Health New Zealand
Te Whatu Ora

3 July 2024

9(2)(a)

Tēnā koe

Your request for official information, reference: HNZ00036415

Thank you for your email on 24 January 2024. I apologise for the delay in our response; this is not the timeframe we aspire to for responding to requests.

In brief, you requested documents related to the potential repeal of some legislation related to Smokefree. I have set out in a table attached how your specific requests have been met, or why some aspects are unable to be met.

The documents released include internal discussion on how we support Smokefree 2025 through different parts of our work. Reducing smoking in the population can be achieved through a range of levers, including but not limited to legislation, smoking cessation initiatives, access to therapeutics, regulating for smokefree environments, health education and enforcement activity. This is a very important part of our work, given the health effects of smoking on premature mortality and morbidity.

In providing you with information, the content reflects candid internal dialogue, including with respect to the incoming Government's intention to make legislative change. This is an important part of public service, ensuring that we create an environment where people feel they can frankly test ideas and options while serving the Government of the day.

We also want to be open, however, that some comments do not meet our expectations for conducting work with integrity and political neutrality; these are very important expectations for public service. We have addressed these comments internally with relevant employees.

If you have further questions, please contact us at hnzOIA@health.govt.nz. If you are not happy with this response, you also have the right to make a complaint to the Ombudsman (call 0800 802 602 or see www.ombudsman.parliament.nz). I also note that we may proactively publish this response (with your name removed), given wider public interest in the content.

Thank you for your interest in our work.

Nāku iti noa, nā

Fepulea'i Margie Apa
Chief Executive | Tumu Whakarae

Request	Response
Internal and external correspondence including but not limited to emails, text messages, whatsapp, signal and telegram messages to or from Tier 2 and above for Te Whatu Ora ELT employees within the National Public Health Service (NPHS) and the National Commissioning directorates regarding a potential repeal of the Smokefree Environments and Regulated Products (Smoked Tobacco) Amendment Act 2022, since 20 November 2023.	Please find attached **Appendix A**, which contains the relevant correspondence. For the avoidance of doubt, I can confirm that there are no relevant texts or WhatsApp messages in scope of the request. Duplicate information has also been removed. All documents in scope are included in the Appendix, with exception of the briefing 'Reversal of legislative changes to the smoked tobacco regulatory regime', which has been proactively released into the public domain by Manatū Hauora, so is therefore refused under s18(d) of the Act.
Copies of all advice, briefings, memos, or any other documents provided by of Te Whatu Ora Health New Zealand to the Minister of Health, Minister of Finance, or their Offices regarding repealing the Smokefree Environments and Regulated Products (Smoked Tobacco) Amendment Act 2022, since 20 November 2023	No briefings or memos were identified between Health NZ and Ministers Reti, Willis, or Costello regarding repealing the Smokefree Environments and Regulated Products (Smoked Tobacco) Amendment Act 2022, since 20 November 2023, therefore this part of your request is refused under section 18(e) of the Act. Any advice to the Ministers is included the above link.
Copies of all internal correspondence regarding my OIA of 29 November 2023.	Please find attached associated emails in **Appendix B**. Out of scope information has been removed and personal details withheld under section 9(2)(a) of the Act, to protect the privacy of the individuals concerned. N.b. Not included in this proactive release
Copies of all correspondence between Te Whatu Ora Health New Zealand and the Minister of Health Hon. Shane Rei's Office regarding my OIA of 29 November 2023. Copies of all correspondence between Te Whatu Ora Health New Zealand and the Associate Minister of Health Hon. Casey Costello's Office regarding my OIA of 29 November 2023.	No correspondence was identified between Health New Zealand and Ministers Reti or Costello relating to your previous Official Information Act (1982) request, therefore this part of your request is refused under section 18(e) of the Act.

Appendix A

From:	Juliet Rumball-Smith
To:	Maria Poynter; Nick Chamberlain; Hayden McRobbie
Cc:	Natasha White; Matt Hannant
Subject:	RE: Smokefree
Date:	Monday, 27 November 2023 9:44:04 am

Yes its difficult to explain this to the kids (Out of scope).

I'm also happy to connect on this. My thoughts are:

- The rhetoric this morning seemed to be mostly on issues around operationalisation. E.g. single store for sales. There is plenty of evidence around availability and access being associated with consumption.
- Suggest we highlight the cost benefit of the approach. Noting that the negative impact of smoking in adults is usually lagged, a more proximal one will be around smoking while hapu and the impact of smoking in households on respiratory infections in kids.

We should definitely connect up with the PHA on this. It's a real opportunity for us to have a single voice, and also for us to practice working together.

Cheers,
juliet

Dr. Juliet Rumball-Smith
Director of Intelligence
National Public Health Service
waea pūkoro: 9(2)(a) | **īmēra:** juliet.rumball-smith@health.govt.nz

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TeWhatuOra.govt.nz

From: Maria Poynter <Maria.Poynter@health.govt.nz>
Sent: Monday, 27 November 2023 8:54 am
To: Nick Chamberlain <Nick.Chamberlain@health.govt.nz>; Hayden McRobbie <Hayden.McRobbie@health.govt.nz>
Cc: Natasha White <Natasha.White@health.govt.nz>; Juliet Rumball-Smith <Juliet.Rumball-Smith@health.govt.nz>; Matt Hannant <Matt.Hannant@health.govt.nz>
Subject: RE: Smokefree

Yes pretty challenging Out of scope .

Matt, I'm free 3-4:30pm if you want to bounce ideas around or have anything peer reviewed (noting you're by far and away our expert!)

M

From:	Hayden McRobbie
To:	Nick Chamberlain
Cc:	Natasha White; Maria Poynter; Juliet Rumball-Smith; Matt Hannant
Subject:	RE: Smokefree
Date:	Monday, 27 November 2023 10:05:22 am
Attachments:	2027-11-27 Smokefree Policy.docx

Kia ora Nick,

Out of scope

This briefing actually quite nicely summarises the key points, which I have pulled out for in the attached document.
I have also noted some modelling work from Tony Blakely.

I note that the coalition would like to 'Introduce serious penalties for selling vapes to under 18s, and consider requiring a liquor licence to sell vapes.'
If the expectation is for the system to undertake more compliance activities, including prosecution then this will require additional resource – especially with no reduction, or even cap, on the number of retailers.

Happy to speak in more detail.

H

From: Nick Chamberlain <Nick.Chamberlain@health.govt.nz>
Sent: Sunday, November 26, 2023 7:50 PM
To: Hayden McRobbie <Hayden.McRobbie@health.govt.nz>
Cc: Natasha White <Natasha.White@health.govt.nz>; Maria Poynter <Maria.Poynter@health.govt.nz>; Juliet Rumball-Smith <Juliet.Rumball-Smith@health.govt.nz>; Matt Hannant <Matt.Hannant@health.govt.nz>
Subject: Smokefree

Kia Ora Hayden,
Please keep this in confidence. You'll note I've copied in the other Doctors in our team as well as Matt.
I'm sure we have all been challenged ethically and morally by the notion, firstly that our Government will repeal the Smokefree legislation, and even more so that this will help fund tax cuts. I'm sure anyone working in Public Health will feel pretty demoralised by this, but I'm aware that we signed an oath which is why I've copied in our other Doctors who may well be feeling a lot like I am right now.

I have discussed with a few senior people as to what my next moves should be personally/professionally, but I am hoping to have a chance to discuss this with our new Minister (who is also still a practising Doctor) in the next day or two.

I'd like to understand the implications of this policy a bit more deeply, so are you aware of any evidence that was presented regarding the benefits of the legislation in terms of lives saved,

long-term benefits etc. One could reasonably assume that if that were the benefit, the opposite would be true if the legislation was repealed. I have also heard that we have been widely congratulated for this legislation overseas and any info on that would be appreciated as I'm sure repealing this legislation would irrevocably tarnish that reputation. I understand this is important for many of our politicians. Finally, it would be good to understand which legislation requires a conscience vote and whether this would qualify.

Any info you can produce quickly would be greatly appreciated.

Nga Mihi
Nick

From: Esther Munro
To: Nick Chamberlain; Alexis Starkey; Matt Hannant; Maria Poynter; Julie Shepherd
Subject: RE: NPHS Panui
Date: Monday, 27 November 2023 1:22:02 pm

Thank you – will pop that into the Pānui now and get it sent.

Esther

From: Nick Chamberlain <Nick.Chamberlain@health.govt.nz>
Sent: Monday, 27 November 2023 12:50 pm
To: Alexis Starkey <Alexis.Starkey@TeWhatuOra.govt.nz>; Esther Munro <Esther.Munro@health.govt.nz>; Matt Hannant <Matt.Hannant@health.govt.nz>; Maria Poynter <Maria.Poynter@health.govt.nz>; Julie Shepherd <Julie.Shepherd@health.govt.nz>
Subject: Re: NPHS Panui

Thanks heaps. I've checked in with Catherine Delore.

Many of you have reached out to share some of the challenges presented since the new government agreed to repeal aspects of the Smokefree legislation. I've sought advice and probably the wisest was to wait until we understand more of the detail, and then have some further discussion with the Minister regarding the risks of such a change. Please speak to your manager with any concerns. Margie and our board chair Dame Karen will meet Dr Reti later today and are the right people to start discussions with him. I look forward to also having that opportunity soon.

From: Alexis Starkey <Alexis.Starkey@TeWhatuOra.govt.nz>
Sent: Monday, November 27, 2023 12:04:42 PM
To: Esther Munro <Esther.Munro@health.govt.nz>; Nick Chamberlain <Nick.Chamberlain@health.govt.nz>; Matt Hannant <Matt.Hannant@health.govt.nz>; Maria Poynter <Maria.Poynter@health.govt.nz>; Julie Shepherd <Julie.Shepherd@health.govt.nz>
Subject: RE: NPHS Panui

Thanks Esther.

Suggest we amend slightly to the following:

> Many of you have reached out regarding the incoming government's agreement to repeal aspects of the Smokefree legislation, and the potential challenges this may present. I've sought advice and probably the wisest was to wait until we understand more of the detail, and then clearly articulate the risks and costs of making such a change to our new Minister.

Alexis Starkey (she/her)

Strategic Communications Lead, National Public Health Service
Interim Communications Lead, Northern Region

waea pūkoro: 9(2)(a) | **īmēra:** alexis.starkey@tewhatuora.govt.nz

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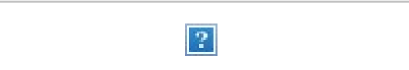

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From: Esther Munro <Esther.Munro@health.govt.nz>
Sent: Monday, November 27, 2023 8:30 AM
To: Nick Chamberlain <Nick.Chamberlain@health.govt.nz>; Matt Hannant <Matt.Hannant@health.govt.nz>; Maria Poynter <Maria.Poynter@health.govt.nz>; Alexis Starkey <Alexis.Starkey@health.govt.nz>; Julie Shepherd <Julie.Shepherd@health.govt.nz>
Subject: RE: NPHS Panui

Hi Nick,

Thanks for your edits – I'll incorporate them.

Maybe instead of this:

> Like me, many of you will have been challenged ethically and morally by the coalition agreement to repeal aspects of the Smokefree legislation. I've sought advice and probably the wisest was to wait until we understand more of the detail and then clearly articulate the risks and costs of making such a change. As a Doctor, I signed a Hippocratic oath to beneficence – the duty to do good, and non-malificence – the duty to not do bad. Pretty fundamental stuff, so I'll take that wise advice and ensure I can present the strongest case possible to our new Minister who signed the same oath.

Could you say something more like this?

> Many of you have reached out to share some of the ethical and moral challenges presented since the incoming government agreed to repeal aspects of the Smokefree legislation. I've sought advice and probably the wisest was to wait until we understand more of the detail, and then clearly articulate the risks and costs of making such a change. Please speak to your manager with your concerns, and I will take that wise advice to ensure I can present the strongest case possible to our new Minister.

Leadership on this issue will be very tricky as public health service public servants! Please let me know what you think.

Thanks,
Esther

From: Nick Chamberlain <Nick.Chamberlain@health.govt.nz>
Sent: Sunday, 26 November 2023 9:17 pm
To: Matt Hannant <Matt.Hannant@health.govt.nz>; Maria Poynter <Maria.Poynter@health.govt.nz>; Alexis Starkey <Alexis.Starkey@health.govt.nz>; Esther Munro <Esther.Munro@health.govt.nz>; Julie Shepherd <Julie.Shepherd@health.govt.nz>
Subject: NPHS Panui

Hi Team,
Have a check of what I've written in the Panui. Obviously I can't say nothing about the Smokefree legislation, and want to get the right balance. Very difficult to provide leadership if I don't say something.
Nga Mihi
Nick

Excerpt from Email from Nick Chamberlain
Subject: NPHS Pānui: Digital Migration, new website, more movers and shakers
Date: Monday, 27 November 2023 1:38:40 pm

Out of scope

Many of you have reached out to share some of the challenges presented since the new government agreed to repeal aspects of the Smokefree legislation. I've sought advice and probably the wisest was to wait until we understand more of the detail, and then have some further discussion with the Minister regarding the risks of such a change. Please speak to your manager with any concerns. Margie and our board chair Dame Karen will meet Dr Reti later today and are the right people to start discussions with him. I look forward to also having that opportunity soon.

Out of scope

From:	Hayden McRobbie
To:	Nick Chamberlain; Matt Hannant; Maria Poynter; Natasha White; Juliet Rumball-Smith
Subject:	RE: Smokefree
Date:	Monday, 27 November 2023 4:06:25 pm
Attachments:	Economics of endgame.pdf

Thanks for spotting the typos (written in haste etc).

Ah, OK you are using the value of statistical life, right?
You could calculate it that way. I had not thought of that as I somehow struggle with applying a dollar value.

