as harmless, even though toxic chemicals would still be leached into the environment. Further, biodegradable filters would still lead consumers to believe that filters made cigarette less harmful. **We support prohibiting filters in smoked tobacco products.**

c). **Do you support allowing the Government to prohibit tobacco product innovations through regulations?**

Prohibiting the use of filters will also remove product innovations such as capsules or 'crush balls' that can contain flavoured beads which when popped change the taste of the cigarette. While most capsule variants offer menthol or mint flavours, fruit flavours are increasingly common, as have cigarettes with two differently flavoured capsules in the same filter. **We support prohibiting all and any product innovation.**

Flavourings can further contribute to the appeal of tobacco products. We also **support the removing of additives and flavourings** like menthol, which may enhance the palatability and appeal of tobacco products.

Focus area 4: Make tobacco products less affordable

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

We support a Minimum Price Policy (MMP) which typically requires cigarette retailers to charge a minimum retail price for tobacco, this minimum price for all cigarettes prohibits discounts to consumers and retailers. This would prevent price shifting and discounting tactics designed to keep people who smoke from consuming large volumes and thus sustaining heavy addictions.

Focus area 5: Enhance existing initiatives

a). **Increase investment in mass and social media campaigns**

We support increased investment in evidence-based mass media campaigns including social media and would encourage the addition of complementary localised content to campaigns. A particular focus on culturally appropriate media for Māori and Pacific peoples is required.

As noted in the section on Maori governance, Maori led and designed campaigns will be best set to reach Maori audiences.

b). **Increase investment in stop smoking services for priority populations**

Demand for Stop Smoking Services will also increase as additional measures are put in place to reduce the availability and appeal of tobacco as part of the Smokefree 2025 Action Plan. We support increasing investment in stop smoking services alongside improving access to prescription medications – all nicotine replacement

therapy products should be subsidised (e.g. Inhalator & Quit Mist which is currently unfunded).

In order to achieve maximum effectiveness of interventions outlined in the governments SF2025 Action Plan, a supportive compliance and enforcement system needs to be established. This includes having sufficient resourcing at both national and regional levels and clear regulatory direction. **We support increased funding to ensure effective retailer compliance and enforcement.**

While we recognise that vaping has the potential to support people to stop smoking we would like to see the government develop **vaping end-game strategy** to recognise that, vaping is not intended for on-going use.

Final questions

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

We prioritise reduction in tobacco retailers as an important step in tobacco control (although it would work best in tandem with other initiatives – as noted by one participant in our current study⁶, as long as they can continue to purchase a license and sell tobacco products, customers will continue to buy them. A common reason offered by tobacco retailers for continuing to sell tobacco is that they will lose profit from footfall custom – i.e. people come into buy cigarettes and buy other products. Most respondents in this study noted the dependency they have on tobacco sales, not in terms of profit, but because of the footfall custom – i.e., customers coming to buy tobacco also purchase other items. One noted “Tobacco is a draw card so that’s why I sell them, otherwise they’ll just get them from [elsewhere]; that’s what the old owners experienced.” Others noted “We are dependent on it; most of our customers are old and smoke”; “I really don’t want to sell it but it helps my other business”; and “will lose profit but will follow government direction.” Some respondents considered that losing tobacco sales would create an inability to compete with other shops that did sell tobacco. One noted “If others went tobacco-free then I would. Otherwise too much competition. If tobacco shop in town and we all stopped then that’s fine.” Another stated that “People who want cigarettes will buy them and their other purchases in one place.” As their store was in an isolated area, one respondent noted that the “majority of people are on low incomes and they will go into town to buy cigarettes and will buy everything there. So [it’s] not good for my business.” However, in our post-purchase survey of customers from tobacco retail stores, only 50 customers (17.6%) purchased tobacco products; of these 50 customers: 15/30% bought only one item – i.e., tobacco products; and 28/56% bought either one or two items. Of that 28, 6 bought smoking paraphernalia as well (12% of the 50). Therefore, 42% of customers purchasing tobacco products bought only tobacco products and smoking paraphernalia. The remaining 22 customers (of 50) bought tobacco products plus 3-10 items (44%). On average, people who bought tobacco bought three items (of which at least one was a tobacco product, and therefore customers bought an average of 2 non-tobacco items), while those who didn’t buy tobacco bought an average of 2.4 items. Regarding overall spending: 141 (49.6%) spent ‘under \$10’; 44

(15.5%) spent '\$11-\$20'; 18 (6.3%) spent '\$21-\$30'; 27 (9.5%) spent '\$31-\$40'; 20 (7.0%) spent '\$41-\$50'; 21 (7.4%) spent '\$51-\$80'; 3 (1.1%) spent '\$81-\$99'; and 9 (3.2%) spent 'more than \$100' (1 customer did not know how much they spent). Of those nine spending \$100 or more, four bought tobacco products; seven bought fuel; and two bought fuel and tobacco products. The average spend for those who bought tobacco or tobacco-related products as well as non-tobacco-related products is \$9. The average spend for those who didn't buy tobacco or tobacco-related products is \$17. These figures appear to negate the commonly-held perception that tobacco sales are very important to the business activity of convenience stores, dairies and alcohol retailers who sell tobacco products.

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Submission form

Your details

This submission was completed by: (name)

Email:

Phone number:

Organisation (if applicable):

Organisation address: (street/box number)
(town/city)

Role (if applicable):

Additional organisation information

I am, or I represent an organisation that is, based in:

New Zealand

Active West Coast (AWC) is a network of agencies and groups committed to improving the health and wellbeing of West Coasters through the promotion of healthy lifestyles and the creation of healthy social and physical environments. To support our aim, we have made submissions to relevant local and national documents regarding smokefree regulatory measures both as a means to building healthy public policy that will positively impact on the people of Te Tai O Poutini / West Coast, and to show our commitment to achieving the goal of Smokefree Aotearoa/New Zealand by 2025. While member organisations were involved in preparing this submission, the recommendations in their entirety, do not necessarily reflect the views of each individual agency.

Privacy

We intend to publish the submissions from this consultation, but **we will only publish your submission if you give permission**. We will remove personal details such as contact details and the names of individuals.

If you do not want your submission published on the Ministry's website, please tick this box:

Do not publish this submission.

Your submission will be subject to requests made under the Official Information Act (even if it hasn't been published). If you want your personal details removed from your submission, please tick this box:

Remove my personal details from responses to Official Information Act requests.

Commercial interests

We do not have any commercial interests in tobacco or vaping products

Commercially sensitive information

We will redact commercially sensitive information before publishing submissions or releasing them under the Official Information Act.

If your submission contains commercially sensitive information, please tick this box:

This submission contains commercially sensitive information.

If so, please let us know where.

Click or tap here to enter text.

Protection from commercial and other vested interests of the tobacco industry

New Zealand has an obligation under Article 5.3 of the World Health Organisation 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, all respondents are asked to disclose whether they have any direct or indirect links to, or receive funding from, the tobacco industry.

Please provide details of any tobacco company links or vested interests below.

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Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013,
Wellington 6140.

Consultation questions

The Ministry of Health is seeking comments on the following proposals for a smokefree Aotearoa 2025. You can find more information about these proposals in the discussion document which can be downloaded from -

<https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>.

Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like?

We consider effective Māori governance would include the following:

- A structure determined and set up under a by Māori for Māori framework with full authority and autonomy to make decisions, to determine and develop goals and aspirations through its relationship with iwi, hāpu and whānau.
- Engagement with iwi is essential to determine who should represent them at the governance level. However, aside from the usual representation of public health researchers and practitioners, and the smokefree workforce, we consider it is imperative to have representation from grass roots community, rangatahi, māmā, and those with lived experience of tobacco use.
- The structure should be sufficiently funded with power to allocate funding as the group sees fit.
- There should be funds specifically set aside for investment in ongoing capacity development of the group.

- b). What action are you aware of in your community that supports Smokefree 2025?

- The three West Coast District Councils have Smokefree policies; for example, policies with respect to smokefree public spaces, and smokefree outdoor dining areas. However, each are distinct and lack enforcement capacity.
- Some events are promoted as Smokefree on the West Coast.
- A majority of sport venues on the West Coast are Smokefree, with sport clubs also supporting smokefree environments through signage and policy.
- The West Coast Tobacco Free Coalition is a group of agencies and community members that promotes smokefree lifestyles, provides support for those who want to quit, and advocates for local and national policy change.
- Active West Coast also promotes and advocates for Smokefree Aotearoa 2025.

c). What is needed to strengthen community action for a Smokefree 2025?

- Legislation to implement smokefree outdoor and public spaces, including outdoor dining areas, is required. This would shift the burden of policy away from local authorities and give a consistent approach across the country.
- Increased resourcing for promotion and sponsorship to enable community groups to champion Smokefree Aotearoa.

c). What do you think the priorities are for research, evaluation, monitoring and reporting?

More research into what messaging and services would better engage with priority populations (Māori, Pasifika, people with mental health issues) is required. It is clear Smokefree action to date has benefitted some populations more than others and these populations will be less burdened by the harms of tobacco.

The West Coast has a high number of tobacco users compared with the rest of Aotearoa New Zealand and we are more likely to have higher rates of vaping. There is a need to monitor the uptake of vaping so that trends in use and health effects can be measured. This information can then be used to take early action to prevent outcomes similar to the effects of tobacco use from occurring.

d). What else do you think is needed to strengthen New Zealand's tobacco control system?

The West Coast is a highly rural and geographically spread area with a population of just over 31 500, and a smoking rate higher than the rest of Aotearoa New Zealand. Consequently, we have many rural tobacco outlets. There is only one Smokefree Enforcement Officer in the region, making compliance and enforcement a challenge. Further enforcement resource would assist with this work and also support the transition phase with respect to the proposed decrease in the number of retailers.

There is also a need for innovation funding so that local solutions to assist individuals and/or whānau to live Smokefree can be developed and implemented. This will require support for a more whānau ora approach so that services are not solely focused on quitting when other issues that are a barrier towards being smokefree are more significant.

Focus area 2: Make smoked tobacco products less available

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

Yes No

We support the establishment of a licencing system for retailers of tobacco and vaping products. This is a tool for effective management of who can sell tobacco products, and for data collection and compliance activities. Please see further comments under (c) below.

- b). 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

We support reducing the number of tobacco retailers, as limiting product availability impacts on use and uptake. The West Coast has a higher percentage of smokers than the rest of New Zealand. We currently have around 75 retailers across the Coast for 31 500 people so there is huge capacity to significantly reduce outlets. The high number of outlets certainly supports both uptake and continued smoking. However, based on the consultation document the Coast could end up with around five retail outlets (not including any proposed specialist tobacco retailers). As many people live in small geographically isolated communities, we have concerns that a blanket approach based on population size would be too difficult to implement without bringing significant burden to current smokers. However, a reduction based on density of outlets/retailers would be an effective tool in decreasing smoked tobacco availability across the West Coast.

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

Yes No

We believe this action could be an appropriate option for communities on the West Coast, especially if communities had a voice in whether they want the stores, and, if so, where they should be sited. Further comments:

- The stores should not be permitted to locate within liquor and/or gambling outlets as this would further strengthen the link between these activities.
- The stores would need to be sited away from schools, early childhood centres, parks and playgrounds.
- There should be no external advertising permitted outside the stores.

However, while it may seem counter intuitive for pharmacies to be tobacco outlets, we consider there may be advantages in this approach, especially if it is treated as a pharmacy only product. This would mean purchasers of tobacco products would definitely be offered intervention to quit. Availability of tobacco products should be managed by a suitably qualified workforce who have an end-goal of the individual's welfare in mind, and who are not motivated by profit. We acknowledge this would require significant buy-in from pharmacies, as well as significant support from the Ministry.

d). Do you support introducing a smokefree generation policy?

Yes No

Preventing uptake by young people is a tool in achieving a smokefree society. Tobacco industries have specifically targeted young people through branding, advertising and product placement, to entice youth to smoke. Many who experiment become life-long smokers who wish they had never taken it up.

Prohibiting the sale of tobacco products to anyone born after 2004 will assist in preventing uptake and reducing harm. However, we do have concerns regarding how illicit or social supply will be managed.

e). Are you a small business that sells smoked tobacco products?

Yes No

Focus area 3: Make smoked tobacco products less addictive and less appealing

- a). Do you support reducing the nicotine in smoked tobacco products to very low levels?
- Yes No

Reducing the nicotine levels is likely to reduce uptake as it will reduce the potential addictiveness of the smoked tobacco product. It will also assist current smokers to quit.

- b). Do you support prohibiting filters in smoked tobacco products?
- Yes No

Filters do not reduce harm however they make smoking more palatable for the smoker.

A recent media article told of a man who, as a youth within a smoking culture, had tried smoking, however, without filters, cigarettes 'made him sick'; 'they're too strong and burn the throat'. He started smoking at the age of 25 when the use of filters became more widespread and promoted as safe and less irritating to the mouth and throat. Now a life-long smoker, his habit was enabled by the presence of the filter.

Additionally, the impact of discarded filters on the environment is significant; polluting public spaces and leaching toxic chemicals into waterways.

- c). Do you support allowing the Government to prohibit tobacco product innovations through regulations?
- Yes No

The tobacco industry has a long history of investing in research and development to convince 'the young, the poor, the black and the stupid', to take up and continue using their products (<https://the84.org/get-the-facts/tobacco-executive-quotes/>).

They resist regulation and, until recently (and then, only when another method of plying their wares became available), denied their products were harmful. Regulation is imperative to prevent the industry from continually reinventing their products to ensure their profit margins are maintained.

Focus area 4: Make tobacco products less affordable

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

Yes No

Minimum prices for all tobacco products, would prohibit discounts, prevent price from becoming a marketing tool for initiation, and, if set judiciously, would further serve as an enticement for existing smokers to quit, especially where appropriate services are easy to access.

Final questions

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

We support all the goals within the document however priority should be given to preventing uptake, making tobacco products less available and making Stop Smoking Services more accessible and flexible to support individuals and whānau to become and live smokefree.

b). Do you have any other comments on this discussion document?

We acknowledge the potential role in vaping as a quitting tool. However, considering the dearth of evidence regarding long-term use and recent reports that principals are reporting they are concerned with the numbers of school children vaping, we would like to see these products promoted and marketed solely for quit purposes.

Submission form

Your details

This submission was completed by: (name) [REDACTED]

Email: [REDACTED]

Phone number: [REDACTED]

Organisation (if applicable): West Coast Tobacco Free Coalition (WCTFC)

Organisation address: (street/box number) [REDACTED]
(town/city) [REDACTED]

Role (if applicable): [REDACTED]

Additional organisation information

I am, or I represent an organisation that is, based in:

- New Zealand Australia Other (please specify):

[Click or tap here to enter text.](#)

I am, or I represent, a: (tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Personal submission | <input type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
| <input type="checkbox"/> Community or advocacy organisation | <input type="checkbox"/> Professional organisation |
| <input type="checkbox"/> Iwi/Hāpu affiliated, and/or Māori organisation | <input type="checkbox"/> Tobacco manufacturer, importer or distributor |
| <input type="checkbox"/> Pacific community or organisation | <input type="checkbox"/> Retailer – small, for example a dairy or convenience store |
| <input type="checkbox"/> Government organisation | <input type="checkbox"/> Retailer – medium or large, for example supermarket chain or petrol station |
| <input type="checkbox"/> Research or academic organisation – eg university, research institute | <input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture |
| <input checked="" type="checkbox"/> Other (please specify): | |

The West Coast Tobacco Free Coalition (WCTFC) is a group of organisations and individuals who share an interest in supporting residents and visitors of the West Coast to live healthy lives free from the harms of tobacco smoking.

Additional statistical information

These questions are not mandatory. We are asking for information, including age and ethnicity information solely for the purposes of helping us to analyse submissions.

Age:

- Under 18
- 18 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 +
- Not applicable / prefer not to say

Ethnicity/Ethnicities I identify with:

- New Zealand European
- Māori
- Pacific Peoples
- Asian
- Other European
- Other Ethnicity *(please specify):*
Click or tap here to enter text.
- Not applicable / prefer not to say

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Commercial interests

Do you have any commercial interests?

- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products
- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products

Commercially sensitive information

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- This submission contains commercially sensitive information.

If so, please let us know where.

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Please provide details of any tobacco company links or vested interests below.

Click or tap here to enter text.

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Consultation questions

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<https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>.

Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

- The West Coast Tobacco Free Coalition (WCTFC) is a group of organisations and individuals who share an interest in supporting residents and visitors of the West Coast to live healthy lives free from the harms of tobacco smoking. We suggest effective Māori governance would look like:
- A structure determined and set up under a by Māori for Māori framework with full authority and autonomy to make decisions, to determine and develop goals and aspirations through its relationship with iwi, hāpu and whānau.
- Authentic and meaningful engagement with iwi is essential to determine who should represent them at the governance level. However, apart from the usual representation of public health researchers and the Smokefree workforce, we consider it is imperative to have representation from grass roots community, rangatahi, māmā, and those with lived experience of tobacco use.
- The structure should be sufficiently funded with power to allocate funding as the group sees fit with robust evaluation measures
- There should be funding for investment in ongoing capacity development of the group
- We agree with the move to a more holistic approach to Smoking Cessation with the implementation of the Ka Pū te Ruha, ka Hao te Rangatahi as opposed to previously solely focussed on smoking cessation. As part of this holistic approach we suggest whānau are offered to be connected to other services they may require e.g. Counselling.
- An increase in the number of Māori Stop Smoking Practitioners.
- Incorporates the use of Rongoā Maori practices to aid cessation

- b). What action are you aware of in your community that supports Smokefree 2025?

The WCTFC disseminates information, is evidence based and works with Councils, organisations and communities to progress Smokefree initiatives and polices to actively promote and support a Smokefree Aotearoa. Some initiatives in our

community to date are: World Smokefree Day, Smokefree and Vapefree events, providing Smokefree and Vapefree signage, Smokefree and Vapefree outdoor dining and working with Councils to extend their Smokefree Environments policies. The majority of sport venues on the West Coast are Smokefree, with sport clubs also supporting Smokefree environments through signage and policy.

All three West Coast Councils have a Smokefree Policy however, each vary and capacity to promote them is an issue. The 2018 census indicated that West Coast has the third highest smoking rate in NZ at 18.1%ⁱ. Grey district sits at 17%, Westland at 18% and Buller 19.5%. Consequently, the West Coast population is impacted from more smoking related harm and therefore we strongly support the proposed strategies in this plan.

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

More research is coming out about values-based messaging and its effectiveness in creating change at a local and Government level. Findings have found that most people can be persuaded to support health promotion messages if they are delivered in the right way. This involves re-framing key messages to resonate with the target audience and reliably counter industry marketing tactics. It draws on using intrinsic values such as, universalism, benevolence and self-direction (the environment, health, social aspects) over more extrinsic values like power, security and tradition. We suggest future smoking campaigns focus less on the individual i.e.. commit to quit, vape to quit, I quit for my whānau and more on intrinsic values.

Increase in funding for resources to use with the community and sponsorship are always useful in promoting, increasing and sustaining engagement for Smokefree Aotearoa. Funding for these has significantly reduced over the years, particularly for WSFD and we would suggest this increases.

64 of the 67 Councils in New Zealand have some form of a Smokefree policy for council-owned Outdoor Public Spaces – green spaces like parks, playgrounds, reserves and sports grounds, CBD and Civic spaces, events, council-owned buildings and social housing, transport hubs, to beaches, rivers and lakes. These local Smokefree outdoor policies are inconsistent across local authorities and largely unenforceable. We support legislation for Smokefree outdoor public spaces as it provides a level playing field for all New Zealanders regardless of what local authority they live in, supports those trying to stop smoking and provides positive role modelling behaviour to our tamariki while removing the burden from local authorities.

There is strong public support for Smokefree Outdoor Dining, with 31 of the 67 councils in New Zealand currently offering some form of Smokefree outdoor dining.ⁱⁱ Two West Coast Councils are recently part of this initiative. Councils and Local Government New Zealand requested that the government develop and implement legislation to prohibit smoking outside cafes, restaurants and bars in 2015. Many jurisdictions in similar countries (Australia, Canada, and the USA) have

long had effective laws for various types of Smokefree outdoor areas. People trying to quit smoking need places where being Smokefree is normal, and international evidence indicates that Smokefree outdoor hospitality areas increase quitting attempts and reduce relapses.^{iii iv} We support legislation of Smokefree outdoor dining in cafes, restaurants, bars, pubs and other hospitality/licenced venues. However, we do not support designated smoking areas within these hospitality venues as they are not supportive of those trying to quit smoking, do not role model positive behaviours to our tamariki and create further obstacles to achieving Smokefree 2025.

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

Further research to understand what works in the engagement and retention of priority groups (Māori, Pasifika, people with mental health issues) particularly in cessation programmes and any barriers.

Research into the use of Rongoā Māori practices to support quitting and as alternatives to current cessation medicines, e.g. use of Cytisine as a quitting supplement to reduce cravings.

Research into particular work environments that are known to have a higher number of employees who smoke e.g. labour roles and how to effectively engage with them.

Robust processes set up to collect data on vaping on a regular basis that includes: uptake/initiation, health effects, demographics, how many are using it as a quitting tool, how many have quit vaping completely and dual usage. There is little evidence on the long-term health impacts of vaping and therefore we need to be proactive in this area to prevent it from becoming as engrained as tobacco.

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

More funding for Smokefree Enforcement Officers (SFEO's) as the inclusion of vaping in the legislation has significantly increased their workload. This will allow SFEO's to be more proactive in monitoring premises particularly those with smoking/vaping areas. This is a particular challenge on the West Coast due to its highly rural and geographically spread area with a population of 31,500; as a result, we have many rural tobacco outlets and only one SFEO on the West Coast.

With the proposed changes and reductions in tobacco availability consideration also needs to be given to support for tobacco retailers, particularly in terms of security provisions.

A need for funding to be flexible and responsive to local need, as well as initiatives that support whānau to become Smokefree with a focus on whānau ora / holistic approach to take into account there are a range of factors/barriers for why people are not Smokefree.

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

The WCTFC supports the implementation of a licencing system for tobacco retailers. A licencing system will support effective enforcement activities, provide revenue for monitoring, enforcement and data. This has shown to be effective in South Australia and had high public support ^{vvi}. High support from New Zealand Tobacco experts regarding licencing over registration was also found ^{vii}. An annual licencing fee has also shown to be effective in reducing tobacco retailer numbers in Finland, Hungary and in South Australia where the fee increased each year^{viiiix}. This fee should be greater than that for specialist vape retailers to reflect the greater harm from tobacco.

A licencing system will ensure we have accurate data on all tobacco retailers (like what is proposed for Specialist vaping retailers) and enables the mapping of them with the aim to reduce the overall number of retailers. We recommend tobacco retailers are required to provide annual reporting requirements. We also recommend that communities can have their say on tobacco retailer licence applications in their local area.

- b). 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:

The WCTFC agrees with reducing availability as it impacts on use and initiation, however caution needs to be taken to ensure vaping and/or smokeless tobacco products are not significantly more available than smoked tobacco products, as we do not want youth, non-smokers or ex-smokers to take up vaping in response to increased availability. We suggest retailers are limited to age restricted specialist tobacco stores and online sales with dairies, supermarkets and petrol stations retailers phased out over a set period of time e.g. two years.

The West Coast currently has approximately 74 retailers for a population of 31,500 which is approximately one retailer for every 425 people. Based on the current estimate in reduction of tobacco retailers to 5% of the current outlets this would equate to four outlets on the West Coast. Consideration needs to be given when reducing smoked tobacco retailers to mitigate any unintended policy consequences, particularly for rural areas such as the West Coast to ensure we do not have an undersupply for our remote areas or oversupply as was found in remote Tasmania^x.

Therefore, a blanket approach based on population may not be appropriate and we suggest one that accounts for rural communities and geographical spread.

We suggest there is a maximum number of licences able to be granted and a sinking lid is imposed so that a licence cannot carry across with the sale, relocation or change of ownership with an existing licensed retailer.

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

Yes No

Please give reasons:

The WCTFC supports the sale of tobacco in a limited number of specialist age restricted stores and that constraints are in place around proximity/density i.e. retailers are not within 4km of each other and not within 1km of sensitive sites such as schools, parks/playgrounds. We strongly recommend they are not able to be located in or next to liquor or gambling outlets and have no external advertising. We also suggest that Specialist Vape stores are not able to sell tobacco as this could be a trigger for those trying to quit smoking.

We are not sure Pharmacies are the best fit for selling tobacco. This could lead to an increase in normalisation of tobacco at a place where our young people/children are present. It also raises security concerns for Pharmacies. Given the current wide variety and volume of tobacco retailers we do not believe it also needs to be available at pharmacies especially if limited numbers of age restricted specialist tobacco retailers are introduced, giving the government control of a phase out approach over time. However, if the government were to restrict tobacco sales to Pharmacies, we support the following conditions being met e.g. a tobacco licencing scheme implemented with Pharmacies exempt from fees only, tobacco sales be optional for Pharmacies, tobacco sales to be not for profit or any profits to be put back into the community, the area where tobacco is sold to be separate from remainder of store, products not visible to the public, no 'tobacco available here' advertising, staff must be quit trained and the cost of training staff to be funded by Government .

- d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

The WCTFC strongly supports the introduction of a Smokefree generation policy as this will prohibit the uptake of smoking in future generations. However, we suggest that all tobacco products smoked or not i.e. chewed tobacco, snuff and heat not burn are also included in the policy as they contain nicotine and other toxic chemicals that are harmful to health, cause cancers and contribute a cost to the health system. Consideration also needs to be given to how illicit or social supply will be managed.

- e). 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:

n/a

Focus area 3: Make smoked tobacco products less addictive and less appealing

- a). Do you support reducing the nicotine in smoked tobacco products to very low levels?
 Yes No

Please give reasons:

The WCTFC supports the reduction of nicotine to low levels in all tobacco products, not just smoked tobacco. Reducing nicotine in tobacco makes it a less addictive product and therefore easier to quit. It may also prompt quit attempts from smokers, encourage smokers to switch to alternatives such as vaping and reduces the chances of youth uptake. However, consideration needs to be given to how this will work with the importation of tobacco which will not have low nicotine levels and could undermine the benefits of New Zealand implementing nicotine reduction as a strategy.

- b). Do you support prohibiting filters in smoked tobacco products?
 Yes No

Please give reasons:

The WCTFC supports the prohibition of filters in smoked tobacco products. The filters were originally designed by tobacco companies to make smoking more palatable and offer no health benefits. They also significantly contribute to plastic litter in our communities, pollute our waterways leaching toxic chemicals and take years to break down. We believe allowing the Government to prohibit tobacco product innovations in the future will be key in ensuring tobacco companies do not invent something in place of filters.

- c). Do you support allowing the Government to prohibit tobacco product innovations through regulations?
 Yes No

Please give reasons:

The WCTFC support the Government to prohibit tobacco product innovations in the future through regulations. This ensures regulations can be put in place quickly after new product(s) that are harmful enter the market or beforehand to stop them entering at all. It reduces the chances of new products/innovations being taken up,

particularly by youth as has been seen in vaping with the slow introduction of regulations.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

The WCTFC supports the setting of a minimum price for tobacco products. This will ensure retailers cannot manipulate margins on tobacco products and ensure pricing is consistent across the range of tobacco products. While excise tax increases have been somewhat successful in getting smokers to quit, it creates further inequities, therefore a minimum price is preferable. However, it needs to be high enough to be barrier for those to continue smoking and to deter those from starting but not too high that it increases inequities.

Final questions

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

The WCTFC consider reducing tobacco availability via the number of retailers and the Smokefree generation policy the two most important aspects to prioritise in the Smokefree Action Plan. Reducing tobacco availability is key for smokers to quit smoking successfully with fewer opportunities to purchase cigarettes and reduces triggers when entering these retailers, while reducing the number of people starting smoking. The Smokefree generation policy is also key in reducing our rangatahi from taking up smoking and protecting our future generations from the harms of smoking. Strengthening Māori governance in the tobacco control system is equally key as Māori are disproportionately represented in smoking rates. This will help to reduce inequities between Māori and non-Māori.

b). Do you have any other comments on this discussion document?

We support increased investment in evidence-based mass media campaigns and for the focus of future initiatives to have a holistic approach, as we know there are a number of reasons why people smoke and barriers to quitting.

We understand this plan is focussed on tobacco however we recommend Stop Smoking Programmes are extended to include vaping, to support those to quit vaping that are ex or never smokers. Further to this, given the lack of long-term evidence and rise of youth taking up vaping we suggest these products are promoted solely as a quitting tool.

The consequences for selling to minors needs to be more of a deterrent, either a higher fine, suspension period of licence or loss of licence.

-
- i https://tcdata.org.nz/Census%20data/Census_14.html
 - ii <https://www.smokefree.org.nz/smokefree-resources/maps-of-nz-councils-smokefree-outdoor-policies-and-spaces>
 - iii Zablocki RW, Edland SD, Myers MG, Strong DR, Hofstetter CR, Al-Delaimy WK. Smoking ban policies and their influence on smoking behaviors among current California smokers: a population-based study. *Prev Med* 2014;59:73-8.
 - iv Chaiton M, Diemert L, Zhang B, Kennedy RD, Cohen JE, Bondy SJ, Ferrence R. Exposure to smoking on patios and quitting: a population representative longitudinal cohort study. *Tob Control* 2016;25:83-8.
 - v Baker J, Masood M, Rahman MA, Begg S. Levels of support for the licensing of tobacco retailers in Australia: findings from the National Drug Strategy Household Survey 2004-2016. *BMC Public Health*. 2020 May 24;20(1):773. doi: 10.1186/s12889-020-08920-1. PMID: 32448121; PMCID: PMC7247215. accessed via <https://pubmed.ncbi.nlm.nih.gov/32448121/>
 - vi Bowden JA, Dono J, John DL, et al. What happens when the price of a tobacco retailer licence increases? *Tob Control* 2014;23(2):178-80. doi: 10.1136/tobaccocontrol-2012-050615 [published Online First: 2013/06/21]
 - vii Robertson, L et al . New Zealand tobacco control experts views towards policies to reduce tobacco availability. *New Zealand Medical Journal* 2 June 2017, Vol 130 No 1456 accessed <https://www.nzma.org.nz/journal-articles/new-zealand-tobacco-control-experts-views-towards-policies-to-reduce-tobacco-availability>
 - viii Kuipers MAG, Nuyts PAW, Willemsen MC, et al Tobacco retail licencing systems in Europe *Tobacco Control* Published Online First: 12 February 2021. doi: 10.1136/tobaccocontrol-2020-055910 accessed <https://tobaccocontrol.bmj.com/content/early/2021/02/12/tobaccocontrol-2020-055910>
 - ix Bowden JA, Dono J, John DL, et al. What happens when the price of a tobacco retailer licence increases? *Tob Control* 2014;23(2):178-80. doi: 10.1136/tobaccocontrol-2012-050615 [published Online First: 2013/06/21]
 - x Melody, S. Martin-Gall, V. Harding, B. The retail availability of tobacco in Tasmania: evidence for a socio-economic and geographical gradient *Med J Aust* 2018; 208 (5): 205-208. || doi: 10.5694/mja17.00765 accessed <https://www.mja.com.au/journal/2018/208/5/retail-availability-tobacco-tasmania-evidence-socio-economic-and-geographical#20>

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Your details

This submission was completed by: (name)

Email:

Phone number:

Organisation (if applicable):

Organisation address: (street/box number)
(town/city)

Role (if applicable):

Additional organisation information

I am, or I represent an organisation that is, based in:

- New Zealand Australia Other (please specify):

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- | | |
|---|--|
| <input type="checkbox"/> Personal submission | <input type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
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| <input type="checkbox"/> Research or academic organisation – eg university, research institute | <input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture |
| <input checked="" type="checkbox"/> Other (please specify):
Territorial Authority (local government) | |

Additional statistical information

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Do you have any commercial interests?

- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products
- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products

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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, all respondents are asked to disclose whether they have any direct or indirect links to, or receive funding from, the tobacco industry.

Please provide details of any tobacco company links or vested interests below.

Click or tap here to enter text.

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Consultation questions

The Ministry of Health is seeking comments on the following proposals for a smokefree Aotearoa 2025. You can find more information about these proposals in the discussion document which can be downloaded from -

<https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>.

Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

Māori smoking rates remain much higher than those for the overall population and the impact of smoking on Māori health inequities is significant. We envisage the recently-announced Māori Health Authority will have an important role to play in providing leadership and direction for delivery of the Smokefree 2025 Action Plan. This should include taking a lead in decision-making and having control of spending on smokefree and smoking cessation programmes for Māori.

- b). What action are you aware of in your community that supports Smokefree 2025?

Napier City Council (together with Hastings District Council) implemented a smokefree policy for the two areas in 2015, which is soon to be reviewed. This policy aims to: 1. Improve the health and wellbeing of our communities by decreasing the prevalence of smoking and decreasing public exposure to second hand smoke, and 2. Increase the likelihood that people, particularly young people, will remain smokefree by reducing the number of places where they see others smoking. This policy had the foresight to include measures focusing on vape-free, as well as smokefree, behaviours and included an extensive number of smokefree and vape-free areas. Recent feedback indicates a community desire to see more areas become smoke/vape-free in Napier and Hastings (73% of residents, 68% of businesses). We are members of the Hawke's Bay Smokefree Coalition, which provides an opportunity for agencies to work collectively towards the Smokefree 2025 goal.

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

National level policy changes are required to support the work happening at the community level. We are aware that 64 of the 67 territorial authorities in New Zealand have some form of Smokefree policy for council-owned outdoor public places (including for example parks, playgrounds, reserves and sportsgrounds, CBD and Civic spaces, events, council-owned buildings, transport hubs, social housing, beaches and lakes). However, these outdoor public place policies are inconsistent across Councils

and are largely unenforceable. Bylaws are not the answer (aside from the inconsistency they introduce in so many different localities) so we ask the Government to legislate smokefree outdoor public places, to ensure a level playing field for all New Zealanders regardless of where they live, work and travel to. Such legislation will more consistently support those trying to stop smoking, and provide positive role modelling behaviour to tamariki. We also ask the Government to consider legislating smokefree outdoor dining in cafes, restaurants, bars, pubs and other hospitality/licensed venues. Less than half of our territorial authorities across the country (31 out of 67) currently require some form of smokefree outdoor dining – however again, this is inconsistent (eg, some requirements only cover Council-owned property). Other countries, including Australia and Canada, have long had effective laws for smokefree outdoor areas. We do not support designated smoking areas in these venues, as evidence shows they are not favoured by people who are trying to quit smoking, do not role model positive behaviours to children, and create further obstacles to achieving Smokefree 2025. We also support the continuation, and expansion, of national evidence-based mass media campaigns, and encourage the addition of localised content for these wherever possible. National and local champions should be identified to assist with generating local-level support and promoting the Smokefree 2025 goal. There has been minimal national policy direction and change in the tobacco control field (apart from tobacco tax increases) for a long period of time. The proposed Smokefree 2025 Action Plan provides a platform for real change, which can be supported by locally-specific and driven community action.

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

Understanding the motivations of people who smoke and/or vape so cessation packages and messages can be tailored to suit. Close regular monitoring and evaluation of actions implemented as part of the final Smokefree 2025 Action Plan, to ensure they are delivering the required change in order to meet the national goal.

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

1. Implementation of vaping product regulation (underway). 2. Reduced availability of tobacco in local neighbourhoods. 3. National leadership and direction, through a comprehensive, evidence-based Action Plan.

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

Licensing of retailers will assist with reducing the availability of tobacco for sale. It will also assist with ensuring vaping products are not sold illegally to minors. Licensing provides a further opportunity for the Government to indicate it is serious about meeting the Smokefree 2025 goal, and that tobacco is a dangerous product. Licensing of other high-risk products in New Zealand (eg, alcohol, some pharmaceuticals, gambling, firearms) sets a precedent for establishing a licensing system for retailers of tobacco and vaping products. Licensing schemes such as this, are the norm in other countries including most states of Australia, Finland, Singapore and the Cook Islands. A licensing system for tobacco and vaping product retailers is overdue.

- b). 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:

This will assist with ensuring consistency of retail availability across the country and reducing the prevalence of retailers in low socio-economic areas. We also recommend the Government considers proximity to for example, schools, sites of significance etc. Licensing based on both proximity and density measures will reduce the number of retailers in low socio-economic communities, where tobacco retailers is currently overrepresented. We also recommend the Government considers introducing a 'sinking lid' approach to the number of retailers, similar to what is used by some territorial authorities to control the number of electronic gaming machine (pokie) venues. Reducing the convenience of tobacco or vaping product purchase will also encourage smokers wanting to quit, to stay quit, by reducing the likelihood of impulse purchases.

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

Yes No

Please give reasons:

Restricting the sale of tobacco and vaping products to specialist stores will help support the de-normalisation of smoking and vaping. This will help reduce the uptake

of smoking and vaping by young people, will help support smokers who are trying to quit and will support the message that tobacco and nicotine are dangerous products.

d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

The evidence presented in the Ministry's discussion documents indicates this single action has the potential to halve smoking rates within 10 to 15 years of implementation. It also has great potential to address health inequities for Māori and Pacific communities, due to their younger population structure and higher rates of smoking. If we are to achieve our national goal, save lives, and reduce inequities, then this action needs to be implemented as soon as possible. This action also has the lowest impact on existing smokers.

e). 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:

Not applicable.

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

This strategy aligns with the 2010 Māori Affairs Select Committee inquiry findings which recommended a mandated nicotine reduction policy as an effective harm reduction strategy. The strategy will effectively reduce the number of people addicted to nicotine. It will help current smokers to quit smoking. It will also impact on the number of young people taking up smoking as they will be less likely to become addicted to tobacco. Recent amendments to the Smokefree Environments and Regulated Products (Vaping) Amendment Act 2020 enable product safety for vaping and smokeless tobacco products – the same focus on making products less addictive and less appealing (in so much as that is possible) should also be applied to smoked tobacco products.

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

As the Ministry's discussion document highlights, filters contribute to the appeal of cigarettes as there is a perception that they make the cigarette 'safer'. Aside from the fact that there is no evidence that filters have no effect on reducing the harm from smoking, their impact on the environment should not be overlooked. Filters are a particular issue for territorial authorities as we manage stormwater and rubbish collection with the aim of keeping our city beautiful. Filters are a widespread form of non-biodegradable plastic pollution that take many years to break down.

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

Yes No

Please give reasons:

History tells us that tobacco products and the way they are manufactured can be modified so they are more appealing to the smoker. Anything we can do to limit these modifications and innovations in the future will only help towards minimising the harm to smokers and meeting our Smokefree 2025 goal.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

A minimum price for tobacco will prevent manipulation of retail prices, particularly following excise tax increases. Scotland and other countries have clearly demonstrated the impact of a minimum price for alcohol. It is likely the same would be experienced for tobacco. A combination of excise tax increases and minimum price will have a positive impact on achieving the Smokefree 2025 goal.

Final questions

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

1. Retailer licensing and location/density to reduce accessibility and control availability. 2. Legislated mandatory smokefree and vape-free outdoor public places to ensure consistency across New Zealand and to assist with reducing the socialisation of smoking/vaping. 3. A smokefree generation policy given its probability of reducing health inequities.

b). Do you have any other comments on this discussion document?

No further comments, thank you.

Submission form

Your details

This submission was completed by: (name)

Email:

Phone number:

Organisation (if applicable): NZ Region, Cardiac Society of Australia and New Zealand

Organisation address: (street/box number)
(town/city)

Role (if applicable):

Additional organisation information

I am, or I represent an organisation that is, based in:

- New Zealand Australia Other (please specify):
[Click or tap here to enter text.](#)

I am, or I represent, a: (tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Personal submission | <input type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
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| <input type="checkbox"/> Iwi/Hāpu affiliated, and/or Māori organisation | <input type="checkbox"/> Tobacco manufacturer, importer or distributor |
| <input type="checkbox"/> Pacific community or organisation | <input type="checkbox"/> Retailer – small, for example a dairy or convenience store |
| <input type="checkbox"/> Government organisation | <input type="checkbox"/> Retailer – medium or large, for example supermarket chain or petrol station |
| <input type="checkbox"/> Research or academic organisation – eg university, research institute | <input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture |
| <input type="checkbox"/> Other (please specify):
Click or tap here to enter text. | |

Additional statistical information

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Age:

- Under 18
- 18 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 +
- Not applicable / prefer not to say

Ethnicity/Ethnicities I identify with:

- New Zealand European
- Māori
- Pacific Peoples
- Asian
- Other European
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Commercial interests

Do you have any commercial interests?

- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products
- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products

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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, all respondents are asked to disclose whether they have any direct or indirect links to, or receive funding from, the tobacco industry.

Please provide details of any tobacco company links or vested interests below.

Nil

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Consultation questions

The Ministry of Health is seeking comments on the following proposals for a smokefree Aotearoa 2025. You can find more information about these proposals in the discussion document which can be downloaded from - <https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>.

Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

Maori would have effective input into governance by direct appointment of suitable qualified Māori representatives to governance positions on the organisation implement tobacco control.

- b). What action are you aware of in your community that supports Smokefree 2025?

There is strong support for the goals espoused in Smokefree 2025 from members of The New Zealand Region, Cardiac Society of Australia and New Zealand (CSANZ). CSANZ is the professional body for those working in the area of cardiology healthcare including cardiologists, researchers, scientists, cardiovascular nurses, allied health professionals and other healthcare workers.

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

Specific funding for local initiatives to reduced tobacco consumption.

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

Evaluation of the effects of tighter controls on tobacco to ensure interventions have the desired effect of reducing tobacco consumption.

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

Funding for investigation and prosecution of those smuggling tobacco products.

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

Licencing should reduce the overall number of retail outlets decreasing availability of tobacco products.

- b). 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:

Reduced retail outlets should decrease consumption of smoked tobacco products.

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

Yes No

Please give reasons:

Restricting access of under 18 year olds to tobacco products is an important approach to prevent children commencing smoking.

- d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

This policy will substantially reduce smoking rates and address inequity in smoking rates between Māori and non-Māori.

- e). 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:

N/A

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

Reducing nicotine levels should decrease addiction to nicotine in smoked tobacco products.

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

Filters are a significant contributor to pollution.

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

Yes No

Please give reasons:

Future policies need to be flexible to address changes in marketing smoked tobacco products.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

This intervention should support the effect of existing excise tax measures.

Final questions

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

Restricting the number of retail outlets selling smoked tobacco products with appropriate funding of enforcement provisions.

- b). Do you have any other comments on this discussion document?

Click or tap here to enter text.

Submission form

Your details

This submission was completed by: (name) ██████████

Email: ██

Phone number: ██████████

Organisation (if applicable): Central Otago Drug and Alcohol (CODA)

Organisation address: (street/box number) ██
(town/city) ██████ ██████

Role (if applicable): ██████ ██████

Additional organisation information

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<https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>.

Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

We support effective Māori governance of the tobacco control sector being determined by Māori. We believe that Māori governance and leadership in tobacco is critical to ensure real progress is made in reducing the harmful and inequitable impacts of tobacco use on Māori. How this governance is enacted is best determined through consultation and engagement with Māori.

- b). What action are you aware of in your community that supports Smokefree 2025?

1. [Click or tap here to enter text](#).The Fresh Air Project - where hospitality premises across our region have voluntarily made their premises smokefree and vape-free.
2. Regional smokefree networks and coalitions (such as CODA) – usually made up of a range of NGOs and representatives from public health units, Iwi providers, and cessation providers.
3. World No Tobacco Day events have been held in many regions however these have lacked co-ordination especially since the Health Promotion Agency stopped providing a focus and community resources.

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

Legislating smokefree outdoor areas: We support legislation for Smokefree Outdoor Public Spaces - green spaces like parks, playgrounds, reserves and sports grounds, CBD and Civic spaces, events, council-owned buildings and social housing, transport hubs, to beaches, rivers and lakes. Included in outdoor public spaces, we support the introduction of Smokefree National Parks. Tobacco product waste (cigarette butts) are the most common littered item world-wide. In the most recent NZ national litter audit, cigarette butts were the most littered item. Having smoke free national parks would enhance our clean green image and prevent toxic waste entering our waterways. Tobacco product waste on our streets, bus stops, recreational spaces and national parks is a visible reminder of tobacco use. Additionally, we support legislation for Smokefree Outdoor Dining in cafes,

restaurants, bars, pubs and other hospitality/licenced venues. We do not support designated smoking areas within these hospitality venues as they are not supportive of those trying to quit smoking, do not role model positive behaviours to our tamariki and create further obstacles to achieve SF2025. With no mention of this in the proposals outlined in the Action Plan we strongly suggest this is considered to reduce exposure among tamariki and rangatahi, further normalise these outdoor environments as legally mandated smokefree areas and provide consistency between localities.

Mandatory local government smokefree/vapefree policies: Community action could be further strengthened by local government being required to have a smokefree (and vapefree) policy that shows commitment to achieving a Smokefree Aotearoa by 2025. There is currently no consistency across local authorities in reaching Smokefree 2025.

A national framework on smokefree workplaces: Having a national framework (i.e., building on WorkWell) requiring employers to offer stop smoking support to employees and provide a supportive environment to stop would be beneficial. This is especially pertinent in trade and hospitality professions, where smoking rates are higher.

More nationally driven campaigns: More nationally driven campaigns such as Smokefree Cars (current), Stoptober, Matariki, World Smokefree Day/Smokefree May would help strengthen community action. National coverage of campaigns (e.g., through social media/mass media) is likely to receive more attention and our communities would associate our local work with these larger promotional activities. There is evidence that people have a poor understanding of what Smokefree 2025 aims to achieve. National mass media campaigns are required to allow for better understanding and would help explain the aim to reduce smoking prevalence to 5% and to address inequities in our communities with regard to smoking prevalence.

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

Research, evaluation, monitoring and reporting will continue to be important in this space, and we would like to see more community-based research be conducted (e.g., rural vs. urban) to help inform work in local communities. Research that is localised and sits alongside a national approach is recommended. Sadly, the Tobacco Control sector over the last few years has become more and more disjointed. This plan could see that improved markedly and to enable more consultation from the research community with the tobacco control sector before embarking on research. This could provide a wider insight and shed light on real world examples. Additionally, there has been some investment in smoking cessation services, but there is limited publicly available data about their effectiveness in reaching priority groups and supporting quitting.

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

We would like an annual Tobacco Control Hui and regular regional hui as a way of strengthening the tobacco control system. The list serve that was managed by ASH was an excellent tool to share ideas/research virtually. This was stopped suddenly leaving many of us unaware of who is still working in the sector and knowing the mahi they are doing. The sector used to have a strong united voice, but over the last few years that connectiveness has diminished, with regions tending to work on their own ways to reduce the smoking prevalence.

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

Yes, we support the establishment of a licensing system for all retailers, as we see this linking to a phased reduction in the number of retailers. Currently it doesn't make sense that tobacco, the most harmful consumer product in history, can be sold by anyone and anywhere in New Zealand. Unlike other harmful products there currently are no regulations relating to tobacco retailing.

A licensing system for all retailers would:

- Support compliance activity and monitoring
- Have the potential to lead to a faster reduction in the number of retail outlets, in particular in the lower socio-economic areas where there tend to be clusters of retailers
- Be reinforced by an international precedent for licencing and specialist retailers.
- Could help eliminate impulse purchasing

b). 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:

We support reducing the number of retailers as an important way to:

- Reduce exposure to tobacco products, especially among tamariki/rangatahi
- Reduce availability of tobacco products
- Reduce consumption of tobacco products
- Help people attempting to stop smoking/stay smokefree
- Reduce crime, improve retailer safety and reduce personal and economic costs of selling tobacco products.

In implementing this proposal, we recommend you consider:

- Limiting the number of retailers situated near early childhood centres, schools and tertiary education facilities – to protect tamariki and rangatahi from exposure
- Reducing the number of retailers in NZ to 300 and controlling locations to ensure people who smoke and live in rural communities have reasonable

access to tobacco products while reducing the concentration of retailers in lower socioeconomic areas.

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

Yes No

Please give reasons:

We support a reduction in the availability of tobacco products by restricting sales to a limited number of specific stores, as a way of making tobacco products less accessible and displaces them from being as common as buying bread and milk. Evidence shows that retailers will not be significantly impacted and that removing tobacco products and re-allocating the physical space to consumer products of higher profit could in fact result in greater profitability for retailers.

We recommend that:

- Specific stores should be R18 stores rather than pharmacies. Pharmacies selling cigarettes would contradict the NZ Pharmacy Council's code of ethics, the first principal stating "A pharmacist must make the health and wellbeing of the patient their first priority".
- As per the Māori Affairs Select Committee (2010) have the nicotine replacement therapy be a requirement to be sold everywhere tobacco is sold. This would ensure people who smoke can choose a safe option whenever they crave nicotine. Information on local face-to-face stop smoking services and Quitline should also be available wherever tobacco is sold.
- **We support a ban on online sales of all tobacco products.**

d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

We strongly support a smokefree generation as minimising uptake will help achieve a Smokefree NZ. NZ modelling shows that a smokefree generation would substantially decrease smoking prevalence, particularly in young Māori and Pacific populations, is likely to reduce inequities in smoking rates, have denormalization effects and help people stop smoking/remain smokefree.

We recommend that it is implemented in combination with other proposals in the Action Plan, as on its own a smokefree generation is projected to take more than 50 years to completely phase out tobacco sales. To ensure that all ages and ethnic groups are targeted, and smoking could be reduced to very low levels in 5-10 years, combine the smokefree generation proposal with proposals such as:

- The reduction of nicotine in cigarettes to very low levels
- Reducing the number of retailers
- Removing tobacco products from retailers such as dairies, petrol stations and supermarkets

Additionally, introducing a 'supportive smokefree environments' proposal where beaches, parks, playgrounds, outdoor dining, CBDs, transport all become legislated smokefree areas would also enhance the smokefree generation proposal.

e). 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:

Click or tap here to enter text.

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

We support reducing nicotine to low levels of 0.4mg or less nicotine per gram tobacco or per cigarette (a level where addiction cannot be sustained) as an initiative to prompt and support people to stop smoking, decrease relapse among newly smokefree individuals, reduce inequities in smoking rates/smoking-related harm and ensure future populations don't become addicted to nicotine. Very low nicotine content cigarettes will remain a harmful product, so free behavioural support must be readily available to accompany the reduction of nicotine in cigarettes to help people adjust to less nicotine and eventually stop. We are aware that this move may result in more people switching from smoking to vaping (aim of the Vape to Quit campaign), which should also be supported by a stop smoking coach.

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

We are supportive of prohibiting filters in cigarettes as this will make cigarettes less palatable, is likely to contribute to increased quit attempts and will have positive environmental impacts (e.g., healthier wildlife and ecosystems with fewer cigarette butts littered). In the future, tobacco companies may offer filter alternatives therefore regulations banning innovations, additives and filters is important. It will also prevent tobacco companies continuing to use filters to promote a "safer cigarette".

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

Yes No

Please give reasons:

We support allowing the Government to prohibit tobacco product innovations through regulation to enable quick exclusion of such alterations aimed at increasing the appeal and addictiveness of smoked tobacco products. The tobacco industry is known to exploit any weakness in legislation and also targets specific groups (e.g., youth) so any regulatory power should cover all tobacco products, design, accessories and encompass all types of flavours. This will likely reduce uptake of smoking, especially among youth.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

We are supportive of this action. It would remove the price differences between cigarettes (loose or packaged). Affordability of cigarettes is still a key driver to quitting and preventing people starting to smoke. The tobacco industry has in the past absorbed some of the costs of the increase in excise tax. This action would see a stop to this. We would like to see a greater proportion of excise tax going to stop smoking support services.

Final questions

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

We think all of the proposals are priorities, as no single measure will be enough to reach Smokefree Aotearoa 2025, rather a comprehensive range of measures is needed. We rank the following as our priorities to include in the action plan:

1. Make tobacco products less available by reducing the number of retailers, restricting tobacco product sales to around 300 R18 specialist retailers, and introducing a licencing system for all retailers. If tobacco products are less available, it will be easier for people to stop smoking and acts as a way to ensure people don't start.
2. Making smoked tobacco products less addictive and less appealing, especially reducing nicotine to very low levels, banning filters, and banning innovations to tobacco products. Reducing uptake, will support stopping smoking and lower smoking prevalence.
3. Amend national tobacco legislation to expand the types of outdoor spaces that must be Smokefree & Vapefree. Such measures would support local government to achieve the Smokefree 2025 goal – e.g., legislated smokefree outdoor areas such as outdoor dining, playgrounds, transport hubs (bus stops), parks, beaches, CBDs, national parks, etc. This action would ensure environments are supportive to people wanting to stop smoking and reduces tobacco exposure for people who have never

smoked, such as tamariki/rangatahi. This action would tie in well with the Smokefree generation proposal.

4. Smokefree generation – protects tamariki/rangatahi, especially those who grow up in families where their parents smoke and are more likely to start smoking themselves.

b). Do you have any other comments on this discussion document?

1. [Click or tap here to enter text.](#) Consider introducing requirements for local government as further ways to protect tamariki/rangatahi and provide supportive environments for people wanting to stop smoking/stay smokefree. Examples:

- Mandatory smokefree/vapefree outdoor areas e.g., outdoor dining – legislated so it can be enforced.
- Mandatory for local governments to have a smokefree/vapefree policy with reviews annually, and different steps to achieve (especially important if no national legislation on smokefree outdoor spaces).

2. Stop smoking services and public health units should be encouraged to collaborate more and co-design initiatives. This supports an outcomes rather than outputs focus.
3. We would like to emphasise anecdotal feedback from dairies in our community who support tobacco products being removed from their stores. It will ensure there is a level playing field between retailers.
4. Using the Vaping to Quit campaign is a great initiative for people who smoke but there is a lot of confusion in communities around the country on vaping among youth. We would like to see clear messaging regarding vaping among youth that can be circulated around early childhood centres, schools and tertiary education to reduce vaping uptake.
5. We recommend support for young people to quit vaping. New Zealand now has a cohort of young people who have had easy access to pod vapes with very high levels of nicotine (up to 60mg/ml) for at least two years. There are anecdotal reports from school counsellors of school children who are heavily addicted and experiencing mental health issues including anxiety and depression.



Submission Form

Your details

This submission was completed by: *(name)* _____
Email: _____
Phone number: _____
Organisation *(if applicable)*: Paediatric Society of New Zealand
Organisation address: *(street/box number)* _____
(town/city) _____
Role *(if applicable)*: member

Additional organisation information

I am, or I represent an organisation that is, based in:

- New Zealand Australia Other *(please specify)*:
Click or tap here to enter text.

I am, or I represent, a: *(tick all that apply)*

- Personal submission Healthcare provider eg Primary Care provider, stop smoking provider
 Community or advocacy organisation Professional organisation
 Iwi/Hāpu affiliated, and/or Māori organisation Tobacco manufacturer, importer or distributor
 Pacific community or organisation Retailer – small, for example a dairy or convenience store
 Government organisation Retailer – medium or large, for example supermarket chain or petrol station
 Research or academic organisation – eg university, research institute Vaping or smokeless tobacco product retail, distribution or manufacture
 Other *(please specify)*:
This submission is also fully supported by the Paediatric Respiratory and Sleep specialists in Starship Hospital, Auckland and Christchurch Hospital

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

Please provide details of any tobacco company links or vested interests below.

Neither I, nor the Paediatric Society of NZ, has any links or vested interests with tobacco or vaping companies

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.



Consultation questions

The Ministry of Health is seeking comments on the following proposals for a smokefree Aotearoa 2025. You can find more information about these proposals in the discussion document which can be downloaded from -

<https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>.

Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

Be led by Māori. Be responsive to and reflect Māori values and views. Be informed by scientific evidence.

- b). What action are you aware of in your community that supports Smokefree 2025?

CanBreathe and Asthma & Respiratory Foundation NZ, along with Cancer Society of NZ, and Hāpai te Hauora are continuously lobbying, educating and profiling the need for and steps to a Smokefree 2025

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

Media and marketing visibility of the approach of the goal, why the goal is to be pursued and celebrated (especially the future of our young people), and ways to seek help to achieve it.

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

1. Long-term efficacy and health effects of nicotine replacement, especially e-cigarettes.
2. Ongoing monitoring of youth uptake of e-cigarettes and survey of reasons for youth uptake. A recent overseas survey found that quitting or reducing smoking was the most common reason for older people to try e-cigarettes, but that curiosity was the overwhelming reason among young people. This highlights the risk that the current generation of young people will be addicted to nicotine through the novelty of e-cigarettes even though they would not have smoked, leaving them susceptible to use of other nicotine-containing products



Please give reasons:

For the same reasons as above, reducing visibility and accessibility, and highlighting that smoking is risky activity. However, using R18 stores has to be thought through carefully so that it does not paradoxically increase the appeal to young people, who want to emulate older people. This was highlighted by advertisements produced by tobacco companies in the USA that "discouraged" young people from smoking by displaying that it was an activity for adults. It was shown to have the effect of encouraging young people to smoke (Melanie Wakefield et al. Effect of Televised, Tobacco Company-Funded Smoking Prevention Advertising on Youth Smoking Related Beliefs, Intentions and Behavior. *Am J Public Health*. 2006;96: 2154-2160) It is also relatively easy in some settings for young people to get older people to act for them, or to use their documentation to bypass an under-18 restriction. So whether the restriction is framed in this way needs careful thought.

Pharmacies are appropriate to dispense nicotine-replacement and e-cigarettes for smoking cessation, but I suspect many pharmacists would feel deeply conflicted to sell cigarettes. Restriction of point of sale to existing licensed premises e.g. bottle shops may be appropriate

Limiting the point of sale must go in tandem with better monitoring of compliance with the law. This should include better monitoring of compliance, sales practice, and (if needed) thorough enforcement of appropriate sanction or punishment if these laws are broken.

d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

This is one of the most innovative and potentially fruitful proposals in the document.

The Paediatric Society of NZ fully supports the concept.

Legislating for this would have to account for human freedoms and rights, and make the case strongly that tobacco is a public harm (to the fetus, child, and to other people who do not consent to exposure but who suffer from it) and that it is legitimate to limit its use in this way, in the same way as other public health measures.

e). 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:

Click or tap here to enter text.

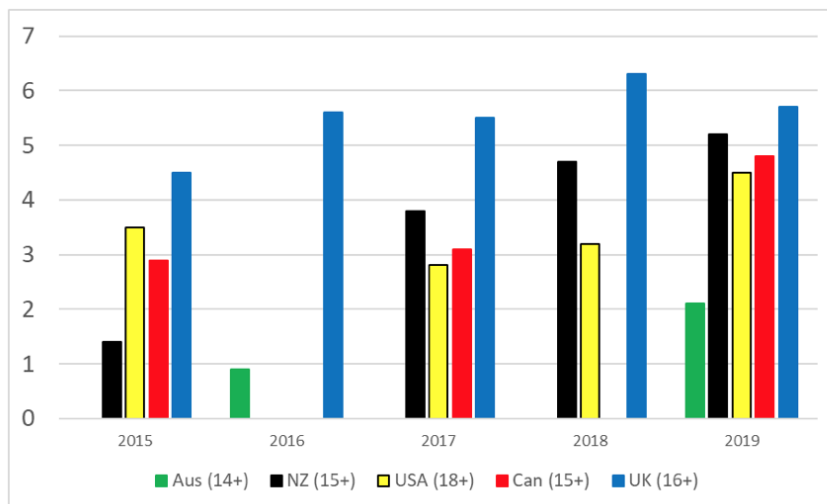


weighed against the risk of the next generation of young people becoming long-term nicotine users and addicts via e-cigarettes.

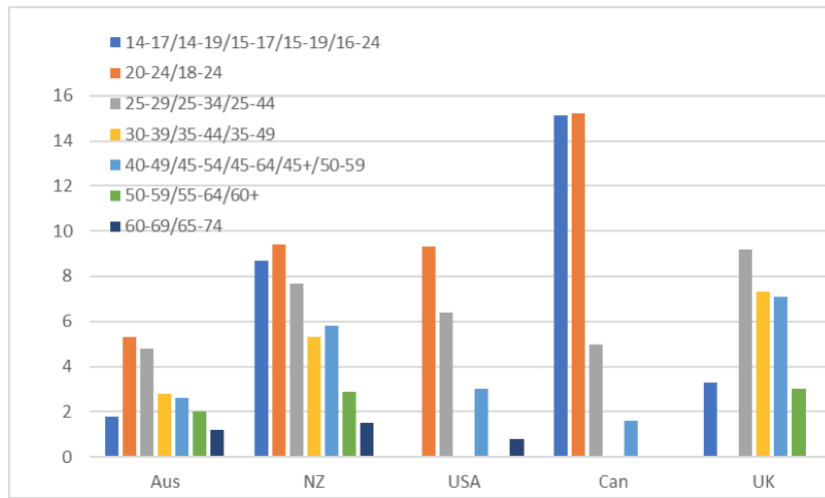
NZ uptake of vaping amongst young people has shown the sharpest increase amongst similar countries – USA, Australia, UK (with its very liberal vaping policies to encourage harm reduction), and only Canada exceeds current NZ rates. See the accompanying graphs, which are used courtesy of and with permission of Associate Professor Coral Gartner, Director, Centre of Research Excellence on achieving the Tobacco Endgame, School of Public Health, University of Queensland. Note that in the second graph, NZ youth and those 20-24 have are the age-group with the highest rates of vaping use, unlike the UK. Professor Gartner considers that a possible reason for the difference between NZ and the UK may be because the UK have marketed e-cigarettes as something for older people to use quitting, and it hasn't had the same role-modelling appeal.

We consider the NZ rates of young people vaping to be an unacceptable situation and a potential disruptor of the Smokefree Aotearoa 2025 goals, if smokers are replaced by a new generation of nicotine-addicted people who remain susceptible to tobacco company marketing and products, and potential lifetime exposure to excipients.

Prevalence of vaping (monthly+) by country, 2015-2019



Prevalence of vaping by age, 2019



Submission form

Your details

This submission was completed by: (name)

Email:

Phone number:

Organisation (if applicable):

Organisation address: (street/box number)
(town/city)

Role (if applicable):

Additional organisation information

I am, or I represent an organisation that is, based in:

- New Zealand Australia Other (please specify):

I am, or I represent, a: (tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Personal submission | <input type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
| <input type="checkbox"/> Community or advocacy organisation | <input type="checkbox"/> Professional organisation |
| <input type="checkbox"/> Iwi/Hāpu affiliated, and/or Māori organisation | <input type="checkbox"/> Tobacco manufacturer, importer or distributor |
| <input type="checkbox"/> Pacific community or organisation | <input type="checkbox"/> Retailer – small, for example a dairy or convenience store |
| <input type="checkbox"/> Government organisation | <input checked="" type="checkbox"/> Retailer – medium or large, for example supermarket chain or petrol station |
| <input type="checkbox"/> Research or academic organisation – eg university, research institute | <input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture |
| <input type="checkbox"/> Other (please specify): <input type="text" value="Click or tap here to enter text."/> | |

Additional statistical information

These questions are not mandatory. We are asking for information, including age and ethnicity information solely for the purposes of helping us to analyse submissions.

Age:

- Under 18
- 18 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 +
- Not applicable / prefer not to say

Ethnicity/Ethnicities I identify with:

- New Zealand European
- Māori
- Pacific Peoples
- Asian
- Other European
- Other Ethnicity *(please specify):*
Click or tap here to enter text.
- Not applicable / prefer not to say

Privacy

We intend to publish the submissions from this consultation, but **we will only publish your submission if you give permission**. We will remove personal details such as contact details and the names of individuals.

If you do not want your submission published on the Ministry's website, please tick this box:

- Do not publish this submission.

Your submission will be subject to requests made under the Official Information Act (even if it hasn't been published). If you want your personal details removed from your submission, please tick this box:

- Remove my personal details from responses to Official Information Act requests.

Commercial interests

Do you have any commercial interests?

- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products
- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products

Commercially sensitive information

We will redact commercially sensitive information before publishing submissions or releasing them under the Official Information Act.

If your submission contains commercially sensitive information, please tick this box:

- This submission contains commercially sensitive information.

If so, please let us know where.

Click or tap here to enter text.

Protection from commercial and other vested interests of the tobacco industry

New Zealand has an obligation under Article 5.3 of the World Health Organisation 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, all respondents are asked to disclose whether they have any direct or indirect links to, or receive funding from, the tobacco industry.

Please provide details of any tobacco company links or vested interests below.

Liquorland Franchised stores are supplied by all the major tobacco companies operating in New Zealand and some vaping suppliers.

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Consultation questions

The Ministry of Health is seeking comments on the following proposals for a smokefree Aotearoa 2025. You can find more information about these proposals in the discussion document which can be downloaded from - <https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>.

Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

We believe it is more appropriate for Maori submitters to respond to this question.

- b). What action are you aware of in your community that supports Smokefree 2025?

Whilst Liquorland operates nationally we are aware of communication campaigns and smoking cessation services being delivered across the communities we operate in as well as research into this topic.

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

Quick and easy access to smoking cessation services and products that support smokers quitting like vaping products

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

Priority to be given to the interventions that successfully help people cease smoking

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

There is opportunity for increased investment in anti- smoking campaigns and smoking cessation support services. There should be more enforcement against the illicit trade in tobacco which is estimated to be as high as 15%.

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

Based on our experience with the alcohol model, a licensing regime could be very expensive and resource intensive to implement and maintain. Significant costs would be imposed on both the government and retailers. Existing mechanisms for reducing smoking rates have largely been successful and should be continued and expanded. There is opportunity to further reduce smoking rates via other means, e.g., changes to tobacco products to make them less addictive and less appealing, changes to pricing to make smoked tobacco products increasingly unaffordable, increased promotion of anti-smoking messaging to reduce demand, and increased investment in smoking cessation services to support people quitting and remaining smoke-free. There is considerable scope to further reduce smoking without licensing

- b). 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:

We believe Professionally Franchised Liquor Store Groups eg Liquorland are ideally placed as retailers of tobacco and vape products as they already operate in a R18 licenced environment and therefore don't influence youth under this age, have national coverage and will retail responsibly. They also already have the necessary processes and controls in place to ensure compliance to the laws.

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

Yes No

Please give reasons:

We believe Professionally Franchised Liquor Store Groups eg Liquorland are ideally placed as retailers of tobacco and vape products as they already operate in a R18 licenced environment and therefore don't influence youth under this age, have national coverage and retail responsibly. They also have the necessary processes and controls in place to ensure compliance to the laws. There are a limited number of specialist R18 vape stores nationally particularly in rural areas and chemists are open to people of all ages which could influence youth under the age of 18 and give the impression that the product is healthy.

d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

We are already seeing a smoke-free generation. Young people are more smoke-free, and we expect this trend to continue, particularly if some of the other proposed measures are adopted – making tobacco less appealing and addictive, making it less affordable, increasing smoke-free campaigns and investment in smoking cessation services. A moving age of compliance would also add complexity to the tobacco supply regime and increase compliance costs as IT technology would probably be required to support correct application of the moving age-restriction and leave it open to error.

e). 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:

Overall Liquorland is a large company however each individual franchised store could be classified as a small store.

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

Other parties are better placed to comment on formulation.

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

Other parties are better placed to comment on the health perspective

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

Yes No

Please give reasons:

Manufacturers are better placed to comment on this

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

While tobacco price increases have been highly successful in reducing rates of smoking, we prefer further adjustments to excise tax over the introduction of a minimum pricing regime. Excise tax policy has already set a high base price for tobacco and together with the annual CPI adjustments have made the product increasingly unaffordable. Instead of a minimum price, we recommend government introduces a requirement for tobacco companies to pass on excise tax increases so they can't avoid retail price increases by absorbing excise increases in their margins.

Final questions

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

1. Increase investment in smoking cessation products and services 2. Limit retailers to those that currently operate licenced premises only eg professionally franchised liquor groups 3. Make smoked tobacco products less addictive, 4. Make smoked tobacco products less affordable by annual excise increases 5. Increased enforcement against the illicit tobacco trade so this doesn't replace the legal trade

- b). Do you have any other comments on this discussion document?

We would support a small expansion of flavours of vaping products that can be sold in licenced premises to encourage more smokers to switch. A reduction to one size of cigarette packs eg 25's only and one pouch of tobacco only could be considered to put a higher barrier in place for those considering buying smoked tobacco products.

Submission form

Your details

This submission was completed by: (name) ASPIRE 2025 Centre, University of Otago

Email:

[REDACTED]

Phone number:

[REDACTED]

Organisation (if applicable):

[Click or tap here to enter text.](#)

Organisation address: (street/box number)

[Click or tap here to enter text.](#)

(town/city)

[Click or tap here to enter text.](#)

Role (if applicable):

[Click or tap here to enter text.](#)

Additional organisation information

I am, or I represent an organisation that is, based in:

New Zealand Australia Other (please specify):

[Click or tap here to enter text.](#)

I am, or I represent, a: (tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Personal submission | <input type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
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| <input checked="" type="checkbox"/> Research or academic organisation – eg university, research institute | <input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture |
| <input type="checkbox"/> Other (please specify): | |
- [Click or tap here to enter text.](#)

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Age:

- Under 18
- 18 - 34
- 35 - 44
- 45 - 54
- 55 - 64
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- Not applicable / prefer not to say

Ethnicity/Ethnicities I identify with:

- New Zealand European
 - Māori
 - Pacific Peoples
 - Asian
 - Other European
 - Other Ethnicity (*please specify*):
Click or tap here to enter text.
 - Not applicable / prefer not to say
-

Privacy

We intend to publish the submissions from this consultation, but **we will only publish your submission if you give permission**. We will remove personal details such as contact details and the names of individuals.

If you do not want your submission published on the Ministry's website, please tick this box:

- Do not publish this submission.
Your submission will be subject to requests made under the Official Information Act (even if it hasn't been published). If you want your personal details removed from your submission, please tick this box:
- Remove my personal details from responses to Official Information Act requests.

Commercial interests

Do you have any commercial interests?

- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products
- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products

Commercially sensitive information

We will redact commercially sensitive information before publishing submissions or releasing them under the Official Information Act.

If your submission contains commercially sensitive information, please tick this box:

This submission contains commercially sensitive information.

If so, please let us know where.

Click or tap here to enter text.

Protection from commercial and other vested interests of the tobacco industry

New Zealand has an obligation under Article 5.3 of the World Health Organisation 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, all respondents are asked to disclose whether they have any direct or indirect links to, or receive funding from, the tobacco industry.

Please provide details of any tobacco company links or vested interests below.

Click or tap here to enter text.

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

ASPIRE 2025 submission on the Smokefree 2025 Action Plan Discussion Document

Introduction

University of Otago members of the ASPIRE 2025 Research Centre wish to submit on the questions set out in the Smokefree 2025 Action Plan Discussion Document (APDD). ASPIRE 2025 is one of the University of Otago's Research Centres, a designation that recognises national leadership and international recognition for excellence; sustained and on-going contributions to research, and receipt of significant external research income. The ASPIRE Centre's overall goal is to conduct policy-relevant research that informs the Government's goal of a smoke-free Aotearoa / New Zealand by 2025.

ASPIRE members have expertise in several of the proposals set out in the APDD and have undertaken research and published several papers examining measures that could more effectively regulate the appeal, affordability, availability and addictiveness of tobacco products.

We warmly welcome the publication of the APDD and broadly support the approach outlined and the measures included. We believe that a clear and comprehensive plan is essential if the Smokefree 2025 goal is to be achieved and achieved equitably. We note that the Māori Affairs Select Committee Inquiry into the tobacco industry in Aotearoa and the consequences of tobacco use for Māori, which recommended the adoption of a smokefree goal, also recommended the development of an action plan.¹ We believe that the APDD aligns well with the spirit and detailed recommendations of the Māori Affairs Select Committee report and could significantly contribute to achieving the Tupeka Kore vision.

Specific features of the APDD that we strongly support include:

- The focus on eliminating disparities in smoking and commitment to strengthening Māori governance in tobacco control.
- The acknowledged need for measures that change the broader environment in which people live to make it easier for young people to stay smokefree and for smokers to quit.
- The comprehensive nature of the plan, including interventions in previously unaddressed areas, notably reductions in the supply of smoked tobacco products and regulation of tobacco product design and constituents.
- The focus on both protecting future generations by minimising smoking initiation and uptake, and enhancing quitting among existing smokers.
- The inclusion of bold measures (mandated denicotinised smoked tobacco products, large reductions in the retail availability of smoked tobacco products, and the smokefree generation proposal) that are likely to have a profound impact on rapidly reducing smoking prevalence by reducing smoking uptake and increasing quitting in all population groups.
- The commitment to risk proportionate regulation with an appropriate focus in the APDD on more robust regulation and population level policies for smoked tobacco products (noting that the 2020 Smokefree Environments and Regulated Products (Vaping) Amendment Bill provides an equivalent regulatory framework for alternative nicotine delivery products).

The APDD builds on New Zealand's reputation for taking robust and effective action to protect the health of all New Zealanders, which was so clearly demonstrated during the COVID-19 pandemic. It aligns clearly with realising New Zealand's international commitments under the Framework Convention for Tobacco Control, the UN Declaration on Rights of Indigenous Peoples, and the UN Declaration on Rights of the Child.

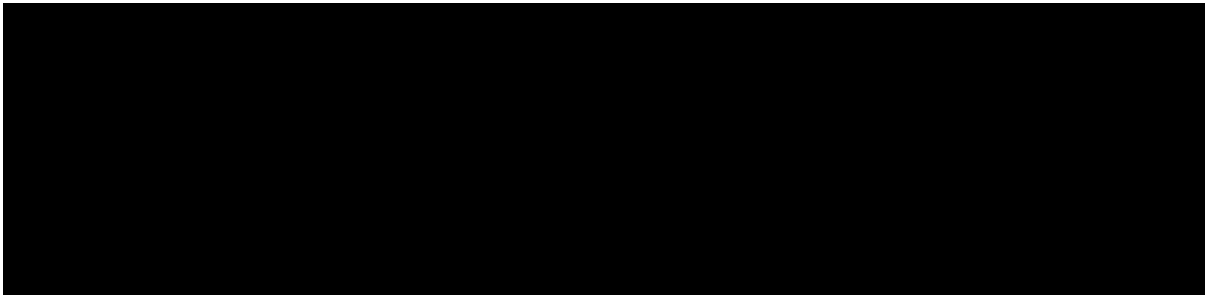
We believe that the APDD sets out a realistic pathway to achieve the Smokefree 2025 goal for all peoples in Aotearoa, and hence is a landmark in positive public health policy in New Zealand. It also sets a benchmark for best practice in tackling the smoking epidemic internationally, and has already been widely acclaimed on that basis.²

Conflicts of interest statement

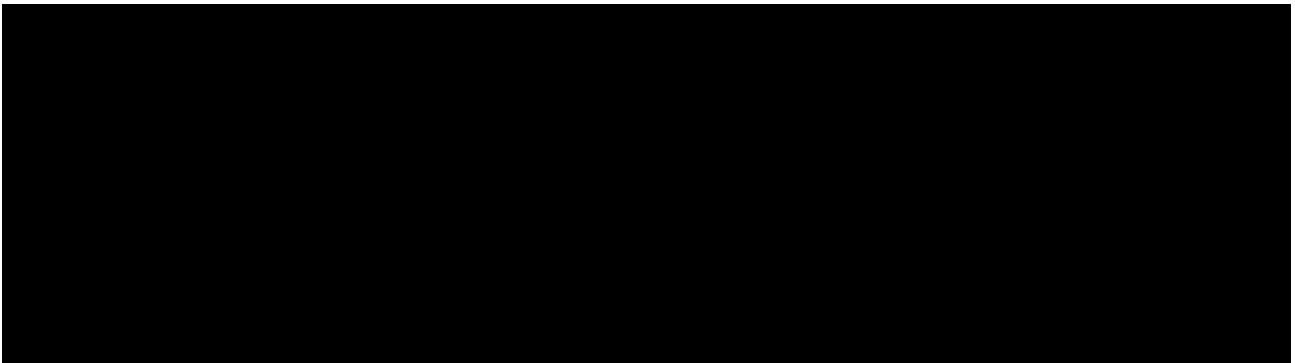
We have received funding for smokefree research from the Health Research Council of New Zealand, the Cancer Society, Heart Foundation, Lottery Health, and the Royal Society Marsden Fund. We have also received funding from the University of Otago via an internal research grant and a grant to the ASPIRE Centre. We have never received any funding from the tobacco industry or organisations associated with it and have no conflicts of interest to report.

The arguments we set out below represent our expert opinions but are not an official position held by the University of Otago.

This document has been prepared by the following members of ASPIRE2025:

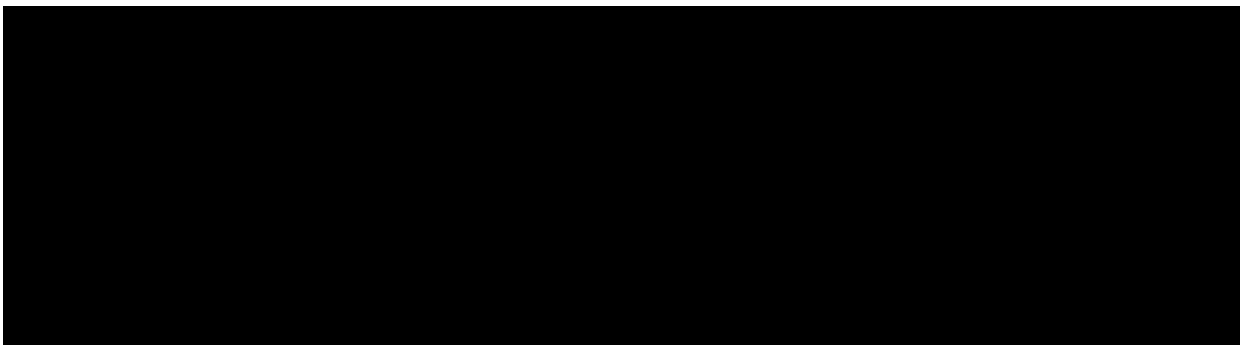
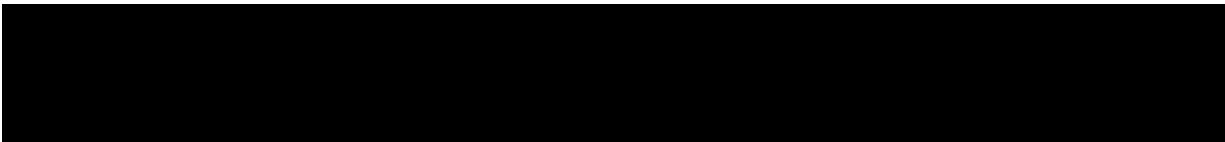


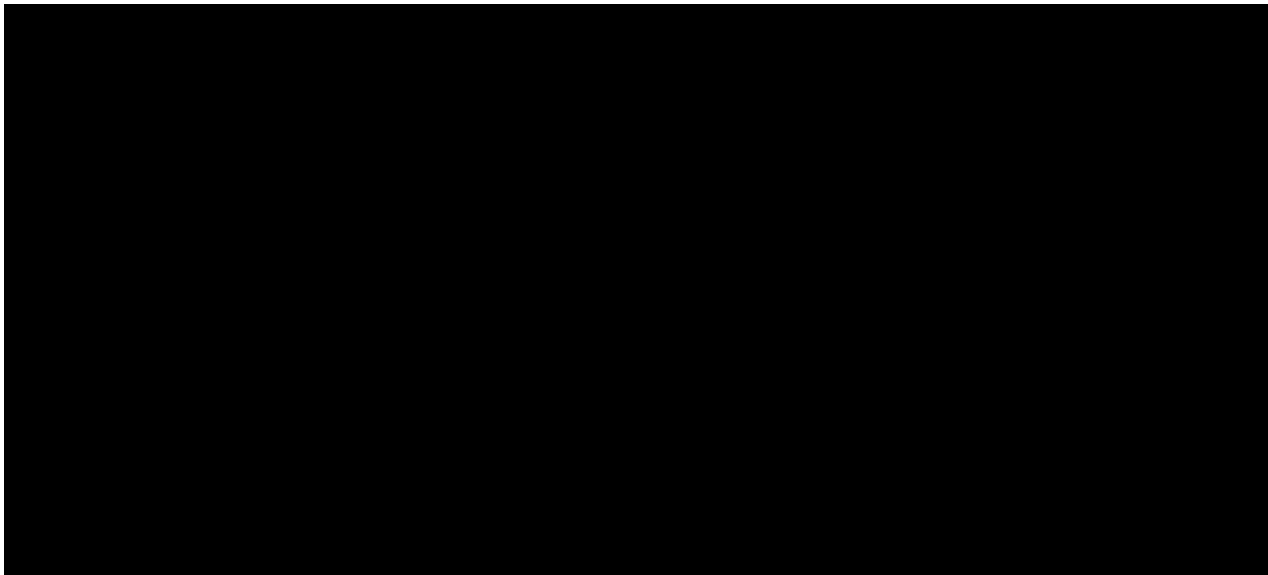
The submission is supported by the following members of ASPIRE2025 at the University of Otago:



This submission is also supported by the Heads of Departments and members of the following departments at the University of Otago:

- Department of Public Health, University of Otago, Wellington,
- Department of Population Health, University of Otago, Christchurch,
- Department of Preventive and Social Medicine, University of Otago, Dunedin





1. Strengthening the tobacco control system

- In line with our Treaty obligations, we strongly support strengthening Māori governance of the tobacco control programme. This will require Māori governance that is independent of mainstream governance.
- We support the development of a comprehensive community action Smokefree 2025 engagement and support programme, and suggest consultation should be undertaken with communities and their leaders, Iwi, Pasifika organisations, and grass roots smokefree practitioners to identify the most effective and appropriate way to facilitate, foster and support community action for Smokefree 2025.
- We welcome the APDD's recognition that monitoring and evaluation must be a core component of all new measures implemented and endorse the clear commitment to invest in research, evaluation and monitoring.
- We recommend developing and implementing a robust, prospective, and adequately resourced evaluation and monitoring plan based on a sound logic model that identifies key outcomes and how these will be achieved. The plan should include actions to identify gaps in current monitoring, outline additional monitoring and research that is required, and detail comprehensive and timely reporting mechanisms. We further recommend that the evaluation plan should assess progress towards achieving an equitable smokefree Aotearoa and eliminating the disparities in smoking and its adverse health effects, which predominantly affect Māori and Pasifika populations.
- We note potential non-compliance and possible growth in illicit trade in smoked tobacco products will require additional investment in monitoring and surveillance. We believe any risks can easily be addressed by thorough planning and implementation of enforcement measures to minimise non-compliance and prevent growth in illicit trade. We note that the tobacco industry has a well-documented interest in exaggerating the risk of illicit trade and using this to argue against the introduction of effective population-based measures to reduce smoking prevalence.

(a) Strengthen Māori governance of the tobacco control programme

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

In line with our Treaty obligations, we strongly support strengthening Māori governance of the tobacco control programme. Key strategies proposed in the APDD will require national level policies likely to make a significant impact on smoking disparities. Given higher smoking rates among Māori compared to non-Māori, these policies will disproportionately affect Māori who smoke and their whanau. Therefore, it is essential that Māori play leading roles in designing, implementing and evaluating tobacco control measures to ensure these are relevant, appropriate and have ownership within Māori communities.

Toki noted the importance of culture in underpinning Māori governance principles.³ She noted these principles include taonga tuku iho (decision making with a long-term perspective on Māori well-being), tikanga (correct procedures and values grounded in Māori worldviews) and kawa (protocols).³

To ensure these governance principles are upheld requires Māori governance that is independent of mainstream governance. This perspective has been outlined earlier; for example, it was supported by the 2003 Māori Tobacco Control Strategy,⁴ which highlighted the importance of enabling Māori governance and independent leadership. The 2003 Strategy outlined expectations for Māori working in governance roles and clearly viewed these as going beyond western medical models of health and working towards a holistic vision of Māori health (e.g. including physical, spiritual and cultural dimensions).⁴

Because many measures in the APDD will require government endorsement (e.g., regulating nicotine content) and have implications for the whole population, consideration will need to be given to how Māori and mainstream governance systems are organized and function. In addition to the APDD's commitment to strengthening the tobacco control system, our Treaty obligations mean we must not only strengthen Māori governance but enhance Māori participation in all aspects of tobacco control, including greater Māori participation in planning, delivery and evaluation. Further, because policy measures are likely to be implemented at local, regional, national and even international levels, Māori governance must exist within these levels.

We note that strengthening Māori governance is consistent with the Government's commitment to establishing a Māori Health Authority and suggest the latter organization may have a role in developing, implementing and evaluating tobacco control measures.

(b) Support community action for a Smokefree 2025

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.

We strongly support the commitment to strengthen community action to achieve the Smokefree 2025 goal. There are numerous examples of local and community-level initiatives supporting the Smokefree 2025 goal.⁵ These initiatives have been led by local and regional coalitions, Iwi and Pasifika groups, Councils (e.g. Smokefree Auckland), DHBs and PHUs, NGOs, health care providers, and other community groups. These groups' work has resulted in local Smokefree Action plans, smokefree events and policies designating smokefree areas, including marae, parks, playgrounds, and outdoor dining areas.⁶ Other activities have included innovative community-based cessation interventions and campaigns, environmental clean-ups to remove tobacco-related litter, and a smokefree retailers network, among many others.⁷

This activity has occurred despite a lack of coordination, and dedicated funding and support, particularly during the last five years. For example, the 2015 realignment of tobacco control services saw funding and support cut for initiatives such as those outlined above and defunding in 2016 of the Smokefree Coalition, an organisation dedicated to coordinating and supporting exactly these initiatives.⁸ Further, a \$5million/p.a. Pathways to Smokefree NZ Innovations fund ran from 2012-2016, but was then discontinued. These continuing reductions in community resourcing means the potential for community-action to support the Smokefree 2025 goal is largely unrealised. We thus strongly support strengthening community-based interventions by increasing resourcing and reinstating a central organising unit, such as the former Smokefree Coalition.

International examples illustrate the effectiveness of civil society initiatives to support public health goals. For example, the 2034 smokefree goal in Scotland is supported by a Tobacco Free Generation Charter, signed by 380 organisations from across the country (see <https://www.ashscotland.org.uk/what-you-can-do/scotlands-charter-for-a-tobacco-free-generation/>). One of the few examples in New Zealand of a non-health organisation pro-actively supporting the Smokefree 2025 goal was the New Zealand Defence Force's 2017 announcement that it aimed to be smokefree by 2020 (see <https://blogs.bmj.com/tc/2017/05/31/new-zealand-to-have-worlds-first-smoke-free-military-by-2020/>). We are not aware of any efforts to encourage or support similar initiatives that would engage with or broader community and civil society support for the Smokefree 2025 goal.

We believe local and community based initiatives have enormous potential to facilitate the achievement of the Smokefree 2025 goal; community-level activities can increase the feasibility of implementing initiatives at a national level. For example, such community activities could increase understanding of the Smokefree goal, and thus engagement with the aims. Work undertaken locally can prompt and support

smoking cessation in local communities, whānau, and workplaces, and support implementation of local policy measures and other interventions (e.g., smokefree events and smokefree outdoors policies). These initiatives can change social norms about smoking and stimulate debate, understanding and support for key measures included in the APDD, including removing nicotine from tobacco products and reducing the widespread retail availability of smoked tobacco. In short, promoting greater understanding of the Smokefree 2025 goal could dispel widespread misperceptions and increase support for measures needed to realise the goal.⁹⁻¹¹

We strongly support engagement with communities and their leaders, Iwi and Pasifika organisations, and other key stakeholders such as frontline health promotion and smokefree practitioners, to identify the most effective and appropriate way to facilitate, foster and support community action for Smokefree 2025. These discussions should be followed by the development and implementation of Smokefree 2025 community action support programmes, designed with specific communities in mind. These programmes are likely to include some or all of the following:

- Active efforts to engage with local communities, Iwi, Pasifika organisations, employers, NGOs to encourage their contribution to the development and implementation of measures included in the action plan, and to support local interventions and activities.
- Support for capacity-building that enable local smokefree activities and contributions.
- Sustained, accessible and flexible funding sources to promote and support community-based activities and innovation.
- Regular knowledge-sharing activities such as regional and national hui, webinars, and newsletters. to promote the sharing of innovation and best practice across the sector.

(c) Increase research, evaluation, monitoring and reporting

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

We strongly support the commitment to increase research, evaluation, monitoring and reporting in the APDD.

Government funded evaluation of recent tobacco control interventions in Aotearoa has been at best sporadic and often totally absent. While the Ministry of Health/Government commissioned evaluations of the 2004 Smokefree Environments Amendment Act (SEAA)^{12 13} and the recent series of tax increases,¹⁴ other measures have not been evaluated. For example, the ban on point-of-sale retail displays and introduction of standardised packs with enhanced health warnings were not subject to any Government-resourced evaluation. Instead, evaluations were conducted by ASPIRE 2025 researchers using independent funding.^{15 16} Even the evaluations of the SEAA and tobacco tax increases were conducted largely retrospectively, which introduced limitations to the data available, and the design and methods.

We believe that a key priority is developing and implementing a robust, prospectively developed and adequately resourced, evaluation and monitoring plan (henceforth 'evaluation plan') for the Smokefree 2025 action plan. This evaluation plan should assess progress towards achieving an equitable smokefree Aotearoa by eliminating disparities in smoking prevalence and the adverse health effects that predominantly affect Māori and Pasifika populations. One component of strengthening the Māori governance of the tobacco control system should be a commitment to full Māori participation in the evaluation plan development, and Māori leadership of all Māori-focused evaluation and monitoring. As part of the evaluation plan we recommend a systems evaluation is carried out including assessment of:

- Capability: Expertise in health promotion and protection, smoking cessation support, legislation, monitoring, evaluation and research
- Capacity: Resources that are — or that should be — available within the system to carry out recommended actions
- The degree to which different stakeholders in the system are able to communicate and work together
- External factors affecting the Aotearoa New Zealand tobacco control system, such as international trade agreements.
- Where the tobacco control system can be strengthened to ensure that the action plan is implemented effectively.

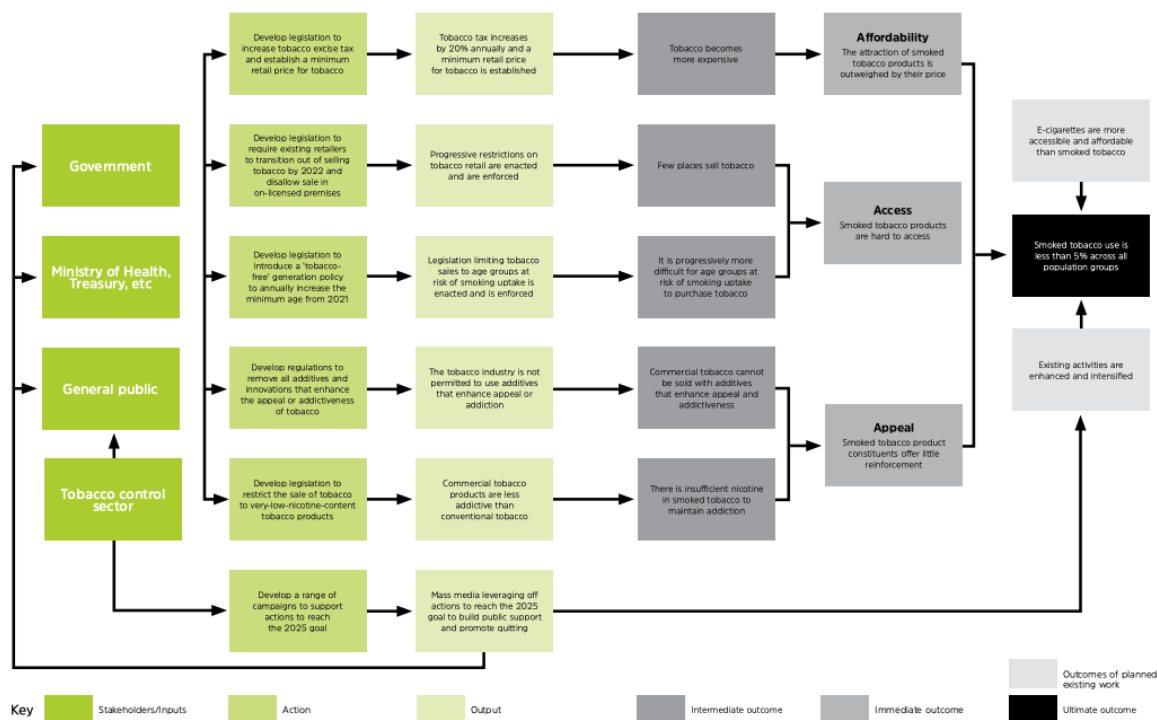
Enacting a comprehensive evaluation plan will generate ongoing evidence about the implementation process and the plan's impacts on different population groups (intended and unintended, positive and negative). This process will allow interventions and implementation strategies to be refined or enhanced as necessary. It will also provide evidence about the impact of individual measures, synergies between different measures, and will assess the plan's overall impact. This evidence will inform the public and key stakeholders within NZ and will have global relevance as other members of the international smokefree community formulate plans to eliminate smoked tobacco product use.

