A Smokefree Aotearoa New Zealand by 2025
Policy Statement

The Public Health Association (PHA) supports the goal of a smokefree New Zealand by 2025, and shares the vision of a Tupeka Kore Aotearoa/Tobacco Free New Zealand:
That future generations will be free from exposure to tobacco and will enjoy smokefree lives.
We urge government to strengthen action towards its goal of a smokefree nation by 2025.

Overview

Tobacco use is the largest single cause of preventable death and disease in New Zealand, causing ~4,000– 5,000 avoidable deaths each year.[1,2] Life expectancy for smokers is at least 10 years shorter than for non-smokers.[3] When the Smokefree 2025 goal was set in 2011,[4] about 18% of New Zealanders were current smokers. Since then overall smoking rates have declined modestly, but rates for Māori, Pacific and low socioeconomic groups remain much higher than for the general population.[5] In 2017/18, 13.1 percent of the total population, 31.2 percent of Māori and 20 percent of Pacific peoples smoked daily.[6] These groups still bear an unacceptable burden of tobacco harm.

There are also wide socioeconomic differences. People living in the most deprived neighbourhoods are 3.5 times more likely to smoke daily than those living in the least deprived neighbourhoods (24.4% in the most deprived quintile compared with 6.7% in the least deprived quintile in 2016/17). [7] These differences are not explained by demographic factors.

The largest inequalities in New Zealand are among Year 10 girls (14–15 year olds). In 2017, 6.3 percent of Year 10 Māori girls smoked daily compared with 0.9 percent of Year 10 non-Māori, non-Pacific girls. These inequalities carry through into young adulthood. For example, among 15 to 24 year old women, Māori females smoke at over four times the rate of non-Māori females (34% and 8% respectively in 2015/16). [8]

Smoking rates in pregnancy are a particular concern. In 2015, around 14 percent of pregnant women smoked. Women who were under 20 years of age (35%), Māori (37%), or living in the most deprived neighbourhoods (25%) had the highest rates of smoking in pregnancy. [9] Around 20 percent of women manage to quit smoking by the time their baby is two weeks old. Babies whose mothers smoke in

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pregnancy are at higher risk of poor outcomes such as stillbirth, pre-term birth, low birth weight and sudden unexpected death in infancy (SUDI, once known as cot death). There is also a possible association between smoking during pregnancy and long-term respiratory[10] and behavioural[11] problems in children.

Exposure to second-hand smoke affects the health of non-smokers, especially children,[12] and Census 2013 indicated that as many as 58% of New Zealand's children live in a household where at least one resident adult smokes.[13] Younger children are particularly vulnerable due to their smaller lungs, higher respiratory rate and immature immune systems. Children who are exposed to smoking at home are more likely to go on to become smokers themselves.

Smoking is driven by addiction, which makes quitting difficult despite many smokers wanting to quit. In January 2016, just over one-third of Māori and non-Māori smokers who had not recently made a quit attempt reported that they intended to quit in the next three months. Among smokers who had made a recent quit attempt, just over 70 percent of Māori and 63 percent of non-Māori reported they intended to make another quit attempt. [14]

In New Zealand around 33% of all cigarettes are smoked by someone with a mental illness.[15] There is also a positive relationship between the severity of mental illness experienced and smoking prevalence;[16] not only are people with mental illness more likely to smoke and consume more cigarettes, people who smoke are more likely to experience poorer mental health.[17] However, many people experiencing mental illness, even those with the most severe conditions, want to quit and make attempts to quit at similar rates to the general population.[18]

Smoking costs the New Zealand economy many billions of dollars in health care costs, loss of productivity, and damage from commercial, environmental and household fires.[19] Tobacco excise tax is reported to be around $1500 million per year,[20] but this revenue is not allocated specifically to tobacco control and cessation services.

