

Health New Zealand
Te Whatu Ora

Getting to Smokefree 2025

The final push to achieving the
Smokefree 2025 goal



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Minister's foreword

This Government is committed to reducing New Zealand's smoking rates and achieving the Smokefree 2025 goal.

New Zealand has made tremendous progress toward the goal over the past 12 years, with daily smoking rates dropping almost 60%, from 16.4% in 2011/12 to 6.9% in 2023/24. There are now 273,000 fewer smokers in New Zealand. The improvement for Māori women in particular has been dramatic, falling from a rate of 40.6% in 2011/12 to 14.8% in 2023/24, and younger people have turned their backs on smoking. It is very encouraging for the future that the smoking rate for 15- to 17-year-olds is below 1%.

Our goal is in sight, but more is required. An estimated 82,000 smokers need to quit to reach a daily smoking rate at or under 5% by the end of next year. While that is still a significant task, it is achievable as we know what has worked.

This plan represents a final push to reach Smokefree 2025 by refocusing on harm reduction and building on proven tools and approaches:

- Energised and supported smoking cessation services.
- Effective marketing and health promotion messaging.
- Community mobilisation.
- A connected and collaborative health response.
- Innovation, including additional reduced-harm products to help people quit smoking.

These strengthened efforts will be supported by better monitoring of service delivery and enhanced compliance and enforcement. To achieve the Smokefree 2025 goal we also need to keep this issue front of mind in our communities - and get those people who may have previously found it hard to quit smoking to try again.

Vaping has supported many people to stop smoking but stop smoking service providers have told me the more options people have to transition away from tobacco use, the better.

Looking beyond 2025, there are other products on the international market which could contribute to achieving our smokefree aspirations. We will work to determine which of these would be of greatest help, and how these can be introduced in a way which supports smoking cessation, within a strong regulatory framework. This includes considering how to regulate different products proportionately, and whether a licensing scheme would improve safety and compliance.

There has been a paradigm shift in New Zealand to make our smoking rates one of the lowest in the world. Our progress to date has been a whole of society effort that has involved successive governments, communities and the health sector. Nicotine is incredibly addictive, and I applaud those individuals who have successfully quit, as well as everyone who supports, encourages and incentivises their whānau, friends and colleagues to stop smoking.

With combined effort – one last push – we can achieve our smokefree future and improve the health of tens of thousands of New Zealanders.



Hon Casey Costello

Associate Minister of Health

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Smokefree 2025: overview

The goal

The goal is clear. By the end of 2025, daily smoking prevalence is less than 5% for all population groups in New Zealand.¹

Our approach

To accelerate our final push toward Smokefree 2025, we will focus on key intervention points along the **smokefree continuum**.



Prioritise and intensify our interventions

We will prioritise our resources and actions based on what we know works well, where we can have the most impact, and where the need for support is most evident. This means maintaining activity in some areas and intensifying our actions in others.

Centre-piece initiatives

We have also developed several centre-piece initiatives at each of the points along the continuum, which will serve to engage, mobilise and target our approach for our final push to Smokefree 2025. As recent data has shown, uptake of smoking is decreasing, therefore, we will focus efforts on increasing quit attempts and improving quit support for priority groups that currently smoke.

¹ This excludes vaping and the use of smokeless tobacco products.

Targeting our efforts

There has been phenomenal success in reducing smoking rates across the general population, with a decline in daily smoking from 16.4% in 2011/12 to 6.9% in 2023/24. Getting to Smokefree 2025 is within reach.

To achieve our goal for all population groups, our interventions now need to be more targeted where evidence shows the greatest need.

Population groups with higher smoking rates include:

