

Submission form

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This submission was completed by: (name)

Email:

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Organisation address: (street/box number)
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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 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 checked="" 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."/> | |

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- ☐ Pacific Peoples
- ☒ 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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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.

Click or tap here to enter text.

Please return this 2025@health.govt.nz smokefree form:

By email to:

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:

Revenue gathering

- 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:

Part of my business

- 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:

Supplying a service to my community

- 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:

Reduced customers, which means reduced revenue, which means store may close

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:

Will lead to black market tobacco

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

☐ Yes ☒ No

Please give reasons:

Filters assist in reducing tar levels

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:

Opens up to robberys and burglaries

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?

Don't take away our livelihood

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

No links to or funding from the tobacco industry
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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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Focus area 1: Strengthen the tobacco control system

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

To achieve the equity and Māori specific targets, appropriate Māori governance will be crucial. I will defer to Māori organisations to respond to how this might best occur.

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

There is clear research evidence from Australia to support increased action on tobacco control. Most Australian Aboriginal and non-Aboriginal smokers report that they want to quit, have tried to quit in the past year, and that they regret having started smoking.

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

The Proposal provides convincing research evidence that business as usual, or existing tobacco control strategies alone, will be insufficient to meet the Smokefree 2025 goal. New strategies will be required. The Proposal provides clear options for a comprehensive suite of new strategies, well supported by research evidence, that will extend the impact of tobacco control existing strategies.

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

As most of these new tobacco control strategies have not been previously introduced on a national scale, research, evaluation and monitoring of their implementation and impact will be of global significance, just as the excellent research about the implementation of plain-packaging in Australia was useful for the implementation of plain-packaging in Aotearoa New Zealand and across the world.

- 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:

Yes. The Northern Territory in Australia has such a licensing system, although not all States and Territories in Australia do. The potential threat of loss of this license has facilitated the enforcement of regulations and legislation about tobacco sales (e.g. prohibition of sales to minors and sales of single sticks) in the Northern Territory. It has also enabled better objective unobtrusive monitoring of smoking trends through regulations which require those with tobacco retail licenses to provide their wholesale sales data to the Northern Territory government.

Licenses would also facilitate the next measure – dramatically reducing the retail outlets selling 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:

The arguments for dramatically reducing the retail outlets selling tobacco in the Proposal are persuasive. However, they also make clear that this would need to be a large reduction to be effective. Licensing and regulations requiring the provision of sales data to the government (as in the Northern Territory) would facilitate the monitoring and evaluation of these measures.

- 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 may facilitate dramatically reducing the retail outlets selling tobacco.

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

☒ Yes ☐ No

Please give reasons:

Almost all smokers we have surveyed in the Aboriginal and Torres Strait Islander population regret starting to smoke, saying if they could they would not have started smoking. This is similar in many other populations, including in New Zealand.

This is the obvious next step and would build on the declines in youth smoking uptake to very low levels in Aotearoa New Zealand (and Australia). The equity gains will be impressive as stated in the research in the Proposal.

However the focus of any legislation should be on the sale of tobacco to youth born after this date, not the possession of tobacco by this group. Clearly this could also be facilitated by tobacco retail licenses. It is also important that this be supported by new policies to increase cessation, as reducing youth uptake alone will take a long time to reduce national smoking prevalence.

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 would be a very significant timely reform. In addition to the logical appeal of this initiative to largely remove the addictive element of cigarettes, the experimental evidence for the usefulness of very low nicotine cigarettes in assisting cessation is building and is increasingly convincing. It is now time to test this in the 'real world', especially in a country where other forms of nicotine (NRT and e-cigarettes) are already widely available.

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:

These only increase the appeal of smoking and prolong the epidemic.

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 avoids tobacco companies minimising the impact of the annual tobacco tax increases by enabling switching to cheaper products. We found evidence of such

switching to roll-your-own and cheap brands in our study of the impact of annual tobacco tax rises in remote Aboriginal 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.

A comprehensive approach to tobacco control has always been important and remains so. Aotearoa New Zealand's existing tobacco control policies and activities will support the new policies in the Proposal, which will build on their successes in changing social norms around smoking and tobacco companies. The different elements in the Proposal will increase the impact of other elements in the Proposal. However the core elements to prioritise would be the shift to very low nicotine cigarettes and dramatically reducing retail outlets.

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

The large and prolonged benefits to the peoples of Aotearoa New Zealand of implementing these Proposals will be celebrated across the world. Even in Australia.

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This submission was completed by:	(name)	Smokefree Expert Advisory Group of the Health Coalition Aotearoa
Email:		<div></div>
Phone number:		<div></div>
Organisation (if applicable):		Click or tap here to enter text.
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Health Coalition Aotearoa Smokefree Expert Advisory Group submission on the Smokefree 2025 Action Plan Discussion Document

Introduction

Health Coalition Aotearoa is an umbrella group of individual health experts and around 50 organisational members of health professional associations, public health providers, not-for-profit NGOs and academics. HCA benefits the community by promoting health for all New Zealanders, especially through the prevention of harm from tobacco, alcohol and unhealthy foods (as defined by the World Health Organisation). Our mission is to provide a collective voice and expert support for effective policies and actions to reduce harm, through a focus on the determinants of health. The Health Coalition Aotearoa Board endorses this submission.

This submission draws together views held by members of the Health Coalition Aotearoa (HCA) Smokefree Expert Advisory Group (SEAG). Although individuals are members of the HCA SEAG by dint of their personal expertise, all have made submissions as part of their various organisations. SEAG members welcome the Action Plan Discussion Document (APDD).

HCA SEAG members are:



1. Strengthening the tobacco control system

(a) Strengthen Māori governance of the tobacco control programme

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

The HCA SEAG strongly supports Māori governance within tobacco control that is guided by the obligations of Te Tiriti o Waitangi. SEAG members note that Māori should be afforded the same rights in decision making, and therefore the same health outcomes, as non- Māori/ tauwi. While working in the spirit of partnership, SEAG members note that good governance must be guided by those most closely affected by tobacco harm. SEAG members recognise the importance of Māori themselves explaining how Māori governance of the tobacco control programme would most appropriately function.

SEAG members also acknowledge the need to ensure 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.

(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.

HCA SEAG members recognise the importance of strengthening community action and building on existing support for APDD measures. HCA members who work alongside communities reported findings from their consultations, many of which took place during community events. The voices of Māori from Te Tai Tokerau indicated very strong support for key measures within the APDD, which they believed recognised the devastating effect smoking has had on whānau Māori. Community members expressed a strong desire for their rangatahi and tamariki to be smokefree and saw smokefree communities as crucial to the well-being of future generations and the environments in which their rangatahi and tamariki will live.

Community functions provide opportunities for Māori to gather and discuss smokefree questions. Communities have supported many auahi kore movement activities, including kaupapa Māori wānanga, smokefree workplaces and employers, inter-iwi smoking cessation competitions, and smokefree dairies, sports events, and streets.

SEAG members noted the importance of providing resources for Māori and Pacific to develop community activities relevant to their peoples and suggested a community-oriented fund, such as the former Innovations Fund, could be an important way of strengthening community action and connecting activities to the wider Smokefree 2025 goal. More generally, SEAG members believe harnessing the existing leadership within whānau, hapū and iwi could make major contributions to government public health efforts.

(c) Increase research, evaluation, monitoring and reporting

HCA SEAG members strongly support increasing research, evaluation, monitoring and reporting. We believe monitoring and evaluation must be a core component of all new measures implemented and endorse the proposed Action Plan's clear commitment to invest in research, evaluation and monitoring. We recommend developing and implementing a robust, prospective, and adequately resourced programme of research, evaluation and monitoring. 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 Pacific populations.

(d) Strengthen compliance and enforcement activity

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

HCA SEAG members strongly support strengthening compliance and enforcement activity. We recognise that some proposed measures could potentially be undermined by poor compliance, such as continuing sales of tobacco products by unlicensed stores or availability of illicit tobacco products. We recommend increased resourcing to enable adequate monitoring and appropriate penalties for non-compliance. As we discuss in our response to point 5, we recommend strong communications campaigns, which could denormalise social supply (among other topics).

HCA SEAG members strongly recommend independent research to estimate the market share of illicit tobacco.¹² NZ has limited data on illicit tobacco use, though independent research suggests industry claims are typically exaggerated, as when plain packs were introduced in Australia.³⁻⁵ Furthermore there is strong evidence to suggest that the tobacco industry facilitates and promotes illicit trade.⁶

HCA members recommend taking the following steps to enhance monitoring and compliance :

- Enhanced border surveillance and enforcement actions by Customs and Excise;
- Licensing and monitoring of all importers and distributors of any tobacco products;
- Ratification of the FCTC Protocol to Eliminate Trade in Tobacco Products;
- Participation in the global tobacco track and trace system;
- Collection of robust, independent and credible data on the extent of the illicit market as part of the enhanced research, evaluation, monitoring and reporting described above.

HCA SEAG members strongly believe that industry claims regarding illicit tobacco markets should not deter the introduction of new policy measures. Research shows that the major influences on illicit tobacco markets are regulatory strength, government corruption, tolerance for illicit markets, and a well organised criminal infrastructure.^{7 8} NZ's strong border control, low levels of corruption, and geographical isolation, will minimise opportunities for illicit tobacco trade. The widespread availability of alternative products, such as vaping products, will also decrease demand for illicit tobacco. Finally, we note that, as the Action Plan is implemented, smoking prevalence will fall, decrease demand for illicit products and reduce the rewards available through illicit trade.

2. Make smoked tobacco products less available

(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.

HCA SEAG members strongly support the establishment of a licensing system for all retailers of tobacco and vaping products (in addition to specialist vape retailers).

Introducing a licensing system would bring New Zealand in line with other countries and states (e.g., Finland and South Australia), and align NZ policy with international best practice.

Retailer licensing is a pre-requisite for reducing tobacco retail availability and provides a tool to manage retailer numbers; however, licensing alone will not lead to rapid or substantial reductions in retailer numbers. Other measures are required to complement licensing and 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.

HCA SEAG members strongly support reducing the retail availability of smoked tobacco products by significantly reducing the number of retailers based on population size and density. This measure could greatly decrease retailer numbers and thus New Zealanders' exposure to tobacco outlets. Implementation would need to account for differences in baseline numbers of tobacco retailers across different districts, where outlet density may vary, to ensure reductions are sufficient to prompt cessation, and to avoid further increases in the 'full cost' of obtaining tobacco inadvertently contributing to inequities.⁹

(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.

HCA SEAG members strongly 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). 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. This measure 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.^{10 11} SEAG members did not support the sale of tobacco products via alcohol outlets, except in extraordinary circumstances (e.g., where no other supply channel was available in rural areas).

International policy precedents now exist as other communities and governments have implemented measures to reduce the number of tobacco retailers.¹² 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.

HCA SEAG members strongly support introducing a smokefree generation policy (SFG). Most people who smoke begin when adolescents or young adults and lack full knowledge of smoking's health risks,¹³ and when their behaviours are often compromised by peer pressure or alcohol.¹⁴ Measures that protect young people from smoking initiation have high public support and will be pivotal to achieving the Smokefree 2025 goal and sustaining minimal prevalence once it is achieved.¹⁵

Māori communities strongly favour this measure, which supports their vision of a future where rangatahi and tamariki are not burdened by tobacco use. 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." Māori attending this hui saw a smokefree generation policy as key to reversing this history.

The SFG policy will go beyond minimum age of sale/purchase laws, which do not always effectively reduce youth access to tobacco, given inconsistent retailer compliance and the 'social supply' of smoked tobacco

products (e.g., from family and friends).¹⁶ Fixed age laws may also have adverse consequences, for example by inadvertently signalling that there is a ‘safe age’ for smoking or by framing smoking as a ‘forbidden fruit’.

The smokefree generation (SFG) proposal overcomes many problems associated with the current minimum age of sale law. It is likely to have a more profound impact on reducing smoking uptake because it gradually eliminates the availability of smoked tobacco products. Modelling data suggests the SFG policy will be strongly pro-equity,¹⁷ with the biggest reductions in prevalence occurring among Māori and Pasifika populations due to their younger age structure and high youth and young adult smoking uptake. HCA SEAG members therefore support implementation of the SFG intervention but recognise that this measure requires complementary measures that catalyse smoking cessation. **We therefore recommend the SFG proposal is implemented as part of a comprehensive action plan to achieve the Smokefree Aotearoa goal.**

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.

HCA SEAG members note the importance of reducing retailer numbers in a way that does not create marketplace anomalies advantaging some retailers over others. We suggest restricting tobacco sales to specialist R18 stores or pharmacies. We advise against proposals such as “grandfathering”, which will decrease tobacco outlet numbers too slowly to have a meaningful impact on the Smokefree 2025 goal.

HCA SEAG members 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.^{18 19}

HCA SEAG members note that arguments opposing reductions in the number of retailers permitted to sell tobacco products often lack a logical or empirical foundation. For example, arguments claiming that the loss of tobacco sales would see many small retailers go out of business lack empirical support as tobacco sales do not typically account for a high proportion of overall store turnover and generate very little foot traffic that leads to purchases of higher margin products.²⁰⁻²³

HCA SEAG members further note the very low profit margins associated with tobacco products.^{24 25} Re-allocating the space occupied by tobacco products to suppliers of higher profit products, could result in **greater** profitability for retailers.²⁶

3. Make smoked tobacco products less addictive and less appealing

(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.

HCA SEAG members strongly support the Government in requiring all tobacco products in New Zealand to contain only very low levels of nicotine

Very-low nicotine content (VLNC) cigarettes contain tobacco modified to eliminate most of the nicotine and bring nicotine content below the threshold at which addiction occurs (0.4 mg nicotine per gram of tobacco).²⁷ However, VLNC are just as harmful as conventional tobacco cigarettes. This point will need to be conveyed to smokers when the policy is implemented. Stopping *all* tobacco use confers the most significant health benefit to individuals.²⁸

NZ research has shown that a short course of VLNC cigarettes can help people quit smoking, and prevent relapse back to smoking, by breaking the association between smoking and receipt of nicotine.^{29 30} When combined with 'clean' nicotine (via NRT or vaping) and behavioural support, people more readily make the transition away from cigarettes as their source of nicotine. In smokers, 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. VLNCs also reduce the risk that experimental smokers become regular smokers.

Concerns about reducing nicotine have not been borne out by research evidence. Compensatory smoking has not been found to be problematic, simply because VLNC cigarettes deliver so little nicotine that it is impossible to compensate effectively.^{29 30} Dual use of VLNC cigarettes and conventional tobacco, and stock-piling of traditional tobacco, have also been raised as concerns. A mandated simultaneous, abrupt reduction in nicotine across all combusted tobacco products would be required and research shows this approach has a more significant health benefit than a gradual reduction in nicotine levels.³¹

Strategies will be needed to identify how smokers and the tobacco industry may try to circumvent a nicotine reduction strategy. Reducing nicotine in cigarettes will likely motivate smokers to seek alternative sources of nicotine, particularly forms that address the hand-to-mouth action of smoking (e.g., vaping products and nicotine mouth spray). A black market in conventional tobacco would likely see an increase in the price of these products. NZ has robust border controls and surveillance which, coupled with its geographical isolation, make it unlikely that smuggled tobacco will be a significant problem.

HCA SEAG members recommend that, as part of the enhanced monitoring proposed, VLNC cigarettes are tested regularly to ensure they are as low in nicotine content as is mandated.

(b) Prohibit filters in smoked tobacco products

Do you support prohibiting filters in smoked tobacco products?

• Yes

• ~~No~~

Please give reasons.

HCA SEAG members strongly support prohibiting filters in smoked tobacco products. Members note that many people who smoke believe, incorrectly, that filters reduce the harms of smoking; they further note that filters represent a major source of environmental litter.

Analyses of tobacco industry documents show that tobacco companies understood filters made no meaningful difference to the harms people who smoke face but nonetheless continued to incorporate these in their cigarette products because smokers perceive filters as reducing harm.³²

Filters also cause major environmental harm; they comprise poorly biodegradable cellulose acetate that can linger in the environment for many years before eventually breaking down into smaller plastic particles. Each year, around four trillion cigarette butts are discarded globally, making tobacco product waste the most commonly littered item in the world.³³ A recent NZ National Litter Audit also reported that cigarette butts were the most frequently identified litter item.³⁴

HCA SEAG members do not agree that the problem of discarded filters can be addressed by providing more litter receptacles or greater education, or by introducing biodegradable filters. These suggestions suit tobacco companies' interests, relocate blame to individuals, and ignore evidence that up-stream interventions, such as changes in tobacco product design, will more effectively reduce the consumer deception and environmental burden of tobacco product waste.^{35 36}

HCA SEAG members note that banning filters would align with international initiatives (e.g., members of the New York state legislature have proposed a statute banning the sale of single use filters (and e-cigarettes).³⁷

(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

HCA SEAG members 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 people who smoke may crush to flavour the smoke they inhale and customise their smoking experiences. A recent NZ study found that flavour-capsule cigarettes appealed more to susceptible young adult non-smokers than to young adult smokers.³⁸ This finding suggests the growth in capsule sales

observed internationally is more likely to reflect recruitment of new, predominantly young “replacement smokers” than it is to demonstrate brand switching among existing smokers.³⁹⁻⁴¹

4. Make tobacco products less affordable

(a) Set a minimum price for tobacco

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

- Yes
- ~~No~~

Please give reasons.

HCA SEAG members support setting a minimum price for all tobacco products as this approach would provide a mechanism for managing the price-shifting that currently occurs (i.e., where tobacco companies shift a higher proportion of excise tax increases to premium brands while maintaining the relative affordability of budget and super-budget brands). This measure should be accompanied by a levy, or other disincentive to discourage tobacco sales and ensure increased revenue from a minimum price strategy does not benefit tobacco companies.

As a minimum price strategy will likely have greatest impact on people with lower incomes who typically purchase lower-cost brands, SEAG members also recommend that a minimum pricing measure must be accompanied by enhanced smoking cessation support for priority populations.

5. Enhance existing initiatives

(a) Increase investment in mass and social media campaigns

HCA SEAG members strongly support enhancing existing initiatives by increasing investment in mass and social media campaigns. We believe these campaigns can promote behaviour change such as smokefree behaviour or switching to alternative sources of nicotine. These campaigns can also create knowledge by exposing industry practices; build supportive environments that support behaviour change,^{35 42} and create opportunities to work more effectively with communities affected by unhealthy products, such as tobacco. **HCA SEAG members note with concern** evidence that, despite the importance of mass and social media campaigns in achieving the Smokefree 2025 goal, NZ's expenditure on these measures actually *declined* following the Smokefree 2025 goal's announcement.⁴³

HCA SEAG members also note that evaluating mass and social media campaigns is crucial and should be an integral component of all campaign activity. Evidence from overseas and from within NZ shows that these mass and social media campaigns can be highly effective and highly cost-effective.⁴⁴⁻⁴⁶

We suggest mass and social media campaigns could communicate the goal's meaning and rationale, explain core policy measures, and build support for these. 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 note 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.⁴⁷⁻⁴⁹ They must also be designed to eliminate smoking disparities and reflect the needs, priorities and voices of core communities, particularly Māori, whose leaders first proposed a Smokefree Goal in 2010.

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

HCA SEAG members strongly support increasing investment in stop smoking services for priority populations. SEAG members note feedback from stop smoking service providers that referrals have fallen since the annual excise tax increases ceased but are likely to increase, particularly if the final Action Plan reduces nicotine to very low levels and greatly reduces tobacco supply. It is important to ensure stop smoking services are equipped to respond to increased service demand and that resourcing recognises the challenges of meeting demand during periods when staff are reallocated to meet COVID-19 requirements. SEAG members working with stop smoking service providers have suggested providing dedicated resources in GP clinics with a high population of wahine Māori (e.g., Health Improvement Practitioners and Health Coaches).

As well as enabling sufficient staffing to provide high quality advice, active support and sustained follow-up, stop smoking service providers seek improved access to prescription medications and funding to subsidise all nicotine replacement therapy products (e.g., Inhalator and Quit Mist, which are currently unfunded).

Investment is also required to ensure stop smoking services are more than programme delivery and smoking cessation providers, but can actively promote themselves within their communities. SEAG members note service providers have asked that investment in mass and social media campaigns is integrated with local stop smoking services to ensure a co-ordinated, strategic approach.

SEAG members also note that many health service providers other than stop smoking services will interact with people who smoke. Members recommend provision of smoking cessation support should be a core activity within all health service providers' roles and embedded within all services interacting with population groups where smoking prevalence peaks.

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?

HCA members strongly believe the action plan must contain a comprehensive suite of measures; members recognise that no single measure will realise the 2025 goal and note that concerted action is required to reduce the appeal, affordability, availability and addictiveness of tobacco products.

HCA members note the measures that reduce supply and make cigarettes less addictive and less appealing will require assessment to ensure these do not run counter to international agreements.

