

In Confidence

Office of the Associate Minister of Health
Chair, Cabinet Social Wellbeing Committee

Progress on achieving Smokefree 2025 and the Government's response to the report of the Māori Affairs and Health Committees on achieving Smokefree 2025

Proposal

- 1 This paper seeks approval of the Government's response to the Māori Affairs and the Health Committees' *Briefing on achieving the Smokefree 2025 goal for New Zealand*. It also invites the Minister to report back to Cabinet on further options towards achieving Smokefree 2025.

Executive summary

- 2 New Zealand has a goal to be Smokefree by 2025. Tobacco consumption and smoking rates continue to decline for all groups of New Zealanders, however projections suggest that the goal will be challenging to achieve. We are likely to reach it for some, but not all population groups, particularly Māori.
- 3 The Māori Affairs Committee and the Health Committee have produced a joint briefing on New Zealand's progress towards Smokefree 2025. I welcome the joint briefing and ask Cabinet to note the proposed Government response attached, in particular the Government's support of the Committees' recommendations. The proposed Government response was prepared by health officials in conjunction with Te Puni Kōkiri.
- 4 The Government is committed to the Smokefree 2025 goal and supports the range of measures within the existing tobacco control programme as well as recently commissioned work, including: the regulation of vaping products, prohibiting smoking in vehicles with children; a review of the impact and effectiveness of the tobacco excise increases; and supporting the provision of better services for smokers to quit.
- 5 As a next step towards Smokefree 2025, I propose that we develop an action plan, which I have already publically announced my intention to do so. The action plan may include a range of options including regulating the supply of tobacco products and the constituents of tobacco products. The action plan may also include proposed measures that arise from the review of the recommendations of the 2010 Māori Affairs Committee.
- 6 I intend to seek agreement on a draft action plan from Cabinet prior to public consultation.

New Zealand's Smokefree 2025 goal

- 7 New Zealand has a goal to be smokefree by 2025. This is generally agreed to mean that fewer than five percent of New Zealanders will smoke daily by 2025.

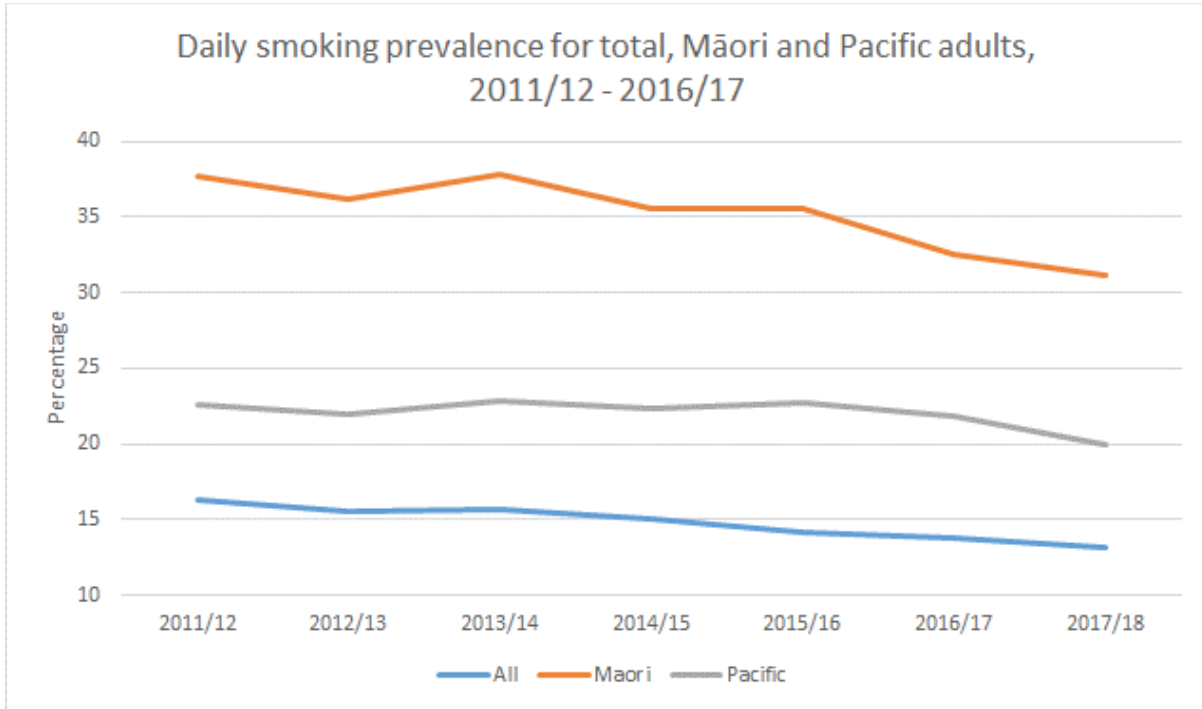
- 8 In 2017/18, 13.1 percent of the total population, 31.2 percent of Māori and 20 percent of Pacific peoples smoked daily.
- 9 The Government is committed to Smokefree 2025, however, it will be challenging to achieve. A recent study by Otago University modelled the impact of a business-as-usual approach and projected smoking rates to reduce to 8.1 percent for non-Māori and 20 percent for Māori by 2025. Māori were not projected to reach five percent until 2061. This study did not estimate the potential impact of vaping on smoking rates, so the figures may be an under-estimate.