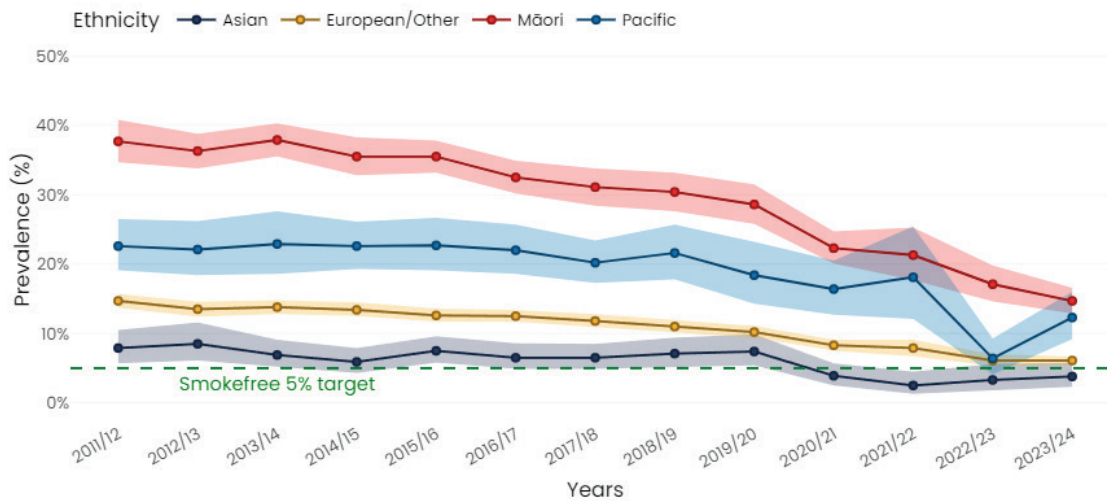
- Māori
- Pacific
- people living in lower socio-economic areas
- people with mental health needs
- people in older age groups

In addition, we will prioritise reaching people who are pregnant and their whānau, as smoking during pregnancy and around a newborn increases the risk of sudden unexpected death in infancy (SUDI) as well as other health risks.

Māori and Pacific people

We have made significant progress to reduce smoking rates for all ethnic groups, including for Māori and Pacific people. We are doing well, however, there is still more to do to get to 5% for these populations. This plan outlines a range of centre-piece actions to help us get there.

Between 2011/12 and 2023/24, daily smoking among Māori dropped from 37.7% to 14.7%, and among Pacific peoples from 22.6% to 12.3%. However, these rates remain higher when compared to European/Other ethnicities at 6.1% in 2023/24. Health promotion campaigns, community mobilisation activities and stop smoking services will continue to be culturally appropriate and responsive to the communities and population groups where they are targeted.

Figure 1: Prevalence of adults who smoke daily by ethnicity 2023/24²

People from lower socio-economic areas

People from the most deprived neighbourhoods are over five times more likely to smoke daily than those from the least deprived. For women, this increases to over eight times more likely. Community mobilisation, and compliance and enforcement activities will prioritise communities with the highest smoking rates. Providing free quit smoking support, such as vape starter kits, may also assist in overcoming financial barriers for people on low incomes.

People with mental health needs

People with mental health needs have higher rates of smoking and require more tailored approaches to quit smoking support. We will prioritise working with primary and secondary mental health and addictions services to ensure they offer brief advice to clients who smoke, and referral to a cessation provider.

People in older age groups

While there is now very little difference in smoking rates across the age groups from 25 to 64, rates have fallen dramatically for younger age groups and more slowly for older age groups. In 2023/24, 45–54 year-olds were the age group with the highest smoking rate at 10.8%, compared with young adults (18–24) at 4.2%. We will support various age groups to quit smoking by providing a range of support options to enable people to find options which suit their needs, focused on those groups with the highest rates.

Pregnant people

Smoking during pregnancy and around a newborn increases the risk of sudden unexpected death in infancy (SUDI) as well as other health risks such as increased risk of abnormal bleeding, miscarriage, premature birth, low birth weight and still birth.

The risk of SUDI is highest for Māori infants³ and Māori babies⁴. We will target interventions toward pregnant people and their whānau by funding incentive programmes (including post-natal incentives) and prioritise supporting maternity service providers to offer brief advice and quit support referrals to patients who smoke.

3 In 2021, 28.7% of Māori women registered with a Lead Maternity Carer (LMC) were smoking at their first LMC registration. This is down from 40.3% in 2014, but still five times higher than Other (which includes European) who were 5.7% in 2021.

4 In the first half of 2023, only 40% of Māori babies and 50% of Pacific babies lived in smokefree households. The overall population rate was 57%. The goal is 90%.

Getting to Smokefree 2025

A final push

The Goal

By 2025, daily smoking prevalence is less than five percent for all population groups in New Zealand.

Our Priority Populations

Māori – Pacific – People from lower socio-economic areas
 – Pregnant people – People with mental health needs
 – Older people.