The Treaty of Waitangi and effects of tobacco on Māori sovereignty and development

Māori tobacco control advocates successfully persuaded Parliament's Māori Affairs Select Committee to conduct its *Inquiry into the tobacco industry in Aotearoa and the consequences of tobacco use for Māori*. The Committee's 2011 report[17] made clear the government's responsibility to address the inequity for Māori caused by the introduction and promotion of tobacco during days of colonisation. The report called for the government's commitment to making Aotearoa New Zealand Smokefree by 2025:

> *With smoking rates amongst Māori double that of the general population, tobacco has a particularly devastating impact on Māori, and accounts for a significant portion of the life expectancy differential between Māori and non-Māori. More than 600 Māori die prematurely each year from smoking-related illnesses, and this loss, as well as the preceding addiction, erodes economic, social, and cultural wellbeing, and hinders Māori development aspirations and opportunities. Tobacco smoking delivers a major insult to whānau ora.*[21]

The Committee's report was adopted by Parliament, including the goal of Smokefree Aotearoa by 2025.[4] The report recommended a comprehensive approach to tobacco control in New Zealand, including actions to hold the industry accountable, reduce both supply and demand for tobacco, increase smokefree environments and enforcement, prioritise actions to stop young people from starting, and promote quitting for pregnant women and Māori. It recommended Māori be included in all tobacco planning and policy development.

To date, Government have only implemented a small proportion of the recommendations of the Māori Affairs Select Committee.[22] Since the time of the inquiry, tobacco consumption and smoking rates have continued to decline for all groups of New Zealanders, however projections suggest that the goal will be challenging to achieve. We are likely to reach it for some, but not all population groups, particularly Māori.

These inequitable outcomes for Māori, despite government's aspirational goal and considerable efforts by Māori advocates and the wider public health sector, indicate not enough is being done by government to engage fully with Māori communities to support Māori who smoke to quit, nor to protect Māori children from their higher level of exposure to smoking.

In 2018 the Māori Affairs Committee and the Health Committee produced a joint briefing on New Zealand's progress towards Smokefree 2025. In response Associate Minister of Health Jenny Salesa proposed to Cabinet they give their support to a range of measures including:

- the regulation of vaping products
- prohibiting smoking in vehicles with children
- a review of the impact and effectiveness of the tobacco excise increases
- supporting the provision of better services for smokers to quit

Minister Salesa also proposed government develop an action plan, and publically announced her intention to do so. To be effective, this action plan must include a range of options for regulating the supply of tobacco products and the constituents of tobacco products, and tailored quit services for effectively targeting Māori, particularly hapu wahine, households with children and Māori with mental illness.

Tobacco control measures are essential for public health

Modelling indicates that 'business as usual' projections for New Zealand, even with tobacco excise tax increases of 10 percent and even 20 percent per annum to 2025, will not achieve the Smokefree 2025 goal (prevalence of <5% daily smokers).[23,24] Modelling indicates that the current rates of ongoing 10% tobacco tax rises will not even get non-Māori, let alone Maori, to the 2025 goal (i.e. less than 5% prevalence).

A much more comprehensive approach will be required to achieve the goal for Māori, Pacific, and low-socio economic groups.

The New Zealand Government ratified the WHO Framework Convention on Tobacco Control[25] in 2004, and has consistently reported progress on its international obligations. However to date, it has not adopted a comprehensive strategy to achieve its own Smokefree Aotearoa goal. The Ministry of Health website advises that "Current tobacco control policy aims to reduce the uptake of smoking, increase quitting, and reduce exposure to second-hand smoke". Government agreed in 2015 to continue progressive taxation of tobacco.

The National Smokefree Working Group, a voluntary collective of agencies working to achieve the 2025 goal, produced a three-year Smokefree National Action Plans that provided a comprehensive set of evidence-based priorities to support and inform the government's commitment to achieve the Smokefree 2025 goal. The Plans provided a logic model to guide three areas of work:

- Culturally appropriate support and encouragement for adult smokers to quit
- Legislative and regulatory measures that are proven to reduce smoking rates
- Measures that protect children and youth from exposure to tobacco products and the marketing of tobacco

More recently, Hapai te Hauora, via an evaluation of progress toward to 2025 goal, led a collaborative update of the Smokefree National Action Plan.[26] Their report is the product of the Achieving Smokefree Aotearoa Project (ASAP). The project reviewed progress towards the Smokefree Aotearoa 2025 goal and developed an updated, comprehensive action plan, featuring new evidence-based actions needed to get our country on track to achieve the Smokefree Aotearoa 2025 goal.