The Health Committee and the Māori Affairs Committees' work

- 10 From May to December 2018, the Māori Affairs Committee and the Health Committee jointly heard evidence from submitters on New Zealand's progress towards Smokefree 2025. The Māori Affairs Committee has long had an interest in tobacco control: it was an Inquiry by the 2010 Committee that gave rise to the Smokefree 2025 goal.
- 11 The Committees' recommendations are a welcome contribution towards achieving Smokefree 2025.

New Zealand's smokers

12 Smoking has been trending down for all groups of New Zealanders over recent years. However, significant inequalities remain. In 2017/18, 13.1 percent of the total population, 31.2 percent of Māori and 20 percent of Pacific peoples smoked daily. The following graph outlines daily smoking prevalence for the total, Māori and Pacific populations from 2011/12 to 2017/18:



13 The table below outlines daily smoking rates by ethnicity for 2017/18.

	Percentage of daily smokers	Number of daily smokers
Māori	31.2	155,000
Pacific	20.0	50,000
Asian	6.5	34,000
European/Other	11.7	350,000

- 14 There are also wide socioeconomic differences. People living in the most deprived neighbourhoods are 3.5 times more likely to smoke daily than those living in the least deprived neighbourhoods (24.4% in the most deprived quintile compared with 6.7% in the least deprived quintile in 2016/17). These differences are not explained by demographic factors.
- 15 The largest inequalities in New Zealand are among Year 10 girls (14–15 year olds). In 2017, 6.3 percent of Year 10 Māori girls smoked daily compared with 0.9 percent of Year 10 non-Māori, non-Pacific girls. These inequalities carry through into young adulthood. For example, among 15 to 24 year old women, Māori females smoke at over four times the rate of non-Māori females (34% and 8% respectively in 2015/16).
- 16 Smoking rates in pregnancy are a particular concern. In 2015, around 14 percent of pregnant women smoked. Women who were under 20 years of age (35%), Māori (37%), or living in the most deprived neighbourhoods (25%) had the highest rates of smoking in pregnancy. Around 20 percent of women manage to quit smoking by the time their baby is two weeks old. Babies whose mothers smoke in pregnancy are at higher risk of poor outcomes such as stillbirth, pre-term birth, low birth weight and sudden unexpected death in infancy (also known as cot death).
- 17 Children who breathe in second-hand smoke are more likely to develop illnesses such as chest infections, glue ear and asthma. Younger children are particularly vulnerable due to their smaller lungs, higher respiratory rate and immature immune systems. Children who are exposed to smoking at home are more likely to go on to become smokers themselves.
- 18 Smoking is driven by addiction, which makes quitting difficult despite many smokers wanting to quit. In January 2016, just over one-third of Māori and non-Māori smokers who had not recently made a quit attempt reported that they intended to quit in the next three months. Among smokers who had made a recent quit attempt, just over 70 percent of Māori and 63 percent of non-Māori reported they intended to make another quit attempt.