Our Approach

Our efforts will be targeted towards areas and priority populations where evidence shows there is the greatest need.

We will deliver centre-piece initiatives across the smokefree continuum, to maintain what is working and intensify where we can do more.

Our focus will be on increasing quit attempts and improving access to quit support.

Reduce smoking uptake

Health promotions and communications messaging to prevent uptake

Targeted messaging and campaigns to prevent people, particularly our youth, from taking up smoking through events such as Smokefree Rockquest and Tangata Beats.

Increase Compliance Officers

Undertake 100% more compliance activity and 50% more infringement notices by employing 16 more Smokefree Compliance Officers.

- Provide health promoting resources to support Smokefree activity in communities with high smoking rates, including making the Smokefree website more user-friendly and accessible.
- Target compliance activities towards areas with high smoking rates, making it harder for underage people to obtain cigarettes and vapes.
- Work with agencies at the border to prevent illegal cigarettes.

Increase quit attempts

'Breakfree to Smokefree'

Intensify social marketing campaigns, including *Breakfree to Smokefree* to encourage priority populations to quit smoking.

Encourage people to 'give it another go'

In development through co-design with priority populations, this new initiative will mobilise community champions to encourage people to give quitting another go, and try new stop smoking options.

Collaborate with private sector to promote Smokefree 2025

Partner with private sector (retailers and employers) to identify innovative approaches to promote smokefree messages.

Incentive programme for priority populations

Expand targeted initiatives for priority populations to encourage quitting smoking, including for people who are pregnant and their whānau.

Improve access to quit support

Make it easier to find and access information

Make it easy to access stop smoking support (e.g. face-to-face support, Quitline and telehealth) through better use of technology to connect people to services.

Work with the health sector to target referrals

Work with primary care, Hauora Māori and Pacific providers to identify people within their population (for example enrolled patients) who smoke, and deliver targeted health promotion messaging and support for these groups.

- Enable health practitioners to provide all whānau who smoke with smoking cessation brief intervention.
- Improve direct referral pathways from both primary and secondary health care providers to stop smoking services.
- Ensure best practice approach to consistent, streamlined and proactive referral practices across the health system.

Support people to stay smokefree

Expand the range of products to help people to quit smoking

Provide more options to quit smoking to improve quit success, including vaping starter kits, cessation medicines, and alternative nicotine replacement therapy.

- Offer more services in areas of high need, that are tailored to work well for the people using them.
- Strengthen training and capability for smoking cessation service providers to ensure they are effectively delivering on helping people stay smokefree.

Monitoring and Accountability

Implement a better and more user-friendly compliance complaint process

Make it easier for the public to report those retailers breaking the law. This includes a centralised complaint system and use of QR codes.

- Monitor the performance and effectiveness of referral processes and smoking cessation services.
- Strengthen reporting and monitoring of enforcement activity.
- Progress reporting of Primary Health Organisations on smoking status of enrolled population.
- Ensure accountability of tobacco retailers and suppliers through a nationally consistent approach to compliance monitoring.
- Monitor interventions and utilise evidence, to ensure we are effectively targeting approaches.

Achieving our goal

***Getting to Smokefree 2025* sets out the actions we will take over the next year for the last push toward achieving the Smokefree 2025 goal. It builds on actions we know are working and includes new actions to accelerate progress, including providing people with all the tools and support available to quit.**

Our approach is focused on initiatives across the continuum of being smokefree which will help get to Smokefree 2025. This continuum encompasses the following elements:

- reduce smoking uptake
- increase quit attempts
- improve access to quit support
- support people to stay smokefree.

A key part of getting to Smokefree 2025 is better use of data and monitoring to prioritise our efforts and reach populations that need the most support, maintain actions which are working, and intensify activity where there is opportunity to do more.

Using data and evidence, we will develop and implement targeted approaches to address the disproportionate prevalence of smoking within some populations, including Māori, Pacific people, people in lower socio-economic areas, and people in older age groups. We will also target those with increased needs, such as pregnant people, and people with mental health needs.

Within each part of the continuum, we have outlined a number of key actions. We have also developed centre-piece initiatives designed to engage, mobilise and ultimately focus our efforts, providing a key part of our final push toward achieving the Smokefree 2025 goal.

The Public Health Agency monitors whether we are on track to meet the Smokefree 2025 goal, both for the total population and for individual population groups. They also monitor for unintended consequences, such as increases in illicit markets or youth vaping rates.

