



Public Health Association
of New Zealand

**Kāhui Hauora Tūmatanui
o Aotearoa**

Auahi Kore Aotearoa: Nicotine Harm Reduction Policy Statement

Te Kāhui Hauora Tūmatanui - The Public Health Association of New Zealand's (PHA-NZ) vision is 'Good health for all – health equity in Aotearoa', or 'Hauora mō te katoa – oranga mō te Ao', and our purpose is to advocate for the health of all New Zealanders. One of our primary concerns is the adverse impact of smoking, tobacco use, and nicotine-related harm on public health¹. Although there has been an overall decline in smoking rates in recent years, certain populations, including Māori, Pacific peoples, and the most deprived communities, continue to bear a disproportionate burden. Additionally, rising rates of vaping among youth and non-smoking groups are a growing concern. Thus, the PHA-NZ acknowledges the pressing need to address disparities in smoking, tobacco, and nicotine-related harm to achieve the ambitious Smokefree Aotearoa 2025 goal.

Introduction

Tobacco use in New Zealand is a major public health concern, causing preventable morbidity and mortality (1), with a disproportionate impact on disadvantaged populations, exacerbating health inequities (2). Achieving the Smokefree Aotearoa 2025 goal is both a public health imperative and a matter of social justice, aligning with our commitment to Te Tiriti o Waitangi and our mission to reduce health inequities by addressing health determinants. Despite progress in reducing smoking rates, the issue of nicotine addiction persists. This policy statement presents key data trends while emphasising the critical issue of health disparities in smoking prevalence.

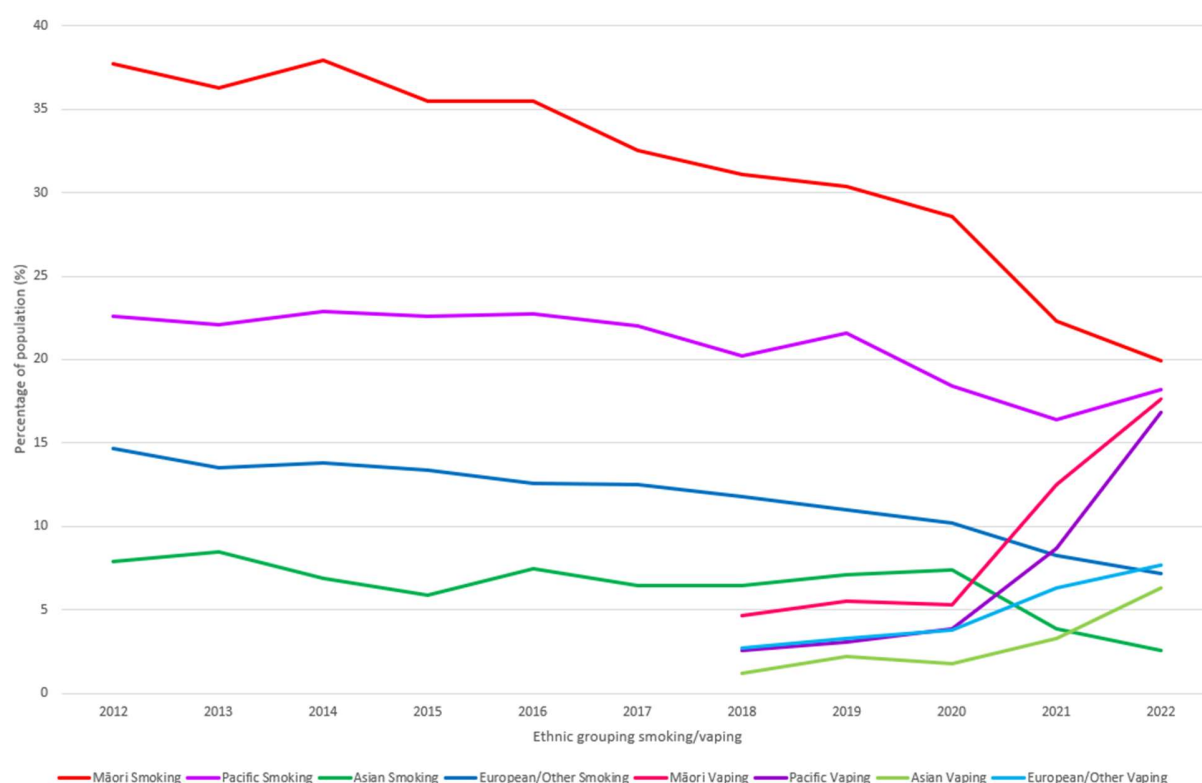
¹ This position statement focuses on nicotine control and encompasses harms related to smoke associated with cigarettes, the addictive properties of nicotine in cigarettes and e-cigarettes (vapes), and the wider and potential harms of vaping. Cigarettes and vapes (or e-cigarettes) are nicotine-delivery devices. Cigarettes are usually burned, releasing toxic smoke alongside nicotine. E-cigarettes (vapes) are 'cleaner burning' 'smokeless/smokefree' devices that deliver nicotine.