The overall action plan should be built around a sound logic model that identifies key outcomes and represents how these outcomes will be achieved. This logic model would be a key reference point for framing and prioritising evaluation activities. Evaluation and monitoring plans should identify data sources, studies and monitoring tools that are available (or that would need to be commissioned) to provide information and monitoring of key process and outcome measures.

An example of a robust and prospectively designed evaluation strategy is the one developed to evaluate the impact of smokefree legislation in Scotland; this strategy resulted in multiple publications outlining robust evidence on aspects of the implementation and outcomes that followed.¹⁷

We led the development of a proposed action plan for the Smokefree 2025 goal in 2017 (Achieving Smokefree Aotearoa by 2025 plan [ASAP]); this plan included an extensive section on the evaluation, monitoring and research that would be required.¹⁸ As an example, the logic model for this evaluation plan is reproduced below:

LOGIC MODEL TO ACHIEVE **SMOKEFREE** AOTEAROA 2025



Assessing quantitative outcomes, such as increased quitting and reduced smoking prevalence, will be important; however, to obtain timely data on impact and assess implementation fidelity, compliance etc., it will also be important to ensure that data are available on intermediate and process measures, including information derived from qualitative studies.

Key potential sources of data for monitoring include:

- the Ministry of Health’s New Zealand Health Survey and periodic Tobacco Module;
- the Health Promotion Agency (HPA) adult smoking surveys, notably the Health and Lifestyle Survey;
- the Action on Smoking and Health (ASH) Year 10 Snapshot surveys and the Youth 2000 Surveys led by the University of Auckland, and
- the New Zealand arm of the International Tobacco Control Project (NZ ITC) led by ASPIRE 2025.

However, there are some important gaps in the current survey data that will need to be addressed; these include:

- the lack of in-depth monitoring of smoked tobacco product use among adolescents and young adults, where smoking uptake is increasingly concentrated;¹⁹
- the lack of monitoring of smoking related behaviours in people living with mental illness, and
- the lack of in-depth/qualitative studies to investigate the attitudes, experiences and behaviours and the impacts of smokefree interventions among people who smoke (particularly in high priority populations).

In addition to analysing existing and newly commissioned monitoring processes, bespoke evaluation and research studies should be conducted to provide evidence on priority evaluation and research questions identified prospectively or that emerge during implementation. Research could also provide process-related quantitative and qualitative data on intervention implementation and compliance, industry responses, and any emerging unintended impacts (adverse or positive). Further details of these points are set out in the evaluation plan developed for the 2017 ASAP strategy.¹⁸

Finally, there will need to be a timely and comprehensive reporting process to ensure progress towards Smokefree 2025 goal is transparent, allows appropriate scrutiny, and ensures accountability. These attributes will recognise the FCTC reporting requirements and provide the international community with intelligence about the impact of the action plan, thus providing a platform on which other countries may build their own programmes.

(d) Strengthen compliance and enforcement activity

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

We support strengthening compliance and enforcement activity to support the implementation of the measures included in the APDD.

Some measures proposed in the APDD could potentially be undermined by lack of compliance. These include:

- Restriction of sales to a limited number of licensed stores and specific store types (e.g. through possible sales by unlicensed stores or distributors, or 'under the counter' sale of illicit products)
- Smokefree generation policy restrictions on legal age of sales (through possible sales by stores to underage people or distribution and sale of illicit products)
- Reductions in nicotine levels in smoked tobacco products (through distribution and sale of illicit products)

These potential risks mean the action plan will require adjunct measures and additional investment to ensure high compliance with regulations and legislation, and to prevent any growth in the illicit market for smoked tobacco products. However, we believe these risks can be addressed by thorough planning and a short-term increase in resource allocation to measures that enhance and enforce compliance, and minimise the illicit market. An effective monitoring strategy would be prudent to monitor the impact of compliance and enforcement measures and to detect any emerging non-compliance issues – for example to identify if an illicit trade market through the expansion of locally grown and sold products.

Underage sales or sales from unlicensed stores will require a comprehensive and adequately resourced compliance monitoring and enforcement infrastructure, and appropriate penalties (and their application) to address identified non-compliance. It is therefore imperative that resources are made available to establish or enhance current systems; these resources could come from the more than \$2 billion in tobacco-related excise revenue, of which around \$60m (approx. 3%) is currently invested in supporting efforts to achieve the smokefree goal.

Compliance should be maximised and the need for additional enforcement minimised if measures included in the plan are accompanied by appropriate communication strategies that ensure public and stakeholder understanding of the measures, their rationale and how they will be implemented and enforced. Experience with measures like the 2003 Smokefree Environments Amendment Act suggest that where smokefree legislative and policy measures are well-communicated and initial enforcement is robust, they attract widespread and growing public support and sustained high levels of public and stakeholder compliance.¹² Non-compliance will also naturally decline as the Action Plan takes effect and smoking prevalence and hence demand for smoked tobacco products dramatically falls over time.

While there is a theoretical risk that measures outlined in the APDD could increase the illicit (smuggled or counterfeit) market for smoked tobacco products, we believe that risk is greatly exaggerated by tobacco

companies, can be addressed through rigorous planning and preventive measures, and will rapidly diminish in importance over time.

Claims of massive increases in illicit tobacco trade generally come from the tobacco industry and its affiliates who have a vested interest in making exaggerated statements as they try to impede the introduction of evidence-based tobacco control policies.²⁰ We note that spokespeople for the tobacco industry have already begun pursuing this line of argument²¹ since the release of the APDD. However, independent research suggests such claims are generally unfounded or grossly exaggerated, as was the case when plain packs were introduced in Australia.²²⁻²⁴ Furthermore there is strong evidence to suggest that the tobacco industry facilitates and promotes illicit trade when it suits its purpose to do so.²⁰

There are limited data available on the illicit market in New Zealand, partly because of the inherent difficulties of measuring the size of markets for illegal products. Studies funded by the tobacco industry generally report a large and growing illicit market. For example, an annual tobacco industry-funded study on illicit tobacco produced by KPMG, estimated the market share of illicit tobacco increased from 9.2% in 2017, to 10.2% in 2018, and 11.5% in 2019.²⁵ However, these and similar studies have been widely criticised because of their flawed or opaque methodologies.^{26 27}

Independent research generally produces much lower prevalence estimates. For example, pack collection studies in NZ estimated the proportion of foreign packs at 3.2% in 2009 and 5.8% in 2012/13.^{28 29} Many of these packs may have been discarded by tourists, and thus these figures are likely to overestimate the extent of smuggled packs. An ASH NZ study estimated illicit tobacco consumption to be between 1.8 and 3.9% of NZ's total tobacco consumption in 2014.³⁰ Most recently, the NZ ITC study found that <1% in 2017-18 and 1.1% in 2020 of current smokers reported that their last purchase of cigarettes or tobacco was potentially illicit (i.e. bought from someone selling cigarettes independently and/or illegally or from a friend or relative).³¹

Although theoretically possible that rigorous tobacco control policies such as those proposed in the APDD could stimulate a market for illicit tobacco products, there are several good reasons to believe this outcome is unlikely to occur in NZ and we note that similar arguments have been made in other settings.^{32 33} First, the major influence on illicit tobacco market size is not the level of tobacco tax or strength of tobacco control policies, but other factors, such as the strength of the regulatory framework and measures to combat illicit trade, the extent of government corruption, social and governmental tolerance of contraband markets, the availability of informal distribution networks, and the degree of organised criminal infrastructure.^{34 35} New Zealand has relatively rigorous border controls and low levels of corruption which, together with our geographical isolation, will help minimise opportunities for smuggling illicit tobacco products. The current low level of use of illicit tobacco in NZ, despite the high cost of tobacco products, suggests these factors are effectively constraining the size of the illicit market.

In addition, some measures included in the APDD such as retail licensing (provided that involvement in the illicit market can result in forfeiture of the tobacco retailing license) should also reduce potential illicit tobacco trade.³⁶ Furthermore, the impact of APDD measures will reduce smoking prevalence and demand for smoked tobacco products, and thus the potential market for illicit products. Alternative nicotine delivery products, such as e-cigarettes, are now widely available and much cheaper than smoking. As a result, people who smoke and who cannot or do not want to cease using nicotine products are able to switch to e-cigarettes, which will likely be more appealing and easier to access than illicit tobacco.

We therefore believe that the industry's doomsday scenario of a rapid increase in illicit trade is very unlikely to eventuate and, over time, the illicit market will decline as smoking prevalence falls to progressively lower levels. The spurious threat of illicit market growth should not threaten implementation of any measures included in the APDD.

Nonetheless, we suggest reviewing and, where necessary, enhancing existing regulatory controls. Possible measures could include: enhanced border surveillance and enforcement actions by Customs and Excise;

licensing and rigorous monitoring of all importers and distributors of any tobacco products for evidence of involvement in the illicit market – with rigorous enforcement action if required. We also recommend ratification of the FCTC Protocol to Eliminate Trade in Tobacco Products and participation in the global tobacco track and trace system; and collection of credible data on the extent of the illicit market as part of the enhanced research, evaluation, monitoring and reporting described above.

2. Make smoked tobacco products less available

- We welcome the APDD’s recognition that reducing tobacco supply is a crucial component of NZ’s endgame strategy.
- We strongly support the introduction of a licensing scheme for all retailers of any tobacco product though we note that this measure will **only provide a route to reduce tobacco supply and must be accompanied by other measures.**
- We strongly support substantially reducing the number of retail outlets where smoked tobacco products are sold and restricting the stores permitted to sell such products. Research shows this measure is a key intervention required to achieve rapid and sustained reductions in smoking prevalence.
- We support an amortisation approach to reducing retailer numbers, with careful consideration given to equity and recommend that tobacco products are only available from specialist R18 stores that sell no other products than tobacco.
- We recommend developing implementation support that assists small retailers to transition from tobacco to other products.
- We support the introduction of a tobacco free generation policy.

(a) License all retailers of tobacco and vaping 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.

We strongly support the establishment of a licensing system for all retailers of tobacco and vaping products (in addition to specialist vape retailers). New Zealand has fallen behind other countries and states (e.g., US, Finland and Australia), some of which have required all sellers of tobacco products to be licensed for some time. Introducing this measure would align NZ with international best practice.

Retailer licensing is a pre-requisite for reducing tobacco retail availability and provides a tool to manage retailer numbers (e.g., licences could specify operating conditions and numbers of licences granted could be fixed). Licensing would also enhance compliance with other measures, such as the Smoke Free Generation and support measures to prevent sales of illicit tobacco products. Evidence suggests that most NZ retailers will apply for a licence and continue selling tobacco, in the event that licences become mandatory;³⁷ the main outlets that stop selling tobacco are hospitality venues (e.g. restaurants, bars, clubs) where tobacco sales are relatively minor.^{38 39}

Therefore, while licensing provides a tool to manage retailer numbers, this measure will not, in and of itself, reduce retailer numbers to a significant extent. Further, the reduction in retailer numbers required to influence smoking prevalence is substantial; modelling evidence shows a reduction of around 90% to 95% of retailers is required to drive up the 'full cost' of tobacco (i.e., the time and resources needed to obtain the product).⁴⁰⁻⁴³ In short, the Government must introduce additional measures to reduce the widespread availability of tobacco products.

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

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.

We strongly support substantially reducing the retail availability of smoked tobacco products by significantly reducing the number of retailers based on population size and density as this measure could greatly decrease retailer numbers. Introducing a cap of one tobacco retailer in an area of 10,000 residents, as opposed to the status quo of one outlet per 800 residents,⁴⁴ would help substantially reduce New Zealanders' exposure to tobacco outlets. In turn, reducing exposure to tobacco products would reduce smoking uptake and support people trying to quit; it would also clearly reframe tobacco as a product that is very different to the everyday consumer items it is currently sold alongside.

This approach would need to account for differences in baseline numbers of tobacco retailers across different districts, to ensure that tobacco retailer density is reduced sufficiently (i.e., to the point where it affects behaviour) in the most socially deprived communities, where those most at risk for smoking-related harm reside.^{40 45} We recommend focusing tobacco retailer reductions in urban and suburban areas and focusing increasing smoking cessation support in rural areas (e.g. through targeted Quitline advertising and local support). Alternatively, work could be undertaken with pharmacies in small towns to assess their willingness to sell tobacco alongside providing cessation support, as a measure that would aim to reduce smoking in smaller communities within the short to medium term. These options could mitigate potential inequities in access that blanket implementation of the policy could bring.

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

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.

We strongly 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). This measure is our preferred option. We believe that restricting tobacco sales to a limited number of specific outlets, such as specialist R18 ('adult only') stores, or pharmacies would support cessation and, importantly, deter smoking uptake among young people.

Modelling studies from the [BODE³ Programme \(University of Otago\)](#) indicate that restricting tobacco sales to pharmacies only could gain an estimated 42,700 quality-adjusted life-years (QALYs) and \$741 million in savings to the health system over the lifetime of the New Zealand population.⁴¹ Most of the projected health gains would result from smoking cessation counselling provided by pharmacists to people purchasing tobacco, rather than reductions in retailer numbers. The potential to increase cessation advice and support available to people who smoke is an important advantage of limiting sales to pharmacies.

We note that not all pharmacists may support moves to sell tobacco in pharmacies; further consultation is required to explain this measure and explore whether pharmacists are more willing to sell tobacco if this measure is clearly signalled as a time-limited contribution to the Smokefree 2025 goal.⁴⁶ Presenting the measure in this way will create an opportunity for pharmacists to provide smokers with cessation consultations, support and products; this work would fulfil, rather than contradict, their health professional role.^{46 47} Other potential benefits of selling tobacco only in pharmacies (as opposed to other specialist adult-only outlets) are that sales to people aged under 18 years would be highly unlikely; as highly trained health professionals, pharmacists would be likely to regard under-age sales as completely unethical. Further, pharmacies have sound security measures at their premises (given prescription drug storage requirements).

Other modelling work focussed on assessing the impact of interventions due solely to the reduction in the number of tobacco retail outlets (i.e., without providing cessation support at the point of purchase as included in the pharmacy modelling work). Findings from this study suggested limiting tobacco sales to 50% of existing alcohol outlets and not allowing sales in other outlets would most effectively reduce smoking prevalence and bring future health and cost gains.⁴² A survey of NZ smokers that compared hypothetical retail reduction policies found two policies: selling tobacco at only 50% of the existing liquor stores or only at pharmacies, were rated most likely to prevent youth smoking initiation and help smokers quit.⁴⁸

Both of these measures - restricting sales of tobacco products to 50% of existing alcohol outlets or to pharmacies only - would avoid frequent adolescent exposure to tobacco sales (adolescents tend to visit convenience stores frequently and would be less likely to be exposed to tobacco sold from R18 alcohol outlets or from pharmacies).⁴⁹ These measures would thus help prevent smoking uptake among young people.^{50 51}

These measures would also remove cigarettes from outlets where people who smoke usually purchase tobacco and thus could help quitters avoid cues known to trigger impulse buys and relapse.^{52 53} An advantage of limiting tobacco sales to 50% of existing liquor stores is that these are already R18 licensed outlets. However, because smoking and alcohol consumption are strongly paired,⁵⁴ selling both products at the same outlet risks reinforcing these associations and for that reason, we recommend creating R18 tobacco-only outlets. Restricting sales to a similar number of specialist tobacco R18 stores would likely have a similar or greater effect as the 50% of liquor stores option.

We note there are now international policy precedents where communities and governments have implemented measures to reduce the number of tobacco retailers.⁵⁵ The NZ Government's proposals to reduce tobacco availability will create environments that reduce smoking uptake and support quitting, and are thus likely to improve population health and decrease health inequities.

(d) Introduce a smokefree generation policy

Do you support introducing a smokefree generation policy?

- Yes
- No

Please give reasons.

We support the APDD’s proposal to introduce a Smokefree Generation Policy and the plan’s emphasis on minimising smoking uptake among future generations, alongside measures to promote and support quitting among people who smoke.

Most people who smoke start smoking in adolescence or early adulthood.¹⁹ Even people who start to smoke after turning 18 years do so without making an informed choice as they lack full knowledge and understanding of the addictiveness and health risks of smoking and often initiate smoking in situations where they experience peer pressure or are influenced by alcohol.⁵⁶ Nicotine is highly addictive and many people who start smoking will continue for many years and may become lifelong smokers; they are thus at very high risk of suffering from smoking-related diseases. The importance of initiating the next generation into smoking in order to sustain tobacco sales has long been recognised by the tobacco industry, as revealed in this quote from a confidential tobacco industry document:

“Younger adult smokers are the only source of replacement smokers... If younger adults turn away from smoking, the industry must decline, just as a population which does not give birth will eventually dwindle.”⁵⁷

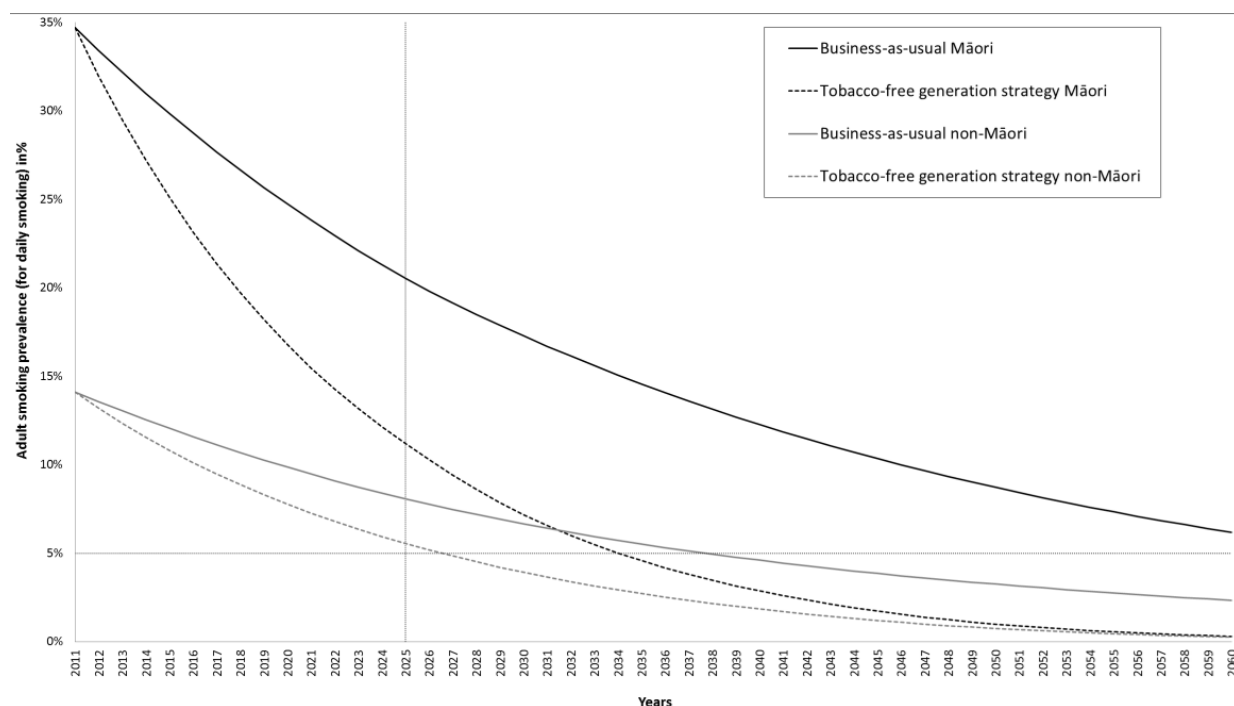
Measures to reduce smoking initiation are generally accorded a very high priority by the public and decision-makers, and will be pivotal to achieving the Smokefree 2025 goal and sustaining minimal prevalence once it is achieved.⁵⁸ We therefore welcome the APDD’s prioritisation of measures to reduce the uptake of smoking by future generations (alongside measures to prompt and support people who smoke to quit).

Minimum age of sale/purchase laws for smoked tobacco products are often used to reduce youth smoking uptake and NZ prohibits sales of tobacco products to people aged under 18 years. However, minimum-age sales laws are not always completely effective in restricting youth access to tobacco.⁵⁹ Fixed age laws for tobacco product sales may have unintended adverse consequences and could potentially promote smoking uptake by young people above and below the age cut off. For example, young people above the age cut-off point may be more likely to take up smoking if the law sends a misleading message that there is a ‘safe age’ for smoking (indeed, smoking uptake in NZ is increasingly occurring in those aged 18-24).¹⁹ By contrast, young people below the age cut-point could be encouraged to start smoking if the law inadvertently positions smoking as a ‘forbidden fruit’ and a badge of coming of age as an adult.

The smokefree generation (SFG) proposal, also known as tobacco free generation,⁶⁰ included in the APDD overcomes many of the problems associated with the current minimum age of sale law. It is likely to have a much more profound impact on reducing smoking uptake, and hence smoking prevalence in the longer term, because it will gradually eliminate the availability for sale of smoked tobacco products.

The specific advantages of the SFG policy include:

- Misleading messaging about smoking safety and coming of age/forbidden fruit effects will not occur because young people born after the watershed date will never legally be able to purchase smoked tobacco products;
- Modelling data suggests that the SFG policy will have a substantial impact in reducing smoking prevalence and will be strongly pro-equity,⁶¹ with the biggest reductions in prevalence occurring among Māori and Pasifika populations due to their younger age structure.



Impact of Tobacco Free Generation strategy Source: van der Deen (2017) ⁶¹

- The SFG may have an additional impact on smoking prevalence as it will further denormalise smoking and trigger quit attempts.
- There is evidence of strong public support for the SFG policy, which increases the feasibility of implementation. For example, a 2017 survey of adult smokers and recent quitters in NZ found that 78% supported SFG, including 70% of 18-24 year olds.¹⁰

We therefore strongly support implementation of the SFG intervention as part of a comprehensive action plan to achieve the Smokefree Aotearoa goal. However, we note that mandating reductions in nicotine to non-addictive levels, together with substantial decrease in retailer numbers, are likely to have the most rapid impact on reducing smoking prevalence.

Retailer compliance with the SFG policy is likely to be greatly enhanced by other measures included in the APDD, such as reductions in retailer numbers and retailer licensing. Compliance by future generations is likely to be greatly increased by other measures in the APDD that will reduce experimentation and uptake of smoking. For example, removing nicotine and additives from smoked tobacco products, will greatly reduce tobacco products' addictiveness and appeal.

Low smoking uptake and falling smoking prevalence among young people means that SFG could be implemented as a youth-led initiative that reflects the next generation's rejection of smoking. A communications strategy could be co-designed with young people position the SFG as ensuring freedom from addiction and smoking-related harms among future generations. This messaging would vary markedly from the youth control messaging that minimum smoking age laws may signal, and could be an important way to elicit support from young people and foster implementation. Engagement and co-creation with

youth (especially Māori and Pacific communities) will help to ensure the policy is framed and implemented successfully. Conversely, poor communication of SFG, and lack of community and youth buy-in, may limit its success.

Social supply (e.g. from older friends, siblings and other family members) of smoked tobacco products to young people could pose a threat to the SFG proposal and undermine the pro-equity effects of the policy, although this should reduce over time as overall smoking prevalence declines and for youth and young adults as the age gap between them and people who can still obtain smoked tobacco products progressively increases. Mass media and community-based initiatives that explain the SFG policy and its rationale, further denormalise smoking, and discourage social supply, will play important roles in shaping the success of an SFG proposal.

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.

We are not a small business that sells smoked tobacco products but wish to offer comments on likely business impacts, should the Government decide to reduce the number of outlets selling smoked tobacco products.

We believe it will be crucial to implement a retailer reduction strategy in a way that will not unfairly advantage some existing retailers over others.³⁷ One approach that treats all retailers in a similar way is restricting tobacco sales to specialist R18 stores or pharmacies. Although small retailers (and tobacco companies) may support a ‘grandfathering’ approach that exempts existing retailers from the policy changes (i.e., the new measures would only apply to new retail outlets),⁶² we do not believe this approach would support the Smokefree 2025 goal. Grandfathering would see outlet numbers decrease very slowly as numbers would reduce only when a retailer closed or sold her/his business; this approach would not bring meaningful reductions in tobacco availability (and thus declines in smoking prevalence) by 2025.⁶³

We recommend an amortization strategy, where existing tobacco retailers are given a reasonable amount of time to phase out their existing stock and cease selling tobacco products, as this approach would bring faster change.^{62 64} We recommend a transition period of six months once legislation is enacted (effectively 12 months, given the measure will be signalled when legislation is introduced). During this period, small independent retailers could be given practical assistance; for example, the Beverley Hills Chamber of Commerce used its Small Business Association to offer retailers advice on how to transition to a tobacco-free retail environment.⁶⁵ As an amortization policy may affect some small retailers more than others,⁶⁶ temporary measures could also include transitional payments to assist retailers as they replace tobacco products with other grocery lines.⁶⁴¹

We believe it is imperative to review critically arguments that oppose reducing the number of retailers permitted to sell tobacco products. For example, there is little evidence for arguments that the policy would drive large numbers of small retailers out of business because claims that tobacco sales account for

¹ Financial and other support for small retailers is favoured by a majority, though not all, authors of this Submission.

a high proportion of overall turnover and that foot traffic generated by people purchasing tobacco products leads to substantial purchases of higher margin products do not withstand scrutiny.

Independent research evidence does not support these claims. Most transactions made at small retail outlets do not involve tobacco and tobacco purchases are most commonly single-item transactions (i.e., tobacco is not purchased in conjunction with additional items).⁶⁶⁻⁶⁹ An intercept survey of customers exiting convenience stores in Dunedin found that only 14% of transactions contained tobacco, and most tobacco purchasers bought only tobacco; only 5% of all transactions included tobacco and an additional non-tobacco item.⁶⁶ A larger replication of this study undertaken in Wellington and Auckland produced very similar findings: 14% of transactions contained tobacco, and just 6% of all transactions included both tobacco and non-tobacco.⁶⁸ These data suggest that while some people who buy tobacco from a dairy might also buy snacks or grocery items, this purchase pattern is uncommon, and these purchases account for only a small proportion of total purchases. Research conducted outside convenience stores in the U.S. and Australia supports these NZ findings.^{67 69}

Arguments about the importance of tobacco to small retailers rarely acknowledge the **very low profit margins** associated with tobacco products.^{70 71} Estimates suggest that the margin on tobacco products is around 6% compared to an average of 24% for the other convenience products.⁷² A UK estimate suggests the average weekly profit made by small retailers on tobacco products is 1.6% of total sales income for these products (whereas profit from non-tobacco products is 17.6% of sales income).⁷² Re-allocating the physical retail space used for tobacco products to suppliers of higher profit products, could result in **greater** profitability for retailers.³⁷ As well as providing low returns, tobacco is an expensive product to stock and imposes costs not associated with other products.⁷² For example, concerns about crime have led some retailers to install surveillance and security systems, and have increased the insurance premiums some pay, all of which increase the costs of selling tobacco.

We note that removing tobacco from convenience stores could alleviate the risk of crime. Media reports of tobacco thefts from convenience stores, including some with life-threatening violence, have created a widely-held perception that these crimes have increased in recent years (although actual data on crimes from the police is difficult to obtain). Retailer associations have attributed the claimed rise in retail thefts to increases in tobacco taxation.⁷³ If these claims are correct, removing tobacco from convenience stores would reduce crime, improve retailers' safety, and reduce both personal and economic costs of selling this product. Retailers therefore stand to benefit financially and personally from policies that limit the sale of smoked tobacco products to pharmacies or R18 outlets.

We also note that opposition to proposals that, if adopted, would reduce the retail availability of tobacco products often comes from groups that include tobacco companies among their members. For example, the NZ Association of Convenience Stores (NZACS) is an industry group that represents Imperial Tobacco and British American Tobacco (BAT), which have been "premier members" since 2007.⁷⁴ An Imperial Tobacco representative appears to have been a governance team member since the NZACS's establishment, e.g. ^{75 76 77} and Imperial's Head of Sales was the Association's Vice Chair between 2013 and 2018. ^{78 79} In 2016, the NZACS Chair reported that "the main benefit of being a member of NZACS is the access that we have built up to Ministers, government departments, those that make the laws that control our actions with our customers, and the media" and that "most of our effort in past years has been towards tobacco". ⁸⁰ Overall, evidence concerning NZACS' membership, governance and activities suggests that lobbying against tobacco control policies has been a core function of the group.

Furthermore, the NZACS membership does not include independent small retailers; rather it represents service stations and chain convenience stores in addition to its corporate members. ^{81 82} Rather than represent a unified sector voice, the NZACS's opposition to tobacco control policies is at odds with findings from research conducted with independent small retailers. These studies suggest many independent small retailers would prefer not to sell tobacco and would accept a policy that removed tobacco from their stores, so long as the policy was implemented equitably across all retailers. ^{37 70 71}

3. Make smoked tobacco products less addictive and less appealing

- We strongly support measures that make tobacco products less addictive and less appealing.
- There is convincing evidence that reducing nicotine in smoked tobacco products to very low levels is an essential measure that will be required to achieve the rapid and sustained reduction in smoking prevalence that is needed to achieve the Smokefree 2025 goal.
- We endorse the APDD’s suggestion that filters should be removed from cigarettes and note that many people who smoke view filters as a harm reduction tool even though research shows filters have no material effect on the harm they face.
- We note that filters also pose a major environmental hazard and despoil public amenities and city spaces.
- We strongly support measures that would reduce the appeal of tobacco products, including disallowing capsules and other flavour innovations, and introducing dissuasive cigarette sticks; we believe these measures would reduce smoking experimentation and uptake among young people.

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

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

- Yes
- No

Please give reasons.

We strongly support the introduction of a policy to restrict nicotine in smoked tobacco products to very low levels. We believe this is a crucial measure in order to achieve rapid and sustained reductions in smoking prevalence needed to reach the Smokefree 2025 goal.

Researchers and the tobacco industry have long known that nicotine is the main cause of the addictiveness of smoking, and that people who smoke do so mainly to obtain nicotine.^{83,84} This knowledge is encapsulated in the quotation below where, more than 60 years ago, tobacco industry members expressed concerns over the impact lowering nicotine levels in tobacco products could have on their sales.

“To lower nicotine too much might end up destroying the nicotine habit in a large number of consumers and prevent it from ever being acquired by new smokers.”

Quote from British American Tobacco Company internal document, June 1959 ⁸⁵

Indeed, the tobacco industry is known to have developed very high nicotine strains of tobacco plants and to have carried out extensive research and design modifications to cigarettes to enhance their nicotine delivery for example through the manipulation of the pH of cigarette smoke by adding chemicals such as ammonia and urea.⁸⁶⁻⁸⁸

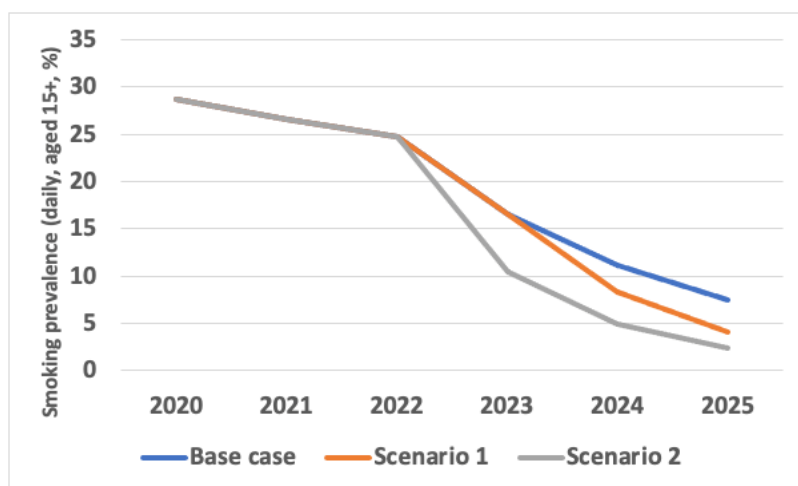
Drawing on this evidence, Benowitz and Henningfield suggested in the 1990s that greatly reducing the nicotine content of cigarettes would be an effective tobacco control measure.⁸⁹ Since then numerous studies have been conducted which have generally found that people who smoke who are provided with

very low nicotine cigarettes (VLNCs) with 0.4 mg or less nicotine per gram tobacco smoke fewer cigarettes, have similar or lower biomarkers of exposure to toxins, experience fewer withdrawal effects, make more quit attempts and are more likely to quit.⁹⁰⁻¹¹⁵ Some,¹⁰⁴ though not all,¹¹⁶ studies have found that immediate reductions in nicotine content have greater positive effects than a gradual reduction in nicotine levels, so an abrupt one-off reduction in nicotine levels is likely to be the preferred method of introducing the policy. These studies likely underestimate the impact of mandating VLNCs as the only available product, as participants usually still had access to non-VLNCs, and there is evidence of substantial non-compliance.¹¹⁷⁻¹¹⁹

Similar impacts of VLNCs have been found in marginalised groups with higher smoking prevalence, such as people with mental health conditions.¹²⁰ For example, a large New Zealand trial which investigated the impact of adding VLNCs to Quitline smoking cessation support found no difference in impact on quitting between Māori and non-Māori participants.¹¹⁰ Preliminary analyses of participants in the TAKE study, a cohort study of Māori people who smoke, found over half said they would quit smoking (40%) or switch to e-cigarettes (14%) if VLNCs were the only available smoked tobacco product.¹²¹ Evidence suggesting substantial impacts of VLNCs and a VLNC policy in diverse population groups suggests these interventions could reduce disparities in smoking prevalence and associated health inequities.

Modelling studies suggest that a mandated VLNC policy would result in substantial reductions in smoking prevalence and population health gains.^{122 123} A historical modelling study estimated that had the tobacco industry introduced VLNCs when the health effects of smoking were established in the 1960s, millions of lives would have been saved.¹²⁴ A recent preliminary modelling study of the impact in the New Zealand population found that a law to mandate VLNCs would likely achieve, or come close to achieving, the New Zealand Government’s Smokefree 2025 Goal under a range of assumptions for both Māori (predicted prevalence 2.4%-7.4% 2025) and non-Māori (0.8-2.7%).¹²⁵

Estimated daily smoking prevalence among Māori for the base case model and two scenario analyses under a law mandating VLNCs (source ¹²⁵)



As a result of this evidence leading experts in tobacco control and nicotine science, including New Zealand-based researchers, have argued that mandating VLNCs could profoundly reduce smoking prevalence by prompting and supporting people who smoke to quit, decreasing relapse among people who have quit smoking, and reducing experimentation with smoking and the risk of subsequent addiction and long term use of smoked tobacco products among young people.^{91-93 97} The policy also aligns with the 2010 Māori Affairs Select Committee inquiry which recommended reducing the additives and nicotine in tobacco as one of the measures to help achieve the proposed Smokefree 2025 goal.¹

International interest in this policy measure is increasing and the US FDA recently announced its intention to introduce a risk-proportionate regulatory framework for nicotine products⁹⁴ and issued an Advanced Notice of Proposed Rulemaking that recommends developing a tobacco product standard for minimal or non-addictive nicotine levels in cigarettes.¹²⁶ Recent press reports suggest introducing a mandated reduced nicotine policy for cigarettes is currently under active consideration by the US Administration.

The feasibility of a VLNC policy is enhanced by evidence of its high acceptability among people who smoke. For example, in the NZ ITC study 80% of people who smoke and recent quitters expressed support for mandated VLNCs, provided alternative nicotine products are available.¹²⁷ There is similar evidence of very strong support for this policy in international studies.^{128 129} The manufacture of VLNCs is technically feasible through extraction of nicotine from tobacco or use of genetically-engineered low-nicotine tobacco plants as evidenced by the tobacco industry's history of developing reduced nicotine products like *Quest* and *Next* and the availability of current research VLNC products (e.g. manufactured by 22nd Century Group).⁹³

The feasibility and impact of a mandated VLNC law is also likely to be enhanced by the relatively easy access to alternative nicotine-delivery products, such as e-cigarettes, and pharmaceutical grade products (gum, patches etc). Policies ensuring the availability of these alternative nicotine products could act synergistically with a VLNC policy to reduce smoking prevalence.^{90 130} For example, VLNCs' impact as a cessation trigger is likely to be greater where people who smoke can switch to alternative products if they cannot quit nicotine use completely.¹⁰⁶ Concerns e-cigarettes will act as a 'gateway' to smoking among young people would diminish if cigarettes were rendered unappealing because they no longer deliver comparable doses of nicotine to vaping products.

Critics have advanced three main arguments against a mandated VLNC policy. We believe that all of these arguments are fallacious.

One concern is that lowering the nicotine content of smoked tobacco products may result in "compensatory" smoking, where people smoke more cigarettes or puff more intensely to obtain an adequate nicotine dose.¹³¹ However, numerous studies have found that VLNCs, at worst, elicited limited "compensatory" smoking for a few days, after which people who continued smoking typically showed a sustained reduction in the number of cigarettes smoked.^{108 132 133} These findings are highly plausible as obtaining an effective dose of nicotine with VLNCs through compensatory smoking is impossible due to the very low level of nicotine in VLNCs (around 25 times lower than in a standard cigarette).⁸⁹

Second, some commentators have argued that removing the nicotine from cigarettes amounts to prohibition and infringes excessively on smokers' autonomy.¹³¹ Such arguments are misplaced in a context like New Zealand, where harm-reduced alternative nicotine products like e-cigarettes are easily available. Rather, as over 80% of people who smoke express regret that they ever started to smoke, state they intend to quit and have tried to quit in the past,¹³⁴ removing the addiction that is the major barrier to quitting will increase rather than compromise their autonomy.

Third, some suggest the proposed policies in the action plan, including mandated VLNCs, will increase the illicit and smuggled cigarette market. The reasons why this concern is likely greatly exaggerated and how it could be addressed have been outlined earlier in this submission.

Like other measures proposed in the APDD, a mandated VLNC policy will require careful planning with clearly determined processes and timelines, so that the necessary legislation, and systems for monitoring compliance and enforcement, can be introduced and implemented. Effective communication about the policy will be needed to explain its rationale and dispel any misunderstandings about the nature of VLNCs. For example, many people who smoke believe nicotine is highly toxic and hence may mistakenly perceive VLNCs as less harmful than their usual cigarettes, or that alternative products like e-cigarettes are more harmful than VLNCs.^{127 135-137} These misperceptions could deter quitting or switching to alternative, less harmful, nicotine sources.¹³⁷ To address this concern prior to and during implementation, mass and social media campaigns should explain the rationale for introducing VLNCs is that they are non-addictive; further,

these campaigns should explain that VLNCs are just as harmful as regular, non-VLNC, cigarettes, and advise people who smoke that nicotine is not the primary toxic constituent of tobacco products. In addition, robust monitoring and evaluation will be critical to assess the policy's impact and ensure people who smoke are supported to quit or switch to other nicotine sources.

(b) Prohibit filters in smoked tobacco products

Do you support prohibiting filters in smoked tobacco products?

- Yes
- No

Please give reasons.

We strongly support prohibiting filters in smoked tobacco products for two key reasons: filters perpetuate a consumer fraud and mislead people who smoke into believing they reduce the harms of smoking, and filters are a major source of environmental litter.

The popularity of filters increased as the harms of smoking became well-established and tobacco companies marketed filtered cigarettes as potential “reduced risk” options for people who did not want to quit smoking.^{138 139} Research examining tobacco industry documents suggest that, while tobacco companies may have researched filters as an effort to manage risk, their internal research studies found filters had no material effect on eliminating toxins from smoke.¹⁴⁰

Claude Teague, a scientist working on filters for the tobacco company RJ Reynolds, found that changing the pH of filters led these to discolour after smoking, thus creating the misleading impression that filters removed toxins and thus rendered smoking safe. He wrote: *“The cigarette smoking public attaches great significance to visual examination of the filter material in filter tip cigarettes after smoking the cigarettes. A before and after smoking visual comparison is usually made and if the filter tip material, after smoking, is darkened, the tip is automatically judged to be effective. While the use of such colour change material would probably have little or no effect on the actual efficiency of the filter tip material, the advertising and sales advantages are obvious.”*¹⁴¹

A report on Vantage cigarettes conducted for RJ Reynolds revealed how successfully filters reassured smokers: *“Vantage smokers believe that the filter itself is strong enough to catch these impurities and that the whole structure is such that they will not see so much of the resulting discoloration. These ideas make them think the end product is a milder and more ‘healthful’ smoke.”*¹⁴² Despite knowing filters did not reduce the risks people who smoke face, tobacco companies perpetuated the belief that filters were a harm-reduction attribute. This deception reassured smokers and dissuaded them from quitting. In the NZ ITC study, only half (52%) of people who smoked stated correctly that filters did not reduce the harmfulness of cigarettes (34% believed they did and 14% did not know).³¹ International studies have shown that young people and adults perceive cigarettes with filters or packaging referring to ‘advanced filtration’ as less harmful.¹⁴³

As well as misleading smokers and attracting non-smokers, filters cause major environmental harm. Each year, around four trillion cigarette butts are discarded globally, making tobacco product waste the most commonly littered item in the world.¹⁴⁴ A recent NZ National Litter Audit also reported that cigarette butts were the most frequently identified litter item.¹⁴⁵

Because cigarette butts predominantly comprise a poorly biodegradable cellulose acetate filter (a form of plastic), this waste contains chemical toxins from tobacco and contributes to microplastic contamination in the environment. Tobacco waste deposited on beaches and in urban environments eventually enters

rivers, lakes and streams, and moves out to sea, where it contributes to accumulating plastic mountains.¹⁴⁶⁻¹⁴⁹ This environmental contamination has particular salience to New Zealand, which has drawn heavily on its natural environment to market itself as a global tourism destination.¹⁵⁰

Tobacco companies have suggested alternative responses to the problems caused by discarded filters, including education and greater provision of litter receptacles. These suggestions relocate responsibility from the industry that creates a defective product to the people who use that product, thus shifting attention away from tobacco companies' role in creating a product they know is harmful to human health as well as the environment.¹⁵¹ This focus on individuals, or down-stream actors and voluntary groups, suits the tobacco industry's interests and ignores evidence that up-stream interventions, such as changes in tobacco product design, will be more effective in reducing the environmental burden of tobacco product waste.^{152 153}

We believe the NZ Government's proposal to remove filters will finally acknowledge the harms these cigarette components cause; adopting this proposal would align with international initiatives. For example, members of the New York state legislature have proposed a statute banning the sale of single use filters (and e-cigarettes).¹⁵⁴ The (European Union EU) Directive 2019/904, which aims to reduce the impact certain plastic products have on the environment, also addresses tobacco product waste, though the directive proposes developing biodegradable alternatives rather than banning all filters.¹⁵⁵

Designing filters from alternative, less environmentally harmful, components may seem an appropriate compromise. However, developing a more biodegradable filter has proved difficult, and even if this were possible, this measure would likely further mislead smokers. For example, it would encourage them to view discarded butts as harmless, even though toxic chemicals would still be leached into the environment. Further, biodegradable filters would leave unaddressed the decades-long consumer fraud that tobacco companies have perpetuated in creating the mistaken belief that filters make cigarettes less harmful and provide a vehicle for innovations, such as capsules, to recruit "replacement smokers". Only removing filters completely will eliminate a significant portion of tobacco product waste, address consumer deception, protect young people, and encourage smoking cessation. Recent commentaries suggest treating filters as additives could allow bans to be introduced using existing regulations and would simplify the introduction of this measure.¹⁵³

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

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

- Yes
- No

Please give reasons

We strongly support allowing the Government to prohibit tobacco product innovations through regulations. As well as creating the deceptive impression they reduce harm, filters have become a vehicle for product innovation. For at least the last decade, filters have carried flavour beads, or capsules, which can be crushed whilst smoking to flavour the smoke that is inhaled and customise the smoking experience. While most capsule variants offer menthol or mint flavours, fruit flavours are increasingly common, as are cigarettes with two differently flavoured capsules in the same filter.

Tobacco companies have claimed that their marketing innovations attempt to increase the market share of particular brands and do not represent efforts to attract new smokers.¹⁵⁶ However, established adult smokers often cite taste as a main reason why they select the brand of cigarettes they typically smoke,¹⁵⁷ which makes a product innovation that alters taste surprising. A recent NZ study found that flavour-capsule cigarettes appealed more to susceptible young adult non-smokers than to young adult smokers.¹⁵⁸ This finding is consistent with smokers avoiding cigarettes that alter the taste of their preferred brand and suggests the growth in capsule sales observed internationally is more likely to reflect recruitment of new, predominantly young “replacement smokers” than it is to stimulate brand switching among existing smokers.¹⁵⁹⁻¹⁶¹

We note that, while the legislation mandating standardised packaging restricts the use of tobacco sticks for promotional purposes (i.e., allows only specific colours and markings) it did not use the opportunity to require all tobacco products to use dissuasive colours or feature warnings. Evidence from NZ and elsewhere shows that dissuasive cigarette sticks featuring unappealing colours or warning messages are likely to deter smoking experimentation among young people.¹⁶²⁻¹⁶⁶ We strongly recommend that, as well as removing features likely to appeal to young people the APDD also require use of features in smoked tobacco products that will deter experimentation among youth.

4. Make tobacco products less affordable

- We support introducing a minimum price for tobacco, though only if accompanied by greater investment in stop smoking services, community based interventions, and mass and social media campaigns to support quitting.

(a) Set a minimum price for tobacco

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

- Yes
- No

Please give reasons.

We support setting a minimum price for all tobacco products, which could counter the current ‘race to the bottom’ strategy NZ tobacco companies have used with retail tobacco prices. However, we see this policy as a lower priority than other measures included in the APDD. To help prevent potential adverse effects of a minimum price policy, such a policy must be accompanied by much greater investment in stop smoking services, community-based interventions and in mass and social media campaigns to support quitting. Other measures to support people who smoke, such as introducing financial incentives to quit, should also be considered.¹⁶⁷

As elsewhere, NZ tobacco companies have created different market partitions differentiated by price (e.g., premium, everyday, budget and super budget). A NZ study shows tobacco companies have used budget price brands to reduce the effect tobacco tax increases would otherwise have on people who smoke;¹⁶⁸ this strategy may explain findings that excise tax increases have had diminishing impacts.¹⁶⁹ Known as “price-shifting”, this strategy involves disproportionately larger increases to the price of premium brands and correspondingly smaller increases to budget and super budget brands. The strategy assumes purchasers of premium brands will find it easier to manage price increases and aims to maintain the affordability of brands more likely to be bought by people on lower incomes.

A minimum retail price would reduce the impact of price shifting and thus close a route tobacco companies have used to maintain brand affordability (contrary to the goal of excise tax increases). These policies are in place in about half of US States.¹⁷⁰ The UK introduced a minimum price policy (minimum excise tax) in 2017; the introduction of this policy “coincided with the end of sales growth in [budget] brands that had previously been cheapest.”¹⁷¹ A minimum price policy could also improve health equity by stimulating increased quitting among people on lower incomes (where smoking prevalence is higher) and youth.¹⁷²

Tobacco companies’ efforts to circumvent the impact of excise tax increases and minimum price laws means that, to be effective, these laws must include bans on all discounting strategies (e.g., for meeting specified sales targets or holding specified stock); these laws also require rigorous enforcement.^{170 173}

A minimum price policy could also be introduced in conjunction with a levy on the tobacco industry, which would help counter the possibility of any windfall profits arising from the policy as budget brand prices increased. A levy would be most effective if used alongside a **maximum price policy or price cap**, which would prevent tobacco companies from passing on increased costs to people who smoke.¹⁷⁴⁻¹⁷⁶

Given the tobacco industry’s long history of manipulating product prices to circumvent policy impacts, we strongly recommend ongoing price monitoring, including monitoring the retail price per weight of tobacco,

to detect tactics used to disguise price manipulations. We also recommend monitoring the impact of tobacco retail prices have on smoking prevalence and tobacco consumption, and on other measures of well-being, such as food expenditure displacement, to monitor concerns that price-related measures may increase hardship for disadvantaged people who smoke.^{14 177}

5. Enhance existing initiatives

- We welcome the APDD’s recognition that mass and social media campaigns could greatly support cessation and deter youth smoking uptake; we strongly support increased investment in these activities.
- We believe these campaigns could also expose tobacco industry practices, support new smokefree norms that in turn create more supportive smokefree environments, and open opportunities for greater community engagement and leadership.
- We recommend greater consideration of industry denormalisation campaigns and strongly advise that all social and mass media activities are accompanied by robust evaluations.
- We strongly support increased investment in stop smoking services to prompt and assist quitting in priority populations.

(a) Increase investment in mass and social media campaigns

We strongly support enhancing existing initiatives by increasing investment in mass and social media campaigns. We believe these campaigns can fulfil several important roles. First, they may deter people from unhealthy behaviours, such as smoking, by promoting alternative new behaviours, such as becoming smokefree or, if that is not possible, switching to alternative sources of nicotine. As these new behaviours become established, they embed new social norms, which in turn reinforce the behaviour change. Second, mass and social media campaigns may create knowledge by exposing industry practices, such as how tobacco companies first deceived and then blamed people who smoke for the harms they experienced; this reframing may increase support for policy measures. Third, in line with the Ottawa Charter on Health Promotion, these campaigns can build supportive environments that support behaviour change.^{152 178} Fourth, these campaigns create opportunities to work more effectively with communities affected by unhealthy products, such as tobacco. Ironically, despite the potential contribution to public health outcomes that mass and social media campaigns may play, NZ’s expenditure on these measures actually declined following the Smokefree 2025 goal’s announcement.¹⁷⁹ We welcome news from the 2021 Budget that expenditure on mass and social media campaigns will increase and believe this funding will support the Smokefree 2025 goal. While the budget allocation details are general, we strongly support this funding being allocated across national and community initiatives to ensure national reach supports community activity and impact.

Supporting and reinforcing behaviour change. Many social marketing campaigns aim to encourage and support compliance with policy changes by fostering understanding of the changes. For example, the current smokefree cars campaigns increases understanding of the health risk that smoking in cars poses to others and uses this knowledge to challenge beliefs about hazardous behaviours and presents an alternative action: keeping cars smokefree. The campaign also offers behavioural tips, such as putting cigarettes out of sight or focussing on alternative stimuli, such as music and supports behaviour change by showing how it might occur. In addition, the campaign website provides information about the very high public support for the law change and thus uses prevailing social norms to reinforce the new policy.

Reframing the acceptability of smoking and legitimacy of tobacco companies. NZ has been slow to adopt explicit industry denormalisation approaches, such as those used in the US Truth™ campaign, and has used softer themes. To date, the only campaign to take a denormalisation approach was led by Te Reo Marama, which created the Māori Killers campaign. People from affected populations led and mobilised these campaigns, which added to message credibility and authenticity. Arguments against NZ adopting a comprehensive denormalisation approach have noted the challenges of ‘importing’ overseas ideas without first engaging with affected populations, the sustained investment required, and the NZ tobacco industry’s media profile, which is lower than that of major US tobacco companies. However, recent evidence suggests the tobacco industry uses both overt and covert approaches to influence policy making,^{180 181} allowing

these companies to operate in obscurity reduces their public accountability and may slow policy progress. It is timely to consider whether these approaches could help foster support for policy measures and create an environment that reduces youth smoking uptake.

Creating new role models and norms. Mass and social media campaigns can reinforce behaviour, such as quitting and remaining smokefree, by presenting these as normative behaviours practised by role models.¹⁸² NZ has previously run a most powerful social norms campaign: the *Smoking: Not OUR Future* campaign. This campaign used quotes from youth role models to reframe smoking as socially unappealing. Instead of providing connections with others, speakers presented smoking as a “put off”; argued that finding the strength to quit brought mana, and talked of looking forward to a country without smoking.

Evaluating mass and social media campaigns is important and should be an integral component of all activity. US evidence shows these campaigns can be highly effective; for example, young people who had high exposure to the US Real Cost advertisements were less likely to report having smoked relative to young people who had lower exposure to the campaign.^{183 184} Further, researchers estimated that campaign exposure was associated with several hundred thousand US young people not starting smoking.^{183 184} Analysis of the Truth™ campaign found it achieved similar results;^{185 186} economic analyses have also found mass and social media campaigns to be highly cost-effective and successful.^{187 188}

Evaluations of NZ smokefree campaigns also show their impact and suggest approaches that could be used successfully in the future, for example, a “by Māori, for Māori” campaign.^{189 190} NZ studies also show well planned, evidence-based and theory driven campaigns bring cost-savings to the health system,¹⁹¹ particularly when integrated with other strategies, such as promoting calls to the Quitline.¹⁹² There is also international evidence that these campaigns may reduce the risk of relapse¹⁹³ and potentially decrease inequities. Nonetheless, careful planning is required to avoid the risk that campaigns privilege population groups with greater access to resources while disadvantaging priority groups (e.g. Māori or Pacific) that may have fewer resources and less support.

We suggest key roles for mass and social media campaigns could include communicating the goal’s meaning and rationale, particularly given evidence people from population groups with higher smoking prevalence are confused about the goal’s implications.¹⁹⁴ Campaigns could also explain core policy measures and build support for these. For example, if the Action Plan introduces very low nicotine cigarettes campaigns could increase knowledge by explaining how VLNCs will support switching to other nicotine sources, such as NRT (e.g. patches or gum) or vaping products, or to quit nicotine use altogether. Integrated campaigns could intensify quitting support available from health workers, ensure alternative products were accessible from expert retailers who could assist switching, and provide on-going support to assist people to quit nicotine use when they felt confident they would not relapse to smoking. Campaigns could also address misperceptions that may impede use of alternative products, such as confusion between nicotine, which causes addiction, and combustion products, which cause harm. Finally, campaigns could counter potential tobacco industry activity, and reduce any resulting confusion.

We noted that successful campaigns require a strategic and integrated approach; campaigns must follow best practice guidelines, particularly with respect to campaign reach, frequency and duration, if they are to have a strong impact.¹⁹⁵⁻¹⁹⁷ They must also reflect the needs, priorities and voices of core communities, particularly Māori, whose leaders first proposed a Smokefree Goal in 2010, and be designed to eliminate smoking disparities. Finally, campaigns require careful evaluation at multiple points, to ensure message salience and appropriateness, assess understanding, monitor unintended consequences, and estimate behaviour change.

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

We strongly support increased investment in stop smoking services to assist quitting for people who smoke, particularly in priority populations.

Investment in cessation support is important from an ethical and social justice perspective, particularly if interventions introduced in the Action Plan create inconvenience (e.g. greatly reduced retail availability) or have adverse economic impacts (e.g. minimum price). Monitoring impacts on people who continue to smoke, particularly people living with disadvantage, is crucial as is ensuring people who smoke have access to appropriate, sustained cessation support. We believe greater support of stop smoking services is crucial, given currently only a tiny proportion of the additional revenue from tobacco excise tax, all of which comes from people who smoke, is reinvested in supporting those people to quit.

Enhanced cessation support will act as an adjunct intervention that further increases the impact of Action Plan measures, such as reducing the nicotine content of smoked tobacco products and decreasing the number of retail outlets selling these products. However, enhanced smoking cessation services are very unlikely on their own to have a significant impact in reducing smoking prevalence and hence should be viewed as a supporting intervention.¹⁹⁸ Although we support increased investment in these services, we expect increased investment would be a temporary measure, and the required resources and funding would diminish as prevalence declines rapidly following full implementation of the Action Plan.

Research undertaken by ASPIRE 2025 members focuses on population-based policy measures, so we have not commented in detail on how enhanced smoking cessation support should be delivered. However, we suggest the following should be considered:

- A review of existing services (e.g., specialist cessation support including Aukati Kai Paipa, the Quitline, and hospital and primary health care cessation support) to evaluate their effectiveness and cost-effectiveness. The review should assess how best to support people from priority populations to quit (e.g. Māori, Pacific, low SES communities, people living with mental illness); it should also identify local best practice that could be implemented in other settings;
- Interventions to increase the integration between interventions and services delivered in different settings e.g., to enhance coordination between hospital-based and primary care/community based services after hospital discharge or between the Quitline services and other cessation services.
- Development, piloting and evaluation of cessation services in new settings e.g., in high prevalence occupational settings, during post-release follow-up for prisoners, for people living in temporary and hostel accommodation, people receiving community-based mental health services support, for young people in schools, further/tertiary education and occupational settings, for people using specialist vape stores.
- An innovation fund to investigate new methods of providing smoking cessation support e.g. financial incentives, Smartphone-app assisted cessation, use of vaping products in cessation.
- Implementation of service contracts and reporting requirements that encourage and support holistic and whānau centred delivery of smoking cessation support (previously contracts and reporting arrangements have discouraged such approaches).

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?

Based on the available evidence from intervention and modelling studies, we support the following priority interventions, which we believe will achieve rapid, profound and sustained reductions in smoking prevalence:

- Greatly reducing the nicotine content of smoked tobacco products
- Substantially reducing the number of retail outlets where smoked tobacco products are sold

The following measures are essential supporting interventions to help achieve rapid reductions in smoking prevalence:

- Retailer licensing
- Enhanced mass and social media campaigns
- Enhanced stop smoking services, particularly for priority populations
- Increased support for community actions to support the Smokefree 2025 goal

Other measures are essential for the effective and equitable implementation of a comprehensive action plan:

- Strengthened Māori governance of the tobacco control programme
- Strengthened compliance and enforcement, including actions to reduce the risk of significant illicit trade
- A comprehensive evaluation, monitoring and research plan with appropriate reporting arrangements so that progress can be assessed

Other measures are a lower priority, though we support each of these as they would support the plan and strengthen the likelihood the 2025 goal will be achieved and some have additional potential benefits:

- A Smokefree Generation policy will augment other measures to minimise smoking uptake and ensure that, once achieved, minimal smoking prevalence is sustained and smoked tobacco product sales are eventually eliminated (as demand falls to zero)
- A ban on product design innovations will prevent tobacco companies from creating new smoked tobacco products with attributes that appeal to young people
- A ban on filters in smoked tobacco products will provide a further stimulus to people who smoke to quit and will greatly reduce the adverse environmental impacts of smoked tobacco products
- A minimum price intervention will reduce tobacco companies' practice of undermining the impact of tobacco excise tax increases by using differential pricing and through the proliferation of budget brands.

Other measures could also be considered, though only **in addition to** and not instead of the measures described above:

- National legislation to introduce smokefree outdoors restrictions such as smokefree parks, playgrounds and outdoor dining to further denormalise smoking (we have added an appendix to discuss this proposal in more detail)
- A levy on the tobacco industry profits and/or a maximum price for smoked tobacco products to prevent any windfall profits from a minimum price intervention.

Finally, we strongly recommend that the final Action Plan is as comprehensive as possible; this approach would maximise the synergies possible and minimise the likelihood tobacco companies could disrupt the Smokefree 2025 goal. We suggest urgent attention is given to establishing a detailed implementation process and timeline (including the legislative timelines, where legislation is required), and developing a communications strategy to explain the adopted action plan and its key components to the public, people who smoke and key stakeholders such as retailers and health care providers.

Appendix

Smoking denormalisation and smokefree outdoor areas

In addition to the key measures included in the APDD we recommend that consideration is given to new legislation to help denormalise smoking through mandated smokefree outdoor areas. However, such a measure should be **in addition to** and not instead of the priority measures that we have identified in the APDD, as this measure in itself is likely to have a less profound impact in reducing smoking prevalence.

Why denormalise smoking?

Half a million smokers, many or most of whom will want to quit in the next five years, need places where being smokefree is normal. There is NZ evidence that seeing smoking around you at the neighbourhood level increases the chance of starting smoking or not being able to quit.¹⁹⁹ International evidence indicates that smokefree outdoor hospitality areas increase quitting attempts and reduce relapses.^{200 201}

Smokers trying to quit need smokefree outdoor public areas and to be able to have a drink outside a bar without reminders about smoking. The outside areas of bars and cafés in NZ remain one of the most risky places for prompting relapse for someone quitting.

Legally required smokefree outdoor areas are far from normal for NZ. While many local authorities have tried to fill the void left by central government, existing local smokefree outdoor policies are largely unenforceable, with only a few areas on public land covered by council licence arrangements in some cities.²⁰² Local Government New Zealand has been asking for national legislation for smokefree outdoor hospitality areas since 2015.

Protecting people from tobacco smoke pollution

Smokefree outdoor areas also help protect people from tobacco smoke pollution. Workers and others inside buildings are affected by tobacco smoke drifting in from outside, a problem in NZ.⁸⁻¹⁰ Government continues to have difficulties in trying to enforce the current unpractical guidance on what inside and outside hospitality areas are, resulting in costly court cases.¹¹

Public support for change

There has been majority public support for a number of policies for years. Even in 2010, 59% of those surveyed by the Health Sponsorship Council wanted smokefree outdoor music or community events and activities.²⁰³ A 2013 Auckland City survey found 64% support for outdoor town centres, 65% support for smokefree footpaths outside local shops, 84% support for smokefree building entrances, and 73% support for smokefree outdoor dining.²⁰⁴

Surveys indicate that Māori and Pasifika were more likely than others in Aotearoa to give 'setting an example to children' for wanting to quit or stay quit.²⁰⁵ Māori, Pasifika and Asian smokers were more likely to support new smokefree outdoor areas than other ethnic groups.²⁰⁶

Recommendations

We recommend that:

1. Current NZ local authority best practice outdoor policies be a matter of law for all Aotearoa, so all citizens can benefit. This should include buffer zones, such as the areas within '10 metres of children's play equipment in outdoor public places' law in all Australian states and territories.²⁰⁷
2. All government funded, or publicly owned organisations, should be smokefree for all their grounds: This includes tertiary education and health facility campuses and grounds, railway stations, and airports.
3. Smokefree areas should be mandated within 10 metres of doorways, windows, and air intakes of buildings that the public use, and from outdoor public seating.

4. Public land within 100 metres of school and pre-school entrances should be smokefree (ie, there would be a smokefree zone on roads and other public areas for 100m).
5. Effective signage for smokefree outdoor areas should be mandated, as is currently required for school grounds.²⁰⁸ Wellington surveys indicate that less than a half of both smokers and the wider public were aware of current voluntary smokefree areas.²⁰⁹

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. Submission form

Your details

This submission was completed by: (name)

Email:

Phone number:

Organisation (if applicable): Fresh Choice Half Moon Bay & Fresh Choice Epsom

Organisation address: (street/box number)
(town/city)

Role (if applicable):

Additional organisation information

I am, or I represent an organisation that is, based in:

- New Zealand Australia Other (please specify):

[Click or tap here to enter text.](#)

I am, or I represent, a: (tick all that apply)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Personal submission | <input type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
| <input type="checkbox"/> Community or advocacy organisation | <input type="checkbox"/> Professional organisation |
| <input type="checkbox"/> Iwi/Hāpu affiliated, and/or Māori organisation | <input type="checkbox"/> Tobacco manufacturer, importer or distributor |
| <input type="checkbox"/> Pacific community or organisation | <input type="checkbox"/> Retailer – small, for example a dairy or convenience store |
| <input type="checkbox"/> Government organisation | <input checked="" type="checkbox"/> Retailer – medium or large, for example supermarket chain or petrol station |
| <input type="checkbox"/> Research or academic organisation – eg university, research institute | <input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture |
| <input type="checkbox"/> Other (please specify): | |

[Click or tap here to enter text.](#)

Additional statistical information

These questions are not mandatory. We are asking for information, including age and ethnicity information solely for the purposes of helping us to analyse submissions.

Age:

- Under 18
- 18 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 +
- Not applicable / prefer not to say

Ethnicity/Ethnicities I identify with:

- New Zealand European
- Māori
- Pacific Peoples
- Asian
- Other European
- Other Ethnicity *(please specify)*:
Click or tap here to enter text.
- Not applicable / prefer not to say

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If you do not want your submission published on the Ministry's website, please tick this box:

- Do not publish this submission.

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- Remove my personal details from responses to Official Information Act requests.

Commercial interests

Do you have any commercial interests?

- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products
- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products

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- This submission contains commercially sensitive information.

If so, please let us know where.

Click or tap here to enter text.

Protection from commercial and other vested interests of the tobacco industry

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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, all respondents are asked to disclose whether they have any direct or indirect links to, or receive funding from, the tobacco industry.

Please provide details of any tobacco company links or vested interests below.

I retail tobacco products from my supermarket. I do receive a rebate based on the BAT schedule for display of products. I don't have any vaping skus for sale.

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Consultation questions

The Ministry of Health is seeking comments on the following proposals for a smokefree Aotearoa 2025. You can find more information about these proposals in the discussion document which can be downloaded from - <https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>.

Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

Click or tap here to enter text. It should be focused on the strategy of reducing Tobacco/vaping dependence asap and be transparent in its actions.

- b). What action are you aware of in your community that supports Smokefree 2025?

Click or tap here to enter text. Very little except to say I am aware of Smokefree 2025, but that is all

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

Click or tap here to enter text. We need clear and simple research that shows that most communities simply do not want the sale of tobacco in their community. We sampled our store in 2013 and found then that 90% of those surveyed did not want us to sell tobacco. The franchisor told us we had to .. we strongly believe that we should not and it is NOT important for our economic viability.

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

Click or tap here to enter text. Priorities should be Research into customer attitudes by demography – generally most of society think those that smoke are stupid or badly addicted as it undermines your health.

Monitoring of the changing attitudes is critical to build resilience in the data and confidence in the findings. These should be across gender, race, age breakout. These should be monitored on a yearly basis.

Report on incidence of smoking/vaping by these segments – post results yearly – after the increase in tax has been announced.

The fundamental is that the minority should not be able to dictate to the majority and that the offensiveness of the smoking habit needs to be made clear.

All this leads to us cutting out access for the product – as a supermarket – Fresh Choice Half Moon Bay and Fresh Choice Epsom – I see no place in what we are doing to sell tobacco and our business performance in no way is held to ransom by the need to sell tobacco.

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

Click or tap here to enter text. More education on the long term effect of smoking – not just the lung health but the effect on their social life, being looked and treated as being stupid, the pollution of others due to secondary smoke. Express this in language that each social group can understand in their terms – be much more assertive in your advertising. **'Don't be a bloody idiot'**.

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

It is a dangerous product and people who sell it should know much more about its consequences – this will force them to evaluate the morals of selling something that is very bad for their consumers.

- b). 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:

Current availability sends the wrong message that smoking is rife and deeply rooted in the community – get out of it. Make it the fringe product it is with limited availability. Make it INCONVENIENT to buy and get. One outlet for every 4 sq km. Make it a Gas station/Dairy.

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

Yes No

Please give reasons:

Same for reasons above

- d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

Good idea, we need to get people off the smoking and show what a looser approach to life it is – it is a dirty and horrible habit and distinctly anti-social. People who smoke demonstrate a cognitive dissonance with a modern day lifestyle. We need to do all that we can to ensure that the don't pick up the habit. Making getting smokes harder is a great start.

- e). 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:

I own and run 2 supermarkets, Fresh Choice Half Moon Bay (since 2012) and FC Epsom (opening Sept 2021). I am also the ex Merchandising Manager for Foodtown, then In Coles Supermarkets HO, then Head of all Merchandising and Stock Control with Davids (Now MetCash) Australia – a turnover of 6b (1b in tobacco). I have an MBA from Auck Uni in Logistics and a BSc from Victoria Uni. I have run an international retail consulting company – Retail Strategies Ltd – for over 25 yrs, I was on retainer to Shell Oil Co and thus consulted to them on their retail networks in NZ, Australia, Canada, USA and UK. I worked closely with Shell C store retailers in the USA (Shell had 15,000 C-stores) and dealt with tobacco all the time. I also worked for Truck Stops in the USA. Typically I dealt with tobacco merchandising strategies in all areas and dealt with the tobacco suppliers.

Tobacco is a loser category with no volume growth, low stock turn and low GP%. It is highly skewed to the top sellers – the top 10% of skus (by volume) typically will make up 80 – 90% of all unit sales. This is often about 20 – 25 skus, generally less. The category will have depending on the time up to 220 skus, the VAST majority of the skus are useless fillers with low gp% and very low stockturns. This will result in GMROII numbers less than 1 which means the retailer loses money. The top 10% of skus are better but rarely average or above average, the other 80 – 90% of skus lose \$\$\$.

Tobacco companies keep this train wreck category afloat by having a vast network of sales reps that call on all the locations, by offering rebates if the retailer conforms to draconian demands on space allocation, controlled pricing, and display of their brands in the cabinets provided for by the supplier.

The category attracts only a small % of the population – generally addicted to the product and they do not buy much else from the retailer = a unprofitable customer. Margins are closely managed and controlled as per the contract to be about 9%, this is very low and makes no sense and thus the rebate structure is critical.

Apart from convenience to my smoking customers I don't want these products in my store. When I asked them in 2013 over 85% said they are keen to see us get rid of them. Underlying this is that most of my customers are non smokers and don't want to associate with smokers as they are regarded as losers and stupid. Why would you destroy your own health?

Address distribution, Address the shocking economics of the category, Educate the retailers that there is a better way.

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

Just get rid of the product – messing around with the nicotine levels is playing at the margins.

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

Everything should be done to reduce nicotine dependency and thus prohibiting RYO's is the better thing to do.

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

Yes No

Please give reasons:

Innovations by definition are made to make the product more attractive/acceptable to the public. They should be stopped along with all forms of promotion, along with differing pack sizes (made to target price points) and weights and numbers of cigarettes in a pack. Standardise everything and remove the ability of the Big Tobacco Companies to 'Market' by buying the hottest space in a 4 Square, Gas Station and Dairy. This removes the incentive of those operators to continue to promote the product.

At the same time get the economics out in respect of a retailer – the category attracts only about 15% of customers, these folk don't often buy much else in other words these customers are not very 'profitable' – thus why market to them. In addition the stockturn of 90% of the category is very poor and in fact puts the retailer in a losing position (from a GMROI perspective – even from an ABC (Activity Based Costing point of view). The suppliers control pricing, display, range, promotion. It is a LOOSER Category and can be easily replaced with other categories that make the retailer lots more money and that have a wider appeal to ALL customers.

The security issues of ensuring you are not robbed, that staff are not stealing a packet or two and they are also not 'sweethearting' friends is massive and takes considerable time to manage to ensure does not happen. With a low GP category it is not worth it.

Ordering and delivery is a nightmare with the suppliers totally dominant and not empathetic at all with the retailers – it is very much a 'force out' situation. Many of the agreements hinge around the supplier supplying unitary that is secure (to

prevent robbery) but also dominates the front of the retailer's store but cannot be shown (the selling of tobacco has gone 'dark'). Contracts are pernicious and offensive, demanding that retailers take products – especially new products – that don't sell = low stockturns, if cigarettes go out of code the retailer is left holding the problem. Security means that the retailer typically has to count the stock twice a day (morning and evening), if they have family working in the store this is not so frequent as there is a higher level of trust. Because of tobacco's liquid nature and cost it is highly desirable by the criminal element.

I would suggest a BIG education program that if the retailer wants to sell tobacco they have to attend and pass the test (like Liquor with LCQ and Duty Manager levels), part of this training should be the commercial analysis to show how bad economically the category is and then some case studies of way more profitable categories. A good example is to replace the tobacco category with a refrigerated unit that sells Energy drinks – this is a growing and profitable category, the govt undertakes to support this conversion by providing an interest free loan to purchase a refrigerated unit to go in the tobacco cabinets place. They get the refrigerated cabinet if no tobacco sold.

Keep in mind that the other 85% of people would be more disposed to go to dairies, 4 Squares etc if they knew that the tobacco addicts were not there. Also the value of the operator growing categories like chilled drinks, Energy Drinks, Water, Flowers, Emergency Grocery, Chilled Dairy – far outweighs the value of tobacco.

Remember the retailer goes with tobacco due to the spin and rebates that the tobacco companies load on them.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

But by minimum I mean that the price is high – like now – and it cannot be any less. I support making a packet of tobacco more expensive.

Final questions

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

Reduce outlets – only Gas stations, dairies.
Standardise the products – only packs of filtered 20's,
Standardise weights and thus costs so it is all generic
Stop Tobacco companies paying for space – this is a massive driver of the commercial negotiation between retailer and supplier. Space in this case is all about the number of facings a company enjoys – they then pay a rebate per mil if the retailer achieves certain % amounts of their total facings for a suppliers products. The main culprit here is BAT as they are the dominant player with 60 – 70% share.
It will also force the retailers to truly assess the value of tobacco .. this will cause them to generally reduce their dependency and also develop new more profitable offers for these retailers. A big issue is that the small retailers value their business on turnover and with the taxation amount on tobacco that inflates the value of their business and thus they are very reluctant to do so – until they have at least sold – thus the small retailer will take a hit. This is what the big tobacco companies are hiding behind – the small retailers will do their dirty work to say that tobacco is critical to their business – and it is – but that is because they have allowed it to become so and they have not developed other offers.
I would suggest that the govt provides a service of consulting to these small retailers as they have no other means of 'knowing' what to do and how it should look.
If this can be done the biggest driver of smoking – availability – is reduced, this makes getting to the product that much harder. You will not change the retailers mind set until you RE-EDUCATE them. What your up against is that the tobacco companies have invested very heavily in a detailed network of merchandisers and sales reps that visit every store and who try to develop a relationship with the retailer based on rebates. They in some cases are in the store every week. To negate this influence address the appalling economics of the category. Build case studies and take that to the retailers – the case studies need to be ethnically acceptable, in similar areas – NI Urban, low decile, SI Rural, etc.
Get these case studies on the pod casts.
Review what has happened when the prisons when smoke free – how many have stayed off tobacco? This is what we are talking about.

- b). Do you have any other comments on this discussion document?

I have scanning data that proves and supports all the above and provides a solid ground to destroy the current economic model.

Submission form

Your details

This submission was completed by: (name) on behalf of the Hawkes Bay Smokefree Coalition

Email:

Phone number:

Organisation (if applicable):

Organisation address: (street/box number)
(town/city)

Role (if applicable):

Additional organisation information

I am, or I represent an organisation that is, based in:

- New Zealand Australia Other (please specify):

I am, or I represent, a: (tick all that apply)

- | | |
|--|---|
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| <input type="checkbox"/> Pacific community or organisation | <input type="checkbox"/> Retailer – small, for example a dairy or convenience store |
| <input type="checkbox"/> Government organisation | <input type="checkbox"/> Retailer – medium or large, for example supermarket chain or petrol station |
| <input type="checkbox"/> Research or academic organisation – eg university, research institute | <input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture |
| <input type="checkbox"/> Other (please specify): <input type="text" value="Click or tap here to enter text."/> | |

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- I have a commercial interest in vaping products
- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products

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<https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>.

Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

The Hawkes Bay Smokefree Coalition (HBSFC) **support** effective Māori governance of the tobacco control sector being determined by Māori. We support our Māori health colleagues with the knowledge and mātauranga and wealth of experience they have. Our local Māori health providers, Te Taiwhenua o Heretaunga and Te Kupenga Hauora are members of the HBSFC.

We believe that Māori governance and leadership in tobacco is critical to ensure real progress is made in reducing the harmful and inequitable impacts of tobacco use on Māori. How this governance is enacted is best determined through consultation and engagement with Māori. Māori have long advocated for stronger more effective tobacco control legislation but their views have not been acted on ¹.

References

- 1 Gilfford, H., Wilson, N., Edwards, R., Weerasekera, D., & Waa, A., 2011. Poster; Māori Smokers Support Major Tobacco Control Interventions: National Survey Data from Aotearoa/New Zealand <https://www.otago.ac.nz/wellington/otago022856.pdf>

- b). What action are you aware of in your community that supports Smokefree 2025?

We are aware of community action supporting Smokefree 2025 through local coalitions like ourselves and its membership, NGOs e.g. the Cancer Society, local cessation providers e.g. Te Haa Matea, local Māori health providers e.g. Te Taiwhenua o Heretaunga, Health HB, and our local and regional district councils.

Local Councils have played a crucial role. Without sufficient national legislation, local councils have had to do a large amount of work in this area, for example by developing various patchwork of policies throughout the county. Smokefree signs at playgrounds, sport fields, beaches, in central business districts. This map illustrates the variety of measures various councils have taken

<https://www.smokefree.org.nz/smokefree-resources/maps-of-nz-councils-smokefree-outdoor-policies-and-spaces> however, as noted it is inconsistent

throughout the country, it is also largely unenforceable.

What is needed to strengthen community action for a Smokefree 2025, is national legislation to support and strengthen all hard work of these groups across the country.

New Zealand has been admired internationally for the strong evidence-based leadership in handling the Covid 19 pandemic. The world is watching to see how we deal with tobacco too. Will we demonstrate similar admirable leadership to manage the single most lethal consumer product readily available at throughout society? If all the measures outlined in this plan are utilised, and we also legislate Smokefree-Vapefree outdoor areas like outdoor dining, playgrounds, beaches, and CBDs then we would have a good chance of leading the world and role modelling what is possible.

Another way the government can support Aotearoa to be Smokefree would be to set up a national framework requiring employers to offer stop smoking support to employees and provide a supportive environment to stop and remain Smokefree. This is especially important for trade and hospitality workforces, where smoking rates are higher. We would also government support for smoking cessation providers to be able to support people to stop vaping once they have successfully become Smokefree.

This is an industry created problem, we do not let other harmful products stay on the market when we know how unsafe they are. We do not give people the option to buy leaded petrol at service stations anymore. The tobacco industry kills more people in New Zealand than road crashes, suicide, alcohol, other drugs, murder, and drowning combined ¹. In 2019 there were 5,032 tobacco related deaths in NZ (13.7 per day) estimations of deaths by road crashes, suicide, alcohol, other drugs, murder, and drowning combined range from 2154 people per year or 2337 (if we use our deadliest earthquake)²⁻⁹.

This number, 5,032, is not just a number, these are our families, our whānau, our kaumātua, our children, our brothers, sisters, aunties, uncles, husbands, wives, nieces, nephews, our friends, and our workmates. We need comprehensive legislation to save lives.

References

- 1 Ministry of Health (2017). <https://www.health.govt.nz/your-health/healthy-living/addictions/smoking>
- 2 Connor, J., Kydd, R., Shield, K., & Rehm, J. (2015). The burden of disease and injury attributable to alcohol in New Zealanders under 80 years of age: marked disparities by ethnicity and sex. *The New Zealand Medical Journal*, 128(1409), 15-28. <http://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2015/vol-128-no-1409/6435>
- 3 Ministry for Culture and Heritage. (2020). New Zealand disasters timeline. <https://nzhistory.govt.nz/culture/new-zealand-disasters/timeline> Ministry of Justice. (2020).
- 4 Annual provisional suicide statistics for deaths reported to the Coroner between 1 July 2007 and 30 June 2020. <https://coronialservices.justice.govt.nz/assets/Documents/Publications/2020-Annual-Provisional-Suicide-Statistics.pdf>
- 5 Ministry of Transport. (2020). Safety — Provisional road deaths. <https://www.transport.govt.nz/statistics-and-insights/safety-road-deaths/provisional-road-deaths/>
- 6 Police National Headquarters. (2019). Police Statistics on Homicide Victims in New Zealand 2007 – 2017: A Summary of Statistics about Victims of Murder, Manslaughter, and Infanticide. <https://www.police.govt.nz/sites/default/files/publications/homicide-victims-report-2018.pdf>
- 7 Tobias, M. and Turley, M. (2005). Causes of death classified by risk and condition, New Zealand 1997. *Australian and New Zealand Journal of Public Health*, 29(1), 5-12. <https://doi->

org.ezproxy.massey.ac.nz/10.1111/j.1467-842X.2005.tb00740.x

8 United Nations. (2020). World Drug Report. <https://wdr.unodc.org/wdr2020/en/maps-and-tables.html>

9 Water Safety New Zealand. (n.d.). 2020 Provisional Drowning Report. <https://watersafety.org.nz/2020-Report-Provisional>

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

Research around vaping to see if it is achieving reduction in smoking and looking at dual use. Research around industry tactics on tobacco & vaping. Census data collection of both smoking and vaping at every census.

Tobacco control capacity and operational funding within the Ministry as well as in Public Health Units will need to be increased to support reaching SFA 2025. Increased capacity for monitoring and investigating breaches of the Smokefree Environments Act. Especially as vape products are now included in this Act. Investment in monitoring, surveillance and enforcement of tobacco and vape retailer and industry behaviour are urgently needed. Investment in border control for monitoring black market activity will also need to be increased.

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

NO COMMENT

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

We **support** a licensing system for all tobacco and vape retailers including generic stores. However, we do not support a licensing system as a stand-alone measure.

Licensing schemes offer an opportunity to set retailer conditions such as suitability of applicant (knowledge of legislation, character and reputation, training, concerns about previous sales to minors); trading hours; retailer location; proximity to schools, marae, early childhood education centres; proximity to other tobacco or vape retailers and restricting density of retailers in a given area. We would also like to see licences require annual sales returns on tobacco and vape products. Licences provide an important mechanism for monitoring and enforcement. Licences can be removed for breaches and are therefore powerful legal tools that can be used to improve enforcement of tobacco-related laws.

Licensing fees need to be set at levels that adequately cover both the administration of a licensing system and effective monitoring and enforcement by tobacco control enforcement officers nationally.

The Allen Consulting Group report Australia 2002¹ can be referred to for best practice tobacco licensing schemes. It can be found here [https://www1.health.gov.au/internet/main/publishing.nsf/Content/51D4A401FD339C40CA257BF000212035/\\$File/license.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/51D4A401FD339C40CA257BF000212035/$File/license.pdf) A well-enforced licensing system can help ensure compliance by providing stronger incentives to tobacco retailers to comply with tobacco control laws².

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b). 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

We **support** restricting the number and type of tobacco retailers based on both population size and density, preferably to R18 specialist tobacco stores only. There is currently no legislation restricting where tobacco can be sold nor who can sell it. Easier access to tobacco retailers is associated with an increase in youth smoking^{1,2}, increased smoking among people who already smoke³ and people find it harder to stop smoking^{4,5}.

The more places that sell tobacco, the more likely young people are to smoke, even more so when places are closer to where they live¹. Residents within low socio-economic communities are exposed to much higher density of tobacco retailers, about four times greater, than those living in higher socio-economic areas^{6,7}. Tobacco density would need to be reduced sufficiently in low socio-economic areas, where smoking rates are highest and people are more at risk of tobacco harm^{8,9}. Failure to substantially reduce the number and density of tobacco retailers in low socio-economic areas will continue to widen existing inequities.

Smokefree Murihiku would also like to see restrictions on the proximity of tobacco retailers to schools, kura, early childhood education centres, kōhanga reo, marae and health centres. Currently 54% of secondary schools have at least one tobacco retailer within 500 metres of the school, an 83% have at least one retailer within 1 kilometre¹⁰. Evidence shows that the more tobacco retailers there are around a school, the more likely students are to have ever smoked, engaged in experimental smoking and be susceptible to future smoking¹¹⁻¹⁴. Reduced density of the sale of tobacco around schools would reduce curiosity and temptation concerning tobacco, diminish the normalising of smoking in the community, and provide fewer opportunities and cues for adolescents to attempt to purchase tobacco¹⁴.

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Please give reasons:

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

Yes No

Please give reasons:

We strongly **support** phasing out the retail availability of tobacco so that it is only sold at licensed R18 (or higher if the age limit to purchase is increased) specialist tobacco stores.

This measure provides the greatest opportunity to substantially reduce the number of tobacco retailers to approximately 300 as has been recommended by ASPIRE ¹. Sales restrictions could designate specialist R18 tobacconists or government-operated R18 stores as the only suppliers of tobacco products. This approach would stimulate quitting, reduce relapse among people who have become Smokefree, and minimise youth access (by facilitating enforcement around underage sales)¹. This approach has also been suggested by people (who at the time of the study smoked) ². Some quotes from participants were:

"you can't have that kind of goal when they're selling them in the shops. What's the point? You know what -seriously, what's the point? It's too readily available" (Pregnant, Pacific, 38).

"I reckon it's weird how they sell it with like food and stuff. it's just wrong for me. They should have like a R18 shop for them or something. That, I reckon that'd be good" (Pregnant, Māori, 17).

"Um, I think that young people would take less and be much more sensible about their, their choices if it was run by the government. Or allowed by the government and monitored by the government but run through a third party" (NZE, male, 23).

Other New Zealand research has also found strong support (62%) from people who smoke and people who had recently become Smokefree to reduce the number of places that can sell tobacco products (by 95%) and allow sales only in a limited number and type of stores³.

Significantly reducing outlet numbers is also likely to help reduce disparities as tobacco retailers are often concentrated in disadvantaged areas. It would also support people trying to stop smoking, as research shows people who smoke experience stronger cravings when they expect to be able to smoke in the near future⁴. Tobacco is the only retail product when used as intended kills as many as two-thirds of its long-time users^{5,6} yet it is available anywhere. We need to end the perception that cigarettes are an ordinary consumer product and instead have their availability limited and controlled, like other harmful products.

There is strong public support, We supported the Cancer Society's survey in 2019 asking about the sort of legislation people wanted to see to support our communities reach Smokefree Aotearoa 2025. Nationally 92% of 1481 submissions collected wanted regulations to reduce the number of places selling tobacco.

In 2020 Cancer Society ran an on-line poll for World No Tobacco Day asking 'Should smokes only be sold in R18 specialist tobacco shops?' Of the 1200 votes cast 82% supported restricting tobacco sales to only R18 specialist tobacco shops.

In 2021, the Cancer Society launched a petition to raise the need to address the widespread availability of tobacco on both the public and politicians' agenda. The petition requested the House of Representatives pass legislation that significantly reduces the number of tobacco retailers, to help reach Smokefree Aotearoa 2025. 4039 people signed the petition adding more community voices supporting this important measure in the proposed Smokefree Action Plan.

New Zealand research found small retailers emphasised that removing tobacco from all dairies, convenience stores and supermarkets would lead to a fair competition among shops⁷. They want a level playing field and are likely to support legislation that only permits the sale of tobacco from a few specialist stores that only sell tobacco. Restricting sales to only R18 tobacco retailers would treat current retailers equally and address the challenge of providing a level- playing field.

We recommend against restricting tobacco sales to alcohol outlets as this would reinforce the strong association between alcohol and smoking especially in the 18-24-year age group when smoking rates are high and social smoking prevalent. Alcohol outlets are also over concentrated in low socio-economic communities.

We do not support a 'grandfathering approach' as the number of retailers would decrease too slowly and not achieve the 95% reduction required.

We recommend phasing out tobacco retailers with legislation changes enacted between 6 and 12 months after gaining Royal Assent. This will provide sufficient time for retailers to stop selling tobacco, especially considering legislation will take some time to be drafted and passed, in reality providing a longer timeframe for retailers to

become prepared.

We recommend the Government offer small business support or assistance from small business advisors for transitioning away from tobacco sales.

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d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

We **support** introducing the Smokefree generation policy to restrict the sale and supply of tobacco products from a set date for future generations. This policy recognises that young people who start smoking rarely, if ever, make an informed choice^{1,2} and a high percentage young people (15-19 years), particularly Māori (82%), regretted starting smoking³. Researchers argue that consumers have a right to be protected from products that may kill them, particularly where those products are addictive⁴.

New Zealand modelling suggests the tobacco-free generation policy is likely to contribute substantially to ending smoking disparities for⁵. If adequality enforced, this policy is predicted to halve smoking rates within 10- 15 years of implementation - and would result in five times' larger health gains per capita for Māori compared to non-Māori. Given the higher smoking prevalence and age structure of Pacifica

populations it is similarly likely to benefit those peoples.

Concerningly, the youth smoking rate has risen for the first time in 20 years, this happened alongside a rapid increase in vaping ⁶. The increase in Māori smoking prevalence of year 10 students was significantly higher than non-Māori, raising concerns about the possibility of a widening of ethnic inequities in young people, which had been gradually narrowing since 2000 ⁷.

Any benefits of a Smokefree generation will not have immediate impacts on reducing smoking and will do little to help reach SF2025, however it will create long-term benefits and inequity reductions. It will also support and maintain Smokefree communities once the 2025 goal has been reached ^{4, 8}.

The HBSFC recommend increased resources are provided for border controls to reduce any potential increase in black market activities as suggested in the Impact Summary.

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e). 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:

We are not a small business, however we would like to draw attention to independent research which contrasts with claims by small business/retailer interest groups and tobacco companies. For example, the NZ Association of Convenience Stores (NZACS) is an industry group that represents Imperial Tobacco and British American Tobacco, among numerous other major multinational corporations ¹.

Small retailers claim that tobacco purchases drive footfall into their premises and customers buy additional products. However, New Zealand research found that most transactions in small retailers do not involve tobacco and when tobacco is purchased, it is most often purchased as a single item, without other groceries or snacks ^{2,3}. The researchers found only 14% of transactions contained tobacco with most only buying tobacco, only 5% of all transactions included tobacco and an additional product ². Similar results were in the replicated follow-up study with 14% of transactions containing tobacco and just 6% of all transactions including both tobacco and other products ³. The research shows that while some people buy tobacco from small convenience stores, buying tobacco and other products is uncommon, and these purchases account for only a small amount of the total purchases. International research has found similar results ⁴.

Small retailers' margin of profits on tobacco is very low, yet this is rarely acknowledged ^{5,6}. Tobacco provides low returns, is expensive to stock, and high insurance premiums are imposed on small retailers because of the risk of burglary.

Recent Australian research ⁷ found the tobacco industry used covert marketing tactics with retailers, including financial incentives, experiential incentives such as all-expenses paid events and vacations, targeting marketing, and education of retailers to market to consumers on behalf of tobacco companies. The authors concluded that such strategies had the ultimate objective of increasing market share and driving sales. There is no reason to believe that the tobacco industry is not, or will not, use similar practices or influence retailers in Aotearoa. To keep in business tobacco companies will be doing all they can to recruit new customers and oppose Government measures to reduce the availability of tobacco.

The Coalition would encourage government to offer small business assistance to transition from selling tobacco products ^{8,9,2}.

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Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

Reducing nicotine to very low levels (<0.4mg) has a three-fold effect; making it easier for people to stop smoking; making it less likely that someone who tries will continue, and by reducing the likelihood of relapses for people who have become Smokefree^{1, 2}. This would have a substantial population benefit³, and would be most beneficial to individuals currently most disadvantaged by tobacco companies, e.g. Māori, Pacifica peoples, lower SES communities, and people struggling with mental health.

To be effective nicotine levels must be reduced substantially to levels where there are no (or negligible) central nervous system effects – no greater than 0.4mg nicotine per gram of tobacco or per cigarette^{1, 4} to make Very Low Nicotine Cigarettes (VLNCs). Evidence suggests VLNCs may be effective regardless of whether the person was motivated or unmotivated to stop smoking^{1, 5-16}.

However, if nicotine is not reduced to low enough levels researchers have found to be ineffective with participants using compensatory measures e.g. smoking more cigarettes and inhaling deeper^{11, 17-19}. Whereas, when the nicotine levels were substantially reduced, people stopped using compensatory smoking behaviours^{20- 22}. They would need to smoke ten times more VLNCs per day compared to conventional cigarettes – so someone who usually smoked 10 cigarettes per day would need to smoke 100 cigarettes per day to maintain their usual nicotine intake. The researchers found there was only minimal compensatory smoking with the 0.4mg level and it if it happened at all it typically lasted for only a few days^{20- 22}. People instead reduced the number of cigarettes smoked and their decrease in exposure to the addictive component decreased in a compounding manner.