Our actions



Reduce smoking uptake

We have seen success in reducing the uptake of smoking, particularly among young people. This has been achieved through health promotion and communication initiatives which promote smokefree messages and support behaviour change, and compliance and enforcement activity to reduce access to tobacco products. Maintaining interventions which reduce the uptake of smoking is essential to maintain the Smokefree 2025 goal long term.

Smoking uptake among young people is low. In 2023/24 the daily smoking rate for 18–24 year olds was 4.2%, and for 15–17 year olds was 0.6%.⁵ Maintaining compliance activity and health promotion interventions to reduce smoking uptake among young people is important to continue to encourage smokefree lifestyles.

The Smokefree Environments and Regulated Products Act 1990 (the Act) regulates the sale and supply of smoked tobacco and other regulated products. The Act sets out the obligations for tobacco and vaping product suppliers, retailers, manufacturers, as well as restrictions on sponsorship and advertising, and areas which need to be smokefree and vape-free. This helps prevent people from taking up smoking and reduces harm from these products by creating supportive environments, particularly for young people.

⁵ New Zealand Health Survey. Caution should be taken with interpreting data due to the low numbers.

Responsibility for compliance and enforcement activity is shared between the Ministry of Health | Manatū Hauora, Health NZ, Customs and Police. The Public Health Agency (PHA) within the Ministry of Health and the National Public Health Service (NPHS) within Health NZ work to a joint compliance strategy which sets out the principles, objectives and key priorities across both agencies.

Health promotion and communications initiatives aimed at promoting smokefree messages, creating supportive environments, and increasing community mobilisation have been effective.⁶ Targeting health promotion and communication messages improves the effectiveness of these initiatives for priority populations. Promoting these messages at youth events, such as Smokefree Rockquest and Tangata Beats, are great opportunities to reach Māori and Pacific youth.

We will:

- Target messaging and campaigns to prevent people, particularly youth, from taking up smoking.
- Provide health promoting resources to smokefree activity in communities with high smoking rates.
- Target compliance activities towards areas with high smoking rates, making it harder for underage people to obtain cigarettes and vapes.
- Ensure tobacco suppliers and retailers adhere to regulations and make it easy for industry to understand their obligations through the provision of accessible guidance.
- Work with agencies at the border to prevent illegal cigarettes.

6 Carson et al (2017). Mass media interventions for preventing smoking in young people. *Cochrane Database Syst Rev.* Jun 2;6(6):CD001006

Key actions to reduce smoking uptake

Initiatives	Timeframe
Smokefree communication and promotion	
<p>Develop and deliver new health promotion resources to meet sector and community needs, to support local health promotion activities and community mobilisation with focus on priority groups. This includes updating the Smokefree website.</p>	<p>Now – December 2025</p>
Centre-piece initiative: Health promotions and communications messaging to prevent uptake	
<p>Targeted messaging campaigns to prevent people, particularly our youth, from taking up smoking through events such as Smokefree Rockquest and Tangata Beats. This includes reviewing sponsorship and investment to ensure it best supports delivery of smokefree and vape-free messages for rangatahi.</p>	<p>Now – June 2025</p>
Compliance and enforcement	
<p>Focus compliance activities on tobacco sales to minors both online and in store, in areas with high proportions of priority populations, to increase their compliance rates. Develop a GIS mapping tool to assist with targeting.</p>	<p>Ongoing</p>

Initiatives	Timeframe
<p>Centre-piece initiative: Increase Smokefree Compliance Officers</p> <p>Undertake 100% more compliance activity and 50% more infringement notices by employing 16 more Smokefree Compliance Officers. This will provide more enforcement visibility and accountability for non-compliance and includes streamlining CPO and Infringement fine processes.</p> <ul style="list-style-type: none"> • Smokefree Compliance Officers recruited • Smokefree Compliance Officers fully trained 	<p>December 2024</p> <p>June 2025</p>
<p>Focus compliance visits instore and online checks on ensuring manufacturers, distributors and retailers understand and comply with the restrictions on products and advertising, including new requirements coming into effect in mid-2025. Develop comprehensive guidance which is clear and accessible to make it easy for the industry to understand their obligations and comply.</p>	<p>December 2025</p>



Increase quit attempts

A key step to getting to Smokefree 2025 is to encourage more quit attempts by more people. We will enhance health promotion campaigns and mobilise the community to reinvigorate our smokefree messages and enable our final push toward Smokefree 2025.