Evidence of tobacco-related harm and inequities

New Zealand has witnessed substantial progress in reducing daily smoking prevalence, with rates declining from 16.4% in 2011 to 8% in 2021/22 (Figure 1) (3). If the current rates of decline continue, the Smokefree 2025 goal will be achieved for the overall population, but not for all groups. Approximately 331,000 New Zealanders continue to smoke daily as of 2021/22 (3), with increasing vaping rates showing nicotine addiction endures (4).

Figure 1

*Daily smoking and vaping trends in New Zealand, by ethnic grouping**



*Unadjusted prevalence of daily smoking and vaping - New Zealand Health Survey (3).

Smoking rates are not evenly distributed across the population, resulting in significant inequities. Māori communities continue to grapple with the highest smoking rates, with approximately 20% being daily smokers (3), and tobacco accounting for two years of the seven-year life expectancy gap between Māori and non-Māori. Over 700 Māori die prematurely each year due to smoking-related illnesses (2), and one in four Māori deaths are linked to smoking, compared with one in eight for non-Māori non-Pacific. Similarly, Pacific peoples exhibit elevated smoking rates (18.2%) compared with European/Other populations (7.2%) (3). These ethnic inequities necessitate targeted and culturally appropriate interventions. Furthermore, smoking rates are 4.31 times higher among individuals residing in the most deprived neighbourhoods, perpetuating health inequities (3).

Smoking rates are intricately tied to broader determinants of health, encompassing social, economic, cultural, political, historical, and commercial factors (5). For Māori, historical influences, particularly

colonisation and breaches of Te Tiriti o Waitangi, have significantly contributed to smoking disparities, with colonisers having introduced and promoted tobacco extensively to Māori communities (6). Deprivation, including poverty, housing instability, mental ill health, employment status and systemic biases, is associated with higher smoking rates among marginalised groups (7). Additionally, commercial determinants, such as targeted tobacco marketing and insufficient regulatory actions, perpetuate smoking rates, historically focusing advertising on vulnerable populations, and increasing tobacco retailers in deprived areas (8).

Nicotine harm from smoking and vaping

The PHA-NZ acknowledges the well-established physical and wider social harms associated with nicotine and smoking. Nicotine is a highly addictive, legal substance in Aotearoa New Zealand and is linked to several serious health issues (3) as well as social harms, including family breakdowns, economic deprivation, housing difficulties, and employment issues (6).

Smoking is the leading cause of preventable death and disease in New Zealand and results in approximately 5,000 avoidable deaths annually (1). Life expectancy for smokers is at least ten years lower than that of non-smokers, with up to 66% of smokers dying from smoking-related conditions (9). Cigarette smoke, laden with tar and toxic gases, is known to cause cancer, heart disease and lung issues, stroke, and adverse pregnancy outcomes (10). Exposure to second-hand smoke also endangers non-smokers, particularly children and vulnerable groups.

Vapes or e-cigarettes are 'cleaner burning' nicotine delivery devices. Scientific evidence is building on the health harms of vaping, using e-cigarettes and other novel tobacco products (11, 12). In New Zealand, the daily vaping prevalence for those over 15 years of age significantly increased from 3.5% in 2020 to 8.3% in 2022, representing an additional 202,000 people taking up vaping (4).

E-cigarettes are also linked with increasing smoking uptake, particularly among young people, and there are concerns that vaping devices may depress smoking cessation rates and distract attention from evidence-based measures recommended to reduce smoking. Neither the safety of these products nor any claimed superior efficacy in smoking cessation have been scientifically demonstrated, and there is increasing evidence that, at a population level, e-cigarettes maintain nicotine addiction and increase the risk of relapse (13).

Economically, 2010 Ministry of Health figures suggested that the cost of smoking to the health sector was approximately \$1.6 billion per annum (14). The tobacco excise tax collects \$2.2 billion annually (3), but little of this revenue is allocated to nicotine control and cessation services.