To be most effective the switch to VLNCs must be swift, research with gradual switching found no reduction in daily cigarette use¹¹. It is also essential that existing measures to support people to become Smokefree are provided. Research with people using VLNC and nicotine replacement therapy (NRT) have been successful, and some have even shown greater smoking reductions than with VLNCs alone^{9, 23-25}. Using VLNCs with NRT has even been found to be more effective than NRT with behavioural support^{26, 27}. Using NRT helps control any withdrawal symptoms, and separate the behavioural association between nicotine and the action of smoking^{23, 9, 17}.

A large study²⁶, where one-quarter identified as Māori, reported higher long-term abstinence and delayed relapse in the VLNC group than the conventional cigarette group irrespective of ethnicity, thus providing good evidence that a VLNC-inclusive intervention can be successful in supporting Māori to be Auahi kore. Furthermore,

research by the ITC (International Tobacco Control) ²⁸ found Māori participants strongly supported removing nicotine, and 80% said they would try VLNC or nicotine-free cigarettes ²⁹.

The coalition would also recommend a public education campaign to support this measure, explaining that removing nicotine reduces the addictiveness of smoked tobacco and that nicotine is not the most toxic constituent of tobacco. This is important to prevent people who want to quit smoking, to be put off from using NRT products or switching to e-cigarettes.

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b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

As outlined in your consultation document, filters do not reduce harm from smoking and are used by tobacco companies to manipulate people into thinking they make smoking safer. In addition, tobacco companies use filters to introduce innovations e.g. adding flavours to cigarettes to attract new people to smoking. Cigarette butts also massively contribute to the degradation of our environment. Any one of these reasons is enough to warrant prohibiting filters in tobacco products but combined, the evidence for support is overwhelming.

When the tobacco companies extensive research during the 1950s and 1960s revealed that filters did not reduce harm they instead used them as a marketing tool, designed to keep and recruit people who smoke as consumers of these lethal products ¹. Both the ineffectiveness of cigarette filters and the tobacco industry's misleading marketing of the benefits of filtered cigarettes have been well documented. This has been described as the deadliest large-scale fraud ^{2,3}. Tobacco companies took advantage of the public perception of reduced harm from filters via implicit and explicit advertising claims ³⁻⁵. Tobacco companies have also made alterations to the filters to take advantage of this perception (e.g. changing filter pH levels to discolour after smoking leading the perception of catching toxins ^{1,6}).

Given filters made drawing on a cigarette more effortful, tobacco companies introduced filter ventilation; vents, or small perforations around the filter to make 'dragging' easier ³. Filter ventilation is a crucial design feature creating three main problems for lower tar cigarettes as measured by official smoking machine testing. Firstly, it misleadingly makes cigarettes taste lighter and milder, and, therefore, they appear less dangerous to people who smoke. Secondly, it promotes compensation mainly by facilitating the taking of larger puffs. Thirdly, for very heavily ventilated cigarettes (that is, > 65% filter air dilution), behavioural blocking of vents with lips or fingers is an additional contributor to compensatory smoking. These three effects are documented in industry research and in peer reviewed journals ⁷. Filters have merely changed where cancer is more likely to develop within the lung with squamous cell carcinomas replaced by more aggressive adenocarcinoma making smoking with filters more harmful than unfiltered smoking ⁸⁻¹⁰.

Tobacco companies also use innovations in filters to attract new customers, particularly youth, by using flavoured filters such as menthol, mint, and fruity flavours. It is clear innovations like these are for recruiting new, non-smoking, customers rather than getting people who already smoke to switch brands because most adults who smoke say taste (i.e. of non-flavoured cigarettes) is the reason they choose their preferred brand ¹¹. Research has indeed found that non-smoking young adults are more likely to try these products than young adults who already smoke ^{12, 13}. Sales of these products have grown rapidly even in places like New Zealand where over all tobacco use is declining ¹⁴⁻¹⁶. This likely represents recruitment of replacement customers rather than brand switching from people who already smoke. Given that two thirds of tobacco companies' customers die when they use the product as directed ^{17, 18}, it is no surprise that innovations to recruit new customers is happening whenever possible.

Environmentally, it is essential to ban filters, it is estimated 4-4.5 trillion cigarette filters are littered each year globally ^{19, 3, 20} making them the most littered item worldwide ²¹. In New Zealand more than 6 million are discarded each year ²². Filters are usually made of plastic (cellulose acetate) and remain in our environment for decades ²³ leaching toxins ²⁴⁻²⁷ into our playgrounds, sports fields, beaches, waterways, and out to sea contributing to plastic islands. The plastics in filters partially breaks down but it does not biodegrade fully therefore contributing to microplastic contamination ^{28, 29}. Microplastics are also ingested making their way into the food chain ^{24, 26, 28, 29}. This pollution is of considerable concern anywhere in the world, but in Aotearoa given our obligations as Te Tiriti partners it is especially concerning as waterways are important taonga for tangata whenua, for example as food sources and maintaining wairua.

Tobacco companies may argue we switch to biodegradable filters, instead of banning them. However, we strongly recommended against this. Biodegradable filters will still leach toxins into the environment, people will continue to think filters make smoking less harmful, and tobacco companies will use green washing to endear public favour ^{3, 30}. Furthermore, internal research obtained from tobacco companies suggests that biodegradable filters will make people more likely to litter as they will believe them harmless to the environment; 'to litter without guilt' ³¹.

Tobacco companies should be held accountable for the costs incurred from tobacco waste in the environment. To date they have successfully framed people who smoke as the cause of, and only solution to tobacco waste, neatly avoiding their own culpability as product manufacturers ¹². They fund environmental organisations like Keep America Beautiful ³² and locally, Keep New Zealand Beautiful ³ through which they advocate the use of butt bins and volunteer street/beach clean-ups to abdicate their responsibility for this toxic waste product ³¹.

It is also worth considering the largescale environmental impact of tobacco farming, disproportionately impacting low- and middle-income countries. Impacts include erosion, loss of soil productivity for food crops, acute shortages of wood for construction and fuel for cooking, destruction of ground water resources, sedimentation of rivers, reservoirs and irrigation systems, climate change, species extinction due to habitat fragmentation and overexploitation, as well as negatively impacting the health of people engaged in tobacco cultivation ^{33, 34}. New Zealand can reduce our contribution to this burden of harm by banning filters and using other measures to bring rates of tobacco use down.

We recommend banning filters including those sold separately for roll-your-own tobacco. We recommend tobacco companies are held accountable for the costs incurred from tobacco waste in the environment. We also recommend all merchandise that facilitates smoking including cigarette holders are banned (Hoek et al 2021). Policies banning innovations and additives in tobacco products will be required in addition to banning filters to ensure tobacco companies do not take advantage of loopholes to keep recruiting new customers ².

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

Yes No

Please give reasons:

We **support** adding regulatory power to the Smokefree Environments and Regulated Products Act 1990 to enable the Government to quickly prohibit innovations aimed at increasing the appeal and addictiveness of smoked tobacco products. Rather than a reactive system, if possible, we suggest only allowing innovations approved by the Government. We also recommend innovations already in use be banned, e.g. filters as discussed above, added flavourings including menthol, flavour capsules, flavoured papers.

Tobacco companies take advantage of loopholes and make innovations rapidly^{1, 2, 3, 4}, especially when new legislations are introduced^{5, 1}. Tobacco product names have been used when plain packaging legislations have been introduced². These have been used to evoke imagery that previously would have been on the packs. Any names suggesting reduced harm, enjoyment, social or sexual success should be banned altogether^{2, 3}. Value-implying names are currently seen in NZ with variant names such as Deals and Easy at very low costs (November 2020 at an Invercargill vape store Easy 20 pack \$25.40, Deals 20 pack \$24.90, Easy 30g loose tobacco \$49.95 Deals 30g loose tobacco \$49.95).

Flavourings such as menthol, capsules, and 'fusion' leaf flavours are used by tobacco companies to increase the appeal of their products to young people and non-smokers. The flavourings reduce the harshness of cigarette smoke making them more palatable⁶ (). As already discussed above in 3b these flavours have been most appealing to young people who did not already smoke^{6, 7, 8}. Indeed, they are unlikely to appeal to people who have smoked long term^{6, 7}. Making this innovation a useful tool for recruiting new customers, sales of these products have grown rapidly even when smoking prevalence overall is dropping^{5, 9, 10}.

Menthol flavouring in cigarettes is well established as making it easier for people to start smoking and harder for people to quit¹¹. Not only does menthol mask the unpleasant taste of traditional cigarettes it also interacts with nicotine to increase its addictiveness¹². People also find it harder to stop smoking if they smoke menthol cigarettes than those who smoke non-Menthol cigarettes^{13, 14, 15}. Furthermore, menthol cigarettes are more popular among high-school aged Māori and Pacific children¹⁶ (Li et al 2013). The WHO recommended a ban on menthol cigarettes in a 2016 report¹⁷. National and regional governments have already been successful in banning menthol in cigarettes, including Turkey, Brazil, Ethiopia, Over 20 US states, Canada, the UK and the European Union. The US Food and Drug Administration (FDA) announced in April 2021 that it would be banning menthol

flavourings in cigarettes as a high priority. Public Health experts have also argued that the FDA should also ban menthol as an 'ingredient' as well as a flavour. Therefore, we strongly recommend banning menthol flavourings in tobacco products.

As with other recommendations we recommend this measure is used alongside other measures. We recommend also banning all current additives and innovations including but not limited to flavours, additives, variant descriptors, and design features. Banning anything that makes it easier or more appealing to smoke, for example cigarette holders. Potentially the government could require certain innovations designed to dissuade people from smoking. New Zealand research¹⁸ found warning messages and unpalatable colours on cigarette sticks were less appealing than the status quo white cigarettes. The "minutes of life lost" message had the strongest dissuasive effect.

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Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

We **support** the Government's proposal to set a minimum price for tobacco. International evidence shows that tobacco companies circumvent taxation designed to benefit public health ¹, and locally in New Zealand research has found tobacco companies have been undermining the impact of tax increases by minimising price increases on budget brands and instead strategically shifting price increases onto premium products ². This differential pricing and the introduction of budget and super-budget brands are all attempts to minimise the impact of excise tax increases on smoking prevalence and consumption.

Unpublished New Zealand research (cited in media article Nov 2019

<https://www.newsroom.co.nz/nz-tobacco-using-tax-increases-as-cover>) found the tobacco industry also used annual tax increases as cover for significant voluntary price increases.

If tax increases are used again in the future we would like to see the additional revenue raised from tax increases used to support low-income people who smoke to quit, by providing more effective wrap-around cessation support services, and/ or subsidized effective quitting aids.

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Final questions

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

As noted, in the consultation document ¹, the Regulatory Impact Statement ², at the Māori Affairs Select committee ³, by academics ⁴⁻⁸, and throughout our submission, no one measure will be enough to support our community to reduce to reach Smokefree Aotearoa 2025. It is essential a comprehensive range of measures are used to ensure more people are able to become Smokefree, to remain Smokefree, and to never start smoking.

We strongly urge the government to use a comprehensive range of measures proposed (and additional measures). If forced to prioritise we recommend these:

- Making smoked tobacco products less addictive and less appealing
 - Especially reducing nicotine to very low levels, banning filters, & banning innovations to tobacco products.
- Making smoked tobacco products less available
 - Especially reducing availability by only allowing sales through R18 specialist retailers with population size, density, and proximity to schools, kura, ECEs, kōhanga reo etc.
- Make more outdoor spaces Smokefree & Vapefree.

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b). Do you have any other comments on this discussion document?

As mentioned in Focus 1, question b We would like to see mandated Smokefree outdoor public places as part of the Smokefree Aotearoa 2025 Action Plan. The only nationally legislated Smokefree outdoor areas (as of 2004) currently are schools, kura, early childhood centres, and kōhanga reo ¹ and in 2020 these also became Vapefree ².

Smokefree outdoor areas support people trying to quit smoking, protect workers and public from tobacco smoke, and reducing smoking visibility to children and young people ³⁻⁶. Children and young people who see smoking around them are more likely to start to smoke and smoking visibility makes it harder for people to remain Smokefree after successfully quitting ⁷⁻⁹.

Regional and local Smokefree initiatives have been driven by local SF Coalitions, NGOs, DHBs, iwi authorities, local government authorities both city and district councils (see Smokefree Mapping NZ Councils ¹⁰). However, these locally driven Smokefree outdoor policies are largely unenforceable ¹¹, and without central government legislation they are inconsistent across the country, varying from one area to the next. This has meant communities have inequitable access to healthy public spaces ¹².

New Zealand tobacco control researcher recommended in their Achieving Smokefree Aotearoa Plan ¹³ that government extend Smokefree environment legislation to include specific outdoor areas, to disallow smoking in all outdoor hospitality areas, building entrances and outdoor recreation areas, parks, playgrounds, and all sporting and recreational facilities. We strongly support this, as it would create more Smokefree public spaces across New Zealand and offer consistency of Smokefree policy across Local Authority areas for residents and visitors alike.

Smokefree outdoor dining has been embraced across New Zealand with voluntary initiatives like the Fresh Air Project (a Smokefree and Vapefree outdoor dining initiative). The Fresh Air Project began in Christchurch 2016 and had considerable support from business and customer 95% (of 1861) customers were supportive of the project. When it was run in Otago-Southland similar support was found had 94% support from 1542 customers who gave feedback, in Southland specially 95% of the 362 customers supported the Smokefree Vapefree outdoor dining areas. All the businesses chose to continue to be Smokefree and Vapefree once the pilot came to an end. A total of 206 Fresh Air venues are currently operating across NZ regions (this does not include venues who are Smokefree but have not joined the Fresh Air Project). During the evaluations with businesses we were repeatedly told they wanted a 'level playing field' and this has been found in other surveys of businesses on the

topic (Thomson et al. 2017).

We urge government to include Smokefree public places as a key area of action in the Smokefree Aotearoa 2025 Action Plan. Disparities in Smokefree outdoor space policies exacerbate existing health inequities¹². Nationally legislated Smokefree outdoor areas could help to reduce these inequities.

We recommend the government legislate to support best practice in implementing Smokefree outdoor areas and disallow smoking and vaping in:

All playgrounds, parks, reserves, and sports fields.

All National Parks, and beaches.

All outdoor hospitality areas, (and **not allow** designated smoking areas.)

All tertiary education facilities

All hospital grounds

All transport hubs, bus stops, train stations, and airports.

Government should also legislate to: Require effective and visible Smokefree/Vape-free signage for Smokefree outdoor public places.

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- 5 Thomson, G., & Wilson, N. (2021). Smokefree outdoor areas: A missing part of Government's new Smokefree 2025 proposals. Wellington: Public Health Expert: University of Otago.
- 6 Wilson, N., Thomson, G., & Edwards, R. (2007). Lessons from Hong Kong and other countries for outdoor smokefree areas in New Zealand?. *The New Zealand Medical Journal (Online)*, 120(1257).
- 7 Ivory, V. C., Blakely, T., Richardson, K., Thomson, G., & Carter, K. (2015). Do changes in neighborhood and household levels of smoking and deprivation result in changes in individual smoking behavior? A large-scale longitudinal study of New Zealand adults. *American journal of epidemiology*, 182(5), 431-440.
- 8 Zablocki, R. W., Edland, S. D., Myers, M. G., Strong, D. R., Hofstetter, C. R., & Al-Delaimy, W. K. (2014). Smoking ban policies and their influence on smoking behaviors among current California smokers: a population-based study. *Preventive medicine*, 59, 73-78.
- 9 Chaiton, M., Diemert, L., Zhang, B., Kennedy, R. D., Cohen, J. E., Bondy, S. J., & Ferrence, R. (2016). Exposure to smoking on patios and quitting: a population representative longitudinal cohort study. *Tobacco control*, 25(1), 83-88.
- 10 Smokefree Mapping NZ Councils 2021 Mid Central District Health Board - MAPPING NEW

ZEALAND COUNCILS SMOKEFREE OUTDOOR POLICIES AND SPACES.

<http://www.midcentraldhb.govt.nz/HealthServices/PublicHealth/Documents/Smokefree%20Mapping%20NZ%20Councils-Outdoors%20and%20Spaces%20-%20202535.pdf>

11 Edwards, R., Hoek, J., Waa, A., Thomson, G., & Wilson, N. (2021). Progress towards a Smokefree Aotearoa 2025 Action Plan: Congratulations to the Government. Wellington: Public Health Expert: University of Otago.

12 Lowrie, C., Pearson, A. L., & Thomson, G. (2018). Inequities in coverage of smokefree outdoor space policies within the United States: school grounds and playgrounds. *BMC Public Health*, 18(1), 1-7.

13 Aspire (2017) Achieving a Smokefree Aotearoa by 2025 report. Published in Wellington, Aotearoa New Zealand, August 2017 accessed 11.05.2021
<https://aspire2025.files.wordpress.com/2017/08/asap-main-report-for-web2.pdf>

3-6 Marsh et al 2014; Murad et al. 2019; Thomson & Wilson, 2021; Wilson et al. 2007 3-6
7-9 Ivory et al. 2015; Zablocki et al. 2014; Chaiton et al. 2016

Submission form

Your details

This submission was completed by: (name)

Email:

Phone number:

Organisation (if applicable):

Organisation address: (street/box number)
(town/city)

Role (if applicable):

Additional organisation information

I am, or I represent an organisation that is, based in:

- New Zealand Australia Other (please specify):

I am, or I represent, a: (tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Personal submission | <input type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
| <input type="checkbox"/> Community or advocacy organisation | <input type="checkbox"/> Professional organisation |
| <input type="checkbox"/> Iwi/Hāpu affiliated, and/or Māori organisation | <input type="checkbox"/> Tobacco manufacturer, importer or distributor |
| <input type="checkbox"/> Pacific community or organisation | <input type="checkbox"/> Retailer – small, for example a dairy or convenience store |
| <input checked="" type="checkbox"/> Government organisation | <input type="checkbox"/> Retailer – medium or large, for example supermarket chain or petrol station |
| <input type="checkbox"/> Research or academic organisation – eg university, research institute | <input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture |
| <input type="checkbox"/> Other (please specify): <input type="text" value="Click or tap here to enter text."/> | |

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Age:

- Under 18
- 18 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 +
- Not applicable / prefer not to say

Ethnicity/Ethnicities I identify with:

- New Zealand European
- Māori
- Pacific Peoples
- Asian
- Other European
- Other Ethnicity *(please specify):*
Click or tap here to enter text.
- Not applicable / prefer not to say

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- Do not publish this submission.

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- Remove my personal details from responses to Official Information Act requests.

Commercial interests

Do you have any commercial interests?

- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products
- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products

Commercially sensitive information

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- This submission contains commercially sensitive information.

If so, please let us know where.

Click or tap here to enter text.

Protection from commercial and other vested interests of the tobacco industry

New Zealand has an obligation under Article 5.3 of the World Health Organisation 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, all respondents are asked to disclose whether they have any direct or indirect links to, or receive funding from, the tobacco industry.

Please provide details of any tobacco company links or vested interests below.

Click or tap here to enter text.

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Introduction

Thank you for the opportunity to submit on the Government's proposal for the Smokefree Aotearoa 2025 Action Plan. The Wellington City Council (the Council) agrees that the Action Plan's proposed initiatives are required to accelerate progress towards reaching the Smokefree 2025 goal.

The Council's role and contribution towards reaching a Smokefree Aotearoa is focused on making our outdoor public spaces and events smokefree. Our aim is to reduce the visibility and normalcy of smoking, particularly for tamariki. Smokefree hospitality and event areas also help smokers who have quit or are trying to quit remain smokefree. This is therefore the focus of our submission and we have only answered the questions that are applicable to our area of contribution and influence.

As explained in our submission, while we have policies that discourage smoking and vaping in public places, this can only be done through general communication and education. We have no effective enforcement measures to prevent smoking in outdoor public areas, such as the power to issue infringement notices and fines.

We know that smoking is common in outdoor dining and drinking areas. We are also acutely aware of the serious health effects of second-hand smoke, knowing there is no safe level of exposure. We also have increasing public pressure to ban smoking from hospitality and public areas – with our 2018 survey showing two thirds of people avoid outdoor bar and restaurant areas if smoking is permitted.

Our position is that the Government should amend the Smokefree Environments Act to make all outdoor hospitality areas, public spaces, and events smokefree. Legislation will provide clarity for the public, businesses, and enforcement officers. It will provide a level playing field for businesses nationally in which they all have to comply with the same rules. Amending the legislation will help us contribute effectively towards reaching the Smokefree Aotearoa 2025 goal.

Consultation questions

The Ministry of Health is seeking comments on the following proposals for a smokefree Aotearoa 2025. You can find more information about these proposals in the discussion document which can be downloaded from - <https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>.

Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

Click or tap here to enter text.

- b). **What action are you aware of in your community that supports Smokefree 2025?**

The Wellington City Council's Smokefree Wellington Action Plan 2019ⁱ re-affirms our commitment to the nationwide Smokefree Aotearoa 2025 goal. The Council's contribution to the Smokefree Aotearoa goal is focused on the creation and management of smokefree events and outdoor public spaces. These help smokers who are trying to quit and remain smokefree, and help prevent young people from taking up smoking by reducing the visibility of smoking.

The following areas in Wellington are smokefree and vape-free:

- All playgrounds
- All skate parks
- All sports fields
- All bus stops
- Te Ngākau Civic Square
- Entrances of all Council buildings out to 10 metres, eg libraries, community centres, recreation centres and swimming pools
- Waitangi Park, the Botanic Gardens, Otari Wilton Bush, Truby King Park, Bolton Street Cemetery, and Midland Park
- Laneways, currently Cable Car Lane, Eva St, Leeds St, Egmont St and parts of Chew's Lane
- Zealandia and the Wellington Zoo
- All beaches
- Grey Street pocket square

All Council events are smokefree. New and refurbished Council housing and the communal areas of Council housing complexes (smoking areas provided) are also smokefree.

While the Action Plan is designed to make Wellington progressively smokefree, it is implemented through signage, general communications, and education. We are unable to enforce this approach without relevant legislation. We know there is strong public support for smokefree Wellington – a survey of 2269 people conducted in 2018 exploring attitudes towards smoking in Wellingtonⁱⁱ found there was 86% support for Wellington becoming increasingly smokefree.

We are currently reviewing our Trading and Events in Public Places Policy and will be recommending that all licences issued under the policy, including outdoor dining and bar venues, are mandatory smokefree and vape-free. This will be presented to the Council end of June and go to public consultation in July.

We understand that 64 of the 67 Councils in New Zealand have some form of a smokefree policy for council-owned **Outdoor Public Spaces** – green spaces, parks, playgrounds, reserves and sports grounds, CBD and Civic spaces, events, council-owned buildings and social housing, transport hubs, beaches, rivers, and lakes. These local smokefree outdoor policies are inconsistent across local authorities and are largely unenforceable.

Legislating smokefree outdoor public spaces provides a level playing field for all New Zealanders regardless of what local authority they live in, supports those trying to stop smoking, and provides positive role modelling behaviour to our tamariki.

There is strong public support for **Smokefree Outdoor Dining**. In Wellington, the 2018 survey found 71% support for smokefree outdoor restaurant dining and 50% for outdoor bar areas being smokefree. We know that 31 of the 67 councils in New Zealand currently offer some form of smokefree outdoor dining.ⁱⁱⁱ In 2015, Councils and Local Government New Zealand requested that the government develop and implement legislation to prohibit smoking outside cafes, restaurants, and bars.

Many authorities in similar countries (Australia, Canada, and the USA) have long had effective laws for various types of smokefree outdoor areas. International evidence shows that smokefree outdoor hospitality areas increase quitting attempts and reduce relapses^{iv,v}. Smokefree outdoor policies not only reduce harm to non-smokers, they also reduce harm to smokers by decreasing the number of cigarettes smoked and increasing the likelihood of a successful quit attempt. We want to support people trying to quit, give people more reasons to quit, prevent people taking up smoking, and support people to remain smokefree. Legislating smokefree outdoor policies throughout Aotearoa New Zealand makes sense to denormalise smoking and reach the Smokefree Aotearoa Goal.

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

We support legislation for **Smokefree Outdoor Public Spaces** - green spaces, parks, playgrounds, reserves and sports grounds, CBD and Civic spaces, events, council-owned buildings and social housing, transport hubs, beaches, rivers, and lakes.

We also support legislation for **Smokefree Outdoor Dining** in cafes, restaurants, bars, pubs and other hospitality/licenced venues. We do not support designated smoking areas within

these hospitality venues as they are not supportive of those trying to quit smoking, do not role model positive behaviours to our tamariki and create further obstacles to achieve SF2025.

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

We think it is important to conduct public attitude surveys to see what people know and think about smoking, vaping, and smokefree outdoor public spaces. This is so we can monitor changes in attitudes and understand public opinion. It will also help to improve awareness about smokefree outdoor public spaces and why we have them.

Research, monitoring, and reporting on the behaviour of smokers would also be helpful as it would help us to understand how to influence the success of our smokefree initiatives.

We think it is important to continue to report on prevalence of smoking, and for this to be disaggregated into regions so that we can understand trends and monitor effectiveness of any initiatives.

Further research and reporting are required on the effectiveness and benefits of outdoor smokefree legislation, so that the hospitality venues and public understand the approach, which will undoubtedly improve commitment to smokefree outdoor dining.

And, as always, increase efforts to improve awareness of the many support options available for quitting.

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

Click or tap here to enter text.

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

Click or tap here to enter text.

- b). 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:

Click or tap here to enter text.

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

Yes No

Please give reasons:

Click or tap here to enter text.

- d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

Click or tap here to enter text.

- e). 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:

Click or tap here to enter text.

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

Click or tap here to enter text.

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

Click or tap here to enter text.

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

Yes No

Please give reasons:

Click or tap here to enter text.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

Click or tap here to enter text.

Final questions

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

Click or tap here to enter text.

- b). Do you have any other comments on this discussion document?

Click or tap here to enter text.

ⁱ <https://wellington.govt.nz/~media/your-council/plans-policies-and-bylaws/plans-and-policies/a-to-z/smokefree-wellington-action-plan/smokefree-wellington-action-plan-web.pdf>

ⁱⁱ <https://wellington.govt.nz/~media/your-council/plans-policies-and-bylaws/plans-and-policies/a-to-z/smokefree-wellington-action-plan/2018-smoke-free-survey-report.pdf?la=en&hash=A6F75EA97EAB5ED1D3FCC63F2CF99AC600CE42EF>

ⁱⁱⁱ <https://www.smokefree.org.nz/smokefree-resources/maps-of-nz-councils-smokefree-outdoor-policies-and-spaces>

^{iv} Zablocki RW, Edland SD, Myers MG, Strong DR, Hofstetter CR, Al-Delaimy WK. Smoking ban policies and their influence on smoking behaviors among current California smokers: a population-based study. *Prev Med* 2014;59:73-8.

^v Chaiton M, Diemert L, Zhang B, Kennedy RD, Cohen JE, Bondy SJ, Ferrence R. Exposure to smoking on patios and quitting: a population representative longitudinal cohort study. *Tob Control* 2016;25:83-8.

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<input type="checkbox"/> Research or academic organisation – eg university, research institute	<input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture
<input type="checkbox"/> Other (please specify): <input type="text" value="Click or tap here to enter text."/>	

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Please provide details of any tobacco company links or vested interests below.

We have no links to disclose.

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Consultation questions

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Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

The Stroke Foundation believes that effective Māori governance should ultimately be guided and decided by Māori themselves.

- We recommend that the new Māori Health Authority hold significant decision-making powers over the tobacco control system.
- This would be a step towards our health system better reflecting the power sharing commitments of Te Tiriti o Waitangi.
- Without this commitment effective and meaningful opportunities to participate in decision making will not be realised for Māori. This will lead to perpetuating inequalities in tobacco consumption.

- b). What action are you aware of in your community that supports Smokefree 2025?

We have no specific community actions to note.

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

The Stroke Foundation believes in the power of community action because it results in communities being more responsible for their health and being more accepting of health promotion initiatives. We believe the following would help strengthen community action:

- Implement a mass and/or social media campaign which promotes the Smokefree 2025 goal so that people understand its meaning, rationale and core policy measures. This will help boost community acceptance of policies and rejections of tobacco industry tactics which undermine the goal.

- Continue to provide opportunities for communities to feed into policy making.
- Provide community grants so that communities who are most affected by the harms of tobacco, can create their own unique local solutions to reduce tobacco consumption. To reach the smokefree 2025 goal, these community level initiatives must be supported by national level policies.

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

- It is critical that the action plan includes timelines to ensure we remain on track to reach the Smokefree 2025 goal.
- All policies implemented in the final plan must be monitored for outcomes to ensure they are having the intended impact on reducing inequalities in smoking prevalence.
- Aotearoa is uniquely placed to lead the world on eliminating the harm caused by tobacco and the evaluation of our journey will be helpful to other countries who decide to commit to a similar goal.

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

- The Government has proposed several 'game changing' policies in this draft action plan. Significant push back from the Tobacco Industry around these policies can be expected. We need the Government to remain steadfast in its commitment to achieving the Smokefree 2025 goal and seeing through the implementation of policies which make the final action plan.

Focus area2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

The Stroke Foundation strongly supports the establishment of a licencing system for all retailers of tobacco and vaping products (in addition to specialist vaping retailers) because:

- a licencing system is a pre-requisite for reducing the retail availability of tobacco.
- it would bring New Zealand (NZ) in line with a growing number of countries and states that have already implemented this best practice policy e.g., Singapore, Hungary, France, Finland, New York State, California, San Francisco, and South Australia.

However a licensing system on its own will not help us achieve the Smokefree 2025 goal. To be effective, a licensing system must be designed with the aim to dramatically reduce the number of licenses and therefore retailers so that tobacco becomes less accessible.

- b). 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:

The Stroke Foundation strongly supports reducing the retail availability of smoked tobacco products by significantly reducing the number of retailers based on population size and density because:

- capping numbers relative to population size and density could greatly decrease retailer numbers and the availability of smoked tobacco products.
- when tobacco is less accessible, evidence shows this helps decrease youth initiation and smoking in established smokers.^{1,2,3} It also helps increase the odds of quitting.^{4,5,6}

¹Marsh L, Vaneckova P, Robertson L, et al. Association between density and proximity of tobacco retail outlets with smoking: a systematic review of youth studies. *Health & Place* 2021;**67**:102275.

²Finan LJ, Lipperman-Kreda S, Abadi M, et al. Tobacco outlet density and adolescents' cigarette smoking: a meta-analysis. *Tobacco Control* 2019;**28**(1):27-33.

³Paul CL, Mee KJ, Judd TM, et al. Anywhere, anytime: Retail access to tobacco in New South Wales and its potential impact on consumption and quitting. *Social Science & Medicine* 2010;**71**(4):799-806.

⁴Halonen JI, Kivimäki M, Kouvonon A, et al. Proximity to a tobacco store and smoking cessation: a cohort study. *Tobacco Control* 2014;**23**(2):146-151.

-evidence shows that tobacco outlets are more intensely placed in socially deprived neighbourhoods (where those most at risk of smoking related harm reside) than affluent ones.^{7,8} Therefore, licensing caps based on population size and density would help to reduce the perpetuating inequalities that exist in tobacco consumption.

Some important things to consider in setting caps include:

- accounting for differences in baseline numbers across different districts to ensure retailer density is reduced sufficiently.
- tobacco availability in rural areas, where further increasing the full cost of obtaining tobacco would be regressive if smokers were unable to quit.⁷

Focusing retailer restrictions on urban and suburban areas and increasing cessation support in rural areas may help to mitigate these concerns.

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

Yes No

Please give reasons:

The Stroke Foundation strongly supports reducing the retail availability of tobacco by restricting sales to a limited number of specific store types (eg, specialist R18 stores and/or pharmacies) because:

- modelling studies show restricting sales to pharmacies only could gain an estimated 42,700 quality adjusted life years in Aotearoa and save the health system \$741 million.⁹

-convenience stores are frequently visited by youth and are a common place for smokers to purchase tobacco. Prohibiting sales at these sites would help decrease youth exposure to tobacco, support quit attempts and reduce cues that trigger smoker relapse. A survey of NZ smokers comparing hypothetical retail reductions found selling tobacco at only 50% of the existing liquor stores or only at pharmacies

⁵Chaiton MO, Mecredy G, Cohen J. Tobacco retail availability and risk of relapse among smokers who make a quit attempt: a population-based cohort study. *Tobacco Control* 2018;**27**(2):163-169.

⁶Reitzel LR, Cromley EK, Li Y, et al. The effect of tobacco outlet density and proximity on smoking cessation. *American Journal of Public Health* 2011;**101**(2):315-320.

⁷Marsh L, Doscher C, Robertson LA. Characteristics of tobacco retailers in New Zealand. *Health & Place* 2013;**23**:165-170.

⁸Marsh L, Doscher C, Cameron C, Robertson L, Petrović-van der Deen FS. How would the tobacco retail landscape change if tobacco was only sold through liquor stores, petrol stations or pharmacies? *Australian and New Zealand Journal of Public Health* 2020;**44**(1):34-39.

⁹Public Health Expert Blog. Reducing tobacco retail availability: how could this be achieved and what evidence supports the NZ Government's proposals? 2021. Accessed from <https://blogs.otago.ac.nz/pubhealthexpert/reducing-tobacco-retail-availability-how-could-this-be-achieved-and-what-evidence-supports-the-nz-governments-proposals/>

were most likely to prevent smoking initiation in youth and help smokers to quit.¹⁰

We would however caution restricting tobacco sales to liquor stores given the strong association between smoking and drinking and that such a policy could increase alcohol consumption in smokers and smoking in those consuming alcohol. Because of this risk, we would favour the option of limiting tobacco sales to specialist R18 stores or pharmacies over liquor outlets.

d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

The Stroke Foundation strongly supports introducing a smokefree generation (SFG) policy because:

-consumers have a right to be protected from products that may kill them, especially where those products are addictive.

-a precedent has already been set in NZ around phasing out similarly harmful products (e.g., asbestos, leaded petrol).

-it is impractical to outright ban tobacco sales given the addictive nature of these products, therefore a SFG policy is a workable compromise.

- NZ modelling shows that such a policy would substantially decrease tobacco consumption particularly in youthful Māori and Pacific populations.¹¹ Assuming full compliance, this modelling shows smoking prevalence could be halved in those under 45 years within 14 years.

-a SFG policy is likely to send a strong signal that NZ is serious about achieving the SF 2025 goal as well as further denormalising the consumption of tobacco.

-smoking uptake now increasingly occurs in 18–24-year-olds, hence a SFG policy may help to reduce the rite-of-passage perception which can drive initiation in this age group.

-the policy would help ensure the long-term maintenance of the SF Aotearoa 2025 goal by decreasing the creation of 'replacement smokers'.

- support for the policy among existing smokers is strong, with unpublished research from the International Tobacco Control Policy Evaluation Project showing 78% of adult smokers and recent quitters support the SFG policy.

¹⁰Robertson L, Gendall P, Hoek J, Cameron C, Marsh L, McGee R. Smokers' perceptions of the relative effectiveness of five tobacco retail reduction policies. *Nicotine & Tobacco Research* 2017;**19**(2):245-252.

¹¹van der Deen FS, Wilson N, Cleghorn CL, et al. Impact of five tobacco endgame strategies on future smoking prevalence, population health and health system costs: two modelling studies to inform the tobacco endgame. *Tob Control*. 2018;**27**(3):278-286.

-the 2012 Action on Smoking and Health (ASH) Year 10 survey showed 59% of students wanted to live in a country where no one smokes and 57% agreed that smoked tobacco products should not be sold in NZ by 2022.¹²

Some further considerations:

-Success of the SFG policy is likely to be high when combined with a retailer licensing scheme. Retailers will be unlikely to risk losing their licence by making underage sales.

- There is a risk that the impacts of the policy could be undermined by social supply, therefore the policy would need to be supported by mass media and community-based initiatives which discourage this. These will need to be framed positively around protecting future generations, not controlling youth behaviours.

- Because smoking uptake in the 18–24-year age group often begins with people sharing cigarettes in drinking settings, the SFG policy would be enhanced by strengthening smokefree area legislation within these settings. A policy which is currently missing from the action plan.

e). 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:

We expect strong arguments from retailers and manufacturers to policies which will reduce supply. In anticipation we put forward the following counter arguments to claims that these policies will be "fatal" to those businesses:

- To claims arguing people go to dairies to buy cigarettes and often spend money on other things: A significant body of research shows most transactions in small retailers do not involve tobacco and when tobacco is purchased, it is most likely as a single item without additional groceries or snacks.^{13, 14, 15, 16}

- To claims retailers make significant profit from tobacco sales: profit margins on tobacco products are in fact small in comparison to other convenience store

¹²Jaine R, Healey B, Edwards R, et al. How adolescents view the tobacco endgame and tobacco control measures: Trends and associations in support among 14–15 year olds. *Tob Control* 2015;24(5):449-54.

¹³Lawman HG, Dolatshahi J, Mallya G, et al. Characteristics of tobacco purchases in urban corner stores. *Tobacco Control* 2018;27(5):592-595

¹⁴Marsh L, Cameron C, Quigg R, et al. Is the tobacco 'footfall' argument justified for tobacco purchases in New Zealand convenience stores? *Tobacco Control* 2020;<http://dx.doi.org/10.1136/tobaccocontrol-2020-056032>.

¹⁵Robertson L, Cameron C, Hoek JA, et al. Prevalence and characteristics of tobacco purchases in convenience stores: results of a postpurchase intercept survey in Dunedin, New Zealand. *Tobacco Control* 2019;28(6):696-700.

¹⁶Wood L, Gazey A. Tobacco mythbusting—tobacco is not a major driver of foot traffic in low socio-economic small retail stores. *Tobacco Control* 2021; doi:10.1136/tobaccocontrol-2020-05631.

products. For example, estimates suggest that the margin on tobacco products is around 6% compared to an average of 24% for other products.¹⁷ Further, UK research estimates that the average weekly profit made by retailers on tobacco products is only 1.6% whereas the profit from non-tobacco products is 17.6% of sales income.¹⁷ The reality is most profit goes to tobacco companies. So small retailers actually stand to benefit from these proposed policies when space allocated to tobacco is reallocated to products with greater profitability.¹⁸

- To claims that removing tobacco from convenience stores could increase the risk of crime: This is a widely held perception perpetuated with limited evidence. We argue that removing tobacco from convenience stores would likely reduce crime, improve retailer safety, and reduce the costs (both personal and economic) of selling this product.

We strongly encourage the government to put the interests of the public health ahead of the interests of tobacco manufacturers who are often behind the claims of small retailers.

In setting a path to significantly reduce supply we encourage the government:

- to ensure policies do not create marketplace anomalies that advantage some retailers over others.
- to avoid "grandfathering" policies as these will not decrease outlet numbers at a rate sufficient to reach the 2025 goal.
- to implement a strategy where existing retailers are given a reasonable amount of time to phase out of the existing stock and cease selling tobacco products, as this approach would bring about the fastest change.^{19,20}
- to eventually restrict tobacco sales to R18 stores or pharmacies.

¹⁷ASH UK. *Counter Arguments – How important is tobacco to small retailers?*, 2016 [Available from: <https://ash.org.uk/information-and-resources/reports-submissions/reports/counter-arguments-how-important-is-tobacco-to-small-retailers/>; accessed 29 April 2021].

¹⁸Robertson L, Marsh L, Hoek J, et al. Regulating the sale of tobacco in New Zealand: A qualitative analysis of retailers' views and implications for advocacy. *International Journal of Drug Policy* 2015;26(12):1222-30

¹⁹Myers AE, Hall MG, Isgett LF, et al. A comparison of three policy approaches for tobacco retailer reduction. *Preventive medicine* 2015;74:67-73.

²⁰Ackerman A, Etow A, Bartel S, et al. Reducing the density and number of tobacco retailers: policy solutions and legal issues. *Nicotine & Tobacco Research* 2017;19(2):133-40.

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

The Stroke Foundation strongly supports reducing the nicotine in smoked tobacco products to very low levels because:

- doing so would minimise the risk that young people who experiment with smoking get addicted to nicotine. ^{21, 22, 23}
- it could also prompt and support people who smoke to quit, and decrease relapse among people who, having quit smoking, occasionally smoke a cigarette. ^{21, 22, 23}
- it aligns with the Māori Affairs Select Committee inquiry findings which recommended reducing tobacco additives and nicotine in tobacco as one of the strategies to help achieve the smokefree 2025 goal. ²⁴
- at present, the design and constituents of tobacco products are unregulated, allowing the manufacturers free rein to develop and market these highly addictive, palatable, and appealing products. ^{25, 26}
- research shows that a very low nicotine cigarette (VLNC) (usually defined as containing less than 0.4 mg of less nicotine per gram tobacco) is unsatisfying and therefore consumers often cut down their consumption, experience fewer withdrawal effects, and make more quit attempts which are more likely to be successful. ^{21, 22,}

²¹Benowitz NL, Henningfield JE. Reducing the nicotine content to make cigarettes less addictive. *Tob Control* 2013;22 Suppl1:i14-7. doi: <http://dx.doi.org/10.1136/tobaccocontrol-2012-050860>

²²Benowitz NL, Henningfield JE. Nicotine Reduction Strategy: State of the science and challenges to tobacco control policy and FDA tobacco product regulation. *Prev Med* 2018;117:5-7. doi: 10.1016/j.ypmed.2018.06.012 [published Online First: 2018/06/27]

²³World Health Organization Study Group on Tobacco Regulation. Report on the scientific basis of tobacco product regulation. Seventh report of a WHO Study Group. Geneva: World Health Organization 2019.

²⁴New Zealand Parliament. Inquiry into the tobacco industry in Aotearoa and the consequences of tobacco use for Māori. Report of the Māori Affairs Select Committee. Wellington: New Zealand Parliament 2010.

²⁵Blakely T, Laugesen M, Symons R, et al. New Zealand cigarettes have a high nicotine content. *The New Zealand Public Health Report* 1997;4(5):33-34.

²⁶Hoek J, Gendall P, Eckert C, et al. Young adult susceptible non-smokers' and smokers' responses to capsule cigarettes. *Tob Control* 2019;28(5):498-505. doi: 10.1136/tobaccocontrol-2018-054470 [published Online First: 2018/10/05]

²³These findings are supported by NZ research which shows VLNCs without filters were less acceptable to people who smoke.²⁷

- the positive impact of VLNCs has been shown equally for groups who currently carry a disproportionate burden of smoking harm (including people with mental health conditions and Māori).^{28, 29}

- smokers and recent quitters have expressed strong support (80%) for mandated VLNCs in NZ.³⁰

- the manufacture of VLNCs is technically feasible.³¹

- alternative nicotine-delivery products are now readily available to support people who smoke to manage their addiction. If VLNCs don't trigger people who smoke to outright quit, they will likely motivate them to switch to less harmful nicotine products (e.g. e-cigarettes). This policy will also reduce concerns about e-cigarettes acting as a 'gateway' to smoking as VLNCs will not deliver a comparable dose of nicotine.

To counter likely industry arguments:

- **To claims that VLNCs would lead to compensatory smoking:** we cite several studies that show that VLNCs at worst illicit compensatory smoking for a few days, after which people who continue to smoke typically show a reduction in consumption.^{32, 33, 34}

- **To claims that removing nicotine from cigarettes amounts to prohibition or infringes on the rights of people who smoke:** such claims are misplaced where harm reduced products are readily available (e.g., e-cigarettes). Further, over 80% of people who smoke regret that they had ever started and want to quit but have been unsuccessful in doing so.³⁵ Therefore reducing the addictive component of tobacco would arguably increase their autonomy.

²⁷Chu J, Bullen C, Parag V, et al. Preferences for Very Low Nicotine Content Cigarettes in Smokers. Society for Research on Nicotine and Tobacco Annual Conference, Baltimore, February 22-24, 2018.

²⁸Tidey JW, Davis DR, Miller ME, et al. Modeling nicotine regulation: A review of studies in smokers with mental health conditions. *Prev Med* 2018;117:30-37. doi: 10.1016/j.ypmed.2018.07.003 [published Online First: 2018/10/23]

²⁹Walker N, Howe C, Bullen C, et al. The combined effect of very low nicotine content cigarettes, used as an adjunct to usual Quitline care (nicotine replacement therapy and behavioural support), on smoking cessation: a randomized controlled trial. *Addiction* 2012;107(10):1857-67. doi: 10.1111/j.1360-0443.2012.03906.x

³⁰McKiernan A, Stanley J, Waa AM, et al. Beliefs among Adult Smokers and Quitters about Nicotine and De-nicotinized Cigarettes in the 2016-17 ITC New Zealand Survey. *Tobacco Regulatory Science* 2019;5(5):400-09. doi: 10.18001/trs.5.5.1

³¹Donny EC, Walker N, Hatsukami D, et al. Reducing the nicotine content of combusted tobacco products sold in New Zealand. *Tob Control* 2017(26):e37-e42. doi: 10.1136/tobaccocontrol-2016-053186

³²Smith TT, Koopmeiners JS, White CM, et al. The Impact of Exclusive Use of Very Low Nicotine Cigarettes on Compensatory Smoking: An Inpatient Crossover Clinical Trial. *Cancer Epidemiol Biomarkers Prev* 2020;29(4):880-86. doi: 10.1158/1055-9965.EPI-19-0963 [published Online First: 2020/02/28]

³³Benowitz NL, Donny EC, Edwards KC, et al. The Role of Compensation in Nicotine Reduction. *Nicotine Tob Res* 2019;21(Suppl 1):S16-S18. doi: 10.1093/ntr/ntz120 [published Online First: 2019/12/24]

³⁴Smith TT, Koopmeiners JS, Hatsukami DK, et al. Mouth-Level Nicotine Intake Estimates from Discarded Filter Butts to Examine Compensatory Smoking in Low Nicotine Cigarettes. *Cancer Epidemiol Biomarkers Prev* 2020;29(3):643-49. doi: 10.1158/1055-9965.EPI-19-0905 [published Online First: 2020/02/28]

³⁵Edwards R. Unpublished data from the 2018 New Zealand ITC

study. <https://www.otago.ac.nz/wellington/departments/publichealth/research/otago022619.html>.

- To claims VLNCs would increase the illicit and smuggled cigarette market: similar exaggerated and self-serving claims were made against tobacco taxation and standardised packaging. Independent reviews (not funded by the industry) estimate illicit products at only 1.8-3.8% of the NZ Market.³⁶ If illicit trade were to increase in response to the proposed policies, commentators predict it will be modest and unlikely to undermine the substantial significant impacts these policies will make on reducing smoking prevalence.³⁷ NZ is also in a strong position to limit illicit tobacco given its geographic isolation and strong boarder controls.

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

The Stroke Foundation strongly supports prohibiting filters in smoked tobacco products because:

-filters mislead people who smoke to believe that they are reducing the harms of smoking. While initially developed as a solution to growing health concerns around smoking, research from tobacco companies later found filters had no material effect on eliminating toxins from smoke.³⁸

- evidence suggests filter innovations are being used to recruit young adult non-smokers.³⁹ For at least the last decade, filters have carried beads, or capsules, which people can crush to flavour the smoke they inhale and customise their smoking experiences.

- filters represent a major source of environmental litter.^{40, 41, 42, 43} This is of particular concern for NZ which has drawn heavily on marketing its natural environment as a destination for global tourism. We do not agree that relocating the blame for filter waste to smokers, providing more litter receptacles, greater education about safe

³⁶Ajmal A, Veng Ian U. Tobacco tax and the illicit trade in tobacco products in New Zealand. *Aust N Z J Public Health* 2015;39(2):116-20. doi: 10.1111/1753-6405.12389

³⁷Lindblom EN. Illicit Trade Poses No Threat to an FDA Rule to Minimize Nicotine in Smoked Tobacco Products. *Am J Public Health* 2019;109(7):960-61. doi: 10.2105/AJPH.2019.305138 [published Online First: 2019/06/06]

³⁸Harris B. The intractable cigarette 'filter problem'. *Tobacco Control* 2011;20(Suppl 1):i10-i16. doi: 10.1136/tc.2010.040113

³⁹Hoek J, Gendall P, Eckert C, et al. Young Adult Susceptible Non-Smokers' and Smokers' Responses to Capsule Cigarettes *Tobacco Control* 2018;28(5):498-505. doi: doi:10.1136/tobaccocontrol-2018-054470 [published Online First: 2018/10/05]

⁴⁰Moerman JW, Potts GE. Analysis of metals leached from smoked cigarette litter. *Tobacco Control* 2011;20(Suppl 1):i30-i35. doi: 10.1136/tc.2010.040196

⁴¹Lee W, Lee CC. Developmental toxicity of cigarette butts – An underdeveloped issue. *Ecotoxicology and Environmental Safety* 2015;113(Mar.):362-68. doi: <http://dx.doi.org/10.1016/j.ecoenv.2014.12.018> [published Online First: 2014/12/23]

⁴²Slaughter E, Gersberg RM, Watanabe K, et al. Toxicity of cigarette butts, and their chemical components, to marine and freshwater fish. *Tobacco Control* 2011;20(Suppl 1):i25-i29.

⁴³Novotny TE, Slaughter E. Tobacco product waste: an environmental approach to reduce tobacco consumption. *Current Environmental Health Reports* 2014;1(3):208-16.

disposal or introducing biodegradable filters is a solution to this problem. Banning filters would be a more effective upstream measure to this issue.

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

Yes No

Please give reasons:

The Stroke Foundation strongly supports the Government to prohibit tobacco product innovations through regulations because:

Like filters, we need to prevent future innovations which:

- deceive people who smoke to believe they are doing so at reduced risk.
- entice non-smokers and young adults to experiment and subsequently become addicted to tobacco.
- enhance the smoking experience thus reducing the likelihood of people initiating quit attempts and also remaining smokefree.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

The Stroke Foundation strongly supports setting a minimum price for all tobacco products because:

- price is a powerful tobacco control lever. However, there is evidence that tobacco companies differentially shift the cost of tobacco excise tax increases to keep budget brands more affordable for low-income smokers.⁴⁴ Implementing a minimum price would prevent this practice as well as a proliferation of budget brands.

⁴⁴Marsh L, Cameron C, Quigg R, Hoek J, Doscher C, McGee R, Sullivan T: **The impact of an increase in excise tax on the retail price of tobacco in New Zealand.** *Tob Control* 2016, **25**(4):458-463.

Final questions

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

The Stroke Foundation strongly recommends that the government implement a comprehensive plan. Without this, we will not reach the Smokefree 2025 goal. We believe all strategies raised in the document hold merit in tackling the significant harms caused by tobacco in NZ. However, we believe the following two strategies would bring the greatest return on investment:

1. Make tobacco products less available through retailer licensing and subsequently significantly reducing retailer numbers. As discussed above, this intervention would address the current perverse situation, where a highly addictive and deadly product is available from almost every dairy, supermarket, and service station. Research suggests that to be effective, retailer numbers will need to be reduced by 90-95% to influence behaviour substantially.⁴⁵ Locations of the small number of retailers will need to be controlled to ensure people who smoke and live in more remote areas still have reasonable access to tobacco products. This approach would stimulate quitting (or switching to harm reduced sources of nicotine), reduce relapse to smoking among quitters, and significantly reduce youth access. The proposal is also likely to reduce health disparities given retailers are often more concentrated in disadvantaged areas.

⁴⁶

2. Introduce mandatory VLNCs to make them less addictive to people who experiment with them and less satisfying for those who smoke. NZ currently has no regulations to control the design or constituents of smoked tobacco products. As a result, the tobacco industry has ensured that these products remain highly addictive, palatable, and appealing through the addition of various additives and flavourings. This increases the likelihood of experimentation which often leads to rapidly regular smoking. It also reduces quit attempts, and the likelihood of relapse for those who do make attempts to quit. This strategy is now more feasible than ever with people who smoke now having ready access to e-cigarettes. As outlined above, evidence for this proposal is strong along with public support.

- b). Do you have any other comments on this discussion document?

The Stroke Foundation strongly supports investment in mass and social media campaigns to reinforce smokefree policies.

⁴⁵van der Deen FS, Wilson N, Cleghorn CL, et al. Impact of five tobacco endgame strategies on future smoking prevalence, population health and health system costs: two modelling studies to inform the tobacco endgame. *Tobacco Control* 2018;**27**(3):278-286.

⁴⁶Marsh L, Doscher C, Robertson LA: **Characteristics of tobacco retailers in New Zealand.** *Health Place* 2013, **23**:165-170.

This is because such campaigns will help deter people from smoking, increase support for policy measures and help change social norms so that it is easier to remain smokefree. We welcome the governments proposals to increase investment in this area given expenditure has been in decline for the past few years.

The Stroke Foundation encourages the Government to also consider strengthening policies on smokefree areas.

Smokers trying to quit need smokefree outdoor public areas. This is especially so in bars and cafes which remain one of the most dangerous places in NZ for someone quitting.

Existing local smokefree outdoor policies are largely unenforceable and local government has been asking for national legislations for smokefree outdoor hospitality areas since 2015. Like smokefree schools and pre-schools, we need to legally require other outdoor areas to be smokefree to enhance quit attempts, protect workers and the general public from the harms of second-hand smoke.

Smokefree Aotearoa 2025 Action Plan

Fresh Air Project and Smokefree Outdoor Dining Submission

Your details

This submission was completed by: (name)

Email:

Phone number:

Organisation (if applicable):

Organisation address: (street/box number)
(town/city)

Role (if applicable):

I represent, a: (tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Personal submission | <input type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
| <input checked="" type="checkbox"/> Community or advocacy organisation | <input type="checkbox"/> Professional organisation |
| <input type="checkbox"/> Iwi/Hāpu affiliated, and/or Māori organisation | <input type="checkbox"/> Tobacco manufacturer, importer or distributor |
| <input type="checkbox"/> Pacific community or organisation | <input type="checkbox"/> Research or academic organisation – eg university, research institute |
| <input type="checkbox"/> Government organisation | <input type="checkbox"/> |
| <input type="checkbox"/> Other (please specify): | |
- I do not have any commercial interests in tobacco or vaping products

If you do not want your submission published on the Ministry's website, please tick this box:

- Do not publish this submission.

Your submission will be subject to requests made under the Official Information Act (even if it hasn't been published). If you want your personal details removed from your submission, please tick this box:

- Remove my personal details from responses to Official Information Act requests.

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Introduction & Background

Smokefree outdoor dining areas are becoming more commonplace in New Zealand.^{1 2 3} and Australia.^{4 5} Inspired by this momentum, the Fresh Air Project (smokefree outdoor dining) developed in partnership by Cancer Society Canterbury -West Coast Division and Canterbury District Health Board (with support from Christchurch City Council) ran a 6 month pilot between 1 November 2016 and 30 April 2017.

Smokefree outdoor areas also have significant support among the public, both in New Zealand and overseas.^{6 7 8 9}

The Fresh Air Project (FAP) was the first evaluated smokefree outdoor dining initiative for New Zealand. Cancer Society and Community and Public Health (CPH) staff worked alongside hospitality venues to implement one hundred percent smokefree and vapefree outdoor dining, providing support, resources, and promotion.

All 19 owner/managers of the 20 participating hospitality venues across Christchurch and Selwyn completed a questionnaire prior to the start of the pilot. The most common reasons for introducing smokefree outdoor dining areas were to create a healthier and more pleasant environment for customers and staff, and reduce second hand smoke (SHS) drift.

The majority of respondents received positive feedback from customers about introducing smokefree outdoor dining areas, and only three respondents received negative feedback.

Almost all respondents felt that it was either easy (61.1%, n=11) or relatively easy (33.3%, n=6) to introduce smokefree outdoor dining. The remaining one respondent (5.6%) felt that introducing smokefree outdoor dining areas was neither easy nor challenging. No respondents felt that the introduction of smokefree outdoor dining areas to their venue was challenging. Support from customers visiting the Christchurch pilot venues was high with **95% of the 1,861** customers who gave feedback, in support of Smokefree outdoor dining.¹⁰

Post FAP pilot, other regions have implemented Fresh Air initiatives and FAP venues can now be found in Akaroa, Selwyn, Mid Canterbury, North Canterbury, South Canterbury (Mackenzie and Geraldine) Nelson and Tasman, Otago-Southland, Wairarapa and Whangarei.

Not all FAP initiatives have followed a pilot model but for those that have, their evaluations have found similar results to the Christchurch pilot. Otago-Southland had 94% support from 1542 customers who gave feedback, Whangarei also had 94% support from 442 customers who gave feedback¹¹ (Fresh Air Project, 2018, 2019).

The FAP project in Nelson-Tasman was piloted between 1 December 2017 and 20 May 2018. Overall, support for the venue having a smokefree outdoor dining area was very high among the 379 customers who completed the feedback form at 95.8% support. A large number of customers gave a range of positive feedback most emphasising that the 'outdoor areas were more enjoyable and pleasant to use', and that 'smoking and eating didn't mix' and that the air was 'cleaner and fresher'.¹²

Much of the success of the FAP has been the linkage to public health peers and cooperative relationships with local councils and hospitality venues. Whilst the Fresh Air Project has taken root in other regions many other hospitality venues have gone smokefree independently and other councils have implemented or supported smokefree outdoor dining in other ways.

Palmerston North for example, was the first city in New Zealand to introduce smokefree outdoor dining measures through a bylaw. In 2016 Council introduced new smokefree rules for outdoor dining on Council footpaths. In an evaluation of the bylaw implementation 68% of the 41 businesses that have complied with the new permit condition had found the impact had been neutral (68%), 12% (n=5) of premises rated the impact as positive and 20% (n=8) rated impact as negative.¹³

Auckland Council added a smokefree requirement to outdoor dining licences in 2018 to make outdoor dining areas smokefree in the restaurants, bars and cafés that have a licence with council to use the footpath and/or public space.¹⁴

Westland District Council in April 2016 extended its smokefree policy to include outdoor dining areas on Council-controlled land. The policy explicitly requires: "Appropriate signage will be displayed. Ashtrays will not be provided."¹⁵

This momentum for smokefree outdoor dining areas gives credence to the Ministry of Health 2014 Review of Tobacco Control Services which stated that "Population level interventions such as expanding smokefree environments and providing strong messaging will both assist cessation and prevent uptake".¹⁶ International evidence indicates that smokefree outdoor hospitality areas increase stop smoking attempts and reduce relapses.^{17 18}

N.Z is far behind many other countries in implementing legislated smokefree outdoor areas. Where legislation has been put in place for outdoor spaces compliance levels are high. For example studies by the Queensland Government following the introduction of new amendments to strengthen smokefree legislation in 2006 revealed that the vast majority of smokers (85%) reported they had 'completely stopped smoking in all areas where it is illegal to smoke at all times' and two-thirds (67%) were 'smoking less in public spaces'.¹⁹

What action are you aware of in your community that supports Smokefree 2025?

There is strong public support **Smokefree Outdoor Dining**. With 31 of the 67 councils in New Zealand currently offer some form of smokefree outdoor dining.²⁰

Councils and Local Government New Zealand requested that the government develop and implement legislation to prohibit smoking outside cafes, restaurants and bars in 2015. Many jurisdictions in similar countries (Australia, Canada, and the USA) have long had effective laws for various types of smokefree outdoor areas. People trying to quit smoking need places where being smokefree is normal, and international evidence indicates that smokefree outdoor hospitality areas increase quitting attempts and reduce relapses.^{21 22}

What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

We support legislation for **Smokefree Outdoor Dining** in cafes, restaurants, bars, pubs and other hospitality/licenced venues. We **do not** support designated smoking areas within these hospitality venues as they are not supportive of those trying to quit smoking, do not stop second hand smoke drift to non-smoking areas and do not role model positive behaviours to our tamariki or support people to remain smokefree. **We urge government to legislate for smokefree outdoor dining given that there is high levels of public acceptability, hospitality involvement and local government support.**

FRESH AIR PROJECT VENUE QUOTES. Sourced May 2021

"In May 2018 all (then 18) Coffee Culture stores joined the Fresh Air Project to implement smokefree and vapefree outdoor dining spaces. Since then we've had fantastic feedback from our guests who can now enjoy a coffee out in the fresh air with no concerns about second hand smoke. It's great that staff are no longer cleaning out ashtrays, picking up butts or walking through smoke as they go about their jobs. It's been a great move for us."

Sacha Coburn, Director & C.O.O Coffee Culture

"People are accepting of our smoke/vape free policy and understand it. Staff know how to politely reference to the signage which you (FAP) have provided us. This always results in a positive response from the smoker or vaper." **Stuart Winter, Laneway Espresso Christchurch.**

"Our smoke free outside dining area is Non negotiable! and has received support and respect from all our customers. Individually, a small step to take, yet collectively, so powerful in helping Aotearoa become smoke free." **The Batch Café, Invercargill**

"Memory's has had a total ban on smoking and vaping ...inside and outside since we first opened 6yrs ago". **Memorys Restaurant, Springston Selwyn**

"Our customers come for great tasting coffee, wine and food, to be appreciated in the pristine mountain air and with our stunning views. We have always been Smoke Free both inside and outside in the whole of my 7 years operating this cafe. Our clientele have no problem with it. It's time smoking was not allowed in any public place. I totally support your plan." **Taste & Savour Queenstown**

"Hi, we have a great outdoor area that is smoke free and we love it" **The Auction House Café and Bar, Invercargill**

"I hope the government includes Smoke Free outdoor dining in their plan!" **Kimi Ora Eco Resort, Kaiteriteri**

"Going smokefree and vapefree was easy, it's the best decision I ever made for my café". **Kim Baynes Owner Taste Café**

"We are a family friendly café, so providing a smokefree and vapefree dining experience fitted well with us. We have great food and coffee for all to enjoy in a clean and fresh environment". **Nigel Heney Owner Columbus Coffee Ashburton**

All Fresh Air Project venues were emailed the following information in May 2021:

The Cancer Society would like to congratulate your venue for continuing to be a champion of smoke free and vape free outdoor dining. You are helping the government to reach the SmokeFree Aotearoa 2025 goal.

The Government's proposed Smokefree Aotearoa 2025 Plan is open now for feedback from the public. The Cancer Society of New Zealand was disappointed to see a lack of focus on smokefree public spaces within the plan. In our submission we will be asking the government to prohibit smoking outside all cafes, restaurants and bars.

The Smokefree 2025 goal depends on evidence-based initiatives being integrated as a part of a comprehensive plan.

The Fresh Air Project demonstrates to New Zealanders and visitors just how acceptable and successful totally smokefree outdoor dining is. As part of our submission, we would like to include the venue names of the 205 Fresh Air venue champions across NZ regions who are successfully operating businesses as totally smoke free venues.

If you would prefer NOT to be cited, please let us know.

Only two venues responded asking for their venue name to be omitted from our submission. Below is a list of venues who are currently operating smokefree and vapefree outdoor dining.

Fresh Air Project Venues as at 28/5/2021

CHRISTCHURCH	CHRISTCHURCH	SELWYN	NORTH CANTERBURY
Addington Coffee Co-op Antigua Boatshed Café Bulley Hayes Restaurant and Bar Brigittes Restaurant & Bar Café 186 Cafe Edge Cafe Jireh Cafe Metro - St. Albans Cafe Metro – Ferrymead Truffle Cafe" Cafe Mosaic Cheeky Sparrow Cocoa Black Coffee Culture – Roastery Coffee Culture, Addington Coffee Culture, Beckenham Coffee Culture, Bush Inn Coffee Culture, Christchurch Airport Coffee Culture, Lyttelton Coffee Culture, Merivale Coffee Culture, Redwood Coffee Culture, Riccarton Coffee Culture, Sumner Coffee Culture, The Palms	Emperors New Clothes Foundation Café Fush Good Habit cafe Hello Sunday Ilex Cafe & Function Centre Joe's Garage Sumner Kānuka La Thai restaurant L'escargot Rouge Deli to Go Laneway Espresso Little River General Store & Café Local At Riccarton House Luciano Espresso Bar Oddfellows Salt On The Pier Savoire Cafe The Espresso at Frobisher The Sign of the Kiwi The Good Street Deli Christchurch The Preservatory The Trading Rooms Restaurant And Pantry Under The Red Verandah Vics Café Vics Bakehouse Villa 23	Coffee Culture, Lincoln Coffee Culture, Rolleston Robert Harris, Lincoln Robert Harris Rolleston Rolleston Bakery Edendale Café Memorys Café & Restaurant Darfield Bakery The Raspberry Café The Lincoln Pantry	Percival Street Bakery Coffee Culture, Rangiora Coffee Culture, Kaiapoi Rustic Café & Tapas Bar PJ's Chalet Powerhouse Café Café Encounter Kaikoura

MID CANTERBURY	NELSON	WHANGAREI	OTAGO DUNEDIN CITY
Columbus Coffee Ashburton Lushingtons Garden, Gifts & Café Taste Café Macs Café Cafe Time Robert Harris Ashburton The Somerset Grocer Café 131 The Pantry Mr Man's Bakery and Café	Morri Street Café River Kitchen Fords Restaurant & Bar The kitchen The Wholemeal Café The Dangerous Kitchen Melrose Café Eddyline Brewery Nahm 7010 WOW Car Café Cafe Rhubarbe The Wooden Spoon Jellyfish Restaurant Alberta's Hamish's Ice Cream's & Café The Smokehouse The Apple Shed Café Dunbar Estates Cellar Door & Café Sweet As Café Robert Harris Café, Nelson Riverside Café Flock Cafe and Pizzeria (was Cafe Roma) The Pantry Door The Smoking Barrel	Mokaba Café Riverside Café Serenity Café The Quay Kitchen NZ Fudge Farm Nook Espresso Deluca No. 8 Restaurant Walton Street Café Nectar Café Salt Café Twist Cafe Palmers Botanix Café Columbus Coffee Mitre 10 The Press Cafe In The Park Jolt Café Cibo Café Quail Cafe Quarry Gardens Helena Bay Café Smith and Local Fresh Café Milk and Honey Kamo The Deck Café Handsome Frog Café The Precinct Café	Allpress Espresso Roastery Café Blueskin Nurseries & Café Coffee Culture, Dunedin Gaslight Restaurant & Wine Bar Ironic Café & Bar Innocent Bystander Liquid Assets Juice Bar Long dog cafe Market Kitchen Modaks Espresso Oaken Otago Museum Cafe Paasha Turkish Cafe & Takeaway Potpourri Vegetarian Café Portobello Hotel and Bistro Precinct Food Prohibition Smokehouse Project Wellness The Good Oil Café The Good Oil Cafe – Nichols The Perc Central The Wobbly Goat Café Topiary Vanguard Specialty Coffee Co

OTAGO- INVERCARGILL	OTAGO QUEENSTOWN	WAIRARAPA	MACKENZIE DISTRICT
Charlies Kitchen Good Fix Cafe - Kelvin St Industry Make'n'Bake Seriously Good Chocolate Company The Auction House The Batch The Cheeky Llama The Pantry	Bonjour Cafe & Restaurant Cafe Society Franks Eatery Franks Pantry Hole In One Café - Millbrook Resort Dining Kobe Cuisine - Millbrook Resort Dining Millbrook Restaurant - Millbrook Resort Dining Odelay Café Patagonia Arrowtown Patagonia Beach Street Patagonia Rees Street Provisions of Arrowtown Taste & Savor The Boat Shed The Clubhouse - Millbrook Resort Dining The Exchange	Wild Oats Café Food for Thought Iberia Café Dish Café Entice Café The Village Grinder Brasserie 74 Saluté Tapas Restaurant and Bar Main Street Deli Café	Doughboys Bakery The Greedy Cow Fairlie Bakehouse Museum Café Fairlie Shawty's Café Twizel Bakery Café Hydro Café

GERALDINE			
Barkers Foodstore and Eatery Berry Barn Country Café Geraldine Cheese Company Mia Flora, Winchester Mundell's Parkside Diary Q Foods Running Duck Subway Geraldine The Green Man at Peel Forest The Orchard Farmshop and Café Verde Village Inn Stonebridge			



MAPPING NEW ZEALAND COUNCILS



SMOKEFREE OUTDOOR POLICIES AND SPACES



Outdoor Dining - Bylaw

Where councils have passed a specific regulation prohibiting smoking in outdoor dining venues under council lease.



Outdoor Dining - Leases

Where outdoor dining areas are promoted as smokefree via pavement leases issued by council, or via tenancies to hospitality venues occupying council owned premises.



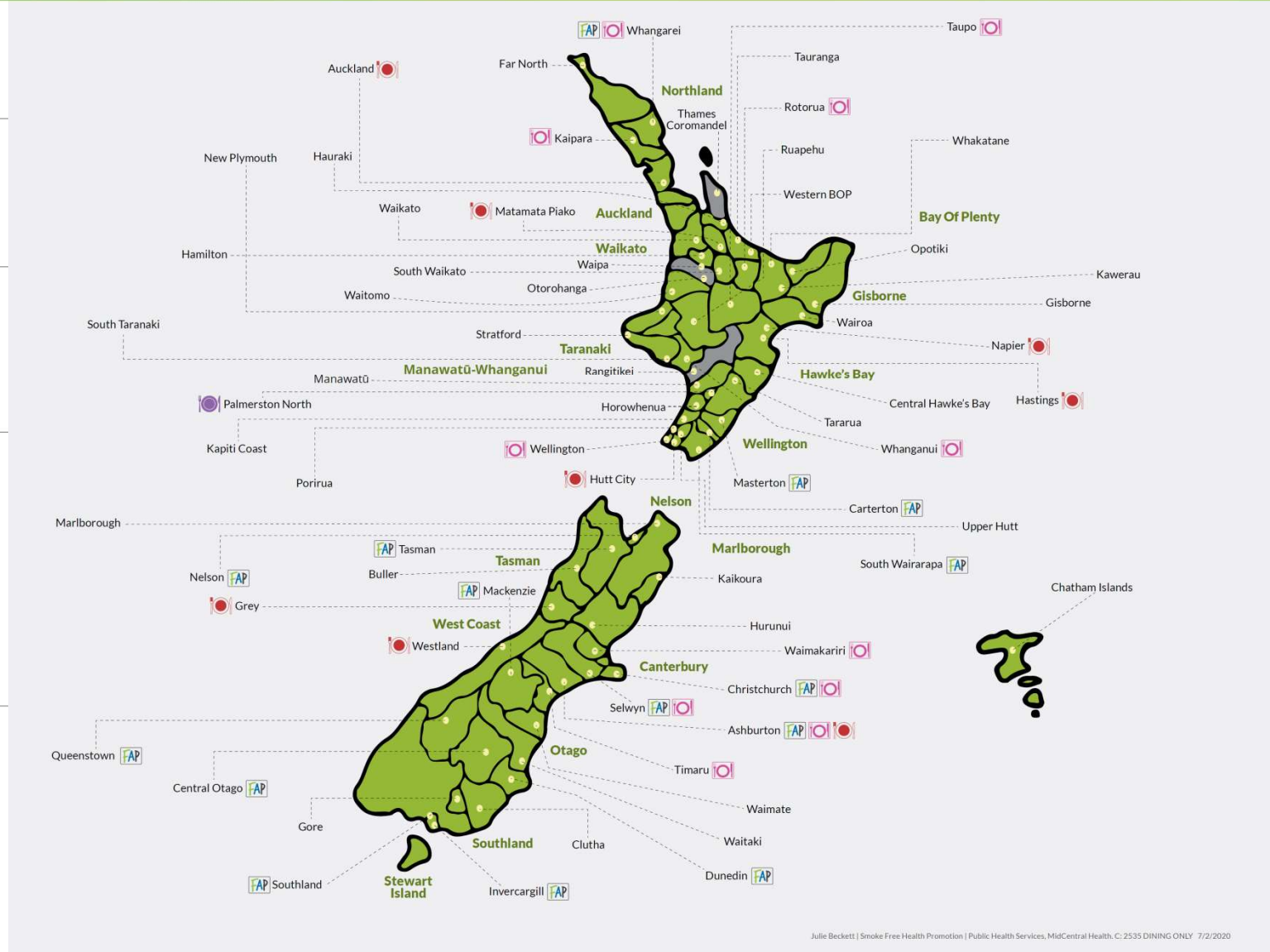
Outdoor Dining - Voluntary

Where councils have included smokefree outdoor dining in their smokefree policy promoting a voluntary or 'educational' approach. Council uses either persuasion or financial incentives to encourage hospitality businesses to go smokefree outdoors.



The Fresh Air Project

Where there is an organised programme promoting smokefree outdoor dining areas. Managed by the Cancer Society in partnership with a District Health Board. Programs may be developed via an evaluated pilot model (preferred) or non-pilot model and can be supported by councils (preferred) or developed separate from councils. Please note: FAPs in development must link to the Cancer Society Canterbury West Coast Division to ensure FAP branding consistency.



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- ⁶ Trappitt R, Li J, Tu D. Acceptability of smoking in outdoor places where children go – Health and Lifestyles Surveys 2008-2010 [In Fact]. Wellington, NZ: Health Sponsorship Council; 2011. Available from: www.hsc.org.nz/researchpublications.html.
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- ⁹ Wilson N, Blakely T, Edwards R, Weerasekera D, Thomson G. Support by New Zealand smokers for new types of smokefree areas: national survey data. New Zealand Medical Journal. 2009;122(1303):80-9.

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¹² Evaluation of the Fresh Air Project: Piloting smokefree outdoor dining areas in Nelson/Tasman July 2018
Survey and report prepared by: Public Health Service, Nelson Marlborough Health

¹³ PJ GENDALL, UNIVERSITY OF OTAGO. PALMERSTON NORTH CITY COUNCIL SMOKEFREE OUTDOOR DINING PERMIT CONDITION EVALUATION 2016-17. Available at <https://www.otago.ac.nz/wellington/otago661624.pdf>

¹⁴ Smokefree Policy update: Auckland Council <https://bid.aucklandcouncil.govt.nz/Documents/smokefree-update.pdf>

¹⁵ Westland District Council. Minutes of an ordinary meeting of the Westland District Council, Thursday 28th April 2016. Westland District Council. Hokitika. May 26, 2016. Accessed November 21, 2016. <http://www.westlanddc.govt.nz/sites/default/files/26.05.16%20-%20Council%20Agenda.pdf>

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YES New Zealand Australia Other (please specify):

[Click or tap here to enter text.](#)

I am, or I represent, a: (tick all that apply)

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|--|--|
| <input type="checkbox"/> Personal submission | <input type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
| <input type="checkbox"/> Community or advocacy organisation | <input type="checkbox"/> Professional organisation |
| <input type="checkbox"/> Iwi/Hāpu affiliated, and/or Māori organisation | <input type="checkbox"/> Tobacco manufacturer, importer or distributor |
| <input type="checkbox"/> Pacific community or organisation | YES <input type="checkbox"/> Retailer – small, for example a dairy or convenience store |
| <input type="checkbox"/> Government organisation | <input type="checkbox"/> Retailer – medium or large, for example supermarket chain or petrol station |
| <input type="checkbox"/> Research or academic organisation – eg university, research institute | <input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture |
| <input type="checkbox"/> Other (please specify): | |

[Click or tap here to enter text.](#)

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- Under 18
- 18 - 34
- 35 - 44
- 45 - 54
- YES 55 - 64
- 65 +
- Not applicable / prefer not to say

Ethnicity/Ethnicities I identify with:

- YES New Zealand European
- YES Māori
- YES Pacific Peoples
- YES Asian
- Other European
- Other Ethnicity *(please specify):*
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Commercial interests

Do you have any commercial interests?

- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products
- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products

Commercially sensitive information

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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, all respondents are asked to disclose whether they have any direct or indirect links to, or receive funding from, the tobacco industry.

Please provide details of any tobacco company links or vested interests below.

Caltex Matura is only a Retailer.

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Consultation questions

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Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

I dont believe there should be separate Maori Governance,

- b). What action are you aware of in your community that supports Smokefree 2025?

Government Advertising, Health system available,

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

Education, Liecence outlets to control sales

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

Use Retail outlets that have good training,, systems to capture sales volumes

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

Reduce outlets to stores who can meet required standards for restricted sales and have traing systems and not overly represented in low decile areas

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

provide managed retailing of products

- b). 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:

Yes in low decile areas

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

Yes No

Please give reasons:

Could foster Black market, There are compliant retailers already selling tobacco products currently

- d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

Click or tap here to enter text.

- e). 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:

Would create black market,

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

People may just smoke more, If done use a stepped approach

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

Could create more health issues, May not produce desired effect

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

Yes No

Please give reasons:

Help reduce options to consumers

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

But needs to be kept realistic as can effect child poverty and other social issues

Final questions

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

Use a retail network to retail products, but use current outlets that meet training, legal and can supply sales stats readily

- b). Do you have any other comments on this discussion document?

Caltex Maitland supports Smoke free, Caltex Network of Retailers have training programmes for staff re tobacco regulations and Compliance, we dont sell to minors, Caltex Network of Retailers have security systems to protect staff and customers. We only sell Adult vaping products and not over represented in Low decile areas

Submission form

Your details

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Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

Click or tap here to enter text.

- b). What action are you aware of in your community that supports Smokefree 2025?

Click or tap here to enter text.

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

Refer to attached submission

b). 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:

Refer to attached submission

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

Yes No

Please give reasons:

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d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

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e). Are you a small business that sells smoked tobacco products?

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Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

Click or tap here to enter text.

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

Click or tap here to enter text.

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

Yes No

Please give reasons:

Click or tap here to enter text.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

Click or tap here to enter text.

Final questions

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

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Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

Māori governance would involve Māori being involved at all levels, their mātauranga being respected, listened to, and acted on.

- b). What action are you aware of in your community that supports Smokefree 2025?

Community groups, local SF coalitions, local councils.

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

Government action. Legislation to make it easier to be Smokefree. Controls to prevent harm that tobacco industry cause people.

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

Resourcing to support enforcement of SF legislation. Independent research to measure black market activity so tobacco companies can not lie about what is happening. Census collection on both smoking and vaping. Things like the ASH Year 10 survey.

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

Everything in this plan and Smokefree spaces, like playgrounds, CBDs, sports fields, national parks, beaches.

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

Yes but not in isolation. There should be a licensing system for all tobacco and vape retailers including generic stores. And there need to be measures to reduce the prevalence of these outlets. Proximity measures to kura, schools, kōhanga, ECEs, costs of licensing high enough to sustain the enforcement, requirements for cessation support for customers.

- b). 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:

Yes, proximity measures to kura, schools, kōhanga, & ECEs, should also be taken into consideration. I recommend they are sold only in R18 specialist tobacco only stores. There are four times as many outlets that sell tobacco in low SES areas than high SES area. This is completely unethical.

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

Yes No

Please give reasons:

Yes, preferably to R18 specialist tobacco only stores. This will remove temptation for people trying to become Smokefree, and for those who have successfully quit. It will also make it less likely for young people to start smoking. Tobacco is not a normal product. It is a deadly product, yet it's sold everywhere. It makes no sense to have such a lethal product so widely available. Cessation support should be provided at those stores.

- d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

Yes, because when do we want children to start smoking? Never, I'd like all the tamariki I know & love to be Smokefree forever.

e). 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:

I'm worried that tobacco industry has infiltrated small business lobby groups. They make unfounded claims about how profitable it is to sell tobacco. I would like small business to be supported to stop selling tobacco, to have access to advice for transitioning out of selling tobacco. We need independent research on any claims that are made by businesses and lobby groups.

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

Yes, absolutely, reducing nicotine to very low levels will make it much less likely that kids and young people will get hooked if they try smoking. Lots of my peers tried it when out drinking when we were younger, but then got hooked and kept smoking. It will also make it much easier for people to become Smokefree and to stay Smokefree. I want our government to do more to support people to be Smokefree. Reducing the nicotine to very low levels less than 0.04mg per g will be one measure that will help.

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

Yes, all they do is make it easier for people to smoke, tricky people into thinking it's better for them when it's actually worse for them, and they are terrible for the environment. They poison our earth, Paptuanuku, and poison our waterways, and everything around them. Tobacco companies also put flavour capsules and the like in them to keep people smoking longer and making it hard to quit smoking. Filters need to be banned entirely both in cigarettes and the ones for roll your owns. Tobacco companies need to be held responsible for the waste their industry causes, likewise the vape industry must be held accountable for the waste they cause.

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

Yes No

Please give reasons:

Yes, tobacco companies will use every loophole they can. We need to ban innovations, we need to ban additives and flavourings, like menthols, and other flavoured capsules. These make it harder for people to quit smoking, and easier for young people to start.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

Yes, we need to stop tobacco companies finding ways around tax increases, so they only put prices up on their more expensive products but still keep very cheap ones available.

Final questions

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

Making smoked tobacco products less addictive and less appealing. Especially reducing nicotine to very low levels, banning filters, & banning innovations to tobacco products. Making smoked tobacco products less available. Especially reducing availability by only allowing sales through R18 specialist tobacco only retailers with population size, density, and proximity to schools, kura, ECEs, kōhanga reo conditions imposed. Make more outdoor spaces Smokefree & Vapefree. Make all playgrounds Smokefree.

b). Do you have any other comments on this discussion document?

Click or tap here to enter text.

Submission form

Your details

This submission was completed by: (name)

Email:

Phone number:

Organisation (if applicable):

Organisation address: (street/box number)
(town/city)

Role (if applicable):

Additional organisation information

I am, or I represent an organisation that is, based in:

- New Zealand Australia Other (please specify):

I am, or I represent, a: (tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Personal submission | <input type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
| <input type="checkbox"/> Community or advocacy organisation | <input type="checkbox"/> Professional organisation |
| <input type="checkbox"/> Iwi/Hāpu affiliated, and/or Māori organisation | <input type="checkbox"/> Tobacco manufacturer, importer or distributor |
| <input type="checkbox"/> Pacific community or organisation | <input type="checkbox"/> Retailer – small, for example a dairy or convenience store |
| <input type="checkbox"/> Government organisation | <input type="checkbox"/> Retailer – medium or large, for example supermarket chain or petrol station |
| <input checked="" type="checkbox"/> Research or academic organisation – eg university, research institute | <input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture |

- Other (please specify):

Additional statistical information

These questions are not mandatory. We are asking for information, including age and ethnicity information solely for the purposes of helping us to analyse submissions.

Age:

- Under 18
- 18 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 +
- Not applicable / prefer not to say

Ethnicity/Ethnicities I identify with:

- New Zealand European
- Māori
- Pacific Peoples
- Asian
- Other European
- Other Ethnicity *(please specify):*
[Click or tap here to enter text.](#)
- Not applicable / prefer not to say

Privacy

We intend to publish the submissions from this consultation, but **we will only publish your submission if you give permission**. We will remove personal details such as contact details and the names of individuals.

If you do not want your submission published on the Ministry's website, please tick this box:

- Do not publish this submission.

Your submission will be subject to requests made under the Official Information Act (even if it hasn't been published). If you want your personal details removed from your submission, please tick this box:

- Remove my personal details from responses to Official Information Act requests.

Commercial interests

Do you have any commercial interests?

- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products

- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products

Commercially sensitive information

We will redact commercially sensitive information before publishing submissions or releasing them under the Official Information Act.

If your submission contains commercially sensitive information, please tick this box:

- This submission contains commercially sensitive information.

If so, please let us know where.

Click or tap here to enter text.

Protection from commercial and other vested interests of the tobacco industry

New Zealand has an obligation under Article 5.3 of the World Health Organisation 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, all respondents are asked to disclose whether they have any direct or indirect links to, or receive funding from, the tobacco industry.

Please provide details of any tobacco company links or vested interests below.

None

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Introduction

Thank you for the opportunity to respond to the Proposals for a Smokefree Aotearoa 2025 Action Plan Discussion Document. We congratulate Government on the comprehensive, bold and evidence-based measures identified in the proposed plan. We are pleased that the proposed approach builds on the Māori Affairs Select Committee recommendations from its 2010 Inquiry into the tobacco industry in Aotearoa and the consequences of tobacco use for Māori.

Consultation questions

1: Strengthen the tobacco control system

- a). **What would effective Māori governance of the tobacco control system look like?**
Please give reasons.

SHORE strongly supports strengthening Māori governance of the tobacco control programme. We acknowledge the importance of Māori determining how governance would most appropriately function in this key area for improving Māori health and reducing inequities.

Our Tiriti o Waitangi obligations mean that Māori must also play leading roles in planning, implementing and evaluating tobacco control measures to ensure these are relevant, appropriate, effective and have ownership within Māori communities.

Strengthening Māori governance in tobacco control is consistent with the Government's commitment to establishing a Māori Health Authority, and this new agency may have a role in both the governance and funding of the tobacco control programme.

- b). **What action are you aware of in your community that supports Smokefree 2025?**

- World No Tobacco Day events have been held in many regions however these have lacked co-ordination nationally especially since Te Hiringa Hauora has reduced its involvement with these events.
- Some DHB public health units support community action.

What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

Many of New Zealand's past Smokefree achievements at a community level have resulted because of:

- a) clear national direction
- b) collaboration across sectors
- c) sufficient funding and capacity.

All these have lessened in recent years. The following are needed to strengthen community action for a Smokefree 2025.

1. Community action efforts are often focused on legislative changes including those in the Proposed Smokefree Aotearoa 2025 Action Plan. For example, we argue that legislation needs to be extended to include smokefree outdoor public places (See Section 5 of our submission).
2. National leadership is needed to strengthen and make local community action more effective. Communities need to have a strong voice to ensure good public health policies are passed into legislation. Funding for community-level Smokefree co-ordination has previously been available but this no longer seems to be the case.
3. Workforce development opportunities focused on strengthening community action and effective advocacy needs to be better funded.
4. Community action can be more effective alongside long-term national mass media campaigns. Evaluations of NZ models (e.g. *Like Minds Like Mine* which originally funded both national mass media and a network of mental health service user community

activities) have demonstrated long-term effectiveness in changing societal attitudes and behaviour.

5. Good quality evidence reviews should be completed and disseminated regularly to key stakeholders. This will enable people working at a community level to have access to emerging knowledge and support their advocacy efforts. In addition, ongoing detailed analysis of smoking prevalence data across the range of demographics would be useful. ASPIRE's public health blogs are very helpful.
 6. Re-establish a smokefree list-serve that is actively and independently managed and moderated and used to provide the latest research, campaign updates, and submission opportunities.
 7. Funding of national smokefree services is needed in addition to those provided by Hāpai Te Hauora. In previous years there were several national advocacy groups within the tobacco control sector which were funded to generate community action capacity and a stronger voice e.g., Smokefree Coalition, Te Reo Marama (Māori Smokefree Coalition), Te Ao Hurihuri, and ASH. Many of these national services provided ongoing professional development opportunities and service co-ordination. Only one provider of national tobacco control services remains. Conflicting views on the risks and/or benefits of vaping have weakened and undermined the tobacco control sector and there is now an opportunity to rebuild community engagement around the new strategies.
- c). **What do you think the priorities are for research, evaluation, monitoring and reporting?** Please give reasons.

Evaluation strategy for comprehensive tobacco programme and individual components

SHORE supports the development of an evaluation and monitoring strategy for the whole tobacco programme as an essential component of the planning process following decisions on the finalisation of the plan, based on a programme logic model. Individual components of the plan will also require investment in evaluation and monitoring.

Review current tobacco programme for investment and effectiveness

As there is very little known about the cost and effectiveness of current smoking cessation services including Quitline, we support a high-level review of these services in relation to other components of the programme, to inform the allocation of new funding. It appears that the last decade has seen growth in cessation activities while other known effective approaches such as monitoring and enforcement have been underfunded.

Given the commitment of significant additional funding in tobacco control over the next four years, it's essential to identify the most effective mix of strategies in reaching priority groups and supporting quitting and to identify those activities already in place (e.g. mass media campaigns) that would add value with additional funding to our current comprehensive approach.

Ongoing programme development through continuous quality improvement has been a feature of the programme over the last few decades and this needs to be a feature of the new package of interventions.

Evaluate and monitor harm reduction strategy

Government's investment in harm reduction through promoting vaping as a quit tool has been significant. This approach needs to be monitored and evaluated properly for both the impact on young people and the effectiveness of promoting vaping as a quit strategy. We note that systematic reviews continue to find insufficient evidence that vaping is effective in helping people to quit (Grabovac et al., 2021) or reduce smoking-related risk (Goniewicz et al., 2020).

Online sales of tobacco products

The monitoring of online sales to minors of both conventional tobacco products and e-cigarettes needs to be addressed as a priority. There have been ongoing media reports from schools concerned about school children's access these products online and investment is urgently needed in monitoring and surveillance of these sales to minors.

Concerns have also been raised about cheaper products available on the 'black market'.

Monitoring and enforcement in relation to possible breaches of the Act

There is an urgent need to increase capacity for tobacco and vaping retailer monitoring and enforcement by Smokefree Officers in public health units for breaches of the SFE Act. This is even more important since schools have reported an unknown number of minors addicted to vaping, and these products are easily accessed in generic stores where children often shop. Enforcement Officers have been unable to do any controlled purchase operations in well over a year due to being redeployed for COVID work.

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

SHORE welcomes additional funding outlined in Budget 2021 of \$36.625m over the next four years to support the delivery of the Smokefree 2025 Plan¹. This commitment will enable real progress towards meeting this goal in a priority area for improving health outcomes and reducing inequities.

We note that additional funding is allocated for both Public Health Units and NGOs working in prevention, which will hopefully enable increased capacity and workforce development in tobacco control.

Significant reductions in public health funding have been identified during the last decade – a 50% reduction in actual dollars spent in public health between 2010 and 2018 (Crampton et al., 2020). Most leading Smokefree providers of national services had their contracts terminated during this period, leaving only one provider delivering national tobacco control services by 2016.

It will be necessary to rebuild tobacco control capacity and operational funding within the Ministry, as well as in Public Health Units if there is to be any real chance of reaching SFA 2025. Investment in evaluation of tobacco control services, together with monitoring, surveillance and enforcement of tobacco and vape retailer and industry behaviour must be funded as a priority.

Alongside the need for a rapid increase in workforce capacity there will need to be investment in workforce development aligned with the priorities and timeframe for implementation of the final plan.

¹ Retrieved on 22 May 2021 from [Wellbeing Budget 2021 - Securing Our Recovery - 20 May 2021 \(treasury.govt.nz\)](#).

2: Make smoked tobacco products less available

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

Yes No

A licensing system as a stand-alone measure will have limited effectiveness, as acknowledged in the Ministry's Regulatory Impact Statement (RIS). Licensing alone will not achieve a significant reduction in the number of retailers which will be necessary to accelerate progress towards achieving Smokefree 2025 (van der Deen et al., 2018).

It is unacceptable that tobacco, an addictive and hazardous product, can be sold by anyone and anywhere in New Zealand. It should be regulated to be consistent with the sale of other harmful products.

Licensing schemes would offer an opportunity to set retailer conditions such as suitability of applicant (knowledge of legislation, character and reputation, training, concerns about previous sales to minors); trading hours; retailer location; proximity to schools, marae, early childhood education centres; proximity to other tobacco or vape retailers and restricting density of retailers in a given area. We would also like to see licences require annual sales returns on tobacco and vape products.

Licences provide an important mechanism for communicating to retailers more easily and for monitoring and enforcement. Licences can be removed for breaches and are therefore powerful legal tools that can be used to improve enforcement of tobacco-related laws. A well-enforced licensing system can help ensure compliance by providing stronger incentives to tobacco retailers to comply with tobacco control laws (Chapman et al., 2009).

Licensing fees need to be set at levels that cover both the costs of administration and contribute to monitoring and enforcement.

The Ministry RIS notes that licensing could also potentially help to reduce the sale and distribution of illicit tobacco products.

b). **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

Work undertaken by ASPIRE (2017) estimates that a 90 – 95% reduction in retailers will be needed to influence behaviour sufficiently to impact on smoking prevalence. This would require a reduction from the estimated 6,000-8,000 current retailers to about 300 specialist stores. There is good evidence supporting such a reduction.