Anyway, I am certainly no health economist, but I have had another look at the literature and the attached is useful as it models the endgame package. Findings were

- The modelled endgame policy package generates considerable growth in income for the NZ population with a total cumulative gain by 2050 amounting to US$31 billion.
- From a government perspective, the policy results in foregone tobacco excise tax revenue with a negative net financial position estimated at US$11.5 billion by 2050.
- In a sensitivity analysis considering future changes to labour workforce, the government's cumulative net position remained negative by 2050, but only by US$1.9 billion.

The policies may not be great from a Government perspective but is good from a population perspective (on many levels).

H

From: Nick Chamberlain <Nick.Chamberlain@health.govt.nz>
Sent: Monday, November 27, 2023 3:30 PM
To: Hayden McRobbie <Hayden.McRobbie@health.govt.nz>; Matt Hannant <Matt.Hannant@health.govt.nz>; Maria Poynter <Maria.Poynter@health.govt.nz>; Natasha White <Natasha.White@health.govt.nz>; Juliet Rumball-Smith <Juliet.Rumball-Smith@health.govt.nz>
Subject: Smokefree

Thanks Hayden, I've amended a few typos.
This is a really good start thanks
I think we need more analysis of the economic benefits - I don't think they are enough as they stand and am not sure we've captured all the lifetime costs etc..surely they're higher than a Billion here and there. The cost of a life lost is now $11+ million and with 5000 deaths a year, that's at least $50 Billion a year. It's particularly having a guess at what the impact of these policy changes will have. So, Matt and Hayden, can we get a small team together and work on this and put a few more numbers etc. in it. It would also be good to share our work with the MoH and ensure we are aligned. Pretty urgent if possible please.
Nga Mihi
Nick

From:	Catherine Delore
To:	Nick Chamberlain; Andrew Slater
Subject:	Re: Smokefree message in my Panui due out today.
Date:	Monday, 27 November 2023 10:51:45 am

Yes...

Catherine Delore

Director Communications & Engagement

waea pūkoro: 9(2)(a) | **īmēra** catherine.delore@health.govt.nz

69 Tory Street, Wellington

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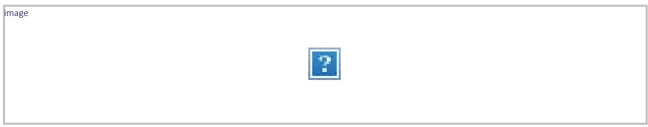

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From: Nick Chamberlain <Nick.Chamberlain@health.govt.nz>
Sent: Monday, November 27, 2023 10:37:54 AM
To: Catherine Delore <Catherine.Delore@health.govt.nz>; Andrew Slater <Andrew.Slater@health.govt.nz>
Subject: Re: Smokefree message in my Panui due out today.

Hi Catherine, Can I at least say the risks of such a change. My staff will be expecting that at the very least, and it will stop a lot of emails suggesting what I need to do.
Nick

From: Catherine Delore <Catherine.Delore@health.govt.nz>
Sent: Monday, November 27, 2023 10:24 AM
To: Nick Chamberlain <Nick.Chamberlain@health.govt.nz>; Andrew Slater <Andrew.Slater@health.govt.nz>
Subject: Re: Smokefree message in my Panui due out today.

Hi Nick. .can I suggest the following

Many of you have reached out to share some of the challenges presented since the new government agreed to repeal aspects of the Smokefree legislation. I've sought advice and probably the wisest was to wait until we understand more of the detail, and then have some further discussion with the Minister regarding the change. Please speak to your manager with any concerns. Margie and our board chair Dame Karen will meet Dr Reti later today and are the right people to start discussions with him. I look forward to also having that opportunity soon.

Catherine Delore

Director Communications & Engagement

waea pūkoro: 9(2)(a) | **īmēra** catherine.delore@health.govt.nz

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From: Nick Chamberlain <Nick.Chamberlain@health.govt.nz>
Sent: Monday, November 27, 2023 10:07:24 AM
To: Catherine Delore <Catherine.Delore@health.govt.nz>; Andrew Slater <Andrew.Slater@health.govt.nz>
Subject: Smokefree message in my Panui due out today.

Hi team,
Please advise on the following:

Many of you have reached out to share some of the ethical and moral challenges presented since the incoming government agreed to repeal aspects of the Smokefree legislation. I've sought advice and probably the wisest was to wait until we understand more of the detail, and then clearly articulate the risks and costs of making such a change. Please speak to your manager with your concerns, and I will take that wise advice to ensure I can present the strongest case possible to our new Minister.

Nga Mihi
Nick

From:	Maria Poynter
To:	Nick Chamberlain; Hayden McRobbie; Matt Hannant; Natasha White; Juliet Rumball-Smith; Leigh Sturgiss; Kathrine Clarke; Becky Jenkins
Subject:	RE: Tobacco
Date:	Tuesday, 28 November 2023 3:43:29 pm
Attachments:	image001.png

Sorry- chiming in late but the good news is I am on the other side of IT migration!

Subha Rajanaidu called me this am also. Hayden, she's going to contact you directly (and I've said we need to link with PHA), but she is strongly linked with the education sector across the Auckland region, and they are getting a lot of questions/pressure from schools about doing more for vaping cessation in under 18s. Current environment has no policy direction (probably because of the under 18 component), and schools are ending up forced into a corner with standing down students with addictions which doesn't address the problem adequately. Might be useful to think about some policy direction there also.

My MPH dissertation was on under18 callers to Quitline so it was a bit of a throwback Tuesday!

Maria

From: Nick Chamberlain <Nick.Chamberlain@health.govt.nz>
Sent: Tuesday, November 28, 2023 12:07 PM
To: Hayden McRobbie <Hayden.McRobbie@health.govt.nz>; Matt Hannant <Matt.Hannant@health.govt.nz>; Maria Poynter <Maria.Poynter@health.govt.nz>; Natasha White <Natasha.White@health.govt.nz>; Juliet Rumball-Smith <Juliet.Rumball-Smith@health.govt.nz>; Leigh Sturgiss <Leigh.Sturgiss@health.govt.nz>; Kathrine Clarke <Kathrine.Clarke@health.govt.nz>; Becky Jenkins <Becky.Jenkins@health.govt.nz>
Subject: Re: Tobacco

Sounds good. Matt, can the Office organise a meeting and I'd like to attend as well please.
I'll send this email chain and attachment to Andrew and Di as a starter to discuss. They've probably done a bit of work themselves.
Nga Mihi
Nick

From: Hayden McRobbie <Hayden.McRobbie@health.govt.nz>
Sent: Tuesday, November 28, 2023 11:54 AM
To: Nick Chamberlain <Nick.Chamberlain@health.govt.nz>; Matt Hannant <Matt.Hannant@health.govt.nz>; Maria Poynter <Maria.Poynter@health.govt.nz>; Natasha White <Natasha.White@health.govt.nz>; Juliet Rumball-Smith <Juliet.Rumball-Smith@health.govt.nz>; Leigh Sturgiss <Leigh.Sturgiss@health.govt.nz>; Kathrine Clarke <Kathrine.Clarke@health.govt.nz>; Becky Jenkins <Becky.Jenkins@health.govt.nz>
Subject: RE: Tobacco

Thanks Nick,

I wonder if a good way forward is to meet with the PHA team in the next couple of days so that we can talk about a public health response to support a policy response. I think that a collaborative approach to this would be the best approach.

As I noted yesterday, health economics is not my bag, but my understanding of the data is that these endgame policies are not cost neutral, mainly because of the substantial revenue from tobacco excise tax.

H

From: Nick Chamberlain <Nick.Chamberlain@health.govt.nz>
Sent: Tuesday, November 28, 2023 11:30 AM
To: Hayden McRobbie <Hayden.McRobbie@health.govt.nz>; Matt Hannant <Matt.Hannant@health.govt.nz>; Maria Poynter <Maria.Poynter@health.govt.nz>; Natasha White <Natasha.White@health.govt.nz>; Juliet Rumball-Smith <Juliet.Rumball-Smith@health.govt.nz>; Leigh Sturgiss <Leigh.Sturgiss@health.govt.nz>; Kathrine Clarke <Kathrine.Clarke@health.govt.nz>; Becky Jenkins <Becky.Jenkins@health.govt.nz>
Subject: Re: Tobacco

Hi Team, I've not had a chance to read the talking points as I'm in ELT right now, but I put together some thoughts around a framework. I believe the financial costs of the policy are a very important feature that we need to focus on heavily. I was about to push send on this email.

Hi Team,
Let me know your thoughts re below. Also, let me know when I could have something that we can present to the Minister. Obviously we need to do this with Manatu Hauora and I'd like to send Di etc. this as a suggested approach/ framework.

Need to provide advice - joint with Manatu Hauora.
Brief and concise ++. Tables preferable.
Articulate risks of repealing legislation.
Note international and health worker reputational damage of doing this. We gained a lot of credibility and kudos regarding our Smokefree legislation.
Show financial and personal cost of repealing. Health costs, social costs, immediate costs - respiratory - childhood, and antenatal - and longer term - cancer/ COPD/ CVD/ Stroke. Cost of 5000 lives, data presented by Hayden.
Compare with lost cigarette revenue. Try and show that it's at least cost neutral - if possible in short term, but definitely in the longer term.

IF we must do something:
Harm minimisation approach - not repealing but maybe modifying legislation
Repackage component parts of Smokefree.
Must hold onto Smokefree Generation and some limitations on tobacco/ vape outlets. Consider a possible small increase in number of outlets but stronger recommendations regarding location - not near schools etc.
Could look at removing nicotine content decreases from cigarettes.
Increase revenue - Vape taxes, Sugar Tax - quantify amount -
Possibly articulate options and tradeoffs for a pathway (? to 2027).

From: Hayden McRobbie <Hayden.McRobbie@health.govt.nz>

Sent: Tuesday, November 28, 2023 11:04 AM
To: Matt Hannant <Matt.Hannant@health.govt.nz>; Maria Poynter <Maria.Poynter@health.govt.nz>; Natasha White <Natasha.White@health.govt.nz>; Juliet Rumball-Smith <Juliet.Rumball-Smith@health.govt.nz>; Leigh Sturgiss <Leigh.Sturgiss@health.govt.nz>; Kathrine Clarke <Kathrine.Clarke@health.govt.nz>; Becky Jenkins <Becky.Jenkins@health.govt.nz>
Cc: Nick Chamberlain <Nick.Chamberlain@health.govt.nz>
Subject: Tobacco

Kia ora koutou,

Apologies for the delay in sharing this draft that attempts to pull together some background to current policies and potential actions for moving forward. The link is here:

2027-11-28_Smokefree Policy Talking Points.docx

This is draft and I'd value your input. Feel free to add/delete.
I have tried to be pragmatic here and look at things we could get on with.

I've not delved deep into the economic benefits/losses. As I shared yesterday the potential losses in tobacco excise revenue are quite significant, but there are gains for the population.

@Leigh Sturgiss I'd be grateful if you could check my thinking around some of the potential ways forward.

Finally, given policy sits in the PHA shop I'd like to be clear that these are just some suggestions.

H

Hayden McRobbie (he/him; Dr) MB ChB PhD FASLM FNZCPHM
Regional Director, Northern
National Public Health Service
waea pūkoro: 9(2)(a) | **īmēra:** hayden.mcrobbie@tewhatuora.govt.nz
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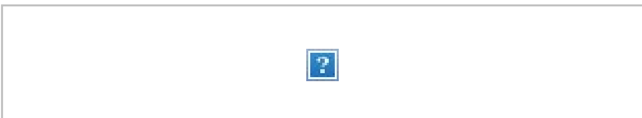

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From:	Andrew Old (MoH)
To:	Nick Chamberlain
Cc:	Matt Hannant; Hayden McRobbie; Diana Sarfati (MoH); Nicholas Jones (MoH); Dawn Kelly (MoH)
Subject:	RE: Tobacco
Date:	Tuesday, 28 November 2023 3:55:42 pm
Attachments:	image004.png

Kia ora Nick,

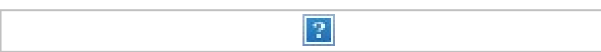
Thanks for the offer of assistance. As you're aware, the turnaround time for initial advice is very tight and it will be helpful to draw on our collective expertise.
Rather than Matt trying to coordinate, I've asked the team here to think about how we can best work together given the many moving parts and milestones.
Is Hayden the best point of contact for NPHS, or would prefer us to work through you or Matt?

In the meantime, it would be great to see the draft word document Hayden has prepared. It wasn't available to us via the link in the email.

Ngā mihi nui,

Andrew

Dr. Andrew Old (he/him)
Deputy Director-General
Public Health Agency | Te Pou Hauora Tūmatanui
9(2)(a) | andrew.old@health.govt.nz



From: Nick Chamberlain <Nick.Chamberlain@health.govt.nz>
Sent: Tuesday, 28 November 2023 1:34 pm
To: Diana Sarfati <Diana.Sarfati@health.govt.nz>; Andrew Old <Andrew.Old@health.govt.nz>
Cc: Matt Hannant <Matt.Hannant@health.govt.nz>; Hayden McRobbie <Hayden.McRobbie@health.govt.nz>
Subject: Fwd: Tobacco

Kia Ora Di and Andrew,
I wanted to share the email below and the draft word document Hayden (thanks so much Hayden) has put together at pace to assist your team in providing advice to Ministers.
I would like us to work together on this as we have some expertise that would be helpful.
I've asked Matt to organise a meeting asap to progress this. Hopefully our joint efforts will be much better than the sum of the parts.
If we need resources to support actuarial / economic advice, I have some ideas and happy to help resource this, but as per my email below, some of it may have been done already.
Nga Mihi
Nick

From:	Hayden McRobbie
To:	Nicholas Jones (MoH); Hayden McRobbie; Andrew Old (MoH); Nick Chamberlain
Cc:	Matt Hannant; Diana Sarfati (MoH); Dawn Kelly (MoH)
Subject:	RE: Tobacco
Date:	Wednesday, 29 November 2023 6:50:45 am
Attachments:	image001.png

Yes, there are absolutely pros and cons that need to be considered.
As you say alcohol and smoking often go hand and hand and this is indeed one of the concerns that is raised in the literature.