New Zealand's tobacco control programme

- 19 New Zealand has developed a broad tobacco control programme over several decades that includes prohibitions on sales to under-18s, advertising and display of products, smokefree areas, tobacco taxation, social marketing and stop-smoking services. This has resulted in a steady decline in smoking rates from the mid-1970s, when smoking was at its peak.

The Government's approach to getting to Smokefree 2025

- 20 The Government has made a good start towards achieving Smokefree 2025, with work underway to:
- a. support smokers to quit by improving the effectiveness of stop-smoking services
 - b. support smokers to switch successfully to less harmful alternatives (eg, vaping)
 - c. prohibit smoking in vehicles carrying children and young people under the age of 18 years
 - d. review the impact and effectiveness of the tobacco excise increases.

Support smokers to quit by improving the effectiveness of stop-smoking services

- 21 Smoking happens within the context of lives that are often complex and challenging. In 2018, the Ministry of Health worked closely with four groups of young Māori women and four providers to co-design and deliver prototypes to test how stop-smoking services could better reach and enable young Māori women to reduce their smoking-related harm, stop smoking and remain smokefree.
- 22 In seeking to better understand what needs to change, officials heard, for example, that:
- a. smoking helps people to deal with the stresses in their lives: one woman said that 'I tried to quit but ... got really stressed and stressed and more stressed. And I went back to my smoking habit. I felt better towards myself and other people'; another said that 'It felt like smoking was my only friend back then'
 - b. stopping smoking may not be a priority for someone dealing with complex problems and challenges in daily life; forcing smoking cessation to the fore without addressing wider conditions and circumstances is likely to be counter-productive and alienating
 - c. there is an opportunity to think creatively about services that walk alongside those who smoke, taking a whole-of-person approach as they work through their priorities
 - d. pregnancy is a time when women are particularly receptive to quitting smoking.
- 23 The evidence from the evaluation of these prototypes showed how different holistic approaches enabled young Māori women to reduce smoking-related harm and improve their overall well-being. Good practice guidance, based on the findings of the evaluation of the four prototypes, is being developed in conjunction with six stop smoking providers. This guidance will be rolled out to all stop smoking services from July 2019. These guidelines are intended to improve service provision by increasing access to and the effectiveness of services, particularly for wahine Māori.

Support smokers to switch successfully to less harmful alternatives

- 24 While the best thing smokers can do for their health is to quit, this is difficult to achieve, particularly for those who face many other challenges in their lives. However, for many smokers, switching to a much less harmful alternative may be achievable.

- 25 At the conclusion of the first phase of this work in 2018, all of the young women in one of the groups had switched to vaping. One woman had also quit vaping. The benefits to them and their families are significant. They have reduced the direct risks to their health from smoking and to their children from second-hand smoke, are modelling a smokefree lifestyle for their children, wider family and whānau, and have more disposable income to spend on other things.
- 26 Cabinet recently made decisions to improve the currently inadequate regulatory controls on vaping products. I will be progressing a Smoke-free Environments Amendment Bill through Parliament in the second half of 2019 to give effect to these decisions.
- 27 In addition, the Health Promotion Agency has work underway to:
- a. develop a website with information about vaping for smokers and the general public, including parents, which will go live in late April/early May 2019
 - b. develop a campaign, which is being informed by young Māori women, to support smokers to switch successfully to vaping; this will be implemented on social and broadcast media from May 2019, with television advertisements planned for July to August.

Prohibit smoking in vehicles carrying children under the age of 18 years

- 28 Cabinet recently agreed to prohibit smoking and vaping in vehicles carrying children under the age of 18 years. I will be progressing a Smoke-free Environments Amendment Bill through Parliament from April 2019 to give effect to this decision.