Associations have been found between tobacco retail outlet density and smoking behaviours among youth (Marsh et al., 2021) including a significant positive association between exposure to tobacco retail outlets and daily tobacco use.

Residents within low socio-economic communities are exposed to much higher density of tobacco retailers, about four times greater, than those living in higher socio-economic areas (Marsh et al., 2013; Marsh et al., 2020).

Tobacco density needs to be reduced sufficiently in low socio-economic areas, where smoking rates are highest and people are more at risk of tobacco harm (Luke et al., 2017; Caryl et al.,

2020). Failure to substantially reduce the number and density of tobacco retailers in low socio-economic areas will continue to increase inequities.

Restrictions need also to be placed on the proximity of tobacco retailers to schools, early childhood education centres, marae and health centres. Over half of secondary schools have at least one tobacco retailer within 500 metres of the school, and 83% have at least one retailer within 1 kilometre (Robertson et al., 2016).

Evidence shows that the more tobacco retailers there are around a school, the more likely students are to have ever smoked, engaged in experimental smoking and be susceptible to future smoking (Adams et al., 2013; Chan et al., 2011, Marsh et al., 2016). Reduced density of the sale of tobacco around schools would reduce curiosity and temptation concerning tobacco, diminish the normalising of smoking in the community, and provide fewer opportunities and cues for adolescents to attempt to purchase tobacco (Marsh et al., 2016).

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

Yes No

Limiting sales to license R18 specialist tobacco stores is our preferred option. Modelling suggests that reducing to 300 outlets (approximately one for every 1,600 people who smoke) could have a positive effect by increasing travel time and eliminating impulse purchases (Pearson et al., 2015). This approach would stimulate quitting, reduce relapse to smoking among people who have quit, and minimise youth access by facilitating enforcement in underage sales (Edwards et al., 2021). Significantly reducing outlet numbers is also likely to help reduce disparities as tobacco retailers are often concentrated in disadvantaged areas.

Limiting tobacco sales to pharmacies is likely to be problematic as a significant number of pharmacists (26%) do not want to sell tobacco (van der Deen et al., 2018).

Restricting tobacco sales to alcohol outlets would be unacceptable as it would reinforce the strong association between alcohol and smoking especially in the 18-24-year age group when smoking initiation is highest, overall smoking rates are high and social smoking is prevalent. There would also be equity concerns as alcohol outlets are overconcentrated in low socio-economic communities.

There is strong public support (68%) for reducing the number of tobacco retailers nationally (Health Promotion Agency, 2018). Furthermore, New Zealand research in 2018 found the majority (62%) of people who smoke and recent quitters also supported reducing the number of places that can sell tobacco products, that is by 95%, and allow sales only in a limited number and type of stores (ITC project, 2020).

New Zealand research found that small retailers are likely to support government legislation that permits the sale of tobacco from a few specialist stores that only sell tobacco (Badu et al., 2018).

d). **Do you support introducing a smokefree generation policy?**

Yes No

Preventing youth initiation of smoking is essential to achieving and maintaining Smokefree Aotearoa 2025. While the rates of smoking have reduced over time in those aged 15-25, the levels of smoking among youth remains high, particularly in the group aged 18-25 years. In 2019/20 daily smoking prevalence in this group was 12.9% (61,000 smoking) and current smoking prevalence 16.0% (75,000 smokers).

Longstanding ethnic disparities in smoking prevalence have continued for Māori youth and young adults. The 2018 census daily smoking prevalence among 20-24-year-olds was 15.6% overall but 28.9% among Māori and 21.1% among Pacific peoples.

Vaping and smoking – ASH Year 10 data

Many systematic reviews have found strong associations between youth vaping and subsequent smoking initiation, and a recent meta-analysis by Chan and colleagues (2021) confirmed earlier findings of a longitudinal association between adolescent vaping and smoking initiation. It remains to be seen whether this association will translate into an increase in youth smoking prevalence.

Our most recent NZ Year 10 data (2019) shows smoking prevalence in school-aged children (14 and 15-year-olds) has levelled off over the last few years but increased slightly during 2019 after being in decline for 20 years, alongside a rapid increase in vaping among young New Zealanders (see Figure 2 below).

The 2019 Year 10 survey found substantial disparities in smoking prevalence in 14-15-year-olds by ethnicity, with daily smoking prevalence 2.1% overall, but 5.8% among Māori students (ASH 2020). The increase in Māori smoking prevalence of year 10 students was significantly higher than non-Māori, raising concerns about the possibility of a widening of ethnic inequities in young people, which had been gradually narrowing since 2000 (see Figure 1 below).

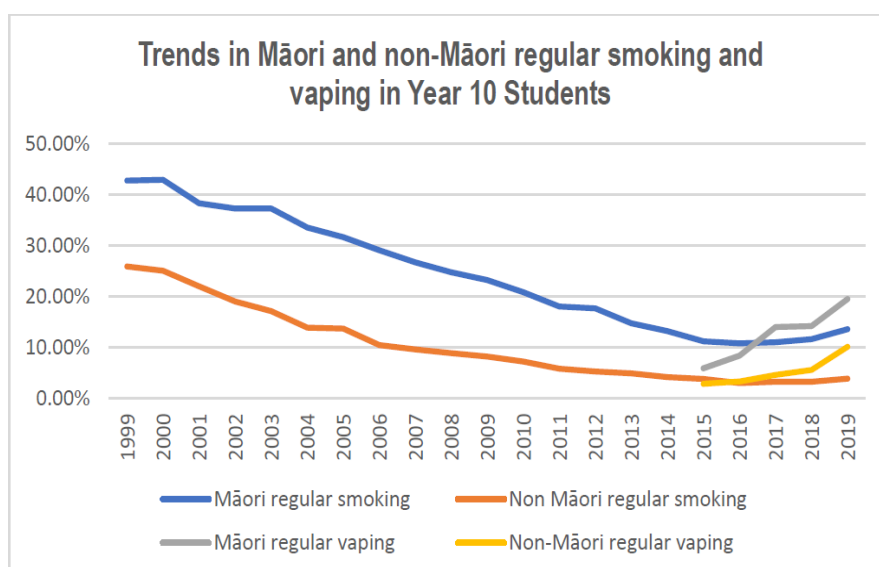


Figure 1. Trends in Māori and non-Māori regular smoking and vaping in Year 10 students

Source: Cancer Society NZ. Māori and non-Māori data 1999-2018 obtained from ASH NZ website.

As the ASH Year 10 annual survey was unable to be undertaken in 2020 due to COVID 19, it will not be clear until 2022 when the 2021 survey findings are made public, whether this increase in youth vaping and smoking prevalence, and the potential for a further widening in prevalence between Māori and non-Māori remains a concern.

Youth prevalence trends between 15 and 24 years of age

Data from the New Zealand Health Survey (NZHS) shows that daily smoking prevalence among 15-17-year-olds was 3% (5,000 smoking) in 2019/20 and current smoking prevalence (smoked in the last 28 days) was 3.3% (6,000 smoking). Current smoking prevalence roughly halved between 2006/7 (15.7%) and 2011/12 (8.1%) in this age group, then halved again by 2016/17 (3.9%). Since 2016/17, current smoking prevalence has remained more or less the same with similar patterns of prevalence over time for daily smoking (Edwards et al., 2020).

In summary, the uptake of smoking in young adults continues to contribute to maintaining a substantial level of smoking among the adult population in Aotearoa (Edwards et al., 2019). Despite a downward trend, high smoking prevalence among 18-24-year-olds remains a significant barrier to achieving and maintaining the Smokefree 2025 goal (Edwards et al., 2020).

Evidence in support of a Smokefree Generation Policy

The Smokefree Generation policy recognises that young people who start smoking rarely, if ever, make an informed choice (Gray et al., 2014) and a high percentage of youth aged 15-19 years, particularly Māori (82%), regret starting smoking (Wilson et al., 2009).

New Zealand modelling work suggests that this policy is likely to contribute substantially to ending smoking disparities for Māori (van der Deen et al., 2018). If well-enforced, it is predicted to halve smoking rates within 10-15 years of implementation and would result in five times' larger health gains per capita for Māori compared to non-Māori. Van der Deen and colleagues found that 'reducing a tobacco-free generation' ranked as the most effective endgame measure for reducing inequities (see Figure 2 below). It is strong pro-equity due to the higher smoking prevalence and the young age structure among Māori and Pacific populations. The approach supports Te Tiriti O Waitangi principles of active protection and equity and would ensure tamariki have the best start to life in a smokefree environment.

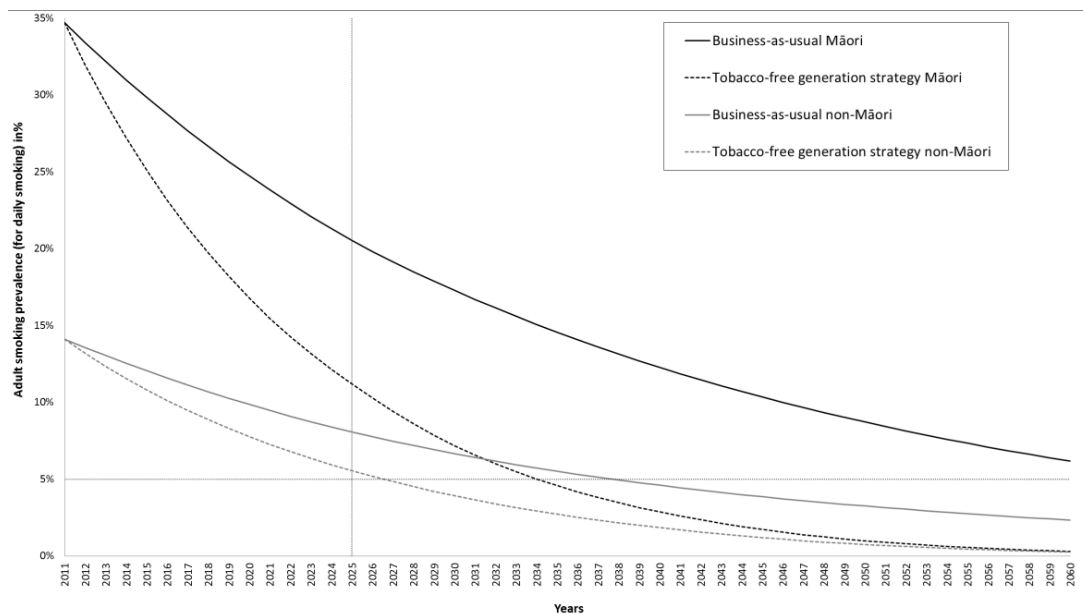


Figure 2. Likely impact of tobacco-free generation strategy on Māori and non-Māori. Source: van der Deen et al., 2017.²

A Smokefree Generation is likely to demonstrate that New Zealand is serious about achieving Smokefree 2025 and will provide a supportive environment for people to quit smoking and remain Smokefree.

e). **Are you a small business that sells smoked tobacco products?**

Yes No

² Graph retrieved on 20 May 2021 from PHE blog [Phasing out smoking: The Tobacco-Free Generation policy](#) – Public Health Expert, University of Otago, New Zealand

Research about retailer concerns

It is sometimes claimed that if small retailers are no longer able to sell tobacco they would have less customers and could even lose their business. This argument is also promoted by tobacco companies. Research suggests that this is unlikely.

A common argument is that tobacco purchases drive footfall into small retailer premises with customers buying additional products. Research undertaken in Dunedin (Roberston et al., 2019) and later scaled up and repeated in Auckland and Wellington (Marsh et al., 2020) found that most transactions in small retailers do not involve tobacco and when tobacco is purchased, it is most often as a single item, without other groceries. The Dunedin study found that only 14% of transactions contained tobacco with most only buying tobacco. Only 5% of all transactions included tobacco and an additional product. Similar results were found in Auckland and Wellington with 14% of transactions containing tobacco and just 6% of all transactions including both tobacco and other products.

International research has supported these New Zealand findings (Wood et al., 2021.) Small retailers' profit margins on tobacco are low, yet this is rarely acknowledged (Jaine et al., 2014; Badu et al., 2018, Marsh et al., 2020). Tobacco not only provides low returns, it is also expensive to stock and high insurance premiums can be imposed on small retailers because of the risk of burglary.

Recent Australian research (Watts et al., 2020) found tobacco industry covert marketing tactics with retailers, which included financial incentives, experiential incentives such as all-expenses paid events and vacations, and targeting education of retailers to market their products to consumers on behalf of industry. The authors concluded that such strategies had the ultimate objective of increasing market share and driving sales.

3: Make smoked tobacco products less addictive and less appealing

a). **Do you support reducing the nicotine in smoked tobacco products to very low levels?**

Yes No

International research has shown that reducing nicotine to very low levels (no greater than 0.4mg nicotine per gram of tobacco or per cigarette) is likely to reduce the number of people starting to smoke, support people to stop smoking, and reduce the number of people who have quit smoking from relapsing, thereby reducing the overall prevalence of smoking (Donny et al., 2017). This would have a substantial population benefit (Apelberg et al., 2018) and be most beneficial to individuals currently most disadvantaged by smoking – Māori, Pacifica, lower SES communities, and people struggling with mental health.

There is a large body of research supporting this approach (Benowitz & Henningfield 2018; Dermody et al., 2015; Donny et al., 2017; Gottlieb & Zeller 2017; Hammond & O'Connor 2014, Hatsukami et al., 2017; McRobbie et al., 2015; Smith et al., 2020; Walker et al., 2014; World Health Organization 2019).

Conventional cigarettes contain between 10-16mg nicotine per gram of tobacco. The proposed level (0.4%) is not sufficient to release dopamine and is also less likely to be addictive in adolescents (Cassidy et al., 2018). Studies have found there is only minimal compensatory smoking with the lower level and if it happened at all it typically lasted for only a few days (Benowitz et al., 2019). People instead reduced the number of cigarettes smoked and their decrease in exposure to the addictive component decreased in a compounding manner. To be

most effective the switch to VLNCs must be swift. Studies with gradual switching found no reduction in daily cigarette use (Hatsukami et al., 2019).

Modelling has predicted that smoking rates could be reduced to as low as 4.1% by 2025 if nicotine reduction is combined with a 10% annually increasing excise tax (Laugesen & Grace 2015).

A NZ study of over 1400 participants (Walker 2012), where one-quarter identified as Māori, reported higher long-term abstinence and delayed relapse in those smoking very low nicotine cigarettes (VLNCs) combined with NRT versus the group with conventional cigarettes who also had access to NRT. These results suggest that a VLNC-inclusive intervention can be successful in supporting Māori to be auahi kore. Furthermore, research by the ITC (International Tobacco Control) found Māori participants strongly supported removing nicotine, and 80% said they would try VLNC or nicotine-free cigarettes (McKiernan et al., 2019).

There is evidence that reducing the nicotine content of cigarettes may decrease their addiction potential in populations that are highly vulnerable to tobacco addiction including people with experience of serious mental illness and those on low incomes. (Higgins et al., 2020).

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

As noted in the consultation document, filters do not reduce harm from smoking and have been shown to increase the risk of adenocarcinoma of the lung. Filters are used by tobacco companies to manipulate people into thinking they make smoking safer. In addition, tobacco companies use filters to introduce innovations e.g. adding flavours to cigarettes to attract new people to smoking. The environmental impact of cigarette butt disposal is hugely problematic.

The ineffectiveness of cigarette filters as a safety mechanism and the tobacco industry's misleading marketing of the benefits of filtered cigarettes have been well documented. The US Surgeon General and the National Cancer Institute in the US have found no evidence that filters reduce harm to people smoking (Oren et al., 2020; US Department of Health and Human Services, 2001).

Banning filters is timely given public concerns about plastic waste. It is estimated that 4-4.5 trillion cigarette filters are littered globally each year (Evans-Reeves et al., 2021; Hoek et al., 2021) easily making them the most commonly-littered item worldwide (WHO, 2017). Each year more than six million are discarded in New Zealand (Hoek & Gendall, 2019). Although the plastic in filters can break down it does not biodegrade fully therefore contributing to microplastic contamination (Lee & Lee, 2015). Tobacco waste ends up on beaches and in urban areas, in playgrounds, sports fields, gutters and eventually makes its way via storm water drains to rivers, lakes, and out to sea contributing to plastic islands.

SHORE supports tobacco companies being held accountable for the costs incurred from cigarette product waste in the environment (including Heat Not Burn products such as IQOS).

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

Yes No

It is well-documented that tobacco companies take advantage of loopholes and make innovations rapidly to market harmful products (Evans-Reeves et al., 2019, 2020; Hoek et al., 2016; Scollo et al., 2015). Recent innovations include flavour capsules to increase the appeal to young people, accessories such as menthol filters for roll-your-own tobacco, and the use of words like 'fine', 'rich', and 'smooth' to describe products.

We support requiring the industry to seek government approval through a clearance process prior to the sale of new products or innovations in New Zealand, so that the onus is on the

tobacco industry to prove their new products are safe, rather than on the government to prove they are unsafe.

Menthol flavouring in cigarettes has long been shown to make it easier for people to start smoking and harder for people to quit (Villanti et al., 2017).

The US Food and Drug Administration (FDA) announced in April 2021 that it would be banning menthol flavourings in cigarettes based on clear evidence establishing the addictiveness and harm of these products as well as strong public and health sector support. It has been recommended that menthol ingredients, as well as flavours, need to be banned (Glantz, 2021).

4: Make tobacco products less affordable

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

Yes No

There is good evidence that the full public health benefit of tobacco taxation is not always reached because of industry circumvention (Whitehead et al., 2018). New Zealand's tobacco companies have been undermining the impact of tax increases by minimising price increases on budget brands and strategically shifting price increases onto premium products³ (Marsh et al., 2016).

Industry pricing strategies have introduced ultra-budget brands to attract new recruits and keep poorer customers addicted. For example, despite 10% excise tax increases in 2014 the median increase in price from before to after the tax change was only 3% for the budget brand. This contrasted with the median of 8% for the premium brand and 11% for both mainstream and roll-your-own brands (Marsh et al., 2016). This strategy undermines the tax increases intended to motivate people to quit.

Unpublished New Zealand research⁴ found the tobacco industry also used annual tax increases as cover for significant voluntary price increases, which significantly increased their profit margin while introducing cheaper ultra-budget brands or subsidising cheaper products. The research found ultra-budget brands like Phillip Morris' Choice and British American Tobacco's Winfield Select \$4 cheaper than the average pack of cigarettes.

Findings of the Ernst & Young population survey and community focus groups on tobacco tax that people who smoke switch to budget brands or to roll-your-own tobacco to reduce costs (Ernst & Young, 2018) align with those from an earlier qualitative study (Hoek et al., 2016). Anecdotal accounts from dairy owners confirm that people are buying cheaper cigarettes rather than quitting⁵.

In their rapid review on the strengths and limitations of tobacco taxation and pricing strategies Whitehead and colleagues (2018) found that tobacco floor pricing has significant potential to reduce health inequities by limiting the price strategies used by tobacco companies to

³ Media article: Convenience stores face bleak future unless they change. STUFF Sept 19, 2018 <https://www.stuff.co.nz/business/107193424/convenience-stores-face-bleak-future-unless-they-change-experts-warn>.

⁴ Media article: NZ tobacco companies use tax hikes as cover *Summer Newsroom* 21 November 2019, <https://www.newsroom.co.nz/2019/11/21/913218/nz-tobacco-using-tax-increases-as-cover>.

⁵ Media article 'Tobacco tax fuels black market in Rotorua.' *New Zealand Herald* 10 January 2020. https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=12298523

circumvent excise tax increases. Floor pricing is based on the final retail price and establishes a minimum price below which sales are prohibited by law (e.g. on a per stick or per pack basis) as is proposed in the consultation plan.

Regular excise tax increases

It is disappointing that tobacco tax increases have not been included as an option in the Smokefree Aotearoa 2025 consultation document. The RIS acknowledges that continued price increases are likely to continue reducing inequalities.

There is strong evidence for regular above-inflation tobacco excise tax increases. (Ernst & Young 2018, Cobiac et al., 2015, van der Deen, 2018). Ernst & Young in their review of excise tobacco tax recommended that the government continue with annual increases in tobacco excise tax (above inflation) beyond 2020.

They concluded that increasing the price of tobacco continues to be the single most effective tool for reducing tobacco use and that ***“the weight of evidence is that excise tax increases are an essential part of a package of interventions needed to reduce tobacco consumption and daily smoking prevalence.”*** They concluded that after nine years of 10% annual tax increases +CPI, smoking rates had decreased across all age groups, ethnicities, genders and deprivation quintiles.

A 2020 systematic review found price increases have the potential to reduce health inequities (Smith et al., 2020c) with greater impact among lower socio-economic (SES) groups.

Price increases have a greater impact on quit rates and smoking uptake among those in lower socio-economic groups. Māori are more likely to have much higher per capita health gains from tobacco tax increases (van der Deen et al., 2018).

5. Enhance existing initiatives

(a) Increase investment in mass and social media campaigns

Mass media campaigns can support both cessation and the prevention of youth uptake as part of a comprehensive approach to reducing smoking prevalence and tobacco-related harm. We agree that more investment is needed in mass media activities targeting young people to stay Smokefree and Vape-free.

Social marketing campaigns are more likely to be successful when undertaken as part of a strategic and integrated programme of work and sufficiently resourced to meet best practice guidance on campaign reach, frequency and duration (Hoek et al., 2021)⁶. They must also reflect the needs, priorities and voices of communities most impacted by the problems being addressed.

It is heartening that the draft plan has a strong focus on strengthening Māori governance and addressing equity issues. Public commitment to establishing a Public Health Agency and Māori Health Authority will be instrumental in helping address these challenges.

⁶ Retrieved on 25 May 2021 from Social Marketing for Smokefree Aotearoa 2025: Reminding, Reinforcing, and Changing Social Norms – Public Health Expert, University of Otago, New Zealand

However, there appears to have been a reduction in investment in campaigns to prevent youth uptake, and that New Zealand has been falling behind other countries such as the US which have been running youth prevention campaigns such as Truth⁷ and Real Cost⁸ for many years.

Vaping products have been marketed aggressively to children and young people in New Zealand in the unregulated environment up until November 2020. Although it is not yet clear to what extent vaping is impacting on smoking behaviour in school students there has been ongoing media coverage of schools' concerns about youth vaping⁹. It is timely to consider investment in campaigns to prevent vaping as well as smoking uptake in young people.

It seems that expenditure on mass media for smoking cessation linked to the Quitline has also declined over the last decade, and ironically at a time when tobacco excise tax revenue has increased substantially (since 2011).

We are pleased that there is proposed additional investment in these areas and note that such campaigns need to be sustained over time, meet minimum exposure levels and be properly evaluated.

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

As previously outlined, SHORE would like to see stop smoking services (including Quitline) reviewed before further investment is made (other than for further development and evaluation of services for Māori women as outlined in the RIS). This review needs to examine recent NZ studies on this topic (see below) and include an assessment of both effectiveness and value for money compared with investment in other activities for reducing prevalence.

Significant doubts have been raised by NZ researchers about the likely impact on smoking prevalence and health gain of investing more funds into cessation services and their promotion. Modelling suggests it will require a 'massive increase' of funds into smoking cessation to impact on smoking prevalence (Wilson et al., 2018, p. 30). It should be noted that the modelling for this study assumed that additional cessation investment would be accompanied by substantial annual tax increases. Without ongoing tax increases it seems that even more funding would be needed for smoking cessation to impact on smoking prevalence.

The economic benefits and potential health gain of investing in cessation rather than other tobacco strategies was investigated by Nghiem and colleagues (2018), who compared this with other tobacco control interventions using the same multistate life-table model.

We note that the modelling in this study was based on the intervention package of mass media promotion and Quitline service, as actually used in New Zealand in 2011.

Nghiem and colleagues found that the health gain for Quitline services (including mass media promotion) for one year was only 7% of that for a modelled multiyear tobacco tax intervention and 16% of that for a modelled tobacco retail outlet reduction intervention (see Table 2 below).

⁷ About Truth | [truth \(thetruth.com\)](http://truth(thetruth.com))

⁸ The Real Cost Campaign | FDA

⁹ Media article retrieved on 24 May 2021 from [Vaping problem in schools at 'almost epidemic proportions'](#) | Stuff.co.nz

Table 5 Comparison of the results from this study with other modelled tobacco control interventions for New Zealand (ordered by increasing health gain and all using the same BODE³ tobacco model with a discount rate (DR) of 3%)

Tobacco control intervention	Health gain (QALYs)	Relative per capita QALYs gained for Māori versus non-Māori (age-standardised)	Cost savings (\$NZ million)
This study—package of mass media and quitline service for 1 year of routine operation	4200	3.6*	84.0
The most effective of four tobacco retail outlet reduction strategies, that is, limiting sales to 50% of alcohol outlets and nowhere else ⁸	26500	5.3 but not fully comparable (DR=0%, not age-standardised)	525
This study—package of mass media and quitline service but run for 20 years (scenario C)	54100	3.5	1070
Annual tobacco tax increases for 20 years ⁷	57500	4.9 but not fully comparable (DR=0%, not age-standardised)	1160
The second highest impact endgame strategy (a combination of tax increases, substantial outlet reduction and the 'tobacco-free generation strategy'), as per van der Deen <i>et al.</i> , ⁹ including online supplementary material)	119000	3.3	2600
The highest impact endgame strategy: a sinking lid on tobacco supply ⁹ (down to zero in 2025 the year of the New Zealand government's smokefree goal ¹⁰)	282000	3.0	5430

*Comparing the per capita QALY gain for Māori compared with non-Māori as in table 3 (2.19/0.729 per 1000 population) gives a result of 3.0. But after age-standardisation, given the younger age of the Māori population, this value is 3.6. QALY, quality-adjusted life-years.

Table 1. Comparison of modelling of Quitline with other modelled tobacco control interventions (Nghiem *et al.*, 2018, p. 439.)

The authors concluded that while Quitline services and their promotion appeared to be an effective means to generate health gain, it needed to be compared with other interventions, some of which appeared to be more effective.

There remains very limited evidence on the effectiveness of vaping products in supporting smoking cessation, and recent review studies have found most e-cigarette trials continue to have moderate or high risk of bias (Chan *et al.*, 2021). Furthermore, a recent analysis of NZ Health Survey data (Edwards *et al.*, 2019) found that the introduction and marketing of vaping products in New Zealand since 2015 has had no apparent impact on reducing prevalence.

“The figures reveal a steady increase in the trial, regular and daily use of e-cigarettes/vaping from 2015/16 to 2018/19. This increase has not been accompanied by any notable acceleration in reductions in smoking prevalence or an increase in quit rates, as might be expected if e-cigarettes were encouraging and supporting large numbers of smokers to quit or transition away from smoking to vaping.” (Edwards *et al.*, 2019)

Evaluation and monitoring will be essential to establish the effectiveness of ‘vape to quit’.

New Zealand now has a cohort of young people who have had easy access to pod vapes with very high levels of nicotine (up to 60mg/ml) for at least two years. There are recent anecdotal reports from school principals¹⁰ and from school counsellors of children who are heavily addicted and experiencing vaping-related mental health issues including anxiety and depression.

Consideration also needs to be given to helping both children and adults to quit vaping.

Final questions

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

SHORE supports all the measures consulted on in the Proposals for a Smokefree Aotearoa 2025 Action Plan. We agree that a comprehensive suite of measures is needed to reach and maintain Smokefree Aotearoa 2025, and the evidence suggests that these new measures will support and reinforce the current programme.

¹⁰ Retrieved 24 May 2021 from Vaping problem in schools at 'almost epidemic proportions' | Stuff.co.nz

SHORE supports the following priorities to help New Zealand reach Smokefree 2025.

- Make smoked tobacco products significantly less available as this will support people wanting to quit and make it harder for young people to start smoking. Plan to remove vaping products from generic stores as part of this process.
- Make smoked tobacco products less addictive and appealing as this will support people who are trying to quit and make it less likely that young people will become addicted to smoking.
- Set a minimum price for tobacco to prevent tobacco industry undermining prices and reinstate regular price increases as an industry levy.
- Introduce a Smokefree Generation Policy to prevent youth smoking uptake, as it is likely to reduce inequities.
- Increase investment in effective mass and social media campaigns to prevent youth uptake of smoking and vaping, promote quitting and promote understanding and support for the Smokefree 2025 goal and the policies needed to achieve it.
- Extend legislation to ensure outdoor public places are both Smokefree and Vape-free.
- Ban tobacco industry product innovations that are designed to appeal to young people.
- Prohibit filters in smoked tobacco products as it will make smoking less palatable, and this initiative will reduce the significant environmental pollution caused by butt litter.
- Support effective smoking cessation initiatives particularly for priority populations.

The following measures are essential for the effective implementation of the action plan:

- Strengthened Māori governance of the tobacco control programme.
- Significantly strengthened monitoring, compliance and enforcement of the Smokefree Environments and Regulated Products Act and all associated regulations (and any new legislation/ regulations that arise from the Government's Smokefree Action Plan), including monitoring of online sales of tobacco and e-cigarettes to minors
- Increased support for community action to promote and support the Smokefree Aotearoa 2025 goal and the measures needed to achieve it.
- Review the current tobacco programme service mix, allocation of resources and effectiveness to assess where value can be added to existing services.
- Develop a comprehensive evaluation and research plan to assess progress towards achieving and maintaining the Smokefree Aotearoa 2025 goal.
- Strengthen workforce development across the sector.

b). **Do you have any other comments on this discussion document?**

SHORE supports the Cancer Society NZ in calling for amending Smokefree legislation to prevent smoking and vaping in:

- all outdoor hospitality areas, and **not allow** designated smoking areas.
- grounds surrounding all Government or publicly owned organisations including tertiary education and health facility campuses
- grounds surrounding transport hubs including airports, bus exchanges and bus shelters and train stations
- all sporting and recreational facilities and grounds
- music, sport or cultural events
- outdoor recreation areas, parks, playgrounds, and beaches

In addition, Government should legislate to:

- Require effective and visible Smokefree/Vape-free signage for Smokefree outdoor public places.
- Provide local authorities with more effective power to make Smokefree bylaws. This should be for special areas where local needs are extra to national Smokefree legislation, not a substitute for such legislation.

Phase out vape products from generic retailers

We recommend the national tobacco plan include a commitment to phase out all vaping products from generic retailers through a planned process aligned with timeframes removing conventional tobacco products from most retailers. This will reduce the potential harm to young people by making the products harder to access.

Even with the passage of the new Act, vaping products continue to be openly displayed and sold anywhere, alongside sweets and other groceries in local dairies and corner stores. New Zealand's experience with tobacco products suggests that generic stores are unlikely to enforce R18 restrictions on these products, and public health units do not have the capacity to monitor tobacco or vaping sales to minors.

Submissions process

We note that people wanting to make submissions on this draft plan were asked whether they had the following commercial interests in tobacco:

- Tobacco manufacturer, importer or distributor
- Retailer – small, for example a dairy or convenience store
- Retailer – medium or large, for example supermarket chain or petrol station
- Vaping or smokeless tobacco product retail, distribution or manufacture

SHORE supports those submissions from entities with commercial interest being analysed separately from those without, to take into account commercial bias.

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World Health Organization. (2017). *Tobacco and its environmental impact: an overview*. World Health Organization.

Submission form

Your details

This submission was completed by: (name)

Email:

Phone number:

Organisation (if applicable):

Organisation address: (street/box number)
(town/city)

Role (if applicable):

Additional organisation information

I am, or I represent an organisation that is, based in:

- New Zealand Australia Other (please specify):

I am, or I represent, a: (tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Personal submission | <input type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
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| <input type="checkbox"/> Government organisation | <input type="checkbox"/> Retailer – medium or large, for example supermarket chain or petrol station |
| <input type="checkbox"/> Research or academic organisation – eg university, research institute | <input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture |
| <input type="checkbox"/> Other (please specify): <input type="text" value="Click or tap here to enter text."/> | |

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- Other Ethnicity *(please specify):*
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Commercial interests

Do you have any commercial interests?

- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products

- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products

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Please provide details of any tobacco company links or vested interests below.

Click or tap here to enter text.

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Te Rito O Te Harakeke -Te Kāhui Matepukupuku o Aotearoa -The Cancer Society of New Zealand submission on the Smokefree 2025 Action Plan Discussion Document

Introduction

Te Rito O Te Harakeke, a roopu of Māori staff within Te Kāhui Matepukupuku o Aotearoa - The Cancer Society of New Zealand have chosen to make a collective submission to support their national Te Kāhui Matepukupuku o Aotearoa – The Cancer Society of New Zealand submission response.

This submission draws together views held by the Māori staff members who have responded collectively from their division within the federation of Te Kāhui Matepukupuku o Aotearoa - The Cancer Society of New Zealand

Our members strongly support endorse and participated in Te Kāhui Matepukupuku o Aotearoa - The Cancer Society of New Zealand national response to the proposal discussion of the Smokefree Action Plan Discussion Document

Our members from their divisions are;

Cancer Society Canterbury West Coast Division

[Redacted list of names]

al Districts & Auckland Northland

[REDACTED]

Consultation questions

Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

Te Rito O Te Harakeke members believe that Māori governance of the tobacco control system should be determined by and with Māori, and how this exercised is best determined by Māori.

Cancer Society Aotearoa is not a Kaupapa Māori entity and will always be supportive of Māori governance and leadership in tobacco control. This is seen as a critical step to ensure real progress is made in reducing the harmful and inequitable impacts of tobacco use on Māori. Te Rito O te Harakeke feel that a governance process is best defined through consultation and engagement with Māori communities, their networks, their Iwi leaders, hapu and whānau.

A Tiriti inspired approach would utilise the existing government processes and obligations under Te Tiriti o Waitangi to engage together with Māori in the decision making, determining best practices and appropriate methods to produce successful outcomes in reducing the tobacco use and harm among Māori. Te Rito O Te Harakeke support the creation of an independent Māori Health Authority (with its own mana and authority) and see this as a potential governance opportunity for the Tobacco Control system in the future.

As the Māori Health Authority begins to become established, we recognise that an interim solution will be needed, therefore consultation with Māori on Māori governance is essential. Cancer Society Aotearoa is committed to reducing the harmful and inequitable impacts of tobacco use on Māori and Te Rito O Te Harakeke will always support Māori governance and leadership in tobacco control.

- b). What action are you aware of in your community that supports Smokefree 2025?

Te Rito O Te Harakeke members regularly work within our communities at a supportive care, health promotion, fundraising and volunteering level as well as at national advocacy and lobbying levels. Our members where possible have collaborated with their local community stakeholders, public health units, Iwi leaders, community networks and some local councils to engage in discussions to gather support for achieving Smokefree 2025. These discussion events have focussed on collectively gathering a national call to action via the Cancer Society Aotearoa petition to; Seek legislation changes to make tobacco and tobacco products less available, and reducing the number of outlets to purchase these products. Lowering the nicotine levels in tobacco to assist with long term smokers to help quit. Support local councils by strengthening smokefree/vape free policies and Outdoor spaces

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

Te Rito O Te Harakeke members indicate strengthening community action to achieve Smokefree 2025 will require. Strong and effective provision of fund resourcing to Māori communities, to develop and implement their own Kaupapa Māori strategy with its own content, evaluation and measurement processes that will be inclusive and beneficial to the whole community that includes stakeholders, partners, and community networks. Urgent legislation changes for smokefree outdoor public spaces and smokefree outdoor dining as currently local smokefree outdoor policies are inconsistent across local authorities and are largely unenforceable. This will provide a level playing field for all New Zealanders regardless of what local authority they live in and supports those trying to stop smoking and provides positive role modelling behaviour to our tamariki.

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

Te Rito O Te Harakeke members strongly support increasing research, evaluation, monitoring and reporting. both in our roles within the Cancer Society and through our whakapapa connections and we know the harm of tobacco upon our whānau. Research evaluation monitoring and reporting must be a core component in the Action Plan Māori We recommend that a priority for investment is to strengthen Kaupapa Māori research and develop Kaupapa Māori based evaluation monitoring and reporting methods led by leading Māori experts. A key aim to developing a Kaupapa Māori research practise will begin Mātauranga Māori inclusion in existing New Zealand research to strengthen community action. A current example of this is the initial work that Dr George Lakin is undertaking on Kaupapa Maori Cancer services for Aotearoa. We also recommend increased investment in: Monitoring of Sales at individual retailer level Population level data of smoking rate various age groups be undertaken annually, to monitor the uptake/cessation of Tobacco use Identifying the setting of tobacco initiation

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

Te Rito O Te Harakeke recognise that continuing sales of tobacco products by unlicensed stores or the readily availability of tobacco products will not support achievement of the Smokefree goal. Strong monitoring and enforcement of the law is needed to ensure compliance. Te Rito is supportive of increased investment in: Border Control - necessary to reduce illicit trade and importing of illicit tobacco products Controlled Purchase Operations – to ensure tobacco products are not sold to minors, and only sold in premises allowed to do so. Internet sales – to reduce the sale of tobacco products to minors through on-line sites

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

Te Rito O Te Harakeke members strongly support the establishment of a licensing system for all retailers of tobacco and vaping products (in addition to specialist vape retailers). We support the establishment of a tobacco retailer licencing scheme; we also support our Cancer Society Aotearoa recommendation that a licensing system for all tobacco and vape retailers including generic stores and the advice given that the licensing system is not a standalone measure. We recognised that licencing is a necessary requirement for reducing tobacco retail availability and will provide a tool to identify and manage retailer numbers. A necessity to quell the presence of the most harmful consumer product in history, that currently can be sold by anyone and anywhere in New Zealand.

- b). 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:

Te Rito O Te Harakeke members strongly support reducing the retail availability of smoked tobacco products by significantly reducing the number of retailers based on population size and density. Our members within their work roles have seen the devastating impact and influences that the current availability of tobacco in their communities have had on their local population. The availability and easy access of tobacco products sold in so many retail outlets that common food items are available is not fair to whānau who are on their Quit smoking journey, is not safe for our tamariki and rangatahi and not equitable when our lower socio-economic communities are being actively targeted toward purchasing tobacco with so many retail outlets available.

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

Yes No

Please give reasons:

Te Rito O Te Harakeke members support reducing the retail availability of tobacco products by restricting sales to a limited number of specific store types (e.g., specialist R18 stores and/or pharmacies) by strongly supporting the Cancer Society APDD response

as follows: *The Cancer Society strongly supports phasing out the retail availability of tobacco so that it is only sold at a limited number of licensed R18 (or higher if the age limit to purchase is increased) specialist tobacco only stores. This is our preferred option. Our members believe that this measure will be a strong mechanism to initiate cessation in current smokers and reduce uptake by tamariki and other non-smokers.*

d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

Te Rito O Te Harakeke members support a Smokefree generation policy and appreciate the future benefit of protecting our coming generations from the commercial interest of the Tobacco industry within this proposed policy but recognise that implementing the policy will require some strong legislative support. However, our members also recognise the effects that not planning for a SFP has, we know that historically smoking initiation was a rite of passage at a young age where most of this population would morph into adult addicted smokers. We support the vision of a future where rangatahi and tamariki are not burdened by tobacco use. A recent hui endorsed the words of Dame Tariana Turia who, at the 2021 National Tupeka Kore Tobacco control hui, stated: "The story and history of Tobacco are reflected in our Urupa." Those of our members that attended this hui saw a smokefree generation policy as key to reversing this history.

e). 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:

Click or tap here to enter text.

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

Te Rito O Te Harakeke members strongly support making tobacco products less addictive and less appealing and agree the reduction in nicotine in smoked tobacco products to very low levels will achieve the following; Greater support for whānau who want to quit smoking and have tried existing current cessation methods like Vaping/NRT products but not maintained any success will still have another option. Discourage youth uptake of tobacco initiation. Help whānau who have successfully quit tobacco use from the re-uptake of smoking. Our members feel that this will be a strong backing to achieving our smokefree goal

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

Te Rito O Te Harakeke members consider that the enhancement of tobacco through filters and flavourings, so as to make tobacco more palatable to use supports addiction. Nicotine is the addictive driver in the product and adds no flavour. If tobacco is so "wonderful" a non-addictive form can be provided

Our members recommend that filters be prohibited and support our Cancer Society APDD response

"Filters are used by tobacco companies to manipulate people into thinking they make smoking safer. In addition, tobacco companies use filters to introduce innovations e.g. adding flavours to cigarettes to attract new people to smoking. Cigarette butts also massively contribute to the degradation of our environment. Any one of these reasons is enough to warrant prohibiting filters in tobacco products but combined, the evidence for support is overwhelming."

Te Rito members are also concerned of the environmental impact and effect that the disposal of filters or Butt Litter pollution has on our earthly mother Papatūānuku. Many New Zealanders do not perceive filters (Butt Litter pollution) as plastic waste. The impact of this pollution when discarded is either squashed into Papatūānuku or flicked into a roadside drain and travels through the waterway into our awa (river) and eventually out to Tangaroa (Atua of the Moana) to the Moana (ocean). Tane Mahuta (Atua of Forests and bush life) can also feel the effects of this pollution when butt litter is carried on the wind towards our ngahere (bushes) and can end up in our awa or on the ngahere floor damaging to this wildlife as well.

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

Yes No

Please give reasons:

Te Rito O Te Harakeke members recognise that there are many unregulated tobacco product innovations that target our Māori communities. We strongly support any move to prohibit the tobacco industry's ability to influence our whānau hapu and iwi, via clever and innovative products like capsules or 'crush balls' that can contain flavoured beads which when popped change the taste of the cigarette. While most capsule variants offer menthol or mint flavours, fruit flavours are increasingly common, as have cigarettes with two differently flavoured capsules in the same filter. We support prohibiting all and any product innovation

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

Te Rito O Te Harakeke members support a Minimum Price Policy (MMP) which typically requires cigarette retailers to charge a minimum retail price for tobacco, this minimum price for all cigarettes prohibits discounts to consumers and retailers. This would prevent price shifting and discounting tactics designed to keep people who smoke from consuming large volumes and thus sustaining heavy addictions. We note the concerns increasing prices have on addictive whānau with low income, however it is a measure that encourages whānau to quit which has great gains for their health and finances. These impacts need to be monitored and can be mitigated by providing more targeted cessation support for whānau

5. Enhance existing initiatives

(a) Increase investment in mass and social media campaigns

Te Rito O Te Harakeke members strongly support enhancing existing initiatives by increasing investment in mass and social media campaigns and support the Cancer Society APDD response below:

“supports the Ministry’s comments and conclusions about the proven importance of mass media campaigns to support both cessation and the prevention of youth uptake as part of our longstanding and successful comprehensive approach to reducing smoking prevalence and tobacco-related harm”.

We also believe mass and social media campaigns can drive and invigorate Māori communities to achieve the Smokefree 2025 goal where increased investment is targeted to Māori campaigns to be led by Māori to achieve Māori smokefree achievement.

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

Te Rito O Te Harakeke members strongly support increasing investment in stop smoking services for priority populations and view our Māori population to be of the highest priority.

Our members are alarmed at the continued prevalence of Lung cancer occurring for our Māori whanau particularly our Māori wahine who are four times more likely to contract lung cancer than their NZ counterparts.

Based on this we feel that stronger investment toward stop smoking services must be a priority to ensure that our Wāhine Māori, and Hapu Māmā have the dedicated support to become a successful quitter.

Some of our members involved in local Smokefree collectives have noted feedback from community/Iwi stop smoking service providers that referrals have fallen since the annual excise tax increases ceased. There could be an increase in self referrals, if the VLNL in cigarettes and tobacco supply reduction are core components of the final Action plan.

We also recommend that that increased investment must ensure that Stop Smoking Services will be able to respond to the increased service demands with sufficient staffing levels, cessation training and professional development, access to cessation resources that are accessible, affordable, and effectively funded to subsidise all nicotine replacement therapy products (e.g., Inhalator & Quit Mist, which are currently unfunded).

Our members also recognise that investment is also required to ensure stop smoking services are more than programme deliverers and smoking cessation providers, but that these services can actively promote themselves within their communities.

Final questions

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

Te Rito O Te Harakeke members collectively recommend that priority be around the following, **Retail availability** Reducing point of sale to R18 specialist stores provides appropriate access for people who currently smoke. Reduces easy access for young people and non-smokers. Supports people who are quitting by removing cues that trigger relapses. **Greatly Reducing Nicotine Levels in smoked tobacco** Will reduce the “hold” tobacco products have on people who smoke. Will help support people who want to quit, by making them less addictive. Will reduce the likelihood of non-smokers starting. Can be less desirable to youth initiation of tobacco use, **Smokefree Generation** Could also have major improvements on reducing youth uptake, making it harder for people under the restricted age, to ever be able to buy tobacco, which could eventually, potentially, lead to a future of very low tobacco use. Looking towards the future, a smokefree generation would be the beginning of change.

- b). Do you have any other comments on this discussion document?

Te Rito O Te Harakeke members are pleased to see bold actions to achieve Smokefree Aotearoa 2025 within this Discussion Document and it reflects an important opportunity to achieve our national Smokefree 2025 goal. We recognise that the Government is working diligently to address preventative measures from one of most harmful consumer products, readily available and hugely impactful on our Māori, Pacific, and most vulnerable communities, and congratulate again the bold measures and intended investment in the discussion document which has strong community support. Finally, we recommend that in the analysis and reporting on the discussion documents feedback community and commercial responses are collated and reported separately. **Henare Kani, Māori Advisor – Te Hau Angiangi, Te Kāhui Matepukupuku O Aotearoa**

Submission form

Your details

This submission was completed by: (name)

Email:

Phone number:

Organisation (if applicable):

Organisation address: (street/box number)
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Click or tap here to enter text.

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Consultation questions

The Ministry of Health is seeking comments on the following proposals for a smokefree Aotearoa 2025. You can find more information about these proposals in the discussion document which can be downloaded from - <https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>.

Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

Click or tap here to enter text.

- b). What action are you aware of in your community that supports Smokefree 2025?

Click or tap here to enter text.

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

Click or tap here to enter text.

- b). 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:

Population size doesn't work. It's the demographic of the people that you need to cater to. e.g NZ holidaymakers, they are bigger than the local population as they are here in the large numbers for summer, ski season, public and school holidays, etc.

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

Yes No

Please give reasons:

You need to have brightly light up sites, with clear windows, service stations offer this level of security.

Tradesmen need to be able to drive up to a site, not look for a carpark in the town, and have to walk blocks to go to a shop.

- d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

Click or tap here to enter text.

- e). 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:

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

Click or tap here to enter text.

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

Click or tap here to enter text.

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

Yes No

Please give reasons:

Click or tap here to enter text.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

Click or tap here to enter text.

Final questions

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

Click or tap here to enter text.

- b). Do you have any other comments on this discussion document?

We are a service station in a resort town. People come to this town to holiday and due to many being from overseas we sell a lot of tobacco products, a high number are to Intl tourists.

We only sell vaping products.

We are a branded convenience banner who prides itself on being supportive of the local community.

We do not sell to minors and never have an issue with under age youth coming to attempt to purchase, as they know they won't be served. We run regular internal audits and have compliance on going training programmes with regards to smoking and vape product sales.

We have leading security programmes that support and protect staff and customers.

We are not in a low decile area, however the rest of our brand is not over represented in low decile areas. Service stations are generally built on main thorough fares, so that it is easy for customers to drive onto the premises.

Submission form

Your details

This submission was completed by: (name) [redacted] on behalf of Smokefree Murihiku

Email: [redacted]

Phone number: [redacted]

Organisation (if applicable): Smokefree Murihiku

Organisation address: (street/box number) [redacted]
(town/city) [redacted]

Role (if applicable): [redacted]

Additional organisation information

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- New Zealand Australia Other (please specify):
Click or tap here to enter text.

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- I have a commercial interest in vaping products
- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products

Commercially sensitive information

We will redact commercially sensitive information before publishing submissions or releasing them under the Official Information Act.

If your submission contains commercially sensitive information, please tick this box:

- This submission contains commercially sensitive information.

If so, please let us know where.

Click or tap here to enter text.

Protection from commercial and other vested interests of the tobacco industry

New Zealand has an obligation under Article 5.3 of the World Health Organisation 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, all respondents are asked to disclose whether they have any direct or indirect links to, or receive funding from, the tobacco industry.

Please provide details of any tobacco company links or vested interests below.

Click or tap here to enter text.

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Consultation questions

The Ministry of Health is seeking comments on the following proposals for a smokefree Aotearoa 2025. You can find more information about these proposals in the discussion document which can be downloaded from -

<https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>.

Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

Smokefree Murihiku support effective Māori governance of the tobacco control sector being determined by Māori. We support our Māori health colleagues with the knowledge and mātauranga and wealth of experience they have. Our local Māori health providers, Ngā Kete Matauranga Pounamu Charitable Trust, our Stop Smoking services, and Awarua Whānau Services are members of Smokefree Murihiku.

We believe that Māori governance and leadership in tobacco is critical to ensure real progress is made in reducing the harmful and inequitable impacts of tobacco use on Māori. How this governance is enacted is best determined through consultation and engagement with Māori. Māori have long advocated for stronger more effective tobacco control legislation but their views have not been acted on ¹.

Awarua kaimahi note there needs to be more than just Māori governance. It is essential this model is not just tokenistic and has people involved with the community who are endorsed by the community. This people need to be cognisive with the issues present. Surrounding these people needs to be a Māori advisory panel that is evidenced based and community informed. Their work needs to be compensated appropriately and not just a koha for their time and expertise. This person needs to understand the social determinants that policy change can have on whānau health (more than just their physical wellbeing). Recognition that this is an addiction and can have other major impacts on whānau hauora.

Our kaimahi from Ngā Kete Matauranga Pounamu Charitable Trust, emphasise smoking is not a part of our whakapapa and a breach of *Te Tiriti o Waitangi*. It is a western colonised practice that has continued to cause impactful harm and premature death to Māori. Māori governance would look like the Māori worldview, tikanga and Māori values being upheld at macro and micro levels – with the best interest of Iwi, hapu and whānau at the epicentre of all decision making. At the very least effective governance for tobacco control would see smoking cessation services remain with Māori providers to provide culturally appropriate support.

Smokefree Murihiku as a whole, fully endorse the knowledge and requests of our colleagues at Ngā Kete Matauranga Pounamu Charitable Trust and Awarua Whānau Services.

References

1 Gifford, H., Wilson, N., Edwards, R., Weerasekera, D., & Waa, A., 2011. Poster; Māori Smokers Support Major Tobacco Control Interventions: National Survey Data from Aotearoa/New Zealand <https://www.otago.ac.nz/wellington/otago022856.pdf>

b). What action are you aware of in your community that supports Smokefree 2025?

Smokefree Murihiku is a coalition of groups collectively working to achieve the objective of Smokefree Aotearoa 2025. The coalition has a wide membership and includes representatives from the Cancer Society, Heart Foundation, Public Health South, Nga Kete Maturanga Pounamu Charitable Trust (NKMP), Awarua Whanau Services, Well South and Healthy Families Invercargill.

We are aware of community action supporting Smokefree 2025 by local coalitions like ourselves, NGOs e.g. the Cancer Society, local cessation providers e.g. the Southern Stop Smoking Service, local Māori health providers e.g. Ngā kete Maturanga Pounamu Charitable Trust, Awarua Whanau Services, Public health units, Primary health organisations, Schools, Community groups, Cafés involved in the Fresh Air Project, and local and regional district councils.

Local Councils have played a crucial role. Without sufficient national legislation local councils have had to do a large amount of work in this area, for example by developing various patchwork of policies throughout the county. Smokefree signs at playgrounds, sport fields, beaches, in central business districts. This map illustrates the variety of measures various councils have taken <https://www.smokefree.org.nz/smokefree-resources/maps-of-nz-councils-smokefree-outdoor-policies-and-spaces> however, as noted it is inconsistent throughout the country, it is also largely unenforceable.

c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

What is needed to strengthen community action for a Smokefree 2025, is national legislation to support and strengthen all hard work of these groups across the country. New Zealand has been admired internationally for the strong evidence-based leadership in handling the Covid 19 pandemic. The world is watching to see how we deal with tobacco too. Will we demonstrate similar admirable leadership to manage the single most lethal consumer product readily available at throughout society? If all the measures outlined in this plan are utilised, and we also legislate Smokefree-Vapefree outdoor areas like outdoor dining, playgrounds, beaches, and CBDs then we would have a good chance of leading the world and role modelling what is possible.

Another way the government can support Aotearoa to be Smokefree would be to set up a national framework requiring employers to offer stop smoking support to employees and provide a supportive environment to stop and remain Smokefree. This is especially important for trade and hospitality workforces, where smoking rates are higher. We would also welcome government support for smoking cessation providers to be able to support people to stop vaping once they have successfully become Smokefree.

This is an industry created problem, we do not let other harmful products stay on the

market when we know how unsafe they are. We do not give people the option to buy leaded petrol at service stations anymore. The tobacco industry kills more people in New Zealand than road crashes, suicide, alcohol, other drugs, murder, and drowning combined ¹. In 2019 there were 5,032 tobacco related deaths in NZ (13.7 per day) while estimations of deaths by road crashes, suicide, alcohol, other drugs, murder, and drowning combined range from 2154 people per year or 2337 (if we use our deadliest earthquake)²⁻⁹.

This number, 5,032, is not just a number, these are our families, our whānau, our kaumātua, our children, our brothers, sisters, aunts, uncles, husbands, wives, nieces, nephews, our friends, and our workmates. We need comprehensive legislation to save lives.

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

Research around vaping to see if it is achieving reduction in smoking and looking at dual use. Research around industry tactics on tobacco & vaping. Census data collection of both smoking and vaping at every census.

Tobacco control capacity and operational funding within the Ministry as well as in Public Health Units will need to be increased to support reaching SFA 2025. Increased capacity for monitoring and investigating breaches of the Smokefree Environments Act. Especially as vape products are now included in this Act. Investment in monitoring, surveillance and enforcement of tobacco and vape retailer and industry behaviour are urgently needed.

Investment in border control for monitoring black market activity will also need to be increased. Independent research is needed on black market activity and illicit trade, tobacco companies' consistently attempt to undermine, tobacco control measures by exaggerating estimates of illicit tobacco. Tobacco companies themselves have been found to be involved with illicit trade ¹.

Smokefree Murihiku recommend the government ratify the Protocol to Eliminate Illicit Trade in Tobacco Products ².

References

1 Gallagher, A., Robertson, L., Hoek, J., Wilson, N., Edwards, R., (2021). Illicit tobacco trade and the Smokefree Aotearoa 2025 Goal: Arguments and Evidence: Public Health Expert: University of Otago

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https://www.who.int/fctc/protocol/illicit_trade/protocol-publication/en/

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

As mentioned in Focus 1, question c, Smokefree Murihiku would like to see mandated Smokefree outdoor public places as part of the Smokefree Aotearoa 2025 Action Plan. The only nationally legislated Smokefree outdoor areas (as of 2004) currently are schools, kura, early childhood centres, and kōhanga reo ¹ and in 2020 these also became Vapefree ².

Smokefree outdoor areas support people trying to quit smoking, protect workers and public from tobacco smoke, and reducing smoking visibility to children and young people ³⁻⁶. Children and young people who see smoking around them are more likely to start to smoke and smoking visibility makes it harder for people to remain Smokefree after successfully quitting ⁷⁻⁹.

Regional and local Smokefree initiatives have been driven by local SF Coalitions, NGOs, DHBs, iwi authorities, local marae, local government authorities both city and district councils (see Smokefree Mapping NZ Councils ¹⁰). However, these locally driven Smokefree outdoor policies are largely unenforceable ¹¹, and without central government legislation they are inconsistent across the country, varying from one area to the next. This has meant communities have inequitable access to healthy public spaces ¹².

Public support for Smokefree outdoor spaces is well substantiated. In 2019 Smokefree Murihiku assisted locally with the Cancer Society advocacy work looking at public support for extending legislation to include Smokefree outdoor public places, we got feedback from 280 people in Southland. There was very high support for legislation to cover a variety of outdoor areas ranging from 89% to 97% support. The areas asked about were playgrounds, outdoor areas of cafés, bars, and restaurants; bus stops, train stations and transport hubs; and whether people wanted Smokefree areas to also be Vapefree.

The percentage of people in Southland agreeing with each statement were

97% All playgrounds are Smokefree. (n=272)

92% All outdoor areas in cafes, restaurants and bars are Smokefree. (n=258)

93% All bus stops, train stations and transport hubs are Smokefree. (n=259)

89% All Smokefree areas are also Vapefree. (n=249)

This was very similar to the overall percentages in New Zealand n=1481, (98% playgrounds, 92% outdoor dining, 95% transport hubs, and 89% Smokefree = Vapefree).

New Zealand tobacco control researchers recommended in their Achieving Smokefree Aotearoa Plan ¹³ that government extend Smokefree environment legislation to include

specific outdoor areas, to disallow smoking in all outdoor hospitality areas, building entrances and outdoor recreation areas, parks, playgrounds, and all sporting and recreational facilities. Smokefree Murihiku strongly support this, as it would create more Smokefree public spaces across New Zealand and offer consistency of Smokefree policy across Local Authority areas for residents and visitors alike.

Smokefree outdoor dining has been embraced across New Zealand with voluntary initiatives like the Fresh Air Project (a Smokefree and Vapefree outdoor dining initiative). The Fresh Air Project began in Christchurch 2016 and had considerable support from business and customer 95% (of 1861) customers were supportive of the project. When it was run in Otago-Southland similar support was found had 94% support from 1542 customers who gave feedback, in Southland specially 95% of the 362 customers supported the Smokefree Vapefree outdoor dining areas. All the businesses chose to continue to be Smokefree and Vapefree once the pilot came to an end. A total of 206 Fresh Air venues are currently operating across NZ regions (this does not include venues who are Smokefree but have not joined the Fresh Air Project). During the evaluations with businesses, we were repeatedly told they wanted a 'level playing field' and this has been found in other surveys of businesses on the topic (Thomson et al. 2017).

We urge government to include Smokefree public places as a key area of action in the Smokefree Aotearoa 2025 Action Plan. Disparities in Smokefree outdoor space policies exacerbate existing health inequities¹². Nationally legislated Smokefree outdoor areas could help to reduce these inequities.

Smokefree Murihiku recommend the government legislate to support best practice in implementing Smokefree outdoor areas and disallow smoking and vaping in:

All playgrounds, parks, reserves, and sports fields.

All National Parks, and beaches.

All outdoor hospitality areas, (and **not allow** designated smoking areas.)

All tertiary education facilities

All hospital grounds

All transport hubs, bus stops, train stations, and airports.

Government should also legislate to: Require effective and visible Smokefree/Vape-free signage for Smokefree outdoor public places.

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Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

Smokefree Murihiku support a licensing system for all tobacco and vape retailers including generic stores. However, we do not support a licensing system as a stand-alone measure.

Licensing schemes offer an opportunity to set retailer conditions such as suitability of applicant (knowledge of legislation, character and reputation, training, concerns about previous sales to minors); trading hours; retailer location; proximity to schools, marae, early childhood education centres; proximity to other tobacco or vape retailers and restricting density of retailers in a given area. We would also like to see licences require annual sales returns on tobacco and vape products. Licences provide an important mechanism for monitoring and enforcement. Licences can be removed for breaches and are therefore powerful legal tools that can be used to improve enforcement of tobacco-related laws.

Licensing fees need to be set at levels that adequately cover both the administration of a licensing system and effective monitoring and enforcement by tobacco control enforcement officers nationally.

The Allen Consulting Group report Australia 2002¹ can be referred to for best practice tobacco licensing schemes. It can be found here [https://www1.health.gov.au/internet/main/publishing.nsf/Content/51D4A401FD339C40CA257BF00212035/\\$File/license.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/51D4A401FD339C40CA257BF00212035/$File/license.pdf) A well-enforced licensing system can help ensure compliance by providing stronger incentives to tobacco retailers to comply with tobacco control laws².

Reference

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2 Chapman, S., & Freeman, B. (2009). Regulating the tobacco retail environment: beyond reducing sales to minors.

b). 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:

Smokefree Murihiku support restricting the number and type of tobacco retailers based on both population size and density, preferably to R18 specialist tobacco stores only. There is currently no legislation restricting where tobacco can be sold nor who can sell it. Easier access to tobacco retailers is associated with an increase in youth smoking^{1,2}, increased smoking among people who already smoke³ and people find it harder to stop smoking^{4,5}.

The more places that sell tobacco, the more likely young people are to smoke, even more so when places are closer to where they live¹. Residents within low socio-economic communities are exposed to much higher density of tobacco retailers, about four times greater, than those living in higher socio-economic areas^{6,7}. Tobacco density would need to be reduced sufficiently in low socio-economic areas, where smoking rates are highest and people are more at risk of tobacco harm^{8,9}. Failure to substantially reduce the number and density of tobacco retailers in low socio-economic areas will continue to widen existing inequities.

Smokefree Murihiku would also like to see restrictions on the proximity of tobacco retailers to schools, kura, early childhood education centres, kōhanga reo, marae and health centres. Currently 54% of secondary schools have at least one tobacco retailer within 500 metres of the school, an 83% have at least one retailer within 1 kilometre¹⁰. Evidence shows that the more tobacco retailers there are around a school, the more likely students are to have ever smoked, engaged in experimental smoking and be susceptible to future smoking¹¹⁻¹⁴. Reduced density of the sale of tobacco around schools would reduce curiosity and temptation concerning tobacco, diminish the normalising of smoking in the community, and provide fewer opportunities and cues for adolescents to attempt to purchase tobacco¹⁴.

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

Yes No

Please give reasons:

Smokefree Murihiku strongly support phasing out the retail availability of tobacco so that it is only sold at licensed R18 (or higher if the age limit to purchase is increased) specialist tobacco stores.

This measure provides the greatest opportunity to substantially reduce the number of tobacco retailers to approximately 300 as has been recommended by ASPIRE ¹. Sales restrictions could designate specialist R18 tobacconists or government-operated R18 stores as the only suppliers of tobacco products. This approach would stimulate quitting, reduce relapse among people who have become Smokefree, and minimise youth access (by facilitating enforcement around underage sales)¹. This approach has also been suggested by people (who at the time of the study smoked) ².

Some quotes from participants were:

"you can't have that kind of goal when they're selling them in the shops. What's the point? You know what -seriously, what's the point? It's too readily available" (Pregnant, Pacific, 38).

"I reckon it's weird how they sell it with like food and stuff. it's just wrong for me. They should have like a R18 shop for them or something. That, I reckon that'd be good" (Pregnant, Māori, 17).

"Um, I think that young people would take less and be much more sensible about their, their choices if it was run by the government. Or allowed by the government and monitored by the government but run through a third party" (NZE, male, 23).

Other New Zealand research has also found strong support (62%) from people who smoke and people who had recently become Smokefree, to reduce the number of places that can sell tobacco products (by 95%) and allow sales only in a limited number and type of stores³.

Significantly reducing outlet numbers is also likely to help reduce disparities as tobacco retailers are often concentrated in disadvantaged areas. It would also support people trying to stop smoking, as research shows people who smoke experience stronger cravings when they expect to be able to smoke in the near future⁴. Tobacco is the only retail product when used as intended kills as many as two-thirds of its long-time users ^{5, 6} yet it is available anywhere. We need to end the perception that cigarettes are an ordinary consumer product

and instead have their availability limited and controlled, like other harmful products. There is strong public support, Smokefree Murihiku supported the Cancer Society's survey in 2019 asking about the sort of legislation people wanted to see to support our communities be reach Smokefree Aotearoa 2025. Nationally 92% of 1481 submissions collected wanted regulations to reduce the number of places selling tobacco. Locally in Southland 89% of 280 submissions collected supported this measure.

In 2020 Cancer Society ran an on-line poll for World No Tobacco Day asking 'Should smokes only be sold in R18 specialist tobacco shops?' Smokefree Murihiku shared and supported this poll. Of the 1200 votes cast 82% supported restricting tobacco sales to only R18 specialist tobacco shops.

In 2021, in anticipation of the governments (at that stage) unreleased plan, a similar activity was undertaken by the Cancer Society and again Smokefree Murihiku supported this by asking our local community. Community Voices were gathered asking people about what measures they would like to see in Government's Smokefree Action Plan Nationally 92% (n= 776 of 844) wanted the Smokefree Action Plan to include commitments to reducing the number of places selling tobacco, and locally 91% of the 222 submissions supported this.

In 2021, the Cancer Society also launched a petition to raise the need to address the widespread availability of tobacco on both the public and politicians' agenda. Smokefree Murihiku again tautoko this work and shared it amongst our networks. The petition requested the House of Representatives pass legislation that significantly reduces the number of tobacco retailers, to help reach Smokefree Aotearoa 2025. **7887** people signed the petition adding more community voices supporting this important measure in the proposed Smokefree Action Plan.

New Zealand research found small retailers emphasised that removing tobacco from all dairies, convenience stores and supermarkets would lead to a fair competition among shops ⁷. They want a level playing field and are likely to support legislation that only permits the sale of tobacco from a few specialist stores that only sell tobacco. Restricting sales to only R18 tobacco retailers would treat current retailers equally and address the challenge of providing a level- playing field.

Smokefree Murihiku recommend against restricting tobacco sales to alcohol outlets as this would reinforce the strong association between alcohol and smoking especially in the 18-24-year age group when smoking rates are high and social smoking prevalent. Alcohol outlets are also over concentrated in low socio-economic communities.

Smokefree Murihiku does not support a 'grandfathering approach' as the number of retailers would decrease too slowly and not achieve the 95% reduction required. Smokefree Murihiku recommend phasing out tobacco retailers with legislation changes enacted between 6 and 12 months after gaining Royal Assent. This will provide sufficient time for retailers to stop selling tobacco, especially considering legislation will take some time to be drafted and passed, in reality providing a longer timeframe for retailers to become prepared.

Smokefree Murihiku recommend the Government offer small business support or assistance from small business advisors for transitioning away from tobacco sales.

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d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

Smokefree Murihiku supports introducing the Smokefree generation policy to restrict the sale and supply of tobacco products from a set date for future generations. This policy recognises that young people who start smoking rarely, if ever, make an informed choice^{1,2} and a high percentage young people (15-19 years), particularly Māori (82%), regretted starting smoking³. Researchers argue that consumers have a right to be protected from products that may kill them, particularly where those products are addictive⁴.

New Zealand modelling suggests the tobacco-free generation policy is likely to contribute substantially to ending smoking disparities⁵. If adequacy enforced, this policy is predicted to halve smoking rates within 10- 15 years of implementation - and would result in five times' larger health gains per capita for Māori compared to non-Māori. Given the higher smoking prevalence and age structure of Pacifica populations it is similarly likely to benefit those peoples.

Concerningly, the youth smoking rate has risen for the first time in 20 years, this happened alongside a rapid increase in vaping⁶. The increase in Māori smoking prevalence of year 10 students was significantly higher than non-Māori, raising concerns about the possibility of a widening of ethnic inequities in young people, which had been gradually narrowing since 2000⁷.

In the earlier mentioned 2021 Community Voices advocacy work, nationally 86% (n= 726 of 884) wanted the age raised when people can buy tobacco to create a Smokefree generation. In Southland 84% (of 222) supported this measure.

Any benefits of a Smokefree generation will not have immediate impacts on reducing smoking and will do little to help reach SF2025, however it will create long-term benefits and inequity reductions. It will also support and maintain Smokefree communities once the 2025 goal has been reached ^{4, 8}.

Smokefree Murihiku recommend increased resources are provided for border controls to reduce any potential increase in black market activities as suggested in the Impact Summary. We also recommend the government ratify the Protocol to Eliminate Illicit Trade in Tobacco Products ⁹. However, it is worth noting that black market activities are higher in countries with weaker tobacco control ^{10, 11}. Indeed the tobacco industry repeatedly threaten there will be increases in illicit to argue against tobacco control measures ¹⁰ despite a plethora of independent research that refute this ¹²⁻¹⁵. Tobacco companies have also themselves been involved in illicit trade ¹⁰.

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e). 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:

Smokefree Murihiku is not a small business, however we would like to draw attention to independent research which contrasts with claims by small business/retailer interest groups and tobacco companies. For example, the NZ Association of Convenience Stores (NZACS) is an industry group that represents Imperial Tobacco and British American Tobacco, among numerous other major multinational corporations¹.

Small retailers claim that tobacco purchases drive footfall into their premises and customers buy additional products. However, New Zealand research found that most transactions in small retailers do not involve tobacco and when tobacco is purchased, it is most often purchased as a single item, without other groceries or snacks^{2,3}. The researchers found only 14% of transactions contained tobacco with most only buying tobacco, only 5% of all transactions included tobacco and an additional product². Similar results were in the replicated follow-up study with 14% of transactions containing tobacco and just 6% of all transactions including both tobacco and other products³. The research shows that while some people buy tobacco from small convenience stores, buying tobacco and other products is uncommon, and these purchases account for only a small amount of the total purchases. International research has found similar results⁴.

Small retailers' margin of profits on tobacco is very low, yet this is rarely acknowledged^{5,6}. Tobacco provides low returns, is expensive to stock, and high insurance premiums are imposed on small retailers because of the risk of burglary.

Recent Australian research⁷ found the tobacco industry used covert marketing tactics with retailers, including financial incentives, experiential incentives such as all-expenses paid events and vacations, targeting marketing, and education of retailers to market to consumers on behalf of tobacco companies. The authors concluded that such strategies had the ultimate objective of increasing market share and driving sales. There is no reason to believe that the tobacco industry is not, or will not, use similar practices or influence retailers in Aotearoa. To keep in business, tobacco companies will be doing all they can to recruit new customers and oppose Government measures to reduce the availability of tobacco.

Smokefree Murihiku encourage government to offer small business assistance to transition from selling tobacco products^{8,9,2}.

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Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

Reducing nicotine to very low levels (<0.4mg) has a three-fold effect; making it easier for people to stop smoking; making it less likely that someone who tries will continue, and by reducing the likelihood of relapses for people who have become Smokefree^{1, 2}. This would have a substantial population benefit³, and would be most beneficial to individuals currently most disadvantaged by tobacco companies, e.g. Māori, Pacifica peoples, lower SES communities, and people struggling with mental health.

To be effective, nicotine levels must be reduced substantially to levels where there are no (or negligible) central nervous system effects – no greater than 0.4mg nicotine per gram of tobacco or per cigarette^{1, 4} to make Very Low Nicotine Cigarettes (VLNCs). Evidence suggests VLNCs may be effective regardless of whether the person was motivated or unmotivated to stop smoking^{1, 5-16}.

However, if nicotine is not reduced to low enough levels researchers have found to be ineffective with participants using compensatory measures e.g. smoking more cigarettes and inhaling deeper^{11, 17-19}. Whereas, when the nicotine levels were substantially reduced, people stopped using compensatory smoking behaviours^{20- 22}. They would need to smoke ten times more VLNCs per day compared to conventional cigarettes – so someone who usually smoked 10 cigarettes per day would need to smoke 100 cigarettes per day to maintain their usual nicotine intake. The researchers found there was only minimal compensatory smoking with the 0.4mg level and if it happened at all it typically lasted for only a few days^{20- 22}. People instead reduced the number of cigarettes smoked and their decrease in exposure to the addictive component decreased in a compounding manner.

To be most effective the switch to VLNCs must be swift, research with gradual switching found no reduction in daily cigarette use¹¹. It is also essential that existing measures to support people to become Smokefree are provided. Research with people using VLNC and nicotine replacement therapy (NRT) have been successful, and some have even shown greater smoking reductions than with VLNCs alone^{9, 23-25}. Using VLNCs with NRT has even been found to be more effective than NRT with behavioural support^{26, 27}. Using NRT helps control any withdrawal symptoms, and separate the behavioural association between nicotine and the action of smoking^{23, 9, 17}.

A large study²⁶, where one-quarter identified as Māori, reported higher long-term abstinence and delayed relapse in the VLNC group than the conventional cigarette group irrespective of ethnicity, thus providing good evidence that a VLNC-inclusive intervention can be successful in supporting Māori to be Auahi kore. Furthermore, research by the ITC (International Tobacco Control)²⁸ found Māori participants strongly supported removing nicotine, and 80% said they would try VLNC or nicotine-free cigarettes²⁹.

The Community Voices advocacy work found nationally 85% (n= 717 of 844) wanted lower nicotine levels and for the government to make cigarettes less appealing. In Southland 81% of 222 supported this measure.

Smokefree Murihiku recommend a public education campaign to support this measure, explaining that removing nicotine reduces the addictiveness of smoked tobacco and that nicotine is not the most toxic constituent of tobacco. This is important to prevent people who want to quit smoking, to be put off from using NRT products or switching to e-cigarettes.

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b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

As outlined in your consultation document, filters do not reduce harm from smoking and are used by tobacco companies to manipulate people into thinking they make smoking safer. In addition, tobacco companies use filters to introduce innovations e.g. adding flavours to cigarettes to attract new people to smoking. Cigarette butts also massively contribute to the degradation of our environment. Any one of these reasons is enough to warrant prohibiting filters in tobacco products but combined, the evidence for support is overwhelming.

When the tobacco companies extensive research during the 1950s and 1960s revealed that filters did not reduce harm, they instead used them as a marketing tool, designed to keep and recruit people who smoke as consumers of these lethal products¹. Both the ineffectiveness of cigarette filters and the tobacco industry's misleading marketing of the benefits of filtered cigarettes have been well documented. This has been described as the deadliest large-scale fraud^{2,3}. Tobacco companies took advantage of the public perception of reduced harm from filters via implicit and explicit advertising claims³⁻⁵. Tobacco companies have also made alterations to the filters to take advantage of this perception (e.g. changing filter pH levels to discolour after smoking leading the perception of catching toxins^{1,6}).

Given filters made drawing on a cigarette more effortful, tobacco companies introduced filter ventilation; vents, or small perforations around the filter to make 'dragging' easier³. Filter ventilation is a crucial design feature creating three main problems for lower tar cigarettes as measured by official smoking machine testing. Firstly, it misleadingly makes cigarettes taste lighter and milder, and, therefore, they appear less dangerous to people who smoke. Secondly, it promotes compensation mainly by facilitating the taking of larger puffs. Thirdly, for very heavily ventilated cigarettes (that is, > 65% filter air dilution), behavioural blocking of vents with lips or fingers is an additional contributor to compensatory smoking. These three effects are documented in industry research and in peer reviewed journals⁷. Filters have merely changed where cancer is more likely to develop within the lung with squamous cell carcinomas replaced by more aggressive adenocarcinoma making smoking with filters more harmful than unfiltered smoking⁸⁻¹⁰.

Tobacco companies also use innovations in filters to attract new customers, particularly youth, by using flavoured filters such as menthol, mint, and fruity flavours. It is clear innovations like these are for recruiting new, non-smoking, customers rather than getting

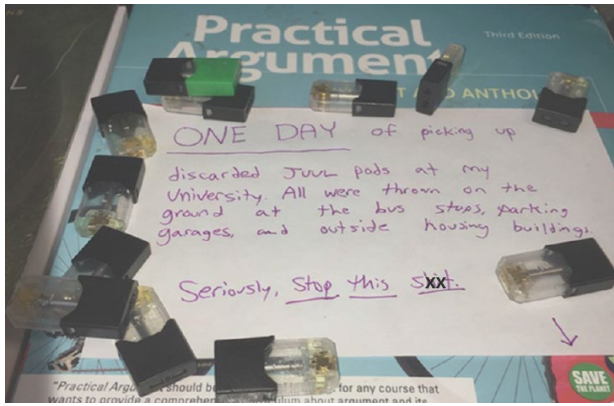
people who already smoke to switch brands because most adults who smoke say taste (i.e. of non-flavoured cigarettes) is the reason they choose their preferred brand ¹¹. Research has indeed found that non-smoking young adults are more likely to try these products than young adults who already smoke ^{12, 13}. Sales of these products have grown rapidly even in places like New Zealand where over all tobacco use is declining ¹⁴⁻¹⁶. This likely represents recruitment of replacement customers rather than brand switching from people who already smoke. Given that two thirds of tobacco companies' customers die when they use the product as directed ^{17, 18}, it is no surprise that innovations to recruit new customers is happening whenever possible.

Environmentally, it is essential to ban filters, it is estimated 4-4.5 trillion cigarette filters are littered each year globally ^{19, 3, 20} making them the most littered item worldwide ²¹. In New Zealand more than 6 million are discarded each year ²². Filters are usually made of plastic (cellulose acetate) and remain in our environment for decades ²³ leaching toxins ²⁴⁻²⁷ into our playgrounds, sports fields, beaches, waterways, and out to sea contributing to plastic islands. The plastics in filters partially breaks down but it does not biodegrade fully therefore contributing to microplastic contamination ^{28, 29}. Microplastics are also ingested making their way into the food chain ^{24, 26, 28, 29}. Sustainable Coastlines found filters were 4th in their top 10 categories of litter found across 224 beaches in Aotearoa they accounted for and tobacco waste accounted for 12,013 items of litter ³⁰. This pollution is of considerable concern anywhere in the world, but in Aotearoa given our obligations as Te Tiriti partners, it is especially concerning as waterways are important taonga for tangata whenua, for example as food sources and maintaining wairua.

Tobacco companies may argue we switch to biodegradable filters, instead of banning them. However, we strongly recommended against this. Biodegradable filters will still leach toxins into the environment, people will continue to think filters make smoking less harmful, and tobacco companies will use green washing to endear public favour ^{3, 31, 32}. Furthermore, internal research obtained from tobacco companies suggests that biodegradable filters will make people more likely to litter as they will believe them harmless to the environment; 'to litter without guilt' ³³.

Tobacco companies should be held accountable for the costs incurred from tobacco waste in the environment. To date they have successfully framed people who smoke as the cause of, and only solution to tobacco waste, neatly avoiding their own culpability as product manufacturers ¹². They fund environmental organisations like Keep America Beautiful ³⁴ and locally, Keep New Zealand Beautiful ³ through which they advocate the use of butt bins and volunteer street/beach clean-ups to abdicate their responsibility for this toxic waste product ^{32, 33}.

We need suppliers of vape products to be accountable for their waste products too. Vape waste has been increasing considerably over the last 5 years with vape pods creating additional concerns for electronic, plastic, and other potentially harmful waste products ^{32, 35, 36}.



From Taylor 2019 The 3 P's for "Making Tobacco Control a Priority" for Māori in Aotearoa – a presentation at Oceania Tobacco Control Conference (OTCC) Sydney 2019.

It is also worth considering the largescale environmental impact of tobacco farming, disproportionately impacting low- and middle-income countries. Impacts include erosion, loss of soil productivity for food crops, acute shortages of wood for construction and fuel for cooking, destruction of ground water resources, sedimentation of rivers, reservoirs and irrigation systems, climate change, species extinction due to habitat fragmentation and overexploitation, as well as negatively impacting the health of people engaged in tobacco cultivation^{37, 38}. New Zealand can reduce our contribution to this burden of harm by banning filters and using other measures to bring rates of tobacco use down.

Smokefree Murihiku recommend banning filters including those sold separately for roll-your-own tobacco. We recommend tobacco companies (and vape companies) are held accountable for the costs incurred from tobacco waste in the environment. We also recommend all merchandise that facilitates smoking including cigarette holders are banned³. Policies banning innovations and additives in tobacco products will be required in addition to banning filters to ensure tobacco companies do not take advantage of loopholes to keep recruiting new customers².

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

Yes No

Please give reasons:

Smokefree Murihiku support adding regulatory power to the Smokefree Environments and Regulated Products Act 1990 to enable the Government to quickly prohibit innovations aimed at increasing the appeal and addictiveness of smoked tobacco products. Rather than a reactive system, if possible, we suggest only allowing innovations approved by the Government. We also recommend innovations already in use be banned, e.g. filters as discussed above, added flavourings including menthol, flavour capsules, flavoured papers.

Tobacco companies take advantage of loopholes and make innovations rapidly^{1, 2, 3, 4}, especially when new legislations are introduced^{5, 1}. Tobacco product names have been used when plain packaging legislations have been introduced². These have been used to evoke imagery that previously would have been on the packs. Any names suggesting reduced harm, enjoyment, social or sexual success should be banned altogether^{2, 3}. Value-implying names are currently seen in NZ with variant names such as Deals and Easy at very low costs (November 2020 at an Invercargill vape store Easy 20 pack \$25.40, Deals 20 pack \$24.90, Easy 30g loose tobacco \$49.95 Deals 30g loose tobacco \$49.95).

Flavourings such as menthol, capsules, and 'fusion' leaf flavours are used by tobacco companies to increase the appeal of their products to young people and non-smokers. The flavourings reduce the harshness of cigarette smoke making them more palatable⁶. As already discussed above in 3b these flavours have been most appealing to young people who did not already smoke^{6, 7, 8}. Indeed, they are unlikely to appeal to people who have smoked long term^{6, 7}. Making this innovation a useful tool for recruiting new customers, sales of these products have grown rapidly even when smoking prevalence overall is dropping^{5, 9, 10}.

Menthol flavouring in cigarettes is well established as making it easier for people to start smoking and harder for people to quit¹¹. Not only does menthol mask the unpleasant taste of traditional cigarettes it also interacts with nicotine to increase its addictiveness¹². People also find it harder to stop smoking if they smoke menthol cigarettes than those who smoke non-Menthol cigarettes^{13, 14, 15}. Furthermore, menthol cigarettes are more popular among high-school aged Māori and Pacific children¹⁶. The WHO recommended a ban on menthol cigarettes in a 2016 report¹⁷. National and regional governments have already been successful in banning menthol in cigarettes, including Turkey, Brazil, Ethiopia, and over 20 US states, Canada, the UK and the European Union. The US Food and Drug Administration (FDA) announced in April 2021 that it would be banning menthol flavourings in cigarettes as a high priority. Public Health experts have also argued that the FDA should also ban menthol as an 'ingredient' as well as a flavour. Therefore, we strongly recommend banning menthol flavourings in tobacco products.

As with other recommendations we recommend this measure is used alongside other measures. We recommend also banning all current additives and innovations including but not limited to flavours, additives, variant descriptors, and design features. Banning anything that makes it easier or more appealing to smoke, for example cigarette holders. Potentially the government could require certain innovations designed to dissuade people from smoking. New Zealand research¹⁸ found warning messages and unpalatable colours on cigarette sticks were less appealing than the status quo white cigarettes. The "minutes of life lost" message had the strongest dissuasive effect.

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Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

Smokefree Murihiku support the Government's proposal to set a minimum price for tobacco. International evidence shows that tobacco companies circumvent taxation designed to benefit public health ¹. Locally in New Zealand, research has found tobacco companies have been undermining the impact of tax increases by minimising price increases on budget brands and instead strategically shifting price increases onto premium products ². This differential pricing and the introduction of budget and super-budget brands are all attempts to minimise the impact of excise tax increases on smoking prevalence and consumption.

Locally, when members of Smokefree Murihiku were conducting an audit to find how many places sold tobacco and vape products in various parts of Invercargill city, we found we were frequently referred to a vape shop which was the "cheapest place to buy smokes in town". These had value-implying names and are currently seen in NZ with variant names such as Deals and Easy, at very low costs (November 2020 at an Invercargill vape store Easy 20 pack \$25.40, Deals 20 pack \$24.90, Easy 30g loose tobacco \$49.95 Deals 30g loose tobacco \$49.95). These ultra-budget brands attract new recruits and keep poorer customers addicted. For example, despite 10% excise tax increases in 2014 the median increase in price from before to after the tax change was only 3% for the budget brand. Contrasting with the median of 8% for the premium brand and 11% for both mainstream and roll-your-own brands ². This strategy directly undermines the tax increases intended to motivate people to quit.

Unpublished New Zealand research (cited in media article Nov 2019³) found the tobacco industry also used annual tax increases as cover for significant voluntary price increases.

If tax increases are used again in the future, Smokefree Murihiku would like to see the additional revenue raised from tax increases used to support low-income people who smoke to quit, by providing more effective wrap-around cessation support services, and/or subsidized effective quitting aids. In the Community Voices advocacy work we found nationally 81% supported increase tobacco tax if that money was used to support people to quit smoking. In Southland 81% of 222 supported this.

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Final questions

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

As noted, in the consultation document ¹, the Regulatory Impact Statement ², at the Māori Affairs Select committee ³, by academics ⁴⁻⁸, and throughout our submission, no one measure will be enough to support our community to reduce smoking to reach Smokefree Aotearoa 2025. It is essential a comprehensive range of measures are used to ensure more people are able to become Smokefree, to remain Smokefree, and to never start smoking.

Smokefree Murihiku strongly urge the government to use a comprehensive range of measures proposed (and additional measures). If forced to prioritise we recommend these:

- Making smoked tobacco products less addictive and less appealing
 - Especially reducing nicotine to very low levels, banning filters, & banning innovations to tobacco products.
- Making smoked tobacco products less available
 - Especially reducing availability by only allowing sales through R18 specialist retailers with population size, density, and proximity to schools, kura, ECEs, kōhanga reo etc.
- Make more outdoor spaces Smokefree & Vapefree.

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b). Do you have any other comments on this discussion document?

Smokefree Murihiku urge the government to enact a comprehensive range of measures to support our country to achieve SF2025. The tobacco industry will not make this easy but we owe it to the generations we have lost to tobacco and the generations to come to do all that we can to become Auahi Kore, and Tupeka Kore.

Ngā mihi nui, thank you for taking your time to consider our submission.

Smokefree Murihiku

Smokefree Aotearoa 2025 Action Plan

Community | Consultation submission

Your details

This submission was completed by: (name)

Email:

Phone number:

Organisation (if applicable):

Organisation address: (street/box number)
(town/city)

Role (if applicable):

Additional organisation information

I am, or I represent, a: (tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Personal submission | <input type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
| <input type="checkbox"/> Community or advocacy organisation | <input type="checkbox"/> Professional organisation |
| <input type="checkbox"/> Iwi/Hāpu affiliated, and/or Māori organisation | <input type="checkbox"/> Tobacco manufacturer, importer or distributor organisation |
| <input type="checkbox"/> Pacific community or organisation | <input type="checkbox"/> Research or academic organisation – eg university, research institute |
| <input checked="" type="checkbox"/> Government organisation | <input type="checkbox"/> |
| <input type="checkbox"/> Other (please specify): | |

I do not have any commercial interests in tobacco or vaping products

If you do not want your submission published on the Ministry's website, please tick this box:

Do not publish this submission.

Your submission will be subject to requests made under the Official Information Act (even if it hasn't been published). If you want your personal details removed from your submission, please tick this box:

Remove my personal details from responses to Official Information Act requests.

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013,
Wellington 6140.

Introduction & Background

We congratulate the NZ Government on its proposed Action Plan for the Smokefree Aotearoa 2025 goal. The proposed plan contains excellent potential new tobacco control measures that are truly world-leading. If adopted and implemented in full, the Action Plan offers a realistic chance of realising the 2025 goal.

Note | Introduce who you are, about your organisation, any local data/statistics, why this is important for you e.g. a personal story.

Consultation questions

Focus area 1: Strengthen the tobacco control system

- a). **What would effective Māori governance of the tobacco control system look like?**

Leadership from the front. Direct and clear imperatives

- b). **What action are you aware of in your community that supports Smokefree 2025?**

64 of the 67 Councils in New Zealand have some form of a smokefree policy for council-owned **Outdoor Public Spaces** – green spaces like parks, playgrounds, reserves and sports grounds, CBD and Civic spaces, events, council-owned buildings and social housing, transport hubs, to beaches, rivers and lakes. These local smokefree outdoor policies are inconsistent across local authorities and largely unenforceable. Legislating smokefree outdoor public spaces provides a level playing field for all New Zealanders regardless of what local authority they live in, supports those trying to stop smoking and provides positive role modelling behaviour to our tamariki.

There is strong public support **Smokefree Outdoor Dining**. With 31 of the 67 councils in New Zealand currently offer some form of smokefree outdoor dining¹.

Councils and Local Government New Zealand requested that the government develop and implement legislation to prohibit smoking outside cafes, restaurants and bars in 2015. Many jurisdictions in similar countries (Australia, Canada, and the USA) have long had effective laws for various types of smokefree outdoor areas. People trying to quit smoking need places where being smokefree is normal, and international evidence indicates that smokefree outdoor hospitality areas increase quitting attempts and reduce relapses^{2 3}.

Additional comments:

At a pragmatic level policies are difficult to enforce by any government employee whereby the behaviour is often ignored or not managed. More consequences that involve external enforcement would be more effective.

c). What is needed to strengthen community action for a Smokefree 2025?

We support legislation for **Smokefree Outdoor Public Spaces** - green spaces like parks, playgrounds, reserves and sports grounds, CBD and Civic spaces, events, council-owned buildings and social housing, transport hubs, to beaches, rivers and lakes.

Yes No

We support legislation for **Smokefree Outdoor Dining** in cafes, restaurants, bars, pubs and other hospitality/licenced venues. We do not support designated smoking areas within these hospitality venues as they are not supportive of those trying to quit smoking, do not role model positive behaviours to our tamariki and create further obstacles to achieve SF2025.

Yes No

Additional comments:

Fully support

c). What do you think the priorities are for research, evaluation, monitoring and reporting?

Additional comments:

The smokers' voices need to be heard and work towards a 'win win'. There will always be smokers so it is how it is managed.

d). What else do you think is needed to strengthen New Zealand's tobacco control system?

Additional comments:

Stronger enforcement strategies instead of relying on an individual to address non-compliance

Focus area 2: Make smoked tobacco products less available

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

We support the establishment of a tobacco retailer licencing scheme. Licencing is a pre-requisite for reducing tobacco retail availability, providing a tool to identify and manage retailer numbers⁴. Tobacco retailer licencing with annual fee increases has achieved tobacco outlet reduction in South Australia⁵. However, a licensing scheme alone will not reduce retailer numbers sufficiently to affect population health. The Government must therefore introduce additional measures to bring about a meaningful reduction in tobacco retailer numbers.

Yes No

We support licences for tobacco retailers that *specifies operating conditions*, where tobacco could be sold:

- staff training in stop smoking support,

Yes No

- annual reporting requirements,

Yes No

- density and proximity measures

Yes No

We support a *limited number of licenses* are awarded upon application provided the retailer successfully meets the licensing requirements.

Yes No

We support a *licensing fee* set greater than that for specialist vape retailers to signal the greater harm of cigarettes and help cover the costs of monitoring, enforcement, education and training of new tobacco retailers.

Yes No

We support a regulatory body being set up (or extend regulatory powers to an existing agency) to manage the market as has been established for vaping retailers (the Vaping Authority) and was proposed for cannabis retailers⁶.

Yes No

We ask that the communities would be able to have their say on tobacco retailer licence applications within their local area.

Yes No

Additional comments:

Click or tap here to enter text.

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

Tobacco is a highly addictive and deadly product and is sold by almost every dairy, supermarket and service station. Allowing tobacco to be so widely available normalises the product, frames smoking as socially acceptable, and undermines smokefree initiatives. Reducing outlet numbers is likely to help reduce disparities in smoking as tobacco retailers are heavily concentrated in disadvantaged areas⁷. Recent GIS Mapping of known tobacco retailers in New Zealand showed that there are 1.06 tobacco retailers per 1,000 people (or 945 people per retailer). New Zealand modelling studies suggest that greatly reducing the number of retail outlets would have a significant impact on reducing smoking prevalence^{8 9}. Phased reductions in availability were recently introduced in the Netherlands – with sales in supermarkets and gas stations due to be phased out by 2022¹⁰.

We support reducing the number of retail outlets to around 5% of the current number (i.e., from around 6000 to 300).

Yes No

We support reducing tobacco retail outlets based on population size and density.

Yes No

We support a set a maximum number of licenses to be issued nationally.

Yes No

We support introducing a cap of no more than one tobacco retailer in an area of 10,000 residents.

Yes No

We support no tobacco retailers are permitted within 1-km of a school.

Yes No

We support a sinking lid on licenses, whereby a license cannot carry across with the sale, relocation or change of ownership of an existing licensed retailer.

Yes No

We require that no tobacco retailer is within a 4 km radius of another specialist tobacco retailer.

Yes No

We support a progressive phasing out of tobacco retailers over a 12-month period.