Our obligation pursuant to the World Trade Organisation Technical Barriers to Trade means that regulations cannot be "...prepared, adopted or applied with a view to or with the effect of creating unnecessary obstacles to international trade." The restrictions are deemed unnecessary and therefore in breach **if they are more than is necessary to fulfil a legitimate objective**. The assessment is evidence-based.

To lessen the likelihood of any case being taken and/or being successful:

1. Articulate the goal of Smokefree 2025 as a legitimate public health objective with the outcomes the smokefree status would achieve.

2. Explicitly state the connection, based on scientific evidence, between the public health objectives and each of the proposed measures, such that no lesser alternative measures could achieve the desired result.

The Comprehensive and Progressive Trans-Pacific Partnership Agreement (CPTPP) generally means that products legally sold in Australia cannot be restricted in New Zealand and vice versa. There is the possibility of exemptions.

The Government should:

1. Notify a denial of benefits of investor state arbitration in relation to tobacco control measures under Art 29.5 of the CPTPP with the introduction of any legislation.
2. Seek from Australia a temporary 12-month exemption for each of the proposed measures and then a permanent exemption to follow.

Investment treaties ensure foreign investors cannot be expropriated by the State without compensation. Some of the proposals, while not expropriating the cigarette industry, could be characterised as an equivalent in that they deprive the tobacco companies from at least a substantial amount of their investment. However, where non-discriminatory measures are designed to protect public health, they will not be found to be a breach.

1. Any legislation be framed as non-discriminatory in application.
2. The measures proposed do not contemplate a ban of the sale of cigarettes or other smoked tobacco products and it is prudent for them not to be characterised as such.

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Submission form

1. Your details

This submission was completed by: (name)

[REDACTED]

Email:

[REDACTED]

Phone number:

[REDACTED]

Organisation (if applicable):

Note: this submission represents the views of all of the 20 DHB Chief Executives

Organisation address: (street/box number)

Click or tap here to enter text.

(town/city)

Click or tap here to enter text.

Role(if applicable):

[REDACTED]

2.

3. 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 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 <i>(please specify)</i> : | |
| Click or tap here to enter text. | |
-

4. 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 the submission working group identifies 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
-

5.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.

6.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

7.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.

8. 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

9. 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>.

10. Focus area 1: Strengthen the tobacco control system

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

DHBs are committed to working with iwi, hapu, whānau and Māori communities to develop and maintain an effective tobacco control system. We support the creation of the Māori Health Authority and advocate for the Smokefree 2025 Goal to be a key priority for the new Authority. We would advocate for Māori to be the decision makers in this process including the Māori Health Authority acting as lead commissioners for Kaupapa Māori tobacco control services and measures, and co-commissioners with Health NZ of universal tobacco control services and measures across tier 1 and tier 2 services. We recommend that the Te Tiriti o Waitangi articles and principles are embedded into any future tobacco control programmes.

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

DHBs are directly involved with the delivery of comprehensive and collaborative actions that support Smokefree 2025. This includes: tobacco control leadership; health promotion and policy development to reduce the demand and supply of tobacco; Smokefree Environments Act compliance and enforcement; identification of smokers and brief advice to quit; and referral to and provision of smoking cessation services. This work spans primary, secondary, and tertiary services; work with Māori and Pacific providers and NGOs; and work across sectors including with workplaces and businesses.

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

Additional funding is required 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. We recommend that community action be centered around priority groups, including Māori, Pacific, pregnant smokers and mental health and addiction service users.

DHBs strongly support the actions proposed in the Smokefree 2025 Action Plan. These actions need to be complimented by a rapid and substantial – approximately four fold – scale up of Smoking Cessation Services in 2021 and maintained over the

period 2022-25. Current estimates suggest that approximately 60,000 smokers need to quit per annum over the next four years to achieve the smokefree target with a much greater proportion of Māori and Pacific quitters (who have a quit rate lower than the general population). This is a 4 fold increase from the approximately 10-15,000 quitters per annum currently. There is considerable opportunity to commission more and more effective cessation services in the community including Maori and Pacifica services but additional funding is needed to support this.

The recently announced \$36m Budget investment into smoking cessation services, health promotion and social media is a welcome initial step towards this but appears to be far below the increase to achieve the level of expansion needed. Transparency is needed about the basis for the Budget allocation, in particular the targeted increase in quitter numbers from smoking cessation services, to test the assumed cost per quitter against existing exemplars of good practice. Existing costs of these services in New Zealand vary widely but the median current New Zealand service costs close to \$4,500 per successful quitter. If current approaches to cessation are expanded at these costs, the vote health allocation would yield only around one tenth of the increase in quitters needed. With appropriate additional resources, DHBs are able and willing to work to scale the most cost-effective best practice approaches to contribute toward achieving the four-fold increase required in the coming months, to further inform the resources needed.

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

Research must be centered around priority groups and particularly Māori women smokers, and what works best for priority groups to quit and not relapse. Māori women make up the biggest group of smokers in Aotearoa so insight into how to help them quit and stay smokefree will both result in in the biggest health gains, and will have the strongest pro-equity outcomes. The priorities must be equity led and have a rights based approach with a specific focus on Te Tiriti o Waitangi. Ideally an evaluation of the impact of any new policies including baseline surveys would be conducted before new policies are put in place.

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

The Smokefree 2025 Action Plan will need to establish targets and indicators which are regularly monitored and action taken when results are not being achieved. Another area that we recommend be addressed is the issue of smokefree outdoor areas – ideally this would include encouraging the public to refrain from smoking in the following areas: playgrounds, parks, sportsgrounds, reserves, walkways, cycleways, beaches, bus stops and central business districts in all towns and cities.

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:

DHBs strongly support the establishment of a licencing system for all tobacco retailers. We believe that this would: 1) enable reductions in the availability of cigarettes, 2) better enable quality control and monitoring of tobacco sales, 3) ensure that policies on reducing the number of outlets and type of outlet eligible to sell tobacco are enforced, 4) assist in combating illicit sales, and 5) prevent internet and email sales. We recommend that all retailers are required to ensure point of sale display material promotes less harmful products and contact points for cessation services, and that the Government consider the potential (for outlets based in communities that would best target current inequities) of testing a reward based incentive where cessation service contact is a result of outlet based promotion and advice.

- 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 DHBs are strongly supportive of placing density measures in license requirements to reduce the number of tobacco retailers. This is especially important in socially deprived areas where smoking rates are much higher. We recommend that the measures should fully eliminate the difference in outlet density between the most deprived and the least deprived communities in New Zealand.

Having tobacco, the only retail product which if used as intended kills over half its users, more available than bread and milk normalises the product. This normalisation is a significant barrier to people who smoke successfully quitting and increases the likelihood of relapse and initial uptake among consumers. Having ready access to tobacco retailers also reduces the likelihood that a person trying to quit will be successful.

Communities are supportive of reducing tobacco sales with over 68% nationally in favour of tobacco supply reduction. Smaller tobacco retailers in New Zealand have indicated willingness to go tobacco free so long as it is on a level playing field economically – i.e. other similar retailers in close proximity also stopped selling tobacco.

While setting a cap on tobacco retailers is required, we recommend specific measures for remote and rural areas to moderate reduced access insofar as they protect a minimum level of access within a reasonable travel time.

- 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:

DHBs support restricting sales of tobacco to a limited number of age restricted specialist outlets. We recognise the logistical challenge and cost of moving immediately to age restricted specialist outlets. There would be a benefit, over time, in testing the impact of a transition to age restricted specialist outlets. We believe that pharmacies should be strongly incentivised to focus on all forms of harm reduction, rather than selling full strength tobacco products.

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

☒ Yes ☐ No

Please give reasons:

DHBs support the introduction of a Smokefree generation policy because it is an opportunity to reduce the number of new smokers, to phase out legal sales of tobacco, de-normalise smoking, reduce youth uptake and increase awareness of and access to smoking cessation support services. The Smokefree generation policy would eventually lead to everybody being prevented from purchasing tobacco. Tobacco and nicotine would need to be included in a new section of the Misuse of Drugs Act which would make it a classified product with exemptions as set out in the Smokefree Environments Act.

- 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:

As it is Government policy that New Zealand becomes Smokefree by 2025 we believe that small businesses will need to adapt accordingly. We urge the Government to move to hypothecate transitional support for affected small businesses and consider providing such support in the form of incentives for increasing the relative sales of healthy food products such as fruit and vegetables. Switching out the profit from harmful products with incentives for healthy products will have a significant benefit for New Zealand.

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:

DHBs strongly support the proposal to reduce nicotine levels in tobacco and the aim to decrease smoker's dependence on nicotine. This will reduce the desirability of tobacco and make it easier for people to quit or to shift to less harmful nicotine based products. It will also minimise the risk of nicotine addiction from experimental use of cigarettes. We recommend increasing resources and support for the promotion of smoking cessation services, both locally and nationally.

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. Opinions of Māori on the introduction of very low nicotine cigarettes were recorded in the International Tobacco Control New Zealand (ITC NZ) survey which found that among Māori participants, the mandated removal of nicotine from cigarettes garnered the greatest support of any tobacco control intervention. 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.

Although nicotine is highly addictive it is not the main harmful ingredient in tobacco. We recommend increased messaging that very low nicotine cigarettes are equally as harmful as cigarettes with higher nicotine content be carried out on a national basis.

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

☒ Yes ☐ No

Please give reasons:

DHBs support replacing filters with a requirement for reducing the nicotine content in cigarettes as a more effective harm reduction measure which, unlike filters, does not cause environmental pollution and a false perception of safer use in full strength cigarettes.

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

☒ Yes ☐ No

Please give reasons:

DHBs support the proposal for Government to have the means of prohibiting innovations in the future which make products more addictive, palatable, desirable and appealing, especially to youth.

11. 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:

DHBs support a minimum unit pricing policy as this would prevent price shifting and discounting tactics employed by the industry and retailers. We believe that keeping the price of tobacco high will help prevent youth uptake and ensure that more smokers choose to quit or switch to cheaper and less harmful alternatives. Minimum unit pricing should be calibrated with tax levels to ensure the profitability of tobacco sales remain at the lower end of the sales margins for the retail range of products sold in outlets which sell cigarettes. To avoid perverse commercial incentives for outlets, it should not be more profitable to see a rise in cigarette sales compared with other retail lines.

12. 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.

Evidence suggests that achieving Smokefree 2025 is highly unlikely, especially for Māori, unless the Government takes a strident and bold regulatory approach and provides greater targeted resources to help people quit. DHBs consider that all of the issues raised in the discussion document need to be included in the Smokefree 2025 Action Plan, along with the other points raised below.

The primary focus needs to be on priority groups based on those who experience the greatest health inequities and health harms including Māori woman, those who are pregnant, and those with continuing mental health conditions.

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

We as DHBs are delighted that the Government has proposed such bold actions within the Smokefree 2025 Action Plan. We are ready to support the Government and in particular would like to see an increase in availability of alternative nicotine products including gum, lozenges, patches and vaping products, as a means to assist smokers to quit smoking. DHBs are ready, willing and able to do what is needed to help ensure that the Smokefree 2025 Goal is reached.

We recommend commissioning services in a way which provides strong incentives for existing providers to expand without facing undue financial risks, as well as incentivising new and innovative providers to enter the smoking cessation sector, including uncapped outcome based payment-per-quitter within rolling multi-year contracts to ensure security of funding. We recommend that expansion would be

undertaken through training additional workforce to build capacity in cessation services rather than competing for existing staff. Given that 4 in 5 New Zealanders who smoke wish that they had never taken it up, having a choice of any accredited provider of cessation services, in the delivery style that best suits their preferences, will support the substantial rise in uptake needed to achieve Smokefree 2025.

As active plans for cessation service expansion are put in place, DHB provider services are ready to work closely with the Ministry of Health to ensure more systematic referral into services, from primary and community services as well as prior to elective surgery and as part of discharge planning pathways to ensure that 'every contact counts' and opportunities to support smokers to quit are not missed.

Discharges represent a captive population of smokers with at least 170,000 smoking patients discharged each year with a major smoking related condition. On discharge it is recommended that the system should ensure that these patients have the information, support and access to low risk alternative sources of nicotine required to maintain their smoke-free status. Patients discharged also need to be referred to face-to-face Stop Smoking Services as a matter of priority. This is a huge opportunity to improve health, reduce re-admissions and save significant amounts of money for patients and DHBs. Counties Manukau Health Stop Smoking Service is an example of best practice.

DHBs fund primary health care and the providers of primary care regularly identify their patients who smoke. Here is another captive population which can be supported to quit with a whole range of tools. This requires more than brief advice from the provider. It requires a chain of community based support including referral to face-to-face Stop Smoking Services and access to a full range of reduced harm, cheap and effective sources of nicotine to replace toxic burnt tobacco. Innovative community based support services need to be adequately resourced.

The \$36m Smokefree announcement in Budget 2021 is a good start. DHBs also urge that the following actions be included in the Action Plan in order to ensure that the Smokefree 2025 goal is achieved:

1. Increase funding for Stop Smoking Services which have been shown to be highly cost effective. It is critical that these services are delivered in a culturally appropriate and whānau centered way to support priority populations. Sufficient funding and resources are required to support a 4 fold increase in the number of smokers quitting to 60,000 per annum over the next 4 years in order to achieve the Smokefree target. Funding is required for increasing the numbers of smoking cessation practitioners along with the ability for DHBs and Stop Smoking Services to be able to purchase cheaper and less harmful products in order to help smokers quit smoking. In particular Kaupapa Māori and Pacific health services require significant funding increases, especially those focusing on helping pregnant smokers.
2. Invest in evidence based, cutting edge mass and social media campaigns with a particular focus on priority populations which are culturally appropriate
3. Initiate actions to reduce smoking rates among Pacific people, who after Māori have the second highest smoking rates

4. Ensure that an effective nationally coordinated Smokefree compliance and enforcement system is established, based in the appropriate new health entity
5. Increase legislated Smokefree areas such as all workplaces, playgrounds, parks, sportsgrounds, reserves, walkways, cycleways, beaches, bus stops and central business districts in towns and cities. This will help to de-normalise smoking and reduce second hand smoke exposure.

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 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 checked="" 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)*:
Click or tap here to enter text.
- ☐ Not applicable / prefer not to say

Privacy

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- ☐ Do not publish this submission.

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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.

Click or tap here to enter text.

Please return this **smokefree2025@health.govt.nz form:**

By email

By post to: Smokefree 2025 Consultation, Ministry of Health, PO Box 5013, Wellington
6140. smokefree2025@health.govt.nz

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:

Revenue gathering

- 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:

Part of my business

- 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:

Supplying a service to my community

- 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:

Reduced customers, which means reduced revenue, which means store may close

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:

Will lead to black market tobacco

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

☐ Yes ☒ No

Please give reasons:

Filters assist in reducing tar levels

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:

Opens up to robberys and burglaries

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?

Don't take away our livelihood

Submission form

Your details

This submission was completed by:	(name)	Australasian College for Emergency Medicine
Email:		<div></div>
Phone number:		Click or tap here to enter text.
Organisation (if applicable):		Australasian College for Emergency Medicine
Organisation address:	(street/box number)	<div></div>
	(town/city)	<div></div>
Role (if applicable):		Click or tap here to enter text.

Additional organisation 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.

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 programme needs to be led by Māori leaders with consultation and insight of views and feedback from iwi, hapu and whanau throughout New Zealand. It is vital that the Treaty of Waitangi is upheld.

The new Māori Health Authority would likely oversee this, but there will need to be separate and independent Māori leadership of tobacco control and implementation within communities.

There should be the ability for Māori to enact, enforce and control tobacco free ordinances and to benefit directly from taxation of tobacco products with control of revenues raised from taxation and licensing and / or fine enforcement.

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

Restrictions on the locations where smoking is not permitted (in buildings, near buildings, near hospitals, and in cars with children) and graphic warnings on packaging.

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

All communities and at-risk demographic groups must be consulted on and involved in any initiatives. These groups must be empowered to lead change themselves. This will strengthen support among communities for any changes that may result.

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

Research should focus on the most effective ways to support tobacco cessation and prevent its uptake, especially in young people and priority populations (including Maori, Pasifika and Culturally and Linguistically Diverse populations, pregnant women, people living with mental illness and people living with chronic disease).

Research should also be conducted into existing positive outcomes. This can include research into younger generations of the population, looking at what has helped them not take up smoking, or previous smokers who have managed to quit.

Several proposals in the Smokefree Aotearoa 2025 Action Plan will benefit from information on where cigarettes and e-cigarette products are currently purchased from.

Research should also continue in the potential harmful effects of e-cigarettes. Currently not enough is known about the long-term health impacts of e-cigarettes. This is vital information in order to make informed decisions about their future use and regulation.

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

There should be a reduction in the number of outlets selling tobacco, including removing cigarettes from supermarkets and dairies, and having none within a certain distance of schools. This is a simple step that can be taken to reduce the availability and visibility of tobacco products to young people.

An ongoing increase in cost is a simple method to make the practice of smoking more prohibitive. Improved legislation and health promotion programming that will prevent the uptake of tobacco, support the cessation of tobacco use, and reduce the volume of use for people addicted to tobacco products is also required. This should include a comprehensive tobacco strategy that incorporates increasing taxation, restrictions on access, and enforcement of legislation that limits the purchase and sale of 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:

Strong control and restrictions of vaping needs to be introduced to limit related harm to health. E-cigarettes and their related products should be treated the same way as traditional tobacco cigarettes. The enforcement of regulations for both tobacco and vaping products needs to be tight, for example using routine policing and maximum penalties for sales to minors. Enforcement should also enable additional steps to be introduced such as not licencing outlets within a certain distance of schools.

It is vital that e-cigarettes and associated products are regulated. We support the adoption of a precautionary approach to e-cigarettes and endorse the National Health and Medical Research Council's (NHMRC) advice in Australia that health authorities and policy-makers should act to minimise harm to users and bystanders, and to protect vulnerable groups such as young people, until evidence of the safety, quality and efficacy of e-cigarettes can be produced. There is currently not enough evidence to prove that e-cigarettes help people to quit smoking (<https://www.nap.edu/resource/24952/012318ecigaretteConclusionsbyEvidence.pdf>) and there is a lack of research on the long-term health impacts on users (<https://www.health.gov.au/health-topics/smoking-and-tobacco/about-smoking-and-tobacco/about-e-cigarettes>).

There is clear evidence that e-cigarettes are being marketed at children and young people, despite evidence of negative effects on this demographic including the use of such products acting as a gateway to nicotine addiction and an increased uptake of smoking (<https://www.health.gov.au/sites/default/files/documents/2019/12/policy-and-regulatory-approach-to-electronic-cigarettes-e-cigarettes-in-australia-principles-that-underpin-the-current-policy-and-regulatory-approach-to-electronic-cigarettes-e-cigarettes-in-australia.pdf>).

- 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:

While reduced incentives to start and continue smoking are important, reduced availability and increased barriers, such as cost, to initiating addiction are necessary. Moderately limiting access in urban areas to tobacco products is likely to be an effective method to reduce their consumption. Reducing visibility and availability of

tobacco products make them less likely to be accessible to young people, and less likely to be purchased on impulse. When reducing the number of tobacco retailers, priority should be given to removing any retailers within a certain distance, for example within one kilometre of schools.

Care needs to be taken with allowing more retailers in areas of increased population density – high density correlates with lower socioeconomic status and increased potential harm from 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

Please give reasons:

Any method that restricts access that minors have to tobacco products should be prioritised to reduce the health impacts on young people and the possibilities of developing addictions. Specialist R18 stores will make tobacco products less visible and accessible to younger people, who currently see them when visiting shops or petrol stations for other reasons.

Limiting the sale of tobacco products to pharmacists may give the impression that they are a health product. If such a scheme were to be implemented, all tobacco sales would need to be accompanied by a health warning and the offer of quit counselling, as well as offering alternative nicotine products, such as patches or gum. This should be accompanied by a licencing requirement that pharmacies display information about smoking reduction, smoking harm, and information on smoking reduction products and schemes, helplines, and / or websites on quitting smoking.

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

☒ Yes ☐ No

Please give reasons:

This is an innovative and comprehensive approach to reduce the burden of tobacco-related disease in the next generation. Reducing the number of people who start smoking will be one of the most effective ways of achieving a Smoke Free Aotearoa.

Beyond the cost to the New Zealand population in terms of harm and disease, the financial burden placed on the New Zealand health system is significant, with a 2010 report estimating the cost at \$1-1.6 billion per annum

(<https://www.health.govt.nz/about-ministry/information-releases/regulatory-impact-statements/excise-tobacco-proposed-changes>). If the cost of treating patients with tobacco-related diseases abates over the coming future generations, it will be possible for this money to be spent elsewhere in the health system.

If introduced, such a piece of legislation must be seriously thought out. As has been seen with efforts around the world to tackle illicit drugs, making substances or practices illegal does not mean that younger generations will be deterred from using that substance or practice. Should the policy progress, there must be a more in-depth consultation on the simple practicalities of the change in law, such as whether the

legislation would extend to foreign nationals, or what punitive measures would exist for sellers in a black market. Careful consideration must also be given to the difference in criminalising the user versus the seller – punishment should apply to the sellers taking advantage of users, rather than the addicted person.