Review the impact and effectiveness of the tobacco excise increases

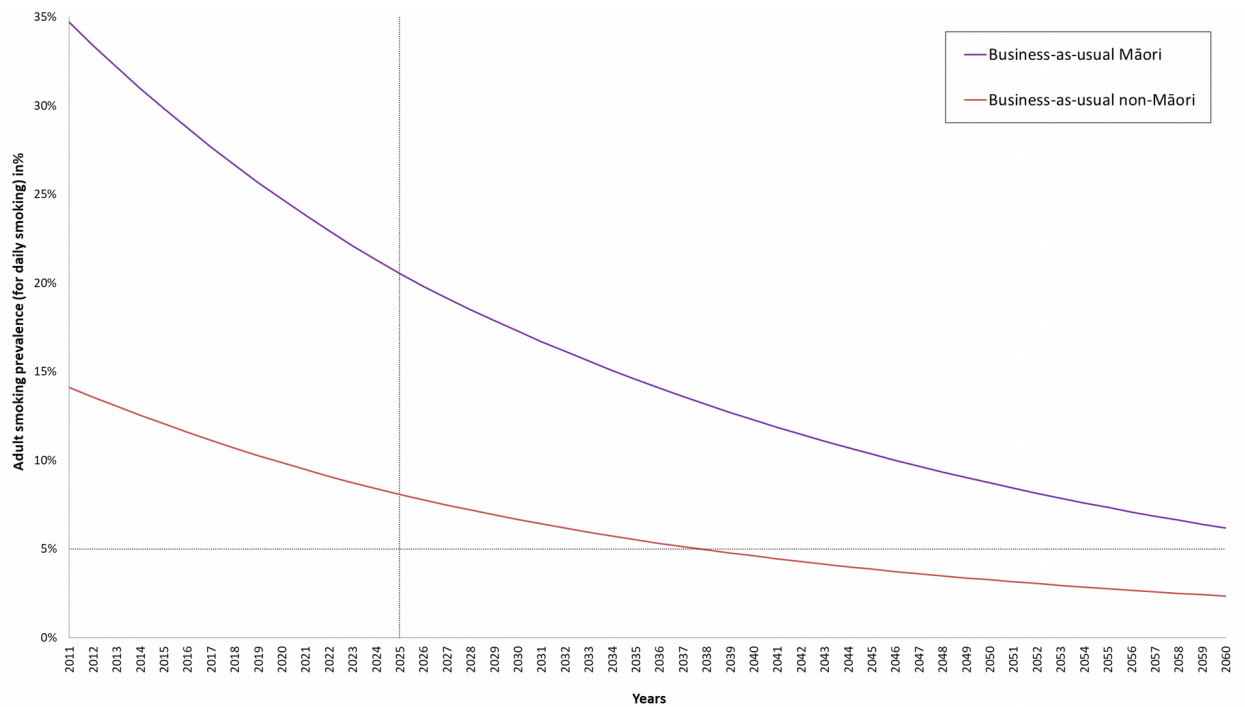
- 29 In December, Cabinet considered the findings of the Ernst and Young evaluation of the tobacco excise increases.

30 s 9(2)(f)(iv)



Development of an action plan towards Smokefree 2025

- 31 While the Government has made a very good start, more needs to be done if we are to improve on current projections and particularly to close the gap for Māori, which must be our priority. The following graph shows smoking prevalence projections for business as usual activity comparing Māori and non-Māori populations:



32 I have publicly stated my intention to develop an action plan for Smokefree 2025. I propose that officials review the uncompleted recommendations of the 2010 Māori Affairs Committee and, in particular, explore options to:

- a. regulate the supply of tobacco products (eg, licensing of retailers; capping and/or reducing numbers of retailers, potentially around schools or in areas with a high concentration of tobacco retailers)
- b. regulate the constituents of tobacco products (eg, nicotine levels, flavours and other additives).

33 The Action Plan will also be informed by relevant findings and outcomes from the Mental Health and Addiction Inquiry.

34 I propose to seek Cabinet's agreement prior to public consultation on the draft plan.

The Māori Affairs and Health Committees' recommendations

35 During 2018, and alongside the work underway as set out above, the Committees heard evidence from tobacco control stakeholders on how to achieve Smokefree 2025. In addition, they reviewed progress on the recommendations of the 2010 Māori Affairs Committee.

