

# **Submission to the Health Committee: Restoring Evidence-Based Smokefree Policy in Aotearoa**

August 29, 2025

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**To:** The Health Committee, Parliament of New Zealand

This submission is presented by researchers from the Aotearoa Tobacco Control Research Network, an interdisciplinary consortium across New Zealand's leading academic institutions. Our network comprises multi-disciplinary scientists specializing in tobacco control, health equity, and population health interventions. Our internationally recognised research directly informed New Zealand's world-leading smokefree legislation, with members contributing over 200 peer-reviewed publications and serving as key advisors in policy development.

Aotearoa Tobacco Control Research Network representatives are available to provide oral evidence.

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## Policy Submission

### Executive Summary and Problem Overview

New Zealand continues to face a significant preventable mortality toll of 13 daily tobacco-related deaths, representing over 4,500 annual fatalities. (1) The government's 2024 decisions to revoke smokefree legislation has significantly weakened our public health response. (2)

We recommend immediate restoration of three cancelled, evidence-based interventions:

1. Retail outlet reduction: limiting sales from 6,000 or more outlets down to 600, prioritising restrictions near schools, marae, and highly deprived communities.
2. Mandatory denicotinisation: reducing nicotine in cigarettes by 95%, removing the main addictive component.
3. Smokefree generation policy: preventing anyone born on or after 1 January 2009 from ever legally purchasing tobacco.

The 2024 repeal prioritised short-term fiscal revenue (around \$1.5 billion) over long-term health and equity. (2) Government data from late 2024 showed daily smokers jumped from 284,000 to 300,000 - a 5.6% increase representing the first rise in smoking numbers in decades. (3) This occurred just months after cancelling the smokefree laws, demonstrating immediate policy failure. (3)

The repeal widened inequalities, undermined government trust, and weakened New Zealand's international tobacco control leadership. Māori communities carry the heaviest burden, with smoking prevalence 3 times higher than non-Māori despite comprising only 18% of the population. (2) The repeal risks breaking Treaty of Waitangi commitments by failing to address this inequity.

### Organisation Background and Expertise

**The Aotearoa Tobacco Control Research Network** is a group of New Zealand's best tobacco researchers from three leading universities. Our work has:

- Produced over 200 studies on tobacco control, health equity, and Māori and Pacific health outcomes.
- Directly informed the original smokefree legislation passed prior to repeal.
- Partnered with Māori organisations and community programmes (WERO) to ensure evidence is relevant and effective in real world settings.

We therefore bring both scientific expertise and community partnership experience to this submission.

### **Policy Recommendations**

We recommend restoring the three tobacco control laws cancelled in 2024. Each addresses critical policy gaps, with robust research demonstrating effectiveness:

**Reducing Where Tobacco Can Be Sold:** Restore legislation cutting tobacco outlets from 6,000-8,000 to 600 nationwide, prioritising restrictions near schools, marae and vulnerable communities. (3)

Currently tobacco is sold in thousands of places (supermarkets, dairies, petrol stations), often beside everyday items like milk and bread. This normalises smoking for children and makes it too easy for people in vulnerable communities to buy tobacco when trying to quit. (4)

**Why this matters:** Analysis of 27 studies from 6 countries found that reducing tobacco retailer density decreases tobacco use by 2.5%. (5) New Zealand research shows that restricting tobacco sales to 50% of liquor stores would deliver the highest estimated smoking reduction and net health cost savings, with greater gains for Māori people compared with non-Māori people, demonstrating the substantial health benefits lost through the 2024 policy reversal. (5)

**Removing nicotine from Cigarettes:** Restore legislation requiring tobacco companies to remove 95% of nicotine from all products. This shifts responsibility to tobacco industry rather than expecting individuals to overcome engineered addiction.

**Why this matters:** Nicotine drives cigarette addiction. Removing 95% makes cigarettes less addictive, helping smokers quit and preventing youth initiation. This removes what makes quitting difficult rather than relying on willpower alone. For Māori communities, 2021 modelling showed denicotinisation could reduce daily smoking prevalence to 7.7% by 2025, compared to 24.2% under business-as-usual. (6)

**Creating a Smokefree Generation:** Restore legislation permanently banning anyone born on or after 1 January 2009 from ever legally buying tobacco products. This creates a permanent ban following this generation (and all future generations) throughout their lives.