H

From: Nicholas Jones <Nicholas.Jones@health.govt.nz>
Sent: Tuesday, November 28, 2023 6:53 PM
To: Hayden McRobbie <Hayden.McRobbie@health.govt.nz>; Andrew Old (MoH) <Andrew.Old@health.govt.nz>; Nick Chamberlain <Nick.Chamberlain@health.govt.nz>
Cc: Matt Hannant <Matt.Hannant@health.govt.nz>; Diana Sarfati (MoH) <Diana.Sarfati@health.govt.nz>; Dawn Kelly (MoH) <Dawn.Kelly@health.govt.nz>
Subject: RE: Tobacco

Thanks Hayden

I must say I do have concerns about the proposal to restrict the sale of smoked products to venues/retailers selling alcohol. I imagine there is a significant proportion of smoked product users who are also attempting to reduce or discontinue alcohol use. While such a proposal might strengthen the regulation of smoked tobacco sales it might unintentionally force smokers who are attempting to reduce alcohol use in to environments that make this more difficult.

NJ

From:	Dawn Kelly (MoH)
To:	Nick Chamberlain; Hayden McRobbie; Andrew Old (MoH); Matt Hannant
Cc:	Diana Sarfati (MoH); Nicholas Jones (MoH); Ross Bell (MoH)
Subject:	RE: Tobacco
Date:	Tuesday, 28 November 2023 9:31:09 pm
Attachments:	image002.png

Kia ora Nick,

I have let the team know that yourself, Hayden and Matt are the POCs.
Below is a timeline we need to work to so we meet the CAB timeline for 18 Dec, which as you can see if pretty tight and not much room for movement.

- Draft briefing *seeking decisions to inform Cabinet paper* to ODDG 1 Dec (underway)
- Draft briefing to ODPH, NZPHS, TWO, TAWO 1 December
- Draft briefing to DGA 4 December
- Briefing to Minister 5 December
- Feedback from Minister 7 December
- Draft Cabinet paper to PARC 7 December
- Draft Cabinet paper to ODDG, DGA, departmental agencies, Minister's Office 8 December
- Feedback from Minister 11 December
- Updated Cab paper to Min's office 11 December for Ministerial/Coalition consultation
- Feedback from Min/Coal and departmental consultation 13 December
- Lodge Cabinet paper 14 December
- Cabinet 18 December

Rgds, Dawn

From: Nick Chamberlain <Nick.Chamberlain@health.govt.nz>
Sent: Tuesday, 28 November 2023 6:52 pm
To: Hayden McRobbie <Hayden.McRobbie@health.govt.nz>; Andrew Old <Andrew.Old@health.govt.nz>
Cc: Matt Hannant <Matt.Hannant@health.govt.nz>; Diana Sarfati <Diana.Sarfati@health.govt.nz>; Nicholas Jones <Nicholas.Jones@health.govt.nz>; Dawn Kelly <Dawn.Kelly@health.govt.nz>
Subject: Re: Tobacco

Hi Andrew, Sorry for the delayed reply. Yet another cancelled flight to Whangarei so had to make alternative travel arrangements that still got me back sometime tomorrow. Unfortunately, I'm stuck in Auckland for the night.
I'll leave it to you to coordinate, but Hayden, Matt and I must be involved please. As you know, we have quite a lot of the expertise and we want to have significant input into any paper/ advice and how it's framed. As you know, we are all gravely concerned and I have the responsibility for leading a public health workforce of over 1600 people who are really struggling right now.
As I said I'm quite happy to urgently contract in any gaps in knowledge capability, particularly with respect to economic/ actuarial advice as we have been told this is the reason for repealing the legislation.
Please copy me in on everything no matter how trivial as Matt has migrated tonight to the new platform.
Nga Mihi

From:	Ross Bell (MoH)
To:	Richard Jaine (MoH); Emma Hindson (MoH); Rebecca Ruwhiu-Collins; Hayden McRobbie
Cc:	Nicholas Jones (MoH); Andrew Old (MoH); Nick von Randow (MoH); Sophia Barham; Clare Possenniskie (MoH); Matt Hannant; Selah Hart; Nick Chamberlain; Dawn Kelly (MoH); Mariam Parwaiz

Subject:	Tobacco advice, joined-up process
Date:	Wednesday, 29 November 2023 10:21:08 am
Attachments:	image001.png image002.png image003.png image004.png image005.png image006.png
Importance:	High

Tēnā koutou

Further to various recent emails regarding advice to the Minister/Cabinet on the coalition agreement regarding smokefree legislation, I'm writing to outline the processes etc to help coordinate rapid advice.

The PHA's intent is to engage early with Te Aka Whai Ora and NPHS on that advice, noting the very short timelines were working to (see below).

Our advice will focus on the intent expressed in the coalition agreement, and we will put our collective best foot forward to provide evidence-based, free and frank advice in order to support the coalition government's decision. Thanks for your initial thinking on this Hayden.

The core policy group will be Emma Hindson (PHA), Richard Jaine (ODPH), Hayden McRobbie (NPHS) and Rebecca Ruwhiu Collins (Te Aka Whai Ora). Each of these people can then coordinate input from their respective teams/organisations. **Emma will convene a meeting of this writing group today.**

As you all know, we are working to an extremely tight timeframe to get the Cabinet paper up for 18 December.

- Draft briefing *seeking decisions to inform Cabinet paper* to ODDG 1 Dec (underway) – **advice coordinated via Emma/Richard/Hayden and Bex.**
- Draft briefing to DG Advisory 4 December
- Briefing to Minister 5 December
- Feedback from Minister 7 December
- Draft Cabinet paper to PARC 7 December
- Draft Cabinet paper to ODDG, DGA, departmental agencies, Minister's Office 8 December
- Feedback from Minister 11 December
- Updated Cab paper to Min's office 11 December for Ministerial/Coalition consultation
- Feedback from Min/Coal and departmental consultation 13 December
- Lodge Cabinet paper 14 December
- Cabinet 18 December

Good luck team!

Ross

Ross Bell
Group Manager
Public Health Strategy and Engagement
Public Health Agency | Te Pou Hauora Tūmatanui
9(2)(a)
ross.bell@health.govt.nz
Manatū Hauora, 133 Molesworth Street Thorndon, Wellington 6011

From:	Hayden McRobbie
To:	Nick Chamberlain; Graham Cameron
Subject:	RE: Tobacco
Date:	Friday, 1 December 2023 10:02:40 am
Attachments:	image002.png

Well, you're right in the regard to the rationale as to why we would not implement a SFG – it's the right thing, and has public support and, I think, a reputational risk if they don't do it.
Will feed that back.

From: Nick Chamberlain <Nick.Chamberlain@TeWhatuOra.govt.nz>
Sent: Friday, December 1, 2023 9:57 AM
To: Hayden McRobbie <Hayden.McRobbie@TeWhatuOra.govt.nz>; Graham Cameron <Graham.Cameron@TeWhatuOra.govt.nz>
Subject: Re: Tobacco

I still wouldn't give them the option as I believe it's got caught up in the other changes (600 and denicotinisation) and there is absolutely no rational or even irrational argument why we wouldn't implement it.

Nga Mihi
Dr Nick Chamberlain

From: Hayden McRobbie <Hayden.McRobbie@TeWhatuOra.govt.nz>
Sent: Friday, December 1, 2023 9:51 AM
To: Nick Chamberlain <Nick.Chamberlain@TeWhatuOra.govt.nz>; Graham Cameron <Graham.Cameron@TeWhatuOra.govt.nz>
Subject: RE: Tobacco

Yep, and that's what will be going in upfront – in the free and frank advice that says we recommend that we keep everything as proposed.
However, and this was my issue with the current draft, if there is just no movement on SFG then I would argue that a lift in age would be better than no change at all.

From: Nick Chamberlain <Nick.Chamberlain@TeWhatuOra.govt.nz>
Sent: Friday, December 1, 2023 9:44 AM
To: Hayden McRobbie <Hayden.McRobbie@TeWhatuOra.govt.nz>; Graham Cameron <Graham.Cameron@TeWhatuOra.govt.nz>
Subject: Re: Tobacco

Thanks Hayden, good to see the draft paper. The one anomaly is the Smokefree generation - it quite rightly says all other options were dismissed, but then it gives one of the age 25 limit. Surely, after saying all other options have been dismissed as ineffective, we only give the option of retaining the Smokefree generation.
Nga Mihi
Dr Nick Chamberlain

From: Hayden McRobbie <Hayden.McRobbie@TeWhatuOra.govt.nz>
Sent: Friday, December 1, 2023 8:23 AM

To: Nick Chamberlain <Nick.Chamberlain@TeWhatuOra.govt.nz>; Graham Cameron <Graham.Cameron@TeWhatuOra.govt.nz>
Subject: RE: Tobacco

Perhaps an idea is to direct them to Hāpai te hauora?

Just for an update, I have been working with Te Aka Whai Ora in looking at options for smokefree mahi. I have attached our working document as I have had some problems sharing from the Te Whatu Ora IT environment.
We will work through these with the PHA team and to see what is added to the briefing to the minister (draft also attached).
The PHA team are primarily focussed on the tobacco aspect, so vaping related initiatives/activities will wait until the new year.

@Nick Chamberlain happy to have a quick chat about this when we meet at 10am.

H

From: Nick Chamberlain <Nick.Chamberlain@TeWhatuOra.govt.nz>
Sent: Thursday, November 30, 2023 9:47 PM
To: Graham Cameron <Graham.Cameron@TeWhatuOra.govt.nz>; Hayden McRobbie <Hayden.McRobbie@TeWhatuOra.govt.nz>
Subject: Re: Tobacco

I can’t see a way unless it’s to point them to a publicly available website Graham.

Nga Mihi
Dr Nick Chamberlain

From: Graham Cameron <Graham.Cameron@TeWhatuOra.govt.nz>
Sent: Thursday, November 30, 2023 8:24:18 PM
To: Hayden McRobbie <Hayden.McRobbie@TeWhatuOra.govt.nz>; Nick Chamberlain <Nick.Chamberlain@TeWhatuOra.govt.nz>
Subject: RE: Tobacco

Kia ora Hayden kōrua ko Nick,

The talking points are very helpful.
I wondered whether there is a legitimate way of providing consistent and evidence based talking points to our partners in the community.
They are every bit as concerned as we are, but they often lack the evidence and data we can pull together quite quickly.
It would be very powerful if they had this information to be able to use in their forums, in their local media.

I’m not expecting there is a legitimate way, but I thought I would ask.

Heoi,

Graham Bidois Cameron (he/him)

Ringatohu, Hauora Māori Tūmatanui | Director, Māori Public Health

National Public Health Service

Te Whatu Ora – Health New Zealand

TeWhatuOra.govt.nz

From: Hayden McRobbie <Hayden McRobbie@TeWhatuOra govt nz>
Sent: Wednesday, November 29, 2023 9:15 AM
To: David McCartney <David.McCartney@TeWhatuOra.govt.nz>; Api Poutasi <Api.Poutasi@TeWhatuOra.govt.nz>; Becky Jenkins <Becky Jenkins@TeWhatuOra govt nz>; Graham Cameron <Graham.Cameron@TeWhatuOra.govt.nz>; Juliet Rumball-Smith <Juliet.Rumball-Smith@TeWhatuOra.govt.nz>; Kathrine Clarke <Kathrine.Clarke@Tewhatuora.govt.nz>; Maria Poynter <Maria Poynter@TeWhatuOra govt nz>; Matt Hannant <Matt.Hannant@TeWhatuOra.govt.nz>; Michael Kelly <Michael.Kelly@TeWhatuOra.govt.nz>; Natasha White <Natasha White@TeWhatuOra govt nz>; Nick Chamberlain <Nick.Chamberlain@TeWhatuOra.govt.nz>; Paula Snowden <Paula.Snowden@TeWhatuOra.govt.nz>; Saskia Patton <Saskia Patton@TeWhatuOra govt nz>; Vince Barry <Vince.Barry@TeWhatuOra.govt.nz>; Alana Ewe-Snow <Alana Ewe-Snow@health govt nz>
Subject: FW: Tobacco

Kia ora koutou

As discussed just now.
Some early thinking and a bit rough around the edges still – no that pros and cons need to worked through

H

From:	Hayden McRobbie
To:	Nick Chamberlain
Subject:	FW: Smokefree advice to Minister next steps
Date:	Friday, 1 December 2023 4:40:31 pm
Attachments:	image001.png image002.png image003.png image004.png image005.png image006.png

Kia ora Nick,

The drafting team had another meeting this afternoon to review the briefing paper that will be coming to you later today.

We discussed the issue of SFG. There was a general feeling that we needed to provide other options, as this is what the Minister had asked for.
You will see in the section I have pasted, below, that we make it clear what our preferred option is (ie implement the SFG), but give an option of raising the age. There will be a few small tweaks to this section, I think, in the next iteration.

I will be having another look at this over the weekend too.

Ngā mihi

Hayden

Options to consider

1. Our preferred and recommended option is to continue with implementation of the smokefree generation. Reversal of the smokefree generation policy was not mentioned in the National/ACT coalition agreement, only the National/NZ First coalition agreement.
2. If you do wish to remove the smokefree generation policy we recommend increasing the purchase age gradually, for example year on year to 25 years, to account for young people who are already addicted. This approach risks undermining the overarching objective of preventing young people, and successive generations, from ever taking up smoking, by suggesting that tobacco harm reduces, or that smoking becomes safe, once a person reaches 25. However, it is preferable to the current minimum age of 18 years, which has not been effective in preventing most smoking initiation occurring between ages 13-18 – mostly due to the issue of social supply.
3. Policies based on increasing age limits have been considered in other jurisdictions. Where implemented, they have been found to gradually lower the number of young people initiating smoking. There is strong evidence that starting smoking after 25 is extremely rare.[1]
4. Increasing the age outright, for example to 25 years, would retrospectively outlaw the purchase of tobacco by a cohort of young people who could previously legally purchase it. This option would not cater to the cohort that are already addicted to nicotine.