Yes No

- We would like to see **dairies/convenience** stores stop selling tobacco within: 6-months 12-months
- We would like to see **petrol stations** stop selling tobacco within: 6-months 12-months
- We would like to see **liquor outlets** and other retailers stop selling tobacco within: 6-months 12-months
- We would like to see **supermarkets** stop selling tobacco within: 6-months 12-months

We prefer that all tobacco retailers, other than licenced 'age restricted' stores, stop selling tobacco by a set date as previously done through the introduction of smokefree bars and smokefree prisons.

Yes No

Additional comments:

Click or tap here to enter text.

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

We support restricting tobacco sales to 'age restricted' **specialist stores**. This approaches will ensure that a 'level playing field' is maintained for the main existing retail outlets (dairies, convenience stores, service stations and supermarkets), none of which would be allowed to sell tobacco products.

Yes No

There is a low level of interest from *pharmacies* in selling tobacco. There are also ethical considerations with selling a deadly harmful product at pharmacies which are a health focused store. However, if the government were to restrict tobacco sales to

Pharmacies, we support the following conditions be met e.g. a tobacco licencing scheme implemented with Pharmacies exempt from fees only, tobacco sales be optional for Pharmacies, tobacco sales to be not for profit or any profits to be put back into the community, the area where tobacco is sold to be separate from remainder of store, products not visible to the public, no 'tobacco available here' advertising, staff must be quit trained and the cost of training staff to be funded by Government .

Yes No

Commercial profit from tobacco sales provides continued incentive for retailers to promote and sell this harmful product. We support the idea of Government owned specialist retailers with no commercial interest in tobacco sales. This *Government owned model* would reduce the current need for profitability and would allow the full mark up on tobacco to be transferred back to tobacco control interventions. The government model would also reduce administration costs due to not requiring licencing applications.

Yes No

Additional comments:

Click or tap here to enter text.

- d). **Do you support introducing a smokefree generation policy?** Anyone born after 1 January 2004 will never be able to lawfully be able to buy tobacco products.

Yes No

Additional comments:

Click or tap here to enter text.

Focus area 3: Make smoked tobacco products less addictive and less appealing

- a). **Do you support reducing the nicotine in smoked tobacco products to very low levels?**

Currently the contents - what goes into tobacco product, is unregulated. The consequence is that tobacco products are now highly addictive, palatable and appealing (e.g., with high nicotine content and added sugar and flavourings).

The tobacco industry and researchers and have long known that nicotine is the main cause of the addictiveness of smoking. Reducing the nicotine content to minimal or no nicotine in tobacco products reduces the addictiveness of smoked tobacco products and is likely to markedly reduce uptake, increase quitting and greatly lower smoking prevalence.

Reducing nicotine content could also support people who smoke to quit, and decrease relapse among people who are trying to quit smoking.

Yes No

b). Do you support prohibiting filters in smoked tobacco products?

Filter tips feature on almost every mass-produced cigarette smoked across the globe. Filters first appeared in the 1860s as an attempt to protect against tobacco flakes entering the mouth. Modern cellulose acetate cigarette filters were introduced in the 1950s to alleviate public concerns about smoking-related lung cancer.

The overwhelming majority of research shows that filters do not reduce the harms associated with smoking. In fact, filters may increase the harms caused by smoking by enabling smokers to inhale smoke more deeply into their lungs. Furthermore, toxic fibres shed from the cut end of the filter are inhaled and ingested by smokers.

Cigarette filters are an environmental hazard and are among the 10 most common plastics in the world's oceans. Every year, an estimated 4.5 trillion cigarette filters, commonly made of cellulose acetate - a plastic, are deposited into the environment¹¹. While designing filters from alternative, less environmentally harmful, components may seem an appropriate compromise, this measure would likely further mislead smokers. For example, it would encourage them to view discarded butts as harmless, even though toxic chemicals would still be leached into the environment. Further, biodegradable filters would still lead consumers to believe that filters made cigarette less harmful. We support prohibiting filters in smoked tobacco products.

Yes No

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

Prohibiting the use of filters will also remove product innovations such as capsules or 'crush balls' that can contain flavoured beads which when popped change the taste of the cigarette. While most capsule variants offer menthol or mint flavours, fruit flavours are increasingly common, as have cigarettes with two differently flavoured capsules in the same filter. We support prohibiting all and any product innovation.

Yes No

Flavourings can further contribute to the appeal of tobacco products. We also support the removing of additives and flavourings like menthol, which may enhance the palatability and appeal of tobacco products.

Yes No

Additional comments:

Click or tap here to enter text.

Focus area 4: Make tobacco products less affordable

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

We support a Minimum Price Policy (MPP) which typically requires cigarette retailers to charge a minimum retail price for tobacco, this minimum price for all cigarettes prohibits discounts to consumers and retailers. This would prevent price shifting and discounting tactics designed to keep people who smoke from consuming large volumes and thus sustaining heavy addictions.

Yes No

Additional comments:

Click or tap here to enter text.

Focus area 5: Enhance existing initiatives

a). **Increase investment in mass and social media campaigns**

We support increased investment in evidence-based mass media campaigns including social media and would encourage the addition of complementary localised content to campaigns. A particular focus on culturally appropriate media for Māori and Pacific peoples is required.

Yes No

Additional comments:

Click or tap here to enter text.

b). **Increase investment in stop smoking services for priority populations**

Demand for Stop Smoking Services will also increase as additional measures are put in place to reduce the availability and appeal of tobacco as part of the Smokefree 2025 Action Plan. We support increasing investment in stop smoking services alongside improving access to prescription medications – all nicotine replacement therapy products should be subsidised (e.g. Inhalator & Quit Mist which is currently unfunded).

Yes No

In order to achieve maximum effectiveness of interventions outlined in the governments SF2025 Action Plan, a supportive compliance and enforcement system needs to be established. This includes having sufficient resourcing at both national and regional levels and clear regulatory direction. We support increased funding to ensure effective retailer compliance and enforcement.

Yes No

While we recognise that vaping has the potential to support people to stop smoking we would like to see the government develop *vaping end-game strategy* to recognise that, vaping is not intended for on-going use.

Yes No

Additional comments:

Click or tap here to enter text.

Final questions

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

Make smoked tobacco products less addictive and less appealing: if this is a priority then other priorities would follow

- b). Do you have any other comments on this discussion document?

No thank you

-
- 1 <https://www.smokefree.org.nz/smokefree-resources/maps-of-nz-councils-smokefree-outdoor-policies-and-spaces>
 - 2 Zablocki RW, Edland SD, Myers MG, Strong DR, Hofstetter CR, Al-Delaimy WK. Smoking ban policies and their influence on smoking behaviors among current California smokers: a population-based study. *Prev Med* 2014;59:73-8.
 - 3 Chaiton M, Diemert L, Zhang B, Kennedy RD, Cohen JE, Bondy SJ, Ferrence R. Exposure to smoking on patios and quitting: a population representative longitudinal cohort study. *Tob Control* 2016;25:83-8.
 - 4 <https://blogs.otago.ac.nz/pubhealthexpert/reducing-tobacco-retail-availability-how-could-this-be-achieved-and-what-evidence-supports-the-nz-governments-proposals/>
 - 5 Bowden JA, Dono J, John DL, et al. What happens when the price of a tobacco retailer licence increases? *Tob Control* 2014;23(2):178-80. doi: 10.1136/tobaccocontrol-2012-050615 [published Online First: 2013/06/21]
 - 6 <https://ndhadeliver.natlib.govt.nz/webarchive/wayback/20200605065137/https://www.referendums.govt.nz/cannabis/summary.html>
 - 7 Marsh L, Doscher C, Robertson LA. Characteristics of tobacco retailers in New Zealand. *Health Place* 2013;23:165-70. doi: 10.1016/j.healthplace.2013.07.003
 - 8 Pearson AL, Cleghorn CL, van der Deen FS, et al. Tobacco retail outlet restrictions: health and cost impacts from multistate life-table modelling in a national population. *Tob Control* 2016;(E-publication 22 September) doi: 10.1136/tobaccocontrol-2015-052846 [published Online First: 2016/09/24]
 - 9 Petrović-van der Deen FS, Blakely T, Kvizhinadze G, et al. Restricting tobacco sales to only pharmacies combined with cessation advice: a modelling study of the future smoking prevalence, health and cost impacts. *Tob Control* 2018;(E-publication 9 November) doi: 10.1136/tobaccocontrol-2018-054600 [published Online First: 2018/11/11]
 - 10 van Lier B, de kanter W. NETHERLANDS: Move to phase out tobacco sales in supermarkets and petrol stations. *Tob Control* 2020;29:247. <https://tobaccocontrol.bmj.com/content/29/3/247>.
 - 11 Evans-Reeves K, Lauber K, Hiscock R. *Tob Control* Epub ahead of print: [please include Day Month Year]. doi:10.1136/tobaccocontrol-2020-056245

Submission form

Your details

This submission was completed by: (name) Our Seas Our Future

Email: [REDACTED]

Phone number: [REDACTED]

Organisation (if applicable): Our Seas Our Future

Organisation address: (street/box number) [REDACTED]
(town/city) [REDACTED]

Role (if applicable): Organisation submission

Additional organisation information

I am, or I represent an organisation that is, based in:

- New Zealand Australia Other (please specify):
Click or tap here to enter text.

I am, or I represent, a: (tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Personal submission | <input type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
| <input checked="" type="checkbox"/> Community or advocacy organisation | <input type="checkbox"/> Professional organisation |
| <input type="checkbox"/> Iwi/Hāpu affiliated, and/or Māori organisation | <input type="checkbox"/> Tobacco manufacturer, importer or distributor |
| <input type="checkbox"/> Pacific community or organisation | <input type="checkbox"/> Retailer – small, for example a dairy or convenience store |
| <input type="checkbox"/> Government organisation | <input type="checkbox"/> Retailer – medium or large, for example supermarket chain or petrol station |
| <input type="checkbox"/> Research or academic organisation – eg university, research institute | <input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture |
| <input checked="" type="checkbox"/> Other (please specify):
Environmental Conservation
Charity Organisation | |

Additional statistical information

These questions are not mandatory. We are asking for information, including age and ethnicity information solely for the purposes of helping us to analyse submissions.

Age:

- Under 18
- 18 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 +
- Not applicable / prefer not to say

Ethnicity/Ethnicities I identify with:

- New Zealand European
- Māori
- Pacific Peoples
- Asian
- Other European
- Other Ethnicity *(please specify)*:
Click or tap here to enter text.
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Commercial interests

Do you have any commercial interests?

- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products
- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products

Commercially sensitive information

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If your submission contains commercially sensitive information, please tick this box:

- This submission contains commercially sensitive information.

If so, please let us know where.

Click or tap here to enter text.

Protection from commercial and other vested interests of the tobacco industry

New Zealand has an obligation under Article 5.3 of the World Health Organisation 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, all respondents are asked to disclose whether they have any direct or indirect links to, or receive funding from, the tobacco industry.

Please provide details of any tobacco company links or vested interests below.

N/A

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Consultation questions

The Ministry of Health is seeking comments on the following proposals for a smokefree Aotearoa 2025. You can find more information about these proposals in the discussion document which can be downloaded from - <https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>.

Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

Please see full submission document attached separately

- b). What action are you aware of in your community that supports Smokefree 2025?

Click or tap here to enter text.

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

Click or tap here to enter text.

- b). 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:

Click or tap here to enter text.

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

Yes No

Please give reasons:

Click or tap here to enter text.

- d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

Click or tap here to enter text.

- e). 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:

Click or tap here to enter text.

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

Click or tap here to enter text.

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

Click or tap here to enter text.

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

Yes No

Please give reasons:

Click or tap here to enter text.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

Click or tap here to enter text.

Final questions

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

Click or tap here to enter text.

- b). Do you have any other comments on this discussion document?

Click or tap here to enter text.

Submission form

Your details

This submission was completed by: *(name)*

Email:

Phone number:

Organisation *(if applicable)*: Auckland Regional Public Health Service in partnership with Auckland District Health Board, Counties Manukau Health and Waitematā District Health Board ('the Auckland metro DHBs'). This submission was developed in consultation Te Rūnanga o Ngāti Whātua.

Organisation address: *(street/box number)*

(town/city)

Role*(if applicable)*:

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[Click or tap here to enter text.](#)

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- | | |
|--|---|
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| <input type="checkbox"/> Other <i>(please specify)</i> : | |

[Click or tap here to enter text.](#)

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- Māori
- Pacific Peoples
- Asian
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<https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>.

Focus area 1: Strengthen the tobacco control system

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

Effective Māori governance of the tobacco control programme must enable active Māori leadership and partnership across all levels of decision making, development of policy, legislation, and design, as well as the implementation and operations of services.

There are great Māori leaders in the smokefree public health space and it is important that they head Māori governance of the Smokefree 2025 Action Plan alongside ministerial appointments, a taiohi (youth) representative and Māori public health experts. Furthermore, regional leadership of iwi, hapū (sub-tribe), marae, and whānau must be established to work with the central Māori governance group that must have significant support, funding, and resourcing through the Māori Health Authority and Health New Zealand in a co-commissioning partnership.

This submission acknowledges previous and current Māori leadership and governance in this space and we call for further effective Māori governance to include (but not limited) to, the following aspirations and principles of Te Tiriti o Waitangi:

Te Tiriti o Waitangi

Te Tiriti o Waitangi articles, and principles as outlined in the WAI2575 Report(1), to be embedded into governance, through to management, operations, delivery and across the tobacco control programme including policy and legislation. This will require:

Kawanatanga (Governance)

- strong Māori leadership and participation across all levels, especially decision making as well as governance and management levels
- to set health outcomes, key roles and responsibilities through active consultation and partnership with iwi, hapū and Māori health providers to effectively reduce health inequities. This includes transparent annual planning, accountability to iwi Māori, and priority setting.
- resourced and equitable performance reporting and monitoring led by the Māori Health Authority.

Tino Rangatiratanga (Self-Determination)

- Tangata whenua, iwi, hapū, health providers, and whānau including kaumātua, to exercise tino rangatiratanga and mana motuhake through key participation in the design of tailored services for Māori by Māori, that are effective and responsive to the needs of each region
- a whānau and mātauranga Māori centred, flexible approach that responds to the needs and aspirations of whānau and that works towards a state of Pae Ora (healthy futures for Māori)(2)
- increased opportunities and equitable funding for Māori leadership, participation and workforce development, to design and deliver kaupapa Māori Smoking Cessation Services including the provision for growth.

Oritetanga (Equity)

- Equity must be at the forefront of all decisions, actions and the impact of any tobacco control interventions, to reduce systematic inequalities in health determinants, health outcomes and health service operation
- Māori Health Authority be adequately enabled to monitor the Crown regarding Māori health equity and Māori health outcomes.

Te Ritenga (Rights to beliefs and values)

- fundamental tikanga and mātauranga Māori application at every step, including procurement, development, delivery, monitoring and evaluation of services, to create a model of care that prioritises Māori. This includes sanctioning Kaupapa Māori Cessation Programmes, such as traditional the practices of rongoā Māori (traditional Māori healing and medicines).

Implementing Rongoā Māori: Cytisine

Broader health and social issues can be supported by incorporating rongoā Māori into kaupapa Māori (Māori approach) smoking cessation services. This includes rākau rongoā (native herbal preparations), mirimiri (massage), karakia (prayer), whakapapa (family links) to address the holistic physical, mental, spiritual and whānau (family) aspects of hauora, that may resonate with more Māori to quit smoking.

We recommend further Māori led research and funding to be designated to the application of rongoā Māori within smoking cessation, such as Cytisine, the plant extract found in the New Zealand Kowhai. A recent trial in the Lakes District Health Board, Bay of Plenty and Tokoroa, found Cytisine to be at least as effective as varenicline, with less self-reported adverse events, for smoking cessation among Māori and whānau of Māori, who smoked daily and were motivated to quit¹.

Innovative Kaupapa Māori Services: Heru & Hapū (Patrick Salmon)

We also recommend increased resourcing and funding to Māori providers to deliver innovative support, using technology and tikanga to engage with whānau Māori. For example, the Heru & Hapū kaupapa Māori cessation programme led by Patrick Salmon combines traditional taonga of wooden heru (combs) with a smartphone app KAIRUA, to provide traditional wisdom about the protective power of heru, and a connection with tūpuna (ancestors). This high-tech approach, supported with digital wānanga, helps wāhine to empower themselves, and is designed to help hapū māmā stay smokefree. Of 30 wāhine from Waikato that participated in the trial in 2020, 90 percent were able to stay smokefree while hapū.²

Cross-Sector Collaboration

Collaboration and increased Māori representation is required across all government sectors to address the broader health and social determinants that contribute to health inequities,

¹Walker N, Smith B, Barnes J, Verbiest M, Kurdziel T, Parag V, Pokhrel S, Bullen C. Cytisine versus varenicline for smoking cessation in New Zealand indigenous Māori: a randomized controlled trial. *Addiction* 2019, 114(2):344-352

²Ward, S. (2020). Combing out the power of addiction.

including Māori smoking prevalence. This includes sectors such as housing, employment, education, mental health and social services, as proposed by Tā Mason Durie in his Te Rūnanga Whakapiki Mauri the Ultimate Māori Health and Wellbeing Authority model³, and is in line with Whakamaua: the Māori Health Action Plan⁴.

b). What actions 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.

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 Smokefree 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?

Community action is defined as '*expanding the resources and capacity of communities to make decisions and take collective action to increase their control over the determinants of their health*'.⁵ In Tāmaki Makaurau (the geographical areas covered by Auckland District Health Board (ADHB), Waitemātā District Health Board (WDHB) and Counties Manukau (CM) Health) there are a range of community based activities (defined as services delivered in the community) and community actions currently being undertaken to support Smokefree 2025. Further to the success of community led action in this space, there is an opportunity for recognition of iwi and Māori led action that supports community work and

³ Durie, M. (2020). Te Rūnanga Whakapiki Mauri. Presentation at Toitū Hauora Summit, Wellington, New Zealand.

⁴Whakamaua: Māori Health Action Plan 2020-2025

⁵Ottawa Conference Report. (1986c). Strengthening communities. Health Promotion International, 1, 449–451.

that iwi and hapū models of action and work are used as examples of best practice for Māori whānau.

Stop Smoking Services in Tāmaki Makaurau carry out a variety of community based activities, some of which have led on to community action. Some examples are outlined below:

- smoking cessation programmes in South Auckland workplaces, including promotion of smokefree outdoor environments (resulting in approximately 30 referrals/month to Stop Smoking Services (SSS))
- smokefree health promotion and delivery of smoking cessation advice at events such as Polyfest
- smokefree health promotion and provision of smoking cessation services in South Auckland schools
- provision of smoking cessation services in South Auckland community drop in clinics, leading to the growth of community champions
- the *'Snapped Out' – Snap out of it, smoking is not cool!* social media campaign on Facebook and Snap Chat which led to a community led art exhibition and a doubling in quit dates set by young people receiving stop smoking support in CM Health
- smokefree Pacific Church Quit Groups – training community champions and SSS providing incentivised quit groups in Pacific churches, members to begin their quit journey and supporting enforcement of smokefree environments
- smoking cessation group based therapy at Kava groups for Tongan men – supported by smokefree community champions
- the Tivaevae project supporting pregnant Pacific women to begin their smokefree journey, through coming together to work on tivaevae for new babies, and creating talanoa (conversation) around smoking cessation and other areas of health promotion including SUDI prevention
- mental health and addiction community quit groups – SSS Practitioners co-facilitate quit groups with non-government organisation mental health & addiction staff that are tailored to the needs of clients; including incentives for participation as well as low carbon monoxide readings, longer period of support and starting with reducing rather than quitting.

There are also other community activities in Tāmaki Makaurau that Auckland Regional Public Health Service (ARPHS) and the three Auckland metro District Health Boards (DHBs) are aware of but are not directly involved with:

- Auckland Council - smokefree public areas and events (in progress under the Council's Smokefree Policy Implementation Plan 2017 – 2025)
- Te Hā Oranga and Hāpai Te Hauora Tāpui (Hāpai) – Engaging with communities, particularly Māori and Pacific peoples to gather voices in consultations regarding smokefree and vaping legislation, encouraging whānau to write submissions, and

workplace and event Smokefree policies [see *Te Hā Oranga Community consultation case study pages 10-11*]

- Te Hā Oranga hapū māmā workshop, encouraging overall hauora and mama to be smokefree and have smokefree homes through holistic support smoking cessation support
- smokefree Māori sports and tournaments including touch, netball, and waka ama (outrigger racing).

Within Tāmaki Makaurau, there have been a number of community action activities to support Smokefree Aotearoa 2025:

- the growth of community champions in South Auckland carrying out 'community activation' and setting up drop in clinics based on the communities needs and preferences
- the growth of community champions in Pacific churches, supporting smokefree environments and smoking cessation
- the introduction of smokefree environments in marae in South Auckland, which de-normalise smoking, promote quitting, protect people who have quit smoking from relapsing, and protect tamāriki and rangatahi from the effects of second hand smoke and smoking uptake
- smokefree Otago Town Centre (established in 2009)
- Hāpai National Tobacco Control – National advocacy, amplifying community voices through social media and radio, leading the World Smokefree Day Campaign and supporting regional services with resources and workshops
- iwi and hapū led Matariki (Māori new year) quit smoking challenges and support
- Hāpai SUDI prevention – Wanānga wahakura (traditional bassinets) across the country to ensure matauranga and best practice is being passed on/shared with other weavers
- Tūpuna Maunga Authority declaring all Tāmaki Makaurau maunga alcohol and smoke free to respect the spiritual, cultural and community significance of Tūpuna maunga (ancestral mountains)
- Ready Steady Wāhine – Creating positive and empowering communities to encourage hapū māmā and wāhine to stay smokefree, whilst providing life skills workshops to address broader determinants that may contribute to smoking.

What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

The following elements have been identified in health promotion literature^{5,6} in enabling community action and are discussed in the context of smokefree health promotion:

1. Engage communities to share priorities

⁶ Laverack, G.; Mohammadi, NK (2011). *What remains for the future: strengthening community actions to become an integral part of health promotion practice*. Health Promotion International, vol 26, S2. doi:10.1093/heapro/dar068.

- Value local intelligence and a strong community voice in consultations, including the design, delivery and evaluation of smoking cessation services as well as tobacco control policy and legislation
- Build and strengthen the knowledge base about what is effective for priority groups. For example, as a priority group, Pacific peoples are made up of more than 16 culturally and linguistically distinct ethnic groups, but are too often grouped together as one homogenous group(3). Tailoring action carefully will ensure actions meet the needs of the different subgroups within the Pacific community.

2. Build community capacity

This section provides key points for increased access and support to funding for community, hapū and iwi action led projects:

- support the development of capacity-building through increasing the knowledge, skills and competencies of the community. This may include raising awareness of smokefree legislation and changes, how community can write submissions/make complaints, and supporting the growth of community champions; and
- improved systems transformation and development that better aligns with community capacity and capability as well as whānau aspirations towards Pae Ora (Whakamaua; Māori Health Action Plan 2020-2025).

3. Mechanisms for flexible and transparent funding

- develop suitable prototypes for flexible and transparent funding outside a conventional programme design
- set tobacco control/smoking cessation service contracts so that a fixed percentage is allocated to supporting community, iwi and Māori led action

- dedicate funding and resource to support Māori and Pacific community-led and owned action.

Te Hā Oranga Community Consultation

To gather community insights, Te Hā Oranga carried out a Smokefree Aotearoa 2025 Workshop with 35-40 community members from the Kaupapa Māori based, addiction recovery group, 'He Waka Eke Noa (whakatauki (proverb) that speaks about unity) Recovery.' This consultation was based around bridging the gap that exists between the community and policy, as well as encouraging the rōpū (group) to actively be a part of achieving the Smokefree Aotearoa 2025 goal.

As a part of the workshop, participants were split into four groups and asked to discuss and write down their ideas for the following questions:

1. *"We want a Smokefree Aotearoa because..."*
2. *What needs to be done, or changed, to achieve Smokefree Aotearoa 2025? What will help whānau to quit?*

During this exercise, common themes for wanting a Smokefree Aotearoa were:

- for our future babies/protecting our babies during pregnancy
- to be a better role model for our whānau and future generations
- to live longer and be healthier – healthy bodies, healthy minds
- to breathe easier, including no more second-hand smoke
- less cancer and whānau dying
- to break the cycle and stop intergenerational trauma being passed onto the next generation
- to save money/more money for our mokopuna (grandchildren)/addiction is taking away from our kids
- more time with our kids instead of smoking

For question 2: *What needs to be done, or changed, to achieve Smokefree Aotearoa 2025? What will help whānau to quit?* Suggestions included:

- reduce stores selling tobacco/reduce the supply of smokes in New Zealand
- offering whānau that smoke more support to quit. Including incentives, vouchers and food parcels
- giving people that successfully quit jobs, funding, or incentives to be Community Champions that mentor others to quit – leading to a domino effect
- raising more awareness via TV, shops, newspapers, rehabs etc of the effects that smoking has on our whānau and environment
- whānau are getting sick, and they are not aware of what is actually in cigarettes (educating around the content of cigarettes)
- more educational groups, quit smoking therapy (not just Quitline), support groups and community health centres
- make smoking cessation services more accessible
- more support and awareness to mothers during pregnancy and fathers.
- More self-care methods/teaching alternative stress relief through support programmes
- addressing racism
- subsidised vaping products
- addressing poverty and increasing wages
- limit smoking areas
- ban cigarettes and stop importing them into Aotearoa New Zealand.

This consultation identified that community members want a Smokefree Aotearoa primarily for their hauora (health), to have healthier lifestyles for themselves, their tamāriki especially, and for future generations. Cancer was a common theme, in which participants identified that too many whānau members were passing away from smoking related illnesses. The rōpū also identified smoking as an intergenerational cycle that needs to be broken.

A range of ideas were identified to achieve the Smokefree Aotearoa 2025 goal, including significantly reducing the number of cigarettes available in Aotearoa, by reducing tobacco import and stores. A common suggestion was more variety and access to smoking cessation support services, educational groups, community centres and alternative stress relief. Support was raised for those who quit smoking to be given an incentive or a job to become cessation mentors, using lived experience to encourage others to quit. Hapū māmā and safe pregnancies were also a common theme for both questions, with the rōpū identifying that more support is needed for both mothers and fathers to become smokefree.

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

All smokefree research, evaluation, monitoring and reporting must be equity led and have a values and rights based approach with a specific focus on Te Tiriti o Waitangi. Māori Governance of the Smokefree 2025 programme must be included in decision making to set key roles and responsibilities; on how the data is used, and how information is presented, furthermore, how to prioritise what research that is undertaken. This submission supports more Kaupapa Māori and matauranga Māori methodologies to be used for research, evaluation, monitoring and reporting. There is an opportunity with this action plan to provide a strong and clear pathway between smokefree research, evaluation, monitoring, and reporting through to decision making, policy development and implementation.

Key areas

Commitment to Te Tiriti o Waitangi to accelerate improved health responsiveness for Māori

To date, the tobacco control system of Aotearoa has failed at reducing smoking rates for Māori and the national action plan needs to have robust measures to ensure the policies being enacted are contributing to eliminating in smoking rates for Māori to move towards Pae Ora. Further to the points made in the Māori Governance section of this submission, the following points are made in relation to research, evaluation, monitoring and reporting:

Kawanatanga (Governance)

- strong Māori leadership and participation across all continuous quality improvement initiatives to ensure iwi, hapū and whānau voices and matauranga are utilised respectfully and that activities are resourced adequately
- the Māori Health Authority have a lead role in the performance and equity monitoring and reporting for the action plan.

Tino Rangatiratanga (Self-Determination)

- iwi, hapū, health providers, and whānau including kaumātua, exercise tino rangatiratanga and mana motuhake through key participation across research, evaluation, monitoring and reporting in the decision making and design of tailored services for Māori by Māori, responsive to the needs and aspirations of whānau in each region.

Oritanga (Equity)

- it is an expectation that Māori health equity is a priority in the research, evaluation, monitoring and reporting of the activities and interventions from the Smokefree Aotearoa 2025 Action Plan that enables accurate and timely data and information for better decision making and policy development as inadequate public health policy contributes to inequity⁷
- it is critical that purposeful and strong Māori health equity measures are developed to inform robust system improvements, accountability of performance and

⁷Waitangi Tribunal [Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry 2019](#).

monitoring frameworks in particular for new initiatives, additional funding or targets to help reduce the smoking rate amongst young wāhine Māori as a priority.

Te Ritenga (Rights to beliefs and values)

- tikanga and mātauranga Māori are prioritised as critical ideologies and fundamental in the approaches to Smokefree Aotearoa 2025 research, evaluation, monitoring and reporting. Furthermore, these approaches such as Kaupapa Māori and the respectful use of te reo Māori, must be fully enabled, respected and encouraged to be utilised appropriately
- that the profile of a te ao Māori tirohanga (Māori world view) of hauora (health) is elevated and this context is used to measure mana motuhake, and mana tangata.

Equity responsiveness

- equity must be at the forefront of continuous quality improvements of the health system where population data is high quality, accurate, timely and includes ethnicity, deprivation, age, gender, disability and location details
- the effectiveness of the plan needs to be frequently measured and reported to ensure positive outcomes for priority groups (3,4). This will also help to support effective reporting from cessation services.
- research should involve identifying how to create programmes that are more tailored to priority groups in particular Pacific peoples relation to acceleration of health equity
- ethnic-specific data need to be collected to inform action that meets the diverse needs of priority groups. As a priority group, ethnic-specific data need to be collected for Pacific peoples, who are culturally and linguistically distinct, but are too often grouped together as one homogenous group(3). This will help ensure the needs of subgroups within the Pacific community such as Tokelauan, Cook Islands and Niuean adults whose smoking rates are particularly high are met(5).

Data collection, sharing and operational delivery

- representatives from all priority groups, should be involved in the design and implementation of data collection and sharing mechanisms, as well as monitoring the performance of the plan, to ensure that they will support improved outcomes for their communities
- a centralised database which allows those in the provider arm to accurately capture activity and have easy access to dashboards and monitoring platform.
- data including training provided to retailers, sales volumes, numbers accessing cessation services and the number of retailer closures must be gathered and shared both nationally and internationally, as this would be a landmark undertaking in tobacco control internationally.

Community-led action

- the community has played an important role in advancing tobacco control and cessation initiatives and need to have all the tools possible at their disposal to continue to support their whānau to reach Smokefree Aotearoa 2025. These include mechanisms in place to allow sharing between communities of effective actions and

clear pathways for the community to influence decision making, policy development and implementation.

- use systematic and routine community-led monitoring to identify where the national action plan requires improvement to support people to switch from, quit, or never start smoking. For example, to know how effective the point-of-sale cessation support is, how accessible are cessation services, including for different individuals and groups, and surveys of public understanding and support of new Smokefree laws. Importantly, this will help identify what barriers different groups face in accessing, both initially and long-term, these services.
- dedicate specific funding and resource for Māori, Pacific peoples, and other priority groups to lead and own actions and projects which support their achievement of Smokefree Aotearoa 2025.

Reducing the access to, the addictiveness and normalisation of tobacco products

- reducing the access to tobacco products, their addictiveness and their normalisation will be integral to the success of the plan. Any monitoring, evaluation, and reporting framework should include baseline and post-implementation measurements of these domains. For example, the effectiveness of the tobacco-free generation policy and extension of smokefree areas on reducing youth uptake of smoking through reduced access and de-normalisation or the effect of reducing nicotine levels on nation-wide quit success rates.

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

Auckland Regional Public Health Service (ARPHS) and the three Auckland metro District Health Boards (DHBs) support a positive licensing system for the retail of all tobacco and vaping products and agree it is a vital mechanism to achieving the 2025 goal alongside other retail reduction measures. This would be a system where retailers apply for a license, rather than the product being licensed.

ARPHS and the Auckland metro DHBs would support the implementation of a positive licensing system where a limited number of licenses are awarded upon application provided the retailer successfully meets the licensing requirements. We would like to see requirements that include:

- staff training in stop smoking support
- annual reporting requirements
- density and proximity measures as detailed in the following question
- licensing fee set greater than that for specialist vape retailers to signal the greater harm of cigarettes and entirely cover the costs of monitoring, enforcement, education and training of new tobacco retailers
- a robust tobacco licensing system, reflecting the harms of the product.

The reasons for our support of licensing are outlined below:

- **the market is saturated with tobacco:** there is currently no government control on how many stores can sell tobacco or who can sell and this is problematic. This unregulated market has resulted in our communities being saturated in tobacco retailers, with an estimated 5,000 retailers nationally and 1,800 retailers in Tāmaki Makaurau alone. Due to the lack of a licensing system it is impossible to know the full extent of tobacco retail availability in Aotearoa – our information is derived from databases kept by our compliance officers, which is liable to change frequently. Easy access to tobacco retailers facilitates smoking uptake and increases difficulty with quit attempts(6–10). Licensing regimes already exist for other products and practices including food, alcohol, vaping and gambling – many of which are less harmful to health than tobacco use. This alone should justify implementing a positive licensing system for tobacco retailing.

“There are lots of tobacco retailers especially in low-income areas, making access too easy for our whānau. Reducing availability will make it harder to buy smokes etc and hopefully a bit easier to quit”. – Young Pacific female from Manurewa.

- **licensing will help to de-normalise and monitor tobacco sales:** At present the ubiquity of tobacco in the retail environment is synonymous with the normalisation of this deadly product and increased harm to its users(11). This normalization is a

significant barrier to people who smoke successfully quitting and increases the likelihood of relapse and initial uptake among consumers(6,7). Strong licensing measures will help to reduce supply and curb the normalisation and attempts at glamorisation by the tobacco industry signalling of tobacco products, which in turn may help to curb the social supply of tobacco. Licensing retailers reinforces that selling tobacco is a responsibility and privilege, rather than a right(12), and appropriately reflects the harmful nature of this product.

- **there is strong public support:** There is strong public support for tobacco supply reduction in New Zealand even among those who smoke, particularly when framed as a measure to protect youth(13). A large recent national survey found 68% support for further tobacco supply reduction initiatives(14).
- **we cannot rely on retailers to voluntarily stop the sale of tobacco:** Retailers are discouraged from voluntarily withdrawing from tobacco sales for reasons including: big tobacco's influence through incentives, investment in marketing and relationships with retailers, the density of competitive tobacco retailers in urban areas, the retailers slim profit margins and the lack of any incentive beyond ethical considerations for retailers to stop selling (15–18). Further to this, the tobacco industry fuels a perception that businesses will not survive without tobacco footfall sales (17). However, research has demonstrated that this perception is unsupported due to the little profit being derived from purchases additional to tobacco and that many retailers have successfully maintained their business without tobacco sales (15,19,20).The perceived necessity of tobacco sales to small retailers is similar to the historic perception surrounding the restriction on the sale of fireworks; however, retailers have made changes to their business models and survived fireworks regulation. Changes to business models in relation to tobacco restrictions would be possible too.
- **retailers are open to regulation.** Smaller tobacco retailers have signalled a willingness to go tobacco free provided it was a level playing field (i.e. other similar retailers in close proximity also stopped selling)(21). In unpublished interviews with executives of medium to large tobacco retailers, many signalled that they expect government leadership on supply reduction to be inevitable, and just want as much notice as possible(22). Despite anticipating this change, all tobacco retailers we consulted with have clearly indicated they will not undergo this change themselves and expect this change to be government driven(9).
- **licensing provides greater monitoring and enforcement mechanisms:** The lack of any accurate records of tobacco retailers creates challenges for monitoring and enforcement. Due to the small monetary fines and low probability of detection for selling to minors, retailers under the current system are unlikely to comply with regulations(12,23). Licensing can be used to promote responsible retailing by facilitating enforcement of other laws such as point-of-sale laws and providing up-to-date information about retailers(12,24). With the significant financial threat of loss of licence (where few licensees exist and these are specialist stores), licensing supported by compliance monitoring is very likely to provide a more effective way to control the illegal sale of tobacco products to minors(8,12,15). There is precedent for revoking licenses following non-compliance in New York where lottery and alcohol licensing can also be revoked as well as in San Francisco where it has survived two legal challenges already(24). Under such a system a license can be

revoked through a simple administrative proceeding without the prohibitively costly and time consuming criminal court proceedings currently required to penalise any retailers breaching the law in New Zealand. This will further facilitate retailer compliance and make litigation much easier(24). Lastly, having license laws requiring retailers to comply with all tobacco control laws future proofs the system so that newly adopted tobacco control laws are automatically incorporated.

- **licensing will enhance equity:** Tobacco retailers tend to be more prevalent in low socio-economic areas, including in New Zealand(25,26). In New Zealand Māori and Pacific peoples also live predominantly in these retailer saturated areas. Licensing with proximity and density measures will result in a greater reduction of retailers in these communities which currently experience a greater burden of tobacco-related harm. This will help to even out the levels of harm to create more equitable outcomes.
- **the limited cases of licensing being implemented internationally have been successful:** Subnational policies govern tobacco retailer licensing in Australia, Canada and the USA. Singapore, Hungary, France and Finland have also implemented licensing nationally(27–30). While research is limited, licensing has been shown to be effective at decreasing sales to minors and reducing tobacco supply where it has been trialled in areas of the United States(12,31,32) and Australia(23,33). This has been most effective when introduced along with a raft of other actions, including education and enforcement. New Zealand modelling has shown that licensing alone will leave us far from reaching our 2025 goal(34,35).

b). 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:

ARPHS and the three Auckland metro DHBs are supportive of placing density measures in license requirements to significantly reduce the number of retailers. As seen in figure 1 below, Tāmaki Makaurau is currently saturated with tobacco retailers. Retailer proximity also needs to be considered alongside density requirements. Studies have found that outlet density was associated with individual-level smoking among adults and youth and that proximity was associated with smoking among youth and reduced cessation among adults(6,7,36).

We are supportive of the 95% reduction in tobacco retailers recommended in the ASAP plan(13). For Tāmaki Makaurau this would be a reduction from approximately 1800 to 90 retailers. At present over 50% of Tāmaki Makaurau tobacco retailers have another tobacco retailer within 100 metres(37). We propose that specialist tobacco retailers are spread evenly geographically across the region to reduce the current clustering of retailers and to ensure no single suburb is too far from a retailer. This would mean that retailers are not within an estimated 4km from another. We would not be supportive of locating these based on population density or smoking rates, as this will serve to maintain existing density inequities and could create access issues for those who are addicted to tobacco in more remote areas of Tāmaki Makaurau.

If this retail supply reduction were to be done through a phased implementation, due to the minimal time until 2025, we would request that this reduction takes no more than 12 months. We would also recommend that larger tobacco retailers including supermarkets and petrol stations be phased out of tobacco sales prior to smaller retailers.

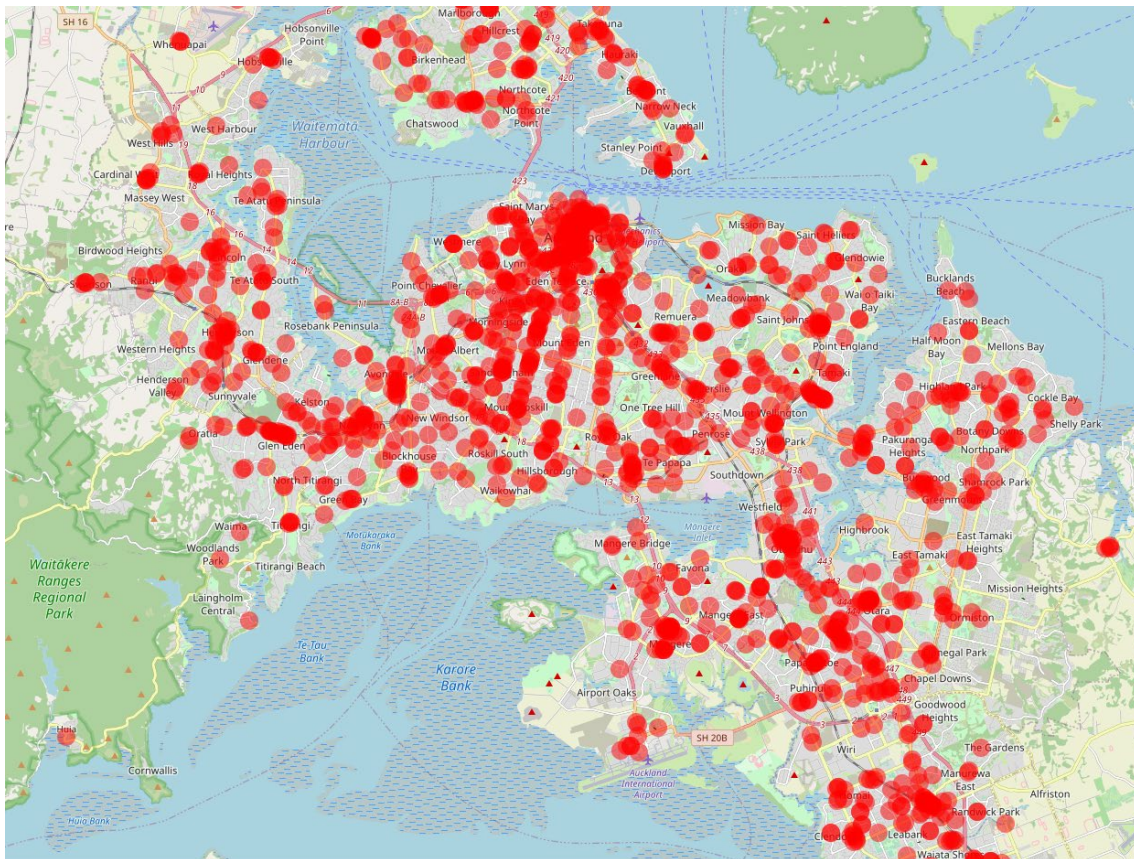


Figure 1: Distribution of the known current tobacco retailers across Tāmaki Makaurau

Suggested Density considerations:

- set a maximum number of licenses to be issued nationally
- set a sinking lid on licenses, whereby a license cannot carry across with the sale, relocation or change of ownership of an existing licensed retailer or premises
- prioritise licenses for retailers on main roads or in commercially zoned areas. This is to strike a balance between ensuring ease of access for those who wish to purchase cigarettes and to also avoid unnecessary exposure to youth and families if retailers exist in residential areas
- require that no tobacco retailer is within a 4 km radius of another specialist tobacco retailer
- ensure all staff are quit trained and have clear relationships with smoking cessation providers for referrals
- where multiple applications are received for the same area prioritise giving the license to the retailer furthest from any school or in a less residential area
- that consideration is made for those living in remote areas with regards to tobacco retailer access.

While we share support of removing retailers near schools with the New Zealand public(15), in Tāmaki Makaurau, and likely in other urban areas, this would leave too few locations where retailers could exist. We therefore support the density measures outlined above over

proximity measures to ensure those addicted to tobacco are not unfairly disadvantaged by where they live. The approach of placing retailers based on geographic spread is supported by UK research which found it is more important to reduce overall density than focus on schools or youth zones(11). While use of proximity and density measures in licensing is a relatively untested mechanism, it has been utilised in some jurisdictions in the U.S and has resulted in notable reductions in the retail supply of tobacco in those jurisdictions(31).

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

Yes No

Please give reasons:

ARPHS and the three Auckland metro DHBs are supportive of limiting tobacco sales to age restricted specialist outlets only, preferably Government owned. We support this approach, or any similar approach which removes the commercial interest aspect from tobacco retailing for the following reasons:

- age restricted specialist outlets help to restrict youth access
- commercial profit from tobacco sales provides continued incentive for retailers to promote and sell this harmful product
- government owned specialist retailers with no commercial interest in tobacco sales would not protest a store closure and would not require a lengthy lead-in time for such changes. This will help to facilitate a sinking lid approach to retail supply reduction or a future phase out of tobacco retail.
- this model supports ensuring training for staff around quit support, which replicates a key strength of the pharmacy model
- there is precedent for this from Hungary
- there is a low level of interest from pharmacies in selling tobacco: New Zealand based research indicates that less than a third of pharmacies felt they would be likely or very likely to sell tobacco if they were made the only permitted type of outlet(38). This may also lead to areas where no tobacco is available as local pharmacies are not participating in sales.
- there are ethical considerations with selling a deadly harmful product at pharmacies which are a health focused store
- the Government owned model would reduce the current need for profitability and would allow the full mark up on tobacco to be transferred back to tobacco control interventions. Public support for tobacco control interventions increase significantly when the profits from tobacco are re-invested in tobacco control(39).
- the government model would also reduce administration costs due to not requiring licencing applications.

If tobacco were to be sold at pharmacies, we would want the following provisions included:

- pharmacies being able to decide if they sell tobacco
- tobacco sales should be not-for-profit simply covering the retail training, retail and licencing costs
- the area in which tobacco is sold at a pharmacy is physically separated as much as possible from health focused goods

- pharmacies must not advertise that they sell tobacco products but could be listed on a register
- tobacco products must not be visible inside or from outside the store and retail must meet the requirements of the Smokefree Environments and Regulated Products Act 1990
- pharmacy staff would be required to be quit trained and also offer smoking cessations services.

d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

ARPHS and the three Auckland metro DHBs support introducing a smokefree generation policy to increase protection for youth and future generations from tobacco related harm.

Preventing youth initiation of tobacco is a key strategy to achieving and maintaining Smokefree Aotearoa 2025. Almost 90% of people who smoke start by 18 years of age, and are biologically more vulnerable to nicotine addiction(40,41). The prevalence of smoking in youth aged 18 – 24 years has declined over 7% in the last five years (16% in 2019/2020 cf. 23.8% in 2014/2015) but remains significantly higher than in those aged 15 – 17 years (3.3%), indicating smoking initiation occurs in this age group(42). There are large inequities in smoking prevalence, particularly for Māori youth and young adults. In Counties Manukau, the prevalence of smoking in Māori aged 20 – 24 years is twice that of the total population (30% cf. 15%) (5,43). This rises further in the 25 – 29 year group, with 40% of Māori smoking, compared with 19% of the total population (5,43). Similar rates and inequities are seen nationally(5,43). These statistics highlight the need to focus on factors which reduce youth initiation to eliminate inequities in smoking rates and achieve Smokefree Aotearoa 2025.

A smokefree generation strategy will de-normalise tobacco use, sending a clear message that tobacco use is unsafe at any age, and avoid the 'rite of passage' which can occur with a fixed minimum age law. The smokefree generation strategy has received strong public support within Aotearoa and in other countries both from tobacco control experts and from youth(44,45). As previously mentioned, New Zealand modelling studies suggest the TFG strategy will result in a halving of smoking prevalence in those aged less than 45 years within 10 – 15 years(46). This strategy is strongly pro-equity, due to the young age structure of Māori and Pacific populations and higher smoking prevalence in these populations, and was rated as the most equitable in the New Zealand modelling studies. This approach supports Te Tiriti o Waitangi principles of active protection, partnership, and equity. It is also aligned with a focus on an early year's approach by ensuring tamāriki have the best start to life in a smokefree environment.

The smokefree generation strategy will be relatively easy and low cost to implement as the Government can re-word existing minimum age legislation to include people born on or after a certain date(44). A precedent for the smokefree generation legislation has been set through the phasing out of opium smoking in colonial Taiwan and British Ceylon in the early part of the 20th century(44). The smokefree generation legislation would be easier for retailers to reinforce than existing minimum age legislation as retailers will not have to calculate age based on the current date and date of birth, rather just having a single birth date after which people are not eligible to purchase tobacco(44).

e). 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: n/a

Focus area 3: Make smoked tobacco products less addictive and less appealing

a). **Do you support reducing the nicotine in smoked tobacco products to very low levels?**

Yes No

Please give reasons:

ARPHS and the three Auckland metro DHBs support a mandated nicotine reduction policy to restrict the sale of tobacco to Very-Low-Nicotine-Content (VLNC) products, as nicotine is a highly addictive chemical compound and is the main addictive constituent of tobacco products.

To make tobacco products less addictive, the optimal level of nicotine for reducing addictiveness should be less than 0.4mg per gram of tobacco, which approximates to a 95-98% reduction in nicotine compared to what is currently in cigarettes available for purchase, which often contain closer to 10mg nicotine per gram of tobacco(47). This policy aligns with the 2010 Māori Affairs Select Committee inquiry findings which recommended a mandated nicotine reduction policy as an effective harm reduction strategy to help achieve the proposed Smokefree Aotearoa 2025 goal(48).

The highly addictive nature of nicotine makes it difficult for people who smoke to quit and stay quit, and for young people who experiment with smoking, makes it more likely to progress rapidly to regular smoking and long term addiction. With the absence of regulation to address the nicotine in tobacco products, the industry has continually made cigarettes more addictive by controlling and increasing the nicotine levels and enhancing the impact of nicotine. There has been confirmation of a statistically significant upward trend in nicotine levels in cigarette smoke, between 1997 and 2005 in products from all major cigarette manufacturers and across cigarette types(49).

Although no country has yet implemented a nicotine reduction policy, there is growing New Zealand and international evidence and modelling that shows mandating the sale of tobacco products to VLNC would reduce uptake, support quitting and lower smoking prevalence substantially. A historical modelling study estimated that if the industry has introduced VLNC's in the 1960s when the health effects of smoking were established, millions of lives would have been saved(50).

Studies have shown that the participants who were assigned VLNC cigarettes often cut down on the number of cigarettes smoked after finding them unsatisfying, experienced fewer withdrawal symptoms, elicited only limited compensatory smoking, made more quit attempts and were more likely to successfully quit when compared to participants who used conventional cigarettes(51–53). The evidence also appears to favour increased

abstinence for those who were motivated to quit and used nicotine replacement therapy alongside VLNC cigarettes(54,55).

New Zealand research has shown that a VLNC policy would help increase cessation rates markedly, and to a far greater extent than introducing e-cigarettes as a cessation tool(56). The 2018 New Zealand International Tobacco Control (ITC) study found that people who smoke expressed their desire to quit but had failed and believed that removing the addiction component of smoking will increase their autonomy and ability to successfully quit. Thus combining a VLNC policy with other interventions, particularly expanding access to alternative nicotine-delivery products such as e-cigarettes, nicotine patches and gum, is likely to enhance the effectiveness of each of these measures(57). It will also make a mandated VLNC policy more acceptable by ensuring alternative nicotine-delivery products are available for those who can't, or do not want to, quit nicotine.

New Zealand evidence has shown strong public support for a mandated nicotine reduction policy including from people who previously smoked, people who currently smoke and from Māori and Pacific peoples(58). Responses in the ITC survey showed that mandated removal of nicotine from cigarettes garnered the greatest support from Māori of any tobacco control intervention and almost 80% of the Māori respondents said they would try VLNC or nicotine-free cigarettes(58). It also found that 80% of those who smoked want the addictiveness of cigarettes to be removed, provided nicotine replacement therapy is made available in other products to help alleviate withdrawals(58). A participant in the CM Health consultation on the Governments proposed action plan also expressed support for reducing nicotine in cigarettes:

"Yep, nicotine is the part keeping us addicted so reducing nicotine in cigarettes will make it better + reduce our cravings". – Young Pacific female from Manurewa.

New Zealand's strong broader controls and surveillance, along with further strengthening surveillance and enforcement which the action plan is proposing, will make it unlikely for smuggled tobacco to be a major problem in New Zealand. The most recent study estimated that from 2013 only 1.8-3.8% of the New Zealand market was made up of illicit products (59) and that illicit trade is likely to be modest and will therefore not undermine the positive effects of a VLNC policy in reducing smoking prevalence in New Zealand(60).

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

ARPHS and the three Auckland metro DHBs support the prohibition of cigarette filters as part of a broader package of measures to reduce the appeal of tobacco products, particularly to adolescents and young adults. Filters increase the palatability of cigarettes, which makes them easier to inhale, particularly for those starting to smoke(61).

When the initial reports of lung cancer and its association with cigarette smoking emerged in the 1950s, the tobacco industry introduced cigarettes with filters claiming they were less harmful as they reduced the amount of tar and other toxicants from entering the lungs, with the very name 'filter' suggesting reduced harm(62–64). Before 1950, only 0.6% of cigarettes were filtered(61). Now filtered cigarettes represent the majority of the New Zealand market and throughout the world(65). However, the overwhelming majority of independent research has shown that all cigarettes cause harm with or without a filter(62–

64,66). Despite the evidence, a number of international studies have found that people who smoke still believe filtered cigarettes are less harmful and offer some health benefits compared to unfiltered cigarettes(63).

Prohibiting the use of filters will also remove product innovations such as capsules or 'crush balls' that can contain flavoured beads which when popped change the taste of the cigarette. Flavourings can further contribute to the appeal of tobacco products with evidence showing that experimentation has a gateway effect to more regular smoking(67,68).

Filters are also an environmental hazard and prohibition will remove a significant source of non-biodegradable rubbish and microplastics from the environment. Cigarette filters or 'butts' were the most frequently identified litter item nationally in 2019, with 39 butts collected per 1,000 m²(69). The tobacco industry is now exploring the possibility of creating biodegradable filters(63). However, biodegradable filters would still be an environmental hazard if discarded improperly and, the innovation could be used as another corporate social responsibility marketing tactic and should therefore be regarded with caution(63).

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

Yes No

Please give reasons:

ARPHS and the three Auckland metro DHBs support the establishment of regulations to prohibit future constituent and design innovations of tobacco products, which would make them more addictive, palatable and appealing, particularly to adolescents and young adults.

Tobacco product regulation is a critical component of the action plan and has the ability to help reduce tobacco-related attributable death and disease by removing the industry's free-rein to innovate and develop new ways to appeal to new users and keep existing users addicted. This will mean fewer people take up smoking, and when people who smoke try to quit, they are more likely to be successful. New Zealand surveys have repeatedly shown public support for strong regulatory measures such as this, including among people who smoke and Māori and Pacific peoples(58).

With the absence of legislation to regulate the structure of tobacco products, the industry has ensured that their tobacco products are highly addictive, palatable and appealing through the use of various additives, design innovations and flavourings(70). This interferes with the motivation and ability of people who smoke to quit and stay quit and, increases the likelihood of young people's initiation and experimentation with tobacco products to rapidly persist to regular smoking(71).

Tobacco products can contain a range of flavour additives that are designed to enhance their palatability and appeal by masking the unpleasant characteristics of cigarette smoke. This makes it easier to inhale and the pleasurable taste can act as a sensory cue, thus reinforcing smoking behaviour. Flavourings can be particularly appealing to people who are experimenting, such as adolescents and young people(72–74). Flavoured cigarettes have been linked to addiction, with users showing greater signs of nicotine dependence and less success in quitting. The 2019 ITC NZ study found that a substantial proportion of the participants who smoked used flavoured tobacco products, with use particularly high among females(58). It also found that participants who used menthol flavoured tobacco

products were more likely to report smoking their brands because of taste(58). Just under half (45%) of those users reported they would quit smoking entirely if menthols were banned and a further quarter (25%) reported they would switch to a non-menthol brand(58). Surveys have also shown that menthol flavoured cigarettes are particularly appealing among Māori and Pacific adolescents(67). These findings suggest that flavour additives play an important role appealing to people to experiment and reduce the ability for people who smoke to choose to quit and stay quit.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

ARPHS and the three Auckland metro DHBs support a minimum unit pricing policy set at the average cost of a budget brand in 2021. This would prevent price shifting and discounting tactics designed to keep people who smoke consuming larger volumes and thus sustaining heavy addictions. We acknowledge that tobacco addiction has a significant economic impact on people who smoke and we would not want to see any further taxation increases which would place further financial burden on these people.

Final questions

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

No single intervention will have us reach our 2025 target. A raft of actions is required. To achieve a below 5% smoking prevalence by 2025, there will need to be additional averages of an extra 8,400 Māori long-term quitters per year (5.2 times BAU average) and 8,800 extra non-Māori quitters per year (1.9 times BAU average)(34). Relying on personal responsibility alone is clearly inadequate to reach our 2025 goals and does a disservice to those who smoke. We are supportive of the multi-faceted approach with the full suite of interventions suggested in the proposed action plan. A key priority in achieving this will be implementing legislation as quickly as possible. We are very close to 2025 and many of these changes will require some time to implement, so legislation to support them must come quickly to hasten this process.

Smoking remains a leading cause of health inequity in Aotearoa and while smoking prevalence has declined, high rates of smoking continue to undermine the health of specific population groups(75), including Māori, Pacific peoples and people experiencing greater deprivation(35,75). A key priority is to ensure smoking rates among these population groups decline considerably by ensuring equity is at the forefront of all decision making and any intervention that is implemented needs to specifically measure whether or not they reduce tobacco-related inequalities.

b). **Do you have any other comments on this discussion document?**

ARPHS and the three Auckland metro DHBs also request the following actions to be included in the action plan as critical in achieving the Smokefree Aotearoa 2025 goal:

Pacific peoples

Pacific peoples in New Zealand have the second highest smoking rates after Māori(4). There has not been any material decline in the prevalence of smoking among Pacific adults in the last 10 years(4) which highlights that the tobacco control system has failed to meet the

needs of Pacific peoples (3,4,35,75). Therefore, urgent and effective action to reduce smoking rates among Pacific peoples in Aotearoa is paramount to achieving the Smokefree Aotearoa 2025 goal. To ensure the action plan is effective for Pacific peoples we propose the following actions:

- implementing a national campaign on reducing smoking prevalence among Pacific peoples
- ensuring that Pacific leadership is prominent at all levels of the design, delivery and evaluation of all tobacco control policy, legislation and programmes including governance, decision making and management
- health services are fair, sustainable, culturally responsive and relevant to the health needs of Pacific peoples including timely access to effective and quality smoking cessation services
- dedicated funding is needed to extend, amplify and enhance Pacific specific programmes as well as fund future programmes to reduce smoking prevalence among Pacific peoples
- the health workforce is understanding of Pacific people's world views, cultures and knowledge systems to ensure services are culturally safe and responsive to the diverse needs of Pacific peoples
- funding is allocated to ensure there is an equitable representation of Pacific peoples in the smoking cessation workforce relative to the proportion of people who smoke
- ensure all tobacco control interventions demonstrate in planning and reporting documents their will contribution to reducing smoking rates among Pacific peoples.

A vaping endgame strategy

We recommend the future development of a vaping end-game strategy which recognises vaping as a quit device, but that it should not be intended for ongoing use. Protecting the health of people vaping, in particular Māori, Pacific peoples and young people, must continue to be a priority and work must start on ensuring these population groups are not simply migrated onto another addictive, and potentially harmful product. The position of ARPHS and the three Auckland metro DHBs on vaping has previously been communicated in our submission in April 2020 on the Smokefree Environments and Regulated Products (Vaping) Amendment Bill.

Effective compliance and enforcement

In order to achieve thorough effectiveness of all Action Plan interventions, a robust compliance and enforcement system needs to be established.

This system should be underpinned by tobacco licencing which would support compliance by:

- providing an accurate list of premises to inform the activity of Smokefree Enforcement Officers (SFEOs)

- utilising the opportunity to significantly reduce retailer numbers. This would allow SFEOs to undertake best practice compliance where premises are visited more regularly(76) than what is currently possible.
- establishing a clearer process for community involvement including identifying non-compliance.

Adequate national and regional resourcing

Sufficient resourcing is required at both national and regional levels. This resourcing needs to be increased as the remit of smokefree compliance increases, for example as the complexity of compliance increases with the Action Plan implementation. We would discourage repeating the process where vaping and heat not burn legislation was added to current PHU responsibilities with no increase of funding but a significant increase in workload.

There should be strong national leadership and clear regulatory direction from a central agency ideally within the provisional Health New Zealand, with co-governance with the Māori Health Authority. This model would include coordination between enforcement officers and the legal apparatus that may take proceedings against offenders. There will need to be strong links between national and regional offices to ensure that local knowledge is considered in regulatory decisions, including licence granting. The roles of national and regional staff would need to be clearly established to ensure efficiency.

The national and regional compliance teams should be a part of a multi-disciplinary unit which includes strong legal, research and health promotion functions being integrated with enforcement functions to ensure a joined-up approach to tobacco control. A dedicated smokefree intelligence function should also be sited within the same unit so that up-to-date monitoring of the determinants, distribution, patterns and harms of tobacco use is available to all other functions of the tobacco control system.

Strengthened smokefree enforcement powers

Public health must be prioritised over all commercial gain in decision making. For example, the rebuttable presumption should sit with retailers or premise owners, rather than on government enforcers.

Smokefree Enforcement Officers should be empowered to give on-the-spot infringement notices to increase the efficiency and timeliness of the regulatory process for all areas of the Smokefree Environments and Regulated Products Act (SERPA), not just for sale to minor offences in controlled purchase operations (CPOs). This would be similar to Council officers with parking tickets and the Police officers with traffic infringements. Being able to address issues at the time would provide an increased deterrent effect to retailers and premise owners. Infringement notices should be issued to the retail/premise owner rather than the employee as it is the owner's responsibility to ensure their staff comply with SERPA. This would reduce administration as the status quo often includes multiple site visits, each with follow up letters encouraging compliance before prosecution file requirements are met which is resource intensive for both PHUs and the Ministry of Health. If the infringement fine did not act as a deterrent and a reoccurrence of the same offence is identified, officers could then prepare a prosecution file for the Ministry of Health to action.

The current model of using the criminal legal system 'beyond reasonable doubt' test is not in line with the intent of the Smokefree Environments and Regulated Products Act. Instead

the civil law test of 'the balance of probabilities' should be used. This was recommended by Judge Sainsbury in the Drewmond Hard Hospitality (Longroom) decision where he stated that the criminal law model 'provides an unnecessary hurdle to successful enforcement' and suggested a licencing regime as a 'more sensible way of regulating smoking areas'(77).

Extension to the current SFEO powers would also help to strengthen enforcement efficiency. This includes allowing officers to search for products, for example to look in a retail cabinet or under a counter, to address the current limitation where inspection is what you can see on front of you, where some products are hidden outside of view. Secondly it is recommended to extend the powers to request identifying information to all areas of the SERPA which would support an infringement process, increased from only being able to do so with sales to minors in CPOs.

It is recommended that Customs Officers and Police Officers should receive the same retailer and wholesaler enforcement powers as SFEOs as professions that regularly come across SERPA issues. Customs officers for example, intercept cigarettes in non-compliant packaging; if designated, they would be able to address this issue directly rather than needing to refer it to a SFEO. Delegating Police Officers would help close a current area of uncertainty in enforcement where CPOs cannot be conducted at of-licence alcohol retailers by SFEOs as that would breach the Sale and Supply of Alcohol Act by sending a minor into a licenced premise, however Police can, but are unable to authorise a minor to purchase cigarettes as they don't have smokefree enforcement powers. Delegating Police would also enable them to enforce SERPA in regional communities which might be easier than awaiting a SFEO visit.

Equity focussed compliance

The current reactive model of smokefree complaints and resourcing limitations has proven to be inadequate for implementing and equitable, best practice model. As many communities are unaware of the complaints process, we find that the majority of complaints are received from areas which have lower smoking related harm. Between 2013-2018 61.7% of all complaints were received from residents of the central Auckland Local Board areas of Albert-Eden and Waitemata whilst only 9.8% were from the 5 South Auckland Local Boards. Increased community education, licensing and a simpler complaints process could resolve this, but in order to ensure an equitable approach targeted compliance activity is required.

ARPHS piloted a proactive enforcement project which demonstrated potential for equitable improvements to SERPA compliance at licenced premises. The project focussed on suburbs with high Maori and Pacific populations and high smoking prevalence, where all on-licenced premise open areas were checked. Throughout this pilot, 9% non-compliance was discovered in the South Auckland suburbs of Papakura, Manurewa and Mangere which otherwise would not have been discovered.

The upcoming roll out of the SERPA regulations will require a much higher level of enforcement with 2,952 licensed (club and on-licence) premises in Auckland having to adhere to a new open areas definition. The opportunity for PHUs to conduct proactive compliance is dependent on capacity, which in Auckland is challenging with the team already being under-resourced to maintain reactive workloads.

Flexibly to approach CPOs is also required. Compliance resource is not sufficient to test all premises within the Auckland region. We have been applying a targeted equity approach in

recent years, but this leaves most of Auckland unchecked. Research shows the more frequently premises are checked, the higher the compliance for all aspects of smokefree legislation(76).

Workforce development

Regular workforce development and training is a key component of an enforcement system particularly as new regulations come into force – an in-depth updating process will be required if the actions in this plan become law.

Mass media

We support the continuation of evidence-based mass media campaigns including social media and would encourage the addition of complementary localised content to campaigns. A particular focus on culturally appropriate media for Māori and Pacific peoples is required.

Effective campaigns must be well informed and developed alongside priority populations to achieve the Smokefree Aotearoa 2025 goal. Media campaigns should be bold, strong and cutting edge that uses technology to its full potential and across multiple types of media including electronic platforms like mobile phone applications, telecommunications such as text messaging and various social media outlets.

Adequate investment into mass media is required and it should be agile enough to move and adapt to support and empower improved up take of key messages. Consideration should be given to groups of people that have never smoked, wanting to quit and have quit.

Industry responsibility

Whenever possible we would like to see the greatest responsibilities, costs or disadvantages of any future tobacco control interventions placed on the tobacco industry rather than on the consumers of this addictive product. Sale of tobacco products generates huge profits for tobacco companies, yet the negative externalities created, including the economic, social, and health costs, are borne by individuals, whānau and society. Individuals who are addicted to tobacco, the tax-payers of New Zealand, and New Zealand society more broadly should not have to pay for the costs of this addictive and lethal product.

Increase funding for Stop Smoking Services

ARPHS and the three Auckland metro DHBs would like to see increased funding for Stop Smoking Services including multi-session behavioural support and help for people who smoke to access and use a range of stop-smoking medicines (nicotine replacement therapy, bupropion, nortriptyline, varenicline). Cochrane systematic reviews of these interventions conclude that they help people who smoke to quit and maintain this long term(78–80). From 1st July 2016 to 30th June 2020 52,471 people who smoke who enrolled into a MOH contracted face-to-face Stop Smoking Service set a quit date, and almost half of these (47%) were successful at quitting. Quit rates are as high as 70 - 80% in some DHBs in New Zealand(81). Stop Smoking Services are also successful at equitably enrolling and supporting Māori and Pacific peoples who smoke in an equitable manner [see *Counties Manukau Case Study*] (81).

Stop Smoking Services have been shown to be cost effective both internationally and in New Zealand(82). The cost of providing Stop Smoking Services is significantly less than the health costs of tobacco related diseases(82). A New Zealand modelling study has estimated that a targeted stop smoking support intervention that costs \$100,000 a year would only need to support three to four people who smoke to quit to break even (\$25 - \$33,000/quitter). The Ministry of Health contracted face-to-face Stop Smoking Services currently cost significantly less than this, ranging from \$988.61 - \$13,637.31 per quitter in Quarter 4 2020 (median cost \$4473.68)(82).

Funding for a range of stop smoking services require an increase in funding to be able to support greater numbers of people who smoke to quit, to train and recruit more stop smoking practitioners, and to allow the development of additional services for priority populations. In the 2018/2019 New Zealand Health Survey, 14.2% of the New Zealand adults (aged 15 years and over) reported being people who currently smoke, an estimated 558,000 adults(42). There is currently a significant gap between the number of people who smoke and the number who can be supported to quit (noting that not all people who smoke wish to quit, and that some may be accessing alternate services). Demand for Stop Smoking Services will also increase as additional measures are put in place to reduce the availability and appeal of tobacco as part of the Smokefree Aotearoa 2025 Action Plan.

Regional health services should routinely be funded to deliver both tobacco control and smoking cessation support to reduce drop-off in engagement following referrals between service providers (for example, from secondary services to an external smoking cessation service). Contract lengths should also be increased to three plus years (or added to regional health service baseline funding) to improve retention of experienced smokefree practitioners.

Mental health and addiction service users should be added to the Ministry of Health's priority populations (alongside Māori, Pacific peoples and pregnant women) for stop smoking services. Mental health and addiction service users have very high rates of smoking. For example, approximately 43% of Waitematā DHB's service users (total population) are people who smoke, rising to approximately 70% for Māori and 59% for Pacific peoples. Mental health and addiction service users need a tailored approach (with a longer and more intensive period of support) delivered by skilled practitioners to help them to quit.

Stop Smoking Services must be tailored to priority populations and provide responsive, flexible and holistic services which support the broader needs and life goals of clients and their whānau. This includes improving access to prescription medications (for example, through pharmacy prescribing of stop smoking medications or funding of primary care visits and prescriptions) and e-cigarettes (through discounts or funded vape products when used for smoking cessation). Pharmac should also subsidise all nicotine replacement therapy products (for example, Quit Mist, an oral spray which is currently unfunded and, improving access and options for rongoā Māori for assisting in cessation).

Provision of smoking cessation advice and treatment within primary and secondary care and other settings such as pharmacies also needs to be strengthened through training and on-going support from Stop Smoking Services. Pharmacy provision of smoking cessation

support has been shown to be cost effective and is a good option for rural communities that may not have easy access to services(83).

Workforce representation and national resources

It is essential that services are delivered in a culturally appropriate and whānau centered way to support priority populations through their smoking cessation journeys. This requires a culturally diverse and competent workforce with strong linkages between Stop Smoking Services, Kaupapa Māori and Pacific health services and other community organisations (for example, those that provide housing or income support) [see *Counties Manukau Health case study*]. Increasing funding for training and recruitment of stop smoking practitioners (particularly Māori and Pacific practitioners) and contract lengths will facilitate this. The stop smoking practitioner workforce also requires strengthened provision of training at a national level, with development of additional national resources for practitioners to utilise in their work. These need to include content on working with mental health and addiction clients, including how to tailor the stop smoking journey to meet their needs.

Case Study: Counties Manukau (CM) Health

CM Health is currently funded by the Ministry of Health to provide both core tobacco control activities and the provision of Stop Smoking Services and, is the preferred model for Tāmaki Makaurau. CM Health employs a team of 8.5 FTE who provide tobacco control leadership, planning and strategy, analysis, support to achieve health targets, delivery of a triage service, health promotion, and national service development work. The Living Smokefree Service (LSS) employs a team of 10 FTE and delivers stop smoking services in individual, whānau or group settings with face to face, phone or digital support. The service currently receives approximately 7000 referrals per annum and aims to increase this to 11000 per annum.

The prevalence of smoking in the CM Health population aged ≥ 15 years is estimated to be 13-14%, a significant reduction from 22% in 2006(84,85) Māori and Pacific peoples have much higher smoking rates than other ethnic groups in CM Health. The LSS has one of the highest quit rates in New Zealand, with a 76.4% CO-validated quit rate at four weeks in 2019/2020. The cost per quitter for the period 2017/18 to 2019/20 was \$1275.73, significantly less than the national average(81). The LSS is successful at equitably enrolling and supporting priority populations who smoke (Māori, Pacific peoples, pregnant women, people with mental illness and/or addictions, youth).

The collaboration between core tobacco control activities and the LSS service is a key enabler of the services success. This ensures that a whole-of-systems approach is used to implement smokefree Asking Brief Advice Cessation support (ABC) in primary, secondary, maternity, mental health, community health and non-health settings. The core tobacco control advisors have strong relationships with staff in these different settings, support workforce development and training, and provide clinical supervision. Achieving equity is a key focus area for the LSS, and this is achieved through a focus on the priority populations previously outlined, and training a culturally representative and responsive workforce who are flexible to the needs of clients and their whānau. This includes

⁸ Quit rate denominator - people who smoke who set a quit date

employing a holistic approach to addressing the broader health, social, and cultural needs of whānau. Services are offered in a variety of settings (for example, phone assessments followed up with face to face support, drop-in-clinics in local communities, group-based programmes in workplaces) and in a flexible way (for example, client contact after hours) to reduce barriers to accessing services. The LSS also champions innovative approaches for smoking cessation, including unique contracting (for example outcome based contracting with incentives for community providers), incentive based programmes, and the use of e-cigarettes in smoking cessation.

Smokefree outdoor open areas

ARPHS and the three Auckland metro DHBs would encourage the Government Smokefree Aotearoa 2025 action plan to include provisions to increase legislated smokefree areas. Smokefree indoor areas have significantly reduced public exposure to second hand smoke (SHS) (86–88) and the action plan should build on this success to further protect the public from the harms of SHS. ARPHS and the three Auckland metro DHBs would support all areas being smokefree, by default, and at a minimum smokefree areas should be extended to include all workplaces, parks, beaches and other outdoor recreational spaces. Several surveys in Tāmaki Makaurau, Christchurch, Hawke’s Bay, and Wellington have found significant public support for such an expansion of smokefree areas (89–92). Areas which are not designated smokefree would be available for use by those who smoke.

Although indoor smokefree policies have been effective, SHS is still a problem in the surrounding public outdoor spaces, particularly those which are semi-closed (93–102). A Wellington study found that outdoor areas of hospitality venues had mean concentrations of particulate matter 2.5 (PM2.5) of 72 µg/m³ (51-284 µg/m³) that would exceed WHO guidelines for mean exposure to PM2.5 over a 24-hour period (25 µg/m³) within 7.2 hours and the annual guideline of 10 µg/m³ within 1.8 hours (103). Another study in New Zealand found that SHS exposure was harmful in more public areas like bus and train station platforms (99). Indoor air quality continues to be compromised due to smoke drift from adjacent outdoor environments to indoor areas, undermining indoor smoking bans (93,94,96,103).

Outdoor smokefree policies will not only help to protect the public from the harms of SHS but will also reduce the normalisation of and exposure to smoking of young adults which poses risks for uptake in young adults (104–111). A recent New Zealand study found the social setting of a bar normalised, integrated, and reinforced smoking as an essential element of a ‘night out’ (110). It also reinforces the many linkages between tobacco and alcohol use, which should be decoupled if we are looking to reduce harm from both these drugs. The Auckland Council’s Smokefree Policy 2017-2025 recognised the need to address this normalisation of smoking in public outdoor areas (112) but optimal compliance has not been achieved without the regulatory support legislation provides.

Finally, under the current model a significant amount of time can go into investigating whether an establishment is compliant or not. ARPHS has recently been involved in two court cases to determine whether an area was considered internal or external: The Longroom and Speakers Corner, which took an estimated 188 and 282 hours of Compliance Officer’s time, respectively. Any amendments to what constitutes an “open area” will still

result in confusion. The fairest option which will also be the most effective at protecting the health of the public is to expand the legislated smokefree areas.

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31 May 2021

Our ref: BB21-171

Tobacco Control Team
Ministry of Health
PO Box 5013
WELLINGTON

via email: smokefree2025@health.govt.nz

Tēnā koutou katoa

Proposals for a Smokefree Aotearoa 2025 Action Plan

Thank you for giving The Royal New Zealand College of General Practitioners the opportunity to comment on the Proposals for a Smokefree Aotearoa 2025 Action Plan.

The Royal New Zealand College of General Practitioners is the largest medical college in New Zealand. Our membership of 5,500 general practitioners comprises almost 40 percent of New Zealand's specialist medical workforce. Our kaupapa is to set and maintain education and quality standards for general practice, and to support our members to provide competent and equitable patient care.

Submission

We note that this consultation seeks comment on proposed actions to achieve the Smokefree 2025 goal, which will inform the development of the Smokefree Aotearoa 2025 Action Plan (the action plan).

We note that the proposed actions include;

- Strengthening the tobacco control system so we have the right infrastructure such as stronger Māori governance and community action, to achieve the outcomes of the action plan.
- Making smoked tobacco products less available e.g. reducing how many retail outlets can sell tobacco.
- Lessening tobacco availability by introducing a Smokefree generation policy, so people born after a certain date can't buy tobacco.
- Making tobacco less appealing and addictive such as reducing the amount of nicotine allowed in cigarettes to very low levels, and banning filters, which give no health benefit, and are made from pollution causing non-recyclable plastics.

Tobacco use in New Zealand is a leading cause of morbidity and mortality and a key driver of health inequities. While tobacco control measures over recent years have succeeded in reducing tobacco consumption, daily smoking prevalence remains high with 11.6% of adults being daily smokers. Maori are disproportionately affected by tobacco with 28.7 percent of Maori being daily smokers.¹ Further action is required if New Zealand is to reach the goal set by the government in 2011 of reducing the prevalence of daily smoking to less than 5 percent by 2025.

Our responses to the survey questions are attached using the template supplied.

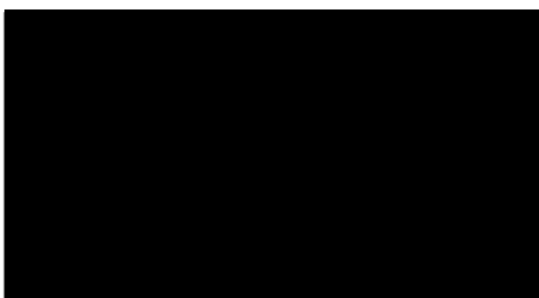
¹Ministry of Health. 2020. Annual Data Explorer 2019/20: New Zealand Health Survey [Data File]. URL: <https://minhealthnz.shinyapps.io/nz-health-survey-2019-20-annual-data-explorer/> (Accessed 28 May 2021)

Conclusion

The College commends Dr Verrall on this bold and future focused Action Plan. We expect that it may be strongly opposed by those with commercial interests linked to the sale of tobacco. The College however considers that the measures suggested are necessary and are willing to engage with you regarding potential approaches by GPs and general practice teams.

Again, thank you for the opportunity to participate in the consultation. If you have any questions, or would like more information, please email us at [REDACTED]

Nāku noa, nā



Atch.



Submission form

Your details

This submission was completed by: (name)

Email:

Phone number:

Organisation (if applicable):

Organisation address: (street/box number)
(town/city)

Role (if applicable):

Additional organisation information

I am, or I represent an organisation that is, based in:

- New Zealand Australia Other (please specify):

I am, or I represent, a: (tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Personal submission | <input type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
| <input type="checkbox"/> Community or advocacy organisation | <input checked="" type="checkbox"/> Professional organisation |
| <input type="checkbox"/> Iwi/Hāpu affiliated, and/or Māori organisation | <input type="checkbox"/> Tobacco manufacturer, importer or distributor |
| <input type="checkbox"/> Pacific community or organisation | <input type="checkbox"/> Retailer – small, for example a dairy or convenience store |
| <input type="checkbox"/> Government organisation | <input type="checkbox"/> Retailer – medium or large, for example supermarket chain or petrol station |
| <input type="checkbox"/> Research or academic organisation – eg university, research institute | <input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture |
| <input type="checkbox"/> Other (please specify): <input type="text" value="Click or tap here to enter text."/> | |

Additional statistical information

These questions are not mandatory. We are asking for information, including age and ethnicity information solely for the purposes of helping us to analyse submissions.

Age:

- Under 18
- 18 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 +
- Not applicable / prefer not to say

Ethnicity/Ethnicities I identify with:

- New Zealand European
- Māori
- Pacific Peoples
- Asian
- Other European
- Other Ethnicity *(please specify):*
Click or tap here to enter text.
- Not applicable / prefer not to say

Privacy

We intend to publish the submissions from this consultation, but **we will only publish your submission if you give permission**. We will remove personal details such as contact details and the names of individuals.

If you do not want your submission published on the Ministry's website, please tick this box:

- Do not publish this submission.

Your submission will be subject to requests made under the Official Information Act (even if it hasn't been published). If you want your personal details removed from your submission, please tick this box:

- Remove my personal details from responses to Official Information Act requests.

Commercial interests

Do you have any commercial interests?

- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products
- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products

Commercially sensitive information

We will redact commercially sensitive information before publishing submissions or releasing them under the Official Information Act.

If your submission contains commercially sensitive information, please tick this box:

- This submission contains commercially sensitive information.

If so, please let us know where.

Click or tap here to enter text.

Protection from commercial and other vested interests of the tobacco industry

New Zealand has an obligation under Article 5.3 of the World Health Organisation 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, all respondents are asked to disclose whether they have any direct or indirect links to, or receive funding from, the tobacco industry.

Please provide details of any tobacco company links or vested interests below.

Click or tap here to enter text.

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Consultation questions

The Ministry of Health is seeking comments on the following proposals for a smokefree Aotearoa 2025. You can find more information about these proposals in the discussion document which can be downloaded from - <https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>.

Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

Click or tap here to enter text.

- b). What action are you aware of in your community that supports Smokefree 2025?

-

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

-

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

Research exploring the role of vaping in addressing nicotine addiction and in promoting nicotine addiction is required. Particular attention should be paid to the risk of addiction to nicotine among those vaping who have not previously smoked.

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

-

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

Licensing will help ensure that youth access restrictions are adhered to and will reduce the availability of tobacco.

- b). 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:

Reducing the number of tobacco retailers would reduce tobacco availability. Smokers will find it easier to quit if they are not presented with opportunities to purchase tobacco when shopping for other items.

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

Yes No

Please give reasons:

Restricting sales to a limited number of specific store types would further assist smokers wishing to quit to avoid opportunities to purchase tobacco.

- d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

The smoke free generation policy would prohibit the sale of tobacco products not only to those currently aged under 18 years but the age restriction would increase progressively with the result that those currently aged under 18 years would never reach an age at which they would be permitted to legally purchase tobacco products. This is a bold move which if successfully implemented would be very effective in

reducing youth smoking. However, we note that it is unusual for individuals over the age of 20 to be prohibited from an activity solely due to their age.

e) are you a small business

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:

n/a

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

Reducing the nicotine in smoked tobacco products to very low levels would reduce their addictiveness, making it easier to quit and decreasing the likelihood that new smokers would progress to becoming regular smokers

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

Filters do not reduce the harm from cigarette smoking. They do however provide a false perception of safety. In addition they cause environmental pollution.

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

Yes No

Please give reasons:

Innovations aimed at increasing the appeal and addictiveness of smoked tobacco products, especially innovations designed to target younger smokers, should be prohibited in order to reduce the potential increase in appeal to young smokers.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

Setting a minimum price for all tobacco products will help maintain the deterrent effect of the tax on tobacco. It is very important however that accessible, effective and culturally appropriate services to support smokers to quit are available to those smokers who wish to be free from the financial burden of purchasing tobacco, including smokers with mental health issues or who are addicted to other substances.

Final questions

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

1. Make smoked tobacco products less available.
2. Make smoked tobacco products less addictive and less appealing.
- 3.. Make tobacco products less affordable.
4. Strengthen the tobacco control system.
- 5 Enhance existing initiatives

- b). Do you have any other comments on this discussion document?

Section 5, Enhance existing initiatives

Section 5 does not have a question attached however the College would like to comment on the section 'Increase investment in stop smoking services for priority populations'

The focus in this section is on engaging services to priority groups including younger Māori and Pasifika, including hapū māmā.

General Practice has been involved in supporting the Smokefree goal via ABC Smoking Cessation and the Better Help for Smokers to Quit target. There is a good evidence base for general practice involvement in encouraging and supporting smoking cessation and both consultation and outreach ABC have been demonstrated to engage smokers and result on successful quitting.

Engagement in ABC Smoking has been variable among GPs, many citing work overload and conflicting time demands as reasons for not becoming involved in these conversations and referrals. For example, analysis of general practice referrals to Stop Smoking Services shows marked variability between practices and regions, as does prescription rates for smoking cessation medications.

There is widespread dissatisfaction with the current Better Help for Smokers to Quit target in spite of its evidence base and the fact that for some GPs and in some regions it has been very effective. The commentary around time constraints and conflicting agendas, and the increasing dissatisfaction with the smoking health target, suggests that if general practice is to contribute to the Smokefree Action plan, this needs to be in a different way.

Currently the proposed Action Plan does not include reference to general practice which risks excluding an important workforce, will miss many opportunities for smokefree support, and largely result in no prescribing of the most effective stop smoking medications. Many GPs are unhappy with targets which they see as demanding attention when other items may be more critical to manage.

Motivational approaches are just as relevant to health professionals as to patients, and voluntary involvement by GPs is likely to achieve better engagement with smokers than target demands.

GPs and the practices they work with, and the PHOs that support them could be invited and funded to participate in the development of local/regional smokefree plans, to increase understanding of services available, and identify barriers. For PHOs/practices/GPs that wish to engage, there are evidence-based and demonstrated activities that work, as well as opportunities for innovation. The most effective outcomes have been demonstrated in regions where there is integration

between general practice and Stop Smoking Services with a shared focus on engagement with priority groups.

Opportunities for innovation include the new general practice roles within the Primary Mental Health and Addictions Service developments. As outlined in the MOH Smokefree Aotearoa 2025 Action Plan document, there is a need to focus on the readiness to quit journey for younger Māori and Pasifika especially wāhine, with the person's environment, including factors such as stress, access to resources, and the attitudes and behaviours of friends and whānau, having a strong influence on their smoking behaviour. Health coaches and Health Improvement Practitioners have already identified a role in this readiness to quit journey, and the national extension of the service and the opportunities for 'warm handovers' may provide the solution for GPs who recognise the need for patients to quit but who cannot attend to that within the current consultation framework.

Tobacco use and Mental Health

Smokers are more likely to have poor mental health than non-smokers. Almost a quarter (24%) of current smokers reported one or more diagnosed mental health conditions (depression, bipolar disorder, anxiety disorder, an alcohol-related disorder or a drug-related disorder) compared to 15% of non-smokers.¹

Patients with mental health issues may require increased resources if they are to quit smoking.

¹ <https://www.health.govt.nz/publication/tobacco-use-2012-13-new-zealand-health-survey>

Accessed 28/5/21

Smokefree Aotearoa 2025 Action Plan

LGNZ Consultation Submission

Your details

This submission was completed by: (name) _____
Email: _____
Phone number: _____
Organisation (if applicable): Hastings District Council
Organisation address: (street/box number) _____
(town/city) _____
Role (if applicable): _____

I represent, a: (tick all that apply)

Government organisation

Other (please specify):

This is a submission made as an individual and has not been presented to, nor endorsed, by Hastings District Council due to the restricted consultation period.

I do not have any commercial interests in tobacco or vaping products

If you do not want your submission published on the Ministry's website, please tick this box:

Do not publish this submission.

Your submission will be subject to requests made under the Official Information Act (even if it hasn't been published). If you want your personal details removed from your submission, please tick this box:

Remove my personal details from responses to Official Information Act requests.

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Introduction & Background

About the Hastings District

Hastings is made up of three main urban areas, Havelock North, Hastings and Flaxmere, with a number of smaller rural and beachside urban areas including Clive, Te Awanga, Haumoana and Waimārama. HDC's administrative area is bounded to the north by Wairoa, to the east by Napier, to the south by Central Hawke's Bay, and to the west by Rangitikei. The population of the Hastings District is 81,537. Population of ethnic groups are 58,509 (European); 22,260 (Māori); 6,519 (Pacific); 4,557 (Asian); 405 (Middle Eastern/Latin/American & African) and 900 (other). (Census 2018).

Economic and social factors influence health choices; communities of high deprivation can have fewer options and these limitations tend to lead to poorer health outcomes. Relevant statistics include: 25% of Hawke's Bay 0-4 year olds live in a household receiving a main benefit (compared with 18% nationally) and 40% of Hawke's Bay tamariki Māori aged 0-4 years live in a household receiving a main benefit (compared to 14.5% of NZ European children) (Hawke's Bay Health Equity Report 2018).

Cigarette Smoking behaviour for the Hastings District

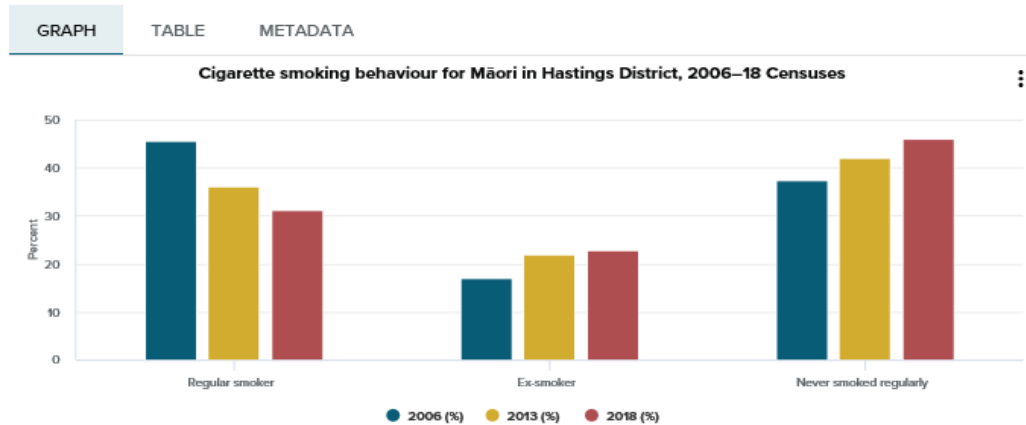
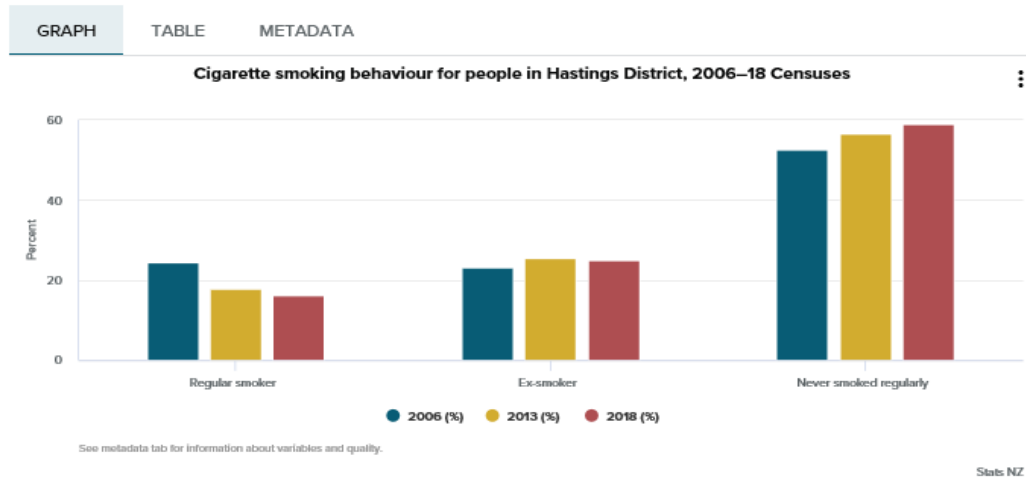
The number of "regular smokers" has been slowly declining in the Hastings District. In 2006 24.3% of the Hastings population smoked regularly. This has decreased to 16.1% (Census 2018). Hastings has a larger percentage of regular smokers when compared to New Zealand; with 13.2% of New Zealanders smoking regularly.

While the number of regular smokers that are Māori has been decreasing over time; 31.3% of the Hastings Māori population are regular smokers. 25.6% of Pacific Peoples smoke regularly. (Census 2018)

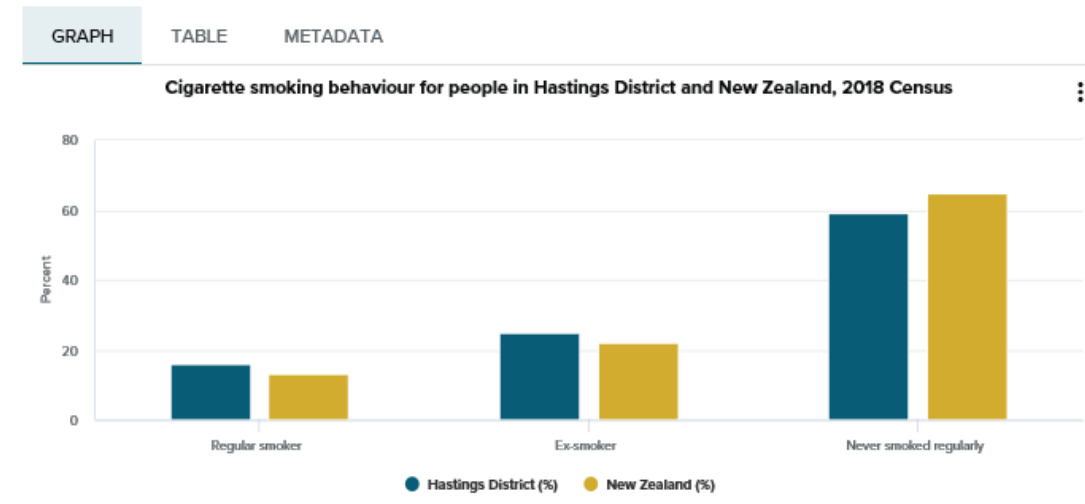
While there have been improvements in cigarette smoking behaviour in the Hastings District over recent years there needs to be stronger actions implemented towards the Smokefree2025 aspiration.