**Why this matters:** New Zealand modelling found the tobacco-free generation strategy would reduce smoking prevalence to 5.6% for non-Māori and 11.2% for Māori by 2025, generating 83,200 quality-adjusted life-years gained and NZ\$1.94 billion in health system cost savings. (7)

Ministry of Health analysis found these three policies combined would gain 580,000 Health Adjusted Life Years and save \$5.25-5.88 billion compared to business-as-usual approaches over the 2020 New Zealand population's lifetime. (8)

## **Critical Analysis and Integration of Supporting Evidence**

### **Overwhelming Democratic and Expert Support**

In 2024 a study found that 60% of New Zealanders opposed repealing the smokefree laws. Among smokers and recent quitters, 56% supported Smokefree 2025. (9)

### **International Recognition and Policy Diffusion**

New Zealand's laws to end smoking were the first of its kind and have been a catalyst for international change. (10) With the UK looking at implementing a generational smoking ban after the idea was introduced by New Zealand. (11) The repeal damages our global reputation, and it shows New Zealand's taking a step backwards in tobacco control while other countries like the UK take a step forward..

### **Evidence Systematically Refuting Industry Arguments**

Research proved tobacco industry arguments against smokefree laws were wrong. British American Tobacco warned reducing nicotine would "hand over control to criminal organisations," while others claimed it would fund terrorism. (12) However, studies found illegal tobacco in New Zealand remained stable for over a decade despite previous tobacco laws. (12) Industry reports showed illegal tobacco dropped from 230 million kg (2019) to 167 million kg (2022). (12)

Crime increases were also false. Police data showed break-ins at shops had decreased, with most not targeting tobacco. (12) The industry ignored basic logic - if cigarettes had no nicotine, criminals wouldn't bother selling them because smokers wouldn't want to buy them. (12) Tobacco companies provided no evidence to support their predictions, relying on fear-mongering tactics previously used to oppose other proven tobacco control measures.

### **Immediate Evidence of Policy Failure**

Government data from late 2024 showed daily smokers jumped from 284,000 to 300,000 - a 5.6% increase. This was the first rise in smoking numbers in decades, occurring just months after the government cancelled the smokefree laws. (3)

This immediate failure shows why anti-smoking policies must work together. When the government removed restrictions on tobacco companies but kept only cessation programs, it created an ineffective system. Tobacco companies likely increased marketing spend, knowing the government wouldn't impose stricter regulations.

### **Equity Impacts:**

Without these laws, Māori smoking rates will not reach 5% until 2061. That's 36 extra years of people getting sick and dying from smoking when it could have been prevented. (8)

This perpetuates health inequities and breaches Treaty commitments.

### **Recommended Implementation Pathway**

We support bringing back these policies in stages, starting with reducing nicotine in cigarettes (as suggested by former Health Minister Dr Shane Reti), then bringing in limits on

tobacco shops and the generational ban. (12) This step-by-step approach would immediately help break people's addiction while building up all the other strong anti-smoking measures.

Learning from the 2024 experience, successful restoration requires different implementation strategies. The original policies were vulnerable because they lacked sufficient cross-party support and had weak institutional protections. To prevent future reversals, we recommend:

**Political Coalition Building:** Securing explicit National Party health spokesperson endorsement before implementation, establishing a cross-party parliamentary health caucus, and ensuring policies have Health Select Committee supermajority support.

**Increasing Accountability:** Require public cost-benefit analyses for policy reversals, mandatory disclosure of tobacco industry lobbying, and automatic parliamentary debates when health equity is threatened.

**Phased Approach:** Starting with denicotinisation lets us prove effectiveness before implementing more controversial measures, building momentum while showing the approach works.

Implementation should include: immediate parliamentary reversal of 2024 repeal; agency preparation; retailer transition support; enhanced funding for Māori and Pacific cessation services; and strong protection against tobacco industry interference.