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:

If accompanied by high taxation of tobacco products, this initiative is likely to reduce nicotine exposure. Nicotine is both poisonous and addictive. There is a risk however, that this may affect peoples' perceptions of safety. In order to ingest the same levels of nicotine that they are used to, people may consume more of a low-dose product, eventuating in similar negative health outcomes, although research suggests that this tails off over time (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3525710/>).

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

☐ Yes ☒ No

Please give reasons:

Filters were introduced for cigarettes as they were thought to reduce the incidence of lung cancer, but studies have not shown this to be the case, and that filters have mixed health benefits. They are degraded into micro-particles and can release toxins such as arsenic, heavy metals, polycyclic hydrocarbons and nicotine into the environment. They also can give a layer of false security as people think that they reduce the amount of toxins being inhaled. Future initiatives should not focus on whether or not cigarettes have filters, but on the bigger picture of reducing or eliminating smoking.

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

☒ Yes ☐ No

Please give reasons:

A fundamental role of government is to protect its population from harm. An extension of this is to reduce the impact or consumption of potentially harmful products, which can be done through regulation. Tobacco should be extensively regulated due to the extent of tobacco-related harms and diseases to protect the New Zealand population.

Tobacco companies must not be allowed to make modifications or innovations in order to make cigarettes more appealing. The Government cannot allow such companies to boost their sales at the cost of the health of the population.

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:

Taxation is an evidence-based approach to reduce consumption of products with negative health effects. In the US, the Department of Health and Human Services estimated that a 10 per cent increase in price reduced consumption by 3-5 per cent and that price increases are particularly likely to impact youth, young adults and lower income populations

(https://www.ncbi.nlm.nih.gov/books/NBK99237/pdf/Bookshelf_NBK99237.pdf).

The minimum unit pricing mechanism has also been found to be effective in reducing alcohol consumption and alcohol-related harm in the Northern Territory in Australia (<https://adf.org.au/insights/minimum-unit-pricing/>) and Scotland

(<https://www.bmj.com/content/366/bmj.l5274>).

A carefully evaluated approach to a minimum price for tobacco should be introduced to examine whether this is effective. It is likely that effects would differ between groups of the population, particularly those who experience socioeconomic deprivation. This needs to be carefully monitored.

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.

Implementing restrictions that limit the access to and visibility of tobacco products that minors currently have should be prioritised to reduce the health impacts on young people and the possibilities of developing addictions. With this, there must be greater regulation of, education on, and deterrents to tobacco and e-cigarette products.

It is imperative that any strategy, initiative, or scheme that is created through the Plan must have Maori involvement in its inception, governance, and any ongoing reviews.

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

The negative health impacts of tobacco and nicotine are well established. Extensive and extreme measures are justified given the generational health impacts on the entire community. These measures need to be culturally safe and tailored to specific high-risk priority populations. Revenue from increased taxation and regulation should be used to support community-based interventions in order to support tobacco cessation and reduce uptake that are led by priority populations.

It is vital that this action plan has the ongoing full support of all the parliamentary parties and consultation with groups and representatives from Maori and Pacific Island communities, to ensure the interventions address the concerns in an accessible and culturally appropriate way.

As part of targeting high-risk populations, consideration should be given to the introduction of an enhanced quit smoking program as part of early antenatal care.

Consideration should also be given to making interventions more accessible, particularly to young people, through platforms such as social media and text messages. It is positive that quitline.co.nz currently shows an 0800 number – but text or ‘chat’ function may be more accessible for young people. The text number for quitline (4006) is harder to find on the Quitline website than the 0800 number which is displayed at the top of the front page. Tools to quit should be more widely advertised to increase uptake, especially when it is free to use.

In addition to this, websites that support smoking cessation, such as quitline, should be added to the list of sites classed as ‘zero rated’ in New Zealand (<https://www.health.govt.nz/news-media/news-items/no-credit-no-worries-pilot-initiative-set-improve-equity-enabling-access-online-health-resources>), meaning that they are free to access even if people don’t have data and / or credit to use the internet. Simple steps like this will reduce health inequity and increase accessibility for the more vulnerable members of society.

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"/> | |

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 +
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Ethnicity/Ethnicities I identify with:

- ☒ New Zealand 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

Commercially sensitive information

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

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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

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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:

Availability should be restricted to a nationwide network like ours – we are best placed to sell tobacco products with uniform controls and compliance requirements

- 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.

Stocking vaping products for 18+ customers to transition from tobacco products

- 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)	<div></div>
Email:		<div></div>
Phone number:		<div></div>
Organisation (if applicable):		NA
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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.

NA

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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.

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.

Introduce laws as strict as those in Queensland, Australia, at least. See - <https://www.qld.gov.au/health/staying-healthy/atods/smoking/laws>

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:

Require retailers to have information to give to the individuals if asked and to display general information.

- 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:

Make smoking products harder to find. Don't allow them to be linked with food or drink (including alcohol). Have strong penalties for those who breach the selling laws and ensure their enforcement, otherwise limiting availability is useless.,

- 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:

Particularly pharmacies, who are used to having controls re limited substances. Also, pharmacists have a code of ethics and presumably be disciplined if they breach them..

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

☐ Yes ☐ No

Please give reasons:

Neutral as to the effect

- 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:

Hopefully to diminish the addiction.

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

☐ Yes ☐ No

Please give reasons:

Neutral

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

☒ Yes ☐ No

Please give reasons:

Make it hard for suppliers to circumvent existing laws.

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 know people who have given up because of price rise

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.

Limiting where one can smoke. Keep reminding people of the damage done to others, from tobacco smoke, especially to children. Advertise the resulting health damage caused by smoking. Even if the smokers ignore it, sometimes their relatives, even children, use the information to encourage (beg) them not to smoke.

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

NA

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):

Additional organisation information

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

- | | |
|---|--|
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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 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

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 **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 does not reduce patronage, rather it increases quitting attempts and reduces 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

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

Additional comments:

Smoke free cars with children. Reduce outlets selling cigs Limit/control vaping outlets

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 numbers^{iv}. Tobacco retailer licensing with annual fee increases has achieved tobacco outlet reduction in South Australia^v.

☒ Yes ☐ No

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 areas^{vi}.

☒ Yes ☐ No

- 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 approach 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.

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.

☒ Yes ☐ No

- 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?**

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.

☒ Yes ☐ No

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

The overwhelming majority of research shows that filters do not reduce the harms associated with smoking. In fact, filters may increase harm caused by smoking by enabling smokers to inhale smoke more deeply into their lungs.

Cigarette filters are an environmental hazard and are among the 10 most common plastics in the world's oceans.

☒ Yes ☐ No

c). **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. ☒ Yes ☐ No

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.
 - iv <https://blogs.otago.ac.nz/pubhealthexpert/reducing-tobacco-retail-availability-how-could-this-be-achieved-and-what-evidence-supports-the-nz-governments-proposals/>
 - v 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]
 - vi 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

Submission form

Your details

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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 checked="" 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*):
Indian
- ☐ 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?

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.

Smokefree Aotearoa 2025 Action Plan

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]
Patu Puaiahi Smokefree Tai Tokerau
[Redacted]
[Redacted]
[Redacted]

Additional organisation information

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 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 – e.g., 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 has not 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

Patu Puauahi Tai Tokerau Smokefree Network warmly 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.

Patu Puauahi Tai Tokerau, is a collective network of health professionals working within Smokefree/Auahi kore/Tobacco Control sector in Tai Tokerau.

Our collective was established to ensure the voice of Tai Tokerau on achieving Auahi kore/Smokefree 2025 was heard in the wider health and government sectors.

Members of Patu Puauahi work for

- Te Hiku Hauora Trust
- Hokianga Health Trust
- Whaingaroa Healthy Families
- Ngati Hine Health Trust
- Kia Ora Ngatiwai Health Services
- Te Haa Oranga ki Kaipara Health Services
- Mahitahi PHO
- Nga Tai Ora Public Health Northland - Northland District Health Board
- Cancer Society Auckland Northland

Patu Puauahi members completed an online community survey based on the proposed Smokefree Action Plan consultation questions, their responses inform this submission.

Consultation questions

Focus area 1: Strengthen the tobacco control system.

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

Patu Puauahi members determine that Māori governance must be governed by Māori. Our collective network supports our government on the bold health reforms that will see the creation of the Māori Health Authority. We are confident that this new Māori led entity will develop a Kāupapa Māori governing approach to include Mātauranga Māori models for tobacco control. **Patu Puauahi members** also support the inclusion of Te Aho O te Kahu in this governing process to address the rising prevalence of smoking related cancers especially the impact Lung cancer has on our Māori Wāhine. We feel also feel that from the development of the MHA, strong tobacco control Kaupapa Māori leadership will be created to achieve our Smokefree 2025 goal.

Patu Puauahi members also support a tobacco control Māori taskforce, with strong Māori leadership, supported by regional leadership of iwi, hapu, marae and whanau, which we aspire is included in the formation of the incoming Māori Health Authority.

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

Patu Puauahi members have been supportive of local council commitment to make their territorial region Smokefree and Vapefree through educative policies and identify that.

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 and 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 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}.

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

Patu Puauahi members in collaboration with its local councils to achieve the Smokefree 2025 goal **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.

Patu Puauahi members support legislation for Smokefree Outdoor Dining in cafes, restaurants, bars, pubs, and other hospitality/licenced venues.

Our Patu Puauahi members 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?

Patu Puauahi members recommend that Māori Public Health research in tobacco control must be of the upmost priority. This research, evaluation, monitoring and reporting must be led by Māori, for Māori, be strengths based, contribute to achieving Pae Ora and Māori wellbeing, and be underpinned by Te Tiriti O Waitangi.

All research must address the structural and broader determinants of health, including factors such as housing, employment, education, whanau, mental health, finances etc that contribute to the uptake of smoking.

All research and monitoring must also consider the holistic/wider ecosystem that forms Māori wellbeing.

The tobacco control programme must be agile in adapting to the findings of this research, if research finds that certain approaches do not deliver equitable outcomes for Māori - these approaches must be revised and adapted to actively contribute to reducing health inequities.

The funding and resourcing for further research evaluation monitoring and reporting must be administered through the Maori Health Authority and Health NZ entities .

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

Patu Puauahi members recommend that the tobacco control sector must continue to focus on the continual build-up of research on protection and prevention using a Kaupapa Maori focus to ensure that Maori are able to engage with Tobacco harm change for the future of its people.

The development of a mandated maori governance system is a key priority to strengthening NZ's Tobacco control through Mataranga Maori models that will include research data,

income/incentives, and marketing of the Tobacco Industries to influence Maori Pacific youth and vulnerable communities to aspire discontinue tobacco use in Aotearoa.

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)?**

The majority of **Patu Puauahi members** 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 licensing 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.

As the voice for the Tai Tokerau community, Patu Puauahi members support **licences** for tobacco retailers that.

Specifies operating conditions, where tobacco could be sold, these conditions would include staff training in stop smoking support that is government funded via the new health reforms to ensure a goodwill relationship with retailers, an annual reporting process that include density and proximity measures to protect our youth, and those working to maintain their tobacco quit journey, and retail sales etc. A licensing application method is designed to issue a **limited number of licenses** provided the retailer successfully meets the licensing requirements. **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.

Our Patu Puauahi members urge the formation of a **regulatory body** (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 We also recommend that the **communities be included in a consultation process** to be included on the decision-making process for tobacco retailer licence applications within 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?

Our Patu Puauahi Smokefree network recognise that Tobacco is a highly addictive and deadly product and is sold by almost every dairy, supermarket, and service station. We feel that allowing tobacco to be so widely available normalises the product, frames smoking as socially acceptable, and undermines smokefree initiatives. We recommend **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.

Patu Puauahi members strongly support the reduction of tobacco retail outlets based on population size and density to around 5% of the current number (i.e., from around 6000 to 300) was agreed upon. The members identified that the current number of retailers that sold tobacco products was exorbitant and would like to see a process of no more than one tobacco retailer in an area of 10,000 residents and to be situated one kilometre from any Early Childhood /Te Kohanga Reo to Primary/Kura to Secondary learning establishment.

We support a set a **maximum number of licenses** to be issued nationally, this could initiate a **sinking lid process on licenses**, whereby a license cannot carry across with the sale, relocation or change of ownership of an existing licensed retailer and that that no tobacco retailer is within a 4 km radius of another specialist tobacco retailer.

Our Patu Pauahi members support a **progressive phasing out of tobacco retailers**; they have indicated that within in a six-month period they recommend phasing out sales from the following.

- **Petrol stations**
- **Liquor outlets**
- **Supermarkets**

However, the members recommend that **dairies/convenience stores** be phased out over a 12-month period.

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)?

Our Patu Puauahi members **support restricting tobacco sales to 'age restricted' specialist stores**. This approach 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.

Our members 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.

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.

- 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.

Our Patu Puauahi members are supportive of a Smokefree generation policy to protect our future generations. Our members experienced first-hand in their work of supporting whanau during the Covid- 19 pandemic, the strength of the influencing grip that Tobacco had and still has on whanau in the presence of our tamariki and rangatahi during lockdown. Our members aspire that when future global or national

health calamities occur that tobacco will not be an influencer in assisting stress levels for 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, to secure a tobacco free generations we strongly support the Smokefree generation policy.

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?

Our Patu Puauahi members understand that the contents of *what goes into tobacco products*, are 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.

And so, our Patu Puauahi members **support reducing the nicotine in smoked tobacco products to very low levels to** assist our communities to help achieve our Smokefree 2025 goal.

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

Our Patu Puauahi members understand that 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.

Our members also recognise the impact that filter pollution has on our earthly mother Papatuanuku and the damage that this pollution has on our Māori communities, as this form of pollution has a serious impact on our traditional food sources, from the seas to the rivers and to the forests therefore **we strongly support prohibiting filters in smoked tobacco products.**

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

Our Patu Puaauhi members strongly support prohibition of tobacco product innovations that influence our rangatahi to become addicted to any nicotine product. We also recognise that the tobacco industry market attractive and enticing products to lure not only our rangatahi but our communities in general, which an unregulated sector allows the industry the freedom a carte blanc attitude to increase Tobacco sales. The prohibition of filters will 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?**

Patu Puaauhi 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.

Focus area 5: Enhance existing initiatives.

a). Increase investment in mass and social media campaigns.

Patu Puauahi members support increased investment in evidence-based mass media campaigns including social media and would encourage the addition of complementary localised content to campaigns. Focus on investment in Kaupapa Māori media practises for Māori is required along with dedicated campaigns and approaches tailored to Pacific Peoples considering the prevalence of smoking in this population as well.

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

Patu Puauahi members recognise that the 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).

We also recognise that stop smoking services within general practice clinics are underutilised due to an overloaded health clinic responsibilities of acute patient care. We suggest that a collaborative and co-ordinated approach and investment in smoking cessation programmes that include appropriate and robust staffing in all areas from cessation practitioners, social support, and a campaign to engage and invest in successful tobacco free community-based champions.

Our Patu Puauahi members acknowledge that 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, **Our Patu Puauahi members 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.**

Our Patu Puauahi members identify that an immediate action must be undertaken to reduce availability of tobacco products from our everyday retail outlets. Tobacco products are so readily present in our daily shopping experience that our tamariki are constantly influenced to uptake the habit when they get older.

We also recommend, that our government **focus responsibility back to the Tobacco Industry**. That the industry to be held accountable for all the deaths and illness associated with smoking. We feel this can be achieved by introducing an industry annual levy to be activated on the acceptance of a final Smokefree Action Plan to reinvest into tobacco control to achieve our national goal.

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

Cross sector collaboration is paramount, to address the broader determinants that lead to smoking in the first place. 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.

Some of our members have voiced concern with regard to cojoined tobacco and vaping outlets as recently working with Rangatahi recently have seen the unrecorded impact of vaping addiction on this cohort of young ones who have expressed a desire to give up vaping.

As stated in our opening statement Māori governance is integral in reducing inequities amongst Māori and supporting kaupapa Māori innovation and approaches to support whānau to quit smoking (tailor approaches according to whanau needs and addressing wider determinants).

Finally, we recognise that the extreme task of reviewing every submission of this national discussion document from all sectors will be a huge task and we suggest that consideration be given to the analysis and reporting on the discussion documents feedback from community and commercial responses are collated and reported separately.

-
- 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 behaviours 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):

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 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): | |
| <u>Click or tap here to enter text.</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

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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.

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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

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 Heart Foundation supports strong Māori governance of the tobacco control system, and that reducing the impact of smoking on tangata whenua must be a priority for the new Māori authority.

Smoking is the leading preventable cause of mortality for Māori, responsible for an estimated 1 in 3 premature cardiovascular deathsⁱ. Overall it is estimated smoking is responsible for 1 in 5 Māori deaths in New Zealandⁱⁱ.

At current rates it will take until 2060 for Māori to achieve the smoking rates of 5%, compared to 2030 for non-Māoriⁱⁱⁱ. Whilst national population policies have contributed to reducing the overall toll of tobacco on health, the gains have not been equitable. Often existing policies are based on international best practice, and whilst we continue to endorse these approaches, we also recognise that they have not achieved equitable outcomes for indigenous populations^{iv}.

We support governance that privileges Māori leadership and voice, whilst ensuring responsive partnerships across government. Policies and initiatives aimed at reducing smoking should be scrutinised for their impact on Māori.

The Foundation also notes that some of the slowest progress in reducing smoking and associated disparities has been for the New Zealand Pacific population. Smoking rates have only declined by 2.5% from 25.9% to 22.4% in the last decade, compared to a drop of 5% to current prevalence of 11.4% for NZ Europeans. In real terms, this represents a net increase in Pacific smokers^v. It is crucial that Pacific leadership and governance are part of the tobacco control system for this population.

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.

The Heart Foundation supports community innovation and action. As part of our activities to increase awareness of cardiovascular disease we have increased our community presence

with the addition of a mobile heart health van that visits high risk communities and delivers risk assessments. This includes screening for smoking and offering brief advice. Our experience with the van has been highly positive as communities with limited resources have access to the van. It allows us to bring technical and clinical knowledge and partner with local community experts. The primary role has been to increase awareness of cardiovascular risk, and connect people to the health system rather than explicitly on smoking. However, it has been very successful in giving communities the confidence to have conversations about heart health and take action. Such approaches would be highly transferable to tobacco smoking, helping technical expertise reach communities on their terms.

Another approach we are trialing for cardiovascular health has been a cross NGO collaboration with Arthritis NZ, Diabetes NZ, The Heart Foundation and the Northland PHO. There are significant comorbidities across conditions and shared risk factors. The collaboration has employed a community leader to have broader engagement across all comorbidities.

We encourage similar approaches that don't treat smoking as an isolated behaviour, and look for opportunities to prompt and support quitting through other channels.

The Foundation also endorses approaches that engage smoking populations in participatory design of initiatives to reduce smoking in their communities. For example the work conducted by the Ministry of Health with wāhine Māori, 'Addressing the challenge of young Māori women who smoke'^{vi}.

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

The foundation prioritises the following:

1. Monitoring the impact on equity

Tobacco control effort have reduced smoking rates overall, but this has also contributed to inequities with an increased proportion of smokers in low income, Māori and Pacific populations.

2. Systemic monitoring of nicotine use and behaviour change

The impact of policy and regulation on health attitudes and behaviour should be more intimately monitored. The current schedule of annual population surveys, and occasional monitoring are inadequate to measure the immediate impact of policies and interventions. This limits the ability of the tobacco control system to be nimble and responsive. We recommend prioritising monthly monitoring, similar to the UK Smoking Tool Kit Study^{vii}.

3. Making better strategic use of existing data

The full value of existing data should also be realised. For example, using monitoring tools such as the NZ health survey to investigate comorbidities with smoking and relationships with mental health. Such data has considerable potential to inform distribution of resources. Large cohorts including the All New Zealand Acute Coronary Syndrome (ANZACS-QI) data set also collect multiple data points on patients about smoking, and have highlighted significant inequities in smoking status

for cardiac patients. Strategic use of such data could identify high value touch points to engage people in changing their smoking behaviour.

Other opportunities exist to make fuller use of the IDI datasets and better understand how smokers engage with wider state systems and opportunities to target them and their networks.

4. People centred design and innovation

A priority for research much be to ensure that priority populations are involved and engaged in designing and delivering measures to increase quitting.

5. Monitoring of unintended consequences

There are legitimate concerns about unintended consequences, including the impact of health equity, illicit trade and the mental and financial wellbeing of New Zealanders who smoke. These must be closely monitored with the purpose of putting mitigations in place if there are unintended and negative outcomes. Likewise, if there are positive unintended outcomes, then monitoring can also help increase efforts. In particular, given that proposed measures seek to reduce access to, and the appeal and addictiveness of cigarettes, efforts to monitor and control illicit supply will require additional resourcing.

6. Including smoking as a systematic measure of health system performance

Smoking is a direct predictor of future health and disability, and has very strong correlations with mental health and wellbeing. A number of nations include it as measure of wellbeing and we encourage the inclusion of smoking in New Zealand's own wellbeing indicators. This would be consistent with the UNDP's wellbeing indicators^{viii}, and follow the examples of nations including Italy^{ix} and Scotland^x who also use wellbeing measures and budgets.