Set out on the next page are a number of graphs that summarise cigarette smoking behaviour in the Hastings District.

Cigarette smoking behaviour, over time



Cigarette smoking behaviour, Hastings District compared with New Zealand



To achieve Smokefree2025 will require multi-agency collaboration and leadership at all levels and across all sectors and organisations. It is important to achieve Smokefree Aotearoa by 2025 through protecting children from exposure to tobacco marketing and promotion, reducing the supply of, and demand for tobacco and providing the best possible support for quitting.

What action are you aware of in your community that supports Smokefree 2025?

In support of the Smokefree 2025 goal HDC in conjunction with Napier City Council implemented a smokefree policy in 2015 that provides smokefree outdoor public spaces to role model positive behaviour to our tamariki, supportive smokefree environments for those people trying to stop smoking. This Policy supports the aims of the Smokefree Hawkes Bay 2025 Strategy and the Government goal of a Smokefree New Zealand Aotearoa 2025. A key purpose of the policy is to reduce the impacts of smoking and tobacco use on non-smokers; this includes reduced exposure to second-hand smoke and de-normalisation of smoking. The Policy has a particular focus on creating smokefree public places and events. Safer Hastings is a member of the Hawke's Bay Smokefree Coalition, which provides an opportunity for agencies to work collectively towards the Smokefree 2025 goal.

64 of the 67 Councils in New Zealand have some form of a smokefree policy for council-owned **Outdoor Public Spaces** – green spaces like parks, playgrounds, reserves and sports grounds, CBD and Civic spaces, events, council-owned buildings and social housing, transport hubs, to beaches, rivers and lakes. These local smokefree outdoor policies are inconsistent across local authorities and largely unenforceable. Legislating smokefree outdoor public spaces provides a level playing field for all New Zealanders regardless of what local authority they live in, supports those trying to stop smoking and provides positive role modelling behaviour to our tamariki.

There is strong public support for **Smokefree Outdoor Dining**. With 31 of the 67 councils in New Zealand currently offering some form of smokefree outdoor dining.¹

Councils and Local Government New Zealand requested that the government develop and implement legislation to prohibit smoking outside cafes, restaurants and bars in 2015. Many jurisdictions in similar countries (Australia, Canada, and the USA) have long had effective laws for various types of smokefree outdoor areas. People trying to quit smoking need places where being smokefree is normal, and international evidence indicates that smokefree outdoor hospitality areas increase quitting attempts and reduce relapses.^{2 3}

What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

We support legislation for **Smokefree Outdoor Public Spaces** – such as green spaces like parks, playgrounds, reserves and sports grounds, CBD and Civic spaces, events, council-owned buildings and social housing, transport hubs, to beaches, rivers and lakes.

Yes No

We support legislation for **Smokefree Outdoor Dining** in cafes, restaurants, bars, pubs and other hospitality/licenced venues. We do not support designated smoking areas within these hospitality venues as they are not supportive of those trying to quit smoking, do not role model positive behaviours to our tamariki and create further obstacles to achieve SF2025.

Yes No

Please follow this link to a copy of the Hastings District and Napier City Council Smokefree Policy -<https://www.hastingsdc.govt.nz/assets/Document-Library/Policies/Smokefree-Public-Places-Policy.pdf>

Smokefree Outdoor Policies by NZ Councils



SF 2025 Endorsed
42%
(n 28)



Green Spaces
96%
(n 64)



Events
70%
(n 47)



Council Buildings
67%
(n 45)



SF Outdoor Dining
46%
(n 31)



Transport Hubs
37%
(n 25)



Vapefree
33%
(n 22)



CBD/Civic Spaces
28%
(n 19)



Social Housing
25%
(n 17)



Beaches/Rivers/Lakes
19%
(n 13)



Data source: <https://www.smokefree.org.nz/smokefree-resources/maps-of-nz-councils-smokefree-outdoor-policies-and-spaces>
*baseline = 67 councils and excludes regional councils (11).
13/5/2021

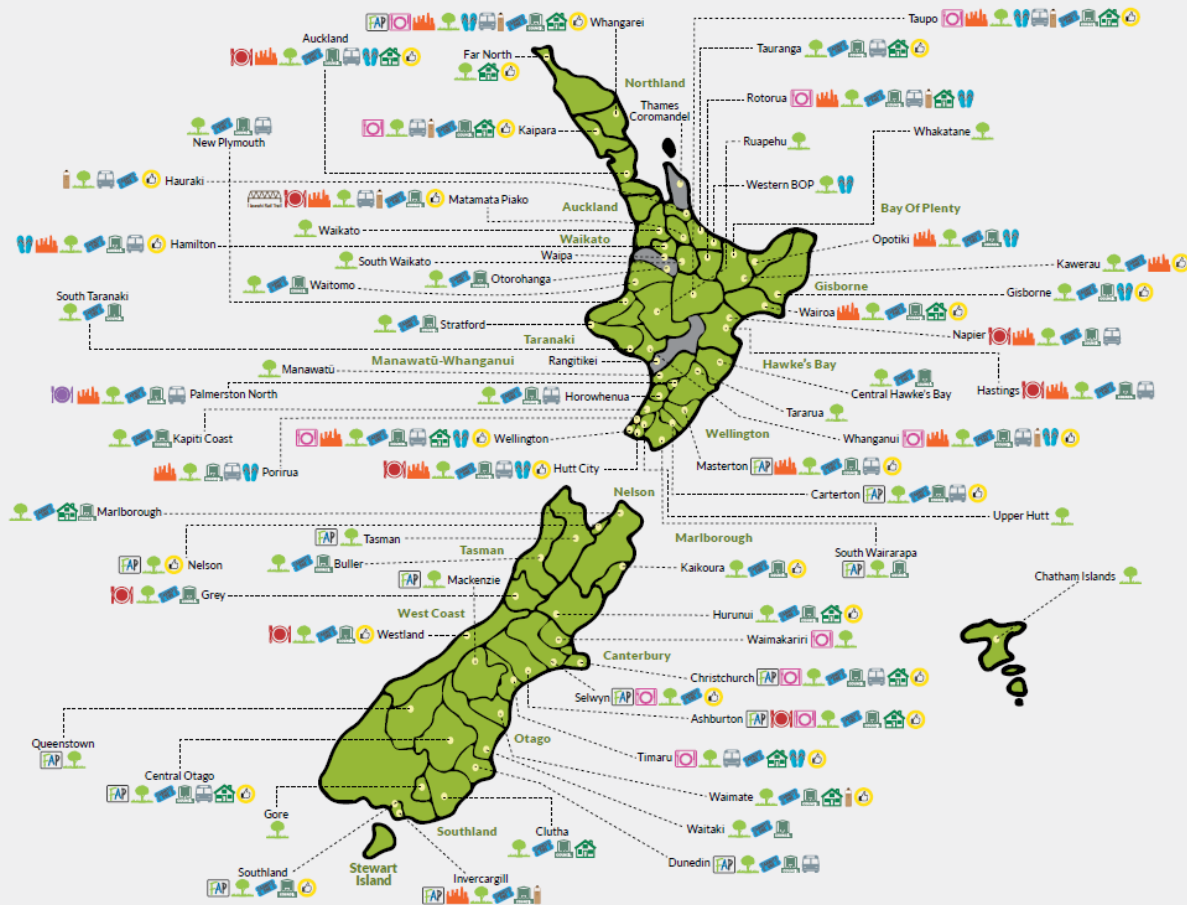


MAPPING NEW ZEALAND COUNCILS

SMOKEFREE OUTDOOR POLICIES AND SPACES



	Outdoor Dining - Bylaw
	Outdoor Dining - Leases
	Outdoor Dining - Voluntary
	The Fresh Air Project:
	CBD/Civic Spaces
	Green Spaces
	Events
	Council Buildings
	Transport Hubs
	Social Housing
	Vapefree
	Beaches/Rivers/Lakes
	Council Endorsed 2025
	Councils With No Smokefree Spaces



Acknowledgment to Martin Will, Council Secretary of NZ Canterbury West for providing supporting information.
 Julie Duckert | Smokefree Health Promotion | Public Health Services, MidCentral Health. C. 25/21 - 7/2/2020

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- 1 <https://www.smokefree.org.nz/smokefree-resources/maps-of-nz-councils-smokefree-outdoor-policies-and-spaces>
 - 2 Zablocki RW, Edland SD, Myers MG, Strong DR, Hofstetter CR, Al-Delaimy WK. Smoking ban policies and their influence on smoking behaviors among current California smokers: a population-based study. *Prev Med* 2014;59:73-8.
 - 3 Chaiton M, Diemert L, Zhang B, Kennedy RD, Cohen JE, Bondy SJ, Ferrence R. Exposure to smoking on patios and quitting: a population representative longitudinal cohort study. *Tob Control* 2016;25:83-8.

Submission form

Your details

This submission was completed by: (name)

Email:

Phone number:

Organisation (if applicable):

Organisation address: (street/box number)

(town/city)

Role (if applicable):

Additional organisation information

I am, or I represent an organisation that is, based in:

New Zealand Australia Other (please specify):

I am, or I represent, a: (tick all that apply)

<input type="checkbox"/> Personal submission	<input type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider
<input checked="" type="checkbox"/> Community organisation	<input type="checkbox"/> Professional organisation
<input type="checkbox"/> Iwi/Hāpu affiliated, and/or Māori organisation	<input type="checkbox"/> Tobacco manufacturer, importer or distributor
<input type="checkbox"/> Pacific community organisation	<input type="checkbox"/> Retailer – small, for example a dairy or convenience store
<input type="checkbox"/> Government organisation	<input type="checkbox"/> Retailer – medium or large, for example supermarket chain or petrol station
<input type="checkbox"/> Research organisation – eg university, research institute	<input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture
<input type="checkbox"/> Other (please specify): <input type="text" value="Click or tap here to enter text."/>	

Additional statistical information

These questions are not mandatory. We are asking for information, including age and ethnicity information solely for the purposes of helping us to analyse submissions.

Age:

- Under 18
- 18 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 +
- Not applicable / prefer not to say

Ethnicity/Ethnicities I identify with:

- New Zealand European
- Māori
- Pacific Peoples
- Asian
- Other European
- Other Ethnicity *(please specify)*:
[Click or tap here to enter text.](#)
- Not applicable / prefer not to say

Privacy

We intend to publish the submissions from this consultation, but **we will only publish your submission if you give permission**. We will remove personal details such as contact details and the names of individuals.

If you do not want your submission published on the Ministry's website, please tick this box:

- Do not publish this submission.

Your submission will be subject to requests made under the Official Information Act (even if it hasn't been published). If you want your personal details removed from your submission, please tick this box:

- Remove my personal details from responses to Official Information Act requests.

Commercial interests

Do you have any commercial interests?

- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products
- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products

Commercially sensitive information

We will redact commercially sensitive information before publishing submissions or releasing them under the Official Information Act.

If your submission contains commercially sensitive information, please tick this box:

- This submission contains commercially sensitive information.

If so, please let us know where.

Click or tap here to enter text.

Protection from commercial and other vested interests of the tobacco industry

New Zealand has an obligation under Article 5.3 of the World Health Organisation Framework Convention on Tobacco Control (FCTC) when 'setting and implementing public health policies with respect to tobacco control and 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, all respondents are asked to disclose whether they have any direct or indirect links to, or receive funding from, the tobacco industry.

Please provide details of any tobacco company links or vested interests below.

Click or tap here to enter text.

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Introduction

The Cancer Society of New Zealand is a non-profit organisation (hereafter “the Cancer Society” or CSNZ) that is committed to reducing the incidence and impact of cancer in the community and reducing cancer inequities. The Cancer Society Wellington (CSW) Division is a division of the Cancer Society of New Zealand based in Newtown, Wellington and has 4 centres based in Kāpiti, the Wairarapa, Nelson and Marlborough. We work across the cancer continuum with a focus on prevention, supportive care, provision of information and resources, and funding of research. We are committed to reducing health inequities. The Cancer Society is made up of six divisions and a national office.

Thank you for the opportunity to respond to the Proposals for a Smokefree Aotearoa 2025 Action Plan Discussion Document. We congratulate Government on its bold and innovative draft tobacco plan. This submission has been drawn from the National Cancer Society of New Zealand Submission and includes information about the local community networks and smokefree actions, local stats from surveys, petitions and submissions in the Wellington region and the centres. Cancer Society Wellington supports the proposed approach and the measures included in the plan. A comprehensive suite of bold and effective measures is needed to achieve Smokefree Aotearoa 2025. We are pleased that the proposed plan builds on the Māori Affairs Select Committee recommendations from its Inquiry into the tobacco industry in Aotearoa and the consequences of tobacco use for Māori.

Cancer Society divisions have been engaging with communities up to this time, seeking feedback on policy measures they wanted included in the Smokefree plan. A community template to identify support for particular strategies was used to collect feedback at events around the country from early February until April this year, prior to the launch of the discussion document, with 57 also completed online during May. A total of 844 people completed the template.

The template asked people to say why they wanted a Smokefree Aotearoa by 2025 and to identify the measures below that they wanted the Government’s Smokefree Action Plan to include commitments to:

- reduce the number of places selling tobacco

- lower nicotine levels and make cigarettes less appealing
- raise the age when people can buy tobacco to create a Smokefree generation
- make more outdoor areas Smokefree
- fund more smoking prevention media campaigns
- increase tobacco tax and use that money to support people to quit smoking.

A summary of the community support for these measures in the Wellington region (including Nelson and Marlborough) is provided in the table below.

Smokefree Policy	#	%
Reduce the number of places selling tobacco	45	90
Lower nicotine levels and make cigarettes less appealing	43	86
Raise the age when people can buy tobacco to create a smokefree generation	41	82
Make more outdoor areas Smokefree	42	84
Fund more smoking prevention media campaigns	42	84
Increase tobacco tax and use that money to support people to quit smoking	41	82

Consultation questions

The Ministry of Health is seeking comments on the following proposals for a smokefree Aotearoa 2025. You can find more information about these proposals in the discussion document which can be downloaded from - <https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>.

Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

Te Rito O Te Harakeke is a rōpu of Māori staff within Te Kahui Matepukupuku o Aotearoa - the Cancer Society of New Zealand. This rōpu believe that Māori governance of the tobacco control system should be determined by and with Māori.

The Cancer Society is committed to reduce the impact of tobacco use on Māori and will always be supportive of Māori governance and leadership in tobacco control. This is seen as a critical step to ensure real progress is made in reducing the harmful and inequitable impacts of tobacco use on Māori.

Te Rito O te Harakeke feel that a governance process is best defined through consultation and engagement with Māori communities, their networks, their Iwi leaders, hapu and whānau. A Tiriti-inspired approach would utilise the existing government processes and obligations under Te Tiriti o Waitangi to engage together with Māori in the decision making, determining best practices and appropriate methods to produce successful outcomes in reducing the tobacco use and harm among Māori.

Te Rito O Te Harakeke support the creation of an independent Māori Health Authority (with its own mana and authority) and see this as a potential governance opportunity for the Tobacco Control system in the future. However as the Māori Health Authority is yet to be

established, an interim solution will be needed, therefore consultation with Māori on Māori governance is essential.

b). What action are you aware of in your community that supports Smokefree 2025?

We work collaboratively with a range of stakeholders including sector partners, Councils, public health units, schools, concerned public and community organisations. Recent priorities have been:

- advocating for effective tobacco control legislation, vaping regulation and national tobacco control policies
- campaign to reduce the number of retailers including petition
- working with Councils and stakeholders across the motu to strengthen Smokefree area policies and implementation.

Cancer Society Wellington (CSW) is a member of the Hutt Valley Smokefree Action Group which involves coordinated action from various stakeholders within in our community to develop, implement and evaluate a coordinated Hutt Valley Tobacco Control Action Plan. This plan identifies and prioritises activities in our tobacco and smoking cessation work in the Hutt Valley. After a collective review of the gaps and opportunities in the smokefree environment we have identified areas where we can work collectively to make the most difference to our priority populations.

Wellington City Council, Porirua City Council, Upper Hutt City Council and Hutt City Council have comprehensive smokefree outdoor public places policies to ensure more of our environments are smokefree and vape-free and continue to review them to reduce the impact of tobacco use in our communities. Public spaces that are smokefree provide healthy environments for our children, young people and communities to play in and enjoy.

Healthy Families Hutt Valley are working towards creating a smokefree Hutt Valley, by reducing smoking and the impact of second-hand smoke. Making as many of the public places in the Hutt Valley smokefree, will make it easier for existing smokers to quit and stay smokefree.

Initiatives within communities that are driving change at local and regional levels are essential in reaching our smokefree goal. These actions as seen within local communities such as Wainuiomata led by Rangatahi, have driven change in social norms and contributed to legislative change through Smokefree cars bill.

We support the establishment of Regional Plans that provide for coordinated action and implementation.

We support the need for individual Māori and Pacific smokefree action plans for each region and that these need to be resourced appropriately from Tobacco Control funding.

Our Cancer Society Nelson Centre works closely with the local smokefree coalition which includes members from the Nelson City Council, Tasman District Council, Nelson Marlborough DHB (NMDHB) and the local PHO. The Fresh air project in Nelson has enabled 22 Smokefree cafes locally. The Marlborough smokefree coalition includes stakeholders from Stop smoking service and Public health service unit from the NMDHB, Te Piki Oranga Māori Health Wellness Service Ltd., Te Hauora o Ngati Rarua, Kimi Hauora Wairau Marlborough, Primary Health Organisation and the Asthma Marlborough. The coalitions coordinate action within the local community and has reviewed smokefree policies in the councils. The coalition

in Wairarapa comprises of Whai Ora, Tu Ora and the Wairarapa DHB. About 10 cafes are now smokefree through the Fresh air project in Wairarapa.

c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

Many of New Zealand's past Smokefree achievements at a community level have resulted because of:

- a) clear national direction
- b) collaboration across sectors
- c) sufficient funding and capacity.

All these have lessened in recent years.

The following are needed to strengthen community action for a Smokefree 2025.

1. Community action efforts are often focused on legislative changes including those in the Proposed Smokefree Aotearoa 2025 Action Plan. For example, we argue that legislation needs to be extended to include smokefree outdoor public places (See Section 5 of our submission). Cancer Society's community action has included a focus on advocating for extending Council smokefree policies in all regions, which has taken up a lot of time and resources. If smokefree outdoor public places were mandated nationally this would provide consistency, align with international practice and free up Cancer Society community-based resources to focus on other Smokefree or tobacco control activities.
2. National leadership is needed to strengthen and make local community action more effective. Communities need to have a strong voice to ensure good public health policies are passed into legislation. Funding for community-level Smokefree co-ordination has previously been available but this no longer seems to be the case.
3. Workforce development opportunities focused on strengthening community action and effective advocacy needs to be better funded.
4. Community action can be more effective alongside long-term national mass media campaigns. Evaluations of NZ models (e.g. *Like Minds Like Mine* which originally funded both national mass media and a network of mental health service user community activities) have demonstrated long-term effectiveness in changing societal attitudes and behaviour.
5. Good quality evidence reviews should be completed and disseminated regularly to key stakeholders. This will enable people working at a community level to have access to emerging knowledge and support their advocacy efforts. In addition, ongoing detailed analysis of smoking prevalence data across the range of demographics would be useful. ASPIRE's public health blogs are very helpful.
6. Re-establish a Smokefree listserv that is actively and independently managed and moderated and used to provide the latest research, campaign updates, and submission opportunities.
7. Funding of national smokefree services is needed in addition to those provided by Hāpai Te Hauora. In previous years there were several national advocacy groups within the tobacco control sector which were funded to generate community action capacity and a stronger voice e.g., Smokefree Coalition, Te Reo Marama (Māori Smokefree Coalition), Te Ao Hurihuri, and ASH. Only one provider of national tobacco control services remains.

Conflicting views on the risks and/or benefits of vaping have weakened and undermined the tobacco control sector.

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

It's difficult for us to comment on how new spend could best be used, without additional information and analysis of existing spend. Overall, Cancer Society suspects that more investment in research, evaluation, monitoring and reporting would be justified. However, lack of recent evaluations or reviews in the public domain of components of the tobacco programme make it difficult for the Cancer Society to identify priorities for adding value to the current service mix through research, evaluation, monitoring and reporting. There is an urgent need for the Ministry of Health to review the current mix of and investment in tobacco control services to ensure that planned expenditure (including new funding identified in Budget 2021) is aligned with evidence-based priorities for reaching SFA 2025. The review should include all currently funded tobacco control services and identify where additional investment could improve effectiveness and add value to the programme as a whole.

An evaluation and monitoring strategy is needed for the whole tobacco programme as part of the planning process that will take place once the key strategies have been agreed. A logic model will be needed that summarises pathways between interventions and desired outcomes in relation to the goal of reducing both overall smoking prevalence and disparities in prevalence between Māori, Pacific and other minority groups.

Government's investment in harm reduction through promoting vaping as a quit tool has been significant. This approach needs to be monitored and evaluated properly for both the impact on young people and the effectiveness of promoting vaping as a quit strategy. We note that most international health agencies and systematic reviews have concluded there is insufficient evidence that vaping is effective in helping people to quit (Grabovac et al., 2021) or reducing smoking-related risk (Goniewicz et al., 2020).

The monitoring of online sales to minors of both conventional tobacco products and e-cigarettes needs to be addressed as a priority. There are anecdotal reports from schools about how easy it is for minors to access these products online (as well as in generic stores, and even in vape shops), and there appears to have been minimal if any investment in monitoring and surveillance of online sales.

There is an urgent need to increase capacity for tobacco and vaping retailer monitoring and enforcement by Smokefree Officers in public health units for breaches of the SFE Act. This is even more important since schools have reported an unknown number of minors addicted to vaping, and these products are easily accessed in generic stores where children often shop. Enforcement Officers have been unable to do any controlled purchase operations in well over a year due to being redeployed for COVID-19 work.

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

The Cancer Society welcomes additional funding outlined in Budget 2021 of \$36.625m over the next four years to support the delivery of Smokefree 2025¹. This commitment will enable real progress towards meeting this goal in a priority area for improving health outcomes and reducing inequities.

Health						
Accelerating Progress Towards Smokefree 2025						
This initiative supports the delivery of a Smokefree Aotearoa 2025 Action Plan by providing additional funding to scale up intensive stop smoking programmes for priority populations (Māori, Pacific and pregnant women) and increasing investment in health promotion and social marketing campaigns.						
Vote	2021/22	2022/23	2023/24	2024/25	Operating Total	Capital Total
Health	5.500	10.375	10.375	10.375	36.625	-

Figure 1: From the Wellbeing Budget 2021 - Securing our Recovery (NZ Treasury, p. 79)

It is also positive that additional funding is allocated for both Public Health Units and NGOs working in prevention, which may result in more workforce capacity for tobacco control.

However, we note that there is very limited public information available about current investment in the tobacco programme, which appears to have reduced significantly over the last decade or so. This makes it difficult to understand how much real impact the Budget 2021 increase in tobacco programme funding is likely to have.

Cancer Society New Zealand requested financial information in an OIA in June 2020 about overall expenditure since 2006, but this was unable to be provided. More recently we were given limited recent financial information about some components of the tobacco control programme but none about how much was invested in Quitline services, or for Smokefree enforcement and other activities carried out by Public Health Units.

We suggest this is partly due to ongoing reductions in public health funding during the last decade which have impacted on the whole tobacco programme including capacity in the Ministry of Health. A 50 % reduction in actual dollars spent in public health services (from 3.6% to 2.1% of Vote Health expenditure) has been identified between 2010 and 2018 (Crompton et al., 2020). Many Smokefree providers had their funding stopped leaving only one provider delivering national tobacco control services by 2016 – Hāpai Te Hauora, an organisation established by the Northern Regional Health Authority to provide Māori public health services for Auckland in the late 1990s.

¹ Retrieved on 22 May 2021 from **Wellbeing Budget 2021 - Securing Our Recovery - 20 May 2021 (treasury.govt.nz)**.

It will be necessary to rebuild tobacco control capacity and operational funding within the Ministry, as well as in Public Health Units if there is to be any real chance of reaching Smokefree Aotearoa 2025. In particular, investment in monitoring, surveillance and enforcement of tobacco and vape retailer and industry behaviour are urgently needed.

Focus area 2: Make smoked tobacco products less available

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

Yes **No**

Please give reasons:

The Cancer Society supports a licensing system for all tobacco and vape retailers including generic stores. However, we do not support a licensing system as a stand-alone measure. As the Ministry notes in the RIS, this is unlikely to achieve a significant reduction in the number of retailers which is necessary to accelerate progress towards achieving Smokefree 2025 (van der Deen et al., 2018).

It makes no sense that tobacco, the most harmful consumer product in history, can be sold by anyone and anywhere in New Zealand. Unlike other harmful products there are no regulations relating to tobacco retailing.

Licensing schemes would offer an opportunity to set retailer conditions such as suitability of applicant (knowledge of legislation, character and reputation, training, concerns about previous sales to minors); trading hours; retailer location; proximity to schools, marae, early childhood education centres; proximity to other tobacco or vape retailers and restricting density of retailers in a given area. We would also like to see licences require annual sales returns on tobacco and vape products.

The Allen Consulting Group report (2002) set out the following elements that make up best practice for tobacco licensing schemes:

- Licenses should be held by all wholesalers and retailers of tobacco.
- Compliance with general tobacco control laws should be the minimum operational standard required by a license holder.
- Parties applying for a license should be required to confirm that they have read, understood, and agree to abide by, the applicable laws regarding tobacco sales.
- Tobacco wholesalers should be required to sell only to licensed retailers/wholesalers and to provide the regulatory agency with a list (on request or periodically) of the wholesalers/retailers to whom they have supplied tobacco.
- Retailers should be required to purchase only from licensed tobacco wholesalers.
- Each license should apply to a particular venue.

- The license should be prominently displayed at each tobacco premises.
- License fees should be set to recover only those costs associated with:
 - administration of the licensing regime
 - enforcement of the licenses, including inspections and compliance checks
 - provision of licensing-related information to customers and the public; and
 - provision of information to applicants and licensees to ensure their compliance.
- A license should be able to be refused or withdrawn if a responsible person has been found to have contravened any tobacco control laws.
- Tobacco sales licensing should be seen as a health measure and hence should be controlled by health officials.
- There should be a graduated penalty structure that includes warnings, administrative penalties, prosecutions, license suspension, and scope for license withdrawal (The Allen Consulting Group 2002).

Licenses provide an important mechanism for communicating information and changes to laws to retailers more easily and for monitoring and enforcement. Licenses can be removed for breaches and are therefore powerful legal tools that can be used to improve enforcement of tobacco-related laws. A well-enforced licensing system can help ensure compliance by providing stronger incentives to tobacco retailers to comply with tobacco control laws (Chapman et al., 2009).

Currently we have very limited tobacco retailer information due to the lack of a licensing and reporting regime.

Licensing fees need to be set at levels that adequately cover both the administration of a licensing system and effective monitoring and enforcement by tobacco control enforcement officers nationally, which as we have noted previously needs significant investment.

The Ministry of Health’s Regulatory Impact Statement on the Proposed Smokefree 2025 Action Plan notes that licensing could also potentially help to reduce the sale and distribution of illicit tobacco products.

b). 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:

A 90 – 95% reduction in retailers will be needed to influence behaviour sufficiently (ASPIRE, 2017). The Cancer Society supports restricting tobacco sales to a limited number of R18 specialist stores and ensuring that the number and density of retailers is based on both population size and density.

The current unregulated market has resulted in our communities being saturated in tobacco retailers. There are an estimated 6000-8000 tobacco retailers nationally (Robertson, 2017)

Easier access to tobacco retailers is associated with an increase in youth smoking (Marsh et al., 2021; Finan et al., 2019), increased smoking among people who already smoke (Paul et al., 2010) and reduced quitting (Halonen et al., 2014; Chaiton et al., 2018).

A systematic review (Marsh et al., 2021) found an association between tobacco retail outlet density and smoking behaviours among youth, particularly for the density near youths' homes. The study also found a significant positive association between exposure to tobacco retail outlets and daily tobacco use. This review provides evidence for the development and implementation of policies to reduce the density of tobacco retail outlets to reduce smoking prevalence among youth.

Residents within low socio-economic communities are exposed to much higher density of tobacco retailers, about four times greater, than those living in higher socio-economic areas (Marsh et al., 2013; Marsh et al., 2020).

To gain an understanding of what this means for some of our low socio-economic communities, the Cancer Society Wellington conducted retailer observations in shopping precincts around the Wellington region between November 2020 and February 2021. This exercise entailed visiting all retailers in prioritised areas and identifying those selling tobacco and vape products in both low socio-economic and high socio-economic areas. Our findings backed up earlier research undertaken by Marsh et al., in 2013.

There were considerably more retailers selling tobacco in the main shopping precinct in low-income areas in Wellington, lower Hutt, Porirua and Kāpiti Coast (compared to high-income areas. Furthermore, there were more retailers selling tobacco than bread and milk in the low-income areas visited.

In Newtown North, Wellington (November 2020) there were almost twice the number of shops selling tobacco and vape products than in Kelburn, even though they have a similar population size. The smoking rate in Newtown is almost three times that in Kelburn and higher than the national average smoking rates. Similar results were found in Taita South, Cannons Creek North, Otaki compared to Maungaraki, Whitby and Waikanae Beach district, respectively. See table below:

Region	Suburb	Decile**	Tobacco	Vape	Milk	Bread	Population*	Maori population*	Smoking rate*
Lower Hutt	Taita South	10	9	9	8	8	3078	858	23.3%
	Maungaraki	2	3	2	3	3	3987	405	7.8%
Wellington city	Newtown	8	5	7	3	3	2157	210	12.5%
	Kelburn	2	2	3	3	2	2124	135	4.9%
Porirua	Cannons Creek North	10	9	7	8	8	3474	1002	29.5%
	Whitby	2	4	2	4	4	3042	321	8%
Kapiti Coast	Otaki	9	7	8	6	6	3489	1443	17.6%
	Waikanae Beach District	3	2	2	2	2	3249	357	9.2%

*Derived from Stats.govt.nz.

**Derived from New Zealand Deprivation Index 2018.

Retail availability of Tobacco, Vape, Bread and Milk in Wellington region

Capping the number of tobacco retailers to population size and restricting density of retailers could greatly decrease the number of tobacco retailers. Currently there is approximately one tobacco retailer per 800 residents (Marsh et al., 2020) whereas introducing a cap of no more

than one tobacco retailer in an area with 10,000 residents would help to substantially reduce exposure to tobacco outlets. Tobacco density would need to be reduced sufficiently in low socio-economic areas, where smoking rates are highest, and people are more at risk of tobacco harm (Luke et al., 2017; Caryl et al., 2020). Failure to substantially reduce the number and density of tobacco retailers in low socio-economic areas will continue to increase inequities.

The Cancer Society would also like to see restrictions placed on the proximity of tobacco retailers to schools, early childhood education centres, marae and health centres. Over half of secondary schools have at least one tobacco retailer within 500 metres of the school, and 83% have at least one retailer within 1 kilometre (Robertson et al., 2016). Four places selling tobacco and six places selling vape products were found within 300 metres of Newton School.

Evidence shows that the more tobacco retailers there are around a school, the more likely students are to have ever smoked, engaged in experimental smoking and be susceptible to future smoking (Adams et al., 2013; Henrikson et al., 2008, Chan et al., 2011, Marsh et al., 2016). Reduced density of the sale of tobacco around schools would reduce curiosity and temptation concerning tobacco, diminish the normalising of smoking in the community, and provide fewer opportunities and cues for adolescents to attempt to purchase tobacco (Marsh et al., 2016).

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

Yes **No**

Please give reasons:

The Cancer Society strongly supports phasing out the retail availability of tobacco so that it is only sold at a limited number of licensed R18 (or higher if the age limit to purchase is increased) specialist tobacco only stores. This is our preferred option.

We have concerns about suggestions limiting tobacco sales to pharmacies or to alcohol outlets. A significant number of pharmacists (26%) do not want to sell tobacco (van der Deen et al., 2018). There are also a lot more than 300 pharmacies nationally so this option would not achieve our target of 95% reduction in tobacco retailers. Restricting tobacco sales to alcohol outlets would reinforce the strong association between alcohol and smoking especially in the 18-24-year age group when smoking initiation is highest, overall smoking rates are high and social smoking is prevalent. Alcohol outlets are also overconcentrated in low socio-economic communities raising equity concerns.

Limiting sales to license R18 specialist tobacco stores would provide the greatest opportunity to substantially reduce the number of tobacco retailers to approximately 300 as has been recommended by ASPIRE (Edwards et al., 2021). Modelling suggests that reducing to 300 outlets (approximately one for every 1,600 people who smoke) could have a positive effect by increasing travel time and eliminating impulse purchases (Pearson et al., 2015). Eliminating ready access to tobacco could enhance success in cessation, since people who smoke experience stronger cravings when they expect to be able to smoke in the near future (Sayette et al., 2003).

Sales restrictions could designate specialist R18 tobacconists or government operated R18 stores as the only suppliers of tobacco products. This approach would stimulate quitting,

reduce relapse to smoking among people who have quit, and minimise youth access by facilitating enforcement in underage sales (Edwards et al., 2021). Significantly reducing outlet numbers is also likely to help reduce disparities as tobacco retailers are often concentrated in disadvantaged areas.

Tobacco is the only retail product when used as intended kills as many as two-thirds of its long-time users (Banks et al., 2015) yet it is available anywhere. We need to end the perception that cigarettes are an ordinary consumer product.

Strong public support

There is strong public support (68%) for reducing the number of tobacco retailers nationally (Health Promotion Agency, 2018). Furthermore, New Zealand research in 2018 found the majority (62%) of people who smoke and recent quitters also supported reducing the number of places that can sell tobacco products, that is by 95%, and allow sales only in a limited number and type of stores (ITC project, 2020).

- Over the last few years, the Cancer Society has undertaken a series of actions to gauge and gather public support for reducing tobacco retail availability. In 2019 and 2021 we conducted electronic and paper-based surveys/submissions at our Relay for Life and other events nationwide. In 2019 we found very high support (92% of 1481 submissions collected nationally) for the Smokefree Environments Act to be strengthened to reduce the number of outlets able to sell cigarettes and tobacco. In 2021, of the 844 community submissions collected nationally, between February and May, 92% wanted Government's Smokefree Action Plan to include commitments to reducing the number of places selling tobacco (community submissions are provided in separate attachments). In 2020 we ran an online poll for World No Tobacco Day asking '*Should smokes only be sold in R18 specialist tobacco shops?*' Of the 1200 votes cast, 82% supported restricting tobacco sales to R18 specialist tobacco shops.
- Recently in March 2021, the Cancer Society launched a petition which requests the House of Representatives pass legislation that significantly reduces the number of tobacco retailers, to help reach Smokefree Aotearoa 2025. A total of **558** people signed the petition in Wellington region, adding more community voices supporting this important measure in the proposed Smokefree Action Plan.
- In May 2021 the Cancer Society used social media to gauge public support for some of the measures within the proposed Smokefree Action Plan. An online poll asked whether they supported reducing the number of shops that sell tobacco. 90% of the 113 votes supported this measure (n=102) while 10% did not (n=11 votes).

In addition to high public support, New Zealand research found that small retailers are likely to support government legislation that permits the sale of tobacco from a few specialist stores that only sell tobacco (Badu et al., 2018). Small retailers said they want a level playing field – they do not want to lose tobacco customers to other retailers nearby.

In unpublished interviews with executives of medium to large tobacco retailers, many signalled that they expect government leadership on reducing tobacco availability and that they just want as much notice as possible (communications with Auckland Regional Public Health Services). Many retailers thought that restricting sales to only R18 tobacco retailers

would treat current retailers equally and address the challenge of providing a level playing field.

We do not support a 'grandfathering approach', which exempts current retailers from new policy changes, as the number of retailers would decrease extremely slowly and not achieve the 95% reduction required.

The Cancer Society supports the phasing out of tobacco retailers through the prompt passage of legislation. Legislative changes need to be enacted by this Government as a priority. We accept there would need to be a transition period after Royal Assent for the new legislative provisions to take effect. A transition period will be needed for both consumers and retailers. We support potentially two phases - with the first 'batch' of retailers needing to cease supply within six months, and then a second 'batch' within twelve months. Further consideration is needed to identify how to successfully transition from 6,000 – 8,000 retailers to about 300 R18/ age appropriate providers.

As some small retailers may be affected by this policy more than others, Government support or assistance for small business advisors could be considered.

d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

The Cancer Society supports introducing a smokefree generation policy to restrict the sale and supply of tobacco products from a set date for future generations. Preventing youth initiation of smoking is essential to achieving and maintaining Smokefree Aotearoa 2025. While the rates of smoking have reduced over time in those aged 15-25, the levels of smoking in the age groups remains significant (particularly in the group aged 18-25) and is very concerning (see Figure 2 below).

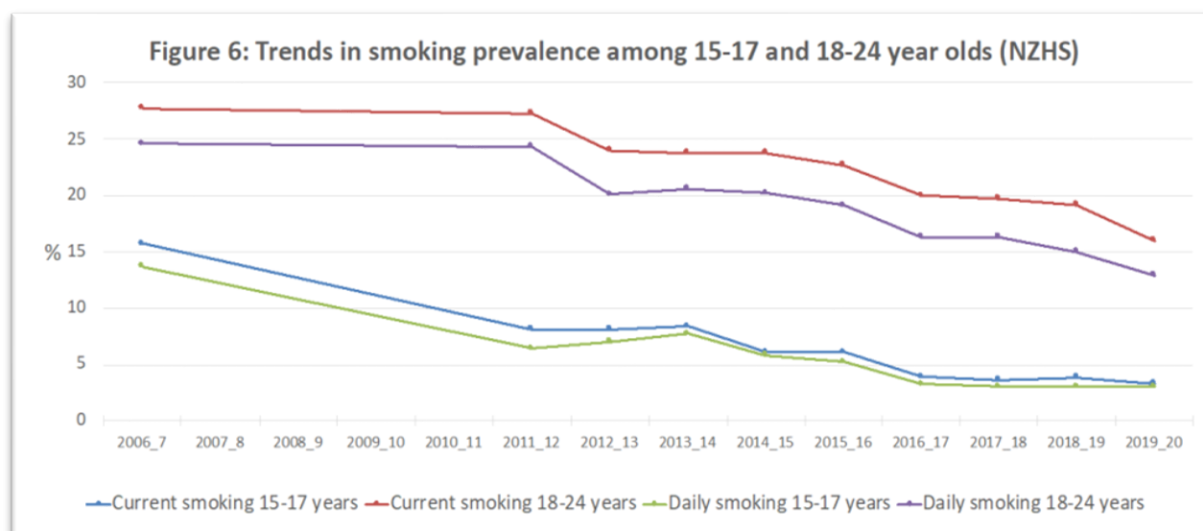


Figure 2: Trends in smoking prevalence among 15-17 and 18-24-year-olds. Source: Edwards et al., 2020².

In 2019/20 daily smoking prevalence among 18–24-year-olds was 12.9% (61,000 smoking) and current smoking prevalence 16.0% (75,000 smokers). Current smoking in this group has declined at an average of 1.4% per year since 2011. The patterns of changes in prevalence over time were similar for daily smoking (Edwards et al., 2020).

Longstanding ethnic disparities in smoking prevalence have continued in recent years for Māori youth and young adults. While data for young adults by ethnicity was not available in the NZHS data explorer, the 2018 census daily smoking prevalence among 20-24-year-olds was 15.6% overall but 28.9% among Māori and 21.1% among Pacific peoples.

Youth vaping and smoking

Many systematic reviews have found strong associations between youth vaping and subsequent smoking initiation, and a recent meta-analysis by Chan and colleagues (2021) confirmed earlier findings of a longitudinal association between adolescent vaping and smoking initiation. The Cancer Society’s concern is that this association could translate into an increase in youth smoking prevalence, given well-documented and aggressive vape and industry marketing of vaping products to a NZ youth audience for several years prior to legislative change that began to take effect in November 2020.

Our most recent NZ youth data (2019) shows smoking prevalence in school-aged children (14 and 15-year-olds) has levelled off over the last few years but increased slightly during 2019 after being in decline for 20 years, alongside a rapid increase in vaping among young New Zealanders (see Figure 3 below). As the ASH year 10 annual survey was unable to be undertaken in 2020 due to COVID 19, it will not be clear until 2022 when the 2021 survey findings are made public, whether this increase in youth vaping and smoking prevalence has changed.

The 2019 Year 10 survey found substantial disparities in smoking prevalence in 14-15-year-olds by ethnicity, with daily smoking prevalence 2.1% overall, but 5.8% among Māori students (ASH 2020). The increase in Māori smoking prevalence of year 10 students was significantly

² Graph retrieved on 20 May 2021 from PHE blog **What does the 2019/20 NZ Health Survey tell us about progress towards a Smokefree Aotearoa? – Public Health Expert, University of Otago, New Zealand**

higher than non-Māori, raising concerns about the possibility of a widening of ethnic inequities in young people, which had been gradually narrowing since 2000 (see Figure 3 below).

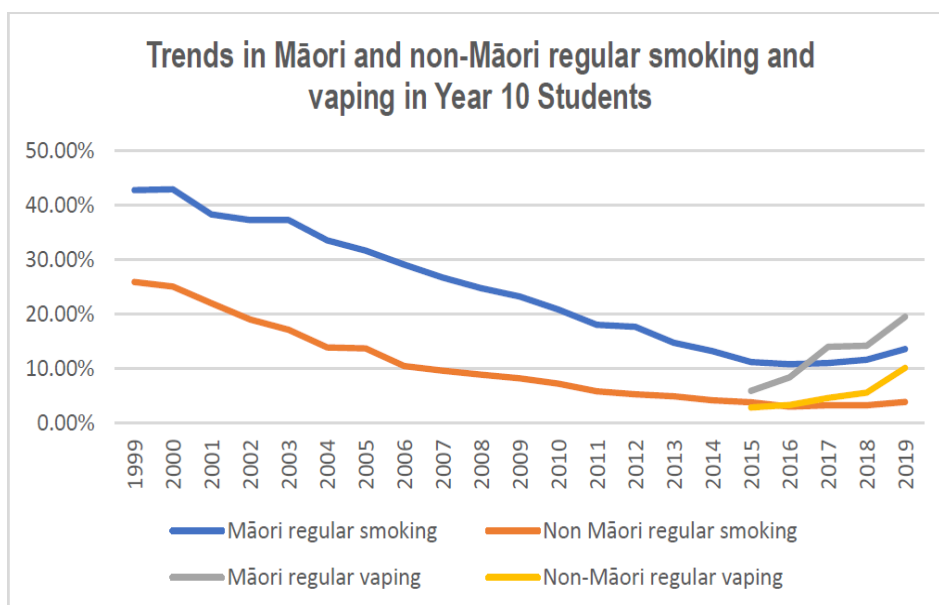


Figure 3. Trends in Māori and non-Māori regular smoking and vaping in Year 10 students

Source: Māori and non-Māori data 1999-2018 obtained from ASH NZ website.

Data from the New Zealand Health Survey (NZHS) shows that daily smoking prevalence among 15-17-year-olds was 3% (5,000 smoking) in 2019/20 and current smoking prevalence (smoked in the last 28 days) was 3.3% (6,000 smoking). Current smoking prevalence roughly halved between 2006/7 (15.7%) and 2011/12 (8.1%) in this age group, then halved again by 2016/17 (3.9%), a reduction of about 0.8% per year. Since 2016/17, current smoking prevalence has remained more or less the same with similar patterns of prevalence over time for daily smoking (Edwards et al., 2020).

The uptake of smoking in young adults continues to contribute to maintaining a substantial level of smoking among the adult population in Aotearoa (Edwards et al., 2019). Edwards and colleagues noted that despite a downward trend, high smoking prevalence among 18-24-year-olds remains a significant barrier to achieving and maintaining the Smokefree 2025 goal (Edwards et al., 2020).

Public support for preventing youth smoking uptake

- There is usually high public and political support for measures to reduce smoking uptake among young people. Cancer Society found significant support from the public for *raising the age when people can buy tobacco to create a smokefree generation*. Of the 844 community submission templates collected at Relay for Life and other community events nationally this year 726 (86%) want Government's Smokefree Plan to include commitments to "raise the age when people can buy tobacco to create a Smokefree generation".

- In May 2021 the Cancer Society used social media to gauge public support for raising the age when people can buy tobacco. 89% of the 82 votes cast supported this measure (n=73 votes) while 11% did not (n=9 votes).

Evidence in support of a Smokefree Generation Policy

The Smokefree Generation policy recognises that young people who start smoking rarely, if ever, make an informed choice (Gray et al., 2014) and a high percentage of youth 15-19 years, particularly Māori (82%), regret starting smoking (Wilson et al., 2009).

New Zealand modelling work has suggested that this policy is likely to contribute substantially to ending smoking disparities for Māori (van der Deen et al., 2018). If well-enforced, this policy is predicted to halve smoking rates within 10-15 years of implementation and would result in five times' larger health gains per capita for Māori compared to non-Māori. Van der Deen and colleagues found that 'reducing a tobacco-free generation' ranked as the most effective endgame measure for reducing inequities (see Figure 4 below). It is strong pro-equity due to the higher smoking prevalence and the young age structure among Māori and Pacific populations. This approach supports Te Tiriti O Waitangi principles of active

protection and equity and would ensure tamariki have the best start to life in a smokefree environment.

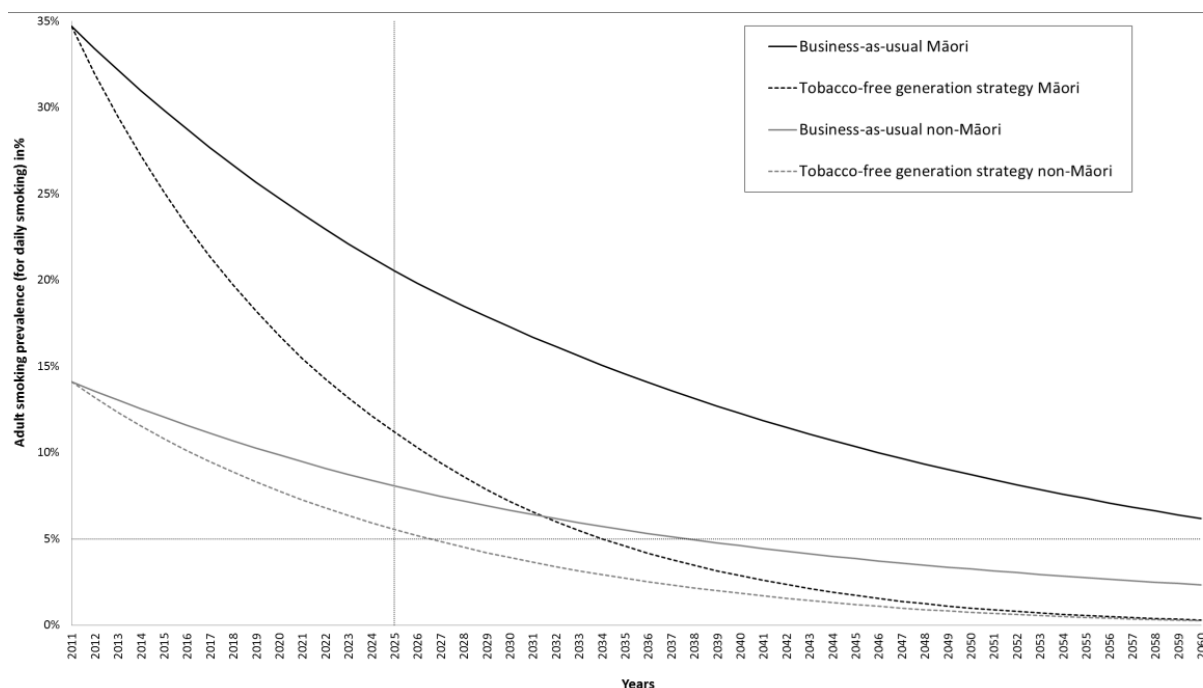


Figure 4. Likely impact of tobacco-free generation strategy on Māori and non-Māori. Source: van der Deen et al., 2017.³

A Smokefree Generation is likely to demonstrate that New Zealand is serious about achieving Smokefree 2025 and will provide an environment to support people to remain Smokefree and trigger people who smoke to quit.

The benefits of a smokefree generation will not have immediate impacts on reducing smoking prevalence; however, it will create long-term benefits and support and maintain minimal prevalence of smoking once the Smokefree goal has been attained (Edwards et al., 2021).

However, minimum-age laws are not always successful (Nuyts, 2018), require investment in monitoring and enforcement, and may send a misleading message that there is a ‘safe age’ for smoking and establish a ‘coming of age badge’ as a sign of maturity (Imperial Tobacco, 1977).

A smokefree generation policy was introduced in Balanga City in the Phillipines, in 2016, as part of a comprehensive tobacco control package. It resulted in significant declines in youth and adult smoking. However, the tobacco industry put a legal challenge on the grounds that Balanga’s policies were stronger than national legislation intended (cited in Ball et al., 2021).

The Cancer Society supports a smokefree generation policy as part of the comprehensive programme. Policy compliance by retailers is more likely if other proposed measures in the plan are introduced – including licensing, strengthening of monitoring and enforcement and restricting tobacco sales to only R18 specialist tobacco shops. Retailers, and especially

³ Graph retrieved on 20 May 2021 from PHE blog **Phasing out smoking: The Tobacco-Free Generation policy – Public Health Expert, University of Otago, New Zealand**

specialist retailers, are less likely to risk losing their licence for making underage sales. Mass media campaigns will also be important to communicate the policy's aims and generate public and youth support for a smokefree generation approach.

e). 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:

The Cancer Society is not a small business. However, we have undertaken recent research on tobacco with small businesses, and we believe the key findings are relevant to this submission.

Cancer Society retailer survey in Northland

In February 2020, we undertook a qualitative survey of 16 Northland retailers who had at some stage chosen to stop selling tobacco. The purpose of the survey was to understand factors which impacted on retailers' decisions about selling tobacco and gauge their support for legislation to reduce tobacco availability. The most common reason retailers gave for choosing to stop selling tobacco was security, followed by the high costs for stocking tobacco (insurance cover), community health and wellbeing, and insufficient profit.

Retailers were told about the Government's Smokefree 2025 goal and were asked what Government regulations or laws they would support. Restricting tobacco to R18 stores only had the most support from retailers interviewed, followed by licensing of all retailers who sell tobacco. Half of the retailers agreed that licensing fees should cover monitoring costs. Two of the three retailers who chose to sell tobacco also supported some form of Government regulation including restricting sales to R18 shops only. None of the respondents supported tobacco being sold only in supermarkets. Backlash from people who wanted to buy tobacco was rarely an issue despite many of the retailers being in rural areas.

Research about retailer concerns

We acknowledge the situation of many small retailers, including their concerns about the potential impact on turnover. However, we are also concerned that some interest groups may put forward claims that independent research does not support. For example, it is sometimes claimed that if small retailers are no longer able to sell tobacco, they could lose their business. This argument is also promoted by tobacco companies.

A common argument is that tobacco purchases drive footfall into small retailer premises with customers buying additional products. Research undertaken in Dunedin (Roberston et al., 2019) and later scaled up and repeated in Auckland and Wellington (Marsh et al., 2020) found that most transactions in small retailers do not involve tobacco and when tobacco is purchased, it is most often as a single item, without other groceries. The Dunedin study found that only 14% of transactions contained tobacco with most only buying tobacco. Only 5% of all transactions included tobacco and an additional product. Similar results were found in Auckland and Wellington with 14% of transactions containing tobacco and just 6% of all transactions including both tobacco and other products.

The research shows that while some people buy tobacco from small convenience stores, buying tobacco and other products is uncommon, and these purchases account for only a small amount of the total purchases. International research has supported these New Zealand findings (Wood et al., 2021.) Small retailers' profit margins on tobacco are very low, yet this

is rarely acknowledged (Jaine et al., 2014; Badu et al., 2018, Marsh et al., 2020). Tobacco not only provides low returns, it is also expensive to stock and high insurance premiums can be imposed on small retailers because of the risk of burglary.

Recent Australian research (Watts et al., 2020) found tobacco industry covert marketing tactics with retailers, which included financial incentives, experiential incentives such as all-expenses paid events and vacations, and targeting education of retailers to market their products to consumers on behalf of industry. The authors concluded that such strategies had the ultimate objective of increasing market share and driving sales.

Focus area 3: Make smoked tobacco products less addictive and less appealing

a). **Do you support reducing the nicotine in smoked tobacco products to very low levels?**

Yes No

Please give reasons:

Studies have shown that reducing nicotine to very low levels is likely to reduce the number of people starting to smoke, supports people to stop smoking, and reduces the number of people who have quit smoking from relapsing, thereby reducing the overall prevalence of smoking (Donny 2015; Donny et al., 2017). This would have a substantial population benefit (Apelberg et al., 2018) therefore being most beneficial to individuals currently most disadvantaged by tobacco companies, i.e. Māori, Pacifica, lower SES communities, and people struggling with mental health.

Nicotine levels would need to be reduced to levels where there are no (or negligible) central nervous system effects – no greater than 0.4mg nicotine per gram of tobacco or per cigarette (Donny et al., 2015; Edwards et al., 2021) to make Very Low Nicotine Cigarettes (VLNCs). There is a large body of research supporting this approach (Benowitz & Henningfield 2013, 2018; Benowitz et al., 2007, 2012, 2015, 2017; Dermody et al., 2015; Ding et al., 2014; Donny et al., 2009, 2015, 2017; Gottlieb & Zeller 2017; Hammond & O'Connor 2014, Hatsukami et al., 2010a, 2010b, 2017; McRobbie et al., 2015; Mercincavage et al., 2016, Smith et al., 2019, 2020; Walker et al., 2012, 2014; World Health Organization 2019).

Conventional cigarettes contain between 10-16mg nicotine per gram of tobacco (Donny et al., 2015). The proposed level (0.4%) may relieve cravings, but is not sufficient to release dopamine, so it does not deliver the 'buzz' people get from smoking (Brody et al., 2009). At this level, cigarettes are also less likely to be addictive in adolescents (Cassidy et al., 2018).

Reducing nicotine only moderately has been shown to be ineffective – studies have found participants used compensatory behaviours instead of decreasing smoking (Hatsukami et al., 2010, Hatsukami et al., 2018, Hammond & O'Connor 2014, Mercincavage et al., 2016). Compensatory measures included smoking more cigarettes and inhaling deeper. Other research has shown that deeper inhalation can increase nicotine uptake potentially 4-fold (Benowitz et al., 2019). However, when the nicotine levels were substantially reduced, people

stopped using compensatory smoking behaviours. Indeed, they would need to smoke ten times more VLNCs per day compared to conventional cigarettes – so someone who usually smoked 10 cigarettes per day would need to smoke 100 cigarettes per day to maintain their usual nicotine intake. Studies have found there is only minimal compensatory smoking with the lower level and if it happened at all it typically lasted for only a few days (Smith et al., 2020a, 2020b; Benowitz et al., 2019). People instead reduced the number of cigarettes smoked and their decrease in exposure to the addictive component decreased in a compounding manner. To be most effective the switch to VLNCs must be swift. Studies with gradual switching found no reduction in daily cigarette use (Hatsukami et al., 2018).

Importantly, very low levels of nicotine lead to the greatest decrease in nicotine excreted regardless of whether the person was motivated or unmotivated to stop smoking (Donny et al., 2015, Delinger-Apte et al., 2016, Hatsukami et al., 2013). Reducing or removing the reinforcing effects of nicotine from smoking will therefore have a three-fold effect; making it easier for people to stop smoking; making it less likely that someone who tries will continue, and by reducing the likelihood of relapses for people who have become smokefree (Donny 2015).

Various studies have shown people in groups using VLNC smoke fewer cigarettes per day than groups using conventional cigarettes. This has been demonstrated across multiple studies with people unmotivated to stop smoking (Bandiera et al., 2015, Benowitz et al., 2012, Cassidy et al., 2019, Donny et al., 2015, Hatsukami et al., 2017, Hatsukami et al., 2018, Higgins et al., 2020, Krebs et al., 2020, Shiffman et al., 2018, Smith et al., 2019, Walker et al., 2015), studies focusing on socially disadvantaged people (Higgins et al., 2020, Krebs et al., 2020), and people with mental health conditions (Higgins et al., 2020; Tidey et al., 2018). These are encouraging findings as they suggest smoking prevalence could be reduced in some of the populations most disproportionately impacted by tobacco companies (Lasser et al., 2000, Hiscock et al., 2012).

Dermody and colleagues (2015) found that smoking VLNC cigarettes predicted abstinence independent of individual differences in baseline smoking, cotinine, dependence, and gender. However, factors that undermine nicotine reduction must be addressed, including the availability and use of cigarettes with normal nicotine content and not sufficiently reducing the nicotine yield of cigarettes (Dermody et al., 2015).

Implementing policy that requires VLNC will be most effective when used in conjunction with other measures. For example, modelling has predicted that smoking rates (inclusive of roll-your-own tobacco) could be reduced to as low as 4.1% by 2025 if nicotine reduction is combined with a 10% annually increasing excise tax, therefore meeting the prevalence target for Smokefree 2025 (Laugesen & Grace 2015). Existing measures to support people to become smokefree will also be crucial. Research with people using VLNC alongside nicotine replacement therapy (NRT) such as patches have been successful and some have even shown greater smoking reductions than with VLNCs alone (Hatsukami et al., 2013, Donny & Jones 2009, Vogel 2014, Smith et al., 2019). Using VLNCs with NRT (with and without behavioural support) has been more effective than NRT with behavioural support (Walker et al., 2012, McRobbie et al., 2016). While people may find VLNCs less satisfying than conventional cigarettes any withdrawal symptoms from the substantially reduced nicotine will be transient and mild (Dermody et al., 2018, Hatsukami et al., 2018). Furthermore, using NRT helps control withdrawal symptoms, and separates the behavioural association between nicotine and the action of smoking (Donny & Jones 2009, Hatsukami et al., 2013, Hatsukami et al., 2010).

A study of over 1400 participants (Walker 2012), where one-quarter identified as Māori, reported higher long-term abstinence and delayed relapse in those smoking VLNCs combined with NRT versus the group with conventional cigarettes who also had access to NRT. These results were irrespective of ethnicity, thus providing good evidence that a VLNC-inclusive intervention can be successful in supporting Māori to be auahi kore. Furthermore, research by the ITC (International Tobacco Control) found Māori participants strongly supported removing nicotine, and 80% said they would try VLNC or nicotine-free cigarettes (McKiernan et al., 2019).

There is evidence that reducing the nicotine content of cigarettes may decrease their addiction potential in populations that are highly vulnerable to tobacco addiction including people with experience of serious mental illness and those on low incomes. (Higgins et al., 2017).

There is a strong precedent for this reducing nicotine in cigarettes from the USA where the FDA's 2018 Advanced Notice of Proposed Rulemaking recommended developing a tobacco product standard for nicotine levels in cigarettes, which would mandate minimal or non-addictive nicotine levels (Food and Drug Administration 2018).

We also recommend a public education campaign, to explain that removing nicotine reduces the addictiveness of smoked tobacco and that nicotine is not the most toxic constituent of tobacco. This is important to prevent people who want to quit smoking, to be put off from using NRT products or switching to e-cigarettes.

Public support for reducing nicotine levels and making cigarettes less appealing

New Zealand research in 2018 found strong public support for reducing nicotine levels in cigarettes and tobacco by people who smoke (72%) and those who have recently quit (78%) if nicotine was available in other products (International Tobacco Control, 2020).

- Of the 844 community submission templates collected by the Cancer Society this year 717 (85%) wanted Government's Smokefree Action Plan to include 'lowering nicotine levels and making cigarettes less appealing'. About 86% in Wellington region wanted the same.
- A May 2021 online social media poll asking the public if they supported reducing the amount of nicotine in cigarettes found 94% (n=82) of the 87 votes cast supported this measure while 6% (n=5) did not support it.

b). Do you support prohibiting filters in smoked tobacco products?

Yes **No**

Please give reasons:

As noted in your consultation document, filters do not reduce harm from smoking and have been shown to increase the risk of adenocarcinoma of the lung. **Filters are used by tobacco companies to manipulate people into thinking they make smoking safer.** In addition, tobacco companies use filters to introduce innovations e.g. adding flavours to cigarettes to attract new people to smoking. Cigarette butts also massively contribute to the degradation

of our environment. Any one of these reasons is enough to warrant prohibiting filters in tobacco products but combined, the evidence for support is overwhelming.

Marketing and effectiveness of filters in reducing harm

When lung cancer fears emerged in the 1950s, cigarette companies initiated a shift in cigarette design from unfiltered to filtered cigarettes. Over the following decades, cigarette companies appeared to transition away from mitigating the health hazards of smoking towards the perpetuation of the notion that cigarette filters are effective in reducing smoking toxins and hazards. Filters became a marketing tool, designed to recruit people who smoke and retain them as consumers of these hazardous products (Harris, 2011). Both the ineffectiveness of cigarette filters and the tobacco industry's misleading marketing of the benefits of filtered cigarettes have been well documented.

The US Surgeon General and the National Cancer Institute in the US have found no evidence that filters reduce harm to people smoking (Oren et al., 2020; US Department of Health and Human Services, 2001; US Federal Trade Commission, 2018). In 2014, the Surgeon General's Report on the Health Consequences of Smoking stated: "The evidence is sufficient to conclude that the increased risk of adenocarcinoma of the lung in smokers results from changes in the design and composition of cigarettes since the 1950s" (US Department of Health and Human Services, 2014; Song et al., 2017).

Filters have merely changed where cancer is more likely to develop within the lung (Brooks et al., 2005). Across the time filters have been used, adenocarcinomas have increased while squamous cell carcinomas have remained stable, while both types of cancer remained stable in non-smoking populations (Burns et al., 2011; Marugame et al., 2004). A possible reason for this is that filters allow people to inhale more deeply, so cancer in the distal parts of the lung is much more common than in the mid-twentieth century when it primarily occurred more centrally (Brooks et al., 2005). Squamous cell carcinomas have been replaced by more aggressive adenocarcinoma making smoking with filters more harmful than unfiltered smoking (Brooks et al., 2005; Everatt et al., 2011; Ito et al., 2011).

Tobacco companies' extensive research during the 1950s and 1960s revealed that filters do not reduce harm (Harris 2011). As the public became aware of the risks of smoking (Doll & Hill 1999; Doll et al., 1994, 2004) tobacco companies began to investigate filters for reducing harm. However, when their research showed this was not possible, they moved on to what has been described as 'the deadliest large-scale fraud' (Evans-Reeves et al., 2021; Hoek et al., 2021) and continued to market filters as making smoking safer (Harris 2011). Tobacco companies took advantage of the public perception of reduced harm from filters via implicit and explicit advertising claims (Hoek et al., 2021; Song et al., 2017; O'Connor et al., 2008). Tobacco companies have also made alterations to the filters to take advantage of this perception.

Because filters made drawing on a cigarette more of an effort, tobacco companies introduced filter ventilation; vents, or small perforations around the filter to make 'dragging' easier (Hoek et al., 2021). Filter ventilation is a crucial design feature creating three main problems for lower-tar cigarettes as measured by official smoking machine testing. Firstly, it misleadingly makes cigarettes taste lighter and milder, and, therefore, they appear less dangerous to people who smoke. Secondly, it promotes compensation mainly by facilitating the taking of larger puffs. Thirdly, for very heavily ventilated cigarettes (that is, > 65% filter air dilution), behavioural blocking of vents with lips or fingers is an additional contributor to compensatory

smoking. These three effects are found in industry research as well as peer-reviewed journals (Kozlowski et al., 2002).

Tobacco companies also changed the pH level in the filters which meant they discoloured after smoking, and a researcher working for them noted that while it would have no actual filtering action 'the sales advantages are obvious' (Harris 2011; van Schalkwyk et al., 2019).

Indeed, tobacco companies have not only changed the pH to perpetuate the myth that filters make smoking safer but have used innovations in filters to attract new customers, particularly youth, by using flavoured filters such as menthol, mint, and fruity flavours. Tobacco companies claim they are trying to attract people who smoke other brands (Pollay, 2000). However, given most adults who smoke say taste is the reason they choose their preferred brand (i.e. of non-flavoured cigarettes) this suggests that new non-smoking recruits are the more likely target of these products (Cowie et al., 2014; Moodie et al., 2018). Non-smoking young adults have indeed been more likely to try these products than young adults who already smoke (Hoek et al., 2019; Moodie et al., 2018). These products are proving popular too, sales have grown rapidly even in places like New Zealand where over all tobacco use is declining (Abad-Vivero et al., 2016; Haggart et al., 2018; Thrasher et al., 2016). This growth in sales is very likely to represent recruitment of replacement customers rather than brand switching from people who already smoke. Given that two thirds of tobacco companies' customers die when they use the product as directed (Banks et al., 2015; Pirie et al., 2013), it is no surprise that innovations to recruit new customers is happening whenever possible.

Environmental impacts of tobacco waste

Banning filters also makes sense from an environmental perspective. It is estimated that 4-4.5 trillion cigarette filters are littered globally each year (Evans-Reeves et al., 2021; Hoek et al., 2021; Torkashvand & Farzadkia 2019) easily making them the most commonly littered item worldwide (WHO, 2017). Each year more than six million are discarded in New Zealand (Hoek & Gendall, 2019). Filters are normally made of plastic (cellulose acetate) therefore remain in our environment for decades (Kabasci, 2013) all the while leaching toxins from tobacco into the environment (Novotny & Slaughter 2014; Roder Green et al., 2014; Slaughter et al., 2011; Truth Initiative, 2017). Although the plastic in filters can break down it does not biodegrade fully therefore contributing to microplastic contamination (Moerman et al., 2011; Lee & Lee, 2015). Tobacco waste ends up on beaches and in urban areas, in playgrounds, sports fields, gutters and eventually makes its way via storm water drains to rivers, lakes, and out to sea contributing to plastic islands. There is also evidence that these products are being ingested into the food chain (Moerman et al., 2011; Lee & Lee, 2015; Novotny & Slaughter 2014; Slaughter et al., 2011). Sea creatures and birds risk ingesting discarded butts exposing them to toxic chemicals and plastic trash. A significant proportion of people who litter cigarette butts in Aotearoa New Zealand **don't recognise them as plastic or consider it littering**. This pollution is of considerable concern in any country, but in Aotearoa given our obligations as Te Tiriti partners it is especially concerning as waterways are important taonga for tangata whenua, for example as food sources and maintaining wairua.

Like second-hand smoke exposure, tobacco product waste on our streets, bus stops, parks and beaches are a visible reminder of tobacco use (Oliver J et al., 2014; Smith EA, McDaniel PA, 2011; Patel V et al., 2013; Wilson N, 2014). For people who smoke, it may serve to further normalise the ritualised nature of tobacco product waste disposal (Metcalf et al., 2017).

Sustainable Coastlines report that cigarette butts and filters are 4th in their top 10 categories of litter found across the 224 beach sites their 7,778 citizen scientist volunteers monitor across Aotearoa. Cigarette butts make up 4.8% of the total litter they find in these beach surveys and are easily ingested by marine animals (see attached letter of support for banning filters).

Worth noting also is the large-scale environmental impact of tobacco farming which disproportionately impacts low- and middle-income countries. The impacts include erosion, loss of soil productivity for food crops, acute shortages of wood for construction and fuel for cooking, destruction of ground water resources, sedimentation of rivers, reservoirs and irrigation systems, climate change, species extinction due to habitat fragmentation and overexploitation, as well as negatively impacting the health of people engaged in tobacco cultivation (Lecours et al., 2012; Abdallah & Monela 2007).

Tobacco industry tactics

Tobacco companies have successfully framed people who smoke as the cause of, and only solution to tobacco waste, neatly avoiding their own culpability as product manufacturers (Hoek & Gendall, 2019). They fund environmental organisations like Keep America Beautiful (Wallbank et al., 2017) and locally, Keep New Zealand Beautiful (Hoek et al., 2021) through which they advocate the use of butt bins and volunteer street/beach clean-ups to abdicate their responsibility for this toxic waste product (Smith & Novotny, 2011).

Tobacco companies should be held accountable for the costs incurred from butt waste in the environment.

Tobacco companies may argue that instead of banning filters we switch to use/design biodegradable filters, however we strongly recommended against this. Biodegradable filters will not reduce the risk of adenocarcinoma of the lung. They will still leach toxins into the environment, people will continue to think filters make smoking less harmful, and tobacco companies will use green washing to endear public favour (Hoek et al., 2021; Houghton et al., 2018). Furthermore, internal research obtained from tobacco companies suggests that biodegradable filters will make people more likely to litter as they will believe them harmless to the environment; 'to litter without guilt' (Smith & Novotny, 2011).

Potentially tobacco companies may offer filter alternatives like old-fashioned cigarette holders, therefore policies should ban all merchandise that facilitates smoking including cigarette holders (Hoek et al., 2021). Policies banning innovations and additives in tobacco products will be required in addition to banning filters to ensure tobacco companies do not take advantage of loopholes to keep recruiting new customers (Evans-Reeves et al., 2019). Policies banning filters must also ban any filters sold separately for roll-your-own tobacco.

c). **Do you support allowing the Government to prohibit tobacco product innovations through regulations?**

Yes **No**

Please give reasons:

The Cancer Society supports adding regulatory power to the Smokefree Environments and Regulated Products Act 1990 to enable the Government to quickly prohibit innovations aimed at increasing the appeal and addictiveness of smoked tobacco

products. Tobacco companies take advantage of loopholes and make innovations rapidly (Evans-Reeves et al., 2019, 2020; Hoek et al., 2016; Scollo et al., 2015).

We suggest rather than changing regulations in response to industry innovation, the industry should be required to seek government approval through a clearance process prior to the sale of new products or innovations in New Zealand, so that the onus is on the tobacco industry to prove their new products are safe, rather than on the government to prove they are unsafe.

Recent innovations include:

1. Tobacco companies increased efforts in flavouring innovation in response to standardised packaging legislation, e.g., in Australia (Scollo 2018) and in New Zealand (Haggart et al., 2020). Flavour Capsule and 'fusion' leaf flavours have been used to increase the appeal of tobacco products to young people and non-smokers. The flavourings reduce the harshness of cigarette smoke, make them more palatable and allow people to customise their cigarette's taste (Hoek, 2019). As discussed in 3b these flavour capsules have been most appealing to young people who did not already smoke and are unlikely to appeal to people who have smoked long-term (Cowie et al., 2014; Hoek et al., 2019). This innovation has proven a useful tool for recruiting new customers. Sales have grown rapidly even when smoking prevalence overall is dropping (Abad-Vivero et al., 2016; Haggart et al., 2018; Thrasher et al., 2016).
2. Similarly, when legislation standards in packaging were brought into the UK there was an increase in innovations in roll-your-own accessories (Evans-Reeves et al., 2019) e.g. 'ultra slim' and slim filters and papers, biodegradable filters, and 'menthol tips'.
3. Likewise, in Australia tobacco companies introduced a proliferation of variant names, using words like 'fine', 'rich', and 'smooth' and incorporating colour names. *Pall Mall Amber* for example became *Pall Mall Smooth Amber* and *Pall Mall Blue* became *Pall Mall Rich Blue*. These names also served to displace more of the standardised packaging by taking up more space with text, e.g. *Peter Stuyvesant New York Blend* or *Peter Jackson Hybrid Blue* (Hoek et al., 2016). Value-implying names were used, something we currently see in NZ with variant names *Deals* and *Easy* at very low costs (November 2020 at an Invercargill vape store *Easy* 20 pack \$25.40, *Deals* 20 pack \$24.90, *Easy* 30g loose tobacco \$49.95 *Deals* 30g loose tobacco \$49.95). Descriptors like these especially those suggesting reduced harm, enjoyment, social or sexual success should be banned altogether (Hoek et al., 2016; Scollo et al., 2015).

Menthol flavouring

Menthol flavouring in cigarettes has long been shown to make it easier for people to start smoking and harder for people to quit (Villanti et al., 2017). Menthol masks the unpleasant taste of traditional cigarettes as well as interacting with nicotine to increase its addictiveness (Wickham 2015). Particularly concerning is that menthol cigarettes are more popular among high-school aged Māori and Pacific children (Li et al., 2013).

The WHO recommended a ban on menthol cigarettes in 2016. National and regional governments have been successful in banning menthol in cigarettes, including Turkey, Brazil, Ethiopia, over 20 US states, Canada, the UK and the European Union. The US Food and Drug Administration (FDA) announced in April 2021 that it would be banning menthol flavourings in cigarettes as a high priority. Their decision is based on clear evidence establishing the

addictiveness and harm of these products as well as strong public and health sector support. It has been recommended that menthol ingredients, as well as flavours, need to be banned (Glantz, 2021).

Menthol cigarettes also appear to reduce the effectiveness of lowering nicotine in cigarettes. In a study examining smoking cessation people who smoked menthol VLNCs were almost five times less likely to stop smoking than those smoking regular VLNC after the 20-week intervention (Delinger-Apte 2019).

We recommend this measure is used alongside banning all current additives and innovations including but not limited to flavours, additives, variant descriptors, and design features that makes it easier or more appealing to smoke, for example cigarette holders.

Focus area 4: Make tobacco products less affordable

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

Yes **No**

Please give reasons:

The Cancer Society supports Government's proposal to set a minimum price for tobacco. There is international evidence that the full public health benefit of tobacco taxation is not always reached because of industry circumvention (Whitehead et al., 2018). There is evidence that New Zealand's tobacco companies have been undermining the impact of tax increases by minimising price increases on budget brands and instead strategically shifting price increases onto premium products⁴ (Marsh et al., 2016). This 'under-shifting', differential pricing and the introduction of budget and super-budget brands are all attempts to minimise the impact of excise tax increases on smoking prevalence and consumption (Marsh et al., 2016).

A key concern about industry pricing strategies is that they have introduced ultra-budget brands to attract new recruits and keep poorer customers addicted. For example, despite 10% excise tax increases in 2014 the median increase in price from before to after the tax change was only 3% for the budget brand. This contrasted with the median of 8% for the premium brand and 11% for both mainstream and roll-your-own brands (Marsh et al., 2016). This strategy undermines the tax increases intended to motivate people to quit.

Industry tactics undermine tobacco excise tax increases by enabling people who smoke to minimise the financial impacts of excise taxes, hence reducing the stimulus to quit and facilitating continued smoking. The resulting price differential between cheap and premium tobacco may maintain or widen health inequities, undermine cessation and impede the realisation of New Zealand's Smokefree 2025 goal.

⁴ Media article: Convenience stores face bleak future unless they change. STUFF Sept 19, 2018 <https://www.stuff.co.nz/business/107193424/convenience-stores-face-bleak-future-unless-they-change-experts-warn>.

Unpublished New Zealand research⁵ found the tobacco industry also used annual tax increases as cover for significant voluntary price increases, which significantly increased their profit margin while introducing cheaper ultra-budget brands or subsidising cheaper products. The research found ultra-budget brands like Phillip Morris' Choice and British American Tobacco's Winfield Select \$4 cheaper than the average pack of cigarettes.

The Ernst & Young population survey and community focus groups on tobacco tax found that people who smoke switch to budget brands or to roll-your-own tobacco to reduce costs (Ernst & Young, 2018). This finding aligns with a previous qualitative study (Hoek et al., 2016). In addition, there are anecdotal accounts from dairy owners who say that people are buying cheaper cigarettes rather than quitting⁶.

A rapid review on the strengths and limitations of tobacco taxation and pricing strategies found that tobacco floor pricing has significant potential to reduce health inequities by limiting the price strategies used by tobacco companies to circumvent excise tax increases (Whitehead et al., 2018). Floor pricing is based on the final retail price and establishes a minimum price below which sales are prohibited by law (e.g. on a per stick or per pack basis) as is proposed in the NZ Government Proposal.

Regular excise tax increases

We are disappointed that tobacco tax increases have not been included as a proposed Smokefree Aotearoa 2025 action. This is despite the RIS acknowledging that affordability is still a key driver to quitting and preventing people starting to smoke. It also acknowledges that continued price increases are likely to strongly support equity.

There is strong evidence for regular above-inflation tobacco excise tax increases. (Ernst & Young 2018, Cobiac et al., 2015, van der Deen, 2018). Ernst & Young in their review of excise tobacco tax recommended that the government continue with annual increases in tobacco excise tax (above inflation) beyond 2020.

They concluded that increasing the price of tobacco continues to be the single most effective tool for reducing tobacco use and that ***“the weight of evidence is that excise tax increases are an essential part of a package of interventions needed to reduce tobacco consumption and daily smoking prevalence.”*** They concluded that after nine years of 10% annual tax increases +CPI, smoking rates had decreased across all age groups, ethnicities, genders and deprivation quintiles.

A 2020 systematic review found price increases have the potential to reduce health inequities (Smith et al., 2020c) with greater impact among lower socio-economic (SES) groups. These results built on a previous 2014 review of tobacco control interventions which also found price/taxation measures as the intervention with the greatest potential to reduce socioeconomic inequalities in smoking (Hill et al., 2014).

⁵ Media article: NZ tobacco companies use tax hikes as cover *Summer Newsroom* 21 November 2019, <https://www.newsroom.co.nz/2019/11/21/913218/nz-tobacco-using-tax-increases-as-cover>.

⁶ Media article 'Tobacco tax fuels black market in Rotorua.' *New Zealand Herald* 10 January 2020. https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=12298523

Price increases have a greater impact on quit rates and smoking uptake among those in lower socio-economic groups. Māori are more likely to have much higher per capita health gains from tobacco tax increases (van der Deen et al., 2018).

The Cancer Society acknowledges community concerns about the potential increase in financial hardship for lower-income groups who are unable to quit or continue to smoke (and potentially their household). Ernst & Young found evidence that high tobacco prices imposed adverse financial impacts on some people who smoke. However low-income people who quit as a result of tax increases will be financially better off (Ministry of Health, 2021).

Public and health sector support for increasing price of tobacco products

New Zealand research, in 2018, found 78% of people who smoke and people who recently quit supported increasing tax on tobacco if the extra money is used to promote healthy lifestyles, including helping people to quit smoking (International Tobacco Control, 2020). There is a strong social justice and equity case for revenue raised to be used to fund measures to help people to quit and remain Smokefree.

- Of the 709 community submission templates collected by the Cancer Society this year that asked about price increases 571 (81%) wanted Government's Smokefree Action Plan to include commitments to 'increase tobacco tax and use that money to support people to quit smoking'.

Te Tai Tokerau iwi regional cessation provider, Te Hiku Hauora Health Service, has voiced concerns about the discontinued annual tobacco tax increases as they have identified a significant drop in demand for their smoking cessation services this year. Historically in November and December Te Hiku Hauora raised local awareness about cessation services in anticipation of the influx of self-referrals and ensured whānau were enrolled into a quit programme prior to the January 1 annual tax increase. This year however, the first with no tobacco tax increases for a decade, they received no self-referrals and engaging whānau in cessation programmes has been difficult. The Manager of Te Hiku Hauora found the tax increases a successful driver for whānau to seek out cessation support.

It is important to know whether a similar drop in demand has been noticed in Quitline calls.

If Government does not continue with tax increases the Cancer Society and both Te Tai Tokerau's iwi providers Te Hiku Hauora Health Service and Te Haa Oranga Health Service recommend the Government introduce an industry levy on the tobacco industry with funds directed to community cessation programmes. This would allow for community-based initiatives like peer support and community champion programmes with people who have successfully quit smoking, and support for services to provide more holistic cessation programmes.

The Cancer Society supports reinstating annual excise tax increases, above inflation, combined with introducing a minimum price policy. The Ministry of Health's RIS acknowledges that combining an excise increase with a minimum price will gain the greatest impact. The annual 10% +CPI tax increases have been shown to increase prices which have in turn decreased smoking prevalence and prevented people starting to smoke, and the minimum price will prevent proliferation of budget brands. Both these measures need to be part of a comprehensive plan to achieve Smokefree 2025.

To maximise the impact of these measures we would like to see the additional revenue raised from tax increases used to support low-income people who smoke to quit, by providing more effective wrap-around cessation support services, and/or subsidized effective quitting aids.

Tobacco tax increases have saved thousands of lives in Aotearoa. We need them to continue to save lives.

It's important the Smokefree actions are backed up with sufficient enforcement to prevent a black market. For example, Customs would need extra funding to make sure there isn't increased smuggling at the border.

5. Enhance existing initiatives

(a) Increase investment in mass and social media campaigns

The Cancer Society supports the Ministry's comments and conclusions about the proven importance of mass media campaigns to support both cessation and the prevention of youth uptake as part of our longstanding and successful comprehensive approach to reducing smoking prevalence and tobacco-related harm.

We agree that more investment is needed in mass media activities targeting young people to stay Smokefree and Vape-free.

However, campaign reach, intensity, duration and message type will influence the success of any campaigns implemented. It is essential to achieve sufficient population exposure, especially for lower socioeconomic status people who smoke (Durkin et al., 2012). The usual measure for exposure is TARPS, which is a term used in marketing to measure the reach and frequency of communications. No information about TARPS in recent campaigns was able to be obtained through the OIA process, which limits assessment of these campaigns.

Regardless of limited information, campaigns must be funded adequately to provide high reach and frequency across key population groups.

Table 1 below shows that expenditure on mass media campaigns has fallen quite significantly over the years, which questions whether appropriate exposure has occurred.

Table 1. Comparison of media expenditure in 2008/09 with the years 2015/16 – 2018/19⁷

		2008/9	2015/16	2016/17	2017/18	2018/19
PROVIDER		HSC	HPA	HPA	HPA	HPA
Prevention of youth uptake	Media/ Production		976,000 268,000	630,000 77,000	643,000 95,000	388,000 27,000
	Total	2,146,596	1,244,000	707,000	738,000	415,000
PROVIDER		Quit Group	Homecare Medical	Homecare Medical	Homecare Medical	Homecare Medical
Smoking cessation	Media	1,984,237	594,000	338,000	380,000	282,000
	Production	378,136	370,000	37,000	38,000	26,000
	Total	2,362,373	964,000	375,000	418,000	308,000

Preventing youth uptake

We note that in recent years, there has been minimal investment in preventing uptake of smoking in young people through mass media campaigns. In this respect, New Zealand has been falling behind other countries such as the US which have been running youth prevention campaigns such as Truth⁸ and Real Cost⁹ for many years.

The Truth campaign provides an example of how well young people respond to social marketing that exposes tobacco industry tactics. The campaign created a social movement of young people opposed to tobacco and reduced smoking uptake in young people (Allen et al., 2009). The Real Cost campaign was also found to be effective in reducing uptake (Duke et al., 2019). New Zealand has taken a much softer approach to youth social marketing and in recent years has relied more on increases in excise tax to prevent youth uptake of tobacco products. It is timely to reconsider using campaigns that focus on industry tactics, as annual increases in excise tax have been stopped.

New Zealand's recent experience with vaping products being marketed aggressively to children also needs to be taken into account in planning youth social marketing campaigns. Although it is not yet clear to what extent vaping is impacting on smoking behaviour in school students (youth tobacco surveys were not undertaken during 2020, and 2021 data will not be available until 2022), there has been ongoing media coverage of schools' concerns about

⁷ These figures were obtained through OIA requests made by ASPIRE researchers for the 2008/09 figures and the Cancer Society for the later years. They are best regarded as estimates due to lack of certainty about what was included in the data provided. For example, it is not clear whether the Health Sponsorship Council (HSC) total for 2008/09 included both media and production. By 2015 the Health Promotion Agency (HPA) was responsible for tobacco programme social marketing, and Homecare Medical promoted the Quitline - now part of their services.

⁸ About Truth | truth (thetruth.com)

⁹ The Real Cost Campaign | FDA

youth vaping¹⁰. It is timely also to consider investment in campaigns to prevent vaping uptake in this group.

Investment in social marketing to youth has dropped markedly since 2008. Information obtained by the Cancer Society under the Official Information Act (OIA) showed that for the five-year period 2014/15-2018/19 the Health Promotion Agency (HPA) spent a total of \$571,000 on production and \$4,146,000 on media placement for preventing youth uptake, an average of \$943,400 a year. This compares with Health Sponsorship (HSC) expenditure of \$2,146,596 in 2008/09 (see Table 1 above). It is not clear whether the HSC figure includes both production and media placement, but clearly there has been a significant drop in annual mass media investment since that time.

These figures suggest it is very unlikely that NZ is making best practice levels of investment in social and mass media campaigns. We are pleased to note that there is proposed additional investment in these areas and note that such campaigns need to be sustained over time and meet minimum exposure levels.

Smoking cessation

No data was available for smoking cessation campaigns for 2014/15, but for the four-year period 2015/16-2018/19, Homecare Medical (Quitline provider) spent \$471,000 on production costs and \$1,594,000 on media spend, an average of \$516,250 a year to promote Quitline. This compares with 2008/9 expenditure by Quitline of \$2,362,373 – a major reduction in investment in mass media for promoting smoking cessation.

The Ministry of Health also funded the Vape to Quit campaign to a total budget of \$1,670,000 for the 2019/20 year – the campaign was put on hold until the legislation passed and has been running since then.

There may be inaccuracies in the data in Table 1, but there is no doubt that expenditure on mass media for both components of the tobacco programme has significantly declined since 2008/09 and certainly does not meet the best practice levels set out by Durkin and others. Expenditure in 2018/19 was a tiny proportion of the expenditure in 2008/9 (even without adjusting for inflation), which raises serious concerns about how well new policies and new social norms have been supported. At the same time, tobacco excise tax revenue has increased substantially since 2011.

Strategic role of social marketing

Social marketing campaigns are most successful when undertaken as part of a strategic and integrated programme of work and sufficiently resourced to meet best practice guidance on campaign reach, frequency and duration (Hoek et al., 2021)¹¹. They must also reflect the needs, priorities and voices of communities most impacted by the problems being addressed.

¹⁰ Media article retrieved on 24 May 2021 from **Vaping problem in schools at 'almost epidemic proportions' | Stuff.co.nz**

¹¹ Retrieved on 25 May 2021 from **Social Marketing for Smokefree Aotearoa 2025: Reminding, Reinforcing, and Changing Social Norms – Public Health Expert, University of Otago, New Zealand**

It is heartening that the draft plan has a strong focus on strengthening Māori governance and addressing equity issues. Public commitment to establishing a Public Health Agency and Māori Health Authority will be instrumental in helping address these challenges.

Of the 709 community submission templates collected by the Cancer Society this year that asked about mass media campaigns 572 (81%) wanted Government's Smokefree Action Plan to include commitments to 'fund more smoking prevention media campaigns.

In conclusion, the Cancer Society recommends much greater investment in mass and social media campaigns – both to promote smoking cessation services (and especially for priority populations) and prevent youth uptake of smoking and vaping.

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

Stop smoking services (excluding the Quitline) cost around \$10m per year¹², and as previously suggested, ought to be reviewed before further investment is made (other than for further development and evaluation of services for Māori women). This review needs to include an assessment of both effectiveness and value for money compared with investment in other activities for reducing prevalence. It also needs to include current Quitline services delivered by Homecare Medical, about which no information appears to be publicly available.

It has been estimated that around 90% of people who stopped smoking, even after NRT became available, did so without assistance (American Cancer Society 1986). Despite years of marketing efforts by pharmaceutical companies and delivery of smoking cessation services in the USA since then, unassisted cessation remains the most common form of quitting, and has been found to produce 2.8 times more successful quit attempts than are attributable to NRT (Chapman & Wakefield, 2013).

There remains very limited evidence on the effectiveness of vaping products in supporting smoking cessation, and recent review studies have found most e-cigarette trials continue to have moderate or high risk of bias (Chan et al., 2021). Furthermore, a recent analysis of NZ Health Survey data (Edwards et al., 2019) found that the introduction and marketing of vaping products in New Zealand since 2015 has had no apparent impact on reducing prevalence.

"The figures reveal a steady increase in the trial, regular and daily use of e-cigarettes/vaping from 2015/16 to 2018/19. This increase has not been accompanied by any notable acceleration in reductions in smoking prevalence or an increase in quit rates, as might be expected if e-cigarettes were encouraging and supporting large numbers of smokers to quit or transition away from smoking to vaping." (Edwards et al., 2019)

It remains to be seen whether investment in 'vape to quit' promotion will impact on smoking prevalence. Evaluation and monitoring will be essential to establish the effectiveness of this approach balanced against the impact of vaping on young people's smoking behaviour.

¹² Estimate provided by Ministry of Health via email sent 13 May 2021.

Is more investment in cessation services the best way to reduce smoking prevalence?

Significant doubts have been raised by NZ researchers about the likely impact on smoking prevalence and health gain of investing more funds into cessation services and their promotion. Modelling suggests it will require a ‘massive increase’ of funds into smoking cessation to impact on smoking prevalence (Wilson et al., 2018, p. 30). It should be noted that the modelling for this study assumed that additional cessation investment would be accompanied by substantial annual tax increases. Without ongoing tax increases it seems that even more funding would be needed for smoking cessation to impact on smoking prevalence.

The economic benefits and potential health gain of investing in cessation rather than other tobacco strategies was investigated by Nghiem and colleagues (2018), who compared this with other tobacco control interventions using the same multistate life-table model.

We note that the modelling in this study was based on “the intervention package of mass media promotion and Quitline service, as actually used in New Zealand in 2011. That is, the expenditure of \$NZ 2.92 million on smoking cessation messages with the Quitline number in the mass media (including the campaign management costs), combined with the running of the national Quitline costing \$6.2 million” (Nghiem et al., 2018, p. 435).

(Please note that no recent information about the cost of the current Quitline service is available, and that 2018/19 expenditure on promoting the service was only \$308,000 – a fraction (10.5%) of that spent in 2011.)

Nghiem and colleagues found that the health gain for Quitline services (including mass media promotion) for one year was only 7% of that for a modelled multiyear tobacco tax intervention and 16% of that for a modelled tobacco retail outlet reduction intervention (see Table 2 below).

Table 5 Comparison of the results from this study with other modelled tobacco control interventions for New Zealand (ordered by increasing health gain and all using the same BODE³ tobacco model with a discount rate (DR) of 3%)

Tobacco control intervention	Health gain (QALYs)	Relative per capita QALYs gained for Māori versus non-Māori (age-standardised)	Cost savings (\$NZ million)
This study—package of mass media and quitline service for 1 year of routine operation	4200	3.6*	84.0
The most effective of four tobacco retail outlet reduction strategies, that is, limiting sales to 50% of alcohol outlets and nowhere else ⁸	26 500	5.3 but not fully comparable (DR=0%, not age-standardised)	525
This study—package of mass media and quitline service but run for 20 years (scenario C)	54 100	3.5	1070
Annual tobacco tax increases for 20 years ⁷	57 500	4.9 but not fully comparable (DR=0%, not age-standardised)	1160
The second highest impact endgame strategy (a combination of tax increases, substantial outlet reduction and the ‘tobacco-free generation strategy’), as per van der Deen <i>et al.</i> , ⁹ including online supplementary material)	119 000	3.3	2600
The highest impact endgame strategy: a sinking lid on tobacco supply ⁹ (down to zero in 2025 the year of the New Zealand government’s smokefree goal ³⁵)	282 000	3.0	5430

*Comparing the per capita QALY gain for Māori compared with non-Māori as in table 3 (2.19/0.729 per 1000 population) gives a result of 3.0. But after age-standardisation, given the younger age of the Māori population, this value is 3.6.
QALY, quality-adjusted life-years.

Table 2. Comparison of modelling of Quitline with other modelled tobacco control interventions (Nghiem et al., 2018, p. 439.)