Between 4,500-5,000 New Zealanders die annually from smoking-related diseases, with 22.6% of Māori deaths tobacco-related compared to 12.3% for non-Māori. Every month of delay means approximately 375-400 preventable deaths and continued Treaty violations.  
(12)

Supporting actions: retailer transition support, targeted investment in Māori and Pacific quit services, and strong safeguards against tobacco industry interference.

## Conclusion

The evidence is clear: New Zealand must restore its smokefree policies. This isn't just about health - it's about fixing a major policy mistake that ignored scientific evidence. The cancelled laws were our best chance to reach Smokefree 2025 and address the unfair health outcomes hurting Māori and Pacific communities.

The 2024 decision put tobacco company profits ahead of saving lives, protecting Māori Treaty rights, and listening to the majority of New Zealanders who supported these laws. We can already see the damage - smoking rates have increased for the first time in decades, proving that helping people quit without making cigarettes harder to buy doesn't work.

Parliament must act now to reverse the 2024 decision. New Zealand was a world leader in tobacco control - other countries copied our ideas. We must restore that leadership and implement the changes needed to make New Zealand smokefree for everyone, especially Māori and Pacific communities most hurt by tobacco.

## Critical Analysis from Committee Perspective

### Core Beliefs and Principles Behind the Submission

This submission and the current government differ on some fundamental principles:

**Government's Role in Health Fairness:** The submission argues it is the government's duty to reduce health inequalities, especially for Māori communities disproportionately harmed by colonization and tobacco. It calls for strong action to support communities, even if it restricts personal freedoms or business practices. In contrast, the current government emphasizes individual responsibility and minimal market intervention. The submission maintains that past harm to Māori health requires continued government action, although critics argue that an intervention like this overreaches and harms the economy.

**Expert Knowledge Over Democratic Processes:** The submission believes that scientists and health experts should make policy decisions, not politicians or voters. However, this stance raises a tension: voters democratically elected a government that explicitly committed to repealing The challenge is finding a balance between expert advice and the choices made by voters.

**Immediate Action Over Gradual Change:** This submission supports immediate and comprehensive tobacco control measures, recognising that rapid policy change delivers stronger health outcomes and prevents the continuation of preventable harm. In the context of public health, the cost of delay is measured in lives lost. Therefore, decisive action is both necessary and justified.

### Implementation Trade-offs and Potential Challenges

**Economic and Financial Complexities:** Restoring the smokefree legislation involves significant financial implication. In addition to the estimated \$1.5 billion reduction in tobacco tax revenue, the implementation would need new spending in enforcement systems, support for retailers and better quit-smoking services. (2) With the current budget

limitations, these expenses are likely to create additional pressure in vital health services such as hospitals and mental health care.

**Enforcement and Regulatory Infrastructure Limitations:** Ministers warned that enforcing the smokefree laws would be difficult, with retailers burdened by compliance requirements like strict ID checks for the generational ban. (13) Prime Minister Christopher Luxon further expressed concern about rising retail crime. (14)

**Democratic Authority and Political Sustainability:** The National Party opposed the bill despite supporting the smokefree agenda, arguing the current format would not achieve the endpoint "with wide support and least harm." National Party members stated the smokefree generation policy "has not been widely deployed internationally and is modelled as having minimal impact," describing it as requiring more observation time before conclusions could be drawn. (15) They argued for "minimal intrusion on personal freedoms and choices" in progress towards smokefree goals. (15)

**Community Impact and Social Consequences:** Government ministers raised concerns about closing or limiting tobacco shops because these could unintentionally harm vulnerable communities. Former Health Minister, Shane Reti, said limiting where tobacco can be sold could unfairly affect people in places with few transport options, like older or disabled people who depend on local stores. (16)

**Alternative Approaches and Risk Assessment:** Government members emphasised that the Smokefree 2025 goal would be better pursued through "effective services to stop smoking," "access to alternative products," and "social marketing campaigns," rather than through the 2022 restrictions. (17) They argued the repealed measures were "not widely deployed internationally" and that "more time [was] required to understand the impact" before implementing them at scale. (17) In their view, practical support and community-based initiatives represented safer and more effective strategies than untested regulations.

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