Policy progress

The pursuit of a Smokefree Aotearoa by 2025 has demonstrated commendable progress, yet it remains marred by persistent health inequities. In 2010, Parliament's Māori Affairs Select Committee initiated a seminal inquiry into Aotearoa's tobacco industry, laying bare the adverse consequences of tobacco use. This culminated in a call for governmental commitment to the Smokefree 2025 vision, defined by an adult daily smoking rate below 5% (15).

In 2011, Parliament officially endorsed the Smokefree 2025 goal, implementing substantial policy measures to combat smoking rates. Annual 10% tobacco excise increases since 2012, standardized

packaging in 2018, smokefree cars legislation in 2020, and vaping regulations in 2020, with key provisions enacted in 2021, attest to significant strides. While these initiatives denote substantial progress, the journey towards a smoke-free Aotearoa by 2025 remains intricate and ongoing.

Overall smoking reductions conceal stark inequities that persist, particularly affecting Māori, Pacific communities, and disadvantaged populations. The WAI 2575 report on tobacco, alcohol, and other substance abuse for Māori demonstrated that a one-size-fits-all approach is inadequate to address these disparities (6). In response, the Smokefree Action Plan 2021 underscores the importance of Te Tiriti principles and Māori and Pacific leadership, emphasising the necessity of targeted efforts to alleviate smoking-related health inequities (16).

Priorities for action

To ensure equitable access to health outcomes for all New Zealanders, continued targeted actions are imperative. The Aotearoa's Smokefree Environments and Regulated Products (Smoked Tobacco) Amendment Bill (2022) introduces pivotal measures, including de-nicotinisation, reduced tobacco outlets and the Smokefree Generation policy. However, there is a palpable concern that these parliamentary efforts may fall short of the Smokefree 2025 goals.

Policy proposals scheduled for mid-2024 hold the potential to mitigate nicotine harm (13). Yet, for Rangatahi who smoke, the Smokefree Generation law will not raise the legal age for cigarette sales until 2028 (12, 13). Moreover, uncertainties remain regarding the displacement of cigarette regulations by smoke-free products such as vapes. Although these products may not use tobacco directly, they deliver nicotine and must be considered as new-generation tobacco products (14).

In summary, while there has been significant progress towards achieving a Smokefree Aotearoa, the persistence of health inequities underscores the imperative of targeted interventions. Further efforts, including the proposed policies for 2024, are essential to ensure that the Smokefree 2025 vision materializes, promoting equitable health outcomes for all New Zealanders.

Recommendations

1. Prioritise and comprehensively resource Māori and Pacific specific tobacco harm reduction initiatives.
2. Continue to implement current legislative and strategic government commitments to nicotine harm reduction.
3. Legalise the full range of reduced-harm products, for example, snus and nicotine pouches, with appropriate controls on marketing and access.
4. Raising the legal age for the sale of cigarettes to age twenty-one years.
5. Co-design free cessation services to serve the needs of Māori and Pacific communities, pregnant women, mental health communities, and communities with high deprivation.
6. Ensure that proven effective cessation treatments are freely available to all people who smoke.
7. Strengthen current regulations on marketing, access, and sales of vapes to young people.
8. Ban the sale of recreational vape products and impose strict restrictions on the flavours and packaging of vape products.

9. Actively limit and reduce the number of tobacco and vape retailers in high-deprivation neighbourhoods.
10. Reinforce the message that vapes are products to help adult smokers quit.
11. Provide coordinated and evidence-based advice and adequate resources to teachers and other people working with and caring for young people to support vaping prevention and cessation.

Conclusion

The PHA-NZ advocates for a multifaceted approach to address nicotine, smoking, and tobacco harm in Aotearoa, guided by Te Tiriti o Waitangi and addressing health inequities. We recommend bolstering evidence-based tobacco control measures, culturally responsive cessation interventions, and addressing the broader social and commercial determinants of health. Collaboration with Māori and Pacific communities is pivotal, involving increased Māori and Pacific leadership and control, continued industry regulation, culturally tailored interventions, and Te Tiriti-aligned policies. Equitable resource access and tackling socioeconomic disparities are crucial for achieving a smoke-free future for all New Zealanders. This approach aligns with addressing smoking-related harms deeply rooted in historical injustices and disparities to attain the Smokefree Aotearoa 2025 goal.

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Policy Sponsor(s)	
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