The authors concluded that while Quitline services and their promotion appeared to be an effective means to generate health gain, it needed to be compared with other interventions, some of which appeared to be more effective. Given the huge reduction in investment for Quitline promotion between 2011 and 2018/19 the gap in health gain between cessation and the other interventions is likely to now be even wider.

Comprehensive cessation support for populations with higher smoking rates

Cancer Society New Zealand supports the Ministry's comments about the difficulty people have in stopping smoking, and especially for those who 'face complex challenges in their life'. More comprehensive support is needed to help those people who have become addicted to nicotine and find it hard to quit. We acknowledge the efforts of the Ministry to trial such approaches over the years and recently with Māori women. The advent of the Māori Health Authority and Māori governance in tobacco control will hopefully create more opportunities for reducing smoking prevalence in these communities.

We note from the RIS that some formative evaluation and quality improvement processes have been undertaken to make stop smoking services more acceptable to Māori women and that an outcome evaluation is planned. CSNZ strongly supports this work as a priority, with potential to reduce inequities.

We also draw your attention to recent randomised controlled trials undertaken by Dr Nina Scott (Waikato DHB) in successfully providing personalised support for using NRT products with pregnant Māori women.

Support for young people to quit vaping

Walker and colleagues (2020) analysed 2019 Year 10 data and found that daily vaping was 3.1% and identified "a statistically significant increase over time in the proportion of year 10 students regularly using e-cigarettes (from 3.5% in 2015 to 12.0% in 2019)".

The Youth19 survey of 13-18-year-olds ($n=7,700$) found that 38% had tried vaping, 10% were vaping regularly and 6% weekly or more often. Nearly two-thirds (65%) of students who had ever vaped, and nearly half (48%) of regular vapers had never smoked cigarettes.

Because there is no 2020 youth data it is not known whether the upward trend for both daily and regular vaping in young people has continued but given aggressive industry marketing up until the legislation was passed in November 2020, it is very likely.

New Zealand now has a cohort of young people who have had easy access to pod vapes with very high levels of nicotine (up to 60mg/ml) for at least two years. There are recent anecdotal reports from school principals¹³ and from school counsellors of children who are heavily addicted and experiencing vaping-related mental health issues including anxiety and depression.

New Zealand has a very different regulatory context from that in Europe and the UK, where nicotine levels have been limited to 20mg/ml and much less aggressive marketing has been allowed.

It is important to make every effort to protect young people until there is more information about vaping and smoking prevalence, and what impact vaping is having on young New Zealanders.

Consideration also needs to be given to helping both children and adults to quit vaping.

¹³ Retrieved 24 May 2021 from [Vaping problem in schools at 'almost epidemic proportions' | Stuff.co.nz](#)

Final questions

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

The Cancer Society supports all the measures consulted on in the Proposals for a Smokefree Aotearoa 2025 Action Plan. We agree that a comprehensive suite of measures is needed to reach and maintain Smokefree Aotearoa 2025. New Zealand has made good progress in reducing smoking prevalence over the last few decades by adopting a comprehensive approach, and we suggest that these new measures will support and reinforce the current programme. The Cancer Society, based on available evidence, supports the following priorities for immediate commitment:

- Significantly reducing the number of retailers selling tobacco to around 300 R18 licensed specialist tobacco retailers through a planned process
- Reducing the nicotine to very low levels in smoked tobacco products.

If these two priorities are effectively implemented, it will result in significant and rapid reductions in smoking prevalence and result in major health gains, health system cost savings and reduce health inequities. There is high public support for these measures.

The following measures are needed to support and complement the above key interventions and ensure New Zealand achieves Smokefree 2025:

- Increase investment in effective mass media (including social media) campaigns to prevent youth uptake of smoking and vaping, promote quitting and promote understanding and support for the Smokefree 2025 goal and the policies needed to achieve it.
- Extend legislation to ensure outdoor public places are both Smokefree and Vape-free. This would align with overseas jurisdictions where they have enforceable regulations and would create consistency nationally, rather than having 67 territorial local authorities working separately on Smokefree outdoor places (refer to section below).
- Introduce a Smokefree Generation Policy to prevent youth smoking uptake, as it is likely to reduce inequities.
- Ban tobacco industry product innovations that are designed to appeal to young people.
- Prohibit filters in smoked tobacco products as it will make smoking less palatable, and filters are not effective at reducing the risk of adenocarcinoma of the lung and other diseases. Plus, this initiative will reduce the significant environmental pollution caused by butt litter.
- Set a minimum price for tobacco to prevent tobacco industry undermining prices and reinstate regular price increases as an industry levy with money generated used to support people to quit smoking.
- Phase out the sale of vaping products from all generic retailers.
- Support effective smoking cessation initiatives particularly for priority populations.

The following measures are essential for the effective implementation of the action plan:

- Strengthened Māori Governance of the tobacco control programme.
- Significantly strengthened monitoring, compliance and enforcement of the Smokefree Environments and Regulated Products Act and all associated regulations (and any new legislation/ regulations that arise from the Government's Smokefree Action Plan).
- Increased support for community action to promote and support the Smokefree Aotearoa 2025 goal and the measures needed to achieve it.
- Review the current tobacco programme service mix, allocation of resources and effectiveness to assess where value can be added to existing services.
- Develop a comprehensive evaluation and research plan to assess progress towards achieving and maintaining the Smokefree Aotearoa 2025 goal.
- Strengthen workforce development across the sector.

It is possible that some of the plan's proposed measures may increase online purchase and importation of overseas tobacco. We encourage the Government to take appropriate measures to ensure the intent of policies are not undermined (from both underage or adult purchases online from overseas). Where changes do not need legislative change (e.g., increased mass media campaigns) these could be implemented on a faster timescale. We need to get cracking to achieve Smokefree 2025.

b). **Do you have any other comments on this discussion document?**

Legislate Smokefree outdoor public spaces

We are very disappointed to see that mandated Smokefree outdoor public places was not included in the Proposed Smokefree Aotearoa 2025 Action Plan. Currently the only nationally legislated Smokefree outdoor areas (as of 2004) are schools, kura, early childhood centres, and kōhanga reo (Wilson et al., 2016). In 2020 these also became Vape-free. Internationally we are now far behind in providing enforceable Smokefree outdoor spaces to support people trying to quit smoking, protecting workers and public from tobacco smoke, and reducing smoking visibility to children and young people (Marsh et al., 2014; Murad et al., 2019; Thomson & Wilson, 2021; Wilson et al., 2007).

Given that there is 'no safe level of exposure to second-hand tobacco smoke' (WHO, 2007) a prime motivation for introducing Smokefree public spaces has been to reduce people's exposure to second-hand smoke and prevent children and young people from viewing smoking as desirable or aspirational. Indeed, children and young people who see smoking around them are more likely to start to smoke and smoking visibility makes it harder for people to remain Smokefree after quitting (Ivory et al., 2015; Zablocki et al., 2014; Chaiton et al., 2016).

Regional and local Smokefree initiatives have been driven by NGOs (including Cancer Society), DHBs, iwi authorities, local marae, local government authorities both city and district councils (see Smokefree Mapping NZ Councils). However, these locally driven Smokefree outdoor policies are largely unenforceable (Edwards et al., 2021), and without central government legislation they are inconsistent across the country, varying from one area to the next. The lack of central government support has been a barrier to further extensions of

Smokefree polices (Marsh et al., 2014) and has made some local councils reluctant to use bylaws for Smokefree outdoor spaces (Thomson & Wilson, 2017).

Clearly 'it is likely to be far more efficient to develop national legislation (within an overall tobacco control plan), rather than have 67 territorial local authorities working separately on Smokefree outdoor places' (Thomson, 2017).

Local Government NZ wants legislation for outdoor hospitality areas

Local Government New Zealand (LGNZ) has been seeking national legislation for Smokefree outdoor hospitality areas since 2015 when over 70 % of local councils supported a remit: 'That LGNZ requests that the government develop and implements legislation to prohibit smoking outside cafés, restaurants and bars' (Thomson & Wilson, 2017). People trying to quit smoking need places where being smokefree is normal, and to be in outdoor hospitality areas without reminders about smoking. The outside areas of bars and cafés remain one of the most dangerous places in Aotearoa for someone quitting (Thomson et al., 2021). International evidence indicates that Smokefree outdoor hospitality areas increase quitting attempts and reduce relapses (Chaiton et al., 2016).

- In 2019 Cancer Society New Zealand conducted 1481 electronic and paper-based surveys and submissions at our Relay for Life and other events nationwide to gauge public support for extending legislation to include Smokefree outdoor public places. There was very high support for legislation to cover outdoor areas ranging from 89% to 97% support (see Table 3). In the Wellington- Marlborough region, similarly high support was found (Table 4). Areas asked about were playgrounds, outdoor areas of cafés, bars and restaurants; bus stops, train stations/transport hubs; and whether Smokefree areas should also be Vape-free.

Table 3: Support for extending Smokefree areas across New Zealand (Cancer Society 2021)

	All playgrounds	Outdoor areas of cafes, bars & restaurants	Bus stops, train stations, transport hubs	Smokefree areas to be Vape-free
New Zealand n=1481	98%	92%	95%	89%

Table 4: Support for extending Smokefree areas across Wellington-Marlborough region (Cancer Society 2019)

	All playgrounds	Outdoor areas of cafes, bars & restaurants	Bus stops, train stations, transport hubs	Smokefree areas to be Vape-free	Regulations to reduce the number of places selling tobacco
Wellington n=140	98%	93%	94%	89%	86%

- Of the 844 community submission templates collected by the Cancer Society this year 723 (86%) wanted Government’s Smokefree Action Plan to include commitments to ‘making more outdoor areas Smokefree’. In Wellington region, 84% of the community submissions supported the same.

Research looking at the views of people who smoke found that Māori, Pasifika, and Asian peoples who smoke were more likely to support Smokefree outdoor spaces than other ethnic groups (Thomson et al., 2011). The NZ tobacco sector’s Achieving Smokefree Aotearoa Plan (ASAP, 2017) recommended that government extend Smokefree environment legislation to include specific outdoor areas, to prohibit smoking in all outdoor hospitality areas, building entrances and outdoor recreation areas, parks, playgrounds and all sporting and recreational facilities (ASPIRE, 2017). We strongly support this measure, as it would offer consistency of Smokefree policy across Local Authority areas for residents and visitors alike.

Smokefree outdoor hospitality area initiatives

Voluntary initiatives such as the Fresh Air Project (a Smokefree and Vape-free outdoor dining initiative) have encouraged more hospitality venues to implement Smokefree-Vape-free outdoor dining. The Fresh Air Project began in Christchurch 2016. Support from customers visiting the venues was high with 95% of the 1,861 customers who gave feedback, in support of Smokefree outdoor dining (Fresh Air Project, 2017). Since the pilot in Christchurch several other regions have implemented these initiatives and Fresh Air venues can now be found in Selwyn, North Canterbury, Mid Canterbury, South Canterbury (Mackenzie and Geraldine) Nelson and Tasman, Otago-Southland, Wairarapa and Whangarei. Evaluations found similar results to the Christchurch project in these regions. Otago-Southland had 94% support from 1542 customers, Whangarei had 94% support from 442 customers (Fresh Air Project, 2018, 2019). A total of 206 Fresh Air venues are currently operating across NZ regions (this does not include hospitality venues who are Smokefree but have not joined the Fresh Air Project). Evaluations found that many businesses wanted a ‘level playing field’ and this has been found in other surveys of businesses on the topic (Thomson et al., 2017).

Palmerston North City Council, under its Signs and Public Places Bylaw 2015, requires all premises with footpath trading permits to display Smokefree signs and not to provide ashtrays. 95.4% of people surveyed said they would be more likely, or as likely to visit outdoor dining areas if they were Smokefree. The permit condition also helped to reinforce Council's Smokefree Policy, which is widely supported by hospitality managers (Gendall, 2017).

Why legislated Smokefree public places need to be a priority

We urge government to include Smokefree public places as a key area of action in the Smokefree Aotearoa 2025 Action Plan. Overseas jurisdictions in similar countries (Australia, Canada, and the USA) have had effective legislation for a range of Smokefree outdoor areas. Queensland, for example, has had a Smokefree outdoor dining law since 2006 (Grace, 2019).

Where legislation has been put in place for outdoor spaces, compliance tends to be high. Research conducted on behalf of the Queensland Government following the introduction of new amendments to strengthen Smokefree legislation in 2006 revealed that most people who smoked (85%) reported they had 'completely stopped smoking in all areas where it is illegal to smoke at all times' and two-thirds (67%) were 'smoking less in public spaces' (Queensland Health, 2007).

Disparities in Smokefree outdoor space policies tend to exacerbate existing health inequities (Lowie et al., 2018). Legislated Smokefree outdoor areas could help reduce these inequities.

Cancer Society urges government to legislate to support best practice in implementing Smokefree outdoor areas and disallow smoking and vaping in:

- **all outdoor hospitality areas, and not allow designated smoking areas.**
- **grounds surrounding all Government or publicly owned organisations including tertiary education and health facility campuses**
- **grounds surrounding transport hubs including airports, bus exchanges and bus shelters and train stations**
- **all sporting and recreational facilities and grounds**
- **music, sport or cultural events**
- **outdoor recreation areas, parks, playgrounds, and beaches**

In addition, Government should legislate to:

- **Require effective and visible Smokefree/Vape-free signage for Smokefree outdoor public places.**
- **Provide local authorities with more effective power to make Smokefree bylaws. This should be for special areas where local needs are extra to national Smokefree legislation, not a substitute for such legislation.**

Phase out vape products from generic retailers

The Cancer Society wants the national tobacco plan to include a commitment to phase out all vaping products from generic retailers. This needs to be a planned process aligned with timeframes removing conventional tobacco products from most retailers. There are no legitimate arguments for continuing to sell vaping products in generic stores in the absence

of evidence that this will encourage vaping to quit. This will reduce the potential harm to young people by making the products harder to access.

As previously mentioned, for the first time in 20 years, smoking prevalence in 14- and 15-year-olds increased rather than decreased during 2019, and this reversal occurred alongside a rapid increase in vaping among young New Zealanders (see Figure 5 below). As the ASH year ten annual survey was unable to be undertaken in 2020, it is not known whether this increase in regular vaping and smoking prevalence has continued.

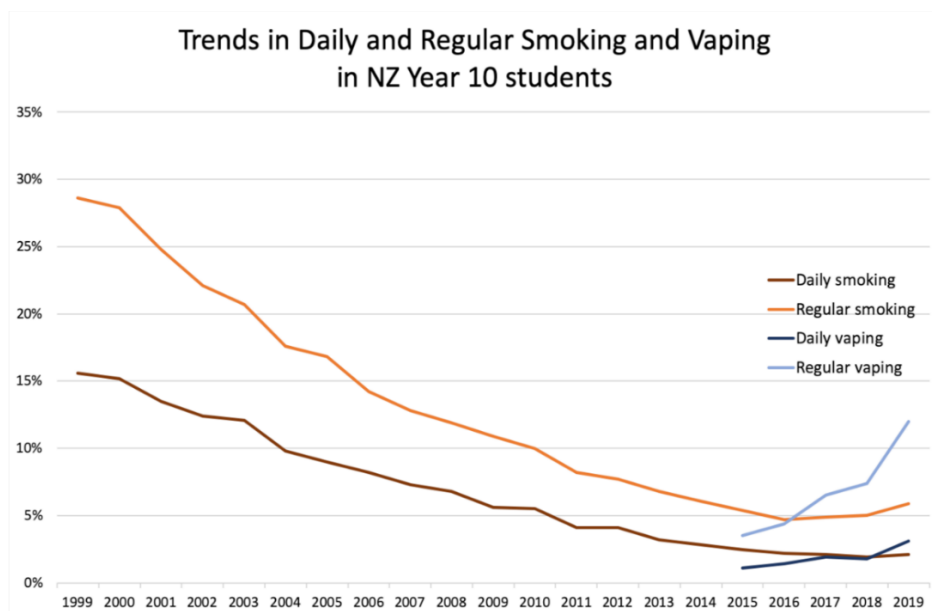


Figure 5. Trends in daily and regular smoking and vaping in NZ Year 10 students *Source: Daily and regular smoking data 1999-2019 and vaping data 2015-2019 obtained from ASH NZ website.*

These early indications ought to be taken seriously. Instead, vaping products continue to be openly displayed and sold anywhere, alongside sweets and other groceries in local dairies and corner stores. New Zealand’s experience with tobacco products suggests that generic stores are unlikely to enforce R18 restrictions on these products, and public health units report that with reduced capacity, they have carried out minimal if any Controlled Purchase Operations over recent years.

Submissions process

We note that people wanting to make submissions on this draft plan were asked whether they had the following commercial interests in tobacco:

- Tobacco manufacturer, importer or distributor
- Retailer – small, for example a dairy or convenience store
- Retailer – medium or large, for example supermarket chain or petrol station
- Vaping or smokeless tobacco product retail, distribution or manufacture

The Cancer Society suggests counting and reporting of those with commercial interest separately from those without.

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|--|---|
| <input type="checkbox"/> Personal submission | <input checked="" type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
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| <input type="checkbox"/> Pacific community or organisation | <input type="checkbox"/> Retailer – small, for example a dairy or convenience store |
| <input type="checkbox"/> Government organisation | <input type="checkbox"/> Retailer – medium or large, for example supermarket chain or petrol station |
| <input type="checkbox"/> Research or academic organisation – eg university, research institute | <input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture |
| <input type="checkbox"/> Other (please specify): <input type="text" value="Click or tap here to enter text."/> | |

Additional statistical information

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Age:

- Under 18
- 18 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 +
- Not applicable / prefer not to say

Ethnicity/Ethnicities I identify with:

- New Zealand European
- Māori
- Pacific Peoples
- Asian
- Other European
- Other Ethnicity *(please specify)*:
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Privacy

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Commercial interests

Do you have any commercial interests?

- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products
- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products

Commercially sensitive information

We will redact commercially sensitive information before publishing submissions or releasing them under the Official Information Act.

If your submission contains commercially sensitive information, please tick this box:

- This submission contains commercially sensitive information.

If so, please let us know where.

No commercially sensitive information

Protection from commercial and other vested interests of the tobacco industry

New Zealand has an obligation under Article 5.3 of the World Health Organisation 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, all respondents are asked to disclose whether they have any direct or indirect links to, or receive funding from, the tobacco industry.

Please provide details of any tobacco company links or vested interests below.

No links or vested interest in any tobacco company

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Consultation questions

The Ministry of Health is seeking comments on the following proposals for a smokefree Aotearoa 2025. You can find more information about these proposals in the discussion document which can be downloaded from - <https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>.

Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

Under the Tiriti of Waitangi there needs to space to include Maori Leadership. For Maori and Pacifica people I think having a Tangata Whenua Maori authority where Maori are at all levels of decision making and delivery . Māori governance needs to be strengthened within the tobacco control system We need more kotahitanga amongst Community and more support for Community lead initiatives

- b). What action are you aware of in your community that supports Smokefree 2025?

Ngai Tai Iwi have a policy position of supporting Smokefree Aotearoa 2025 The Kaunihera Pakeke o Ngai Tai have endorse this commitment. We have promoted Auahi Kore Lifestyles and Cessation Services

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

Our submission is the Ministry with Maori and sector Partners need to accept that Smoking is the lead cause of preventable deaths and as Maori we have to be committed to making a difference and be commitment to the kaupapa of Auahi Kore Aotearoa. Support the Community Support community action for a Smokefree 2025 Re connect the kaupapa of Auahi Kore at every major event within Maori Community Support education to stop Rangatahi taking up Smoking. Work with Whanau, Hapu and Iwi events. Getting cessation support working with Whanau and Hapu Mama

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

Research is essential. Increase research, evaluation, monitoring and reporting

Research Maori success in being Auahi Kore Maori solutions The effect on Whanau and harm of Smoking How much money is spent on smoking and the effects

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

Increase barriers to access for Rangatahi and greater support for those to give up Support for Whanau Strengthen compliance and enforcement activity

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

License all retailers of tobacco and vaping products To have some control over retail and limit sellers out of high risk areas

- b). 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:

Significantly reduce the number of smoked tobacco product retailers based on population size and density To restrict the supply but it has to be balance to those Whanau who are addicted to not increase their mental health pressures

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

Yes No

Please give reasons:

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

- d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

We have to have high level commitment to achieve the elimination of Smoking We have to be real for a better future

- e). 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:

Click or tap here to enter text.

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

So the product is less addictive from the beginning

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

I am in two minds as I do not want to penalised the current users

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

Yes No

Please give reasons:

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

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

I am totally committed to Auahi Kore 2025 for a better future for our Mokopuna but using the strategy of price can create huge stress and pressure on a very vulnerable group who smoke So we should use other strategies

Final questions

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

Enhance existing initiatives Increase investment in mass and social media campaigns
Increase investment in stop smoking services for priority populations Work with
Whanau Hapu and Iwi initiatives Re focus on Marae Auahi Kore Mana Wahine
Programmes More support for Maori solutions and Cessation Supports

- b). Do you have any other comments on this discussion document?

Give greater support and commitment to Smokefree Aotearoa 2025 For a better future for our Whanau Hapu and Iwi and our Mokopuna to address a leading cause of Maori death. Having a strong focus on the elimination of smoking will improve Maori health outcomes With Maori Community we have solutions we can develop Community Initiatives to build on success and support Whanau to give up an addictive and challenging behaviour What we as Community look for is Leadership to take action, but also for the Ministry of Health to recognise and acknowledge Maori Leadership Maori Solutions and hear the karanga of our Community to Honour the Tiriti. We are not the creator of this issue impacting of our Whanau and Community, but we are the solution Please let us be part of the Strategy to go forward to maintain and enhance the Plan to achieve the goal of Smokefree Aotearoa NZ 2025

Submission form

Your details

This submission was completed by: *(name)*

Email:

Phone number:

Organisation *(if applicable)*:

Organisation address: *(street/box number)*
(town/city)

Role *(if applicable)*:

Additional organisation information

I am, or I represent an organisation that is, based in:

New Zealand Australia Other *(please specify)*:

[Click or tap here to enter text.](#)

I am, or I represent, a: *(tick all that apply)*

- | | |
|--|---|
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Please provide details of any tobacco company links or vested interests below.

None

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013,
Wellington 6140.

1. Strengthening the tobacco control system

What would effective Māori governance of the tobacco control system look like?

Regional Public Health (RPH) believe that strong Māori leadership is essential in the movement towards a Smoke Free Aotearoa.

RPH recommends that a Māori tobacco control agency be established within the new Māori Health Authority. The Māori Health Authority could then provide the strategy and governance for future Māori tobacco control.

RPH would like to endorse and acknowledge the voice of the National Hui Māori, Tupeka Kore Aotearoa, 18 May 2021. We support their goal and the initiatives they have suggested to achieve it.

RPH will also discuss Māori and the tobacco system later in this document.

What action are you aware of in your community that supports Smokefree 2025?

RPH support the Wainuiomata community in their smokefree activities. This includes the #TAG (Holistic Action Sustainable Health Through All Generations) Wainuiomata youth group. The voices of the hashtags have been heard at select committees and have been influential in the development of recent legislation for smoke-free cars. There is a support base in Wainuiomata, including the #tags that support licensing tobacco retailers, reducing the supply of tobacco and protecting children and young people from tobacco products.

RPH has conducted a survey of people from Wellington CBD, Karori, Porirua, Lower Hutt and Wainuiomata to see if they believed a license was needed for retailers to sell tobacco.

Regional Public Health has recently assisted the local branch of the Cancer Society in its national research on tobacco retail density.

What do you think the priorities are for research, evaluation, monitoring and reporting?

RPH supports the view that continued research, evaluation, monitoring and reporting is required for those populations in harder to reach groups. Among those we see Māori and Pacific women, hāpu women, and mental health consumers, as needing special attention. A Smokefree Aotearoa needs to enable a significant decrease in smoking for Maori and Pacific peoples to ensure they are not over-represented in the 5% smoking prevalence goal.

RPH is aware of growing concern from the public about the increasing number of school age children who have witnessed vaping or have accessed vaping. We recommend prioritising a measure for research, evaluation and monitoring that looks closely at the vape market, tells us more about who is using the products and why, and whether or not more restrictions need to be put in place to protect children and young people from a product that is essentially addictive.

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

More robust systems for monitoring tobacco retailers and for measuring and monitoring the open areas of smoking in licensed premises are two ways to strengthen New Zealand's tobacco control system. RPH recommend that funding is directed toward strengthening local community action to empower and grow the capacity of our communities to respond to the local tobacco concerns. In 2003, New Zealand enacted legislation to prevent smoking inside bars, restaurants and cafes. This legislation allowed bars to provide an outdoor open area for patrons to smoke, however the tools for measuring an open area have lacked clear definition. This has led to an encroachment of the open areas into areas that are mostly enclosed. In a study RPH published in 2013, we found that only 21% of bars in the Wellington CBD and entertainment district had open areas that were clearly outside of a covered structure.¹ This has not improved since the move to the 'reasonable person' test. A substantially more robust tool, or legislation, is required to protect patrons and employees from second-hand smoke and further de-normalise smoking.

RPH works across both regulatory and health promotion environments. Increased resourcing for health promotion would enable key insights into community needs and the actions required to reflect community aspirations in the smokefree arena.

2. Making smoked tobacco products less available

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

Yes. RPH supports the establishment of a licensing system for all retailers of tobacco products. Currently there is no means of knowing who is selling tobacco and where it is being sold, unless we undertake a physical search. Our evidence shows that there is public support for licensing tobacco retailers (see appendix). Prior to the Covid-19 lockdown of 2020, we undertook a survey in the Wellington CBD and suburbs. We asked our sample of 121 people if they thought that a license was needed to sell tobacco. 52% believed a license was already in place in order to sell. We asked whether there should be a licence for selling tobacco and 85% of respondents believed there should be a licence. These results suggest that the public are already in support of a licensing scheme for tobacco retailers.

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. RPH supports reducing the number of retailers based on population size and density. This will assist in the reduction of tobacco retailers, especially in areas of higher socio-economic deprivation. However, a reduction in density alone may be insufficient to assist cessation as there is evidence that the greater the proximity from tobacco retailers the greater the likelihood of long-term continuous abstinence for people trying to quit². Therefore influencing travel distance to the nearest retailer is also an important strategy to implement.

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

Yes. RPH supports reducing tobacco retail availability to specialist R18 stores. This would ensure tobacco is sold from an outlet in accordance with its health harm risk and assists density reduction in a way that is fair to all retailers of the same type nationally. We are concerned that pharmacies are being considered as a suitable retail outlet for tobacco. Pharmacies normally provide medicines of overall benefit to health. The sale of tobacco would put them in a contradictory role to the one they presently provide in the community of providing access to health care. The USA is currently undergoing voluntary and legislative changes to remove tobacco from pharmacies. In an already pressured environment, it may be difficult

for pharmacies to provide quit advice. Given that pharmacies rely on retail for much of their profits, the sale of cigarettes could provide them with an extra incentive for increased sales, thereby creating a further conflict of interest.

In 2017 Hutt Valley DHB, working with Regional Public Health, incentivised local pharmacies to refer clients who smoke to the local Stop Smoking Service (Takiri Mai Te Ata). Pharmacies were trained in offering advice to clients and offered \$20 for each referral made. Following training, few referrals were made and the scheme was stopped. Similarly, Takiri Mai Te Ata piloted a scheme where they located one of their smoking cessation staff in a pharmacy in Wainuiomata. Again, the uptake was poor and the pilot finished without progressing.

Limiting the number of tobacco retailers is desirable as it de-normalises tobacco and sends a clear message regarding the products' safety. Dairies may complain about the impacts on their business, but this needs to be weighed against the immeasurable harm caused by tobacco. One means of lessening inequality of retail sales would be the establishment of specialist tobacco retailers (STR) that only sell smoked tobacco products, and is the **only** outlet allowed to sell tobacco. STRs would need strict regulations to prevent the sale of products, not associated with tobacco. In addition, to further de-normalise tobacco STR stores should have a wholesale ban on displays of tobacco or any other product. Stores should have plain walls and counters; a clinical appearance, and all products, including tobacco papers, lighters, matches and filters if sold, should not be seen by any person entering the store. Given that STRs would be R18 stores, they would enhance the protection of children and young people in Aotearoa/New Zealand from the sale of tobacco.

Liquor outlets might seem an obvious place to sell tobacco. They are restricted to persons over the age of eighteen and there is already a licence scheme for them, to which tobacco could be added. However, tobacco and alcohol are known for their strong behavioural associations and liquor stores may also provide a strong cueing environment. Therefore we recommend keeping the two separated.

Do you support the introduction of a smokefree generation?

Yes. RPH supports the introduction of a smoke free generation policy. This has the potential to improve health equity, particularly for Māori and Pacific communities.

Preventing youth initiation of tobacco is a key strategy to achieving and maintaining Smokefree Aotearoa 2025. A Tobacco Free Generation (TFG) strategy will de-normalise tobacco use and send a clear message that tobacco use is unsafe at any age. The TFG strategy has received strong public support within Aotearoa.

Are you a small business that sells smoked tobacco products?

No. RPH is involved in the monitoring and the education of small businesses that sell tobacco products. We believe removing tobacco product sales from all general retail and introducing specialist licensed stores is the fairest and most effective way of managing changes to tobacco sales.

3. Making smoked tobacco products less addictive and less appealing

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

RPH supports reducing nicotine in smoked products to very low levels.

Nicotine is the central psychoactive substance in smoked tobacco that causes the user to become addicted. The tobacco industry also uses additives that make the smoke more palatable and increase the nicotine yield. The reduction of nicotine to very low levels, along with the removal of filters and additives, will make smoking less palatable and far less likely to result in addiction.

The introduction of very low nicotine cigarettes policy needs to result in the total removal of all regular cigarettes. Without this, the majority of smokers will simply experiment with low nicotine cigarettes, as they often do with light cigarettes and vaping, and return to regular smoking.

Historically, there have been many examples of deceit and dishonesty from the tobacco industry in order to increase sales, minimise fears around health consequences, and keep people smoking. This raises concerns regarding potential industry claims around perceived benefits and safety of low nicotine cigarettes. This could lead consumers to falsely believe that low nicotine cigarettes have fewer risks. Studies have shown that even lower levels of smoking are associated with cardio-vascular risk and that smoking between 1-10 cigarettes per day presents an 87% risk of premature death.³ In light of this, a cautious approach, which prevents tobacco industry utilising marketing tools in such ways, combined with a strong level of awareness raising, would be needed for low nicotine cigarettes to become a part of the market.

Do you support prohibiting filters in smoked tobacco products?

Yes. RPH supports prohibiting filters in smoked tobacco products. Apart from being of little or no protection to the smoker, the cigarette filter presents both a health hazard to the wider population and one of the world's most significant

pollutants. The cellulose acetate filter, found on 90% of cigarettes, threatens human life, marine ecosystems and the wider environment.⁴ In Aotearoa/New Zealand, smokers and non-smokers alike, see cigarette filter litter as toxic and support moves to ban filters or reduce their environmental impact.⁵

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

Yes. RPH supports allowing the Government to prohibit tobacco product innovations through regulations.

Following the full mechanisation of the machine made cigarette, the tobacco industry experimented with additives to level the pH and make smoke smoother on the throat, easier to inhale and more appealing. More than 2000 additives are known to have been added to cigarettes. The risk of smokers developing lung cancer (specifically adenocarcinoma) has increased since the 1960s. The Surgeon General's report on smoking from 2014 concluded that this increased risk of cancer has been a consequence of the change in "design and composition of cigarettes". For example, the use of additives, ventilated filters and tobacco specific nitrosamines are felt to have contributed.⁶ We therefore support the removal of additives and filters alongside a total prohibition of any product innovations related to tobacco. This will enhance protection from harm and will help to deter youth uptake by making smoking less palatable.

4. Making tobacco products less affordable

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

Yes. RPH supports setting a minimum price for all tobacco products. According to the World Health Organisation (WHO), a tax increase is one of the most effective measures any government has at its disposal for reducing tobacco use.⁷ The tax increases on tobacco in Aotearoa over the last ten years have helped to reduce the prevalence of smoking. However, tax increase is seen by some as a regressive action; one that hurts those on low incomes including, Maori, Pacific and mental health clients. Perhaps the most useful aspect of price structure would be a government set minimum retail price, for all tobacco products, that aims to reduce manipulation of the retail margins.

5. Enhancing existing initiatives

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

Of all the issues raised in this document, RPH would prioritise a license scheme for tobacco retailers; one that allows only R18 specialists retailers to sell tobacco products. The sale of tobacco is a historical anomaly, which requires urgent remedying. Tobacco is the only highly addictive and dangerous drug that kills half of its users and can be sold as a general commodity, by anyone at any time. In this respect, there is little-or-no accountability in the retail sale of tobacco.

The second priority for RPH would be the removal of all additives and filters from cigarettes. The less palatable the cigarette is, the less likely it is that young people will cross the threshold into regular smoking.

Do you have any other comments on this discussion document?

Making the tobacco control/health system work for Māori

The Smoke-free 2025 goal is to have only 5%, or less, of the population as smokers by that time. If we look at today's estimated prevalence of smokers, there are 13.4% of the population smoking and 31.4% of the Māori population smoking. Using the same ratio of these figures, excluding variables or modelling, if we reach 5% prevalence, the prevalence figure for the Māori population will be 11.71%, and 12.69% for Māori females. Using the current daily smoker figures, which are 11.6% of the population and 28.7% for Māori, the current ratio at 5% will mean 12.37% for Māori and 13.79% for Māori females still smoke. RPH supports the use of 'smoking prevalence' over 'daily smoker' figures. Many young smokers are not captured in the daily smoking measure as they do not report themselves as regular smokers. Obviously these figures demonstrate the potential for an ongoing inequitable health outcome for Māori and more is needed to address this.

Studies in Aotearoa/New Zealand suggest the drug Cytisine, (branded Tabex in Eastern Europe), has the potential to be put to good use here, especially for the Māori population.^{8,9} Cytisine is a naturally occurring alkaloid that can be found in the yellow-flowering Golden Rain trees, which include our Kowhai trees. For Māori, the native flora of Aotearoa are known for providing Rongoā, traditional medicine. Cytisine has the potential to fit a Te Ao Māori framework of healing concepts, and become accepted as Rongoā, but the current system prevents that.

The principles of the Treaty of Waitangi provide a framework for how we can apply treaty obligations. These include: Tino rangatiratanga, Equity, Active partnership, Active protection and Options which require the Crown to provide for and properly resource kaupapa Māori services and to ensure services are provided in a culturally appropriate way. Therefore, Māori should have the right to choose if Cytisine should become a part of their practice. The smoking cessation drug Varenicline (brand name Champix or Chantix), is a modified analogue of Cytisine, has a good safety profile, and has been approved for use here. We suggest that Cytisine should be approved for use under a like-for-like system and as part of meeting our Treaty of Waitangi obligations. Cytisine has the potential to create business opportunities for Māori, provide more self-determination, and anything that may help to reduce the rate of smoking, and subsequent poor health outcomes, for Māori, has to be worth trying.

Making smoked tobacco products less visible

The New Zealand Government are a party to the WHO's Framework Convention for Tobacco Control (FCTC).¹⁰ Under the FCTC we expect that there shall be no advertising, or promotion of tobacco products. We have also come to expect that people or organisations with any affiliations or associations to tobacco companies declare their interests in order to avoid default association. We believe that, if tax payer funds are going to be used to support the film and television industries in New Zealand, the industries must agree to a clause that prevents them from showing smoking as a part of the characterisation of people in television and film portrayals.

Making more help available to people with mental health conditions who smoke

The consultation document discusses tobacco control systems based on successful international harm reduction models. This model provides a worthwhile degree of protection for the user. However, there are additional controls that may also support change in priority populations. As the prevalence of smoking falls we are left with continuing equity issues for Māori and Pacific populations, as well as for mental health (MH) consumers.

The exact number of mental health consumers who smoke is not known. However, the USA estimates that 44% of mental health consumers are tobacco smokers.¹¹ Hutt Hospital data shows that our in-patient smoking prevalence in mental health is 56%. From those numbers we can estimate that roughly 50% of MH patients smoke, while current prevalence of smoking in the mainstream population is approximately 13%. Anecdotal evidence suggests that smoking cessation medicines are under used in mental health because of fears of adverse events and contra-indications. The reality is, all medications for smoking cessation are safe for the cohort, within normal risk parameters. A double-blind, controlled study published in the Lancet, showed that varenicline (Champix), was not associated with any neuro-psychiatric adverse events when compared to bupropion (Zyban), nicotine replacement therapy, or placebo.¹²

RPH recommend the development of an awareness raising campaign targeting mental health and addictions services, primary care and care facilities and institutions. This campaign should inform health professionals and associated health workers that mental health patients can quit smoking and that medications, which have almost no significant interactions, can help them to become smoke-free.

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Appendix

Public views on lack of tobacco licensing in New Zealand

Introduction

Smoking presents a significant risk to health from and contributes to inequitable health outcomes for Maori and Pacific people in New Zealand.¹

Accountability is a core measure for the retail sale of alcohol and medicinal drugs, but is mostly missing from the sale of tobacco. The Smoke-free Environments Act confers a degree of protection by restricting sales to minors, but does not require retailers have a licence.²

Although 'sinking lid' and 'supply reduction', which suggest reducing supply reduces demand, have been discussed,^{3,4,5} nothing has eventuated on the policy front. Possibly because these discussions propose a limit on trade. If there are trade barriers to supply reduction, these should not necessarily translate into an obstacle for licensing. The benefits of licensing include: bolstering regulations on illicit trade, bolstering restrictions on sales to minors and providing public health intelligence on who is selling tobacco. These benefits overall may be a means to further reduce harm without needing to escalate supply reduction.⁶

We examined licensing from the public's perspective to see if their knowledge corresponds to the current reality of tobacco sales and whether their view could be instructive to future policy.

We aimed to discover if the public were aware a licence was not required to sell tobacco in NZ, and whether they thought there should be a license.

Results

The median age of respondents was 50 and the majority were female. The gender and ethnicity are given in table 1.

Of the 121 respondents, the majority (85%), believed retailers should have a licence to sell tobacco. The majority of respondents either believed a licence was needed to sell tobacco, (52%), or did not know if a licence was needed (26%). Only 22% of the respondents believed a licence was not needed for selling tobacco.

Of respondents who believed there should be a licence to sell tobacco (n=103), 93 provided further explanations for their response.

We found these supplementary responses to question 2b had recurring themes and therefore categorised:

1. Health and harm 33% (the primary concern was health and the danger of smoking)
2. Regulations and restrictions 30% (the primary concern was the need to have regulations that could curb sales to minors, control who sells and monitor the product)

3. Age 24% (the primary concern was age of purchaser)
4. Alcohol 11% (the respondents indicated alcohol is licenced, therefore tobacco should be)
5. Natural assumption 2% (the respondents' indicated it 'should' exist, but did not explain further)

Of the 15 negative answers to question 2a, fourteen participants provided responses. Those reasons were: adequate existing regulations (n=7), a freedom of choice (n=4), smoking enjoyment (n=2) and retailers not advocating smoking (n=1).

Table 1:

Ethnicity		Female	Male	Other
NZ European	98 (81%)	59 (48.7)	38	1
Maori	12 (9.9%)	10	2	
Pacifica	5 (4.1%)	4	1	
Other	6 (4.9%)	2	4	
Total	121	75 (62%)	45 (37%)	1 (0.8%)

Discussion

This survey showed the majority (85%) of the sample believed retailers should have a licence to sell tobacco. This may indicate support for a policy of increased accountability, and is in line with previous research.^{3,4,5,6}

The 'Regulations' and 'Age of purchaser', as reasons for a license, are closely related, this may suggest that sale of tobacco to minors is the dominant concern for most of the sample and implementation of licensing may be perceived as harm reduction.

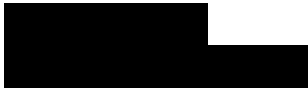
Alcohol licensing and the belief that there was already a license, suggests equalisation with alcohol could be a reasonable consideration for future policy direction. At some point in the future, government are likely to set out regulations for alcohol, e-cigarettes and more. It would seem at odds to remain selective about tobacco when developing policy for other recreational drugs.

Conclusion

This small survey adds to our knowledge of the tobacco retail environment from another perspective, that of the public, and suggests a future policy to include licensing may be a favourable addition to the regulatory environment and a means to further de-normalise tobacco. Given the small sample size of this survey, further research could establish whether the public are generally favourable to licensing tobacco.

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Regional Public Health
Hutt Valley District Health Board

Submission form

Your details

This submission was completed by: (name)

Email:

Phone number:

Organisation (if applicable): MidCentral District Health Board's Public Health Service

Organisation address: (street/box number)
(town/city)

Role (if applicable):

Additional organisation information

I am, or I represent an organisation that is, based in:

- New Zealand Australia Other (please specify):

I am, or I represent, a: (tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Personal submission | <input type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
| <input type="checkbox"/> Community or advocacy organisation | <input type="checkbox"/> Professional organisation |
| <input type="checkbox"/> Iwi/Hāpu affiliated, and/or Māori organisation | <input type="checkbox"/> Tobacco manufacturer, importer or distributor |
| <input type="checkbox"/> Pacific community or organisation | <input type="checkbox"/> Retailer – small, for example a dairy or convenience store |
| <input checked="" type="checkbox"/> Government organisation | <input type="checkbox"/> Retailer – medium or large, for example supermarket chain or petrol station |
| <input type="checkbox"/> Research or academic organisation – eg university, research institute | <input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture |
| <input type="checkbox"/> Other (please specify): <input type="text" value="Click or tap here to enter text."/> | |

Additional statistical information

These questions are not mandatory. We are asking for information, including age and ethnicity information solely for the purposes of helping us to analyse submissions.

Age:

- Under 18
- 18 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 +
- Not applicable / prefer not to say

Ethnicity/Ethnicities I identify with:

- New Zealand European
- Māori
- Pacific Peoples
- Asian
- Other European
- Other Ethnicity *(please specify):*
Click or tap here to enter text.
- Not applicable / prefer not to say

Privacy

We intend to publish the submissions from this consultation, but **we will only publish your submission if you give permission**. We will remove personal details such as contact details and the names of individuals.

If you do not want your submission published on the Ministry's website, please tick this box:

- Do not publish this submission.

Your submission will be subject to requests made under the Official Information Act (even if it hasn't been published). If you want your personal details removed from your submission, please tick this box:

- Remove my personal details from responses to Official Information Act requests.

Commercial interests

Do you have any commercial interests?

- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products
- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products

Commercially sensitive information

We will redact commercially sensitive information before publishing submissions or releasing them under the Official Information Act.

If your submission contains commercially sensitive information, please tick this box:

- This submission contains commercially sensitive information.

If so, please let us know where.

Click or tap here to enter text.

Protection from commercial and other vested interests of the tobacco industry

New Zealand has an obligation under Article 5.3 of the World Health Organisation 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, all respondents are asked to disclose whether they have any direct or indirect links to, or receive funding from, the tobacco industry.

Please provide details of any tobacco company links or vested interests below.

Click or tap here to enter text.

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Consultation questions

The Ministry of Health is seeking comments on the following proposals for a smokefree Aotearoa 2025. You can find more information about these proposals in the discussion document which can be downloaded from - <https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>.

Focus area 1: Strengthen the tobacco control system

- a). **What would effective Māori governance of the tobacco control system look like? Please give reasons.**

Effective Māori governance of the tobacco control programme will enable active Māori leadership and partnership across all levels of decision making, development of policy, legislation, and design, as well as the implementation and operations of services.

We envisage this leadership to be carried out by the Māori Health Authority, as part of a strong Māori Governance structure of a government Smokefree Aotearoa agency. Effective Māori governance will include, abiding by the principles of Te Tiriti o Waitangi. We expect this to include Kāwanatanga, Tino Rangatiratanga and be underpinned by Oritetanga.

We also recommend increased resourcing and funding to Māori providers to deliver innovative support, using technology and tikanga to engage with whānau Māori.

Collaboration and increased Māori representation across all government sectors to address the broader health and social determinants that contribute to health inequities, including Māori smoking prevalence. This includes housing, employment, education, mental health and social services, as proposed as proposed by Tā Mason Durie in his Te Rūnanga Whakapiki Mauri the Ultimate Māori Health and Wellbeing Authority modelⁱ, and is in line with Whakamaui: the Māori Health Action Planⁱⁱ.

b). **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.

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?

Community action is defined as *'expanding the resources and capacity of communities to make decisions and take collective action to increase their control over the determinants of their health'*ⁱⁱⁱ. In the MidCentral District Health Board (MDHB) region there are a range of community based activities (defined as services delivered in the community) and community actions currently being undertaken to support Smokefree 2025.

Stop Smoking services in the MDHB region carry out a variety of community based activities. These are outlined below:

- Delivery of Stop Smoking Services (SSS) programmes in the MidCentral region, at organisations including Study Link and Foodstuffs.
- Smokefree health promotion and delivery of SSS advice at community events such as Kapa Haka, Wāhine Māori events at Marae and Pasifika health days.
- Smokefree health promotion and provision of SSS in schools and tertiary institutions within the MDHB rohe.
- Pharmacy 'Vape to Quit' initiative which has been successful and just approved funding to continue.
- Wāhine Māori initiative for Māori women aged 18 – 30 years who smoke. This was held on Marae and is now run in the community.
- Provision of SSS clinics in MidCentral GP's, leading to increased referrals to SSS.
- Stop smoking services group based therapy at Kava groups for Samoan men – supported by smokefree community champions.
- SF Health Promotion and the SSS team worked with Hāpai Te Hauora to engage with our communities to get local narrative regarding reducing tobacco in our communities.
- Palmerston North City Council - Which is leading the country due to the implementation of a Smokefree Outdoor Dining by-law.
- Horowhenua District Council - Smokefree Policy with innovative areas including smokefree areas outside health centres.
- Tobacco Free Retailers – Retailers that choose not to sell tobacco products.

There are also other community activities that MDHB is aware of but are not directly involved in.

- Te Hā Oranga and Hāpai Te Hauora – Engaging with communities, particularly Māori and Pasifika to gather voices in consultations regarding Smokefree and Vaping legislation, encouraging whānau to write submissions, and workplace and event Smokefree policies.

What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

The following elements have been identified in health promotion literature^{iii,iv} in enabling community action and are discussed in the context of smokefree health promotion:

Engage communities to share priorities. Increased support and access to funding for community action projects; Support the development of capacity-building through increasing the knowledge, skills and competencies of the community. This may include:

- Raising awareness of changes to smokefree legislation ,
- Encouraging and supporting our communities to write submissions
- Supporting the growth of community champions;
- Improved systems transformation and development that better aligns with community capacity and capability and whānau aspirations towards Pae Oraⁱⁱ.

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

To date, the tobacco control system of Aotearoa has failed at reducing smoking rates for Māori and the national action plan needs to have regular measures taken to ensure the policies being enacted are contributing to an equitable reduction in smoking rates for Māori to move towards Pae Ora.

The following points are made in relation to research, evaluation, monitoring and reporting;

It is an expectation that Māori health equity is a priority in the research, evaluation, monitoring and reporting of the activities and interventions under the Smokefree 2025 Action Plan. There is a need to enable accurate and timely data and information for better decision making and policy development as inadequate public health policy contributes to inequity^v.

It is critical that purposeful and strong Māori health equity measures are developed to inform robust system improvements, accountability of performance and

monitoring frameworks in particular for new initiatives, additional funding or targets to help reduce the smoking rate amongst young wāhine Māori as a priority.

Tikanga and mātauranga Māori are prioritised as critical ideologies and are fundamental in the approaches to Smokefree 2025 research, evaluation, monitoring and reporting. Furthermore, these approaches such as Kaupapa Māori and the respectful use of te reo Māori, must be fully enabled, respected and encouraged to be utilised appropriately.

Equity must be at the forefront of continuous quality improvements of the health system where population data is of high quality, accurate, timely and includes ethnicity, deprivation, age, gender, disability and location. The effectiveness of the plan needs to be frequently measured to ensure that it is having a positive impact on the priority groups who have previously been under-served by earlier stop smoking initiatives.

Equitable performance reporting and monitoring. Research could involve identifying how to create programmes that are more tailored to these priority groups.

All data collection needs to be of a high-quality and regularly audited to measure how effectively the plan is contributing to equitable outcomes and to support effective reporting from cessation services.

The community needs to have all the tools possible at their disposal to support their whānau to reach smokefree 2025. This should include mechanisms in place to allow sharing between communities of what tools and strategies have been effective and clear pathways for the community to influence decision making and policy development and implementation.

Use systematic and routine community-led monitoring to identify where the national action plan requires improvement to support people to switch from, quit, or never start smoking. For example, to know how effective the point-of-sale cessation support is, how accessible cessation services are, and how effective these services are for different individuals and groups. Importantly this will help identify what barriers different groups face in accessing, these services, both initially and long-term.

Reducing the access to tobacco and the normalisation of its use will be integral to the success of the plan. Whether through requiring a limited number of licenses to sell tobacco or restricting sales to those born before a specified date, baseline measurements and post-implementation measures need to be taken to know how much accessibility has been reduced. The effectiveness of policies such as the Smoke Free Generation (SFG) and extension of smokefree areas in reducing the normalisation of tobacco should be measured.

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

We support a positive licensing system (where retailers must apply for a license) for the retail of all tobacco and vaping products. We agree that it is a vital mechanism to achieving the 2025 goal alongside other retail reduction measures.

We would support the implementation of a licensing system where a limited number of licenses are awarded upon application provided the retailer successfully meets the licensing requirements. We would like to see requirements that include, staff training on their responsibilities under the SERPA for selling tobacco, similar to that in place for the sale or supply of alcohol. This could also help to reduce workload for Smoke Free Enforcement Officers (SFEO) in terms of monitoring and enforcement. We submit that the, licensing fee be set at a level greater than that for specialist vape retailers to signal the greater harm of cigarettes and to help cover the costs of monitoring, enforcement, education and training of new tobacco retailers.

The tobacco licensing system needs to be robust, reflecting the harms of the product.

The reasons for our support of licensing are there is currently no government control on how many stores can sell tobacco or who can sell and this is problematic. This unregulated market has resulted in our communities being saturated in tobacco retailers, with approximately 350 retailers in the MidCentral region alone. There has been minimal change over the last 10 years. Due to the lack of a licensing system it is impossible to know the full extent of tobacco retail availability in Aotearoa. Easy access to tobacco retailers facilitates smoking uptake and increases difficulty with quit attempts ^{v vi vii viii ix}. Licensing regimes already exist for other products and practices including food, alcohol and gambling. This alone should justify implementing a positive licensing system for tobacco retailing.

Normalization is a significant barrier to people who smoke successfully quitting and increases the likelihood of relapse and initial uptake among consumers^(v vi). Strong licensing measures will help to reduce supply and curb the normalisation and virtue signalling of tobacco products, which in turn may help to curb the social supply of tobacco. Licensing retailers reinforces that selling tobacco is a responsibility and privilege, rather than a right^x and appropriately reflects the harmful nature of this product. There is strong public support for tobacco supply reduction in New Zealand even among those who smoke, particularly when framed as a measure to protect youth^{xi}. A large recent national survey found 68% support for further tobacco supply reduction initiatives^{xii}.

Retailers are discouraged from voluntarily withdrawing from tobacco sales for reasons including: the tobacco industry's influence through incentives, investment in marketing and relationships with retailers. Other factors include the density of competitive tobacco retailers in urban areas, the retailers slim profit margins and the lack of any incentive beyond ethical considerations for retailers to stop selling ^{xiii}. Further to this, the tobacco industry fuels a perception that businesses will not survive without tobacco footfall sales ^{xiv}. However, research has demonstrated that this perception is unsupported due to the limited profit being derived from purchases additional to tobacco and that many retailers have successfully maintained their business without tobacco sales ^{xiii, xv, xvi}.

Retailers are open to regulation. Smaller tobacco retailers have signalled a willingness to go tobacco free provided it was a level playing field (i.e. other similar retailers in close proximity also stopped selling^{xvii}). In unpublished interviews with executives of medium to large tobacco retailers, many signalled that they expect government leadership on supply reduction to be inevitable, and just want as much notice as possible^{xviii}.

Licensing provides for greater monitoring and enforcement mechanisms. The lack of any accurate records of tobacco retailers creates challenges for monitoring and enforcement. Due to the profitable nature of tobacco retailing, the small monetary fines and limitations around detection of sales to minors, retailers under the current system are unlikely to comply with regulations ^{x xix}. Licensing can be used to promote responsible retailing by facilitating enforcement of other laws such as point-of-sale

laws and providing up-to-date information about retailers^{x,xix}. With the significant financial threat of loss of licence, licensing supported by compliance monitoring is very likely to provide a more effective way to control the illegal sale of tobacco products^{v x xx}. There is precedent for revoking licenses following non-compliance. In New York lottery and alcohol licensing can be revoked, while in San Francisco tobacco licensing has survived two legal challenges already^{xix}. Under such a system a license can be revoked through a simple administrative proceeding without the prohibitively costly and time consuming criminal court proceedings currently required to penalise any retailers breaching the law in New Zealand. This will further facilitate retailer compliance and make litigation much easier^{xix}. Lastly, having license laws requiring retailers to comply with all tobacco control laws future proofs the system so that newly adopted tobacco control laws are automatically incorporated.

Licensing will enhance equity. Tobacco retailers tend to be more prevalent in low socio-economic areas and this holds true for New Zealand^{xxi xxii}. There are a number of lower socio-economic towns and cities in the MDHB region. In New Zealand Māori also live predominantly in these retailer saturated areas. Licensing with proximity and density restrictions will result in a greater reduction of retailers in these communities which currently experience a greater burden of tobacco-related harm. This will help to even out the levels of harm to create more equitable outcomes. The limited cases of licensing being implemented internationally have been successful: Subnational policies govern tobacco retailer licensing in Australia, Canada and the USA. Singapore, Hungary, France and Finland have also implemented licensing nationally.^{xxiii xxiv xxv xxvi} While research is limited, licensing has been shown to be effective at decreasing sales to minors and reducing tobacco supply where it has been trialled in areas of the United States^{x xxvii xxviii} and Australia^{xix,xxix}. This has been most effective when introduced along with a raft of other actions, including education and enforcement. New Zealand modelling has shown that relying on tobacco licensing alone will leave us far from reaching our 2025 goal^{xxx xxxi}.

b). **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:

We support this if it is practically achievable as it will reduce the number of retailers in our region. We are also supportive of placing density measures in license requirements to significantly reduce the number of retailers. Retailer proximity also needs to be considered alongside density requirements. Studies have found that outlet density was associated with individual-level smoking among adults and youth and that proximity was associated with smoking among youth and reduced cessation among adults ^{vi v xxxii}.

Suggested Density considerations include setting a maximum number of licenses to be issued regionally. Set a sinking lid on licenses, whereby a license cannot carry across with the sale, relocation or change of ownership of an existing licensed retailer. We would support exclusion of licensing retailers close to schools, Hospitals, place of worship, medical centres, parks and playgrounds and any culturally sensitive sites defined by local hapū and iwi.

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

Yes No

Please give reasons:

We are supportive of limiting tobacco sales to age restricted R18 specialist outlets only, R18 stops any tobacco sales being observed by children. But we do not support tobacco sales through pharmacies.

There is a low level of interest from pharmacies in selling tobacco. New Zealand based research indicates that less than a third of pharmacies felt they would be likely to sell tobacco if they were made the only permitted type of outlet^{xxxiii}. There are ethical considerations with selling a deadly harmful product at pharmacies which are a health focused store. Pharmacies do not generally restrict entry to those over 18 years of age. Allowing pharmacies to sell tobacco products would increase normalisation of smoking.

d). **Do you support introducing a smokefree generation policy?**

Yes No

Please give reasons:

We support introducing a Smokefree Generation (SFG) policy to increase protection for youth and future generations from tobacco related harm.

Preventing youth initiation of tobacco is a key strategy to achieving and maintaining Smokefree Aotearoa 2025. Almost 90% of smokers start by 18 years of age, and are biologically more vulnerable to nicotine addiction^{xxxiv xxxv}. The prevalence of smoking in youth aged 18 – 24 years has declined over 7 percentage points in the last five years (16% in 2019/2020 cf. 23.8% in 2014/2015) but remains significantly higher than in those aged 15 – 17 years (3.3%), indicating smoking initiation occurs in this age group^{xxxvi}. There are large inequities in smoking prevalence, particularly for Māori youth and young adults.

A SFG strategy will de-normalise tobacco use, sending a clear message that tobacco use is unsafe at any age, and avoid the 'rite of passage' which can occur with a fixed minimum age law. The SFG strategy has received strong public support within Aotearoa and in other countries both from tobacco control experts and from youth^{xxxvii xxxviii}. As previously mentioned, New Zealand modelling studies suggest the SFG strategy will result in a halving of smoking prevalence in those aged less than 45 years within 10 – 15 years^{xxxix}. This strategy is strongly pro-equity, due to the young age structure of Māori and Pacific populations and higher smoking prevalence in these populations, and was rated as the most equitable in the New Zealand modelling studies. This approach supports Te Tiriti o Waitangi principles of active protection, partnership, and equity. It is also aligned with a focus on an early years approach by ensuring tamariki have the best start to life in a smokefree environment.

The SFG strategy will be relatively easy and low cost to implement as the Government can re-word existing minimum age legislation to include citizens born on or after a certain date.^{xxxvii} The SFG legislation will be easier for retailers to reinforce than existing minimum age legislation as retailers will not have to calculate age based on date of birth.^{xxxvii}

e). 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:

[Click or tap here to enter text.](#)

Focus area 3: Make smoked tobacco products less addictive and less appealing

a). **Do you support reducing the nicotine in smoked tobacco products to very low levels?**

Yes No

Please give reasons:

We support a mandated nicotine reduction policy to restrict the sale of tobacco to Very-Low-Nicotine-Content (VLNC) products as nicotine is a highly addictive chemical compound and is the main addictive constituent of tobacco products.

Tobacco companies are regularly making statements that smoking tobacco is a personal choice. The only way this could become true is if nicotine is dropped below addictive levels.

To make tobacco products less addictive, the optimal level of nicotine for reducing addictiveness should be less than 0.4mg per gram of tobacco, which approximates a 95-98% reduction in nicotine compared to what is currently in cigarettes available for purchase which often contain closer to 10mg nicotine per gram of tobacco^{xl}. This policy aligns with the 2010 Maori Affairs Select Committee inquiry findings which recommended a mandated nicotine reduction policy as an effective harm reduction strategy to help achieve the proposed Smokefree 2025 goal^{xli}.

The highly addictive nature of nicotine makes it difficult for people who smoke to quit and stay quit, and for young people who experiment with smoking, makes it more likely to progress rapidly to regular smoking and long term addiction. With the absence of regulation to address the nicotine in tobacco products, the industry has continually made cigarettes more addictive by controlling and increasing the nicotine levels and enhancing the impact of nicotine. There has been confirmation of a statistically significant upward trend in nicotine levels in cigarette smoke, between 1997 and 2005 in products from all major cigarette manufacturers and across cigarette types^{xlii}

Although no country is yet to implement a nicotine reduction policy, there is growing New Zealand and international evidence and modelling that shows mandating the sale of tobacco products to VLNC would reduce uptake, support quitting and lower smoking prevalence substantially ^{xli xlii}.

New Zealand research has shown that a VLNC policy would help increase cessation rates markedly, and to a far greater extent than introducing e-cigarettes as a cessation tool ^{xliii}. The 2018 New Zealand International Tobacco Control (ITC) study found that people who smoke expressed their desire to quit but had failed and believed that removing the addiction component of smoking will increase their autonomy and ability to successfully quit ^{xliv}. Thus combining a VLNC policy with other interventions, particularly expanding access to alternative nicotine-delivery products such as e-cigarettes, patches and gum, is likely to enhance the effectiveness of each of these measures. It will also make a mandated VLNC policy more acceptable by ensuring alternative nicotine-delivery products are available for those who cannot, or do not want to, quit nicotine.

New Zealand evidence has shown strong public support for a mandated nicotine reduction policy including people who previously smoked, people who currently smoke and from Māori. Responses in an ITC NZ survey showed that mandated removal of nicotine from cigarettes garnered the greatest support from Māori of any tobacco control intervention ^{xliv} and almost 80% of the Māori respondents said they would try VLNC or nicotine-free cigarettes. It also found that 80% of those who smoked want the addictiveness of cigarettes to be removed, provided nicotine replacement therapy is made available in other products to help alleviate withdrawals.

New Zealand's strong border controls and surveillance, along with further strengthening surveillance and enforcement which the action plan is proposing, will make it unlikely for smuggled tobacco to be a major problem in New Zealand.

The most recent study estimated that from 2013 only 1.8-3.8% of the New Zealand market was made up of illicit products^{xlv} and that illicit trade is likely to be modest and will therefore not undermine the positive effects of a VLNC policy in reducing smoking prevalence in New Zealand^{xlvi}.

b). **Do you support prohibiting filters in smoked tobacco products?**

Yes No

Please give reasons:

We support the prohibition of cigarette filters as part of a broader package of measures to reduce the appeal of tobacco products, particularly to adolescents and young adults. Filters increase the palatability of cigarettes, which makes them easier to inhale, particularly for those starting to smoke^{xlvii}.

Filtered cigarettes now represent the majority of the New Zealand market and throughout the world^{xlviii}. However, the overwhelming majority of independent research has shown that all cigarettes cause harm with or without a filter^{xlix} ^l. Despite the overwhelming evidence, a number of international studies have found that people who smoke still believe filtered cigarettes are less harmful and offer some health benefits compared to unfiltered cigarettes ^{lii}.

Filters are also an environmental hazard and prohibition will also remove a significant source of non-biodegradable rubbish and micro plastics from the environment. Cigarette filters or 'butts' were the most frequently identified litter item nationally in 2019, with 39 butts collected per 1,000 m² ^{liii}.

c). **Do you support allowing the Government to prohibit tobacco product innovations through regulations?**

Yes No

Please give reasons:

We support the establishment of regulations to prohibit future constituents and design innovations of tobacco products which would make them more addictive, palatable and appealing, particularly to adolescents and young adults.

Tobacco product regulation is a critical component of the action plan and has the ability to help reduce tobacco-related attributable death and disease by removing the industry's free-rein ability to innovate and develop new ways to appeal to new users and keep existing users addicted. This will mean fewer people take up smoking, and when people who smoke try to quit, they are more likely to be successful. New Zealand surveys have repeatedly shown public support for strong regulatory measures such as this, including among people who smoke and Māori.

With the absence of legislation to regulate the structure of tobacco products, the industry has ensured that their tobacco products are highly addictive, palatable and appealing through the use of various additives, design innovations and flavourings. This interferes with the motivation and ability of people who smoke to quit and stay quit and, increases the likelihood of young people's initiation and experimentation with tobacco products to rapidly progress to regular smoking^{liv}.

Tobacco products can contain a range of flavour additives that are designed to enhance their palatability and appeal by masking the unpleasant characteristics of cigarette smoke. This makes it easier to inhale and the pleasurable taste can act as a sensory cue, thus reinforcing smoking behaviour. Flavourings can be particularly appealing to people who are experimenting, such as adolescents and young people^{lv} ^{lvi} ^{lvii}. The ITC study found that a substantial proportion of the participants who smoked used flavoured tobacco products, with use particularly high among females^{xliv}. It also found that participants who used menthol flavoured tobacco products were more likely to report smoking their brands because of taste. Just under half (45%) of those users reported they would quit smoking entirely if menthols were banned and a further quarter (25%) reported they would switch to a non-menthol brand. Surveys have also shown that menthol flavoured cigarettes are particularly appealing among Māori and Pacific adolescents^{lviii}. These findings suggest that flavour additives play an important role appealing to people to experiment and reduce the ability for people who smoke to choose to quit and stay quit.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

We support a minimum unit pricing policy set at the average cost of a budget brand in 2021. This would prevent price shifting and discounting tactics designed to keep

people who smoke from consuming large volumes and thus sustaining heavy addictions.

We acknowledge that tobacco addiction has a significant economic impact on people who smoke and we would not want to see any further taxation increases which would place further financial burden on these people.

Final questions

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

No single intervention will have us reach our 2025 target. We support all these interventions being implemented together.

Relying on these services or personal responsibility alone is clearly inadequate to reach our 2025 goals and does a disservice to those who smoke. We are supportive of the multi-faceted approach with the full suite of interventions suggested in the proposed action plan.

A key priority in achieving this will be implementing legislation as quickly as possible. We are very close to 2025 and many of these changes will require some time to implement, so legislation to support them must come quickly to hasten this process.

- b). **Do you have any other comments on this discussion document?**

We also request the following actions to be part of the action plan as critical in achieving the Smokefree 2025 goal:

Effective Compliance and Enforcement

As an enforcement agency we need to be adequately resourced to enforce regulatory requirements.

In order to achieve maximum effectiveness of interventions, a supportive compliance and enforcement system needs to be established. This includes having sufficient resourcing at both national and local levels and clear regulatory direction.

Penalties need to be significant, given the damage caused by tobacco products. Infringement offences are a simple cost effective enforcement measure for low level offending but need to be set at level that actively discourages non-compliance.

We support continued evidence-based mass media campaigns, including social media and would encourage complimentary localised content in campaigns. A particular focus on culturally appropriate media for Māori and Pacific peoples is required.

Stop Smoking Services include multi-session behavioural support and help for people who smoke to access and use a range of stop-smoking medicines (nicotine replacement therapy, bupropion, nortriptyline, varenicline). Stop Smoking Services have been shown to be cost effective both internationally and in New Zealand^{lix}. The cost of providing Stop Smoking Services is significantly less than the health costs of tobacco related diseases^{lix}. A New Zealand modelling study has estimated that a targeted stop smoking support intervention that costs \$100,000 a year would only need to support three to four people who smoke to quit to break even (\$25,000 - \$33,000/quitter). The MOH contracted face-to-face Stop Smoking Services currently cost significantly less than this, ranging from \$988.61 - \$13,637.31 per quitter in Quarter 4 2020 (median cost \$4473.68)^{lix}. Funding for a range of smoking services requires an increase in funding to be able to support greater numbers of people who smoke to quit, to train and recruit more stop smoking practitioners, and to allow the development of additional services for priority populations. In the 2018/2019 NZ Zealand Health Survey, 14.2% of the New Zealand adults (aged 15 years and over) reported being people who currently smoke, an estimated 558,000 adults^{lix}. Demand for Stop Smoking Services will also increase as additional measures are put in place to reduce the availability and appeal of tobacco as part of the Smokefree Aotearoa 2025 Action Plan. Mental health and addiction service users should be added to the MOH's priority populations (alongside Māori, Pacific and pregnant women) for stop smoking services. Mental health and addiction service users have very high rates of smoking. Service users need a tailored approach and skilled practitioners to help them to quit and a longer and more intensive period of support. Improving access to prescription medications (for example, through pharmacy prescribing of stop smoking medications or funding of primary care visits and prescriptions) and e-cigarettes (through discounts or funded vape products when used for smoking cessation). Pharmac should also subsidise all nicotine replacement

therapy products (for example, Quit Mist, an oral spray which is currently unfunded). Provision of smoking cessation advice and treatment within primary and secondary care and other settings such as pharmacies also needs to be strengthened through training and ongoing support from Stop Smoking Services. Pharmacy provision of smoking cessation support has been shown to be cost effective and is a good option for rural communities that may not have easy access to services^{lxi}.

It is essential that services are delivered in a culturally appropriate and whānau centred way to support priority populations through their smoking cessation journeys. This requires a culturally diverse workforce with strong linkages between Stop Smoking Services, Kaupapa Māori/Pacific services and other community organisations (for example, those that provide housing or income support). Increasing funding for training and recruitment of stop smoking practitioners and contract lengths will facilitate this. The stop smoking practitioner workforce also requires strengthened provision of training at a national level, with development of additional national resources for practitioners to utilise in their work. These need to include content on working with mental health and addiction clients, including how to tailor the stop smoking journey to meet their needs.

Open areas

We would encourage the Government Smokefree 2025 action plan to include provisions to increase legislated smoke-free areas. Smoke-free indoor areas have significantly reduced public exposure to second hand smoke (SHS)^{lxii lxiii lxiv} and the action plan should build on this success to further protect the public from the harms of SHS. We would support all areas being smokefree, by default. At a minimum smokefree areas should be extended to include all workplaces, parks, beaches and other outdoor recreational spaces. Several surveys in Auckland, Christchurch, Hawke's Bay, and Wellington have found significant public support for such an expansion of smokefree areas^{lxv lxvi lxvii lxviii}. Areas which are not designated smokefree would be available for use by those who smoke.

Although indoor smokefree policies have been effective, SHS is still a problem in the surrounding public outdoor spaces, particularly those which are semi-closed^{lxix lxx lxxi lxxii lxxiii lxxiv lxxv lxxvi lxxvii lxxviii lxxix}. A Wellington study found that outdoor areas of hospitality venues had mean concentrations of particulate matter 2.5 (PM2.5) of 72 µg/m³ (51-284 µg/m³) that would exceed WHO guidelines for mean exposure to PM2.5 over a 24-hour period (25 µg/m³) within 7.2 hours and the annual guideline of 10 µg/m³ within 1.8 hours^{lxxx}. Another study in NZ found that SHS exposure was harmful in more public areas like bus and train station platforms^{lxxv}. Indoor air quality continues to be compromised due to smoke drift from adjacent outdoor environments to indoor areas, undermining indoor smoking bans^{lxix lxx lxxii lxxx}.

Outdoor smokefree policies will not only help to protect the public from the harms of SHS but will also reduce the normalisation of and exposure to smoking of young adults which poses risks for uptake^{lxxxi lxxxii lxxxiii lxxxiv lxxxv lxxxvi lxxxvii}. A recent New Zealand study found the social setting of a bar normalised, integrated, and reinforced smoking as an essential element of a 'night out'^{lxxxvi}. Palmerston North City Council recognised the need to address this normalisation of smoking in public outdoor dining areas^{lxxxviii} but optimal compliance has not been achieved without the regulatory support legislation provides.

Open areas have proved problematic to define in regulation and to enforce. Making all licenced premises smoke free would resolve problems defining open and closed spaces. It would also be equitable to all licenced premises.

Finally, under the current model a significant amount of time can go into investigating whether an establishment is compliant or not. The fairest option which will also be the most effective at protecting the health of the public is to expand the legislated smokefree areas.

We would like to see the future development of a vaping end-game strategy to recognise that vaping plays a role as a quit device, not one that is intended for ongoing use.

Duty Free Tobacco Concessions

Duty-free tobacco concessions are anomalies that undermine the Government's drive to reduce tobacco consumption and smoking rates, through excise tax increases. Duty-free concessions also provide an avenue for smokers to avoid tax on tobacco and are an

incentive for all travellers to purchase tobacco to gift or sell on to smokers. Currently, there are two concessions that exempt tobacco from taxes:

The traveller's duty-free allowance. Incoming international travellers can bring up to 50 cigarettes, 50 grams of tobacco, 50 cigars (or a mixture of all three weighing up to 50 grams) into New Zealand free of duty and GST from 1 November 2014

The 'home-grown' allowance. Individuals may in their own home or dwelling manufacture up to 5 kilograms of tobacco per adult per year for personal use, provided the tobacco leaf is grown on the property in which their home or dwelling is located (Section 67 Customs and Excise Act 2018). This allowance equates to between 19 and 34 cigarettes per person per day, approximating a moderate smoker. In the case of home grown tobacco the incentives for growers are the potential to sell to others with the tobacco they are able to grow and manufacture more than they use, with the intention of using any surplus for illicit supply.

The tobacco gift allowance concession is still accepted at the border but no longer exempted from tax. Tobacco products are specifically excluded from the reference 75 concession (Section 12(4)(e) of the Goods and Services Tax Act 1985) and full duty and GST is payable on these imports. The Tariff reference 75 concession allows entry of presents or gifts except tobacco products sent from abroad to a resident in New Zealand (i) Not exceeding \$110 in total value – Free; (ii) Exceeding \$110 in total value, on the excess over \$110 – The rates of duty applicable to the goods as set out in Part I of the Tariff. In contrast, alcohol products are not excluded in reference 75 concession.

Options or recommended changes to tobacco concessions to help achieve Smoke-free 2025:

Reducing the duty-free tobacco limit for travellers coming to New Zealand from 50 to 25 cigarettes, and from 50 to 25 grams of cigars or tobacco products. Any excess tobacco detected should be discarded and destroyed and not to invite the traveller to pay duty and GST. Reducing the incoming traveller's tobacco allowance will align with the Australian limit of 25 cigarettes or 25 grams tobacco. The Australian limit was implemented in September 2012.

Removing the incoming traveller's duty-free allowance (no tobacco or tobacco products allowed into New Zealand). In other words, a complete ban on duty-free tobacco. This will eliminate inbound market for duty-free tobacco, removing social and cultural pressures for travellers using tobacco as gifts and preventing travellers using their friends allowance when travelling to and from overseas.

Removing the tobacco gift allowance. This will eliminate any tobacco products sent to New Zealand as a gift, thus eliminating supply through imports. The removal of this allowance would not have financial impact on government's revenue.

Reducing the home-grown tobacco allowance further or phase it out altogether. This would reduce or eliminate the extent to which growers supplying the illicit market could hide behind the personal use allowance. Australia does not have a home-grown tobacco allowance for personal use and tobacco can only be grown under an excise licence.

We are aware that any change to tobacco concessions will involve significant implementation issues including public awareness in advance of any changes and allowing duty-free retailers to adjust their business models while maintaining New Zealand's commitments to duty-free allowances under international law. Retailers would still be able to generate their revenue by selling duty-free tobacco and other products to outbound international passengers. Removing tobacco gift allowance and reducing home grown tobacco allowance would not have financial impact on government's revenue but would be consistent with government's policy of reducing smoking rates in New Zealand.

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Submission form

Your details

This submission was completed by: (name) [REDACTED] on behalf of the Hawkes Bay Vaping Issues Group

Email: [REDACTED]

Phone number: [REDACTED]

Organisation (if applicable): Hawkes Bay Vaping Issues Group

Organisation address: (street/box number) [REDACTED]
(town/city) [REDACTED]

Role (if applicable): [Click or tap here to enter text.](#)

Additional organisation information

I am, or I represent an organisation that is, based in:

- New Zealand Australia Other (please specify):
[Click or tap here to enter text.](#)

I am, or I represent, a: (tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Personal submission | <input checked="" type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
| <input checked="" type="checkbox"/> Community or advocacy organisation | <input type="checkbox"/> Professional organisation |
| <input type="checkbox"/> Iwi/Hāpu affiliated, and/or Māori organisation | <input type="checkbox"/> Tobacco manufacturer, importer or distributor |
| <input type="checkbox"/> Pacific community or organisation | <input type="checkbox"/> Retailer – small, for example a dairy or convenience store |
| <input type="checkbox"/> Government organisation | <input type="checkbox"/> Retailer – medium or large, for example supermarket chain or petrol station |
| <input type="checkbox"/> Research or academic organisation – eg university, research institute | <input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture |
| <input type="checkbox"/> Other (please specify):
Click or tap here to enter text. | |

Additional statistical information

These questions are not mandatory. We are asking for information, including age and ethnicity information solely for the purposes of helping us to analyse submissions.

Age:

- Under 18
- 18 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 +
- Not applicable / prefer not to say

Ethnicity/Ethnicities I identify with:

- New Zealand European
- Māori
- Pacific Peoples
- Asian
- Other European
- Other Ethnicity *(please specify)*:
Click or tap here to enter text.
- Not applicable / prefer not to say

Privacy

We intend to publish the submissions from this consultation, but **we will only publish your submission if you give permission**. We will remove personal details such as contact details and the names of individuals.

If you do not want your submission published on the Ministry's website, please tick this box:

- Do not publish this submission.

Your submission will be subject to requests made under the Official Information Act (even if it hasn't been published). If you want your personal details removed from your submission, please tick this box:

- Remove my personal details from responses to Official Information Act requests.

Commercial interests

Do you have any commercial interests?

- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products
- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products

Commercially sensitive information

We will redact commercially sensitive information before publishing submissions or releasing them under the Official Information Act.

If your submission contains commercially sensitive information, please tick this box:

- This submission contains commercially sensitive information.

If so, please let us know where.

Click or tap here to enter text.

Protection from commercial and other vested interests of the tobacco industry

New Zealand has an obligation under Article 5.3 of the World Health Organisation 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, all respondents are asked to disclose whether they have any direct or indirect links to, or receive funding from, the tobacco industry.

Please provide details of any tobacco company links or vested interests below.

Click or tap here to enter text.

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Consultation questions

The Ministry of Health is seeking comments on the following proposals for a smokefree Aotearoa 2025. You can find more information about these proposals in the discussion document which can be downloaded from -

<https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>.

Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

The Hawkes Bay Vaping Issues Group **support** effective Māori governance of the tobacco control sector being determined by Māori. We support our Māori health colleagues with the knowledge and mātauranga and wealth of experience they have. Our local Māori health providers, Te Taiwhenua o Heretaunga and Te Kupenga Hauora are members of the HBSFC.

We believe that Māori governance and leadership in tobacco is critical to ensure real progress is made in reducing the harmful and inequitable impacts of tobacco use on Māori. How this governance is enacted is best determined through consultation and engagement with Māori. Māori have long advocated for stronger more effective tobacco control legislation but their views have not been acted on ¹.

References

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- b). What action are you aware of in your community that supports Smokefree 2025?

We are aware of community action supporting Smokefree 2025 through our local Hawkes Bay Smokefree coalition and its membership of NGOs e.g. the Cancer Society, local cessation providers e.g. Te Haa Matea, local Māori health providers e.g. Te Taiwhenua o Heretaunga, Health HB, The Hawkes Bay District Health Board and our local and regional district councils.

Local Councils have played a crucial role. Without sufficient national legislation, local councils have had to do a large amount of work in this area, for example by developing various patchwork of policies throughout the county. Smokefree signs at playgrounds, sport fields, beaches, in central business districts. This map illustrates the variety of measures various councils have taken

<https://www.smokefree.org.nz/smokefree-resources/maps-of-nz-councils-smokefree-outdoor-policies-and-spaces> however, as noted it is inconsistent

throughout the country, it is also largely unenforceable.

What is needed to strengthen community action for a Smokefree 2025, is national legislation to support and strengthen all hard work of these groups across the country.

New Zealand has been admired internationally for the strong evidence-based leadership in handling the Covid 19 pandemic. The world is watching to see how we deal with tobacco too. Will we demonstrate similar admirable leadership to manage the single most lethal consumer product readily available at throughout society? If all the measures outlined in this plan are utilised, and we also legislate Smokefree-Vapefree outdoor areas like outdoor dining, playgrounds, beaches, and CBDs then we would have a good chance of leading the world and role modelling what is possible.

Another way the government can support Aotearoa to be Smokefree would be to set up a national framework requiring employers to offer stop smoking support to employees and provide a supportive environment to stop and remain Smokefree. This is especially important for trade and hospitality workforces, where smoking rates are higher. We would also government support for smoking cessation providers to be able to support people to stop vaping once they have successfully become Smokefree.

This is an industry created problem, we do not let other harmful products stay on the market when we know how unsafe they are. We do not give people the option to buy leaded petrol at service stations anymore. The tobacco industry kills more people in New Zealand than road crashes, suicide, alcohol, other drugs, murder, and drowning combined ¹. In 2019 there were 5,032 tobacco related deaths in NZ (13.7 per day) estimations of deaths by road crashes, suicide, alcohol, other drugs, murder, and drowning combined range from 2154 people per year or 2337 (if we use our deadliest earthquake)²⁻⁹.

This number, 5,032, is not just a number, these are our families, our whānau, our kaumātua, our children, our brothers, sisters, aunties, uncles, husbands, wives, nieces, nephews, our friends, and our workmates. We need comprehensive legislation to save lives.

References

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

Research around vaping to see if it is achieving reduction in smoking and looking at dual use. Research around industry tactics on tobacco & vaping. Census data collection of both smoking and vaping at every census.

Tobacco control capacity and operational funding within the Ministry as well as in Public Health Units will need to be increased to support reaching SFA 2025. Increased capacity for monitoring and investigating breaches of the Smokefree Environments Act. Especially as vape products are now included in this Act. Investment in monitoring, surveillance and enforcement of tobacco and vape retailer and industry behaviour are urgently needed. Investment in border control for monitoring black market activity will also need to be increased.

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

NO COMMENT

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

We **support** a licensing system for all tobacco and vape retailers including generic stores. However, we do not support a licensing system as a stand-alone measure.

Licensing schemes offer an opportunity to set retailer conditions such as suitability of applicant (knowledge of legislation, character and reputation, training, concerns about previous sales to minors); trading hours; retailer location; proximity to schools, marae, early childhood education centres; proximity to other tobacco or vape retailers and restricting density of retailers in a given area. We would also like to see licences require annual sales returns on tobacco and vape products. Licences provide an important mechanism for monitoring and enforcement. Licences can be removed for breaches and are therefore powerful legal tools that can be used to improve enforcement of tobacco-related laws.

Licensing fees need to be set at levels that adequately cover both the administration of a licensing system and effective monitoring and enforcement by tobacco control enforcement officers nationally.

The Allen Consulting Group report Australia 2002¹ can be referred to for best practice tobacco licensing schemes. It can be found here [https://www1.health.gov.au/internet/main/publishing.nsf/Content/51D4A401FD339C40CA257BF000212035/\\$File/license.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/51D4A401FD339C40CA257BF000212035/$File/license.pdf) A well-enforced licensing system can help ensure compliance by providing stronger incentives to tobacco retailers to comply with tobacco control laws².

Reference

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b). 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

We **support** restricting the number and type of tobacco retailers based on both population size and density, preferably to R18 specialist tobacco stores only. There is currently no legislation restricting where tobacco can be sold nor who can sell it. Easier access to tobacco retailers is associated with an increase in youth smoking^{1,2}, increased smoking among people who already smoke³ and people find it harder to stop smoking^{4,5}.

The more places that sell tobacco, the more likely young people are to smoke, even more so when places are closer to where they live¹. Residents within low socio-economic communities are exposed to much higher density of tobacco retailers, about four times greater, than those living in higher socio-economic areas^{6,7}. Tobacco density would need to be reduced sufficiently in low socio-economic areas, where smoking rates are highest and people are more at risk of tobacco harm^{8,9}. Failure to substantially reduce the number and density of tobacco retailers in low socio-economic areas will continue to widen existing inequities.

Smokefree Murihiku would also like to see restrictions on the proximity of tobacco retailers to schools, kura, early childhood education centres, kōhanga reo, marae and health centres. Currently 54% of secondary schools have at least one tobacco retailer within 500 metres of the school, an 83% have at least one retailer within 1 kilometre¹⁰. Evidence shows that the more tobacco retailers there are around a school, the more likely students are to have ever smoked, engaged in experimental smoking and be susceptible to future smoking¹¹⁻¹⁴. Reduced density of the sale of tobacco around schools would reduce curiosity and temptation concerning tobacco, diminish the normalising of smoking in the community, and provide fewer opportunities and cues for adolescents to attempt to purchase tobacco¹⁴.

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12 Henriksen, L., Feighery, E. C., Schleicher, N. C., Cowling, D. W., Kline, R. S., & Fortmann, S. P. (2008). Is adolescent smoking related to the density and proximity of tobacco outlets and retail cigarette advertising near schools?. *Preventive medicine*, 47(2), 210-214.

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Please give reasons:

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

Yes No

Please give reasons:

We strongly **support** phasing out the retail availability of tobacco so that it is only sold at licensed R18 (or higher if the age limit to purchase is increased) specialist tobacco stores.

This measure provides the greatest opportunity to substantially reduce the number of tobacco retailers to approximately 300 as has been recommended by ASPIRE ¹. Sales restrictions could designate specialist R18 tobacconists or government-operated R18 stores as the only suppliers of tobacco products. This approach would stimulate quitting, reduce relapse among people who have become Smokefree, and minimise youth access (by facilitating enforcement around underage sales)¹. This approach has also been suggested by people (who at the time of the study smoked) ². Some quotes from participants were:

"you can't have that kind of goal when they're selling them in the shops. What's the point? You know what -seriously, what's the point? It's too readily available" (Pregnant, Pacific, 38).

"I reckon it's weird how they sell it with like food and stuff. it's just wrong for me. They should have like a R18 shop for them or something. That, I reckon that'd be good" (Pregnant, Māori, 17).

"Um, I think that young people would take less and be much more sensible about their, their choices if it was run by the government. Or allowed by the government and monitored by the government but run through a third party" (NZE, male, 23).

Other New Zealand research has also found strong support (62%) from people who smoke and people who had recently become Smokefree to reduce the number of places that can sell tobacco products (by 95%) and allow sales only in a limited number and type of stores³.

Significantly reducing outlet numbers is also likely to help reduce disparities as tobacco retailers are often concentrated in disadvantaged areas. It would also support people trying to stop smoking, as research shows people who smoke experience stronger cravings when they expect to be able to smoke in the near future⁴. Tobacco is the only retail product when used as intended kills as many as two-thirds of its long-time users^{5,6} yet it is available anywhere. We need to end the perception that cigarettes are an ordinary consumer product and instead have their availability limited and controlled, like other harmful products.

There is strong public support, We supported the Cancer Society's survey in 2019 asking about the sort of legislation people wanted to see to support our communities reach Smokefree Aotearoa 2025. Nationally 92% of 1481 submissions collected wanted regulations to reduce the number of places selling tobacco.

In 2020 Cancer Society ran an on-line poll for World No Tobacco Day asking 'Should smokes only be sold in R18 specialist tobacco shops?' Of the 1200 votes cast 82% supported restricting tobacco sales to only R18 specialist tobacco shops.

In 2021, the Cancer Society launched a petition to raise the need to address the widespread availability of tobacco on both the public and politicians' agenda. The petition requested the House of Representatives pass legislation that significantly reduces the number of tobacco retailers, to help reach Smokefree Aotearoa 2025. 4039 people signed the petition adding more community voices supporting this important measure in the proposed Smokefree Action Plan.

New Zealand research found small retailers emphasised that removing tobacco from all dairies, convenience stores and supermarkets would lead to a fair competition among shops⁷. They want a level playing field and are likely to support legislation that only permits the sale of tobacco from a few specialist stores that only sell tobacco. Restricting sales to only R18 tobacco retailers would treat current retailers equally and address the challenge of providing a level- playing field.

We recommend against restricting tobacco sales to alcohol outlets as this would reinforce the strong association between alcohol and smoking especially in the 18-24-year age group when smoking rates are high and social smoking prevalent. Alcohol outlets are also over concentrated in low socio-economic communities.

We do not support a 'grandfathering approach' as the number of retailers would decrease too slowly and not achieve the 95% reduction required.

We recommend phasing out tobacco retailers with legislation changes enacted between 6 and 12 months after gaining Royal Assent. This will provide sufficient time for retailers to stop selling tobacco, especially considering legislation will take some time to be drafted and passed, in reality providing a longer timeframe for retailers to

become prepared.

We recommend the Government offer small business support or assistance from small business advisors for transitioning away from tobacco sales.

References

- 1 Edwards, R., Wilson, N., Hoek, J., Waa, A., Thomson, G., Blakely, T. (2021). Five Strategic Approaches to Achieving the Smokefree Aotearoa 2025 Goal. Wellington: Public Health Expert: University of Otago.
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d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

We **support** introducing the Smokefree generation policy to restrict the sale and supply of tobacco products from a set date for future generations. This policy recognises that young people who start smoking rarely, if ever, make an informed choice^{1,2} and a high percentage young people (15-19 years), particularly Māori (82%), regretted starting smoking³. Researchers argue that consumers have a right to be protected from products that may kill them, particularly where those products are addictive⁴.

New Zealand modelling suggests the tobacco-free generation policy is likely to contribute substantially to ending smoking disparities for⁵. If adequality enforced, this policy is predicted to halve smoking rates within 10- 15 years of implementation - and would result in five times' larger health gains per capita for Māori compared to non-Māori. Given the higher smoking prevalence and age structure of Pacifica

populations it is similarly likely to benefit those peoples.

Concerningly, the youth smoking rate has risen for the first time in 20 years, this happened alongside a rapid increase in vaping ⁶. The increase in Māori smoking prevalence of year 10 students was significantly higher than non-Māori, raising concerns about the possibility of a widening of ethnic inequities in young people, which had been gradually narrowing since 2000 ⁷.

Any benefits of a Smokefree generation will not have immediate impacts on reducing smoking and will do little to help reach SF2025, however it will create long-term benefits and inequity reductions. It will also support and maintain Smokefree communities once the 2025 goal has been reached ^{4, 8}.

The HBSFC recommend increased resources are provided for border controls to reduce any potential increase in black market activities as suggested in the Impact Summary.

References

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e). 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:

We are not a small business, however we would like to draw attention to independent research which contrasts with claims by small business/retailer interest groups and tobacco companies. For example, the NZ Association of Convenience Stores (NZACS) is an industry group that represents Imperial Tobacco and British American Tobacco, among numerous other major multinational corporations ¹.

Small retailers claim that tobacco purchases drive footfall into their premises and customers buy additional products. However, New Zealand research found that most transactions in small retailers do not involve tobacco and when tobacco is purchased, it is most often purchased as a single item, without other groceries or snacks ^{2,3}. The researchers found only 14% of transactions contained tobacco with most only buying tobacco, only 5% of all transactions included tobacco and an additional product ². Similar results were in the replicated follow-up study with 14% of transactions containing tobacco and just 6% of all transactions including both tobacco and other products ³. The research shows that while some people buy tobacco from small convenience stores, buying tobacco and other products is uncommon, and these purchases account for only a small amount of the total purchases. International research has found similar results ⁴.

Small retailers' margin of profits on tobacco is very low, yet this is rarely acknowledged ^{5,6}. Tobacco provides low returns, is expensive to stock, and high insurance premiums are imposed on small retailers because of the risk of burglary.

Recent Australian research ⁷ found the tobacco industry used covert marketing tactics with retailers, including financial incentives, experiential incentives such as all-expenses paid events and vacations, targeting marketing, and education of retailers to market to consumers on behalf of tobacco companies. The authors concluded that such strategies had the ultimate objective of increasing market share and driving sales. There is no reason to believe that the tobacco industry is not, or will not, use similar practices or influence retailers in Aotearoa. To keep in business tobacco companies will be doing all they can to recruit new customers and oppose Government measures to reduce the availability of tobacco.

We would encourage government to offer small business assistance to transition from selling tobacco products ^{8,9,2}.

References

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Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

Reducing nicotine to very low levels (<0.4mg) has a three-fold effect; making it easier for people to stop smoking; making it less likely that someone who tries will continue, and by reducing the likelihood of relapses for people who have become Smokefree^{1, 2}. This would have a substantial population benefit³, and would be most beneficial to individuals currently most disadvantaged by tobacco companies, e.g. Māori, Pacifica peoples, lower SES communities, and people struggling with mental health.

To be effective nicotine levels must be reduced substantially to levels where there are no (or negligible) central nervous system effects – no greater than 0.4mg nicotine per gram of tobacco or per cigarette^{1, 4} to make Very Low Nicotine Cigarettes (VLNCs). Evidence suggests VLNCs may be effective regardless of whether the person was motivated or unmotivated to stop smoking^{1, 5-16}.

However, if nicotine is not reduced to low enough levels researchers have found to be ineffective with participants using compensatory measures e.g. smoking more cigarettes and inhaling deeper^{11, 17-19}. Whereas, when the nicotine levels were substantially reduced, people stopped using compensatory smoking behaviours²⁰⁻²². They would need to smoke ten times more VLNCs per day compared to conventional cigarettes – so someone who usually smoked 10 cigarettes per day would need to smoke 100 cigarettes per day to maintain their usual nicotine intake. The researchers found there was only minimal compensatory smoking with the 0.4mg level and it if it happened at all it typically lasted for only a few days²⁰⁻²². People instead reduced the number of cigarettes smoked and their decrease in exposure to the addictive component decreased in a compounding manner.