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

The Foundation encourages clear and accountable goals for reducing smoking rates as rapidly and equitably as possible by 2025 and beyond. We support the setting of goals to help prioritise, and to emphasise that smoking is a preventable burden on the health of New Zealand.

We also support smoking and tobacco harm reduction being prioritised across the health and disability system. Smokers are highly overrepresented in hospital admissions, mental health and in people being treated for chronic conditions – especially younger patients with heart disease^{xi}. However the brief advice and support provided to people is often inconsistent. This is of particular concern as recent legislation has protected the right of health professionals to help people with vaping. Yet the levels of literacy on smoking cessation and tobacco harm reduction in clinicians remains low. The tobacco control system urgently needs to support the wider health and disability system to support people to stop smoking.

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

Tobacco is uniquely harmful to health, yet the supply and sale of cigarettes and smoked tobacco remain relatively unregulated. Essentially, anyone can sell tobacco anywhere. We support a licencing system for smoked tobacco for the following reasons:

- To establish a minimum standard that anyone selling smoked tobacco products must meet. For example, knowledge and compliance with relevant laws and regulations.
- To strengthen the enforcement regime. If retailers are required be licenced to sell smoked tobacco, this ensures that enforcement officers have accurate records of local sellers and can build better local relationships around compliance and enforcement.
- To place a cap on licences issued. Similar to the Auckland regulations on pokies^{xii}, the number of licenses should be capped at the those issued on establishment of a scheme. When retailers close, or a licence lapses it should not be replaced or transferred to other retailers. This should include any retailer who loses a licence as a result of breaking regulations.
- Licencing should not be restricted to retailers only. It should extend to all involved in the manufacture and supply chain. Include in tobacco manufacturers, importers, and logistic companies. In the case of business with multiple outlets, separate licences should be required. We endorse this approach as it allows for the system to have a more comprehensive oversight of the supply chain and assist in the monitoring and enforcement of illicit trade.
- A licensing scheme should be self-funding with fees related to annual turnover of smoked tobacco products. This would ensure fees were scalable to the business – not penalising small retailers, and distributing the bulk of cost to those with the greatest stakes in smoked tobacco 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

Smoked tobacco remains widely available in almost every dairy, convenience store, supermarket, petrol station and a variety of other outlets. Estimates of tobacco outlet range

from 5000-7000^{xiii}, approximately 1 for every 80 smokers. Reducing the number of outlets reinforces that smoking is harmful and not a consumer product that should be available everywhere.

Whilst we support reductions in the density of outlets, especially in urban areas we also believe that some caution is required in implementing a supply reduction strategy. In particular:

- Considering the criteria for reducing outlets should avoid increasing disparities. For example, a per capita measure or per smoker measure may favour a redistribution of sales to lower income high density populations. For example, there is correlation between high urban population density and low median income.
- Some communities already have inverse relationships between access and smoking. For example some of the highest smoking prevalence for Māori and low income New Zealanders is in the far north and East Cape^{xiv}. These are also the communities with some the highest equity gaps for cardiovascular and cancer outcomes^{xv}. A supply reduction approach may not have the intended outcomes.
- Measures must be in place to support dependent smokers. Smoking is highly addictive creating strong nicotine dependencies in people. This does not necessarily translate to a rationale response to reduced access to cigarettes. Relapse rates to smoking among quitters are as high as 95%^{xvi}, and often people report going to great inconvenience to get cigarettes when withdrawal symptoms get too much to bear. A supply policy must ensure that people with addiction are not penalised. This should contribute to criteria on defining optimal supply, or ensuring that less harmful alternates are more accessible.
- Monitoring must be in place for Illicit sales and unintended consequences. Data from the ASH year 10 survey show that students who smoke access cigarettes from parents and other adults^{xvii}. Mitigations must be place to ensure reducing supply does not incentivise low level illicit supply. This should include drawing from experiences from illicit drug supply that have had substantial unintended consequences on criminalising people.

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. **Partially**

The Foundation supports a goal to limit tobacco sales to R18 stores as this would be consistent with the restriction on the use and sale of tobacco, and the harm it causes. In reality this approach may risk a defacto ban of tobacco in many communities, especially those that are less densely populated. It would be impractical for a store in such communities to restrict entry and meet the criteria to sell smoked tobacco in such circumstances.

We do not support the proposal for pharmacies to sell smoke tobacco. This would require pharmacist to act in contradiction to their professional code of ethics, and as health professionals to knowingly supply their customers with a product that is extremely detrimental to health^{xviii}.

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

☐ Yes ☒ No

The Foundation has concerns that this policy would be a one of gradual prohibition. Policies of prohibition are well documented to have negative unintended consequences. Increasing illicit trade and criminalisation of people.

Evidence from age restrictions has also shown that despite age of purchase restrictions, the vast majority of smokers still stake up smoking whilst underage. In New Zealand this is 15, and 14 for Māori^{xix}.

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

The Foundation support measures that reduce nicotine to levels that make smoking less addictive. However, such a policy must put mitigations in place to help manage withdrawal of people who smoke. It should not be a form of prohibition.

- Nicotine reduction must be instant and not gradual. Studies of nicotine reduction has shown that a gradual reduction results in compensatory smoking as people seek to satiate withdrawal symptoms with less nicotine. This results in increased exposure to smoke and increased harm. Experimental studies with a rapid reduction sees people more likely to try compensation at first, but to then be more likely to stop smoking. It is important to note that studies have provided people with alternate safer nicotine either pharmacological or reduced harm products^{xx,xxi}.
- Nicotine reduction must be accompanied by a substantial increase in support, and tools to manage withdrawal. If all cigarettes dropped to almost zero nicotine overnight, then we would be faced with hundreds of thousands of people experiencing withdrawal simultaneously. The potential for unintended consequences are substantial. This will require large scale efforts to support what is essentially a mass forced quit. For example, ensuring people had access to alternate, safer nicotine that can alleviate withdrawal. This includes pharmacological nicotine and vaping.

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

☒ Yes ☐ No

The Foundation supports the removal of synthetic filters as a means to reduce the environmental impact of cigarettes, and the palatability and appeal of smoking.

Synthetic filters serve to make the smoke less harsh and smoother to inhale. First introduced in the 1950s filters were an important innovation that contributed to the rapid increase in smoking. However, other than improving the smoking experience, filters do not serve to reduce the overall harmful effects of smoking^{xxii}.

Making the cigarette less enjoyable acts as an additional nudge away from smoking to either quit, or to less harmful alternates. It is also likely to reduce uptake as the first smoking experience will harsher.

We support the environmental grounds for removing filters. They are a leading cause of litter, especially in New Zealand's waterways causing significant harm to wildlife and the environment.

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

☒ Yes ☐ No

The Foundation supports the addition of regulations to the Smokefree Environments and Regulated Products Act that prohibit product innovations. We would endorse an ultimate goal to reduce the range of smoke tobacco products from the current variety to being as generic as possible.

Regulations should extend to include innovations around filters, flavours and naming protocols.

Focus area 4: Make tobacco products less affordable

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

New Zealand is also now one of the least affordable places to smoke in the world relative to income. This has seen increased hardship^{xxiii}.

The Foundation does not consider minimum pricing to be a fair and equitable way to control tobacco industry activity. In fact, experiences from other minimum pricing policies such as on Alcohol in Scotland have seen substantial profit windfalls for harmful industries^{xxiv}. Minimum pricing protects profits, and their distribution to industry rather than public health.

If the use of price to prevent smoking is the aim, then we would support taxation that returns funds to the public good as the best mechanism.

As an alternative to minimum pricing, we would support measures to tax excess profits on smoked tobacco as a means of disincentivising the smoked tobacco industry.

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.

There are currently around 500,000 smokers in New Zealand, and to achieve 5% prevalence this needs to reduce to under 200,000. The most immediate benefit to the health system will be through substantial increases in the numbers who stop using combustible smoked tobacco. An average 10 life years would be gained for every smoker who stopped^{xxv}. The implications for heart health are substantial as the risks of smoking to the cardiovascular

systems return to that of a non-smoker within 2-3 years. In real terms, this could prevent up to a third of premature heart deaths for Māori.

The Foundation support structural changes to the way smoked tobacco is sold and the appeal of smoked products. However, we also recognise that such policies are complex and take time. Our priorities are as follows:

- **Prioritise smoking in the health and disability system reform.**

We strongly advocate that increasing high quality and consistent support to smokers is prioritised as part of the health system reform. That smoking is a priority across the system. It is a the leading risk factor for the top cause of premature mortality in New Zealand, and a leading preventable health risk for people with chronic heart disease and cancers. It is also over represented in mental health service users. Many of New Zealand's most vulnerable smokers are already engaged in health and welfare systems, and supporting them to stop smoking or transition to less harmful alternates should be core business.

- **Prioritise populations experiencing poorest outcomes**

We strongly support the importance and prioritisation Māori smoking and governance. The plan must also be explicit on targeting Pacific smoking, a population for whom progress has been especially slow. Other priorities must include mental health, unemployed New Zealanders and the lowest income populations.

- **Improved monitoring**

Improving the quality and strategic use of existing data on smoking, and increasing the systematic monitoring of smoking behaviour and attitudes.

- **Reducing nicotine**

New Zealand has now regulated vaping products, and we support reducing nicotine on the basis that people had fair access to safer alternates that support them to manage nicotine dependence.

- **Removal of Synthetic Filters**

We support the removal synthetic filters on the grounds that this reduces the appeal of smoking for uptake, and acts a nudge towards less harmful alternates and quitting.

- **Licencing**

We strongly support the licensing of all involved in the manufacture, distribution, supply and sale of tobacco as a means to monitor consumption and illicit trade.

- **Supply**

We support strategies to reduce the widespread supply of smoked tobacco. However, have some caution that this will not substantially reduce demand, and that it should not penalise dependent smokers. Mitigations must be in place to support people.

-
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Submission form

Your details

This submission was completed by: (name)

Email:

Phone number: [Click or tap here to enter text.](#)

Organisation (if applicable): Sport Waitakere – Healthy Families
Waitakere

Organisation address: (street/box number)

(town/city) [Click or tap here to enter text.](#)

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 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): <input type="text"/> | |
| 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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- ☐ I have a commercial interest in vaping products
- ☐ I have commercial interests in tobacco and 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.

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.

Ensuring that the appointment process for governance groups genuinely honours Te Tiriti and decisions take into account the aspirations of whanau, hapu and iwi. Māori governance needs to have significant funding, resource and support to be effective.

It is important that Māori leadership and partnership is across all levels of decision making, development of policy, legislation, and design, as well as the implementation and operations of services.

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

In Waitākere, there are a number of services and initiatives including

- smoking cessation services such as Ready Steady Quit delivered by The Fono and Waitemata DHB
- Ready Steady Wahine encouraging hapū māmā and wāhine to stay smokefree, whilst providing life skills workshops to address broader determinants that may contribute to smoking.
- Wahakura workshops for practitioners to raise awareness about SUDI
- Sports clubs promote smokefree messaging through signage and have policies
- Auckland Council have implemented a Smokefree Policy and Implementation Plan for 2017 – 2025, including smokefree outdoor public spaces and events.
- Auckland Council have a dedicated team to carry out a recently developed Auahi kore hapori whanui/Māori and Pacific Smokefree Action Plan where Henderson-Massey is a focus area and initiatives are designed with community, for community.
- Hapai te Hauora has supported youth led community action in Waitākere to address the sale of cigarettes in areas close to schools.

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

We acknowledge the proposed plan outlining smokefree cars, funding from HPA and retail focused initiatives. To strengthen community action, it is important to build on, scale and support actions leading to smokefree environments and recommend;

- increasing support to build on the grass roots level policies and promotion and scale initiatives regionally and nationwide
- dedicate funding and resource for Māori, Pacific peoples, and other priority groups to lead and own smokefree actions and projects
- have a strong community voice in consultations and in the design and delivery of initiatives and services

- 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.

Increased Māori representation across all government sectors to address the broader health and social determinants that contribute to health inequities including smoking. This includes sectors such as housing, employment, education, mental health and social services, this is also outlined in Whakamaua: the Māori Health 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:

Any product that has led to a rise in chronic disease requires a licencing system to be developed to address availability and access. As the health impacts of vaping products is unknown, it is in our best interests to licence these retailers to protect future generations.

- 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 availability of tobacco will contribute to creating an environment that is more health promoting for generations to come.

- 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 specialist outlets to help restrict youth access.

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

☒ Yes ☐ No

Please give reasons:

We support introducing a smokefree generation policy to increase protection for youth and future generations from tobacco related harm.

- 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): 721 Risk Investment Ltd (trading as Caltex Dairy Flat)

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 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 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): | |
| <u>Click or tap here to enter text.</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.
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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

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- ☒ This submission contains commercially sensitive information.

If so, please let us know where.

The financial impact on tobacco and vaping products stated in this submission is commercially confidential and should not be disclosed to any other parties, or being used for purpose other than this submission.

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'.

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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.

We are a retail service station that sells tobacco and vaping products. The products are from the major suppliers such as British American Tobacco, Imperial, and Philips

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.

I will need more information to be able to answer this

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

The increase smokefree signage on public area

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

Encourage to reduce the chance of children's exposure of second hand

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

The adverse affect of high tobacco price, and the harm of this to the community, ie: increase number of break in to service stations to robe the tobacco.

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

I need more information to discuss 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:

The establishment of a licencing system will bring more disadvantage on the overall tobacco control. The extra cost on licencing will very likely to increase the price of tobacco, which makes the tobacco products less affordable and less accessible. This will again trigger the possibility of black market and illicit tobacco. The tobacco products from black market and illicit market maybe contains more toxic stuff then those sold in the shops.

- 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 and density shouldn't be the reason to determine the number of approved retailers. As for example, in Auckland, the deprived area normally have a larger population size in community, which means under this new system, there will be more retailers to be allowed to sale tobacco products in these community. This is against the aim of reducing the inequities of tobacco exposure.

- 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:

I would prefer to see restricting sales to stores who compliance the current tobacco control system well. A scale on the compliance of current tobacco control system could be the determine factor of whether or not restricting sales in the stores.

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

☐ Yes ☒ No

Please give reasons:

Adults New Zealanders' have the rights to make their own decisions based on information fully disclosed. This basic human right should not be violated.

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:

[REDACTED] We are employing 8 employees, all from our local community. Losing the margin from our tobacco in long run means that we are not bale to retained the job; [REDACTED] Losing the sales of tobacco also result of less competitive of our store, and puting us in a disadvantage, this will lead to a fall in profit further, then reduce the job security again on local community.

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 gain the chance that customers seeking stronger products in black-market or illicit trade activity.

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

☐ Yes ☒ No

Please give reasons:

I believe that filters are useful for absorb the toxic ingredients in the tobacco products. Remove the filters may enhance the harm of consuming tobacco products

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

☐ Yes ☐ No

Please give reasons:

I will need more information on definition of "innovations" to discuss this. I would say a innovation like vape as an alternative of smoking is the innovations that should be prompt.

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 current price of tobacco products is already high and less affordable. The additional increase on the price will increase on the activities such as robbery of tobacco products, black market, and illicit trade.

Final questions

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

There is no issues that I would priorities to include in the action plan

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

No, but i would like to be informed on further development of this document

Smokefree Aotearoa 2025 Action Plan

Your details

This submission was completed by: (name) _____
Email: _____
Phone number: _____
Organisation (if applicable): DUNBAR ESTATES Cellar Door & cafe
Organisation address: (street/box number) _____
(town/city) _____
Role (if applicable): _____

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 |
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| <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): DUNBAR ESTATES Cellar Door, Café, Vineyard and Accommodation – Fresh Air supporters | |
| <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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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.

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.

Submission form

Your details

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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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- | | |
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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="Bachelor of Nursing Year 3 class"/> | |

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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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Protection from commercial and other vested interests of the tobacco industry

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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

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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.

Kaupapa Māori in decisions making, consultation, implementation and knowledge, so actually have Māori to have authority over the processes and not just tokenistic involvement. Historically Māori communities have not been listened to or included in participating in decisions that directly affect them and due to this there has not been a lot of 'buy-in' from this community, leading to ineffective change.

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

Local bylaws that have created public smokefree places, ie, the main streets, restaurants, pubs, parks. There are areas that state 'smokefree' but there is no policing or resources to enforce the bylaws. To strengthen community action there needs to be more resources such as people to enforce the bylaws, education and addressing the need for addiction services.

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

More knowledge and understanding is needed for why people start smoking, why they quit and how they quit in Aotearoa. Close monitoring would be needed to understand the financial strain on people who buy cigarettes and the continuing increase in prices and how this impacts families as a whole. Further research on having an understanding about barriers and accessibility to cessation resources, and why people do not access them or utilise them would be beneficial. Research should be widely available i.e open access.

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

More knowledge and understanding is needed for why people start smoking, why they quit and how they quit in Aotearoa. Close monitoring would be needed to understand the financial strain on people who buy cigarettes and the continuing

increase in prices and how this impacts families as a whole. Further research on having an understanding about barriers and accessibility to cessation resources, and why people do not access them or utilise them would be beneficial. Research should be widely available i.e open access.

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

The use of language like 'control' or the images on the cigarette boxes enforce a fear and aversion for being honest about health, creating a sense of shame and stigma, leading to reduced numbers accessing cessation services. Creating a holistic approach to smoking cessation and general health in addiction services and increasing funding to primary health services would strengthen the system. Other strategies would be to have tobacco products sold only by specialist retail stores R18 where you have to show ID before purchasing; and reducing retail outlets that sell nicotine products making it more difficult to buy cigarettes, particularly specifically around schools.

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, licensing certain stores such as pharmacies to be the only stores with access to selling nicotine will reduce the general public's easy access to nicotine.

- 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, so regardless of socioeconomic status there is still the same limited access for all of the general public. Rural populations would need further consideration

- 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, Pharmacies because they are licenced to offer nicotine replacement therapy (NRT), so potentially every sale of nicotine results in a question of NRT. It would be beneficial to restrict access of dairies to be able to sell nicotine.

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

☐ Yes ☒ No

Please give reasons:

No- this is removing autonomy and seems unethical. It may increase alternative methods of obtaining nicotine

- 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

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 would potentially lead to people smoking more to compensate and this would affect finances adversely. Reducing nicotine does not reduce other harms: A study conducted by the FDA in the United States of America stated that people smoking lower nicotine cigarettes did not reduce the amount of cigarettes smoked nor did it increase the amount of people quitting. It found that those smoking the lower nicotine cigarettes were smoking the same amount as those smoking higher amounts as well as having to supplement with nicotine replacement therapy. This study concluded that while people who smoked lower nicotine cigarettes had a lower dependency for nicotine, the amount of smoke inhaled remained the same for both groups. (Benowitz, N.L., et al. 2015). The predominance of adenocarcinoma over squamous cell carcinoma may be due to the fact that smokers of very low yield cigarettes tend to compensate for the lower nicotine levels by inhaling more deeply and more frequently leading to greater exposure of the peripheral lung to the carcinogens in tobacco smoke (Stellman, S.D., et al.)

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

☐ Yes ☒ No

Please give reasons:

- ☐ Increase risk of throat and mouth issues and dental
- ☐ Increase burning and ulceration
- ☐ Increase toxicity levels because it is more concentrated
- ☐ If filtration is removed there is a higher chance of squamous cell carcinomas (Stellman, S.D., et al.)

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

☒ Yes ☐ No

Please give reasons:

- Yes
 - ☐ Lessen the attractiveness
 - ☐ Lessen the encouragement of younger generations

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
 - ☐ Setting a minimum standard may help deter people from starting. More aimed at the younger population.
 - ☐ Also encourages more people to attempt to quit as less able to purchase as many..

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.

Resources to enforce smokefree environments and limit availability

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):

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

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- ☐ Pacific Peoples
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- ☐ Other European
- ☐ Other Ethnicity *(please specify)*:
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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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Focus area 1: Strengthen the tobacco control system

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

Support whanau, age 25,

- 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.

Click or tap here to enter text. No smoking in restaurants, bars or anywhere inside

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

To provide truthful information

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:

Taking it back to the 1960 – 1970's where we had tobacconists – fine. Also for alcohol should be the same

- 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:

If people are smokers they will want access, if you reduce this you will make the tobacconists more vulnerable to robberies but it will keep the dairy's safer.

- 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:

Regulating smokers to over 25 is good.

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

☒ Yes ☐ No

Please give reasons:

But leave the older people alone, let them smoke in peace and stop taxing that enormous price

- 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:

I like smoking and not interesting in the nicotine in the cigarette, please make it more affordable.