From: Olivia Barr <Olivia.Barr@health.govt.nz>
Sent: Friday, December 1, 2023 4:33 PM
To: Rebecca Ruwhiu-Collins <Rebecca.Ruwhiu-Collins@health.govt.nz>; Hayden McRobbie <Hayden.McRobbie@health.govt.nz>; Kelly Palmer <Kelly.Palmer@health.govt.nz>; Nick von Randow (MoH) <Nick.vonRandow@health.govt.nz>
Cc: Richard Jaine (MoH) <Richard.Jaine@health.govt.nz>; Emma Hindson (MoH) <Emma.Hindson@health.govt.nz>; Emily Revell (MoH) <Emily.Revell@health.govt.nz>
Subject: Smokefree advice to Minister next steps

Kia ora koutou

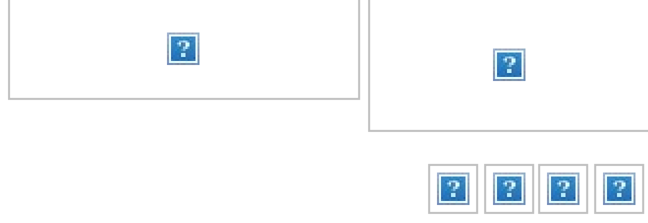
Further to our meeting this afternoon, below are our next steps:

- Emily will tidy the briefing and send it to Andrew, Nick and Selah today (you will all be copied in)
- If you have any additional feedback, could you please send that back together with the feedback from your leaders
- On Monday feedback will be addressed
- Briefing will be sent to the DG before EOD Monday
- Briefing will be sent to the Minister on Tuesday.

Ngā mihi nui for all your help.

Olivia Barr (she/her)
Advisor | Kaitohutohu
Public Health Policy and Regulation
olivia.barr@health.govt.nz

Public Health Agency | Te Pou Hauora Tūmatanui
Manatū Hauora, 133 Molesworth Street
Thorndon, Wellington 6011
*If you're wondering about the use of the pronouns she/her on this signature, **read this article** about how sharing pronouns in this way can help create an inclusive and safe environment for transgender and nonbinary colleagues.



[1] Bonnie RJ, Stratton K, Kwan LY, editors. Public health implications of raising the minimum age of legal access to tobacco products. Washington (DC): National Academies Press; 2015. Available: https://www.ncbi.nlm.nih.gov/books/NBK310412/ (accessed 2017 Jan. 25).

From: Andrew Old (MoH)
To: Emma Hindson (MoH); Selah Hart; Nick Chamberlain; Nicholas Jones (MoH)
Cc: Emily Revell (MoH); Bronwyn Croxson (MoH); Sean Hyland (MoH); Jane Hubbard (MoH); Phil Knipe (MoH); Haiou Wang (MoH); Gill Hall (MoH); Brian Watson (MoH); Clare Possenniskie (MoH); Dawn Kelly (MoH); Public Health Agency ODDG (MoH); Hayden McRobbie; Kelly Palmer; Rebecca Ruwhiu-Collins; Richard Jaine (MoH); Nick von Randow (MoH)
Subject: RE: Briefing for review: reversing Smokefree legislative changes
Date: Sunday, 3 December 2023 4:44:05 pm
Attachments: image007.png
image008.png
image009.png
image010.png
image011.png
image012.png

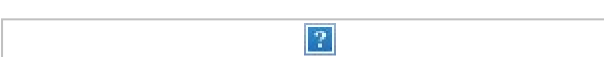
Kia ora koutou,

Thanks for all the effort pulling this together under significant time pressure, and to Emma for coordinating.
I've been through and made a number of changes, and included a few comments for consideration. Thanks to those of you who have already provided comments, either in the live doc, or via email too. I'll have another run through tomorrow morning after we've had a go at incorporating feedback before we get a version across to Di for review.

Thanks all,

Ngā mihi nui, Andrew

Dr. Andrew Old (he/him)
Deputy Director-General
Public Health Agency | Te Pou Hauora Tūmatanui
9(2)(a) andrew.old@health.govt.nz



From: Emma Hindson <Emma.Hindson@health.govt.nz>
Sent: Friday, 1 December 2023 5:51 pm
To: Selah Hart <Selah.Hart@TeAkaWhaiOra.nz>; Andrew Old <Andrew.Old@health.govt.nz>; Nick Chamberlain <Nick.Chamberlain@TeWhatuOra.govt.nz>; Nicholas Jones <Nicholas.Jones@health.govt.nz>
Cc: Emily Revell <Emily.Revell@health.govt.nz>; Bronwyn Croxson <Bronwyn.Croxson@health.govt.nz>; Sean Hyland <Sean.Hyland@health.govt.nz>; Jane Hubbard <Jane.Hubbard@health.govt.nz>; Phil Knipe <Phil.Knipe@health.govt.nz>; Haiou Wang <Haiou.Wang@health.govt.nz>; Gill Hall <Gill.Hall@health.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>; Clare Possenniskie <Clare.Possenniskie@health.govt.nz>; Dawn Kelly <Dawn.Kelly@health.govt.nz>; Public Health Agency ODDG <PHA-ODDG@health.govt.nz>; Hayden McRobbie <Hayden.McRobbie@TeWhatuOra.govt.nz>; Kelly Palmer <Kelly.Palmer@health.govt.nz>; Rebecca Ruwhiu-Collins <Rebecca.Ruwhiu-Collins@health.govt.nz>; Richard Jaine <Richard.Jaine@health.govt.nz>; Nick von Randow <Nick.vonRandow@health.govt.nz>
Subject: Briefing for review: reversing Smokefree legislative changes

Kia ora koutou

Please find attached the draft briefing on reversing the Smokefree legislative changes.
Reversal of legislative changes to the smoked tobacco regulatory regime.docx

I have also attached a word version for those that can't access the live link.

Please note: some external agencies (Police, Customs, Treasury, MFAT) have also provided/are providing input into this and there may be some tweaks to come on Monday. We would be very grateful if you are able to review this document by midday Monday so we can get it to DGA Monday afternoon, with intent of providing to the Minister on Tuesday.

Thank you to the wider group for your help in pulling this together over the last couple of days at pace.

Ngā mihi

Emma

Emma Hindson (she/her)
Acting Manager
Public Health Policy and Regulation, Ope Ōpiki
emma.hindson@health.govt.nz

Public Health Agency
Manatū Hauora, 133 Molesworth Street
Thorndon, Wellington 6011

From:	Andrew Old (MoH)
To:	Nick Chamberlain; Selah Hart; Nicholas Jones (MoH); Emma Hindson (MoH)
Cc:	Emily Revell (MoH); Bronwyn Croxson (MoH); Sean Hyland (MoH); Jane Hubbard (MoH); Phil Knipe (MoH); Haiou Wang (MoH); Gill Hall (MoH); Brian Watson (MoH); Clare Possenniskie (MoH); Dawn Kelly (MoH); Public Health Agency ODDG (MoH); Hayden McRobbie; Kelly Palmer; Rebecca Ruwhiu-Collins; Richard Jaine (MoH); Nick von Randow (MoH)
Subject:	RE: Briefing for review: reversing Smokefree legislative changes
Date:	Sunday, 3 December 2023 4:52:36 pm
Attachments:	image007.png image008.png image009.png image010.png image011.png image012.png

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Thanks Nick,

I agree we can be stronger on the reputational piece and have added a similar comment in my review.

We do need to keep repeal of the smokefree generation in the paper as we've been explicitly asked for that. Our opportunity is to propose alternatives that mitigate the impact of a full-reversal, with the best evidence/advice we can.

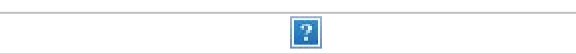
I also like the idea of an evidence-informed child and youth public health package. However, I think we may be better to package that for separate consideration, rather than getting it tangled up in this rapid advice which is specifically about giving effect to the Coalition commitments.

I'll follow-up with you tomorrow re approach.

Ngā mihi nui,

Andrew

Dr. Andrew Old (he/him)
Deputy Director-General
Public Health Agency | Te Pou Hauora Tūmatanui
9(2)(a) | andrew.old@health.govt.nz



From: Nick Chamberlain <Nick.Chamberlain@TeWhatuOra.govt.nz>
Sent: Sunday, 3 December 2023 9:47 am
To: Selah Hart <Selah.Hart@TeAkaWhaiOra.nz>; Andrew Old <Andrew.Old@health.govt.nz>; Nicholas Jones <Nicholas.Jones@health.govt.nz>; Emma Hindson <Emma.Hindson@health.govt.nz>
Cc: Emily Revell <Emily.Revell@health.govt.nz>; Bronwyn Croxson <Bronwyn.Croxson@health.govt.nz>; Sean Hyland <Sean.Hyland@health.govt.nz>; Jane Hubbard <Jane.Hubbard@health.govt.nz>; Phil Knipe <Phil.Knipe@health.govt.nz>; Haiou Wang <Haiou.Wang@health.govt.nz>; Gill Hall <Gill.Hall@health.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>; Clare Possenniskie <Clare.Possenniskie@health.govt.nz>; Dawn Kelly <Dawn.Kelly@health.govt.nz>; Public Health Agency ODDG <PHA-ODDG@health.govt.nz>; Hayden McRobbie <Hayden.McRobbie@TeWhatuOra.govt.nz>; Kelly Palmer <Kelly.Palmer@health.govt.nz>; Rebecca Ruwhiu-Collins <Rebecca.Ruwhiu-

Collins@health.govt.nz>; Richard Jaine <Richard.Jaine@health.govt.nz>; Nick von Randow <Nick.vonRandow@health.govt.nz>
Subject: Re: Briefing for review: reversing Smokefree legislative changes

Kia Ora Team,
Thanks for this. I want to acknowledge all the work done in putting this together under urgency.
I still believe we shouldn't be putting up any alternative to the smoke free generation, and don't support the paper with it included.
Under reputation, it should be highlighted that the NZ public are surprised and dismayed by the repeal of legislation. The NZ healthcare workforce are extremely angry about it.
We need to give the Minister an option that mitigates the reputational damage and achieves significant health benefits.
I recommend that we propose to the Minister (in the paper as this is the best opportunity we will get to make broader public policy / legislative changes) to put together an evidence-based child / adolescent public health package of the following initiatives:

1. Retain smoke-free generation
2. Stronger compliance and enforcement for underage tobacco and vaping sales.
3. A sugar tax on sugar sweetened beverages - Almost immediate gains in Oral health, and longer term reductions in our world topping childhood obesity rates. An additional benefit being increased revenue and I'm sure this could be estimated, noting this revenue is usually reduced by industry reformulation.
4. Ban junk food marketing to kids
5. Reduce/ eliminate alcohol sports sponsorship by increasing the Alcohol levy (as is being recommended) to fund that sponsorship.

Clearly, there is more work to do on 3-5, but there is no reason why this, with a bit more detail couldn't be included in the paper. It doesn't all need to be fully fleshed out. I realise that this expands the remit of the paper, but it is completely relevant, is a huge opportunity, and effectively sandwiches two extremely contentious legislative changes (Number of outlets and denicotinisation) with a very positive child Public health programme.

Nga Mihi
Dr Nick Chamberlain

From: Emma Hindson <Emma.Hindson@health.govt.nz>
Sent: Friday, December 1, 2023 5:52 PM
To: Selah Hart <Selah.Hart@TeAkaWhaiOra.nz>; Andrew Old (MoH) <Andrew.Old@health.govt.nz>; Nick Chamberlain <Nick.Chamberlain@TeWhatuOra.govt.nz>; Nicholas Jones (MoH) <Nicholas.Jones@health.govt.nz>
Cc: Emily Revell (MoH) <Emily.Revell@health.govt.nz>; Bronwyn Croxson (MoH) <Bronwyn.Croxson@health.govt.nz>; Sean Hyland (MoH) <Sean.Hyland@health.govt.nz>; Jane Hubbard (MoH) <Jane.Hubbard@health.govt.nz>; Phil Knipe (MoH) <Phil.Knipe@health.govt.nz>; Haiou Wang (MoH) <Haiou.Wang@health.govt.nz>; Gill Hall (MoH) <Gill.Hall@health.govt.nz>; Brian Watson (MoH) <Brian.Watson@health.govt.nz>; Clare Possenniskie (MoH) <Clare.Possenniskie@health.govt.nz>; Dawn Kelly (MoH) <Dawn.Kelly@health.govt.nz>; Public Health Agency ODDG (MoH) <PHA-ODDG@health.govt.nz>; Hayden McRobbie <Hayden.McRobbie@TeWhatuOra.govt.nz>; Kelly Palmer <Kelly.Palmer@health.govt.nz>; Rebecca Ruwhiu-Collins <Rebecca.Ruwhiu-Collins@health.govt.nz>; Richard Jaine (MoH) <Richard.Jaine@health.govt.nz>; Nick von Randow

(MoH) <Nick.vonRandow@health.govt.nz>
Subject: Briefing for review: reversing Smokefree legislative changes

Kia ora koutou

Please find attached the draft briefing on reversing the Smokefree legislative changes.
Reversal of legislative changes to the smoked tobacco regulatory regime.docx

I have also attached a word version for those that can't access the live link.

Please note: some external agencies (Police, Customs, Treasury, MFAT) have also provided/are providing input into this and there may be some tweaks to come on Monday. We would be very grateful if you are able to review this document by midday Monday so we can get it to DGA Monday afternoon, with intent of providing to the Minister on Tuesday.

