



The Government's Goal for a Smokefree New Zealand by 2025: more decisions, and more detail, are urgently needed

In their Response to the Report from the Māori Affairs Select Committee (MASC) Inquiry,¹ the New Zealand Government has articulated the goal of a smokefree nation by 2025.² This is a wise and visionary move, which is critical to protect the health of all New Zealanders in the face of the ongoing tobacco epidemic. It is also consistent with strong public (and often majority smoker) support for progress with tobacco control.³⁻⁸ Nevertheless, a close reading of the Response to the MASC Report suggests that the Government has avoided decisions it could make now, and there are many areas of the Response that urgently need further detail.

The Table below briefly summarises some of these areas.

Table 1. Key areas urgently requiring further detail around the Government's Goal for a Smokefree Nation by 2025

Issues requiring decisions and/or detail	Additional comment
<i>Detail on the goal</i>	The goal in the Government's Response is defined as: "reducing smoking prevalence and tobacco availability to minimal levels, thereby making New Zealand essentially a smoke-free nation by 2025". However, such an important goal deserves to be more clearly defined. Doing so will make progress measurable. For example, the goal could be "a daily smoking prevalence of <0.5% of the adult population with an interim milestone of <10% by 2018". Or the goal could be "a complete ban on the sales of tobacco in 2025" (with the few residual smokers having to grow their own tobacco). The latter option has many advantages as it communicates an unambiguous message: (i) to the tobacco industry that its time in this country is up; and (ii) to youth and current smokers that there is no long-term future in smoking (and thus every reason not to start, or to quit now).
<i>A timetable and plan</i>	In a previous <i>NZ Medical Journal</i> editorial ⁹ some of us stated that detailed and urgent implementation planning is required. The Government's Response promises "further detailed work" to set "mid-term targets", but avoids saying when those targets will be set. Instead of noting that: "The Government is considering ...", the Response would have achieved more if it provided details on the <i>process</i> by which a more detailed plan will be formed (e.g., a task force), and the <i>timeline</i> this will follow. The Response states that the "Government already has a comprehensive action plan", but the last such plan was for the 2004 to 2009 period. A new Ministry of Health plan for tobacco control has been urgently needed since 2009. ¹⁰ In particular, critical decisions need to be made now about which of the following four major mechanisms will be pursued: (i) an annual "sinking lid" on tobacco sales down to a sales ban ¹¹⁻¹³ ; (ii) an ongoing system for regular tobacco tax increases until a sales ban ¹² ; (iii) a system for phasing down nicotine levels in tobacco ^{12 14} ; and (iv) using alternative nicotine delivery products during the tobacco phase-out period. ¹⁵
<i>The details around why proposed new</i>	The proposed legislation that will eliminate tobacco displays at point-of-sale to which the Response refers, appears to be a highly desirable step towards the goal. However, there

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<i>legislation is not more comprehensive</i>	is also an opportunity for proposed law changes to ensure NZ maintains parity with other developed countries, many of which have adopted more far-reaching tobacco control policies. Examples include banning smoking in cars with children and expanding smokefree areas (e.g., the outdoor areas at hospitality venues ¹⁶). Other opportunities including updating the current sets of graphic health warnings ¹⁷ and declaring an intention to introduce plain packaging <i>with</i> Australia. ¹⁸
<i>Outlining bipartisan support for the goal</i>	We note that the “2025” date is five electoral cycles away. Responding to the tobacco epidemic requires major political parties to forge substantial common ground, as has already occurred in some policy domains in NZ (e.g., superannuation, nuclear-free policy, and putting a price on carbon emissions). Developing (and committing to) a shared tobacco control agenda will be pivotal to bringing about the tobacco endgame – and moves to achieve this cooperation need to outlined by the Government.

Many other issues require attention if rapid progress towards the goal is to be made. Key examples include:

- Benchmarking New Zealand policies against international best practice, behind which New Zealand currently sometimes lags (e.g., smokefree cars with children¹⁹ and expanded smokefree areas¹⁶). Further aligning tobacco control policies internally to reduce policy incoherence²⁰ is also desirable.
- Enhancing capacity of the Ministry of Health tobacco control team, especially if a Tobacco Control Agency is not to be implemented. At present there are only a small number of staff dedicated to tobacco control, offering limited capacity to deal with the large body of work required to achieve the goal.
- Reducing the overall level of fragmentation of the tobacco control sector in New Zealand and enhancing the extent of knowledge transfer between different DHB districts and between organisations.
- Ensuring that progress for Māori is as rapid as for non-Māori in the path towards the tobacco endgame. This will require a mix of national and local policies, led by iwi (tribes) or undertaken in close partnership with iwi, local health agencies and non-governmental agencies.

In summary, the goal of a smokefree nation is an important step forward, but achieving this will only be possible if it is supported by sustained leadership across major political parties, by the necessary work on the major mechanisms, and appropriate timetabling and resourcing. If these are achieved it will be a major advance for the health of the population and an important way to reduce the still substantial health gaps between Māori and non-Māori New Zealanders.

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