Smokefree campaigns and resources have been shown to be highly effective in promoting smoking cessation.⁷ These generally work by prompting people to give quitting a go, regardless of what methods people choose to use to help them quit. Recent campaigns have encouraged people to connect with tools and services which help increase the chances of quitting for good.

We also need to mobilise the community at the grassroots level to promote smokefree lifestyles and boost quit attempts. This includes targeting and expanding activities within communities of high smoking prevalence.

We will:

- Reinvigorate our smokefree messages to increase quit attempts and use digital tools to increase access to information and supports (e.g., via scanning QR codes).
- Mobilise community champions to lead localised initiatives to drive more people to quit smoking.
- Work with private retailers to promote smokefree messages through innovative approaches.

⁷ Bala MM, Strzeszynski L, Topor-Madry R. Mass media interventions for smoking cessation in adults. *Cochrane Database Syst Rev.* 2017 Nov 21;11(11):CD004704.

Key actions to increase quit attempts

Initiatives	Timeframe
Smokefree health promotion and communication	
<p>Centre-piece initiative: 'Breakfree to Smokefree'</p> <p>Intensify social marketing campaigns, including Breakfree to Smokefree, to encourage priority populations to quit smoking. This will include tailored smokefree health promotion and communications activity and use of technology, such as QR codes, to improve access to information.</p>	Ongoing
<p>Provide health promotion support to community providers to strengthen the ability to link people who smoke to evidence-based stop smoking support and resources.</p>	Ongoing
<p>Centre-piece initiative: Collaborate with the private sector to promote Smokefree 2025</p> <p>Partner with the private sector (retailers and employers) to identify innovative approaches to promote smokefree messages – for example using QR codes on printed and electronic receipts linking to smokefree cessation services.</p>	During 2025
Community mobilisation	
<p>Strengthen ongoing community engagement, leveraging existing community, whānau, hapū and iwi structures to increase the number of people making a quit attempt.</p>	Ongoing

Initiatives	Timeframe
<p>Centre-piece initiative: Incentive programme for priority populations</p> <p>Expand targeted incentive initiatives for priority populations to encourage quitting smoking, including for people who are pregnant and their whānau. This could include financial incentives such as grocery vouchers.</p>	<p>Now – June 2025</p>
<p>Community-led activations are funded to increase the number of people making a quit attempt with a focus on Māori communities. Examples include:</p> <ul style="list-style-type: none"> • ‘Activate Your Street’ campaign and community grants • implementation of Smokefree May. 	<p>Now – June 2025</p>
<p>Centre-piece initiative: Encourage people to ‘give it another go’</p> <p>In development through co-design with priority populations, this new initiative will mobilise community champions to encourage people to give quitting another go, try new stop smoking options, and will align with Smokefree May. Approaches will be targeted through local stop smoking service providers.</p>	<p>Now – June 2025</p>



Improve access to quit support

Improving pathways to quit smoking support can help people access the right tools to successfully quit and stay smokefree. People are around four times more likely to quit smoking by using a stop smoking service, compared to quitting without any support.⁸ There are opportunities to work cohesively across the health sector toward the achievement of the Smokefree 2025 goal.

We will intensify initiatives which enable the wider health sector to provide brief intervention and refer to stop smoking services when engaging with a person who smokes. This will mean when a person visits their general practitioner,⁹ has contact with hospital and specialist services, when an early years kaimahi visits a home,¹⁰ or a lead maternity care practitioner meets with someone who is pregnant, there will be the opportunity to discuss smoking and access to support.

We will:

- Enable health practitioners to provide all whānau who smoke with opportunistic Smokefree ABC brief intervention¹¹ particularly in primary and community care and hospital settings where medical treatment and interventions are sought.
- Improve direct referral pathways from both primary and secondary health care providers to stop smoking services.

8 In terms of long-term (one year) outcomes, it is estimated that in-person stop smoking services, overall, are achieving a quit rate of 12%. For comparison, the long-term quit rate associated with quitting unaided is approximately 3%

9 In the 15 months to June 2021, 496,950 patients aged 15 to 74 enrolled in a primary health organisation identified as people who smoke.