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

☐ Yes ☒ No

Please give reasons:

The filter stops the tar coming through while smoking

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

☒ Yes ☐ No

Please give reasons:

Just cheap it simple

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:

Isn't it about keeping the maximum price down. We are paying a stupid amount of tax for our cigarettes. Take it off and start taxing alcohol. The harm that it does far outweighs cigarettes. If you want more revenue tax the alcohol and support the ED departments and ambulances, mental health, women's shelters, broken marriages, foster parents. All this due to violence, both physical and mental to most of the Pacifica nation in New Zealand suffer from. How about finding out the amount of people drinking, the death, injuries and doing a survey on this. More lives are lost

because of alcohol. Leave the smokers alone, more importantly, lower my cigarette charges and leave me in peace.

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.

Lower the price of cigarettes, don't mind less nicotine, up the age of legality to 25

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

Quote below from this article. Tobacco kills 11 people every day what about Alcohol? It kills thousands, breaks marriages,, violence and abuse of children. The current laws, tobacco, devastating a deadly product! What about Alcohol. IT is the deadly product. Back off! This law was passed by a promise by national to appease the Maori party with concern of Maori and Pacifica nations. Political! Should have gone for the Alcohol!!!!!!

Why should we get told we cant smoke... I lived in surfers for 2 years 80 ,% of tourist smoke... if they not aloud to have a smoke in NZ who will come...?? Ide rather get rid of alcohol.. that does more damage to all sorts of people.. ruins family's sitting outside having a smoke dosnt scare the kids all night but a drunk in the house every week will can damage kids for life....

The photos on the cigarette packets are not all real, E.g. the man on that looks like skin and bone, is an Aids patient, actually a famous picture. So don't believe what you see, a propaganda photo to make it look worse than it is. another example those feet that a gangerous, is a sign of diabetes mixed with very bad untreated fungus and nothing to do with smoking..

Put that tax on Alcohol and watch the uprising protests! Most of the hospitals all over the world are filled with Alcohol accidents, especially during the weekends. The trouble is, most of the rich have investment in Alcohol, so no bill will be passed on this. It is where the biggest expenses lie. It is also the biggest part of domestic violence, broken homes, abused children. No but leave that alone, tax the smoker. If you want to make New Zealand safer, leave the smokers alone and concentrate on the massive affect of Alcohol!

I don't want a nanny state, leave us alone, and, take that enormous tax off my cigarettes. Make the dairies safer.

Oh I haven't finished, tourists from all over the world who come to New Zealand, will not appreciate this action and hundreds might stay away because of this. Less money for the country and it businesses. As usual, not

thinking AHEAD. Not thinking of consequences of actions. Freedom for the right to smoke if you want to, not a Nanny state that takes away our rights to choose what we do!

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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- ☒ New Zealand ☐ Australia ☐ Other (please specify):

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| <input type="checkbox"/> Pacific community or organisation | <input type="checkbox"/> Retailer – small, for example a dairy or convenience store |
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- ☐ I have commercial interests in tobacco and 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.

Click or tap here to enter text.

- 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.

I think it should be left alone. Smoking is a personal choice and I don't think it needs government involvement

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

None waste of time and money

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:

What about alcohol and the drug trade. Do they need a license???

- 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 a personal choice to smoke, drink or even use drugs. I do support that it should not be advertised or marketed but trying to stamp it out is "nanny" state

- 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:

Anyone over 18 would/should be able to make their own choice.

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

☐ Yes ☒ No

Please give reasons:

If you are 18 you should be allowed to make your own choice

- 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 No reason

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

☐ Yes ☒ No

Please give reasons:

No reason

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

☐ Yes ☒ No

Please give reasons:

What about drugs and alcohol. Same thing don't waste time or money on it

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:

Making it more expensive only hurts the wrong families anyway

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.

Just leave it alone. Keep trying to change peoples mind but don't make it a "witch hunt". We turning into a nanny state anyway

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

Maybe it would be more worthwhile to use this money to fight gangs, child poverty, alcoholism, drug addiction and trade, environmental issues. I am not a smoker anyway but I think the goals are a waste of time and people should be able to decide if they would like to smoke or not.

Submission form

Your details

This submission was completed by: (name)

Email:

Phone number: Click or tap here to enter text.

Organisation (if applicable): Global Tobacco Treatment Center

Organisation address: (street/box number) Click or tap here to enter text.

(town/city) Click or tap here to enter text.

Role (if applicable):

Additional organisation 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.

Click or tap here to enter text.

- 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.

Click or tap here to enter text. Free access to tobacco treatment doctors, free medications, tele interventions.

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

Non-financial incentives schemes

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.

It is a priority to create a New Tobacco Treatment Center

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

Click or tap here to enter text.

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Phone number:

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

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

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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:

Because they are harmful 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:

Because I am a taxpayer who resents having my taxes spent on self-inflicted ailments

- 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:

Should be banned completely or extra heavy tax imposed.

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

☒ Yes ☐ No

Please give reasons:

As given above

- 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 is a stupid question – are you seriously concerned about a person or organisations rights to sell a self-harming product!

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 just "legitimise" what is a self-harming activity

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

☐ Yes ☒ No

Please give reasons:

Get rid of the products completely or tax them so that the users pay for their health problems.

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

☒ Yes ☐ No

Please give reasons:

Absolutely

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:

Higher cost is a great teacher of abstinence.

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.

Stop selling tobacco and related products or tax proportionately to cover costs to healthcare system.

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

Click or tap here to enter text.

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- 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? 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.

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 was a pipe smoker for years, but then ceased because of cost. I find this obsession with smoking extraordinary. It does little social harm compared with alcohol, P etc. People might die a little earlier, that is their choice. You are penalising the poor and the mentally ill to the point of persecution. Fine for there to be smoke free areas, pubs etc., people shouldn't have to passively smoke, but thereafter leave people alone. There is something extraordinarily totalitarian about all this which I find distasteful. It denotes an ugly puritanism.

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
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- ☒ I have commercial interests in tobacco and 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.

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.

Stopping them smoking by 2025 will help the community

- 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.

Support alternative methods more of smoking

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

A licencing system would not affect much as all retailers would request this license.

- 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 could result in increased crime as it would be easy for people to target one place.

- 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 would do a lot of damage to small businesses that are in a transitioning stage of removing tobacco products. Businesses need time to adapt to this change to sustain or else a lot of these small retail businesses will go out of business.

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

☒ Yes ☐ No

Please give reasons:

This would help the future for New Zealand smokers as of right now, it would do more damage to small businesses than good for the community.

- 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:

Having it less available for my dairy would mean most of our revenue would be gone and we wouldn't be able to operate on such low revenue. I think Small businesses are

not ready as the transition to removing tobacco products is too quick and the plan for 2025 should stay intact so we can plan on how we can change the business model for dairies. This would also have a flow on effect for all the partners that sell products to small businesses as they too are only able to operate based on dairies selling products. This would include Tiptop Ice Cream, pies, many drink companies and also the staff of these companies. This would also have an effect of the older generation who rely on going to dairies to buy foods as if most dairies start shutting down then they won't have a place to shop and don't want to go to these large supermarkets as they can be overwhelming. This flow on effect might be greater than we think.

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:

Lowering it might help people quit easier once we go smoke free

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:

Innovation is what leads to a better society

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 can lead to higher crime as you are now making products so expensive that there families are getting effected by not being able to buy necessities as an addicted person will buy smokes over groceries

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.

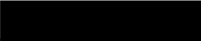
Less addictive and less appealing

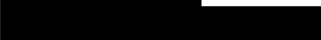
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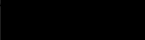
Click or tap here to enter text.

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Your details

This submission was completed by: (name) 

Email: 

Phone number: 

Organisation (if applicable): Individual Response

Organisation address: (street/box number) Click or tap here to enter text.

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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 Māori Affairs Select Committee inquiry was over a decade ago. Since then, there have been repeated concerns raised by Māori around status of Māori Health and the inadequate provisions and responsiveness to improve Māori Health. This has culminated in a call for the establishment of a Māori Health Authority. Should the Authority be established it is probably the vehicle for change. If not, then a new plan should have been codesigned with the current Māori authorities and resources appropriately. The use of consultation to inform decision making is insufficient to meet the Ministry of Health's commitment to the Treaty, Equity or He Korowai Oranga. There must be a balance of power and understanding – so that both parties can work as equal partners. This means equal infrastructure, capacity, and capability to enable the development of policy, strategy, and actions. Not a power dynamic that relies on the Ministry having the final authority and the ability to determine the investment into those solutions. We must strive for equity – not only in words, but also in actions.

- 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.

The message for a Smokefree New Zealand is important – as it is the very real impact of the lives lost through smoking and smoking related illness. However, the current actions support a social campaign that promotes discrimination, social and economic disadvantage, racism, and exclusion. We need to stop and take a good look at the tactics that are being applied. The Government could make the decision today to end the sale of Tobacco in New Zealand. There would be strong views about this but ultimately it is the fastest way to reach the Smokefree Target. The benefit of this approach is that it does not create a culture where we continue to discriminate against people who are legally purchasing and using tobacco products. We stop marginalising them in workplaces and communities – and stop this rather unhealthy narrative that continues to demonise them for their legal right to smoke. We will also stop a process that causes social and financial disadvantage on them or their families. It addictive, and it's legal – we don't create the same burden for people experiencing

addiction to alcohol or other drugs – why are we creating it here. We also have a secondary issue that the current services are not achieving the change we want to see. When a smoker makes the decision to stop smoking, they are choosing to access a range of services. Most smokers have attempt to stop at various points in their lives – so they are all aware that it is a difficult and challenging process. The services are incentivised in various ways to ask about smoking status and to offer support – and when its right for them a person will take up that opportunity – however to get there they must overcome their fears about smoking (e.g. weight gain, stress, social networks, anxiety, past experiences). The services themselves are variable – you turn up ready to commit and rely on the services to help you get there. However, the process is hard – both mentally and physically. The success rates of these services are variable – but the true cost for failure is how much longer it will take until someone finds the confidence to try again. For those that succeed – awesome. For those who do not – they now have a whole new range of issues going on for them. They walk back into a world where people have expected them to fail – and back into a social environment that continues to alienate, discriminate, and economically disadvantage them for continuing with their legal, but addictive, habit. We need to accept that the current messaging and approaches are creating stigma and discrimination against law abiding New Zealanders. It is exacerbating issues of social and economic disadvantage. It is creating conscious and unconscious bias. We need to reframe the approach and the messaging – or change the law.

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

We need to reframe what success looks like and research to those outcomes. We know all the bad statistics now on what smoking does – what we need to information that enhances change and action from the perspective of smokers and those who are now smoke free. We need to move beyond evidencing current services and look at the life factors that made people successful everyday – not just in their service but throughout their journey. We need to start investing in those holistic and client / whanau focused solutions rather than just continue to move people along the service pipeline. We also need to measure the psychosocial effects of the current social movement approaches and refine them. This is not an attack on smokers. It is an attack on Tobacco. We must stop using tactics that create shame, blame, stigma and discrimination. It is not the smoker's fault that they are legally buying a product that is sold in New Zealand.

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:

Current compliance is high but so is the demand to purchase these products. While the product remains legal then the current systems should be adequate.

- 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 compliance is high but so is the demand to purchase these products. While the product remains legal then the current systems should be adequate. If you don't want people to buy them – then make the sale of tobacco related products illegal.

- 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:

Current compliance is high but so is the demand to purchase these products. While the product remains legal then the current systems should be adequate. If you don't want people to buy them – then make the sale of tobacco related products illegal.

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

☒ Yes ☐ No

Please give reasons:

Yes, but let's get some real traction against the 2025 goal first. Seems like it might be more sensible to prioritize and make real traction in this area first.

- 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:

I understand the logic – but it feels like people would just smoke more to get the same effects. This would increase their costs to smoke and create further financial disadvantage. This would be positive for increase excise tax but could lead to a great social burden as people find ways to support their addiction to this legal product.

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

☒ Yes ☐ No

Please give reasons:

It makes sense that if smoking continues to be a legal product that we should minimise the impact on the environment.

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

☐ Yes ☒ No

Please give reasons:

Not enough information provided to give a perspective.

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 increase in tobacco prices over the past 10 years has obviously played a role in reducing the rate of smokers in New Zealand. It has also accelerated the supply of e-cigarettes and more affordable solutions. The flipside to this is that there is a heavy reliance on affordability driving a commitment to a life of being smoke free. This has created social and economic disadvantage and reported increases in crime. I guess there is a lot of social perception that this is the most effective way – particularly given the mob mentality that has been formed to support a narrative that attacks the

smoker directly. It does create a healthy excise tax which does not seem to be then returned into a process to improve treatments or services. Prices increases have their place as part of the strategy – but it privileges those with the financial means and creates additional financial burden for those who are already socially or financially disadvantaged. There needs to be a better balance between increased taxes and increased support.

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.

There is a lot that is not happening in this space. Half a million New Zealanders are still smoking each day. All of them would have attempted to reduce or quit smoking sometime in their journey. The current information and services available have not been sufficient to support that changes that they have intended to make. They are now living with an addiction to a legal and freely available substance in New Zealand. We have to stop comparing ourselves to other international approaches and start focusing on solutions for New Zealanders, informed by current smokers and those that are living smoke free. We need to be conscious of the social environment that is being created and the psychosocial impacts on the current messaging and approach. We need to be mindful that some of the solutions are promoting discrimination, social exclusions and bias. We need to be clear on why we are not just moving to eliminate the sale of tobacco in New Zealand – and why the current plan is not designed around supporting current smokers through that change. We are not focused on treatment – we are focus on control.

- 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): New World (New Zealand) Limited

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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- | | |
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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.

Restrict licence and seller quantities

- 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.

Making smoke illegal

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

R: Research for what cause addiction by nicotine, E: whether the population in each suburb reduce, M: Prevent importation of illegal tobacco, R: To provide positive message and accurate information to publics.

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:

To stop the sales of illegal 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:

Better control the sales of the 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:

But not pharmacies, if pharmacies can sales tobacco, it will impact tobacco retails industry

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

☒ Yes ☐ No

Please give reasons:

To reduce the risk of the public health cause by tobacco

- 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:

Business Revenue will be decreased

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, because producers will think of other way to maintain the taste, e.g., adding chemicals

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

☐ Yes ☒ No

Please give reasons:

Because filters can filter out the nicotine

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

☒ Yes ☐ No

Please give reasons:

Because new innovations usually contain chemicals that is not healthy

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:

Because the illegal tobacco will take more advantage about the pricing of the 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.

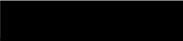
The less chemicals the better

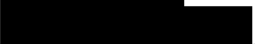
- b). Do you have any other comments on this discussion document?

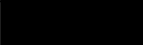
Smoke free against human right and same at this mention against free economy

Submission form

Your details

This submission was completed by: (name) 

Email: 

Phone number: 

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): Private Citizen

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.

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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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Do you have any commercial interests?

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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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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

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 would allow for culturally appropriate interventions for harms caused by tobacco use, tobacco taxation and discrimination.

- 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.

There needs to be more engagement with the community as a whole, smokers and otherwise, with input taken on board and given validity based on lived experience.

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

The priorities should be to reduce harm, to all people. Research should be objective, based on local information and factual evidence within a local context. Monitoring and reporting should be robust, and include all stakeholders in the process.

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:

Vape shops are going to experience much higher compliance costs than current tobacco retailers do now. It would be heinous to add more licensing requirements beyond those already proposed if we want people to have access and choice to move away from combustible tobacco to the less harmful 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, there is no need to have five shops in one town selling tobacco. I personally prefer the tobacconist model, such as was the case when I was a child. This would provide more control over who enters the premises and who purchases the 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:

Yes to tobacconist, no to pharmacies.

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

☐ Yes ☒ No

Please give reasons:

Prohibition leads to black markets. Black markets meaning no controls, no safeguards and the risk of creating more harm.

- 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:

In theory, VLNC seem to be a godsend, however, in practical application there is not enough evidence, a big enough cohort, to show that users who have only VLNC do not consume more tobacco. The problem with VLNC is that it demonises nicotine, when it is the combustion that kills people.

A better plan would be to lower nicotine in levels, cut it half, then half again, to monitor the actual amount that is being smoked (using sales data to determine volume) to confirm that lowering nicotine will cut down on the actual use of combustible tobacco.

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

☐ Yes ☒ No

Please give reasons:

Without a filter, there is going to be more harm from combustion, which the filter, in a sense, limits. Whilst I am aware that some tobacco companies use flavour enhancers in filters, and that is most likely why this is being proposed, when weighing the pro and con of the filter, the filter comes in on the pro side. Simply because lighting up leaf material and direct inhalation to the lungs will cause more irritation and more harm. Some may find this distasteful and stop smoking. Those that require the behavioural hand to mouth, or feeling of inhalation, or nicotine, will not be put off by not having a filter.

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

☒ Yes ☒ No

Please give reasons:

When a government treats non tobacco nicotine products the same as tobacco, and then asks to limit innovation, the answer is going to be no. There is currently no clear delineation between products that cause harm (vis a vis combustion) and reduced harm tobacco free nicotine products. The combustibles will kill with a 50% guarantee, the non combustibles, whether they contain tobacco or not, have a less than 5% chance of killing a person.

Killing innovation is never an answer to solving a problem. Especially when the “tried and true” methods that we have had for years are less than 50% successful long term.

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:

Again, without a clear delineation between combustible tobacco, non combustible tobacco and non tobacco nicotine products, it would be disingenous to answer yes to this question.

I definitely disagree with increased taxation on products because those people who are already struggling and who will refuse to quit will be even more disadvantaged than they already are.

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 main focus should be on elimination of combustion. Combustion creates the tar that kills people. The secondary focus should be on supporting and assisting those who wish to move away from combustible and harmful tobacco, in a holistic supportive way, not punitively by taxation and shaming. Third, a precautionary approach to lowering nicotine should be approached to be absolutely positive that it will not cause smokers to light up even more, and therefore be exposed to more TAR and the harmful constituents of combustion.

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

It is very concerning to me that there is no cohesion between safer vaping products and pragmatic regulation of same, with the reduction of the harmful combustible products. These two should work together, dovetail, to move people from the more harmful to the less harmful option.

Instead, this entire document reads to be the demonisation of nicotine, which is not what causes the harm of smoking, again it is the combustion. It lacks any empathy for the reasons and causes why people smoke (and use nicotine) and does not address the underserved and already discriminated cohorts of society who are known

to smoke for the positive effects of nicotine, those with mental health issues, those in the LGBTQ community and those on the lower socio economic level who use smoking as a “time out” from the stress in their lives.

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):

NZ RETAILER

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

- | | |
|--|--|
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- ☐ 65 +
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- ☐ Pacific Peoples
- ☐ Asian YES
- ☐ Other European
- ☐ Other Ethnicity *(please specify):*
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- ☐ I have commercial interests in tobacco and 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.

Click or tap here to enter text.

- 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.

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.

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 YOU GUYS ARE GONNA TAKE AWAY OUR LIVLIHOOD. TAKES SMOKES OFF THE SHLEVES OF SUPERMARKETS THEY ARE ALREADY MINTING MONEY, LEAVE IT FOR US SMALL BUSINESSES TO SELL SMOKE. ALSO IF YOU TAKE SMOKES FROM US WE WILL NOT BE ABLE TO AFFORD OUR RENTS AND WILL HAVE TO SHUT OUR DOORS AND THIS IS SERIOUSLY AFFECTING OUR LIVLIHOOD.

- 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 No

Please give reasons:

I AM A RETAILER AND I WILL HAVE TO CLOSE MY SHOP IF THIS HAPPERNS

- 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 No

Please give reasons:

NO NOT AT ALL. YOU WILL BE TAKING IT FROM US SMALL RETAILERS AND GIVNG IT TO BIG SHOP AND BANNERS WHO WILL BE CREAMING AT OUR COST.

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

☐ Yes ☐ NO ☐ No

Please give reasons:

NO IF SOMEONE WANTS TO SMOKE THERE IS ENOUGH READING AND EDUCATION FOR THEM NOT TO DO IT.

- e). Are you a small business that sells smoked tobacco products?

☐ YES 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 A DAIRY AND I SELL TOBACCO WHICH IS A PART OF MY BUSINESS AND I FEEL DAIRIES ARE SMALL BUSINESSSS THAT SELL A BIT OF EVERYTHING TO MAKE UP FOR THEIR TURNOVER SO IF I CANNOT SELL TOBACCO IN THE FUTURE IT WILL DAFINATELY HURT MY BUSINESS AND HAVING LESS PEOPLE IN THE SHOP MEANS IT WILL ALSO IMPACT SALE OF OTHER THINGS LIKE LOLLIES, MILK BREAD ETC ETC.

WHY NOT BAN SMOKES IN SUPERMARKETS BECAUSE IF THEY DONT SELL SMOKES IT WONT IMPACT THEM SO LARGELY.

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 No

Please give reasons:

NO TOBACCO IS A NATURAL PRODUCT AND SHOULD BE LEFT AS IT IS

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

☐ Yes NO ☐ No

Please give reasons:

KEEP THINGS AS THEY ARE, YOU CAN RAISE THE AGE LIMIT

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

☐ Yes ☐ NONo

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 No

Please give reasons:

THEY ARE ALREADY VERY UN AFFORDABLE

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

MAYBE REAISE THE AGE LIMIT TO 20

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

NO

1 Submission form

1 Your details

This submission was completed by: (name)

Email:

Phone number:

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.