Thank you to the wider group for your help in pulling this together over the last couple of days at pace.

Ngā mihi

Emma

Emma Hindson (she/her)
Acting Manager
Public Health Policy and Regulation, Ope Ōpiki
emma.hindson@health.govt.nz

Public Health Agency
Manatū Hauora, 133 Molesworth Street
Thorndon, Wellington 6011

From:	Sasha Wood
To:	Deborah Woodley; Saskia Patton; National Public Health Service (MoH)
Cc:	Toni Atkinson; Becky Jenkins; Matt Hannant; Nick Chamberlain; Peter Alsop
Subject:	RE: URGENT DUE BY 1PM Smokefree info
Date:	Monday, 4 December 2023 12:53:52 pm
Attachments:	image001.png

Thanks all, I have gone back to Aparna to advise we cannot pull this by 1pm. I have asked if its still needed today. Once I have confirmation we will re commission with the relevant info and timeframes.

Ngā mihi

Sasha Wood (she/her)
Head of Government Services
Office of the Chief Executive
waea pūkoro: 9(2)(a) | **īmēra:** sasha.wood@health.govt.nz

Te Whatu Ora – Health New Zealand
TeWhatuOra.govt.nz

From: Deborah Woodley <Deborah.Woodley@health.govt.nz>
Sent: Monday, 4 December 2023 12:52 pm
To: Saskia Patton <Saskia.Patton@health.govt.nz>; Sasha Wood <Sasha.Wood@health.govt.nz>; National Public Health Service <NPHS@health.govt.nz>
Cc: Toni Atkinson <Toni.Atkinson@TeWhatuOra.govt.nz>; Becky Jenkins <Becky.Jenkins@TeWhatuOra.govt.nz>; Matt Hannant <Matt.Hannant@TeWhatuOra.govt.nz>; Nick Chamberlain <Nick.Chamberlain@TeWhatuOra.govt.nz>; Peter Alsop <Peter.Alsop@health.govt.nz>
Subject: RE: URGENT DUE BY 1PM Smokefree info

Sasha – Leigh is going to include the information we have on Te Aka whai Ora contracts for smokefree that were former Ministry contracts that moved across to them. The funding level will be based on the last information we have so may not take account of any uplifts they might have been given. So this may need to be checked by Te Aka Whai Ora but will be a good start. Also it may not reflect local contracts that may have been with DHBs that they are now looking after.

Ngā mihi
Deborah

Deborah Woodley (she/her)
Director, Starting Well
Commissioning
waea pūkoro: 9(2)(a) | **īmēra:** deborah.woodley@health.govt.nz
133 Molesworth Street, Wellington | PO Box 5013, Wellington 6140

Te Whatu Ora – Health New Zealand
TeWhatuOra.govt.nz

From: Saskia Patton <Saskia.Patton@health.govt.nz>
Sent: Monday, 4 December 2023 12:45 pm
To: Sasha Wood <Sasha.Wood@health.govt.nz>; National Public Health Service <NPHS@health.govt.nz>
Cc: Toni Atkinson <Toni.Atkinson@TeWhatuOra.govt.nz>; Becky Jenkins <Becky.Jenkins@TeWhatuOra.govt.nz>; Matt Hannant <Matt.Hannant@TeWhatuOra.govt.nz>; Deborah Woodley <Deborah.Woodley@health.govt.nz>; Nick Chamberlain <Nick.Chamberlain@TeWhatuOra.govt.nz>; Peter Alsop <Peter.Alsop@health.govt.nz>
Subject: RE: URGENT DUE BY 1PM Smokefree info

Kia ora as discussed Sasha

This is difficult to collate by 1pm because the funding sits across multiple teams, and some needs to be manually collated as bc some contracts are currently being consolidated and in some areas responsibilities shifted across directorates. Suggest extension to tomorrow.

Teams we are seeking information include :

- Quitline contact (commissioning) – contact Renata Latimer
- Cessation medication – maybe PHARMAC? Will you or PHA contact them Sasha
- Smoke free compliance data (NPHS) we have moved away for PHU contracts – so we'll need to estimate it, currently undd
- Health promotion campaigns (NPHS) – currently costing – used to be regional
- Note - Te Aka WHai Ora will have Maori NGO contracts – will you/PHA contact them Sasha?

Sasha – can you please clarify who is coordinating/ pulling this together please.

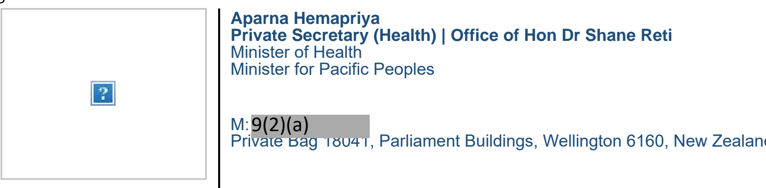
Thanks,
Saskia

From: Aparna Hemapriya <Aparna.Hemapriya@parliament.govt.nz>
Sent: Monday, 4 December 2023 12:11 pm
To: hnzBriefing <hnzBriefing@health.govt.nz>
Cc: Sasha Wood <Sasha.Wood@health.govt.nz>; Nick Chamberlain <Nick.Chamberlain@health.govt.nz>; Peter Alsop <Peter.Alsop@health.govt.nz>
Subject: URGENT DUE BY 1PM Smokefree info
Importance: High

Kia ora,

Can we please get the dollar figure for the amount currently spent per year on tobacco control by Health NZ (e.g. public campaigns, cessation medicines, Quitline etc). We need this urgently by **1pm today**.

Ngā mihi



Aparna Hemapriya
Private Secretary (Health) | Office of Hon Dr Shane Reti
Minister of Health
Minister for Pacific Peoples

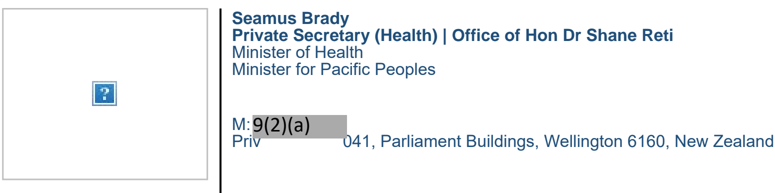
M: 9(2)(a)
Private Bag 18041, Parliament Buildings, Wellington 6160, New Zealand

---

From: Seamus Brady <Seamus.Brady@parliament.govt.nz>
Sent: Monday, 4 December 2023 12:06 PM
To: Aparna Hemapriya <Aparna.Hemapriya@parliament.govt.nz>
Subject: FW: By 1pm - Smokefree info

Hello

Can you reach out to HNZ on the $ figure please?



Seamus Brady
Private Secretary (Health) | Office of Hon Dr Shane Reti
Minister of Health
Minister for Pacific Peoples

M: 9(2)(a)
Priv 041, Parliament Buildings, Wellington 6160, New Zealand

From: Dawn Kelly <Dawn.Kelly@health.govt.nz>
Sent: Monday, 4 December 2023 12:04 PM

To: Seamus Brady <Seamus.Brady@parliament.govt.nz>; Lisa McPhail <Lisa.McPhail@health.govt.nz>
Cc: DG Advisory <dgadvisory@health.govt.nz>
Subject: RE: By 1pm - Smokefree info

Hi Seamus

It might be worth reaching in to HNZ or getting your HNZ PSec to find out more about the spend per year by HNZ.

We will look for more recent figures, but again HNZ would have the same info as we do. Just aware we are pushing tight timeframes for this by 1pm and will do our absolute best to meet this.

We are working on the media lines sent earlier.

Dawn

From: Seamus Brady <Seamus.Brady@parliament.govt.nz>
Sent: Monday, 4 December 2023 11:44 am
To: Lisa McPhail <Lisa.McPhail@health.govt.nz>; Dawn Kelly <Dawn.Kelly@health.govt.nz>
Cc: DG Advisory <dgadvisory@health.govt.nz>
Subject: By 1pm - Smokefree info

Hi Lisa

As discussed, in addition to the advice received by Ministers on the introduction of the smokefree legislation (in particular the RISs, Cabinet papers etc), the Office is seeking a **figure for the amount currently spent per year on tobacco control by Health NZ (e.g. public campaigns, cessation medicines, Quitline etc).**

They have a figure from 2016 of $62m (page 8 of this report) but they are looking for a more recent figure if it exists.

Also, they're after any predictions the Ministry might have of ongoing decline in smoking rates under current settings (i.e. without the recent changes that the Government has committed to repealing). This might align with the media lines/advice sent through to @Dawn/PHA and the media team earlier.

Happy to chat if needed

Seamus

Seamus Brady
Private Secretary (Health) | Office of Hon Dr Shane Reti
Minister of Health
Minister for Pacific Peoples

M: 9(2)(a)
Private Bag 18041, Parliament Buildings, Wellington 6160, New Zealand

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If you have received this message in error, please notify the sender immediately and delete this message.
****

From: Diana Sarfati (MoH)
To: Margie Apa; Nick Chamberlain; Margie Apa
Subject: RE: Briefing for review: reversing Smokefree legislative changes
Date: Wednesday, 6 December 2023 8:12:06 am
Attachments: image001.png
image003.png
image004.png
image005.png
image006.png
image007.png

Kia ora kōrua,

I will forward this to Andrew and the team. This advice has to go over to the Minister today, so we are rapidly running out of runway. I support the spectrum of options being broad in relation to smokefree, but I don't think it would be helpful or appropriate to bring in a range of options that include junk food, sugar tax etc. I think Andrew and Nick have discussed that element.

I note the open letter published in the NZ Herald this morning. The Government is certainly under considerable pressure on this issue.

Di

From: Margie Apa <Margie.Apa@health.govt.nz>
Sent: Wednesday, 6 December 2023 7:22 am
To: Nick Chamberlain <Nick.Chamberlain@TeWhatuOra.govt.nz>; Diana Sarfati <Diana.Sarfati@health.govt.nz>; Margie Apa <Margie.Apa@TeWhatuOra.govt.nz>
Subject: RE: Briefing for review: reversing Smokefree legislative changes

Support this advice Nick, also keen our choices include increased investments across the whole spectrum:

- Increased subsidies to make NRT way cheaper than cigarettes (i.e Pharmac up their subsidy);
- Expand smoking cessation workforce and services with specialist skills in young people expand what we currently do for mums and babies;
- Expand enforcement workforce;
- Increase investment in smoking health promotion etc…

We need to make legislation look like the cheapest option because alternative is they expand investment in cessation services and smokefree promotion targeting Maori, Pacific, pregnant women, low income whanau etc…

From: Nick Chamberlain <Nick.Chamberlain@TeWhatuOra.govt.nz>
Sent: Sunday, 3 December 2023 10:03 am
To: Diana Sarfati <Diana.Sarfati@health.govt.nz>; Margie Apa <Margie.Apa@health.govt.nz>; Margie Apa <Margie.Apa@TeWhatuOra.govt.nz>
Subject: Fwd: Briefing for review: reversing Smokefree legislative changes

Kia Ora Korua, FYI Below.

Get Outlook for iOS

From:	David McCartney
To:	Julie Shepherd; Nick Chamberlain; Matt Hannant; Adeline Cumings; National Public Health Service (MoH); David McCartney; Sara Freitag; Andrew Phillipps (CMDHB); Samantha Rolinson; Olivia Prior; Tina Tunui
Cc:	Becky Jenkins
Subject:	Weekend Sign-out Pack - 26 January
Date:	Friday, 26 January 2024 7:53:04 pm
Attachments:	Out of scope 7. 2024-01-18 MoH Draft Compliance Strategy feedback Te Whatu Ora Smokefree Kāhui.pdf image002.png

Kia ora Nick,

Please find attached for your sign-out. "Blue" is for your immediate approval; Green is for your noting; Grey is for your information

My apologies for the large sign out pack and for late delivery.

Urgent approvals:

-

Item No.	Description	Due Date & Final Audience	Do you want to see this again (Y/N)	Your Comment or Approval
1.	Out of scope • • •			

5.1.	Out of scope			

-

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For your noting:

Item No.	Description	Due Date & Final Audience	Do you want to see this again (Y/N)	Your Comment or Approval
6.	Out of scope			

Item No.	Description	Due Date & Final Audience	Do you want to see this again (Y/N)	Your Comment or Approval
7.	Memo sent to the PHA in response to the draft smokefree compliance and enforcement strategy. Smokefree Kāhui largely agreed with the draft strategy and provided suggestions to strengthen and clarify the intention of the strategy. Hayden M and Graham	N/A, National Director		

MEMORANDUM

Te Whatu Ora
Health New Zealand
National Public Health Service

To:	The Public Health Agency (PHA)
From:	Te Whatu Ora Smokefree Kāhui (the Kāhui)
Endorsed by	Graham Cameron, Ringatohu, Hauora Māori Tūmatanui, National Public Health Service (NPHS) Hayden McRobbie, Regional Director (Northern), NPHS
Date:	18.01.2024
CC	Kathrine Clarke, Director, Promotion, NPHS Becky Jenkins, Director, Health Protection, NPHS Api Poutasi, Director, Pacific Public Health, NPHS Maria Poynter, Director, Transformation, NPHS

SUBJECT: Te Whatu Ora Smokefree Kāhui feedback for the Draft Smokefree Compliance and Enforcement Strategy

This memorandum outlines feedback on the PHA's Draft Smokefree Compliance and Enforcement Strategy (the Strategy) prepared by the Smokefree Kāhui (the Kāhui). The Kāhui thank the PHA for the opportunity to review and comment on the Strategy.