Essential to measuring successful progress towards the 2025 goal is a comprehensive research programme to monitor the tobacco industry and the retail environment, process evaluation of New Zealand's cessation services and innovative cessation methods.

Priorities for action

The tobacco industry of New Zealand must be held to account for its conduct of sales and promotion of a product that kills up to half its consumers.[27] All forms of tobacco promotion and sponsorship (e.g. packaging, movies, videos, internet advertisements) should be illegal inside New Zealand, in accordance with the World Health Organization's Guidelines[28] for implementing its Framework Convention on Tobacco Control (FCTC).[21]

Regulating the tobacco industry to reduce supply and promoting incentives to priority population groups to reduce demand for tobacco will save lives and reduce inequality in quality of life, mental health and economic productivity. A comprehensive inter-sectoral approach is necessary to control the harmful effects of tobacco smoking across all age-groups, ethnicities and genders.

The Public Health Association recommends the following government actions:

Central government:

1. Demonstrate commitment to the Smokefree 2025 goal:
    - Fast track the Associate Minister's proposed national plan of tobacco control with adequate planning and funding; namely a comprehensive, funded strategy to achieve the Smokefree 2025 goal, ensuring a kaupapa Māori approach as recommended by the Māori Affairs Select Committee Report
    - Innovative measures to reduce demand for tobacco through regulatory controls on tobacco products, such as a nicotine reduction schedule for tobacco products, and/or a ban on all flavourings and additives in tobacco products
    - Research and evaluation to monitor progress towards interim (2018) and endgame (2025) targets
2. Develop more effective tax legislation that includes:
    - Continuation of regular and substantial (preferably greater than 20% per annum) tobacco tax increases to deter new smokers and to encourage those who currently smoke to quit
    - Disabling the tobacco industry's capability to pass this increased cost on to the consumer via pricing which can disproportionately affect low socioeconomic groups
    - Allocation of excise tax revenue to fund the tobacco control plan, most importantly targeted and proven effective quit services and treatments for population groups with highest prevalence
3. Develop legislation and regulation to:
    - Extend smokefree environments, particularly where children may be affected by second-hand smoke, including inside vehicles
    - Extend outdoor smokefree areas in bars and restaurants
    - Maximise regulatory controls and enforcement capacity to eliminate the sale/supply of tobacco to children
4. Support current smokers to quit by:

    - Providing free cessation services, particularly to serve the needs of Māori and Pacific communities, pregnant women, mental health communities and communities with high deprivation
    - Ensure proven effective cessation treatments are fast-tracked
5. Develop effective evidence-based policy on vaping, the use of electronic and non-electronic nicotine delivery devices ('e-cigarettes'):
    - Ensure their sale and marketing to children and young people is prohibited,
    - But people who smoke are provided the information they need to purchase proven effective devices and use them safely for quitting
    - Regulate heavily their promotion as a quitting device, prohibit all advertising and sponsorships from vaping companies
    - Take a cautionary approach while there is growing evidence that vaping causes harm to users

Local government and District Health Boards:

- Using powers under the Health Act 1956 (section 23), Resource Management Act 1991 (section 5) and the Local Government Act 2002 (sections 3 and 10) to promote and protect the health of their communities by extending smokefree environments and restricting tobacco sales
- Supporting citizen-initiated actions to promote smokefree environments and support cessation programmes
- Supporting civil society and private sector to support the use of e-cigarettes among people quitting, but preventing their use by children and young people
- Supporting government initiatives to reduce supply through regulation and enforcement, especially regarding DHB premises as smokefree environments
- Ensure DHB policies and practice discourage staff from smoking and provide access to appropriate cessation services, especially in child and mental health services
- Support and encourage clinicians to offer opportunistic brief interventions for patients to quit

PHA actions to support this policy

The Public Health Association will work with tobacco control and health agencies, NGOs and Māori organisations to:

1. Support and help to disseminate calls for community action in support of central and local government and DHB initiatives
2. Ensure public awareness and support is raised for the Smokefree 2025 goal and all key tobacco control measures needed to achieve it
3. Continue to call for government's Endgame Strategy and Action Plan, including a review of current legislation, to ensure a Tupeka Kore Aotearoa/Tobacco Free New Zealand.

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