2 Additional organisation information

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3

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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.

unfair and racially bias.

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

Plenty of smoke free campaigns.

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

Nothing is needed, information and knowledge is out there, it's up to people to make their own decisions

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

Low, money can be better spent elsewhere rather than researching the same thing over and over

- 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:

Same as alcohol

- 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:

Will only affect small business, dairy owners ect

- 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:

Market diversity stimulates economy

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

☒ Yes ☐ No

Please give reasons:

We are not a communist country, EVERYONE should have the right to decide on their own health

- 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:

People can set their own limit

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

☒ Yes ☐ No

Please give reasons:

They don't offer anything to the cigarette apart from city pollution

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

☐ Yes ☒ No

Please give reasons:

The government should not have that much control over everything, we are in a democracy

1

2 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 have seen in the past that the only ones that get affected by tobacco price increases is children from low income family's-kids miss out over parents.

Crime rates also sky rocket

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.

emphasize that they aren't great for your health, but ultimately the choice is still yours

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

As a non smoker and casual cigar smoker, I believe everyone should have a right to make their own choices what they put into their body. The information is out there and you can't say that people know better, they know they aren't good-they are making the choice to consume a product

Submission form

Your details

This submission was completed by: (name)

[REDACTED]

Email:

[REDACTED]

Phone number:

[Click or tap here to enter text.](#)

Organisation (if applicable):

ASH New Zealand

Organisation address: (street/box number)

[REDACTED]

(town/city)

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Role (if applicable):

[REDACTED]

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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): | |
| 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.

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

Summary of ASH's position

ASH welcomes the proposals for a Smokefree 2025 plan and the commitment of the government to consult on ambitious actions to achieve a smokefree Aotearoa (where less than 5% of adults still smoke cigarettes).

There are now only 4.5 years until 2025, yet almost half a million adults still smoke cigarettes daily. Compared with 2011 when the Smokefree 2025 goal was first adopted, a greater proportion of cigarette smokers are now Māori, Pasifika or on low incomes. This represents an unacceptable failure to address equity and achieve better health outcomes for all.

ASH acknowledges New Zealand's comprehensive tobacco control efforts and progress with the general population; the top quintile has already reached the goal, but results of tobacco control efforts so far, suggest that we are systematically failing our most at risk citizens.

We have answered the consultation questions. The following principles inform our position:

1. *Smokefree 2025 must be a sustained Government priority to ensure accelerated, achievable, prioritised and measurable progress towards the goal;*
2. *Compassion, not victim blaming, is required for people who, through no fault of their own, smoke cigarettes; they smoke for the nicotine, but die from the smoke;*
3. *Equity should be the key focus of the plan; traditional population level tobacco control efforts have failed to reduce inequities in the distribution of cigarette smokers;*
4. *A focus of all policies adopted in the plan should be to assist adult cigarette smokers to quit smoking (60,000 per year required per year to reach the goal); prevention of cigarette smoking by young people is a relatively small part of the challenge;*
5. *Urgent action in the very short term will rapidly reduce pressure on health services and, in the longer term, prevent unnecessary deaths;*
6. *Potential unintended consequences of all policy actions should be actively considered to prevent them from unwittingly undermining progress, in particular the following two key issues:*

- (a) *Any possible growth in the illicit trade in cigarettes; and*
- (b) *The implications of international trade agreements and treaties for many of the proposals.*

7. *Finally we recommend a stepwise policy approach with timed and measurable actions.*

Our reasons for these principles are as follows:

1. Smokefree 2025 must be the goal of all action

The goal for a smokefree New Zealand was set in 2011 as a result of the Māori Affairs Select Committee investigating the impact of the tobacco industry on Māori. The objective was to reduce smoking prevalence to less than 5% for all New Zealand populations.

We are not on track to achieve this goal and, in particular at current rates of decline, it will take until 2060 for Māori to reach 5% prevalence.

The National Plan should explicitly reaffirm the importance of the Smokefree 2025 Goal and ensure data is available to rapidly assess progress towards the Goal. Achieving this goal should remain a focus of the plan, with clear targets around increasing the rate at which smoking prevalence is declining. These targets should be based on an understanding of the smoking population and inform how resources and efforts are targeted.

2. Compassion for people who smoke, not punishing dependency

Tobacco smoking is addictive, and in standardised measures of dependence New Zealand smokers score highly compared with other nations. Quitting smoking is hard, and success rates for unassisted attempts are around 1-3 in 100ⁱ, with as many as one in 10 relapsing after a year¹. Most smokers want to stop, and have a high level of awareness that their smoking leads to substantial health risks to them and people around them. Dependence on nicotine and the important role of smoking in people's routines create barriers to changeⁱⁱ. Tobacco control efforts have left people many feeling ostracised and isolated, and this creates further barriers to changeⁱⁱⁱ.

A smokefree action plan must put the wellbeing of people who have nicotine dependence and who smoke at the centre. They must be the beneficiaries of tobacco control policy – it should be explicit that the goal is pro-health and not anti-smoker. Policy should not punish people for being addicted, but should put helping them first and foremost.

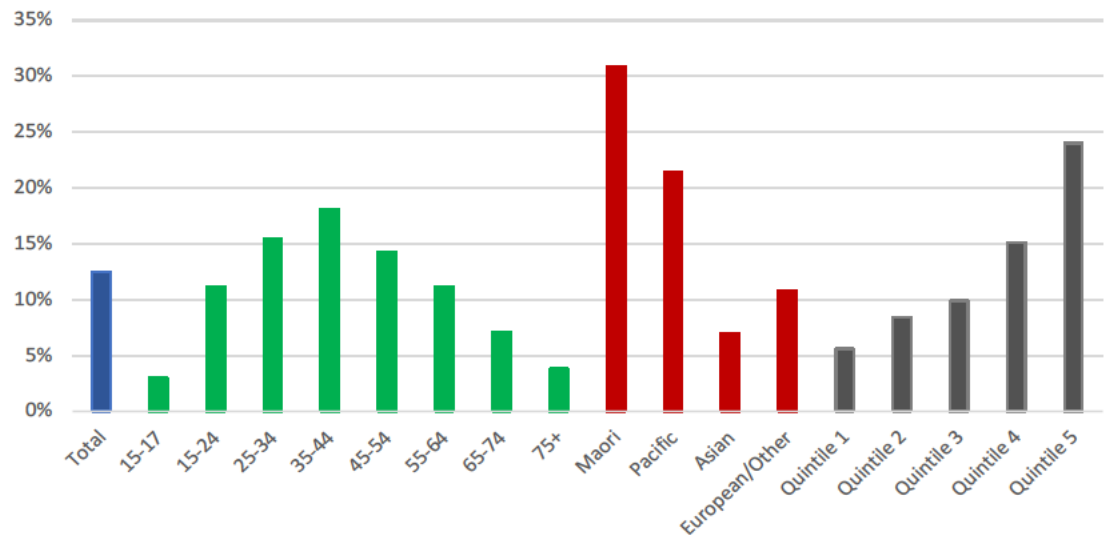
3. Traditional all-of-population level tobacco control has failed equity

New Zealand has been a world leader in tobacco control and sits among the top nations for WHO-recommended best practice. This includes almost comprehensive implementation of the FCTC and MPOWER initiatives^{iv}. Historically, New Zealand was among the first in the world to ban tobacco advertising, retail displays, mandate picture warnings and plain packs, and

currently has among the least affordable tobacco in the world. As a result adult daily cigarette smoking has declined to around 11.5%, and in under 18 year-olds. to less than 3%^v.

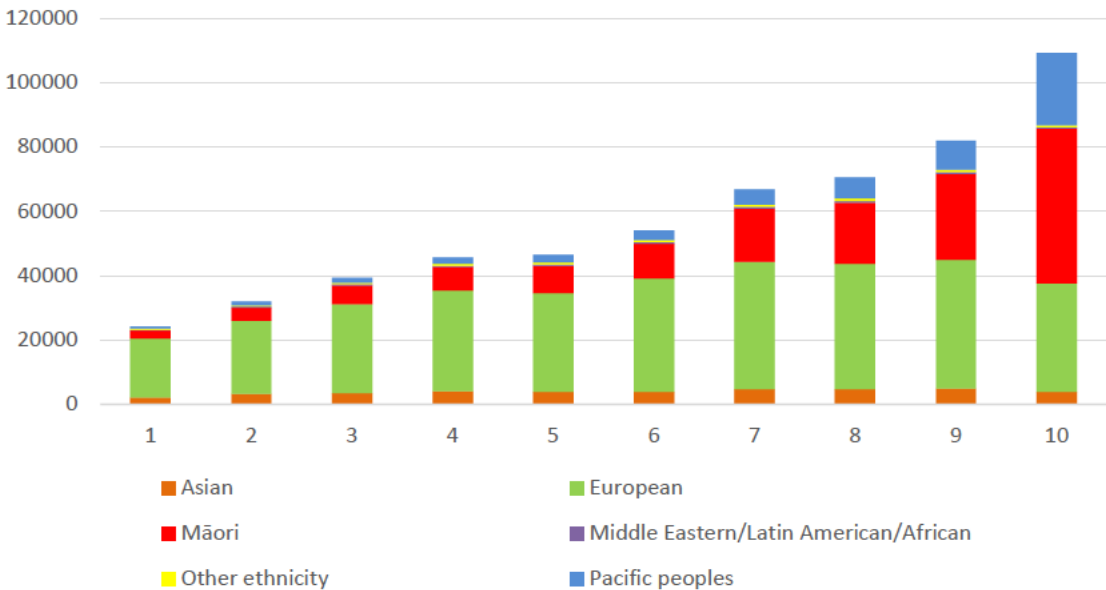
However, these gains have not been fair to everyone and the impact on smoking for the poorest New Zealanders, and for Māori and Pasifika has been low. Figure 1 shows daily smoking rates by age, ethnicity and socio-economic demographic. Smoking rates remain especially high for Māori, Pasifika and low income New Zealanders.

Figure 1: Daily smoking prevalence by demographic. NZ Health Survey 2019/20



In fact, the proportion of smokers who are in the poorest 20% of New Zealanders has **increased** from 30% to 40% since 2011. In 2020, 36% of smokers were Māori or Pacific, an increase from 30% a decade ago^v. Of particular note is that half of Māori who smoke live in the lowest income 20%^{vi}. Figure 2 shows the numbers of smokers by NZ deprivation index and the proportion in each decile by ethnicity.

Figure 2: Regular smokers by NZ deprivation decile and ethnicity (NZ Census 2018)



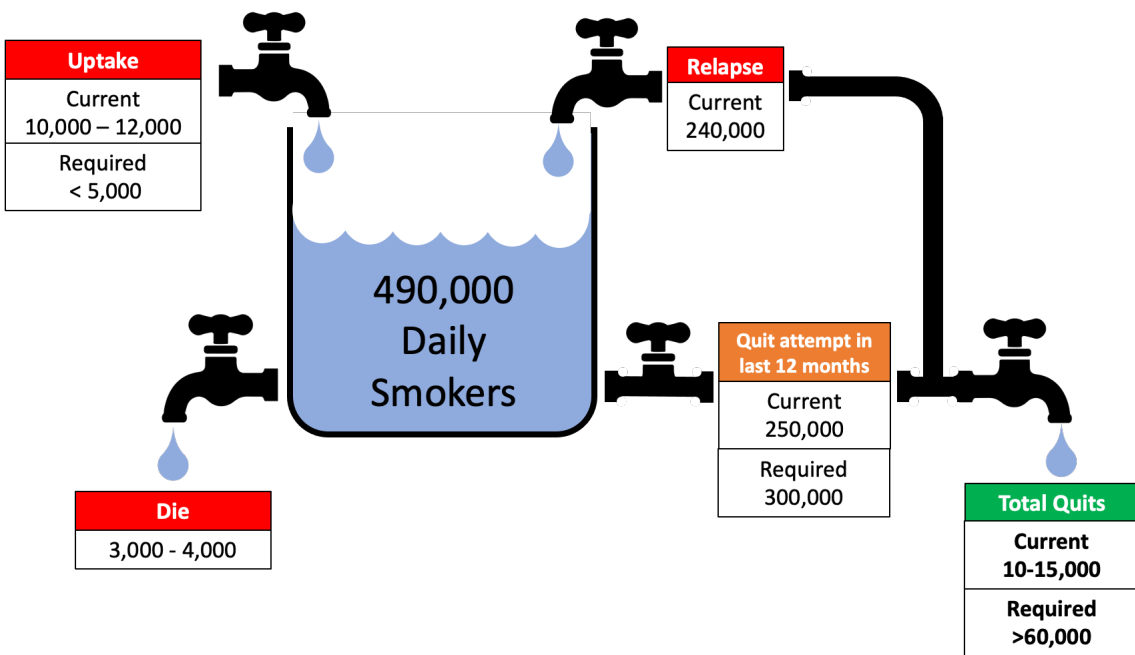
A plan must clearly prioritise action for populations where smoking prevalence is still high (or increasing), and treat smoking as an equity issue. This means less dependence on population level measures (that have traditionally benefitted the most privileged groups) and a greater emphasis on resourcing, understanding and empowering populations that have been left behind by all of population approaches.

4. Prevention is only a small part of the challenge; we need to help the half a million smokers.

In particular, this means getting the balance between increasing the numbers of people who successfully quit smoking tobacco, and reducing uptake by new smokers.

There are almost half a million daily smokers, and cigarette smoking is the single most harmful behaviour that impacts their health. The number of daily cigarette smokers needs to reduce to less than 200,000 by 2025 to achieve an adult prevalence of below 5%. This will be achieved only by dramatic increases in the numbers of people stopping using smoked tobacco (predominantly manufactured cigarettes), especially in already marginalised populations.

Figure 3: current and required rates of smoking uptake and cessation required to reduce prevalence to under 5% by 2025.



Increasing the quit rate should have the greatest share of policy effort and resources, as this is where the greatest volume of health gains can be made. Policy analysis of all proposed actions should strongly favour the impact on increasing quit attempts and sustaining them.

Increasing the cessation rate is a significant prevention initiative in itself. Data from the ASH year 10 survey has consistently shown that exposure to parental and peer smoking are leading risk factors for youth uptake, and that parents and whānau are a leading source of tobacco for underage smokers. Denormalising smoking for high risk young people requires denormalising in their communities. This requires reducing smoking rates for the adults who

influence them. This is consistent with findings from the Ministry of Health’s own qualitative work with wāhine Māori who smokeⁱⁱⁱ. There is a very strong case for prioritising actions that constantly encourage smokers to stop smoking, or switch to less harmful alternates, and to provide them with the support to do so.

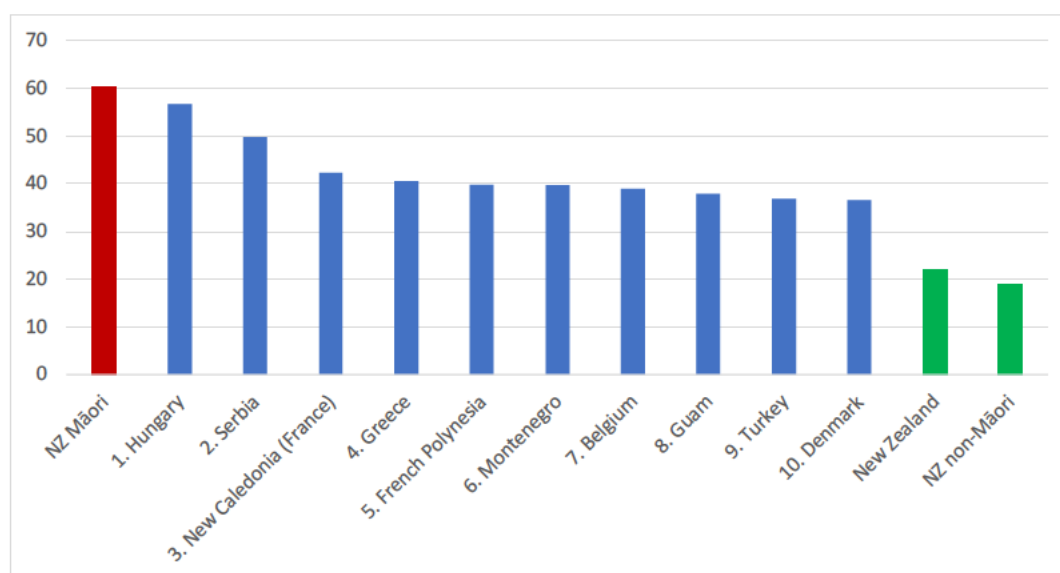
5. A sense of urgency

Smoked tobacco continues to kill up to 4,500 New Zealanders every year as a result of preventable illness. For every person who stops smoking, an average of 10 life years is regained^{vii}. This is especially relevant for Māori where half of smoking deaths are in middle age, double the rate for non-Māori^{viii}.

The impact of smoking related illness and deaths is highly inequitable. One in 5 smoking deaths are in Māori and Pasifica.

Increasing the successful cessation of cigarette smoking would see immediate returns for health, in particular for groups of disease that have among the least equitable outcomes – cancers and cardiovascular disease. Presently, more than 3 in every four lung cancer deaths in Māori are premature, compared to less than half for non-Māori^{ix}. In fact, Māori still experience lung cancer rates higher than any nation on earth. This is an urgent issue and will lead to major short-term reductions in the demand for health services. Such falls were observed following smokefree legislation in the 2000’s in particular for cardiovascular and respiratory health^x.

Figure 4 Top ten countries for lung cancer mortality per 100 000 including Māori and non-Māori. (Age standardised to WHO standard population^{xi})



6. Potential unintended consequences must be actively considered to prevent undermining progress

We have already noted the importance of avoiding further inequities as a result of population-wide approaches. Other unintended consequences also require consideration. In particular:

(a) Illicit trade

Estimations of illicit trade in New Zealand vary, from 6-7% to as high as 10-11% of cigarettes and tobacco^{xii,xiii}, and evidence and reporting suggests it is increasing in frequency and scale. There is real potential for policies including nicotine reductions, and reducing legitimate supply to incentivise illicit trade. For example, South Africa saw a substantial shift from official outlets to illicit sources when tobacco supply was dramatically cut during Covid-19 restrictions in 2020. Reducing supply saw a reduction in consumption but not in demand for cigarettes^{xiv}.

There is also robust data that underage smokers in New Zealand access tobacco from older people who supply them^{xv}. This includes breaking down shop brought packs and reselling individual sticks. This is a concern that strong controls legitimate sales may create opportunities for low level illicit supply, and secondly that lessons from issues such as cannabis have resulted in excess criminalisation of particular populations.

(b) Trade agreements and barriers to progress

New Zealand has entered into a range of treaties that generally support free trade. The measures that reduce supply and make cigarettes less addictive and less appealing could run counter to WTO and other Treaty agreements. Whilst we do not see these as a reason not to proceed, it emphasises the need to prioritise immediate actions, to explicitly justify the public health objectives of all proposals and to deal now with the possible impacts of a challenge to some of the proposed measures.

7. We recommend the following step-wise priority actions:

Step 1: Immediate and ongoing actions:

1. Substantial reinvestment in targeted social marketing campaigns to create public support for Smokefree 2025 and encourage increased quitting successes through the wider use of lower risk alternatives to cigarette smoking.
2. Ensure smoking cessation is a high priority in the health system with support for all smokers to quit, or switch to less harmful alternates, especially for cigarette smokers discharged from hospital or identified in primary health care.
3. Make tobacco control core business across the health, disability and welfare systems to reach as many touch points with smokers as possible and provide support to quit or switch to less harmful alternates.
4. Resource and encourage innovation in high smoking populations and communities to support quitting by increasing access to less harmful – and cheaper - alternates.
5. Investigate options to penalise tobacco companies selling combustible tobacco and encourage the transition of the market to much less harmful nicotine.
6. Increase monitoring and knowledge on the current state of illicit tobacco and action required to minimise this trade.

Step 2: Policy actions

1. Introduce a licensing scheme at all levels of the tobacco supply chain, funded by levies on manufacturers. This should have a focus on monitoring illicit sales.
2. Introduce legislation for the mandatory removal of filters on environmental grounds and to reduce the palatability of cigarettes.
3. Minimise adverse international treaty and trade agreement implications of proposed product modifications.
4. Introduce nicotine reduction and supply policies and ensure adequate regulatory powers to adjust the approach in line with monitoring and evidence.

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

Summary

- ***ASH supports broad-based Māori governance of the tobacco control system across Māori health, social, economic, education and social systems with clear lines of communication to communities.***

Smoking remains the leading preventable cause of premature mortality for Māori, responsible for around 1 in 5 deaths^{xi}. It is a leading cause of health inequities. As well as the health impacts, smoking also comes with significant social and economic burdens for Māori.