The current feedback aims to bolster the Strategy's named purpose: *to provide a clear, coherent, and coordinated compliance approach across regulatory activities.*

Feedback and rationale

Overall feedback

Overall, the draft Smokefree Compliance and Enforcement Strategy is well-written and easy to follow. The Kāhui did however identify a few areas that could be strengthened. These are:

1. *Further content detailing the Crown's obligations under te Tiriti o Waitangi should be added to the draft Strategy*. For example, the section on *te Tiriti o Waitangi* outlines the Crown's obligations to Māori under te Tiriti o Waitangi, but these obligations – or how the Strategy proposes to meet them – are largely silent through the document. The Strategy does acknowledge that the Pae Ora (Healthy Futures) Act 2022 contains Treaty principles that should inform the administration of the Smokefree Environments and Regulated Products Act 1990. To elaborate on the Crown's Tiriti o Waitangi obligations, the Strategy could include guidance from Whakamaua.

2. *Further content related to Te Mana Ola should be weaved throughout the Strategy*. Te Mana Ola is mentioned at the start of the Strategy but does not receive any substantial attention elsewhere. Te Mana Ola describes some of Pacific peoples' health aspirations, thus it contains high-level indication as to how compliance activities can adequately support their aspirations.

3. *Once the Strategy is finalised, we suggest that cross-agency work be undertaken to write an operational plan to accompany the Strategy*. This suggestion notes that staff working in compliance will require guidance on how to operationalise the Strategy, and that such guidance may be out of scope to include in this document.

4. *It would be useful if the Strategy provided a summary of each agency or group's specific compliance responsibilities.* Several agencies or groups are mentioned through the Strategy (e.g., the Smokefree Steering Group, the Regulated Products Team). Each agency/group's role in compliance is not explicit. Further explication will support staff who operationalise the Strategy (and the Act) to best meet the interests of these parties, accentuating the principles and priorities outlined in the Strategy.

Strategy sections

5. *Consider that further discussion of equity is weaved throughout the Strategy*. The Strategy identifies *equity* as a principle and states that it is "embedded throughout our approach." However, the principle is not expounded throughout the Strategy. *Equity* leans itself to a strengths-based, mana-enhancing approach to compliance. Further, the principle is also closely related to Article 3 of te Tiriti o Waitangi, so can guide the tobacco control sector's actions towards meeting the Crown's Tiriti o Waitangi obligations. Further discussion of the principle and its Tiriti o Waitangi implications can provide clear guidance as to how to incorporate the principle into successive documents and daily regulation activities.

6. *We suggests that the principles of* risk-based *and* equity *based are further elaborated in the Strategy*. This suggestion assumes that the PHA intends the two principles to be separate and will ensure they are distinguished from one another. Currently, the principle of *risk-based* seems to repeat the content described in the principle of *equity*. The repetition seems to conflate the two principles.

7. *We recommend that the Strategy consistently use the phrase "reduce harm" and forgo using the phrase "eliminate harm."* The section entitled *Our goal* includes the phrase "reduce harm" in the subheading; the section's body uses the phrase "elimination of harm." We prefer the phrase "reduce harm", which is an achievable goal under the current Smokefree Environments and Regulated Products Act 1990. Conversely, we disagree with using the phrase "elimination of harm," as the legislative context currently lacks levers to eliminate harm from smoked tobacco and regulated products.

8. *It would be helpful for the Strategy to include a section describing how interagency relationships can be strengthened.* This recommendation is based on the fact that the tobacco control sector relies on effective interagency relationships to bolster cohesive compliance activities.

Editorial notes

9. *We thought that the Strategy could expand upon some content.* However, we do acknowledge that the Strategy is intended to be a high-level document, so it may be most appropriate to reference complementary documents outlining the PHA's intent to operationalise the Strategy. Below is a list of content that we thought could be expanded upon, if appropriate:

    a. The principle of being *outcomes-focused* has minimal content written in its body, therefore it is ambiguous upon which outcomes the tobacco control sector will focus.

    b. The use of the VADE model currently lacks a description as to how to operationalise it. A higher-resolution image of the VADE model is also needed, as the current image is blurry.

c. There is no clear guidance on the methods or nature of reporting that may be required for regulation activities. Further guidance can safeguard that reporting questions are relevant to the operational context. For example, it is impractical for activity reports to require comment on the number of retailers involved in CPOs in areas with high priority groups (such as pregnant people or refugees), as SFEOs do not have direct access to those specific demographics.

10. *We suggest that agency/group names are used when describing actions in the Strategy*. In reading the Strategy, the use of first-person pronouns (we/our) engendered ambiguity. Early in the document, it is implied that “we” jointly includes Manatū Hauora and Te Whatu Ora. However, the implication wanes through the Strategy when other key compliance agencies are mentioned. Using relevant agency/group names throughout the Strategy will articulate who holds responsibility for each action.

11. *We suggest that either the Strategy includes a dedicated section to describing “strategic objectives,” or the document forgoes using this phrase.* The phrase “strategic objectives” is intermittently written throughout the Strategy. However, it is ambiguous if the Strategy has independent strategic objectives, or if the phrase encapsulates the principles and priorities which are outlined. Further clarification as recommended will remove ambiguity about this matter.

From:	Nick Chamberlain
To:	Julie Shepherd (NDHB)
Subject:	FW: [In Confidence]: just so you have final wording
Date:	Monday, 4 March 2024 2:15:00 pm
Attachments:	image001.png

From: Nick Chamberlain
Sent: Thursday, February 29, 2024 4:35 PM
To: Julie Shepherd (NDHB) <Julie.Shepherd@northlanddhb.org.nz>
Subject: FW: [In Confidence]: just so you have final wording

From: Andrew Old <Andrew.Old@health.govt.nz>
Sent: Thursday, November 30, 2023 6:26 PM
To: Nick Chamberlain <Nick.Chamberlain@health.govt.nz>
Subject: [In Confidence]: just so you have final wording

Not for further sharing please, but FYI

Dr. Andrew Old (he/him)
Deputy Director-General
Public Health Agency | Te Pou Hauora Tūmatanui
9(2)(a) | andrew.old@health.govt.nz

From: Diana Sarfati <Diana.Sarfati@health.govt.nz>
Sent: Thursday, 30 November 2023 4:32 pm
To: Andrew Old <Andrew.Old@health.govt.nz>
Subject: just so you have final wording

Repeal amendments to the Smokefree Environments and Regulated Products Act 1990 and regulations	December	Health	Invite the Minister to report to Cabinet by 18 December with repeal options. Introduce and pass a Bill by the end of the 100 days. Direct Health officials to provide advice in January on increasing penalties for illegal sales of vaping products to those under 18, as well as increasing oversight of the sale of vapes.

Ngā mihi
Di

Diana Sarfati (she/her)
Director General of Health
Te Tumu Whakarae mō te Hauora
diana.sarfati@health.govt.nz
Manatū Hauora, 133 Molesworth Street Thorndon, Wellington 6011

MEMORANDUM

Te Whatu Ora
Health New Zealand
National Public Health Service

To:	The Public Health Agency (PHA)
From:	Te Whatu Ora Smokefree Kāhui (the Kāhui)
Endorsed by	Graham Cameron, Ringatohu, Hauora Māori Tūmatanui, National Public Health Service (NPHS) Hayden McRobbie, Regional Director (Northern), NPHS
Date:	18.01.2024
CC	Kathrine Clarke, Director, Promotion, NPHS Becky Jenkins, Director, Health Protection, NPHS Api Poutasi, Director, Pacific Public Health, NPHS Maria Poynter, Director, Transformation, NPHS

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Te Whatu Ora
Health New Zealand
National Public Health Service

Memorandum

Smokefree Policy Points

Date:	30 November 2023
To:	Nick Chamberlain, Director, National Public Health Service
From:	Hayden McRobbie Rebecca Ruwhiu-Collins Becky Jenkins
Subject:	Smokefree Policy Points

Purpose

1. To provide background to the current policy aimed at reducing smoking prevalence and some potential actions that might align with the new policy setting.

Background

2. Tobacco smoking is still the single biggest preventable cause of disease and premature death (responsible for some 4,500-5,000 deaths per annum in New Zealand) and a significant cause of health inequity.
3. It is regular, and typically longer-term, exposure to the many toxicants in cigarette smoke that causes the greatest health harm.
4. Most people know that smoking tobacco is harmful, but smoking is not simply a matter of choice.
5. Dependence on tobacco is largely due to nicotine that exerts an effect on the 'reward pathways' in the brain. Ceasing tobacco use is associated with a well-documented withdrawal syndrome that includes craving and other symptoms such as poor concentration, low mood, irritability, and increased appetite.
6. Whilst vaping is not completely harmless, there is general agreement among the scientific community that vaping is less harmful than smoked tobacco. Regular long-term use among non-smokers, however, is likely to be associated with some health-related harm. Like smoking tobacco, vaping nicotine can cause dependence and some people find quitting vaping difficult.
7. New Zealand has made excellent progress in the last decade in reducing smoking prevalence. Youth smoking is a at a record low and smoking prevalence in Māori has dropped significantly on the last 5 years (see appendix 1, figure 1). Data from the 2022/23 New Zealand Health survey is expected imminently.

DRAFT

8. Whilst smoking rates have decreased, the prevalence of daily vaping has increased to a point where the rates of daily vaping and daily smoking are almost equal (see appendix 1, figure 2). However, smokers switching to vaping is a likely factor in the drop in smoking prevalence.

9. There are a range of effective options to support people to quit smoking, including smoking cessation medication such as nicotine replacement therapies (NRT), bupropion, and varenicline and behavioural support.

10. There is good evidence that vaping can assist people to stop smoking, and that vaping is more effective than NRT.[1] However, it is not an approved smoking cessation medication and so is not subsidised.

Tobacco endgame policies

11. The Smokefree Environments and Regulated Products Amendment Act sets out three key tobacco endgame strategies. These are:

12. ***Creation of a Smokefree Generation***

- This policy will further reduce the social acceptability of smoking, prevent sales of tobacco to youth, and contribute to a further reduction in smoking prevalence.
- SFG policies are largely supported. A New Zealand survey found that over 75% of people who smoke, or had recently quit, supported this policy.[2] Similar levels of support are also seen in other countries, e.g., Australia[3] and Singapore.[4]
- Young people are also supportive, and research from Hoek et al 2022 found that they viewed the policy as liberating rather than restrictive.[5]
- This policy is also argued to be compatible with human rights principles, including rights to life, health, and a clean environment.[6]
- Some jurisdictions have already implemented these policies (e.g., Brookline, Massachusetts, does not allow sales of tobacco products to anyone born after January 1,

[1] Hartmann-Boyce J, Lindson N, Butler AR, McRobbie H, Bullen C, Begh R, Theodoulou A, Notley C, Rigotti NA, Turner T, Fanshawe TR, Hajek P. Electronic cigarettes for smoking cessation. Cochrane Database Syst Rev. 2022 Nov 17;11(11):CD010216. doi: 10.1002/14651858.CD010216.pub7.
[2] Edwards R, Johnson E, Stanley J, *et al.* Support for New Zealand's Smokefree 2025 goal and key measures to achieve it: findings from the ITC New Zealand Survey. *Australian and New Zealand Journal of Public Health* 2021;**45**(6):554-561.
[3] Trainer E, Gall S, Smith A, *et al.* Public perceptions of the tobacco-free generation in Tasmania: adults and adolescents. *Tobacco Control* 2017;**26**(4):458-460
[4] Khoo D, Chiam Y, Ng P, *et al.* Phasing-out tobacco: proposal to deny access to tobacco for those born from 2000. *Tobacco Control* 2010;**19**(5):355-360
[5] Hoek J, Lee E, Teddy L, Fenton E, Ball J, Edwards R. How do New Zealand youth perceive the smoke-free generation policy? A qualitative analysis. Tob Control. 2022 Oct 25:tc-2022-057658. doi: 10.1136/tc-2022-057658. Epub ahead of print. PMID: 36283832.

[6] van der Eijk Y, Porter G Human rights and ethical considerations for a tobacco-free generation *Tobacco Control* 2015;24:238-242.

DRAFT

2000) and other countries have plans to introduce SFG policies, including Malaysia, Demark, and most recently the UK.

- New Zealand is world-leading in this area and appears as a case study in the Department of Health & Social Care Policy Paper Stopping the start: our new plan to create a smokefree generation (8 November 2023). Similar to New Zealand legislation, the UK Government will bring forward legislation making it an offence to sell tobacco products to anyone born on or after 1 January 2009.

13. ***Reducing tobacco retail density and proximity***

- Lower levels of tobacco retailer density and decreased proximity are associated with lower tobacco use.[7]
- Reducing the number of retailers has a positive effect on both reducing youth uptake,[8] but can also help aid smoking cessation by promoting quit attempts and reducing relapse.[9]
- Modelling studies have concluded that restricting tobacco retailer density or location would reduce smoking rates and costs to the health system, whilst also increasing health gains.[10] There is also an indication that this would increase tobacco prices.

14. ***Making smoked tobacco less enjoyable and addictive***

- Reducing the nicotine content of smoked tobacco to very low levels will eliminate their addictive potential and render these types of cigarettes as largely unenjoyable.
- Modelling from New Zealand researchers shows that the introduction of low nicotine limits could make a significant contribution to the Smokefree 2025 goal,[11] and particularly for health equity for Māori.[12]
- Once these are the only smoked tobacco products on the market, people would be unlikely to even buy them.
- New Zealand is leading the world with this legislation, and whilst there are some unknowns in country-wide implementation (e.g., managing nicotine withdrawal; effect on illicit trade), given that most people do not smoke tobacco any risks are likely to be manageable.