To be most effective the switch to VLNCs must be swift, research with gradual switching found no reduction in daily cigarette use¹¹. It is also essential that existing measures to support people to become Smokefree are provided. Research with people using VLNC and nicotine replacement therapy (NRT) have been successful, and some have even shown greater smoking reductions than with VLNCs alone^{9, 23-25}. Using VLNCs with NRT has even been found to be more effective than NRT with behavioural support^{26, 27}. Using NRT helps control any withdrawal symptoms, and separate the behavioural association between nicotine and the action of smoking^{23, 9, 17}.

A large study²⁶, where one-quarter identified as Māori, reported higher long-term abstinence and delayed relapse in the VLNC group than the conventional cigarette group irrespective of ethnicity, thus providing good evidence that a VLNC-inclusive intervention can be successful in supporting Māori to be Auahi kore. Furthermore,

research by the ITC (International Tobacco Control) ²⁸ found Māori participants strongly supported removing nicotine, and 80% said they would try VLNC or nicotine-free cigarettes ²⁹.

The coalition would also recommend a public education campaign to support this measure, explaining that removing nicotine reduces the addictiveness of smoked tobacco and that nicotine is not the most toxic constituent of tobacco. This is important to prevent people who want to quit smoking, to be put off from using NRT products or switching to e-cigarettes.

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b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

As outlined in your consultation document, filters do not reduce harm from smoking and are used by tobacco companies to manipulate people into thinking they make smoking safer. In addition, tobacco companies use filters to introduce innovations e.g. adding flavours to cigarettes to attract new people to smoking. Cigarette butts also massively contribute to the degradation of our environment. Any one of these reasons is enough to warrant prohibiting filters in tobacco products but combined, the evidence for support is overwhelming.

When the tobacco companies extensive research during the 1950s and 1960s revealed that filters did not reduce harm they instead used them as a marketing tool, designed to keep and recruit people who smoke as consumers of these lethal products ¹. Both the ineffectiveness of cigarette filters and the tobacco industry's misleading marketing of the benefits of filtered cigarettes have been well documented. This has been described as the deadliest large-scale fraud ^{2,3}. Tobacco companies took advantage of the public perception of reduced harm from filters via implicit and explicit advertising claims ³⁻⁵. Tobacco companies have also made alterations to the filters to take advantage of this perception (e.g. changing filter pH levels to discolour after smoking leading the perception of catching toxins ^{1,6}).

Given filters made drawing on a cigarette more effortful, tobacco companies introduced filter ventilation; vents, or small perforations around the filter to make 'dragging' easier ³. Filter ventilation is a crucial design feature creating three main problems for lower tar cigarettes as measured by official smoking machine testing. Firstly, it misleadingly makes cigarettes taste lighter and milder, and, therefore, they appear less dangerous to people who smoke. Secondly, it promotes compensation mainly by facilitating the taking of larger puffs. Thirdly, for very heavily ventilated cigarettes (that is, > 65% filter air dilution), behavioural blocking of vents with lips or fingers is an additional contributor to compensatory smoking. These three effects are documented in industry research and in peer reviewed journals ⁷. Filters have merely changed where cancer is more likely to develop within the lung with squamous cell carcinomas replaced by more aggressive adenocarcinoma making smoking with filters more harmful than unfiltered smoking ⁸⁻¹⁰.

Tobacco companies also use innovations in filters to attract new customers, particularly youth, by using flavoured filters such as menthol, mint, and fruity flavours. It is clear innovations like these are for recruiting new, non-smoking, customers rather than getting people who already smoke to switch brands because most adults who smoke say taste (i.e. of non-flavoured cigarettes) is the reason they choose their preferred brand ¹¹. Research has indeed found that non-smoking young adults are more likely to try these products than young adults who already smoke ^{12, 13}. Sales of these products have grown rapidly even in places like New Zealand where over all tobacco use is declining ¹⁴⁻¹⁶. This likely represents recruitment of replacement customers rather than brand switching from people who already smoke. Given that two thirds of tobacco companies' customers die when they use the product as directed ^{17, 18}, it is no surprise that innovations to recruit new customers is happening whenever possible.

Environmentally, it is essential to ban filters, it is estimated 4-4.5 trillion cigarette filters are littered each year globally ^{19, 3, 20} making them the most littered item worldwide ²¹. In New Zealand more than 6 million are discarded each year ²². Filters are usually made of plastic (cellulose acetate) and remain in our environment for decades ²³ leaching toxins ²⁴⁻²⁷ into our playgrounds, sports fields, beaches, waterways, and out to sea contributing to plastic islands. The plastics in filters partially breaks down but it does not biodegrade fully therefore contributing to microplastic contamination ^{28, 29}. Microplastics are also ingested making their way into the food chain ^{24, 26, 28, 29}. This pollution is of considerable concern anywhere in the world, but in Aotearoa given our obligations as Te Tiriti partners it is especially concerning as waterways are important taonga for tangata whenua, for example as food sources and maintaining wairua.

Tobacco companies may argue we switch to biodegradable filters, instead of banning them. However, we strongly recommended against this. Biodegradable filters will still leach toxins into the environment, people will continue to think filters make smoking less harmful, and tobacco companies will use green washing to endear public favour ^{3, 30}. Furthermore, internal research obtained from tobacco companies suggests that biodegradable filters will make people more likely to litter as they will believe them harmless to the environment; 'to litter without guilt' ³¹.

Tobacco companies should be held accountable for the costs incurred from tobacco waste in the environment. To date they have successfully framed people who smoke as the cause of, and only solution to tobacco waste, neatly avoiding their own culpability as product manufacturers ¹². They fund environmental organisations like Keep America Beautiful ³² and locally, Keep New Zealand Beautiful ³ through which they advocate the use of butt bins and volunteer street/beach clean-ups to abdicate their responsibility for this toxic waste product ³¹.

It is also worth considering the largescale environmental impact of tobacco farming, disproportionately impacting low- and middle-income countries. Impacts include erosion, loss of soil productivity for food crops, acute shortages of wood for construction and fuel for cooking, destruction of ground water resources, sedimentation of rivers, reservoirs and irrigation systems, climate change, species extinction due to habitat fragmentation and overexploitation, as well as negatively impacting the health of people engaged in tobacco cultivation ^{33, 34}. New Zealand can reduce our contribution to this burden of harm by banning filters and using other measures to bring rates of tobacco use down.

We recommend banning filters including those sold separately for roll-your-own tobacco. We recommend tobacco companies are held accountable for the costs incurred from tobacco waste in the environment. We also recommend all merchandise that facilitates smoking including cigarette holders are banned (Hoek et al 2021). Policies banning innovations and additives in tobacco products will be required in addition to banning filters to ensure tobacco companies do not take advantage of loopholes to keep recruiting new customers ².

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

Yes No

Please give reasons:

We **support** adding regulatory power to the Smokefree Environments and Regulated Products Act 1990 to enable the Government to quickly prohibit innovations aimed at increasing the appeal and addictiveness of smoked tobacco products. Rather than a reactive system, if possible, we suggest only allowing innovations approved by the Government. We also recommend innovations already in use be banned, e.g. filters as discussed above, added flavourings including menthol, flavour capsules, flavoured papers.

Tobacco companies take advantage of loopholes and make innovations rapidly^{1, 2, 3, 4}, especially when new legislations are introduced^{5, 1}. Tobacco product names have been used when plain packaging legislations have been introduced². These have been used to evoke imagery that previously would have been on the packs. Any names suggesting reduced harm, enjoyment, social or sexual success should be banned altogether^{2, 3}. Value-implying names are currently seen in NZ with variant names such as Deals and Easy at very low costs (November 2020 at an Invercargill vape store Easy 20 pack \$25.40, Deals 20 pack \$24.90, Easy 30g loose tobacco \$49.95 Deals 30g loose tobacco \$49.95).

Flavourings such as menthol, capsules, and 'fusion' leaf flavours are used by tobacco companies to increase the appeal of their products to young people and non-smokers. The flavourings reduce the harshness of cigarette smoke making them more palatable⁶ (). As already discussed above in 3b these flavours have been most appealing to young people who did not already smoke^{6, 7, 8}. Indeed, they are unlikely to appeal to people who have smoked long term^{6, 7}. Making this innovation a useful tool for recruiting new customers, sales of these products have grown rapidly even when smoking prevalence overall is dropping^{5, 9, 10}.

Menthol flavouring in cigarettes is well established as making it easier for people to start smoking and harder for people to quit¹¹. Not only does menthol mask the unpleasant taste of traditional cigarettes it also interacts with nicotine to increase its addictiveness¹². People also find it harder to stop smoking if they smoke menthol cigarettes than those who smoke non-Menthol cigarettes^{13, 14, 15}. Furthermore, menthol cigarettes are more popular among high-school aged Māori and Pacific children¹⁶ (Li et al 2013). The WHO recommended a ban on menthol cigarettes in a 2016 report¹⁷. National and regional governments have already been successful in banning menthol in cigarettes, including Turkey, Brazil, Ethiopia, Over 20 US states, Canada, the UK and the European Union. The US Food and Drug Administration (FDA) announced in April 2021 that it would be banning menthol

flavourings in cigarettes as a high priority. Public Health experts have also argued that the FDA should also ban menthol as an 'ingredient' as well as a flavour. Therefore, we strongly recommend banning menthol flavourings in tobacco products.

As with other recommendations we recommend this measure is used alongside other measures. We recommend also banning all current additives and innovations including but not limited to flavours, additives, variant descriptors, and design features. Banning anything that makes it easier or more appealing to smoke, for example cigarette holders. Potentially the government could require certain innovations designed to dissuade people from smoking. New Zealand research¹⁸ found warning messages and unpalatable colours on cigarette sticks were less appealing than the status quo white cigarettes. The "minutes of life lost" message had the strongest dissuasive effect.

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Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

We **support** the Government's proposal to set a minimum price for tobacco. International evidence shows that tobacco companies circumvent taxation designed to benefit public health ¹, and locally in New Zealand research has found tobacco companies have been undermining the impact of tax increases by minimising price increases on budget brands and instead strategically shifting price increases onto premium products ². This differential pricing and the introduction of budget and super-budget brands are all attempts to minimise the impact of excise tax increases on smoking prevalence and consumption.

Unpublished New Zealand research (cited in media article Nov 2019

<https://www.newsroom.co.nz/nz-tobacco-using-tax-increases-as-cover>) found the tobacco industry also used annual tax increases as cover for significant voluntary price increases.

If tax increases are used again in the future we would like to see the additional revenue raised from tax increases used to support low-income people who smoke to quit, by providing more effective wrap-around cessation support services, and/ or subsidized effective quitting aids.

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Final questions

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

As noted, in the consultation document ¹, the Regulatory Impact Statement ², at the Māori Affairs Select committee ³, by academics ⁴⁻⁸, and throughout our submission, no one measure will be enough to support our community to reduce to reach Smokefree Aotearoa 2025. It is essential a comprehensive range of measures are used to ensure more people are able to become Smokefree, to remain Smokefree, and to never start smoking.

We strongly urge the government to use a comprehensive range of measures proposed (and additional measures). If forced to prioritise we recommend these:

- Making smoked tobacco products less addictive and less appealing
 - Especially reducing nicotine to very low levels, banning filters, & banning innovations to tobacco products.
- Making smoked tobacco products less available
 - Especially reducing availability by only allowing sales through R18 specialist retailers with population size, density, and proximity to schools, kura, ECEs, kōhanga reo etc.
- Make more outdoor spaces Smokefree & Vapefree.

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b). Do you have any other comments on this discussion document?

As mentioned in Focus 1, question b We would like to see mandated Smokefree outdoor public places as part of the Smokefree Aotearoa 2025 Action Plan. The only nationally legislated Smokefree outdoor areas (as of 2004) currently are schools, kura, early childhood centres, and kōhanga reo ¹ and in 2020 these also became Vapefree ².

Smokefree outdoor areas support people trying to quit smoking, protect workers and public from tobacco smoke, and reducing smoking visibility to children and young people ³⁻⁶. Children and young people who see smoking around them are more likely to start to smoke and smoking visibility makes it harder for people to remain Smokefree after successfully quitting ⁷⁻⁹.

Regional and local Smokefree initiatives have been driven by local SF Coalitions, NGOs, DHBs, iwi authorities, local government authorities both city and district councils (see Smokefree Mapping NZ Councils ¹⁰). However, these locally driven Smokefree outdoor policies are largely unenforceable ¹¹, and without central government legislation they are inconsistent across the country, varying from one area to the next. This has meant communities have inequitable access to healthy public spaces ¹².

New Zealand tobacco control researcher recommended in their Achieving Smokefree Aotearoa Plan ¹³ that government extend Smokefree environment legislation to include specific outdoor areas, to disallow smoking in all outdoor hospitality areas, building entrances and outdoor recreation areas, parks, playgrounds, and all sporting and recreational facilities. We strongly support this, as it would create more Smokefree public spaces across New Zealand and offer consistency of Smokefree policy across Local Authority areas for residents and visitors alike.

Smokefree outdoor dining has been embraced across New Zealand with voluntary initiatives like the Fresh Air Project (a Smokefree and Vapefree outdoor dining initiative). The Fresh Air Project began in Christchurch 2016 and had considerable support from business and customer 95% (of 1861) customers were supportive of the project. When it was run in Otago-Southland similar support was found had 94% support from 1542 customers who gave feedback, in Southland specially 95% of the 362 customers supported the Smokefree Vapefree outdoor dining areas. All the businesses chose to continue to be Smokefree and Vapefree once the pilot came to an end. A total of 206 Fresh Air venues are currently operating across NZ regions (this does not include venues who are Smokefree but have not joined the Fresh Air Project). During the evaluations with businesses we were repeatedly told they wanted a 'level playing field' and this has been found in other surveys of businesses on the

topic (Thomson et al. 2017).

We urge government to include Smokefree public places as a key area of action in the Smokefree Aotearoa 2025 Action Plan. Disparities in Smokefree outdoor space policies exacerbate existing health inequities¹². Nationally legislated Smokefree outdoor areas could help to reduce these inequities.

We recommend the government legislate to support best practice in implementing Smokefree outdoor areas and disallow smoking and vaping in:

All playgrounds, parks, reserves, and sports fields.

All National Parks, and beaches.

All outdoor hospitality areas, (and **not allow** designated smoking areas.)

All tertiary education facilities

All hospital grounds

All transport hubs, bus stops, train stations, and airports.

Government should also legislate to: Require effective and visible Smokefree/Vape-free signage for Smokefree outdoor public places.

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ZEALAND COUNCILS SMOKEFREE OUTDOOR POLICIES AND SPACES.

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7-9 Ivory et al. 2015; Zablocki et al. 2014; Chaiton et al. 2016

Smoke-free Aotearoa 2025 Action Plan Submission Form

Your details

This submission was completed by: *(name)*

Email:

Phone number:

Organisation *(if applicable)*:

Organisation address: *(street/box number)*
(town/city)

Role *(if applicable)*:

Additional organisation information

I am, or I represent an organisation that is, based in:

New Zealand
 Australia
 Other *(please specify)*:

I am, or I represent, a: *(tick all that apply)*

<input type="checkbox"/> Personal submission	<input type="checkbox"/> Healthcare provider e.g., Primary Care provider, stop smoking provider
<input type="checkbox"/> Community or advocacy organisation	<input type="checkbox"/> Professional organisation
<input type="checkbox"/> Iwi/Hāpu affiliated, and/or Māori organisation	<input type="checkbox"/> Tobacco manufacturer, importer, or distributor
<input type="checkbox"/> Pacific community or organisation	<input checked="" type="checkbox"/> Retailer – small, for example a dairy or convenience store
<input type="checkbox"/> Government organisation	<input checked="" type="checkbox"/> Retailer – medium or large, for example supermarket chain or petrol station
<input type="checkbox"/> Research or academic organisation – e.g., university, research institute	<input checked="" type="checkbox"/> Vaping or smokeless tobacco product retail, distribution, or manufacture
<input type="checkbox"/> Other <i>(please specify)</i> : <input type="text"/>	

Additional statistical information

These questions are not mandatory. We are asking for information, including age and ethnicity information solely for the purposes of helping us to analyse submissions.

Age:

- Under 18
- 18 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 +
- Not applicable / prefer not to say

Ethnicity/Ethnicities I identify with:

- New Zealand European
- Māori
- Pacific Peoples
- Asian
- Other European
- Other Ethnicity (*please specify*):
[Click or tap here to enter text.](#)
- Not applicable / prefer not to say

Privacy

We intend to publish the submissions from this consultation, but **we will only publish your submission if you give permission**. We will remove personal details such as contact details and the names of individuals.

If you do not want your submission published on the Ministry's website, please tick this box:

- Do not publish this submission.

Your submission will be subject to requests made under the Official Information Act (even if it hasn't been published). If you want your personal details removed from your submission, please tick this box:

- Remove my personal details from responses to Official Information Act requests.

Commercial interests

Do you have any commercial interests?

- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products
- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products

Commercially sensitive information

We will redact commercially sensitive information before publishing submissions or releasing them under the Official Information Act.

If your submission contains commercially sensitive information, please tick this box:

- This submission contains commercially sensitive information.

If so, please let us know where.

Click or tap here to enter text.

Protection from commercial and other vested interests of the tobacco industry

New Zealand has an obligation under Article 5.3 of the World Health Organisation 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, all respondents are asked to disclose whether they have any direct or indirect links to, or receive funding from, the tobacco industry.

Please provide details of any tobacco company links or vested interests below.

Foodstuffs and its members are supplied by all three of the major tobacco brands operating in New Zealand. Our stores also retail vaping products.

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Consultation questions

The Ministry of Health is seeking comments on the following proposals for a smokefree Aotearoa 2025. You can find more information about these proposals in the discussion document which can be downloaded from - <https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>.

Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

We feel it is more appropriate for those with greater knowledge and expertise of the subject to respond to this question.

- b). What action are you aware of in your community that supports Smokefree 2025?

Foodstuffs operates nationally but we are aware of communication campaigns and smoking cessation services being delivered across the communities we operate in. We are also aware of significant investment in research related to this topic.

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

Easy access to smoking cessation services and products that support smokers quitting e.g., vaping products. Both need to be readily available to all smokers.

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

The interventions that are most successful in helping people quit smoking.

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

Generic retailers should be allowed to sell a wider range of vaping product flavours to encourage more people to trial vaping products and make the switch.

There should be more enforcement against the illicit trade in tobacco.

There is opportunity for increased investment in anti-smoking campaigns and smoking cessation support services.

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

Based on our experience with the alcohol model, a licencing regime would be very expensive and resource intensive to implement and maintain. Significant costs would be imposed on both retailers and the government. While licencing could be used to reduce the availability of legal tobacco products in specific locations, there is little evidence to indicate that it would be an effective tool to reduce smoking rates.

Existing mechanisms for reducing smoking have been successful and should be continued and expanded. There is opportunity to further reduce smoking rates via other means e.g., changes to tobacco products to make them less addictive and less appealing, changes to pricing to make smoked tobacco products increasingly unaffordable, increased promotion of anti-smoking messaging to reduce demand, and increased investment in smoking cessation services to support people quitting and remaining smoke-free.

- b). 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:

Tobacco sales usually represents a relatively high proportion of sales for convenience stores and many of these small grocery retailers rely on this revenue to be viable. However, these businesses provide a range of services to their local community and if forced to close due to the sudden loss of tobacco retailing, these wider services would be lost to the communities they currently serve. We prefer that other measures are used to support the continuation of the strong downward trend in tobacco sales as this would allow tobacco retailers to gradually adapt to the lower demand for these products and provide time for them to build replacement revenue streams so they can ultimately survive without tobacco sales.

It is unlikely that specialist stores will be able to service all the communities currently serviced by grocery stores, especially smaller ones, as a minimum level of sales would be necessary to support the viability of a specialist store. Grocery retailers can operate in small communities because they sell a basket of goods.

If licencing were to be used as a tool to significantly reduce availability, it would be challenging for any licencing authority to correctly match local supply and demand and there would be cases of under-supply driving smokers to the illicit trade.

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

Yes No

Please give reasons:

The impact on small grocery retailers would be significant and many of these businesses would not survive if tobacco was withdrawn overnight. The Covid-19 response saw a huge surge in people visiting small neighbourhood grocery stores demonstrating the need for such local services as “essential services” during crises.

If people are going to be allowed to continue to legally purchase tobacco, it shouldn't matter where they purchase it from providing the retailer complies with all legal requirements such as age-restrictions, compliant product etc. Restricting sales to a small number of specialist outlets might mean some communities miss out altogether, driving smokers to the illicit trade. Where small grocery stores close, the local community will also lose the wider services that grocery stores provide. Such an approach would have a disproportionate impact on New Zealand's rural communities.

d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

We are already seeing a smoke-free generation. We understand that younger adults are predominantly smoke-free now, and we expect this trend to continue, particularly if some of the other proposed measures are adopted – making tobacco less appealing and addictive, making it less affordable, increasing smoke-free campaigns and investment in smoking cessation services. A moving age of compliance would also add complexity to the tobacco supply regime and increase compliance costs as IT technology would probably be required to support correct application of the moving age-restriction.

e). 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:

Foodstuffs is a large business, but more than two thirds of our 600+ retail members are small businesses employing fewer than 20 people. These include Four Square branded stores and the South Island convenience brand On-the-Spot. As outlined above, our retail stores could be significantly impacted by licensing, and the smaller stores would be impacted disproportionately. If government were to restrict tobacco sales to specialist stores, all businesses operating in the grocery channel would be adversely impacted because tobacco would no longer be able to be sold in the grocery channel. At a grocery industry level, this would impact thousands of businesses. Where stores close local communities will also be adversely impacted.

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

We agree with the concept in principle. Other parties are better placed to comment on the degree and pace of formulation changes.

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

Other parties are better placed to comment on this from a health perspective.

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

Yes No

Please give reasons:

We would support a prohibition on innovations to make smoked tobacco more addictive and/or appealing, but a general prohibition may have unintended results by removing opportunities to reduce the risks associated with smoking. Other parties, including tobacco brand-owners, would be better placed to comment on this.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

While tobacco price increases have been highly successful in reducing rates of smoking, we prefer further adjustments to excise tax over the introduction of a minimum pricing regime. Excise tax policy (large annual increases) has already set a high base price for tobacco and together with the annual CPI adjustments has made the product increasingly unaffordable. Instead of a minimum price, we recommend government introduces a requirement for tobacco companies to pass on excise tax increases so they can't avoid retail price increases by absorbing excise increases in their margins.

Another option to increase the purchase price of tobacco is the further consolidation of tobacco pack sizes to a single pack size of 25 cigarettes. The removal of 20-pack would lift the entry price for purchasing tobacco without adjustment to excise tax. Consolidating to a single pack size has the added advantage of reducing SKU counts and the associated handling costs incurred by retailers.

Final questions

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

1. Enhance investment in smoking cessation marketing and support services
2. Make smoked tobacco products less addictive and less appealing.
3. Make tobacco less affordable by continuing annual excise tax increases.

- b). Do you have any other comments on this discussion document?

As referenced in this submission, we support increased enforcement against the illicit trade, so this doesn't replace legal tobacco as legal tobacco become less appealing due to increased pricing and/or formulation changes.

We believe there would be merit in considering further consolidation of tobacco pack sizes to increase the entry price for tobacco purchases.

We support an expansion of the flavours of vaping products that can be sold/purchased from generic retailers. As not all smokers have access to specialist vape stores e.g. rural communities, an expansion of the range in the grocery channel would encourage more smokers to try vaping, particularly if introduced in tandem with the measures above.

Smokefree Aotearoa 2025 Action Plan

Waimakariri District Council Consultation Submission

Your details

This submission was completed by: *(name)*

Email:

Phone number:

Organisation *(if applicable)*:

Organisation address: *(street/box number)*
(town/city)

Role *(if applicable)*:

I represent, a: *(tick all that apply)*

- Government organisation
- Other *(please specify)*: Local Government
- I do not have any commercial interests in tobacco or vaping products

If you do not want your submission published on the Ministry's website, please tick this box:

- Do not publish this submission.

Your submission will be subject to requests made under the Official Information Act (even if it hasn't been published). If you want your personal details removed from your submission, please tick this box:

- Remove my personal details from responses to Official Information Act requests.

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Introduction & Background

The Waimakariri District Council appreciates the opportunity to submit to the Smokefree 2025 Action Plan.

The Waimakariri District lies to the north of the Waimakariri River in North Canterbury. It extends from Pegasus Bay in the east to the Puketeraki Range in the west and is bounded to the north by the Hurunui District. To the south is the metropolitan area of Christchurch, the centre of which is within 30-45 minutes drive of much of the District.

Kaiapoi and Rangiora are the major towns in the District with the other main urban areas being Pegasus, Woodend and Oxford. The district also has a number of villages and beach settlements. There has been a substantial increase in the number of people living in the rural areas.

The Waimakariri District's population shows steady growth with an increase of 19% from 2013 to 2018 Census. At the 2018 Census 93% of people living in the Waimakariri District reported they had European ethnic origins, with 8.6% of people identifying themselves as having NZ Maori ethnicity.

The 2018 Census identified that in our District 11% of usually resident people aged over 15 years smoke compared with 16% in 2006 and 12% in 2013. In 2018, the highest proportion of smokers within their ethnic group are Maori at 22%, followed by Pacific people at 15% and European at 11%. 'Other' ethnicities make up a further 15% of smokers.

To achieve Smokefree2025 will require leadership at all levels and across all sectors and organisations. We are committed to achieving Smokefree Aotearoa by 2025 through protecting children from exposure to tobacco marketing and promotion, reducing the supply of, and demand for tobacco and providing the best possible support for quitting.

In support of this goal our council implemented a **smokefree greenspaces policy** that provides smokefree outdoor areas to role model positive behaviour to our tamariki, and supportive smokefree environments for those people trying to stop smoking.

The Waimakariri District Council's smokefree policy seeks to denormalise smoking in green spaces that are owned and managed by Council. It promotes a positive message that children's health and the public environment should be protected from the effects of smoking. Signage to encourage smokefree areas has been placed in all Council-owned parks. As greenspaces become vested in Council and as new parks are developed, they are automatically smokefree.

What action are you aware of in your community that supports Smokefree 2025?

64 of the 67 Councils in New Zealand have some form of a smokefree policy for council-owned **Outdoor Public Spaces** – green spaces like parks, playgrounds, reserves and sports grounds, CBD and Civic spaces, events, council-owned buildings and social housing,

transport hubs, to beaches, rivers and lakes. These local smokefree outdoor policies are inconsistent across local authorities and largely unenforceable. Legislating smokefree outdoor public spaces provides a level playing field for all New Zealanders regardless of what local authority they live in, supports those trying to stop smoking and provides positive role modelling behaviour to our tamariki.

There is strong public support **Smokefree Outdoor Dining**. With 31 of the 67 councils in New Zealand currently offer some form of smokefree outdoor dining.¹

Councils and Local Government New Zealand requested that the government develop and implement legislation to prohibit smoking outside cafes, restaurants and bars in 2015. Many jurisdictions in similar countries (Australia, Canada, and the USA) have long had effective laws for various types of smokefree outdoor areas. People trying to quit smoking need places where being smokefree is normal, and international evidence indicates that smokefree outdoor hospitality areas increase quitting attempts and reduce relapses.^{2 3}

Additional comments:

The Council's smokefree policy is due for review and consideration will be given to extending the smokefree areas to include Council-leased outdoor dining areas, Council run events and events run in Council facilities, bus stops and in the vicinity of Council owned or leased buildings.

What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

We support legislation for **Smokefree Outdoor Public Spaces** - green spaces like parks, playgrounds, reserves and sports grounds, CBD and Civic spaces, events, council-owned buildings and social housing, transport hubs, to beaches, rivers and lakes.

Yes No

We support legislation for **Smokefree Outdoor Dining** in cafes, restaurants, bars, pubs and other hospitality/licenced venues. We do not support designated smoking areas within these hospitality venues as they are not supportive of those trying to quit smoking, do not role model positive behaviours to our tamariki and create further obstacles to achieve SF2025.

Yes No

General Comments

The Waimakariri District Council supports the five focus areas, the associated outcomes and actions the Ministry proposes to guide the development of the action plan and achieve the outcomes:

Strengthen the tobacco control system and in particular strengthen Maori governance of the tobacco control programme. To achieve pae ora (healthy futures) acknowledge that smoking is one part of ongoing inequity issues. Housing, employment, health etc all contribute to community wellbeing and unless these are also improved, efforts to address tobacco use will continue to be ineffective and

challenging. Kaupapa Maori input and leadership is vital across the tobacco control programme.

Make smoked tobacco products less available

Make smoked tobacco products less addictive and less appealing

Make tobacco products less affordable

Enhance existing initiatives

In conclusion

We acknowledge that the achievement of Smokefree Aotearoa 2025 is very challenging and a co-ordinated plan with actions (as described above) will be required to make progress towards this goal.

We believe that innovative proposals such as a “Smoke free generation policy” should be considered as traditional approaches are not going to ensure Smokefree Aotearoa 2025 is reached.

Smokefree Outdoor Policies by NZ Councils



SF 2025 Endorsed
42%
(n 28)



Green Spaces
96%
(n 64)



Events
70%
(n 47)



Council Buildings
67%
(n 45)



SF Outdoor Dining
46%
(n 31)



Transport Hubs
37%
(n 25)



Vapefree
33%
(n 22)



CBD/Civic Spaces
28%
(n 19)



Social Housing
25%
(n 17)



Beaches/Rivers/Lakes
19%
(n 13)



Data source: <https://www.smokefree.org.nz/smokefree-resources/maps-of-nz-councils-smokefree-outdoor-policies-and-spaces>
*baseline = 67 councils and excludes regional councils (11).
13/5/2021

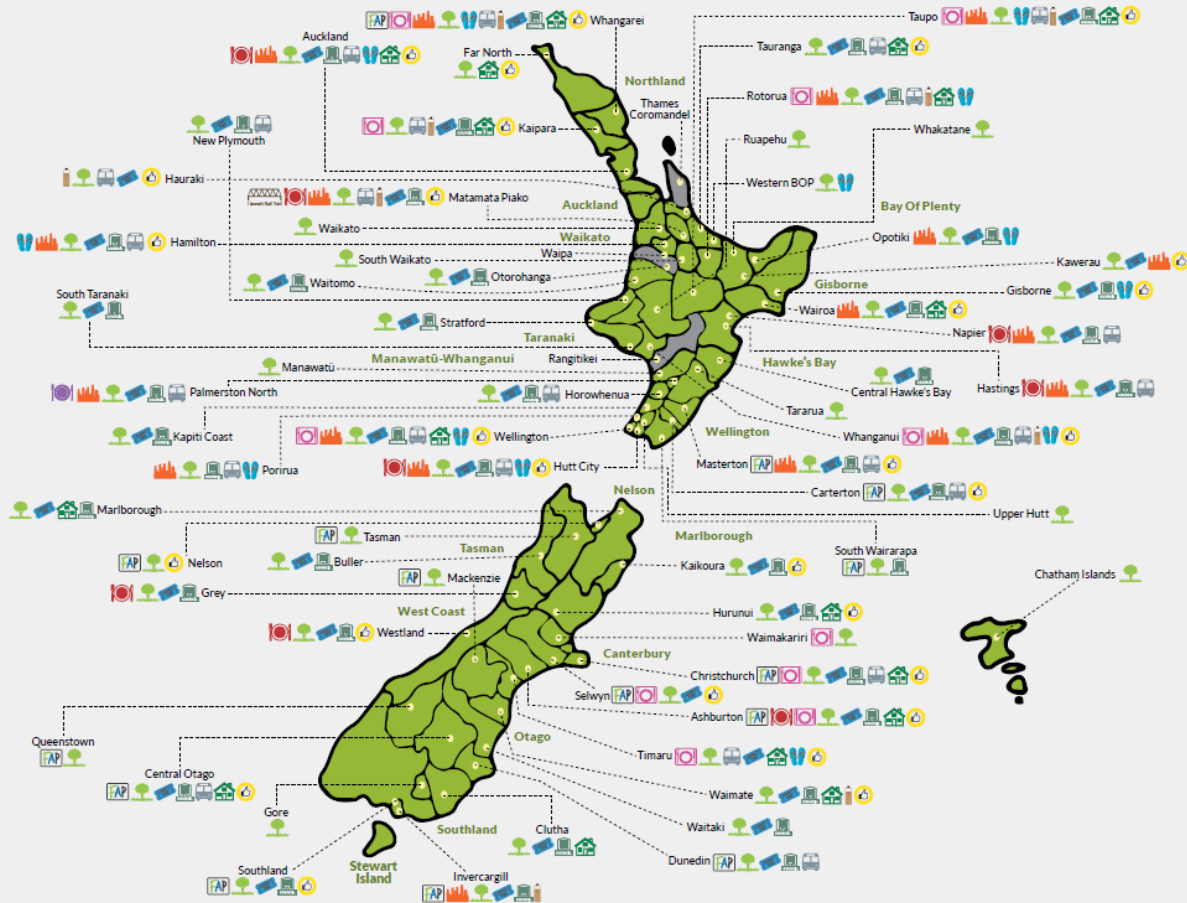


MAPPING NEW ZEALAND COUNCILS

SMOKEFREE OUTDOOR POLICIES AND SPACES



	Outdoor Dining - Bylaw
	Outdoor Dining - Leases
	Outdoor Dining - Voluntary
	The Fresh Air Project: <small>the FRESH AIR project</small>
	CBD/Civic Spaces
	Green Spaces
	Events
	Council Buildings
	Transport Hubs
	Social Housing
	Vapefree
	Beaches/Rivers/Lakes
	Council Endorsed 2025
	Councils With No Smokefree Spaces



Acknowledgment to Martin Will, Council Secretary of NZ Canterbury West for providing supporting information. Julie Duckert | Smokefree Health Promotion | Public Health Services, MidCentral Health. C. 23/21 - 7/2/2020

-
- 1 <https://www.smokefree.org.nz/smokefree-resources/maps-of-nz-councils-smokefree-outdoor-policies-and-spaces>
 - 2 Zablocki RW, Edland SD, Myers MG, Strong DR, Hofstetter CR, Al-Delaimy WK. Smoking ban policies and their influence on smoking behaviors among current California smokers: a population-based study. *Prev Med* 2014;59:73-8.
 - 3 Chaiton M, Diemert L, Zhang B, Kennedy RD, Cohen JE, Bondy SJ, Ferrence R. Exposure to smoking on patios and quitting: a population representative longitudinal cohort study. *Tob Control* 2016;25:83-8.

Submission form

Your details

This submission was completed by: (name)

Email:

Phone number:

Organisation (if applicable):

Organisation address: (street/box number)
(town/city)

Role (if applicable):

Additional organisation information

I am, or I represent an organisation that is, based in:

- New Zealand Australia Other (please specify):
[Click or tap here to enter text.](#)

I am, or I represent, a: (tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Personal submission | <input checked="" type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
| <input type="checkbox"/> Community or advocacy organisation | <input type="checkbox"/> Professional organisation |
| <input type="checkbox"/> Iwi/Hāpu affiliated, and/or Māori organisation | <input type="checkbox"/> Tobacco manufacturer, importer or distributor |
| <input type="checkbox"/> Pacific community or organisation | <input type="checkbox"/> Retailer – small, for example a dairy or convenience store |
| <input type="checkbox"/> Government organisation | <input type="checkbox"/> Retailer – medium or large, for example supermarket chain or petrol station |
| <input type="checkbox"/> Research or academic organisation – eg university, research institute | <input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture |
| <input type="checkbox"/> Other (please specify):
Click or tap here to enter text. | |

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Commercial interests

Do you have any commercial interests?

- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products
- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products

Commercially sensitive information

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Protection from commercial and other vested interests of the tobacco industry

New Zealand has an obligation under Article 5.3 of the World Health Organisation 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, all respondents are asked to disclose whether they have any direct or indirect links to, or receive funding from, the tobacco industry.

Please provide details of any tobacco company links or vested interests below.

Click or tap here to enter text.

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Consultation questions

The Ministry of Health is seeking comments on the following proposals for a smokefree Aotearoa 2025. You can find more information about these proposals in the discussion document which can be downloaded from - <https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>.

Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

Pegasus supports effective Maaori governance of the tobacco control system that enables and honours Maaori leadership and the implementation of Maaori aspirations and recommendations for a Tupeka Kore future (MASC 2011).

- b). What action are you aware of in your community that supports Smokefree 2025?

Pegasus' Smokefree Position Statement: 1) *Pegasus supports the government's goal of achieving a Smokefree Aotearoa NZ by 2025.* 2) *Pegasus aims to reduce the tobacco-related harm experienced by people within Canterbury by actively focussing on: **a) increasing successful quitting, b) protecting children from exposure to tobacco, and, c) reducing the demand and supply of tobacco.** A key strategy in our position statement is "Supporting and prioritising initiatives that strive to **achieve health equity** by reducing smoking prevalence in Maaori communities, and other priority populations..."*

Pegasus is an active member of Smokefree Canterbury, a network with a long and strong history (20 years+) of advocating for tobacco control policy and action. As a collective we work in a coordinated way to improve Smokefree support to the people of Canterbury, communication, engagement & partnerships with Canterbury communities, strong local and national advocacy for actions, policy and legislation that contributes to achieving our national goal of Smokefree Aotearoa 2025.

*Pegasus is a delivering partner of our local cessation service *Te Haa – Waitaha Smokefree Support* which brings together a diverse range of partners to successfully and effectively deliver Smokefree Support to all Cantabrians seeking support to become Smokefree, particularly our priority populations including Maaori & Pacific families and pregnant women.*

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

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

Click or tap here to enter text..

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

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

Pegasus supports licencing, however, not at the expense of delaying the phase out of tobacco sales/availability in Aotearoa. This needs to be done in conjunction with the measures below.

- b). 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:

Whilst significant gains have been achieved in tobacco control in New Zealand, reducing the numbers of tobacco retailers was a Māori Affairs Select Committee (MASC) recommendation that has not been advanced.

Pegasus Health supports restricting tobacco sales to a small number of R18 specialist stores with the number and density of retailers based on both population size and density.

Residents within low socio-economic communities are exposed to much higher concentration of tobacco retailers, about four times greater, than those living in higher socio-economic areas. Tobacco retail availability reduction based on population size and density should be considered as a pro equity measure and is likely to help reduce current inequities in smoking for Maori, Pacific and low-income populations.

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

Yes No

Please give reasons:

Given that ease of access to tobacco can increase smoking initiation, *Pegasus* supports tobacco retailer reduction where tobacco sales are restricted to R18 premises thereby reducing chances of youth exposure.

- d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

Consumers, especially children, have a right to be protected from products that may kill them, particularly where those products are highly addictive. Other products found to be harmful to health have been phased out (eg asbestos, leaded petrol). *Pegasus* supports a phasing out of tobacco sales, combined with creating a Tobacco Free Generation. This would mean current smokers could continue to access tobacco products (albeit less easily to enable & maintain quitting) while young people are protected from starting and becoming addicted to a deadly product. NZ modelling shows that TFG would decrease smoking prevalence substantially, particularly in youthful Maaori and Pacific populations (van der Deen et al, 2018). Because about $\frac{3}{4}$ of Maaori and a higher proportion of Pacific are under 45 years of age, TFG is likely to rapidly reduce ethnic smoking disparities. Additionally, mass media and community-based initiatives to explain TFG and its rationale, to further denormalise smoking and to discourage social supply are very important for this proposal. Engagement and co-creation with youth communities (especially Maaori and Pacific communities) will help to ensure the policy is framed and implemented successfully. The TFG policy implemented alongside significant retail reduction with strong mass media and community-based initiatives to explain TFG and its rationale has enormous potential to help ensure the Smokefree goal is not only achieved but maintained long term. It is likely to reduce ethnic smoking disparities and provides a straightforward approach to phasing out tobacco sales.

e). 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:

Click or tap here to enter text.

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

Unable to consult widely enough for a position on this due to time constraints.

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

Removes potential for misleading smokers about the harmfulness of cigarettes through use of filters.

Removes potential for some product innovations such as flavoured crush balls.

Removes a significant source of non-biodegradable rubbish and microplastics from the environment.

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

Yes No

Please give reasons:

Click or tap here to enter text.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

Click or tap here to enter text.

Final questions

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

1. Effective Maaori governance of the tobacco control system

2. Make tobacco products less available via:

-Significantly **reducing the number of smoked tobacco product retailers** based on population size & density

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

-Introduce a **Tobacco Free Generation** policy

- b). Do you have any other comments on this discussion document?

Submission form

Your details

This submission was completed by:	(name)	<input type="text" value=""/>
Email:		<input type="text" value=""/>
Phone number:		<input type="text" value=""/>
Organisation (if applicable):		<input type="text" value="Aukati Tupeka Aotearoa"/>
Organisation address:	(street/box number)	<input type="text" value="N/A"/>
	(town/city)	<input type="text" value=""/>
Role (if applicable):		<input type="text" value=""/>

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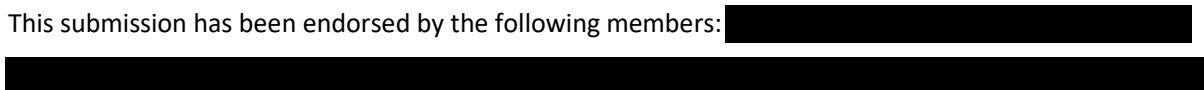
By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Background

Aukati Tupeka Aotearoa is a national coalition of non-government, health and academic organisation representatives, formed to progress policies to address the excessive availability of tobacco products in our local communities. The group has national and multi-disciplinary representation. Member organisations include: the Cancer Society, Hapai Te Hauora, Auckland Regional Public Health Service, Takiri Mai te Ata Regional Stop Smoking Service, ASPIRE 2025, Northland DHB, MidCentral DHB and T&T Consulting.

Due to the specific retail reduction focus of our group, we have opted not to comment on aspects of the submission which do not pertain to tobacco supply reduction, but will share our general position with regards to these questions.

This submission has been endorsed by the following members:



Focus area 1: Strengthen the tobacco control system

- a). **What would effective Māori governance of the tobacco control system look like? Please give reasons.**

On Tuesday 18 May 2021, a National Hui Māori - Tupeka Kore Aotearoa, creating a pathway for Māori to achieve Tupeka Kore, was held in Wellington.

An action plan proposal was presented as a pathway to not only achieve auahi kore (smokefree), but tupeka kore (tobacco free) and vape free. A motion was moved and seconded to accept the proposal. An estimated 100 in attendance from the tobacco control sector unanimously supported the motion.

The first phase of the plan is to establish a Task Force 2025 that will consist of a Chair (Dame Tariana Turia was nominated) two parliamentary ministers, sector representatives inclusive of rangatahi. Initially, government funds via the Ministry of Health will be required to support the role of the Task Force 2025 to oversee, monitor and evaluate the implementation and effectiveness of the plan.

Effective governance requires effective management to ensure the operational element which includes all facets of the plan, is practicable, and achievable inclusive of culturally appropriate workforce development by Māori for Māori.

Traditionally the tobacco control sector has been sectioned into four regions. A traditional approach for Māori would be by iwi boundaries. This would be ideal but not practical, therefore an approach to ensure effective management would be to have tobacco control sector representatives from each of the seven Māori electorates i.e.

Hauraki-Waikato – (North Western North Island, includes Hamilton and Papakura)

Ikaroa-Rāwhiti – (East and South North Island, includes Gisborne and Masterton)

Tāmaki Makaurau – (Roughly equivalent to greater Auckland)

Te Tai Hauāuru – (Western North Island, includes Taranaki and Manawatū-Whanganui regions)

Te Tai Tokerau – (Northernmost seat, includes Whangārei and North and West Auckland)

Te Tai Tonga – (All of South Island and nearby islands. Largest electorate by area)

Waiariki – (Includes Tauranga, Whakatāne, Rotorua, Taupo)

The primary role of the seven representatives would be to gather, communicate and share tobacco control intelligence with their community and collective electorates inclusive of Task Force 2025.

Each of the seven representatives would establish a kaitiaki rūpū that consists of members from the sectors of health, education, local government, consumers, retailers, central government (Member of Parliament for Māori electorate) etc. The role of the kaitiaki rūpū would be to provide support and guidance to the management representative and share a collective responsibility to achieve the goal of Smokefree 2025.

The Māori Health Authority should be the governance body with the responsibility for the tobacco control portfolio, including the Taskforce, independent from Health New Zealand. This includes having command of spending on programmes for Māori including equitable tobacco control funding for Māori to be more effective in creating a Smokefree 2025 goal pathway their way.

Do you support the establishment of a licencing system for all retailers of tobacco and vaping products (in addition to specialist vaping retailers)? Yes No

Please give reasons:

Aukati Tupeka Aotearoa supports a positive licensing system for the retail of all tobacco and vaping products and agrees it is a vital mechanism to achieving the 2025 goal alongside other retail reduction measures. This system would require retailers to apply for a licence, rather than the product itself being licensed.

We support the implementation of a positive licensing system where a limited number of licenses are awarded upon application provided the retailer successfully meets the licensing requirements. We would like to see requirements that include:

- evidenced staff training in the new Smoke Free Environments and Regulated Products Act, and ABC training on quit smoking support as well as culturally appropriate referral pathways established to stop smoking services
- requirement to report sales figures to enable the gathering of statistics around declining consumption in different areas
- density and proximity measures as detailed in the following question
- a higher licensing fee than that for specialist vape retailers to signal the greater harm of cigarettes and to help cover the costs of monitoring, enforcement, education and training of new tobacco retailers
- a robust tobacco licensing system, reflecting the harms of the product.

The reasons for our support of licensing are outlined below:

- **The market is saturated with tobacco:** there is currently no government control on how many stores can sell tobacco or who can sell; this situation is problematic. This unregulated market has resulted in our communities being saturated in tobacco retailers, with an estimated 6,000 retailers nationally(1) and 1800 retailers in Auckland alone. Due to the lack of a licensing system, it is impossible to know the full extent of tobacco retail availability in Aotearoa. Easy access to tobacco retailers facilitates smoking uptake and increases difficulty with quit attempts, particularly if those who are trying to quit live in areas of high neighbourhood deprivation, which again increases the chance of relapse(1–5). Licensing regimes already exist for other products and practices including food, alcohol and gambling, this alone should justify implementing a positive licensing system for tobacco retailing.

“There are lots of tobacco retailers especially in low-income areas, making access too easy for our whānau. Reducing availability will make it harder to buy smokes etc and hopefully a bit easier to quit”. – Counties Manukau DHB community consultation, Young Pacific female from Manurewa.

- **Licensing will help to de-normalise and monitor tobacco sales:** At present tobacco’s ubiquity indicates how normalised tobacco has become. Reducing the availability of tobacco by decreasing the retail outlets able to sell this deadly product will reduce smoking prevalence and improve population health(6). This normalization is a significant barrier to people who smoke successfully quitting and increases the likelihood of relapse and initial uptake among consumers(1,2). Strong licensing measures will help to reduce supply and curb the normalisation and virtue signalling of tobacco products, which in turn may help to curb the social supply of tobacco. Licensing retailers and requiring them to provide people buying tobacco with cessation information introduces important

responsibilities that tobacco sellers should meet(7) and appropriately reflects the harmful nature of this product.

- **There is strong public support:** There is strong public support for tobacco supply reduction in New Zealand even among those who smoke, particularly when framed as a measure to protect youth(8). A large recent national survey found 68% support for further tobacco supply reduction initiatives(9).
- **We cannot rely on retailers to voluntarily stop the sale of tobacco:** Retailers are discouraged from voluntarily withdrawing from tobacco sales for reasons including: tobacco company's provision of incentives and rebates, investment in marketing and relationships with retailers, the density of competitive tobacco retailers in urban areas, the retailers' slim profit margins and the lack of any incentive beyond ethical considerations for retailers to stop selling (10–13). Further, the tobacco industry fuels a perception that businesses will not survive without tobacco footfall sales (12). However, research has demonstrated that this perception is unsupported as tobacco sales make up only a small proportion, on average, of retailer's sales. Further, tobacco products have very small profit margins; nor do purchasers of tobacco typically buy higher margin products when buying tobacco. Many retailers have successfully maintained their business without tobacco sales (10,14–16). The perceived necessity of tobacco sales to small retailers is similar to the historic perception surrounding the restriction on the sale of fireworks; however, retailers have made changes to their business models and survived fireworks regulation. Changes to business models in relation to tobacco restrictions would also be possible too. As some small retailers may be affected by this policy more than others, Government support or assistance from small business advisors could be considered.
- **Retailers are open to regulation.** Smaller tobacco retailers have signalled a willingness to go tobacco free provided it was a level playing field (i.e. other similar retailers in close proximity also stopped selling tobacco)(17). In unpublished interviews with six executives of medium to large tobacco retailers, many signalled that they expect government leadership on supply reduction to be inevitable, and wanted as much notice as possible so they could adjust to proposed changes(18). Despite anticipating this change, all tobacco retailers we consulted with clearly indicated they will not initiate this change themselves and expect it to be government driven(4).
- **Licensing provides greater monitoring and enforcement mechanisms:** The lack of any accurate records of tobacco retailers creates challenges for monitoring and enforcement. Due to the profitable nature of tobacco retailing, the small monetary fines and low probability of detection for selling to minors, retailers under the current system are unlikely to comply with regulations(7,19). Licensing can be used to promote responsible retailing by facilitating enforcement of other laws such as point-of-sale laws and providing up-to-date information about retailers(7,20). With the significant financial threat of loss of licence, licensing supported by compliance monitoring is very likely to provide a more effective way to control the illegal sale of tobacco products to minors(3,7,10). There

is precedent for revoking licences following non-compliance in New York where lottery and alcohol licensing can also be revoked as well as in San Francisco where it has survived two legal challenges already(20). Under such a system a licence can be revoked through a simple administrative proceeding without the prohibitively costly and time-consuming criminal court proceedings currently required to penalise any retailers breaching the law in New Zealand. This approach would further facilitate retailer compliance, reduce the need for costly litigation and where it was required, make litigation much easier(20). Lastly, having licence laws requiring retailers to comply with all tobacco control laws future proofs the system so that newly adopted tobacco control laws are automatically incorporated into licensing requirements.

- **Licensing will enhance equity:** Tobacco retailers tend to be more prevalent in low socio-economic areas, including in New Zealand(21,22). In New Zealand Māori and Pacific peoples also live predominantly in these retailer saturated areas. Licensing with proximity and density measures will result in a greater reduction of retailers in communities that currently experience a greater burden of tobacco-related harm, which will help reduce the disproportionate levels of harm these communities carry and create more equitable outcomes.
- **The limited cases of licensing being implemented internationally have been successful:** Subnational policies govern tobacco retailer licensing in Australia, Canada and the USA. Singapore, Hungary, France and Finland have also implemented licensing nationally(23–26). While research is limited, licensing has been shown to be effective at decreasing sales to minors and reducing tobacco supply where it has been trialled in areas of the United States(7,27,28) and Australia(19,29). This measure has been most effective when introduced along with other actions, beyond just education and enforcement. New Zealand modelling has shown that licensing alone will leave us far from reaching our 2025 goal(30,31).

b). 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

Tobacco remains ubiquitous in communities with an estimated 6,000 outlets throughout Aotearoa(32). Evidence suggests tobacco's widespread availability helps to normalise the product, encourages young people to start smoking(33) and makes quitting harder(34). Substantially reducing tobacco retailing is essential to achieving the goal for a Smokefree Aotearoa by 2025(35) and was part of the comprehensive recommendations made by the Māori Affairs Select Committee (MASC) Inquiry in New Zealand on tobacco in 2011(36).

Aukati Tupeka Aotearoa supports dedicated measures to complement licensing and believes a comprehensive plan, incorporating multiple measures beyond just education, licensing and enforcement, will lead to the significant reduction in retail numbers set out in the roadmap Achieving a Smokefree Aotearoa by 2025(8). Whilst there is some evidence that increases in annual licence fees may lead to some retailers exiting the market(35,37), this supply reduction is seen as a consequence of an initiative designed primarily to regulate sales and strengthen enforcement and licensing on its own will not achieve a significant reduction in retailers(38).

The tobacco retail landscape comprises three main categories: convenience stores, supermarkets and fuel stations, with convenience stores or dairies representing an estimated 40% of all retailers(39). As in any market, there is pressure to respond to changes in consumer tastes, the impact of technology and longer-term sustainability. Examined in this context, tobacco is *one* product line and one that the industry recognises is a sunset market(40). The need for diversification, especially for smaller retailers is now recognised by retail strategists and retail associations alike(41–43).

We recognise that there is no single model that provides a pathway to retail reduction. Whilst other countries with end games have commenced retail reduction strategies such as The Netherlands(44), New Zealand now has an opportunity to develop measures that align with its own unique retailing landscape. Specifically, such measures need to appreciate that the needs of small retailers making up the largest share of the market are very different from those of food corporates and fuel distributors, who arguably have greater product ranges and ability to diversify.

Recognising this, our steering group recommends a two-stage phasing out of tobacco - stage one, removal of tobacco products from supermarkets and fuel stations by mid-2022 followed by removal from all convenience stores by the end of 2022. Deferring removal from smaller retailers would provide this retailer group with more time to delist tobacco and address their concerns regarding disadvantageous changes to the market structure. Additionally, we suggest that some consideration could be given by the Ministry of Business Innovation and Employment to supporting retailers with expertise to assist small retailers in transitioning to a new business model.

In proposing this model, we note the concerns levelled by retail associations that phasing out of tobacco sales will lead to loss of footfall and outlets closing. Studies both in New Zealand(6,14,16) and overseas(45–47) counter this concern, which taken with growing recognition of the need for diversification and falling tobacco sales(48) means the business case for tobacco free retailing is well founded.

Consideration of any retail reduction strategy must also address the fact that tobacco retailing is over concentrated in lower income areas where smoking tends to be more prevalent(49). Future retailing needs

not only to consider absolute numbers but also store density and proximity to young people. Options to reduce numbers include capping, linking to population(50) and prohibiting sales in agreed proximity of schools. Examples of such measures can be seen in the US(51). Policy making will also need to factor in retailing in both rural and urban communities(52).

While we support greatly reducing the number of tobacco retail outlets, no single level of reduction will be suitable for the retail landscape nationally and we recommend this is considered when developing an approach to achieve retailer supply reduction. Densely populated urban areas such as Auckland will eventually require greater levels of reduction, as they are clustered in such proximity as seen in figure 1 below. At present over 50% of Tāmaki Makaurau tobacco retailers have another tobacco retailer within 100 metres(53). A 95% reduction in tobacco retailers will still leave Auckland with approximately 90 retailers, which would only serve to separate retailers by 4km. Contrasting patterns of retail availability are noted in many rural and remote areas and it will be important that reduction measures do not lead to under or over supplies compared with urban communities. There are now over 50 retailers who have chosen not to sell tobacco and are part of the *Tobacco Free Retailers Programme*(2) supported by Hapai Te Hauora and the Cancer Society. Figure 2 below shows that a considerable number of participant outlets are located in remote communities in the Far North District. These Tobacco-free Retailers continue to provide a valuable range of services to their communities without the need to sell tobacco products. An evaluation of the Tobacco-Free Retailers program by Northland DHB is approaching completion and will be valuable in helping to understand appropriate retail reduction measures within our rural and remote communities across New Zealand.



Figure 1: Distribution of the known current tobacco retailers across Tāmaki Makaurau

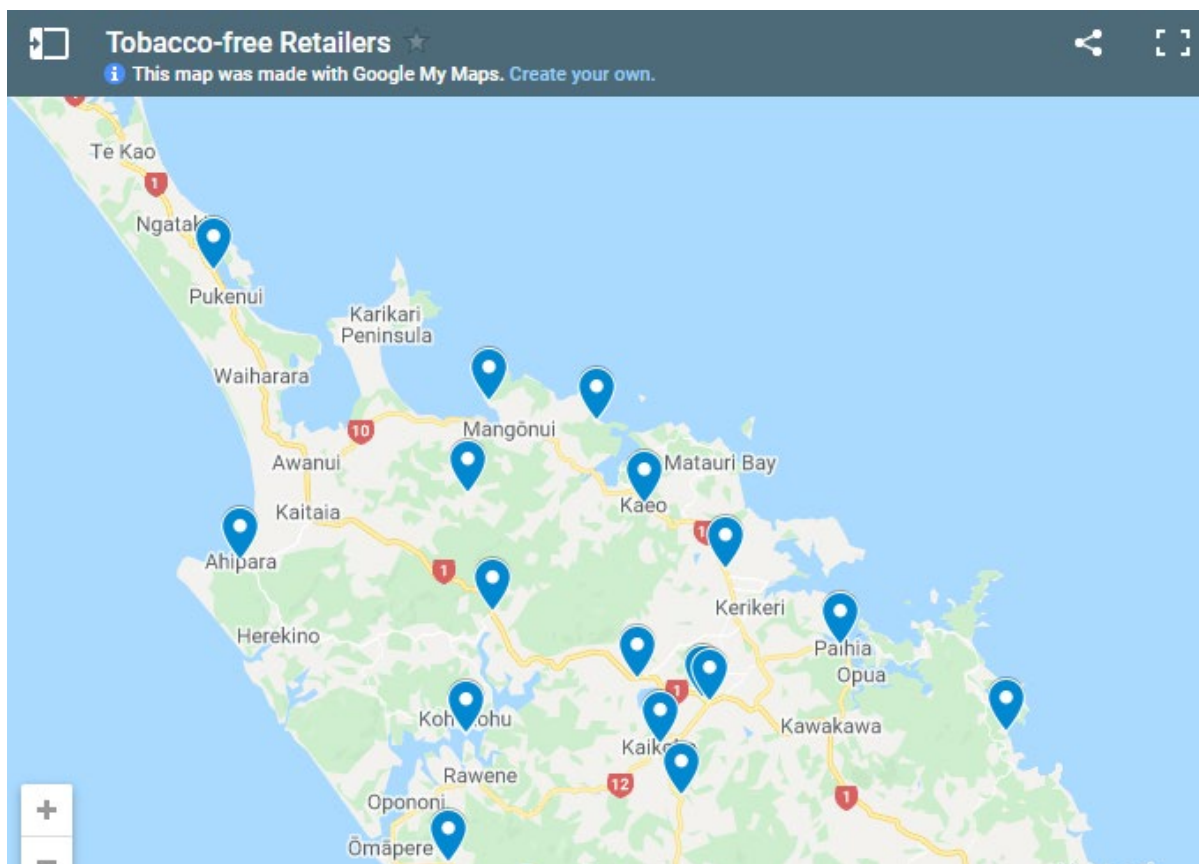


Figure 2: Tobacco Free Retailers in Northland(3)

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

Yes No

Aukati Tupeka Aotearoa strongly supports phasing out the retail availability of tobacco so that it is only sold at licensed age-restricted specialist tobacco stores with no commercial interest. This measure would provide the greatest opportunity to substantially reduce the number of tobacco retailers to approximately 300 nationally as has been recommended by ASPIRE 2025(54) and as existing tobacco retailers have been anticipating(17,18). Sales restrictions could mandate that the only stores able to sell tobacco were specialist age-restricted tobacconists that are government-operated (i.e., remove the commercial interest factor).

Age-restricted government operated retailers is the strongest possible retail reduction approach to stimulate quitting, reduce relapse to smoking among people who've quit, and minimise youth access by

facilitating enforcement around underage sales(54). The idea of age restricted sales venues for tobacco is well supported by the public. In 2020 Cancer Society ran an on-line poll for World No Tobacco Day asking 'Should smokes only be sold in R18 specialist tobacco shops?' Of the 1200 votes cast 82 percent supported restricting tobacco sales to only R18 specialist tobacco shops.

We have significant concerns with any suggestion to limit sales to alcohol outlets only and feel that while it would afford the opportunity to provide smoking cessation support, pharmacies are not well placed to be longer term tobacco retailers and are more fitted to the role of a short term retailer during a period of transition to sale through government operated outlets. While pharmacies could provide smoking cessation, a significant number of pharmacists (26%) do not want to sell tobacco(38,55) and pharmacies are also not an age-restricted point of sale. There are significantly more than 300 pharmacies nationally so this option would also fall short of the targeted 95% reduction in tobacco retailers. Restricting tobacco sales to alcohol outlets would reinforce the strong association between alcohol and smoking especially in the 18- 24-year age group when smoking uptake is at its highest level and social smoking is prevalent. Alcohol outlets are also over concentrated in low socio-economic communities, so this approach could exacerbate existing inequities.

Tobacco is the only retail product when used as intended kills as many as two thirds of its long-time users(56) yet it is available anywhere. Tobacco is even more available than bread and milk, which normalises this harmful product. We need to end the perception that cigarettes are an ordinary consumer product and instead have their availability limited and controlled, like other harmful products. Significantly reducing outlet numbers and ensuring they are equally distributed by location is also likely to help reduce disparities as tobacco retailers are often concentrated in disadvantaged areas.

Eliminating ready access to tobacco could enhance success in cessation, since people who smoke experience stronger cravings when they expect to be able to smoke in the near future(57).

d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

The Aukati Tupeka Aotearoa steering group support introducing a smokefree generation policy to increase protection for youth and future generations from tobacco related harm.

Preventing youth initiation of tobacco is a key strategy to achieving and maintaining Smokefree Aotearoa 2025. Almost 90% of people who smoke start by 18 years of age, and are biologically more vulnerable to nicotine addiction(58,59). While historically uptake of smoking has occurred most commonly between the ages of 18-24, the prevalence of smoking in this age group has declined over 7% in the last five years (16% in 2019/2020 cf. 23.8% in 2014/2015) but remains significantly higher than in those aged 15 – 17 years (3.3%). This suggests that 18-24 is still the age at which most people who smoke develop a regular habit(60). There are large inequities in smoking prevalence, particularly for Māori youth and young adults. In Counties Manukau, the prevalence of smoking in Māori aged 20 – 24 years is twice that of the total population (30% cf. 15%) (61,62). This rises further in the 25 – 29 year group, with 40% of Māori smoking, compared with 19% of the total population (61,62). Similar rates and inequities are seen nationally(61,62). These statistics highlight the need to focus on factors which reduce youth initiation to eliminate inequities in smoking rates and achieve Smokefree Aotearoa 2025.

A smokefree generation strategy will de-normalise tobacco use, sending a clear message that tobacco use is unsafe at any age, and avoid the 'rite of passage' that can occur with a fixed minimum age law. The smokefree generation strategy has received strong public support within Aotearoa and in other countries from tobacco control experts and youth(63,64). As previously mentioned, New Zealand modelling studies suggest the Smokefree generation strategy will halve smoking prevalence in those aged less than 45 years within 10 – 15 years(65). This strategy is strongly pro-equity, due to the young age structure of Māori and Pacific populations and higher smoking prevalence in these populations, and was rated as the most equitable in the New Zealand modelling studies. This approach supports Te Tiriti o Waitangi principles of active protection, partnership, and equity. It is also aligned with a focus on an early year's approach by ensuring tamāriki have the best start to life in a smokefree environment.

The smokefree generation strategy will be relatively easy and low cost to implement as the Government can re-word existing minimum age legislation to include people born on or after a certain date(63). The smokefree generation legislation would be easier for retailers to implement than the existing minimum age legislation; for example, retailers will not have to calculate age based on the current date and date of birth, but will instead simply have a single birth date after which people are not eligible to purchase tobacco(63).

Focus area 3: Make smoked tobacco products less addictive and less appealing

a). **Do you support reducing the nicotine in smoked tobacco products to very low levels?**

Yes No

Please give reasons:

Click or tap here to enter text.

b). **Do you support prohibiting filters in smoked tobacco products?**

Yes No

Please give reasons:

Click or tap here to enter text.

c). **Do you support allowing the Government to prohibit tobacco product innovations through regulations?**

Yes No

Please give reasons:

Click or tap here to enter text.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

Click or tap here to enter text.

Final questions

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

We are supportive of the measures mentioned in our submission to contribute towards achieving at least a 95% reduction in tobacco retailers.

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Submission form

Your details

This submission was completed by: (name) ██

Email: ██

Phone number: ██

Organisation (if applicable): Project Sunset Global Steering Committee

Organisation address: (street/box number) ██
(town/city) ██

Role (if applicable): ██

Additional organisation information

I am, or I represent an organisation that is, based in:

- New Zealand Australia Other (please specify):
International coalition of tobacco control and public health experts

I am, or I represent, a: (tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Personal submission | <input type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
| <input checked="" type="checkbox"/> Community or advocacy organisation | <input type="checkbox"/> Professional organisation |
| <input type="checkbox"/> Iwi/Hāpu affiliated, and/or Māori organisation | <input type="checkbox"/> Tobacco manufacturer, importer or distributor |
| <input type="checkbox"/> Pacific community or organisation | <input type="checkbox"/> Retailer – small, for example a dairy or convenience store |
| <input type="checkbox"/> Government organisation | <input type="checkbox"/> Retailer – medium or large, for example supermarket chain or petrol station |
| <input type="checkbox"/> Research or academic organisation – eg university, research institute | <input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture |
| <input checked="" type="checkbox"/> Other (please specify):
<u>Network of international tobacco control experts</u> | |

Additional statistical information

These questions are not mandatory. We are asking for information, including age and ethnicity information solely for the purposes of helping us to analyse submissions.

Age:

- Under 18
- 18 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 +
- Not applicable / prefer not to say

Ethnicity/Ethnicities I identify with:

- New Zealand European
- Māori
- Pacific Peoples
- Asian
- Other European
- Other Ethnicity *(please specify):*
[Click or tap here to enter text.](#)
- Not applicable / prefer not to say

Privacy

We intend to publish the submissions from this consultation, but **we will only publish your submission if you give permission**. We will remove personal details such as contact details and the names of individuals.

If you do not want your submission published on the Ministry's website, please tick this box:

- Do not publish this submission.

Your submission will be subject to requests made under the Official Information Act (even if it hasn't been published). If you want your personal details removed from your submission, please tick this box:

- Remove my personal details from responses to Official Information Act requests.

Commercial interests

Do you have any commercial interests?

- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products
- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products

Commercially sensitive information

We will redact commercially sensitive information before publishing submissions or releasing them under the Official Information Act.

If your submission contains commercially sensitive information, please tick this box:

- This submission contains commercially sensitive information.

If so, please let us know where.

Click or tap here to enter text.

Protection from commercial and other vested interests of the tobacco industry

New Zealand has an obligation under Article 5.3 of the World Health Organisation 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, all respondents are asked to disclose whether they have any direct or indirect links to, or receive funding from, the tobacco industry.

Please provide details of any tobacco company links or vested interests below.

No tobacco company links or vested interests

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Consultation questions

The Ministry of Health is seeking comments on the following proposals for a smokefree Aotearoa 2025. You can find more information about these proposals in the discussion document which can be downloaded from - <https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>.

Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

The Project Sunset Steering Committee notes the history of strong Māori leadership in resisting the commercial tobacco industry in Aotearoa, and supports the focus on ensuring effective Māori governance in the tobacco control system. We support inviting Māori-led organisations and leaders to advise on specific arrangements.

- b). What action are you aware of in your community that supports Smokefree 2025?

Aotearoa has been a global leader in tobacco control. If fully implemented, the Discussion Document Proposals will inspire international action and demonstrate operationalisation of Article 2.1 of the WHO Framework Convention on Tobacco Control, which encourages states to implement measures that go beyond the minimum required by the Convention. The Smokefree Aotearoa 2025 Discussion Document clearly recognises the harms of smoking and that on the current trajectory, the goal of achieving a Smokefree Aotearoa by 2025 – with smoking prevalence of <5% and reduced smoking-related health disparities – will not be achieved. The need to take effective action is urgent. The comprehensive, evidence-based measures set out in the Discussion Document are proportionate to the harms caused by tobacco. The Cape Town Declaration on Human Rights and a Tobacco-Free World (<https://ash.org/declaration/>), adopted at the 17th World Conference on Tobacco or Health in 2018, concludes that the manufacture, marketing and sale of tobacco is incompatible with the human right to health. Implementing the actions contained in the proposals will also help Aotearoa's progress towards achieving the UN Sustainable Development Goals.

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

We strongly encourage convening relevant stakeholders, including those who are likely to be most affected by restrictions on tobacco sales. However, we call on the New Zealand government and its agencies to exclude the tobacco industry and groups advocating for its interests from these discussions, as called for in Article 5.3 of the WHO Framework Convention on Tobacco Control. We note that this Article includes organisations funded by the Foundation for a Smoke Free World, which is entirely funded by Philip Morris International. We support using existing tobacco tax revenue to create a fund to support community-based initiatives to generate local action and support for the Smokefree 2025 goal. Such funds could also be used to undertake mass and social media campaigns that stimulate quit attempts and deter smoking initiation among youth and children.

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

We urge the government to include a well-developed, robust and prospective monitoring and evaluation framework to assess progress towards achieving Smokefree 2025 goals. This should include a focus on measuring equity as well as intended and unintended impacts, and the synergistic impacts of different measures. A robust prospective evaluation which provides detailed analysis and assessment of the different aspects of the plan will be important for the international community to learn from, and build on, Aotearoa's experience in implementing this world-leading package of measures. One such evaluation system already exists with the International Tobacco Control New Zealand cohort surveys, which has the unique advantage of having many other comparison countries where near-identical cohort surveys are also being conducted in parallel. This allows for quasi-experimental/difference-in-difference evaluation studies, which are well-known to be greater than pre/post studies in their potential for making causal statements about policy impacts.

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

Poor compliance could undermine some measures. We therefore urge that significant resourcing be allocated to monitoring and enforcement, particularly in relation to illicit tobacco supply, where we lack independent (non-tobacco industry funded or commissioned) studies. Tobacco companies typically respond to policy innovations by claiming illicit trade will increase greatly; independent research has found these claims to be exaggerated as tobacco industry-funded research over-estimates the size of the problem.^{1,2} Independent research and monitoring will be important to ensure policy makers have robust data available to them. We note that Aotearoa is well placed to control the potential for increased illicit trade. We also urge enhancement of existing measures, particularly mass and social media campaigns, which have been underfunded in recent years. We strongly recommend that these campaigns include a tobacco industry denormalization component; this approach will counter attempts by the tobacco industry to undermine the Proposals and follows international best practice. An additional important component of strengthening the tobacco control system is building capacity of the workforce. This includes training within research, policy and clinical settings. Embedding tobacco control across health

and social systems is an important supportive measure for addressing smoking-related disparities.

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

Retailer licensing is an essential first step for managing and reducing the overall number of retailers. It would help ensure compliance with measures such as the smokefree generation. We note the importance of introducing a licensing system in conjunction with other measures to ensure that it contributes to a meaningful and significant reduction in tobacco product availability across the population, including reducing retailer density in areas with high levels of socioeconomic deprivation.

- b). 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:

Changing the overall retail environment is an essential component of creating a supportive environment that enables significant reductions in smoking prevalence. Research suggests that reductions in retail availability of tobacco products are associated with reduced initiation among young people³ and reduced relapse among smokers trying to quit.^{4, 5}

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

Yes No

Please give reasons:

As noted above, changing the retail environment to greatly reduce the availability of combustible tobacco products is a crucial component of a mass smoking cessation effort. Restricting tobacco retailing to specific retailers reduces opportunities for 'impulse buys' and removes cues that trigger relapse.⁶ As the most lethal consumer product in history, it is appropriate that cigarettes are no longer be treated as normal consumer products.

d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

We strongly endorse plans to phase out sales by creating a smokefree generation. We believe this measure is appropriate and necessary because tobacco product use typically begins among young people who cannot make true informed choices. The emphasis on protecting future generations makes a smokefree generation policy an acceptable and proportionate alternative to phasing out sales for all age groups.⁷

e). 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:

Click or tap here to enter text.

Focus area 3: Make smoked tobacco products less addictive and less appealing

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

Yes No

Please give reasons:

We strongly endorse measures to reduce the addictiveness of cigarettes as a central strategy to achieve Smokefree 2025. As nicotine is the primary reinforcer of smoking, this measure is likely to achieve rapid and sustained reductions in smoking prevalence, and will be an essential component of reaching the Smokefree 2025 goal.⁸ Reducing the nicotine content to below addictive levels (at or below 0.4 mg of nicotine per tobacco gram) helps smokers to quit, prevents relapse, and reduces the risk of experimental or occasional smokers progressing to regular smoking.⁹ Importantly, research suggests this measure has a similar impact on different groups, including those who have much higher smoking prevalence.¹⁰ Research suggests that potential unintended consequences of this strategy are minimal. For example, compensatory smoking (whereby smokers smoke more intensely to obtain their usual nicotine dose) has not been shown to be a sustained problem for very low nicotine cigarettes, as smokers are unable to obtain an equivalent dose to a standard cigarette and instead reduce the number of cigarettes smoked.¹¹

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

Cigarette filters have been described as 'the deadliest fraud in the history of human civilisation'. They are widely misperceived by smokers to be relatively less harmful than cigarettes without filters, a deception that has been facilitated by the tobacco industry. Globally, they are among the 10 most common sources of plastic ocean pollution.¹²

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

Yes No

Please give reasons:

Banning filters will remove many opportunities for the tobacco product innovations such as 'flavour crushballs', capsules and beads which are used to release flavours and increase the palatability and appeal of cigarettes. Implementing the Proposals would also be an opportune time to consider adding warnings to cigarette sticks and/ or to require these to feature dissuasive colours (e.g., Pantone 448C).

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

Setting a minimum price minimises the opportunity for tobacco companies to manipulate the price of cigarettes and thereby undermine the effectiveness of price and taxation.

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

Project Sunset has advocated that governments should begin planning for an end to cigarette sales. We recently published an open letter, supported by 148 organisations around the world, setting out our call to action (<https://ash.org/aftertobacco/>).

'Endgame' tobacco policies are no longer merely theoretical: communities in the USA have already passed policies to phase out tobacco sales, and several jurisdictions have announced their determination to follow suit. The proposals presented in the Smokefree Aotearoa 2025 Discussion Document set the stage for ending tobacco sales in several ways:

- (1) by dramatically reducing smoking prevalence through reducing nicotine content in cigarettes to non-addictive levels
- (2) by greatly reducing the number of outlets that sell tobacco, thereby dramatically reducing availability of combustible tobacco products
- (3) through the smokefree generation policy, which will create a precedent for ending sales gradually.

We strongly support these measures as essential steps to move towards phasing out cigarette sales.

- b). Do you have any other comments on this discussion document?

Fully implementing the measures outlined in the Discussion Document would bring profound benefits to New Zealanders' health and wellbeing, particularly among the Māori population and groups experiencing disadvantage. If these measures were implemented rigorously, Aotearoa would not only achieve a landmark public health victory, but would also provide a model for the many other nations wanting to end the tobacco epidemic.

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Submission form

Your details

This submission was completed by: *(name)*

Email:

Phone number:

Organisation *(if applicable)*: Dairy and Business Owners Group

Organisation address: *(street/box number)*
(town/city)

Role *(if applicable)*:

Additional organisation information

I am, or I represent an organisation that is, based in:

- New Zealand Australia Other *(please specify)*:

[Click or tap here to enter text.](#)

I am, or I represent, a: *(tick all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Personal submission | <input type="checkbox"/> Healthcare provider eg Primary Care provider, stop smoking provider |
| <input type="checkbox"/> Community or advocacy organisation | <input checked="" type="checkbox"/> Professional organisation |
| <input type="checkbox"/> Iwi/Hāpu affiliated, and/or Māori organisation | <input type="checkbox"/> Tobacco manufacturer, importer or distributor |
| <input type="checkbox"/> Pacific community or organisation | <input type="checkbox"/> Retailer – small, for example a dairy or convenience store |
| <input type="checkbox"/> Government organisation | <input type="checkbox"/> Retailer – medium or large, for example supermarket chain or petrol station |
| <input type="checkbox"/> Research or academic organisation – eg university, research institute | <input type="checkbox"/> Vaping or smokeless tobacco product retail, distribution or manufacture |
| <input type="checkbox"/> Other <i>(please specify)</i> :
Click or tap here to enter text. | |

Additional statistical information

These questions are not mandatory. We are asking for information, including age and ethnicity information solely for the purposes of helping us to analyse submissions.

Age:

- Under 18
- 18 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 +
- Not applicable / prefer not to say

Ethnicity/Ethnicities I identify with:

- New Zealand European
- Māori
- Pacific Peoples
- Asian
- Other European
- Other Ethnicity *(please specify)*:
Click or tap here to enter text.
- Not applicable / prefer not to say

Privacy

We intend to publish the submissions from this consultation, but **we will only publish your submission if you give permission**. We will remove personal details such as contact details and the names of individuals.

If you do not want your submission published on the Ministry's website, please tick this box:

- Do not publish this submission.

Your submission will be subject to requests made under the Official Information Act (even if it hasn't been published). If you want your personal details removed from your submission, please tick this box:

- Remove my personal details from responses to Official Information Act requests.

Commercial interests

Do you have any commercial interests?

- I have a commercial interest in tobacco products
- I have a commercial interest in vaping products
- I have commercial interests in tobacco and vaping products
- I do not have any commercial interests in tobacco or vaping products

Commercially sensitive information

We will redact commercially sensitive information before publishing submissions or releasing them under the Official Information Act.

If your submission contains commercially sensitive information, please tick this box:

- This submission contains commercially sensitive information.

If so, please let us know where.

Click or tap here to enter text.

Protection from commercial and other vested interests of the tobacco industry

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

Please provide details of any tobacco company links or vested interests below.

Click or tap here to enter text.

Please return this form:

By email to: smokefree2025@health.govt.nz

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington 6140.

Consultation questions

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Focus area 1: Strengthen the tobacco control system

- a). What would effective Māori governance of the tobacco control system look like? Please give reasons.

Government policy announcements, just a week after this consultation was released, has seemingly answered this ie a new Māori Health Authority.

- b). What action are you aware of in your community that supports Smokefree 2025?

Vape to Quit and Quitline are good but outside of this, it is hard to understand where nearly \$62 million plus is being spent every year. Even that figure is from an April 2016 Ministry document we found online. About \$25 million seems to be hoovered up by the Ministry itself, DHBs (including Public Health) and advocacy-led academics. This appears to be a taxpayer gravy train for University 'experts' and others, who get paid to 'advocate' against hard working New Zealanders who work in retail. We searched for independent audits or reviews for value for money of this spend as \$62 million a year is a lot of money. We came up with nothing. That tells us there's no transparency or accountability for this spend, despite a lot of proposals in this Action Plan calling for exactly that of retailers. Instead, we get the Cancer Society running around councils encouraging them to crack down on vaping, thanks to Ministry of Health advocacy funding, at the same time you are telling people 'vape to quit.' One hand does not know what the other hand is doing and this needs independent sunlight. The only analysis we could find was written by the Ministry itself and that does not wash.

- c). What is needed to strengthen community action for a Smokefree 2025? Please give reasons.

1. Take the \$25 million being spent on headcount at the Ministry, DHBs and the academics and invest every cent into quit programmes and vaping. To drive down smoking you need to make vaping normal. If you don't understand that you don't understand what makes people tick in the real world. 2. You need to reverse a dumb restriction on vaping flavours in dairies, retail and service stations that will start from August. Only the Ministry of Health would wreck something that was not broken and which was dropping cigarette sales in a way that allowed dairies to transition. 3. Fix the definition of smokeless heated tobacco that makes it hard for retailers to sell because this is almost a 1:1 replacement for cigarettes but are much less harmful.

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

None. If the quality of what is in the Action Plan and supporting document is a guide then we suggest less research is more. Some of the conclusions from what we can see online are amateurish.

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

Stop these sting operations on retail being done by the hospital boards when you can buy tobacco off Facebook and tobacco seeds off TradeMe! Cheap cigarettes are easy to come by and we know these have not paid tax. You are like traffic wardens who ignore the beaten up old car to ticket someone for being a few minutes late. Criminals are getting away with hundreds of millions according to a Herald article (2 July 2020) but this entire document seems to target dairy owners. During Covid-19, the government employed a high trust model for business wage subsidies we could not claim being essential businesses. We were useful then. The Ministry, its well-paid 'experts,' the DHBs and the like are showing a high distrust model of our sector. That's wrong and there may be a racist dimension underlying this.

Focus area 2: Make smoked tobacco products less available

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

Yes No

Please give reasons:

Maybe if the Ministry spoke with dairy owners or anyone involved in food, you'd understand just how regulated we are. We are already licensed under the Food Act and inspected as well. You'd think the Associate Minister of Health, who is the Minister of Food Safety, would understand this. There now seems to be a constant assault on dairies being led by the universities our taxes fund and paid out of the \$62 million 'tobacco control

system.'. Today it is tobacco but yesterday it was alcohol. If not tobacco it will be sugar next and after sugar, so called fatty foods! You provide no cost estimate whatsoever for a whole new licensing bureaucracy despite the Ministry creaming off \$2.69 million while the DHBs took \$9.14 million (2016). That's \$12 million but you don't even provide a vague idea for how licensing would operate. Use that money if you want one but you won't as it will be user pays adding more cost on us to achieve what? Smoking is falling but you now want to end it and all by 2025. If licensing is so perfect, how come health professionals, lawyers, engineers etc have gone before the courts?

b). 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:

This will be great news for the triads and the gangs who will add tobacco to the cannabis sold in tinny houses. How does the Ministry think it will work In Carterton, Dargaville or Wairoa because people will not buy a pack of cigarettes that will be low nicotine, potentially genetically modified and in brands they have no clue about. If you want to make a real difference then stop the supermarkets selling tobacco as that's where most families buy weekly food from. If there are a small number of large outlets, they will be targeted by the gangs for robbery because the Ministry. This is so impractical that we cannot believe it was given serious thought. If you remove smoked tobacco from dairies, gang-run "pop-up" stores will just spread. We have read the online summaries for some of the evidence supplied in the Action Plan and the attached "Regulatory Impact Assessment." How are you expected to test evidence if most of it is paywalled? One summary we read, "Is the tobacco 'footfall' argument justified for tobacco purchases in New Zealand convenience stores?" comes across as a poor secondary school commerce assignment. We would give it a C- as it was only in two cities (and if Wellington, it has the smallest smoking rate in New Zealand) and there was no mention of location or the amount of refusals, we imagine, would have been large. Why did you not ask the retailers as there's a lot of market data? The only one that did was for a PhD thesis and this involved just 21 dairies. Are you seriously basing policy on a self-selecting survey and another that for a PhD involved just 21 dairies? Then again other 'evidence' appears to be a jointly authored letter and if that's enough there are "models" but no evidence for this theory being tried in real locations with real people. Several 'papers' refer to surveys of New Zealanders but one is ten or more years old while the other could have been gamed by asking the right questions. Mark Twain put it best - "There are three kinds of lies: lies, damned lies, and statistics." If you want a good idea of what New Zealanders truly think, the Cancer Society petition, where reduced retail availability is the subject provides it. On its closing day (28 May at midday), it had just 4,301 signatures. That's after 74-days and is less than the number of registered volunteers the Cancer Society claims to have from its website! There seems to be a theme here that dairies and outlets are preying on school children. This we suspect has a degree of racial stereotyping. Kids are way smarter than you give them credit for and we looked at the ASH data (that is obtainable online) and it busts this myth wide open. Kids are not smoking and two years ago (2019), Year 10 daily smokers were well below what you deem to be, 'smoke free.' We can add Māori boys and if you continue the trend line from 2019, there's no reason for why Māori girls would not be 'smoke free' by now too. One final

observation. Why is there zero mention of compensation for dairies and related stores? This rips the guts out of an important source of 'footfall' and for many businesses, it will destroy their viability. We demand that if you do go down this track, that the Ministry explain to us how it will compensate retailers unable to meet lease commitments and/or whose businesses are uneconomic.

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

Yes No

Please give reasons:

If you Google 'R18 stores' you are presented with adult entertainment stores. Is this the message the Ministry wants to send to smokers? Unbelievable. As for pharmacies, how many are open on a wet Sunday night at 730pm? Knowing pharmacists, there are none who are keen to sell tobacco products because they know smoking is bad for health and that's the opposite of the message they wish to convey. We did see a survey of 31 pharmacists as part of the 'Regulatory Impact Statement,' but this was again based in Wellington and was far from enthusiastic. That tells us all we need to know. This suggestion is from people who don't get up at 4am and seldom go to bed before 11pm. It is not based on reality.

- d). Do you support introducing a smokefree generation policy?

Yes No

Please give reasons:

This is a crazy suggestion. In New Zealand the legal age for an adult is 20 and now you propose to rip that up based on what, a University of Otago model, a manifesto championed by APSIRE2025 that is largely based out of the University of Otago and another model. This has generated groupthink where the same people talk to each other and reinforce in themselves that they're right. It's pretty thin for such a major policy that changes legal adulthood. Where's a legal opinion or evidence anywhere in the world that this has worked? We already suffer from sting operations launched by the health boards who try to catch retailers and other businesses out. Next, they'll start sending in adults born on the wrong date irrespective of how old so that they can sting us for breaking this mad policy idea. We'd have to check every person we ever sell to, to ensure they are of legal age. This is the sort of thing you'd expect in a communist state not a democratic one. It's another arrogant hand-wringing response from people who want to tell others how they ought to live and what they must buy.

- e). 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:

This submission is made from the Dairy and Business Owners Association that is being formed out of the Crime Prevention Group. We have had to organise this way because of policies like these. Depending on the store type, tobacco is associated with 30-50% of

sales revenue and can account for around 14% of net profit. This is markedly different from the academic 'evidence' supporting your proposals. Put another way, what would happen if the Ministry policy people and academics had their funding cut 30-50% with a 14% cut in salary? They would not like that so how dare you dismiss its impact upon us. What we can add is that sales of vaping products were ramping up until the government put its regulatory beak in that will see flavours out of dairies. It doesn't take a PhD or a rocket scientist to figure out that if you have a product that makes you smell and people don't like (cigarettes), that a much less smelly option (vapes), is the way to go. Now, all we will be able to sell is tobacco, mint and menthol flavours while online and in these specialist stores, it's totally free. Instead of reinforcing success and allowing dairies to sell everything that is converting people from smoking, after August it will stall when the flavour ban comes in that means smoking quit rates will also stall. If you think people will just quit altogether think again. Cannabis is widespread (despite being illegal) and so are much harder drugs than that. With tobacco, the penalties for organised crime are much less than hard drugs and without the eye watering taxes, highly profitable.

Focus area 3: Make smoked tobacco products less addictive and less appealing

- a). Do you support reducing the nicotine in smoked tobacco products to very low levels?
 Yes No

Please give reasons:

Show me three countries where this has been done? There's none. We counted six references in the actual text of the Action Plan and the "Regulatory Impact Statement." One reference seems to be from an American academic's theoretical approach to New Zealand. What we saw online dismissed the blackmarket we can say is thriving. It's just more theory. To read the article would cost 30 pounds (and for most of the other references too). Another article referenced seems to be an analysis of the American academic's work. Another read like a PR article from the Robert Wood Foundation that referred to the American academic above four times in its reference (it was free to download). This is what concerns us. It is yet more groupthink. Two were studies done in New Zealand with very small samples (one was 33 smokers and the other 21 smokers). Both did not seem to be overly enthused with these products and each agreed price was critical. You could have saved time and asked us! The final bit of evidence referred to in the documents was an International Tobacco Control NZ Survey but again we can't read without paying for it. That's it. Are you seriously going to go down this route no other country is? Yes, the US FDA did something but that was 3 years ago and a search of Google shows nothing since (aside from menthol). This becomes a huge experiment playing with real lives and do you think smokers will want genetically modified tobacco that's mentioned as being an option? Low nicotine cigarettes will still give smokers cancer,

just that they won't die addicted. Is that the message the Ministry of Health wants to send New Zealanders because it's your name on the tin here. You will be endorsing low nicotine cigarettes that will still cause cancer because of the smoke.

b). Do you support prohibiting filters in smoked tobacco products?

Yes No

Please give reasons:

This flies in the face of common sense. We counted five references quoted in the Action Plan and the "Regulatory Impact Statement." Four of the 5 seems to be the same analysis of tobacco company documents but by different academics. They seem to have set a self-fulfilling prophecy in that 4 of the 5 sought to uncover a negative motivation for filters and guess what, that's exactly what they found. The fifth related to the toxic nature of butts thrown onto the ground that we agree with. What shocked us is that we expected to see medical evidence proving filters do not work. There's zero. You are the Ministry of Health so we expected to see lots of New Zealand studies quoting oncologists. There's zero. The best we could find was one reference comparing the US and Japan (again we can't read the evidence as it is paywalled). We searched Google with "Non Filter and filter cigarette cancer". Aside from the US/Japanese study referred to, there was another Japanese study from 2004 ("Furthermore, overall, although filter cigarette smokers were at lower risk compared to nonfilter smokers regardless of histology, a greater reduction in adjusted OR was observed for SCC than for AC") and a US study from 2019 ("Lung cancer risk 40% greater in unfiltered cigarette smokers"). That's surely enough pointers to raise concerns about a ban on filters that's come out of thin air. Where will the liability fall if this decision leads to more people suffering from cancer. They'd be hell to pay.

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

Yes No

Please give reasons:

We are really concerned this is aimed at smokeless tobacco rather than the products that are lit and burn. We know internationally smokeless tobacco is flying off the shelves that's why a simple Google search brings up articles like: "Why Japan's Huge Drop in Smoking Is a Story Prohibitionists Ignore". Here, we've tied one hand behind our backs because of the weird way smokeless tobacco is defined. There's also truly smokeless tobacco from Sweden called Snus that is bizarrely, completely banned here. If this is meant to be about harm reduction why are we not enabling smokeless heated tobacco or allowing smokeless tobacco to be sold? If this had smoked tobacco in the question, we'd be more inclined to say yes. We would caution about banning menthol as the US wants to do. It is highly popular and those who want menthol cigarettes will just turn to the blackmarket.

Focus area 4: Make tobacco products less affordable

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

Yes No

Please give reasons:

While margins on tobacco are tight it is well known that the supermarket duopoly (Woolworths NZ and Foodstuffs) and the major oil companies (Z, BP, Mobil) are able to negotiate big margins due to scale. This is why there is a market study underway into the grocery sector while the oil companies have been looked over by the Commerce Commission in the past. A minimum price, so long as it is set objectively and realistically, levels the playing field and removes an ability for the supermarket duopoly and oil companies to negotiate big deals enabling them to Hoover up market share. This may help to reduce cigarette consumption in a graduated way without unleashing the blackmarket. To us, this is about the only positive suggestion that may help to reduce cigarette sales without the need for communist-like approaches that slash outlets by 95%, limit venues and forces the public to buy unbranded low nicotine tobacco that's potentially GMO. We have looked at Scotland's approach to alcohol, where consumption fell up to 5% in the year after the 2018 introduction of minimum prices. Again we stress the need for this to be set objectively and there is nervousness that the Ministry does not have the commercial nous to do this, based on what is in the consultation.

Final questions

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

Do not implement a thing in this document as it will do much more harm than good. If you want to do something that will truly help to reduce smoking in New Zealand without killing retailers like dairies, then allow us to sell the full range of vape flavours and sort out the weird definition of heated tobacco. In three years you will be amazed at what has happened to smoking instead of wrecking lives as many of these proposals will do. If you ignore everything and push ahead be prepared for a huge fight for compensation.

- b). Do you have any other comments on this discussion document?

There is nothing good to say aside from destroying faith in the so-called experts. Shouldn't you have spoken with directly affected people like dairies and owner operated service stations before going out to public consultation? The Police talk to us about crime and there's been some great initiatives as a result. We get the impression that the Ministry of Health only spoke to itself and a range of groups and university lecturers who share the same opinions as you do. That's why this is full of groupthink. It is why it would be a failure if there as an attempt to make this happen in the real world than in a mathematical model that we have no idea for how they were assembled. Another is the references. What's the point of them if you have to spend a lot of money individually to access them to see if they are any good? That means almost all submissions will be based on leading questions put to consultees trusting that the Ministry of Health knows best. You don't as our cursory examination of the evidence shows. In places it is downright dangerous (low nicotine tobacco with a filter ban). If the Ministry was at all sincere, then it would provide the full references to anyone who is interested. That's being honest and upfront.