Māori governance of the tobacco control system must not just be confined to the health system, but must extend across all Māori health, social, economic, education and social systems as all have a role in addressing the impact of smoked tobacco. We would encourage governance to include accountability for Māori smoking and health across all state funded services and providers that serve Māori populations. We also believe that it is important to engage and incorporate a breadth of community voices in Māori governance and that one size does not fit all in terms of changing behaviours and beliefs about smoking. We support an approach that involves and has clear lines of accountability to communities.

The current health system reform presents a significant opportunity to ensure that health system governance overall has accountability for reducing smoking, and we would encourage smokefree to be a priority in all the new structures, including the Māori health authority. We

would support all tobacco control investments be scrutinised for their potential and actual impact on Māori health and equity.

Tobacco use is directly linked to colonisation, and the Crown must be a responsive and accountable partner to Māori who have been disproportionately impacted. Māori governance can provide stewardship, but ultimate responsibility must sit with the Crown.

Maori governance must not result in absolving the Crown's responsibility and accountability to Māori smoking.

Something about coordination across all key groups, including MHA

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

Summary:

- ***ASH supports increased investment in innovative approaches to community based efforts to dramatically lessen cigarette smoking, amplify existing local action and draw on international evidence and experiences with high smoking populations.***

ASH endorses the amplification of initiatives within New Zealand such as the 'vape2save' programmes that have built a peer network of wāhine Māori supporting each other to quit smoking. Emphasis should be on community groups that have demonstrated successful quitting.

We also highlight examples of community innovations from overseas that have contributed to increasing successful quitting and targeting smokers. We encourage this type of innovation that ensures people are encouraged, empowered and supported to be smokefree in their communities:

Exploring uptake and use of e-cigarettes to smokers using homeless centres

A 2020 trial in the UK provided free e-cigarettes to homeless smokers in London and Edinburgh. This population experiences considerable inequalities in smoking, and negative outcomes. This population had much higher rates of poor mental health, half have a history of prison time, and almost all had hazardous drinking habits. Staff in shelters were trained in brief intervention and how to teach people to use devices. CO validated abstinence at 12 weeks was 11% for the study group (high for this population), and almost all showed improved mental health scores. The average cost of the intervention (including providing devices and training) per participant was \$NZD250^{xvi}.

Using hospital settings for harm reduction

Birmingham, the UK's second largest city, has a higher than average smoking prevalence of 16%. Smoking is a leading cause of hospitalisation in the city with 1,630 hospital admissions per 1,000 people in Birmingham. In 2019, the National Health Service Trust that operates

Birmingham hospital supported the opening of a vape shop in the hospital lobby to serve the smoking patient population.

The hospital actively encourages smoking patients to stop smoking, and to switch if possible and provides discounts to do so. The hospital has also introduced strong incentives not to smoke, including a 50GPB (\$100NZD) fine for smoking on the grounds^{xvii}.

Whilst these examples are from the UK, we believe they are examples of innovation serving specific communities, and putting opportunities to quit, and support to do so, in situations where they are most accessible. We strongly encourage the resourcing and support of bolder initiatives that step outside of the traditional medical models of cigarette smoking cessation.

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

Summary:

- ***The world views and lived experiences of people who are cigarette smokers should be central to designing initiatives and interventions to help them stop smoking.***
- ***Smoking has become more marginalised to populations accessing other health, disability and welfare services. Supporting people to quit should be core business across the whole health and social welfare system.***

Population-wide policies on reducing cigarette smoking have contributed to declines in prevalence, however these have not been fair for everyone. ASH endorses a redistribution of resources to targeting and empowering changes in smoking behaviour and where those are greatest risk of smoking spend their time.

This includes:

1. Community engagement and leadership

Increasing the annual quit numbers from around 15,000 to 60,000 successful ex-smokers per annum requires significant engagement outside medicalised or clinical models of cessation. ASH welcomes the report from the Ministry of Health on Māori women's smoking, *Ka Pu te Ruha ka Hao te Rangatahi*. This is an example of engaging with communities and providers to better understand needs, and the barrier and enablers for change. The report has several important recommendations that we encourage as a model engaging with and for providing better support for cigarette smokers who want to quit.

2. Targeting comorbidities and opportunities for intervention

The increasing concentration of New Zealand's smokers in low income groups, and people with co-morbidities presents substantial opportunities for interventions and support outside of the 'tobacco control' sector. These opportunities extend to a potential reach of hundreds

of thousands of smokers who are not currently included. Examples of systems with high access to the smoking population include:

- Mental Health

The New Zealand PREDICT study of 500,000 patients noted that 40% of people who had accessed mental health services in the last 5 years smoked^{xviii}. This equates to around 170,000 patients for whom there is already a point of intervention^{xix}.

- Prison population

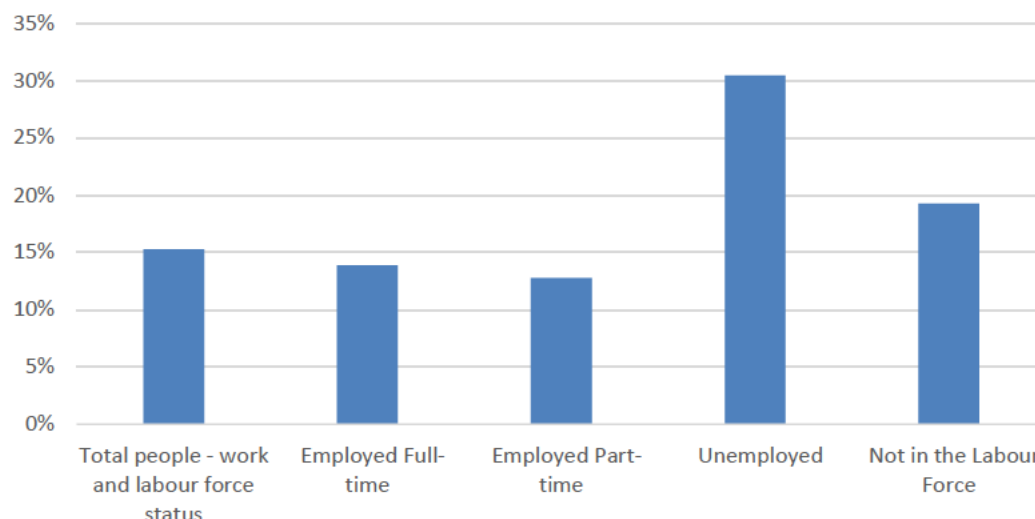
In 2011 New Zealand's prisons went smokefree and advice is provided to prisoners. There are approximately 8,600 people currently in New Zealand prisons as at March 2021 with a history of smoking in excess of 66%. Even for those who do stop whilst in prison, relapse is almost universal on release^{xx}. There is a huge opportunity to improve the support provided to inmates, and to include systemic support through the services that support them on release. More than half of New Zealand's prison population are Māori men, especially aged between 25-40^{xxi}. The newly announced Māori pathways prisoner scheme presents a huge opportunity to integrate support for quitting smoking as part of general physical and mental wellbeing initiatives and to achieve better outcomes as part of rehabilitation^{xxii}.

- Employment services

Employment services, budgeting services and work and income provide another opportunity for providing smokers with support. According to the 2018 census,

unemployed New Zealanders are twice as likely to smoke than those in full time employment.

Figure 5: Smoking by employment status 2018 census (30-64 years olds) NZ Census 2018.



In real numbers, this is around 30,000 people who are likely to be accessing support services that could also be providing people advice and tools to stop smoking.

3. Eliminating systemic barriers to innovation and evidence based action

ASH applauds the excellent work of the *Te Hiringa Hauora* and, in particular, the world leading vape to quit strong campaign, and quit strong campaigns. However, we also note that there are systemic barriers to such campaigns reaching their full potential. For example, we understand several local councils have blocked the use of the campaigns in communities because of non-evidence based and unfounded concerns about vaping. It is a real concern that there remains a low level of understanding about harm reduction within communities that is acting as a barrier to people being exposed to evidence based campaigns and initiatives.

Examples include the inconsistent approaches to smoking and vaping across regional councils. Auckland council, for example, recognises the role of vaping in helping smokers to quit and treats it as a harm reduction issue that requires a separate approach^{xxiii}. However, other councils treat vaping the same as smoking and bans it from public areas. For example Hamilton Council's policy states *"Council will seek to prevent, so far as is reasonably practicable, the detrimental effects of smoking and vaping on the health of any person who does not smoke or vape"*. It does not recognise any statutory responsibility to support people to stop smoking, just to protect non-smokers. Other councils ban smoking and vaping in public spaces – with KPIs on the numbers of smoke and vape-free events. These types of approaches reinforce the idea that smokers (and ex-smokers who vape) are not welcome which is counterproductive to a compassionate public health approach.

This type of inconsistent policy creates confusion for people about harm, and acts as a barrier to good public health messaging. New Zealand's vaping legislation allows for strong consistent approach to smoking and harm reduction strategies. This opportunity is further

enhanced by the announced restructure to the health system. We strongly recommend that local smokefree policy makers place emphasis on their duty to support communities to quit smoking. This may include strengthening the capacity of Te Heringa Hauora, and the proposed national health agency, and Māori Health agency to support local decision and policy makers.

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

1. Close monitoring of equitable impact

Whilst the impact of tobacco control policies has been to reduce overall smoking rates, this has not been fair to all populations. Monitoring the impact on low income, Māori and Pacific populations must be a priority.

2. Realise the potential of existing data

The full value of existing data should also be realised. For example, using monitoring tools such as the NZ health survey to investigate comorbidities with smoking and relationships with mental health. Such data has considerable potential to inform distribution of resources.

Other opportunities exist to make fuller use of the IDI datasets and better understand how smokers engage with wider state systems and opportunities to target them and their networks.

3. Monitoring on unintended consequences

All policy has the potential for unintended consequences, both positive and negative. For example, reducing youth uptake as a result of increased adult cessation, or reductions in smoking related hospitalisations after smokefree workplace laws. Alternatively, seeing growing illicit tobacco trade in response to high taxation, and age restrictions defining smoking as a rite of passage. Measures must be put in place to monitor for unintended consequences both positive and negative, and be nimble enough to mitigate the bad and amplify the good.

4. Supporting innovation and people centred design

Increasing the number of successful quits must be a priority to rapidly reduce smoking rates. A priority for research much be to ensure that priority populations are involved and engaged measures to increase quitting.

5. Systematic monitoring of behaviour change

With less than 5 years until 2025, annual monitoring on smoking and behaviour change is not sensitive enough to measure the direct impact and progress of actions. We propose that at least monthly monitoring is used to constantly evaluate and refine approaches to reducing smoking and their impact on priority populations. In particular, as the vast majority of required quitting will be done without the use of state funded services, mechanisms must be in place to monitor them. This should include better understanding of pathways to uptake,

cessation, relapse and the trigger and tensions that influence behaviour changes. Information that can continuously influence approaches to helping people.

6. Monitoring distribution and access to tobacco

A licensing scheme should include systematic monitoring on smoked tobacco imports, supply and sales. We strongly recommend the digitisation on 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 must also be a priority. This should include data from enforcement agencies, and gathering data on community level supply.

7. Smoking as a measure of wellbeing

We strongly recommend that smoking is added to measures of societal wellbeing. It is direct indicator of the future health and disability of the population. Countries that use wellbeing indicators, including Scotland^{xxiv}, Italy^{xxv} and the UNDP^{xxvi} all include smoking as a measure of wellbeing. Incorporating smoking into the wellbeing indicators for New Zealand would ensure the highest levels of accountability.

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

The tobacco control system should have clear goals and accountabilities. The key goal being to reduce smoking rates as rapidly and ethically as possible to 5% by 2025.

Actions should be clearly rationalised and demonstrate how they will contribute to this goal. The system should have clear criteria to test policies and actions against, in particular to increase quitting, address inequities, improve Māori (and Pacific) health, and be prioritised along the lines of achievability and impact.

Tobacco control, in particular reducing smoking should also be all of government business, not the sole domain of health. Smoking affects wellbeing in all sorts of ways including financial, mental health, environmental, crime and justice, government revenue, international trade and others. Success will require collaboration and accountability across government.

The New Zealand tobacco control system will need to be nimble and responsive. This means that if a measure is seen to be especially effective, or not, or unintended consequences are identified (both good and bad) the system can respond quickly. A response may be to change and approach, amplify it, or stop it altogether. However, the tobacco control system will be

required to be responsive and prepared to make difficult decisions and implement them with minimal barriers.

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:

Summary

- ***ASH supports a system whereby the sales and distribution of tobacco products can be monitored and that sets conditions under which tobacco products can be manufactured, imported, distributed and sold. This may be either a licensing scheme, or a retail register.***
- ***Any scheme should have a core function to monitor and mitigate against illicit trade.***

The licensing scheme for smoked tobacco should effectively serve the following purposes:

1. **Require effective national, local and community level monitoring of tobacco sales and distribution**

At present there is very limited knowledge about the distribution of tobacco supply in Aotearoa New Zealand. Improving the market intelligence is a vital to inform and shape proposed policies on supply controls. For example, establishing correlations between community smoking prevalence, access to retail tobacco and volumes sold through retail channels would all improve policy decisions.

There is a hypothetical and logical link between access to tobacco and prevalence, however, there are also some communities that contradict this. The East Cape and Far North have among the highest smoking rates for Māori in the country, and highest burden on smoking related disease; however, these are very remote communities with limited access to tobacco.

A scheme should include a requirement to disclose volumes of tobacco sold which would contribute to a better understanding of the relationship between access and smoking prevalence and ensuring policies address all communities.

2. **Establish conditions under which tobacco may be sold**

A licensing scheme must set clear conditions that any retailer must meet to sell tobacco. For example, demonstrating minimum knowledge of the current smokefree laws, compliance with point of sale regulations, and disclosure of sales volumes. This should include disclosing the proportion of business revenue that comes from tobacco sales.

A condition that we would propose as mandatory is that any tobacco retailer should also sell less harmful alternatives. This includes vaping, and such products should be more accessible than cigarette smoking and other smoked tobacco. Training in the use of less harmful products will be required.

3. Establish regulatory powers to change these conditions for public health benefit

The conditions for a license should not be static and regulatory powers should be established to allow them to change over time. For example, this might include reducing the number of licenses available, limiting brand variants, increasing volumes of reduced harm products a retailer must sell, or adding levels of disclosure about sales.

4. Monitor the supply chain of smoked tobacco from import to consumer to mitigate illicit sales, including large scale organised illicit trade, and low level social supply.

Licensing should not be limited to retailers, and should be extended to any business involved in the supply chain of tobacco products. This includes manufacturers, importers, logistics companies, and wholesalers. Any tobacco product entering the market should be able to be traced from manufacture to consumer. ASH also encourages a similar scheme to the UK where all tobacco manufacturing equipment is required to be licensed. The measure has been introduced to mitigate against illicit large scale manufacture.

Some estimates of illicit trade are as high as 10%-11%^{xiii}, and reports from customs estimate 6%-7% of the market is imported non-duty paid tobacco. Customs also note that tobacco is an increasing part of their broader and revenue protection efforts. Tools exist to track and trace tobacco products from manufacture to consumer, and we would strongly endorse that a licensing scheme includes such tools.

A licensing scheme should be self funding with fees associated with volumes of smoked tobacco turnover. This would ensure fees were scaled to businesses with tobacco companies fielding the greatest burden of cost, and small retailers were not penalised. The initial number of licenses should also be finite, and as business stop selling tobacco, close or lose a licence due to a breach of smokefree law, nor further licences are issued. Finally, licences should be issued by premises – not by business, so that multichain retailers do not have a umbrella licence for all outlets.

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

Summary:

- ***ASH agrees that reducing retail availability of smoked cigarettes may contribute to reducing smoking rates and that there is a current imbalance between access to tobacco, and the availability of less harmful alternatives that can help people to stop smoking. Mitigations are required to ensure a supply policy is equitable and protects the mental and physical, and financial wellbeing of all New Zealanders.***

ASH has the following considerations for this suggested policy:

1. When dealing with addiction, demand does not rationally respond to supply

Supply reduction as a means to reduce demand and use of addictive substances risks simplification of the relationship between access and use. Historically, the widespread marketing, product placement and supply has undoubtedly driven the uptake and use of tobacco and contributed to smoking rates.

However in the current environment, tobacco supply is relatively passive as products are not displayed, have no branding and cannot be advertised. A smoker must ask for the product to be removed from a behind a closed door. The dynamic has shifted from one whereby supply is a key driver of use, to one where demand likely has more influence over supply. Ease of access to tobacco is an enabler for people to access cigarettes, and this is important in relapse prevention for those quitting. However, given the nature of nicotine dependence, ASH has concerns about the overestimating impact of supply reduction on demand.

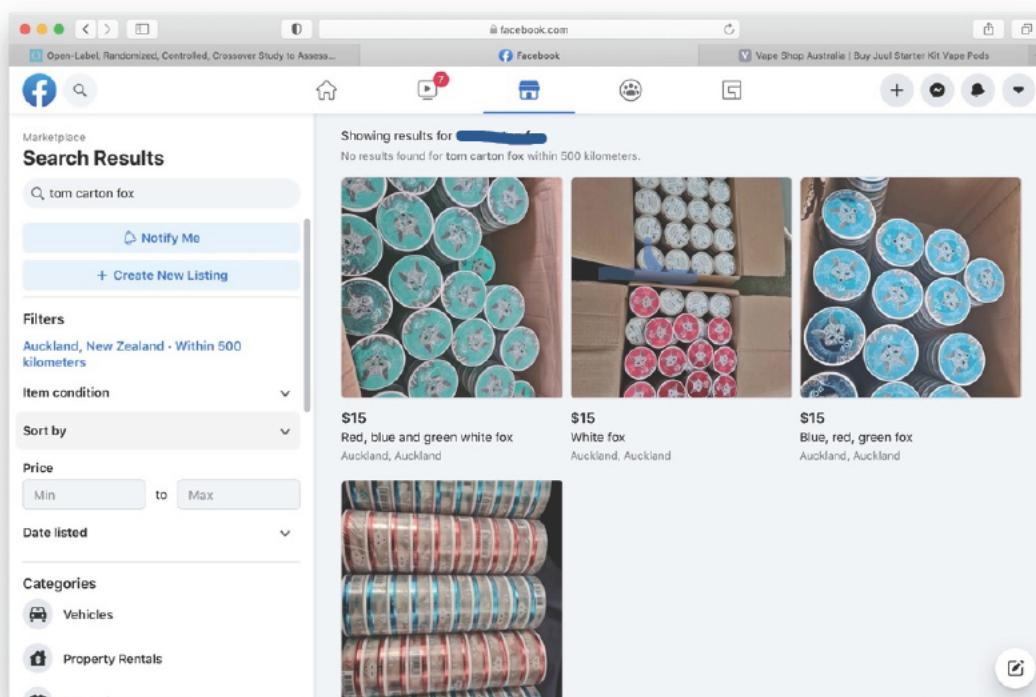
Smoking nicotine in tobacco is addictive and causes dependence, and studies of New Zealand smokers often score highly on validated measures such as the 'time to first cigarette' measure and the Fagerstrom Tobacco Nicotine Dependence (FTND) score than comparable countries. For example, 66% of New Zealand smokers report smoking within half an hour of waking compared to 40% in the UK. 40% report smoking within 5 minutes^{xxvii,xxviii}. A 2017 study found Māori smokers scored an average of 4.08, and non-Māori 4.2 on the FTND^{xxix}, comparable to some of highest observed dependence scores worldwide^{xxx}.

This is indicative of a highly dependent population, and considerable effort is required to support people to manage withdrawal and demand for tobacco.

By way of example, some of the highest smoking rates in Aotearoa are in Tai Tokerau and Tai Rawhiti, particularly in very rural and remote areas, often defying the hypothesised correlation between access and prevalence.

A further example has been the recent amendment to the *Smokefree Environments Act* that banned nicotine pouches – essentially ending supply. Demand for these products has not stopped as a result, and anecdotally many people and local business have noted a relapse to smoking as a consequence of this ban^{xxxi}. Additionally, there has been a transition of sales to the illicit market. Figure 6 shows the result of a search for 'snus' on the Facebook marketplace in a 20km radius of central Auckland. The screenshot shows easy availability of illicitly sourced smokeless products, at a marked up price.

Figure 6: Facebook Market Place search for oral tobacco with a 20km radius of central Auckland.



2. Supply reduction is equal, but effort is required to ensure it is equitable

Reducing supply and access to smoked tobacco is a broad policy aimed at all New Zealanders. It does not prioritise or privilege Māori and low income populations, and there is a risk it may even disadvantage them. For example, by inequitable distribution of supply to low income communities.

Implementation will require policymakers to create a mechanism to define what the optimum supply level is within a community. For example, the outlets per capita, or per smoker. The maximum distance a person might be expected to travel to access tobacco, access to health care and alternate safer nicotine, or the rates of smoking related mortality and morbidity.

Proposals to reduce supply work on the hypothesis that demand will respond rationally and reduce. Modelling of the impact is based on studies of cost elasticity, and not on precedent of tobacco supply reduction. This should be treated with caution as evaluation of New Zealand's tax regime has shown that increased cost contributes to financial hardship and inequities^{xxxiii}.