36 The table below outlines the Committees' six recommendations with a summary of the Government response against each recommendation. Note that some of the recommendations are already underway or are now Government policy.

Committees' recommendations	Proposed Government responses
The Ministry of Health collect data on smoking-related deaths by ethnicity	The intent of this recommendation is supported. Better information on smoking-related deaths will be achieved by applying analytical techniques to the data that is already collected, rather than changing data collection itself. The Ministry of Health will explore this.
Legislation be enacted to recognise and regulate vaping and e-cigarettes as a pathway to help smokers to quit	This is underway. A Smoke-free Environments Amendment Bill is expected to be introduced to the House in mid-2019.
The Ministry explore the expansion of subsidised nicotine replacement therapy products, based on evidence	PHARMAC specifically sought updated clinical advice on additional nicotine replacement therapy (NRT) products as recently as June 2018. The Government considers that PHARMAC's existing processes are adequate with respect to funding decisions for NRT products.
The Government review the effectiveness of the smoking cessation programmes that are provided in prisons	The Department of Corrections and the Ministry of Health will review the effectiveness of existing stop-smoking services in prisons.
The Government explore the best ways to reduce smoking in cars carrying children	This is underway. A Smoke-free Environments Amendment Bill is expected to be introduced to the House in April 2019.
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	The Ministry of Health will re-examine and prioritise the uncompleted recommendations of the 2010 Māori Affairs Committee as part of its work to develop an action plan for Smokefree 2025.

37 The proposed Government response (attached) was prepared by health officials in conjunction with Te Puni Kōkiri.

Timing of the Government response

38 The Government response must be presented to the House by 29 March 2019.

Consultation

39 The following departments and agencies have been consulted and their views are reflected in the paper: Te Puni Kōkiri, the Department of Corrections, PHARMAC, Oranga Tamariki–Ministry for Children, Ministry of Social Development, Ministry for Pacific Peoples, The Treasury and the Department of Prime Minister and Cabinet.

Financial implications

40 There are no financial implications associated with this paper.

Publicity

41 I do not propose any publicity on the Government's response to the Committees' recommendations other than the proactive release of the Cabinet paper on the Ministry of Health's website.

Proactive Release

42 I propose to proactively release this Cabinet paper on the Ministry of Health's website, consistent with CO (18) 4 – Proactive Release of Cabinet Material: Updated Requirements.

Recommendations

The Associate Minister of Health (Hon Jenny Salesa) recommends that the Cabinet Social Wellbeing Committee:

- 1 note that on 11 December 2018, the Māori Affairs and Health Committees presented their report to the House entitled "Briefing on achieving the Smokefree 2025 goal for New Zealand"
- 2 note that the Select Committees recommended:
 - 2.1 that the Ministry of Health collect data on smoking-related deaths by ethnicity
 - 2.2 that legislation be enacted to recognise and regulate vaping and e-cigarettes as a pathway to help smokers to quit
 - 2.3 that the Ministry explore the expansion of subsidised nicotine replacement therapy products, based on evidence
 - 2.4 that the Government review the effectiveness of the smoking cessation programmes that are provided in prisons
 - 2.5 that the Government explore the best ways to reduce smoking in cars carrying children
 - 2.6 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
- 3 note the proposed Government response is supportive of the Committees' recommendations
- 4 invite the Minister to report back to Cabinet in October 2019 with a draft action plan for Smokefree 2025 which will be informed by the review of the recommendations of the 2010 Māori Affairs Committee as well as further options towards Smokefree 2025, including:
 - 4.1 regulating the supply of tobacco products

4.2 regulating the constituents of tobacco products

- 5 note that, in October 2019, the Minister will also seek Cabinet's agreement to public consultation on the draft action plan for Smokefree 2025
- 6 approve the Government response, attached to this paper, to the Report of the Māori Affairs and Health Committees entitled "Briefing on achieving the Smokefree 2025 goal for New Zealand"
- 7 note that the Government response must be presented to the House by 29 March 2019
- 8 invite the Associate Minister of Health to present the Government response to the House in accordance with Standing Order 252.

Authorised for lodgement

Hon Jenny Salesa

Associate Minister of Health