15. ***A combination of approaches is better than each on their own.***

---

[7] Lee JGL, Kong AY, Sewell KB, *et al* Associations of tobacco retailer density and proximity with adult tobacco use behaviours and health outcomes: a meta-analysis *Tobacco Control* 2022;31:e189-e200.
[8] Marsh L, Ajmal A, McGee R, *et al.* Tobacco retail outlet density and risk of youth smoking in New Zealand. *Tobacco Control* 2016;25(e2):e71-e74.
[9] Pulakka A, Halonen JI, Kawachi I, *et al.* Association between distance from home to tobacco outlet and smoking cessation and relapse. *JAMA Internal Medicine* 2016;176(10):1512-1519.
[10] Puljević C, Morphett K, Hefler M, *et al* Closing the gaps in tobacco endgame evidence: a scoping review *Tobacco Control* 2022;31:365-375.
[11] Wilson N, Hoek J, Nghiem N, *et al.* Modelling the impacts of tobacco denicotinisation on achieving the Smokefree 2025 goal in Aotearoa New Zealand. *The New Zealand Medical Journal (Online)* 2022;135(1548):65-76.
[12] Ait Ouakrim D, Wilson T, Waa A, *et al* Tobacco endgame intervention impacts on health gains and Māori:non-Māori health inequity: a simulation study of the Aotearoa/New Zealand Tobacco Action Plan *Tobacco Control* Published Online First: 10 January 2023. doi: 10.1136/tc-2022-057655

- Like many policy measures to change health behaviours, the best results for tobacco control have involved a suite of options.
- Implemented all three of the above policies are highly likely to result in a relatively rapid reduction in smoking rates with a reduction in mortality rates to follow.
- Modelling undertaken by Blakely and colleagues[13] showed that a combination of these three interventions showed a profound effect in smoking rates, and in particular for Māori (see appendix 1, figure 3). The reduction in smoking rates translate to significant reductions in mortality rates, with significant reductions in the gap between Māori and non-Māori (figure 4)

Economics of endgame strategies

- Modelling studies provide estimates of the economic effects of tobacco endgame strategies.
- Ouakrim et al (2023)[14] show that New Zealand's endgame policy package would generate:
  - i) Growth in income for the population (from savings from quitting smoking and income after tax), with a cumulative gain of around NZ$18 billion by 2030 and NZ$50 billion by 2050.
  - ii) Cumulative reduction in costs to the health system of NZ$ 0.3 billion by 2030, and NZ$ 2.1 billion by 2050.
  - iii) An overall cumulative loss to the Government of around $NZ 6.5 billion by 2030, dropping to around NZ$ 3.1 billion by 2050. This is mostly due to loss of tobacco excise revenue.

Commented [HM1]: Paper gives US$ - I have converted to NZ$

Commented [RJ2R1]: Katharine has the updated modelling figures for all this

A change in policy setting

16. The coalition agreements include the following plans for tobacco control policy:

- Repeal the Smokefree Environments and Regulated Products (Smoked Tobacco) Amendment Act2022 removing requirements for denicotisation, removing the reduction in retail outlets and the generation ban, while also amending vaping product requirements and taxing smoked products only.
- Reform the regulation of vaping, smokeless tobacco and oral nicotine products while banning disposable vaping products and increasing penalties for illegal sales to those under 18.
- Introduce serious penalties for selling vapes to under 18s, and consider requiring a liquor licence to sell vape.

[13] New Zealand's 'tobacco endgame law will be a world first for health – here's what the modelling shows us.
[14] Available online (preprint) at: https://www.medrxiv.org/content/10.1101/2023.03.16.23287269v1.full.pdf

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Moving forward

Below are some potential options for moving forward. These would need to be discussed with the Public Health Agency and worked up to consider the pros and cons.

17. **Support the proposal to ban disposable / single use vaping products.**

- Survey data suggest these are often used by young people who do not smoke.
- This policy would likely contribute to the reduction in youth vaping, whilst still leaving option available for people who smoke and want to quit.

Commented [HM3]: Need a citation for this

18. **Set requirements for tobacco and vaping retailers**

- Require retailers to apply for a license to sell tobacco and vaping products. This will help in keeping track of the number and locations of tobacco retailers across the country, ensuring better regulatory oversight.
- Require retailers to implement adequate security measures to mitigate crime, including ram raids.
  - i) This requirement would encourage retailers to assess the feasibility and responsibilities associated with selling tobacco and vaping products.
  - ii) This will be a part of the license process for approved retailers It should be clarified that the government will not provide financial support for these security measures; the responsibility should be on the retailers if they choose to sell these products.
- Set tobacco retail proximity limits around schools/marae

19. **Consider alternatives to the current reduction in tobacco retailers.**

- Set a cap on the number of licenses to sell tobacco and vaping products, so that there would be no further increase on status quo.
- Do not allow for the transfer of retail licenses, so that there would be a natural attrition of retailers over time.
- Restrict the sales of tobacco and vaping products to retail stores with a liquor licence. A cap on the number of liquor licensees able to sell these products could also be considered. While there are some potential benefits of this approach, there would have to be caution regarding the public health risk of associating alcohol, tobacco and vaping products.
- Consider a sinking lid policy to gradually decrease the number of tobacco retailers over time, rather than an abrupt reduction from 6000 to 599 in 2024. This approach allows for a more manageable transition for both retailers and consumers over several years.
- Restrict the sales of tobacco and vaping products to petrol stations only. This was an option considered in the Regulatory Impact Statement. Petrol stations have an existing nationwide network. The retail footprint is designed around fuel demand (including supply to rural and remote communities), rather than targeted at disadvantaged neighbourhoods. We

understand from submissions that petrol stations are generally well-managed with a managed retail programme model and have consistent security and compliance operations. Submissions on behalf of petrol stations also indicated that they would be amenable to selling smoked tobacco products, though particular petrol stations may object. If implemented this would be relatively easy to communicate both to existing retailers and people who smoke.

- Restrict the sales of tobacco and vaping products to dedicated R18 shops. Hungary, for example, uses this approach.

20. Increase tobacco and vaping compliance activities with a greater proportion of offenders progressing to prosecution.

- Compliance and Enforcement activity and demand will increase in the context of proposed changes to the number retailers and the fines and prosecution framework.
- Responsibilities for Tobacco and Vaping are largely shared between Manatū Hauora and Te Whatu Ora with Te Whatu Ora being the main deliverer of retail based compliance activity through the employment Smokefree Environments and Regulated Products Act (SERPA) Officers across the country
- Budget 2022 provided $5m over 3 years for the implementation of a suite of activities to improve smokefree compliance activity within the National Public Health Service. This included:
  - **i)** Addition 16 dedicated SERPA officers over two years, with the first wave currently being recruited
  - **ii)** Refresh of training and designation process
  - **iii)** Establishment of national compliance team (3 FTE)
- This resource was predicated on the reduction of retail premises for tobacco and the current legislative framework. It would be reasonable to estimate at least $10 million would be required to further increase the resource and capacity of retail based compliance work in the NPHS, to strengthen the capacity and expertise for enforcement and to develop functional fit for purpose IT Systems that are sustainable and practical for sector use.

21. Undertake a programme to tackle social supply of tobacco and vaping products.

- In New Zealand, social supply plays a much greater role than commercial supply in youth access to tobacco, with an increasing relative influence of family members compared with friends. Māori and Pacific adolescents are more likely to report receiving tobacco in this way.
- Social supply of tobacco and vaping products is a key contributor to the uptake of smoking and vaping in young people before they are legally able to purchase.

22. Re-evaluate the introduction of very low-level nicotine cigarettes.

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- Revise the implementation date of denicotinised tobacco to 2026. This provides time to investigate if a phased approach for different nicotine level might be effective in helping smokers quit while reducing potential black-market risks.
- Implement phased approach to initially target tobacco brands that have the highest sale rates. This focus on popular brands can have a more immediate and widespread impact on reducing nicotine intake and lead to significant overall reduction of nicotine dependence among the smoking population.
- This approach would be consistent with the nicotine level limits for vapes, where it is appropriate for the nicotine levels in cigarettes to be lower than vape products, as this may help encourage smokers to use vapes as a quitting tool.

23. Re-evaluate Smokefree Generation Policy

- The policy preventing those born after 1 January 2009 from purchasing tobacco from 2027 could be reassessed for its effectiveness and potential impacts. Explore alternative approaches that focus on education and social cohesion for our future generations to embrace smokefree.
- Consider increasing the legal age for purchasing tobacco products from 18 to 25. This could potentially delay the onset of smoking habits / addiction among young adults, reducing overall tobacco use in the long term.

24. Tobacco excise tax:

- Increase tobacco excise taxes but allocate a significant portion of the revenue to fund community-led quit initiatives and smokefree programs. This aligns the financial burden on smokers with direct benefits to them and their communities.
- Alongside this increase, conduct a continued evaluation of the impact of tobacco addiction and the cost of smoking on low socioeconomic populations. This evaluation should assess whether higher taxes are leading to unintended hardships for these groups, and if so, explore mitigating strategies to reduce this harm.
- Align the increase in tobacco taxes with the promotion and increased availability of vaping products as a cessation tool. This strategy can encourage smokers to switch to vaping, and less harmful alternatives, as part of their quit journey.

25. Explore other options for to mitigate loss in tobacco tax revenue.

- These might include an increase in excise tax on table wine with a ABV < 14%, application of a tax to sugar sweetened beverages.
- Taxing non-combustible non-therapeutic nicotine products could potentially be explored, although noting the first bullet point in paragraph 13 which advocates for taxing tobacco products only.

26. Review Stop Smoking services.

Commented [HM4]: This needs some thought

Commented [RJ5R4]: Agree that this needs some thought. The modelling paper suggests a very modest increase in superannuation eligibility (65 to 65.78yrs by 2050) would see a positive net fiscal position by 2037 (if the interventions in the current Act went ahead).

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- Rapid review of stop smoking services to assess their effectiveness, particularly in decreasing smoking rates among Māori and Pacific populations. This review should identify if these services are meeting their targets, are culturally appropriate and effectively reaching and engaging these target populations.
- Based on the findings of the review, implement necessary changes or enhancements to ensure these services are more targeted and effective for Māori and Pacific peoples.
- Allow services to provide vapes to support quit smoking attempts for smokers. The calculated cost per smoker over a six-week quit smoking program using vapes. Device costs approximately $5, each pod is $5.70, and a smoker will use an average of three to four pods per week, the cost for maximum usage (four pods per week) would be around $142 plus GST for a six-week programme.

27. Incorporate community-led initiatives to enhance engagement and effectiveness of the quit smoking journey:

- Implement community-led quit smoking initiatives, where smokers and their communities take the lead in their quit journey. When the smoking community have a sense of ownership of how they quit this foster greater engagement in actively designing and leading their cessation process. It also allows for the creation of support systems that are more attuned to the unique needs and contexts of different communities and cultures.
- Funding allocation for these initiatives will come from the implementation of the increased tobacco excise tax.

28. Consider work to progress the approval of cytisine as a smoking cessation aid in New Zealand

- Cytisine is considered the oldest smoking cessation medication and has been used widely in Eastern and central Europe since the 1960s.[15] Cytisine alleviates nicotine withdrawal symptoms and cravings.
- There is good evidence that cytisine helps people quit smoking,[16] including a New Zealand study that found that cytisine was just as effective as varenicline for smoking cessation.[17]
- Compared to NRT, cytisine has demonstrated a lower cost per quality-adjusted life year.[4] The most recent economic modelling evaluation found that cytisine may be even more clinically effective and cheaper than varenicline.[18]
- Cytisine is not approved in New Zealand as a smoking cessation aid, but work could potentially be undertaken with manufacturers progress with approval processes.

Commented [RR6]: I am sourcing cost for vapes.

Commented [RR7]: @Hayden McRobbie what's your thoughts on this. If we were to say 5000 smokers on a vape to quit programme per year that equates to $710,000 per year.

Commented [RR8R7]: prices are at cost and not retail.

Commented [HM9R7]: Targeted to Māori/Pacific?

Commented [HM10R7]: Note that Egland had the 'swap to stop' scheme https://www.gov.uk/government/news/smokers-urged-to-swap-cigarettes-for-vapes-in-world-first-scheme#:~:text=As%20part%20of%20the%20world,smoking%20rates%20to%205%25%20or

Commented [RJ11R7]: This idea has potential. Would need to consider if/how it could be marketed given vapes are not approved smoking cessation tools.

Commented [HM12]: This needs a little thought, as I am fairly certain that MedSafe would say its up to the manufactures to progress this through the routine pathways.

Commented [RJ13R12]: Yes, it would be the manufacturers to do this. This would take some time and is not really a big ticket item. But probably worth exploring.

---

[15] Tutka P, Vinnikov D, Courtney RJ, Benowitz N. Cytisine for nicotine addiction treatment: A review of pharmacology, therapeutics and an update of clinical trial evidence for smoking cessation. Addiction, 2019. 114: p. 1951-1969.
[16] Livingstone-Banks J, Fanshawe TR, Thomas KH, Theodoulou A, Hajizadeh A, Hartman L, Lindson N., Nicotine receptor partial agonists for smoking cessation. Cochrane Database of Systematic Review, 2023. 5: p. Art. No.: CD006103.
[17] Walker N, Smith B, Barnes J, Verbiest M, Parag V, Pokhrel S, Wharakura M-K, Lees T, Gutierrez HC, Jones B, Bullen C. Cytisine versus varenicline for smoking cessation in New Zealand indigenous Māori: a randomized controlled trial. Addiction, 2021. 116: p. 2847-2858
[18] Leaviss J, Sullivan W, Ren S, Everson-Hock E, Stevenson M, Stevens J, Strong M, Cantrell A. What is the clinical effectiveness and cost-effectiveness of cytisine compared with varenicline for smoking cessation? A systematic review and economic evaluation. Health Technology Assessment. 2014. 18: p. 1-120.