10 Provision of a series of health visits to whānau and families with children typically from when the child is six weeks old until they are five years of age and includes enquiry if the home is smokefree.

11 ABC is a brief intervention initiative and stands for: Ask the question, provide Brief advice, refer to Cessation support.

- Work with the health sector and utilise data to target engagement and promotion of stop smoking services in areas with higher need.
- Ensure best practice approach to consistent, streamlined, and proactive referral practices across the health system.

Key actions to improve access to quit support

Initiatives	Timeframe
Improving stop smoking referrals	
Centre-piece initiative: Make it easier to find and access information	Now – December 2024
<p>Make it easy to access stop smoking support through better use of technology to connect people to services. This will include implementing initiatives, such as the use of QR codes to connect people to appropriate services, and monitoring of referral and cessation outcomes to enhance existing service pathways.</p>	
<p>Revitalise brief intervention training for the health sector and develop resources which health care workers can utilise to support people who smoke to access quit support. With particular focus on working with primary and secondary health providers, including providers of maternity and mental health and addictions services, to offer brief advice and referral to a cessation provider.</p>	Ongoing
Centre-piece initiative: Work with the health sector to target referrals	Now – December 2025
<p>Work with primary care, Hauora Māori and Pacific providers to identify people within their population (for example enrolled patients) who smoke, and deliver targeted health promotion messaging and support for these groups.</p>	



Support people to stay smokefree

Increasing the number of people using stop smoking services, improving the quality of services, and ensuring a range of stop smoking tools are available can contribute to increasing the success of people becoming and staying smokefree. Health New Zealand currently funds 30 stop smoking providers and a national Quitline, which offer behaviour change support and free or subsidised nicotine replacement therapy to people who smoke and want to quit.

Although existing services are effective, there are opportunities to increase user engagement and smoking cessation outcomes. We will maintain initiatives we know are effective and intensify our efforts with these activities to strengthen the support available, particularly for priority populations.

Stop smoking services need to provide services which are tailored to address the needs of priority populations. For example, by providing culturally appropriate and responsive services for Māori and Pacific populations, and accessible services for disabled people and mental health service users. Services which specifically support pregnant people and new parents to quit smoking are also important, such as offering pregnant people incentive programmes.

There are opportunities to explore additional stop smoking tools (e.g., nicotine mouth spray) and innovative technologies which provide people with more options to effectively quit smoking.

We also need a strong workforce who are well trained with the nationally recognised qualification for stop smoking practitioners to deliver effective stop smoking services.¹²

We will ensure all stop smoking practitioners are enrolled in the Stop Smoking Practitioner Programme and supported through the programme.

¹² There are currently three versions of the Stop Smoking Support Programme (SSSP): Full Programme (for practitioners with no formal qualifications), Fast Track Programme (for practitioners with evidence of achieved qualifications or tertiary level health papers at Level 3 or above), and Health Professionals Programme (for registered health practitioners).

We will:

- Provide more options to quit smoking to improve quit success, including vaping starter kits, cessation medicines, and alternative nicotine replacement therapy.
- Expand targeted incentive initiatives for priority populations to encourage quitting.
- Offer more services in areas of high need, that are tailored to work well for the people using them.
- Strengthen training and capacity-building for smoking cessation service providers to ensure they are effectively delivering on helping people stay smokefree.

Key actions to support people to stay smokefree

Initiatives	Timeframe
Improve quality of stop smoking services	
Across all providers successful models of care, such as the One Stop Shop model being delivered by the Living Smokefree team which enables practitioners to engage on a broader range of wellbeing issues, are implemented.	Now – June 2025
Review service design and delivery to ensure it is based on Ka Pū te Ruha, ka Hao te Rangatahi (a good practice guide for stop smoking services to work in more responsive ways with wāhine Māori).	Now – June 2025
Monitor existing providers for performance and give notice of intention to exit contracts (if required). Open tender for new smoking cessation providers if required.	Now – March 2025