3. Making decisions about who sells tobacco

In a community with several tobacco retailers, a decision making system will be required to decide how to award the sales monopoly to one or two sellers. This in turn creates a high level of responsibility on the state to create a fair system based on the best interest of public health, and that has real potential consequences for the economic wellbeing of local communities. The means by which supply is reduced will be required to be highly manipulative and dynamic to respond to diverse local populations and smoking behaviours and will inevitably drive anguish from small businesses and their associations.

For example, a community might reduce from 4 to 1 outlet, but for that outlet tobacco becomes a much larger source of revenue as it is potentially selling the same volumes as 4 outlets were. In such scenario there is likely to be stiff competition to become the

'tobacco retailer' as businesses would anticipate a windfall. This creates an incentive to sell tobacco rather than an incentive not to.

4. Concerns about alternate tobacco markets

As discussed, we have concerns that reducing supply of addictive substances does not necessarily reduce demand. Experiences with tax increases in New Zealand have shown an increase in illicit trade.

Anecdotally, there has been an increase in reported tobacco seizures, and the greater availability of homegrown chop tobacco. Mitigations must be put in place to monitor, and intercept illicit tobacco supply, for example, by routine screening of all containers arriving at New Zealand ports.

5. Young people don't get tobacco from shops

Data from the ASH year 10 survey has seen a steady decrease in shops as a source of tobacco for young people. Less than 6% of students who smoked, accessed tobacco from a shop, a decline from 12% in 2006. In contrast, more than 50% got cigarettes from a friend, and 13% from a parent. Significant gains have been made in reducing youth access from shops as a result of targeted policies^{xv}.

This has two implications for considering supply reduction as a prevention strategy. Firstly, whether it actually resolves the policy problem of youth access. Secondly, the need to address the fact that youth access is driven by proxy purchases. This indicates a large volume of low level illicit on-selling of cigarettes by people who are prepared to supply children – something that may be exacerbated by reducing access to legitimate retailers.

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, **in theory** ☒ No, **in practice**

ASH supports this measure in theory as smoked tobacco is a product not for use by under 18 year olds.

However, we also note that a balance must be met whereby adult cigarette smokers and nicotine users must be able to access legal tobacco sales. The Smokefree 2025 goal aims for smoking prevalence under 5% and acknowledges that there will always be a proportion of people who will continue to smoke. Based on current smoking data, they are more likely to be Māori, Pacific and or low income. A significant number are also rural dwellers.

It will be important to ensure that in communities where a single retailer may serve a wide area, that restrictions to R18 do not favour alternate illicit sources of tobacco because it is unfeasible for that retailer to restrict to access to customers over 18.

We do not consider it feasible to restrict tobacco sales to pharmacies. This places a substantial burden on the pharmacy sector to knowingly sell extremely harmful products with no health benefits to customers. The Pharmacy Council of New Zealand already advises pharmacists

not to provide vaping products if they feel uncomfortable about their efficacy to help people quit smoking. Asking pharmacists to sell tobacco is putting health professionals in a highly compromised ethical position. It would directly contravene the Council's principle to put the health and wellbeing of patients first^{xxxiii}.

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

☐ Yes ☒ **No**

Please give reasons:

Summary

- ***ASH believes the impact of this policy on smoking rates would be limited, and disproportionately low compared to the effort and public support required. We also believe it is form of prohibition that would encourage and enable illicit sales and could be characterised as expropriation of trade in investment treaties.***
- ***We note that smoking rates for under18s in New Zealand are already at 3%, and have seen the largest relative decline of any demographic.***

The modelling of this policy assumes compliant response to age limits^{xxxiv}. In reality, this does not happen because young people who try smoking take risks and access tobacco regardless.

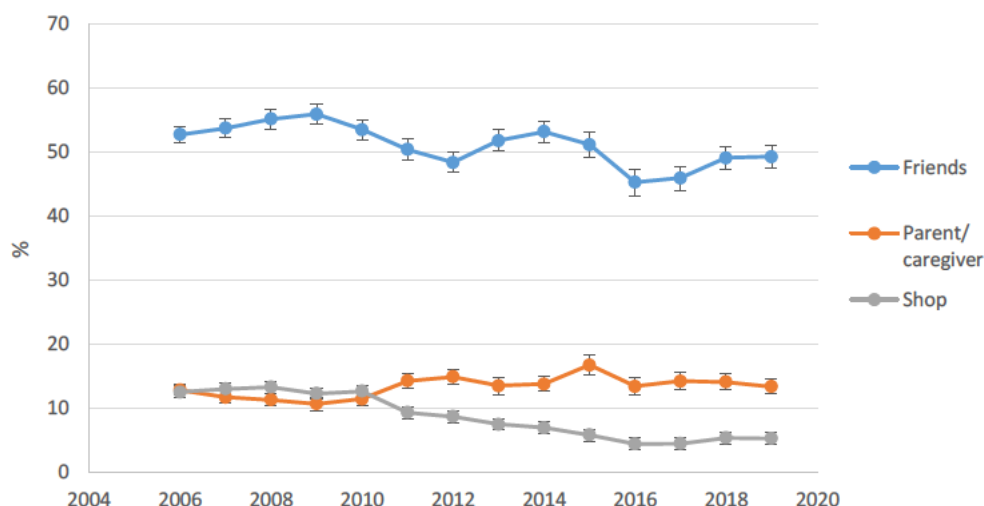
Tobacco sales have been limited to over 18s since 1997. Despite this, the average age current smokers report starting is 14, and 13 for Māori. This include current smokers aged 20-24, suggesting that even for relatively young smokers initiation is still underage.^{xxxv}

Existing age restrictions, combined with high levels of enforcement do limit access to cigarettes in shops by underage people, but they do not stop experimentation or access through other means, and even in jurisdictions with R21 sales, most smokers start in their teens^{xxxvi}.

Data from the ASH year 10 survey has shown that significant gains have been made reducing access to tobacco from retail shops. It is currently the least frequent source of cigarettes for

youth and has been for the last decade. For youth who do smoke, the primary source of access is parents, ,caregivers, and friends

Figure 7: Ways that 14-15 years olds usually access their cigarettes 2006-2019



A smokefree generation policy does not address the problem that some young people smoke, and experiment with tobacco, especially young people from low socio-economic, Māori and Pacific backgrounds. These young people access via alternate sources, and current retail restrictions are largely working. This policy does not address the challenge of preventing young people accessing tobacco.

The average age to start smoking in New Zealand is 14 and 13 for Māori^{xxxv}, and young people are accessing tobacco and developing dependence well before they reach 18. An arbitrary annual lifting of the age to access cigarettes is not backed by evidence that it will prevent teenage experimentation and smoking as it does not address the reality of how young people access tobacco.

There is also a potential risk that it exacerbates social and illicit supply as it increases the market for this. In particular as it does act as defacto prohibition of legitimate tobacco sales over time.

We have concerns that this policy could also exacerbate existing inequities, in particular by ethnicity and socio-economic status. These population are more likely to start smoking younger, and least likely to source tobacco from shops.

In addition, we are concerned that a smokefree generation policy would constitute a ban for a part of the population, which increases the risk of a successful challenge to the policy by tobacco companies pursuant to investor treaties to which we are signatories.

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:

Summary

- ***ASH broadly support this measure, although this is conditional on New Zealand's liberal approach to the availability of less harmful nicotine alternates such as vaping. For many, managing nicotine withdrawal is hard and forced abstinence is unfair and unethical.***

People smoke for the nicotine, but die from the 'tar' – the by-products of inhaling combusted tobacco.

There is growing evidence that reducing nicotine encourages quitting, and successfully. However, it is also crucial that nicotine is reduced to minimal levels at once rather than through gradual reduction^{xxxvii}.

Gradual reduction results in compensatory smoking whereby a person inhales more deeply, or smokes more frequently to achieve the desired levels of nicotine to manage withdrawal. Where nicotine levels are reduced substantially to a level whereby the cigarette cannot deliver adequate nicotine, a person may begin by trying to compensate but this is short term.

Reducing nicotine to very low levels is essentially reducing the addictive (but relatively harmless) component of tobacco smoke, whilst leaving the most harmful components intact. The measure does not make smoking any less harmful.

Now that New Zealand has clarified the status of less harmful alternates such as vaping, the ability of people to access nicotine and manage withdrawal without smoking is vital to such a policy working. It would be crucial that reducing nicotine in cigarettes was not accompanied by a parallel reduction in vaping products which are needed to support people experiencing withdrawal.

Such a policy would require substantial investments in supporting around half a million smokers who would essentially be forced to quit cold turkey. This include access to alternates, mental health support, coaching, and ensuring that peoples overall wellbeing was protected.

A policy to reduced nicotine must also be accompanied with explicit public messaging about the role of nicotine, and the harms of smoking. A smoked nicotine elimination policy runs the risk of exacerbating existing public misconceptions about nicotine and harm, and dissuading smokers from using alternate and safer sources. It also runs the risk of exacerbating illicit trade in regular cigarettes. It is noteworthy that no country has introduced this policy. It is

possible that this policy would infringe WTO trade agreements and expose the government of challenges from the tobacco industry.

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

☒ Yes ☐ No

Please give reasons:

Summary

- ***Removing filters will reduce the palatability of cigarettes, making them less enjoyable because they are harsher. This will act to reduce consumption and increase propensity to quit.***
- ***Making cigarettes less acceptable in an environment where much more acceptable and less harmful sources of nicotine are available would act as a significant incentive for people to swap to a more rewarding and much less harmful alternate.***

Synthetic filters have been a key innovation in the history of the tobacco epidemic after they were widely introduced in the 1950's by the tobacco industry. Initially introduced as a tool to market smoking to women by promoting a smoother and milder smoking experience, within the decade more than 95% of machine rolled cigarettes featured synthetic filters. This correlated with a rapid increase in smoking rates for women in particular.

Filters and ventilation are one of the primary means of manipulating the taste and sensation of smoking to make it more enjoyable. For example, filter engineering has been critical to the growth in light and mild variants (that are still marketed by name including 'mellow', 'subtle' and 'gold' in New Zealand). Much of the technology behind these variants is not down to reformulated tobacco, but the nature of filters and ventilation holes that change the concentration of the inhaled smoke.

Since they became ubiquitous in cigarettes filters have historically served to increase smoking frequency and enjoyment as they create a milder taste, and a false perception of reduced harm. Despite claims they reduce tar intake, evidence shows that smokers compensate by drawing more deeply, and to draw smaller harmful particles deeper into the lungs. The main outcome of filters on lung cancer has not been to reduce rates, but to shift the type of cancer from adenocarcinoma to squamous cell carcinoma^{xxviii}. This is considered a consequence of smokers inhaling more deeply as filters make the smoke smoother.

Reducing the palatability of smoking often focuses on reformulation of the tobacco content, addressing the addition of flavourings or sugars and reducing nicotine content. However, these are very complex issues and New Zealand lacks the facilities to test product and smoke constituents.

Removing filters is a blunt and simple tool to dramatically reduce the appeal of smoked cigarettes. It would make the cigarette much less acceptable to the consumer.

Making the cigarette much less enjoyable would also act as a prevention strategy as experimental experiences of smoking would be far harsher without the ability of filters to make the smoke less harsh. However, It is also possible that a filter ban would increase the trade in illicit products and may raise trade issues.

Discarded cigarette filters are also a leading cause of environmental litter, especially in waterways. We believe that this measure would have strong support and is consistent with measures to reduce single use plastics, including the removal of micro-beads from cosmetic products.

Figure 8: Discarded filters on Great South Road, Auckland. Photo taken 25 May 2021



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

☒ Yes ☐ No

Any measure to prohibit or control product innovation must have a clear purpose to improve public health. The consultation document specifies that the purpose is to prevent innovations aimed at increasing the appeal and addictiveness of smoked tobacco products.

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

The scope for smoked tobacco innovation is also relatively limited, and this measure may achieve more by increasing 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

Summary:

ASH does not support minimum pricing.

- ***Minimum pricing creates windfall profits for tobacco companies rather than putting revenue back into public good.***
- ***ASH proposes that fiscal policy should penalise the combustible tobacco industry, not reward it.***

1. Price mechanisms

The impact of price mechanisms on smoking prevalence are well documented, and ASH has concerns that further increases are causing material hardship. We are also aware that the market share of ultra-budget brands has increased substantially in recent years as a means to mitigate the impact of tax increases.

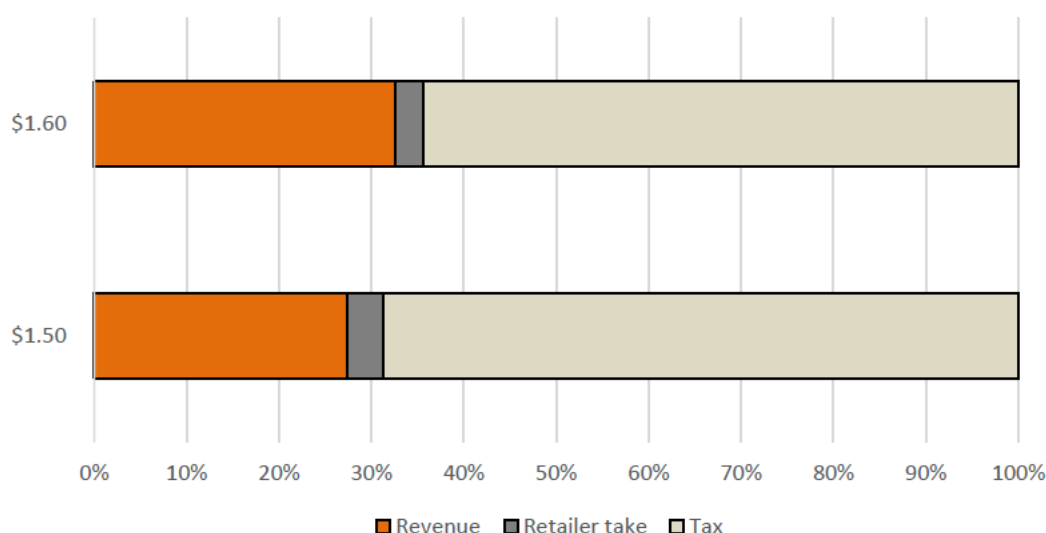
We support measures that limit the ability of tobacco companies to undermine public health policies, including price. However, we do not support the use of minimum pricing as the mechanism to do so.

Our primary concern is that the primary beneficiary of a minimum price policy is the tobacco industry as a result of windfall profits. For example, approximately 2 billion cigarette equivalents are currently sold annually in New Zealand. A rounded average price for a pack of 25 cigarettes is \$37.50, a retail price of \$1.50 per stick. Of this \$1.03

is tax, and assuming retailers make \$0.05 per stick, the revenue to tobacco companies is around \$0.42 per cigarette^{xxxix}.

Based on an analysis of tobacco industry financial reporting, profit after overheads, marketing, distribution and manufacturing costs is about 15% of total revenue. So the profit per cigarette is around \$0.06.

Figure 9. Break down of tobacco revenue per cigarette at current price \$1.50 and theoretical minimum price of \$1.60



If, for example a minimum pricing policy set the base at \$1.60 per cigarette, the profit to tobacco companies increase by \$0.10 per cigarettes.

In this scenario, it is also assumed that the tobacco company overhead, sales and distribution cost do not change. Factory made cigarette sales by the three largest NZ companies equalled 1.1bn sticks in 2020. Even if sales fell by 20%, it would still result in a windfall in excess of \$90m.

ASH has an ethical objection to a policy that puts additional costs on smokers, the majority of whom are in the lowest incomes groups, and then redistributes their money to tobacco industry profits.

2. An alternate strategy to minimum pricing

If pricing strategies are being used as a tool, then ASH recommends that they should penalise the tobacco industry, not benefit their shareholders. Any revenue generated should be directed back into supporting smokers to be smokefree.

Rather than setting minimum process that benefit tobacco industry, ASH recommends measures that address the profitability of tobacco companies selling smoked tobacco. This would be means of generating funds for tobacco control and public health measures, and of disincentivising the sales of smoked tobacco.

Examples include a potential windfall or excess profits tax as has been proposed in the UK^{xl}. This would involve a tax placed on profit from New Zealand cigarette sales. It may be based on past cigarette sales, or placed on tobacco profits over a certain threshold per cigarette with the redistribution of tobacco profits back into public good.

Critics of such taxes consider them unfair as they can negatively impact the operation of an industry, or disincentivise growth. However this reasoning does not apply to the

smoked tobacco industry that causes unique levels of harm to society. In fact, a negative impact of future sales of smoked tobacco would be a desirable outcome as it would contribute to reducing the burden of 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.

It is only 4.5 years until 2025 and the pressing problem to be addressed is how do we make rapid gains in assisting two thirds of New Zealand's smokers quit smoked tobacco in one form or another. A greater proportion of these smokers are Māori, Pasifika or low income than in 2011 when the goal was first adopted.

The consultation outlines several proposed population level measures, and major changes to the tobacco system around supply, appeal and addictiveness.

Whilst we broadly agree on the need for major systemic change, ASH also wants to emphasise the urgent need to help people immediately.

We recommend the following step-wise priority actions:

Step 1: Immediate and ongoing actions:

- a) Substantial reinvestment in targeted social marketing campaigns to create public support for Smokefree 2025 and encourage increased quitting successes through the wider use of lower risk alternatives to cigarette smoking.
- b) Ensure smoking cessation is a high priority in the health system with support for all smokers to quit, or switch to less harmful alternates, especially for cigarette smokers discharged from hospital or identified in primary health care.
- c) Make tobacco control core business cross the health, disability and welfare systems to reach as many touch points with smokers as possible and provide support to quit or switch to less harmful alternates.
- d) Resource and encourage innovation in high smoking populations and communities to support quitting by increasing access to less harmful – and cheaper - alternates.
- e) Investigate options to penalise tobacco companies selling combustible tobacco and encourage the transition of the market to much less harmful nicotine.

Step 2: Policy actions 2021

- a) Introduce a licensing scheme at all levels of the tobacco supply chain, funded by levies on manufacturers. This should have a focus on monitoring illicit sales.
- b) Increase monitoring and knowledge on the current state of illicit tobacco and action required to minimise this trade.

Step 3: Policy actions 2022

- a) The mandatory removal of filters on environmental grounds and to reduce the palatability of cigarettes.
- b) Minimise adverse international treaty and trade agreement implications of proposed product modifications.
- c) Introduce nicotine reduction and supply policies.

Note: Underlying all these actions is ongoing and explicit Government support for the Smokefree 2025 goal and regular monitoring of progress towards the goal.

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

New Zealand has entered into a range of treaties that generally support free trade. The measures that make cigarettes less addictive and less appealing could run counter to Treaty agreements.

New Zealand has entered into a range of treaties that generally support free trade. The measures that reduce supply and make cigarettes less addictive and less appealing could run counter to Treaty agreements.

1. World Trade Organisation Technical Barriers to Trade

Our obligation pursuant to the World Trade Organisation Technical Barriers to Trade (WTO TBT) means that regulations cannot be "...prepared, adopted or applied with a view to or with the effect of creating unnecessary obstacles to international trade." The restrictions are deemed unnecessary and therefore in breach **if they are more than is necessary to fulfil a legitimate objective**, such as protection of human health. The assessment is made on available scientific and technical information, related processing technology or intended end-uses of products. In a nut-shell, New Zealand is only permitted to do what is necessary to meet the health objective, not more and that must be evidence-based.

Whilst ASH understands that the WTO caselaw is more supportive of individual countries determining their own legitimate public health objectives, it is by no means clear that the current proposals would be allowable, although on balance it is more than likely. However, New Zealand may be dragged through the dispute resolution processes to find out.

ASH recommends the following two measures in any legislation to lessen the likelihood of any case being taken and/or being successful:

- Articulate the goal of Smokefree 2025 as a legitimate public health objective with the outcomes the smokefree status would achieve.
- Explicitly explain the connection, based on scientific evidence, between the public health objectives and each of the proposed measures, such that no lesser alternative measures could achieve the desired result.

2. **Comprehensive and Progressive Trans-Pacific Partnership Agreement**

Comprehensive and Progressive Trans-Pacific Partnership Agreement (CPTPP) generally means that products legally sold in Australia cannot be restricted in New Zealand and vice versa. There is the possibility of exemptions.

ASH recommends that the Government:

- Notify a denial of benefits of investor state arbitration in relation to tobacco control measures under *Art 29.5* of the CPTPP with the introduction of any legislation, if it has not already done so.
- Seek from Australia a temporary 12-month exemption for each of the proposed measures and then a permanent exemption to follow.

3. **New Zealand is a party to a number of investment treaties**

These treaties ensure foreign investors cannot be expropriated by the State without compensation.

The proposals on supply reduction and product modification whilst not expropriating the cigarette industry, could be characterised as an equivalent in that they deprive the tobacco companies from all or a substantial amount of their investment. However, where non-discriminatory measures are designed to protect public health, they do not breach the Treaty as they are designed to protect public health.

ASH recommends that:

- Any legislation be framed as non-discriminatory in application.
- The measures not ban the sale of cigarettes or other smoked tobacco products.

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