

**Government Response to  
Report of the Māori Affairs Committee and the Health Committee  
on  
Achieving the Smokefree 2025 goal for New Zealand**

**Presented to the House of Representatives**

**In accordance with Standing Order 252**

## **Government response to Report of the Māori Affairs Committee and Health Committee on achieving the Smokefree 2025 goal for New Zealand**

### **Introduction**

- 1 The Government has carefully considered the report of the Māori Affairs Committee and the Health Committee on achieving the Smokefree 2025 goal for New Zealand.
- 2 The Government welcomes the Committees' report, which represents a significant contribution to the development of policy towards achieving Smokefree 2025.
- 3 The Government responds to the report in accordance with Standing Order 252.
- 4 The Government is taking or will take action to meet the Committees' recommendations.

### **Recommendations and Government response**

*Recommendation 1: that the Ministry of Health collect data on smoking-related deaths by ethnicity*

- 5 *Response:* the Government supports the intent of this recommendation. While there is a need for better information on smoking-related deaths by ethnicity, the mechanism to achieve this is to apply analytical techniques to existing data to estimate the number of smoking-related deaths by ethnicity, rather than to change the data that is collected. This is not straight-forward. The Ministry of Health will explore the feasibility of improving estimates of the number of smoking-related deaths by ethnicity.
- 6 It is not possible to directly collect data on smoking-related deaths. Unlike some causes of death (eg, road accidents), smoking does not cause death in a clear and direct way. For example, smoking may increase your chances of developing lung cancer but smoking itself is not the direct cause of death. However, the data that the government does collect about underlying cause of death can be used to estimate the number of people who die each year where smoking is likely to have contributed to their death.
- 7 The Ministry of Health collects data on underlying cause of death for all deaths registered in New Zealand, by ethnicity. The underlying cause of death is recorded, together with certain other conditions where these are reported on the death record. In accordance with the World Health Organization's mortality coding rules, smoking is never coded as the underlying cause of death, because the link between smoking and death is not clear cut. Smoking may be coded as a 'contributory' cause of death.
- 8 In recent years, smoking has been recorded as a contributory cause of death on fewer than 1,000 medical certificates of cause of death per year. Underlying cause of death data is available by ethnicity. This data is not the same as population-level estimates of smoking-related deaths and should not be used this way.
- 9 Calculating population-level estimates of smoking-related deaths requires applying epidemiological models to the data the Ministry of Health does collect to estimate how many people who died each year are likely to have died because of smoking. There

are often other conditions which caused their death (eg, being severely overweight or having heart disease), so smoking is likely to be only one of many contributing factors.

- 10 Previous studies have done this type of modelling to estimate the number of smoking-related deaths in New Zealand (this is how the figure of 4,500 to 5,000 smoking-related deaths per year in New Zealand was estimated). These estimates have not been disaggregated by ethnicity because the modelling methods used may over-estimate tobacco-associated mortality for Māori. The number of Māori who die each year is small, so the epidemiological models don't have enough data for the estimates to be accurate.
- 11 In 2019/20, the Ministry of Health will explore the feasibility of undertaking such analysis again, including whether it will be possible to produce accurate estimates for Māori.

*Recommendation 2: that legislation be enacted to recognise and regulate vaping and e-cigarettes as a pathway to help smokers to quit*

- 12 *Response:* the Government supports this recommendation. A Smoke-free Environments Amendment Bill, to improve the regulatory framework for vaping products, is expected to be introduced to the House in mid-2019.
- 13 The amendments will seek to strike a balance between ensuring that smokers can access products that meet quality and safety standards and protecting children and young people from any risks associated with the use of these products, including addiction.
- 14 In addition, the Health Promotion Agency is developing a campaign to support smokers to switch to vaping. It is being co-designed with young Māori women to ensure that it best supports this priority group (as well as others) to switch from smoking to vaping. The campaign will be implemented in stages from April 2019.

*Recommendation 3: that the Ministry of Health explore the expansion of subsidised nicotine replacement therapy products, based on evidence*

- 15 *Response:* the Government supports the intent of the Committees' recommendation and considers that PHARMAC's existing processes for making funding decisions for nicotine replacement therapy products (NRT) are adequate.
- 16 PHARMAC welcomes funding applications from members of the public, clinicians and pharmaceutical suppliers and has an ongoing process to consider new evidence in support of funding applications or to consider applications for specific patient groups.
- 17 PHARMAC is the New Zealand government agency that decides which pharmaceuticals to publicly fund in New Zealand. PHARMAC currently funds a wide range of products for smoking cessation, including several different NRT products.
- 18 PHARMAC's decision-making framework ensures that decisions are made on the basis of health need, health benefit, costs and savings, and suitability. The framework specifically refers to the impact on identified Māori health areas of focus and Māori health outcomes, as well as a specific reference to Government's health priorities (which include smoking cessation). The framework also guides PHARMAC's choice

of health promotion programmes and funding for Whānau Ora Collective-led whānau programmes.

- 19 In June 2018, PHARMAC sought updated clinical advice on additional NRT products. These experts advised that there was no strong evidence that these different preparations were more effective than the already funded forms of NRT.

*Recommendation 4: that the Government review the effectiveness of the smoking cessation programmes that are provided in prisons.*

- 20 *Response:* the Government supports this recommendation. Smoking is prohibited in prison. Currently, people who enter prison can access nicotine lozenges via prison medical staff to support their withdrawal. Prisoners can also ring Quitline or their local stop-smoking service for additional support. The Department of Corrections and the Ministry of Health will jointly review the effectiveness of these services for the prison population.

*Recommendation 5: that the Government explore the best ways to reduce smoking in cars carrying children.*

- 21 *Response:* the Government supports this recommendation. Reducing children's exposure to tobacco smoke in the vehicles they travel in will reduce the need for doctors' visits and hospitalisations, and support efforts to de-normalise smoking. A Smoke-free Environments Amendment Bill, to prohibit smoking in vehicles carrying children under 18 years of age, is expected to be introduced to the House in early April 2019.

*Recommendation 6: that, as part of its action plan to achieve the Smokefree 2025 target, the Government re-examine and prioritise the uncompleted recommendations from the 2010 Māori Affairs Committee Inquiry, giving the highest priority to implementing those recommendations that will most help to reduce smoking levels to less than 5 percent by 2025.*

- 22 *Response:* the Government supports this recommendation. As part of developing the action plan to achieve Smokefree 2025, the Ministry of Health will review, consult and advise the Government on the uncompleted recommendations from the 2010 Māori Affairs Committee Inquiry.

## **Conclusion**

- 23 I propose that the Government's response to the Committees' recommendations should be as follows:
- a. the Ministry of Health will explore the feasibility of analysing mortality data to estimate smoking-related deaths by ethnicity (recommendation 1)
  - b. work is underway to amend the Smoke-free Environments Act to prohibit smoking in vehicles carrying children and to improve the regulation of vaping products (recommendations 2 and 5)
  - c. PHARMAC has recently sought advice on subsidising additional NRT products and found that none were more effective than those that are already funding.

PHARMAC has an ongoing process to consider the subsidisation of additional nicotine replacement therapies (recommendation 3)

- d. the Department of Corrections and the Ministry of Health will review the effectiveness of current services for the provision of smoking cessation support in prison (recommendation 4)
- e. the Ministry of Health will review the uncompleted recommendations of the 2010 Māori Affairs Committee as part of developing an action plan for Smokefree 2025 (recommendation 6).