Initiatives	Timeframe
<p>Implement a fast-track foundation training programme for practitioners to quickly scale up service capacity, particularly in areas with high turnover rates. This will support wider NZQA training programmes, which all practitioners are required to complete.</p>	Ongoing
<p>National Training Service will update training programmes and resources to an online platform.</p>	Ongoing
Expand options for stop smoking tools and resources	
<p>Centre-piece initiative: Expand the range of products to help people quit smoking</p> <p>Provide more options to quit smoking to improve quit success, including utilise vaping starter kits, cessation medicine, and nicotine replacement therapy such as nicotine mouth sprays.</p>	January - March 2025
<p>Encourage people who smoke to switch to less harmful products, by providing free access to vape products, and encourage people to maintain access to behavioural support by requiring them to return to the service for additional supplies.</p>	Ongoing
<p>Increase access to prescription-only medicines via alternative mechanisms (e.g. standing orders).</p>	April - June 2025
<p>Make stop smoking medicines easier to access by engaging with and supporting primary care staff to prescribe stop smoking medicines, including nurse practitioners, nurse prescribers, and other staff as appropriate who can prescribe stop smoking medicines.</p>	January - June 2025



Monitoring and accountability

We will closely monitor our progress toward the Smokefree 2025 goal, and the effectiveness of the smokefree services and delivery of initiatives. This includes ensuring accountability of tobacco retailers, manufacturers and suppliers through compliance and enforcement activities, and monitoring the performance of smoking cessation services.

We need to ensure our programmes are delivering value-for-money and are targeted in the right way. This means we need to closely monitor our interventions, including smoking cessation providers and regulation and enforcement activities, to ensure progress toward Smokefree 2025.

We will:

- Monitor the performance and effectiveness of referral processes and smoking cessation services.
- Monitor interventions and utilise evidence, to ensure we are effectively targeting approaches.
- Ensure accountability of tobacco retailers and suppliers through a nationally consistent approach to compliance monitoring.
- Strengthen reporting and monitoring of enforcement activity.
- Make it easier for communities to report potential non-compliance and make complaints.

Key actions for monitoring and accountability

Initiatives	Timeframe
Monitoring of operational programmes	
Use the newly developed standardised reporting dashboard for stop smoking providers to ensure all services are reporting in a standardised way and enable effective monitoring of outcomes.	Ongoing
Monitor service performance to improve conversion of four week validated quit rates to 60% (is currently 50%).	Ongoing
Monitor service performance to introduce a new outcome measure: 60% of referrals into the service cessation provider are enrolled.	Ongoing
Standardising service specifications of Stop Smoking Services.	June 2025
Incorporate rapid evaluation for all funded innovations in smoking cessation providers.	Ongoing
Progress the public reporting of Primary Health Organisation performance related to smoking status and cessation support of the enrolled population.	Ongoing
Use Census 2023, New Zealand Health Survey, and ASH Year 10 topline results data to target measures and interventions, such as targeting interventions in areas with higher smoking rates.	Ongoing
Collate information, including reporting from regulated parties, compliance and monitoring activities to inform work programme priorities and gain understanding of the key areas of risk and non-compliance.	Ongoing

Initiatives	Timeframe
<p>Centre-piece initiative – Implement a more accessible compliance complaint process</p> <p>Make it easier to obtain information and target compliance activity through a more accessible complaint process, including the implementation of a centralised complaint system and use of QR codes to make it easier for the public to report non-compliance.</p>	December 2024
<p>System Monitoring</p>	
<p>Review and update a range of SERPA guidance for both new and existing requirements in the legislation and regulations.</p>	Ongoing
<p>Provide clear reporting objectives to obtain an understanding of the regulated sector’s level of compliance through robust monitoring and reporting systems. Including introduction of Monthly Reporting Dashboards.</p>	Ongoing
<p>Establish a nationally consistent and effective approach to compliance activities, support the development of a highly qualified workforce and streamline compliance processes. Including:</p> <ul style="list-style-type: none"> • national operational delivery plan • regulatory training module. 	<p>Now – December 2024</p> <p>April – June 2025</p>

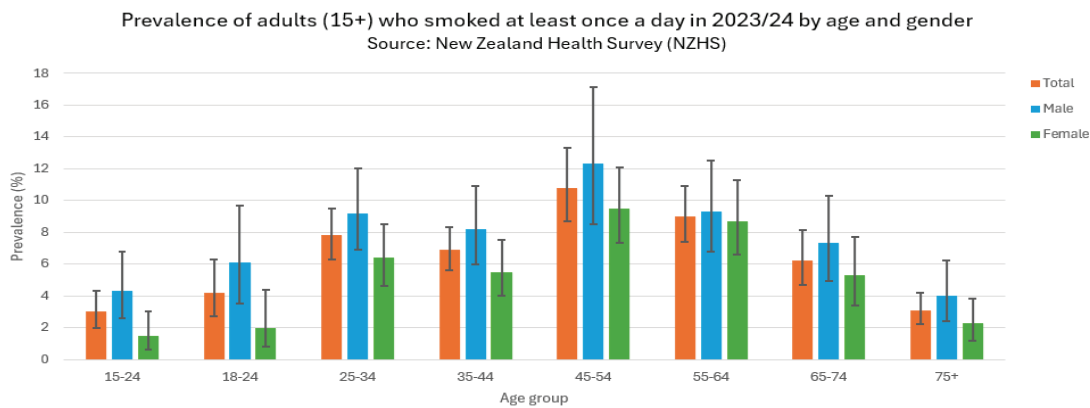
Appendix 1: Prevalence of daily smoking

Daily smoking rates from the New Zealand Health Survey¹³ are used to track progress of different population groups toward the Smokefree 2025 goal.

Figure 2: Population of adults who smoke daily 2023/24.



Figure 3: Prevalence of adults (15+) who smoke daily in 2023/24 by age and gender.



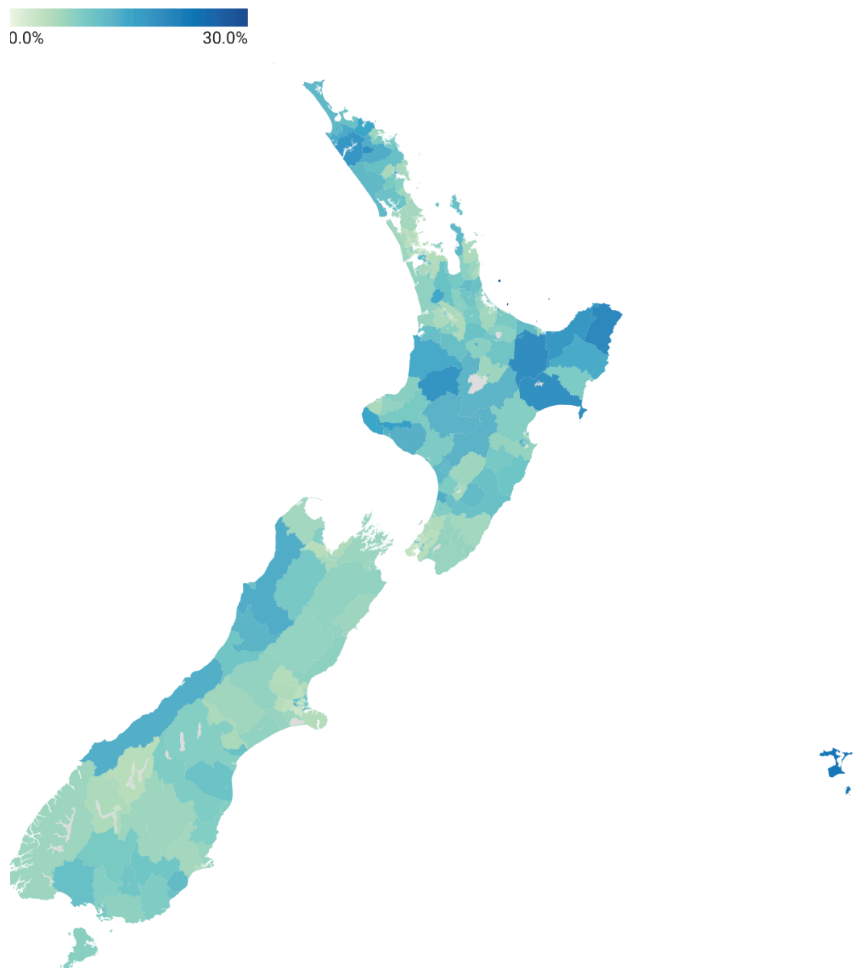
13 Ministry of Health (2024) New Zealand Health Survey

Figure 4: Prevalence of adults who smoke daily by gender 2023/24.



Figure 5: Map of the proportion of regular smokers by SA3 geographic area.¹⁴

Census 2023 % Regular smokers by SA3



Map: NPHS Intelligence • Source: Stats NZ Census 2023 • Created with Datawrapper

14 In urban areas, SA3 approximates suburbs.