29. **Re-set a new and "achievable" Smokefree Aotearoa target and action plan for Aotearoa.**

- Without tobacco endgame policies we will not achieve the Aotearoa Smokefree 2025 goal.
- Several other countries have instituted goals for reducing smoking prevalence below 5%, but within a 7–13-year time frame.[19] For example, Scotland by 2034, Australia by 2030, and Canada by 2035).
- Consideration might need to be given to re-set a new target towards a Smokefree Aotearoa (<5%) and set a date for this that is in line with other similar countries. Suggest to set this at 2029 to provide an element of "world first to achieve Smokefree goal", whilst also allowing it to coincide with two parliamentary terms.
- Commit to releasing a "new and improved" Smokefree Action Plan within the first year of Government.
  i) The current Smokefree Action Plan (either all or in part) will cease to be in effect on the amendment of the legislation.
  ii) Setting a new and re-directed Smokefree Action Plan, which incorporates all the policy changes that the amendments to the act will trigger will ensure that Aotearoa stays on target towards the goal of becoming Smokefree, whilst also ensuring clear direction within all facets of the tobacco control conversation that the Government is committed to a Smokefree Aotearoa.

Commented [JD14]: @Hayden McRobbie @Rebecca Ruwhiu-Collins throw it out if you think its a bad idea lol.

Commented [RR15R14]: I like the re-set of the smokefree goal.

Commented [HM16R14]: Without endgame policies we won't achieve a smoking prevalence for all under 5% by 2025.

Commented [HM17R14]: I have suggested some re-wording

Commented [HM18]: I think that we have always implied <5%

Commented [JD19]: Any regulatory advice on this? will amendments repeal parts of the plan, or will it nullify the plan itself?

Commented [HM20R19]: Well, it will need revising as focus areas 4&5 are:

Making it easier to quit and harder to become addicted by only having low-level nicotine smoked tobacco products for sale and restricting product design features that increase their appeal and addictiveness.

Making smoked tobacco products harder to buy by reducing the number of shops selling them and kickstarting a smokefree generation.

Commented [HM21R19]: Can I suggest that 30 could be incorporated into 29, above,

Commented [RJ22R19]: Para 29 and 30 are useful as it will be the 'vehicle' to implement the other suggestions above.

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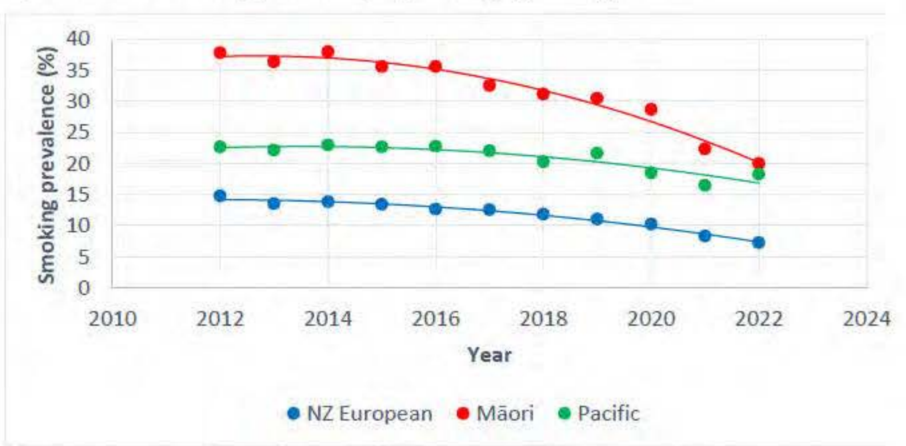
[19] Puljević C, Morphett K, Hefler M, *et al* Closing the gaps in tobacco endgame evidence: a scoping review *Tobacco Control* 2022;31:365-375.

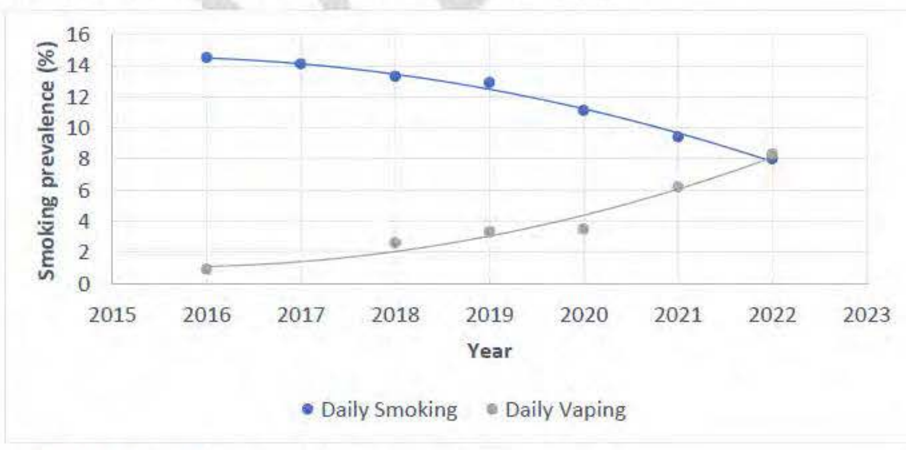
Appendix One

Figure 1: NZ adult smoking prevalence (daily smoking) by ethnicity



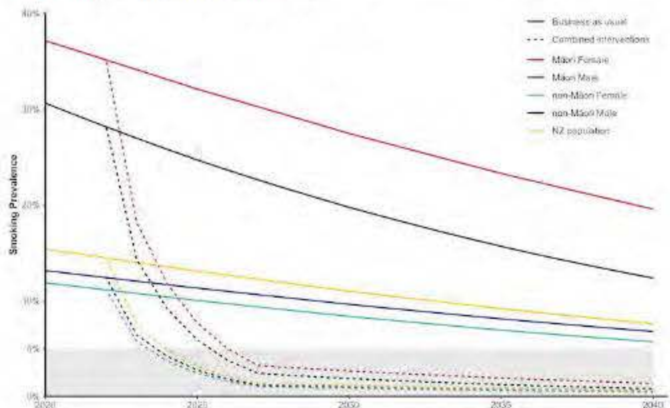
NZ data: New Zealand Health Survey – age 15+ report of smoking at least 100 cigarettes in a lifetime and currently smokes at least once a day

Figure 2: Daily smoking versus daily vaping in New Zealand Adults



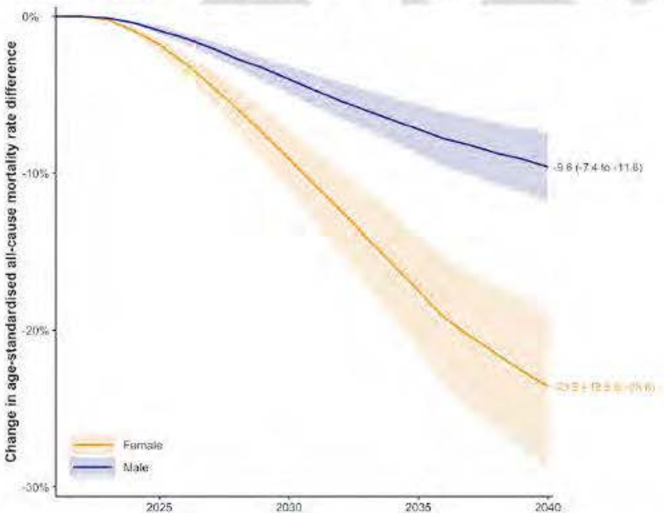
NZ data: New Zealand Health Survey – age 15+

Figure 3: Projected effects of the combined endgame interventions on smoking prevalence introduced in 2023.



Source: [New Zealand's 'tobacco endgame law will be a world first for health – here's what the modelling shows us](#).

Figure 4: Projected effects of the combined endgame interventions on the percentage change in the mortality rate difference between Māori and non-Māori aged 45 and up.



Source: [New Zealand's 'tobacco endgame law will be a world first for health – here's what the modelling shows us](#).

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Smokefree Polices

Tobacco smoking is still the single biggest preventable cause of disease and premature death (responsible for some 4,500-5,000 deaths per annum) and a significant cause of health inequity.

The measures set out in the Smokefree Environments and Regulated Products Amendment Act aimed to tackle tobacco smoking from a number of angles:

(1) Closing off the initiation route by establishing a smokefree generation

- Smoking initiation among young people is at its lowest in decades, and we now have an opportunity to relatively easily close this pipeline.
- The Act sets out measures to create a smokefree generation (SFG) which will
  - Make smoking socially unacceptable
  - Prevent youth sales over time
  - Help ensure that smoking prevalence cannot rise again
- Note that smoking is not an informed choice. Once addicted control over the behaviour of smoking is lost, so there is no choice involved. This policy would help reduce the rhetoric that smoking is a choice and at a certain age people should have the right to choose.
- SFG policies are largely supported.
  - A NZ survey (Edwards et al 2021) found that over 75% of people who smoke, or had recently quit, supported this policy.[1] Similar levels of support are also seen in other countries, eg Australia[2] and Singapore.[3]
  - Young people are also supportive, and research from Hoek et al 2022 found that they viewed the policy as liberating rather than restrictive.[4]
- Some jurisdictions have already implemented these policies (e.g. Brookline, Massachusetts, does not allow sales of tobacco products to anyone born after January 1, 2000) and other countries have plans to introduce SFG policies, including Malaysia, Demark, and most recently the UK.
- New Zealand appears as a case study in the Department of Health & Social Care Policy Paper Stopping the start: our new plan to create a smokefree generation (8 November 2023). Similar to New Zealand legislation, the UK Government will bring forward legislation making it an offence to sell tobacco products to anyone born on or after 1 January 2009.

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[1] Edwards R, Johnson E, Stanley J, *et al.* Support for New Zealand's Smokefree 2025 goal and key measures to achieve it: findings from the ITC New Zealand Survey. *Australian and New Zealand Journal of Public Health* 2021;**45**(6):554-561.

[2] Trainer E, Gall S, Smith A, *et al.* Public perceptions of the tobacco-free generation in Tasmania: adults and adolescents. *Tobacco Control* 2017;**26**(4):458-460

[3] Khoo D, Chiam Y, Ng P, *et al.* Phasing-out tobacco: proposal to deny access to tobacco for those born from 2000. *Tobacco Control* 2010;**19**(5):355-360

[4] Hoek J, Lee E, Teddy L, Fenton E, Ball J, Edwards R. How do New Zealand youth perceive the smoke-free generation policy? A qualitative analysis. Tob Control. 2022 Oct 25:tc-2022-057658. doi: 10.1136/tc-2022-057658. Epub ahead of print. PMID: 36283832.

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- Once these are the only smoked tobacco products on the market, people would be unlikely to even buy them.
- New Zealand is leading the world with this legislation, and whilst there are some unknowns, given that most people do not smoke tobacco any risks are likely to be manageable.

A combination of approaches is between than each on their own

- Like many policy measures to change health behaviours, the best results for tobacco control have involved a suite of options.
- Implemented all three of the above policies are highly likely to result in a relatively rapid reduction in smoking rates with a reduction in mortality rates to follow.
- Modelling undertaken by Tony Blakely and colleagues showed that a combination of these three interventions showed a profound effect in smoking rates, and in particular for Māori (see figure 1). The reduction in smoking rates translate to significant reductions in mortality rates, with significant reductions in the gap between Māori and non-Māori (figure 2)
- The modelling also estimated NZ$1.3 billion savings in health system costs in the next 20 years.
- Whilst these combined interventions will mean a lost in tax revenue from reduced tobacco sales, there was an estimated income gain of NZ$1.4 in the next 20 years attributable to a healthier population meaning that more people are in work for longer.

---

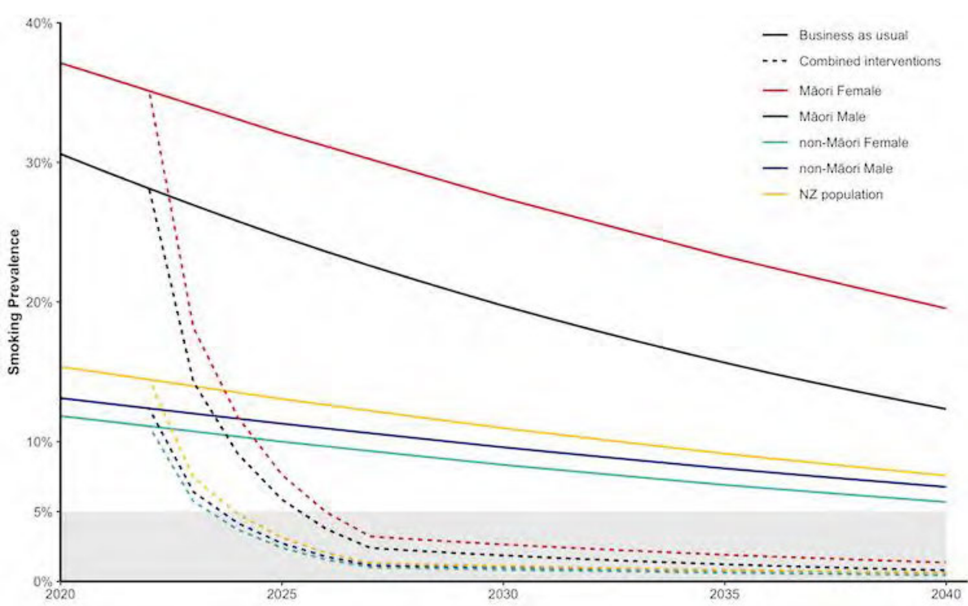
[5] Lee JGL, Kong AY, Sewell KB, *et al* Associations of tobacco retailer density and proximity with adult tobacco use behaviours and health outcomes: a meta-analysis *Tobacco Control* 2022;**31:**e189-e200.

[6] Marsh L, Ajmal A, McGee R, *et al.* Tobacco retail outlet density and risk of youth smoking in New Zealand. *Tobacco Control* 2016;**25(e2):e71-e74.**

[7] Pulakka A, Halonen JI, Kawachi I, *et al.* Association between distance from home to tobacco outlet and smoking cessation and relapse. *JAMA Internal Medicine* 2016;**176(10):1512-1519.**

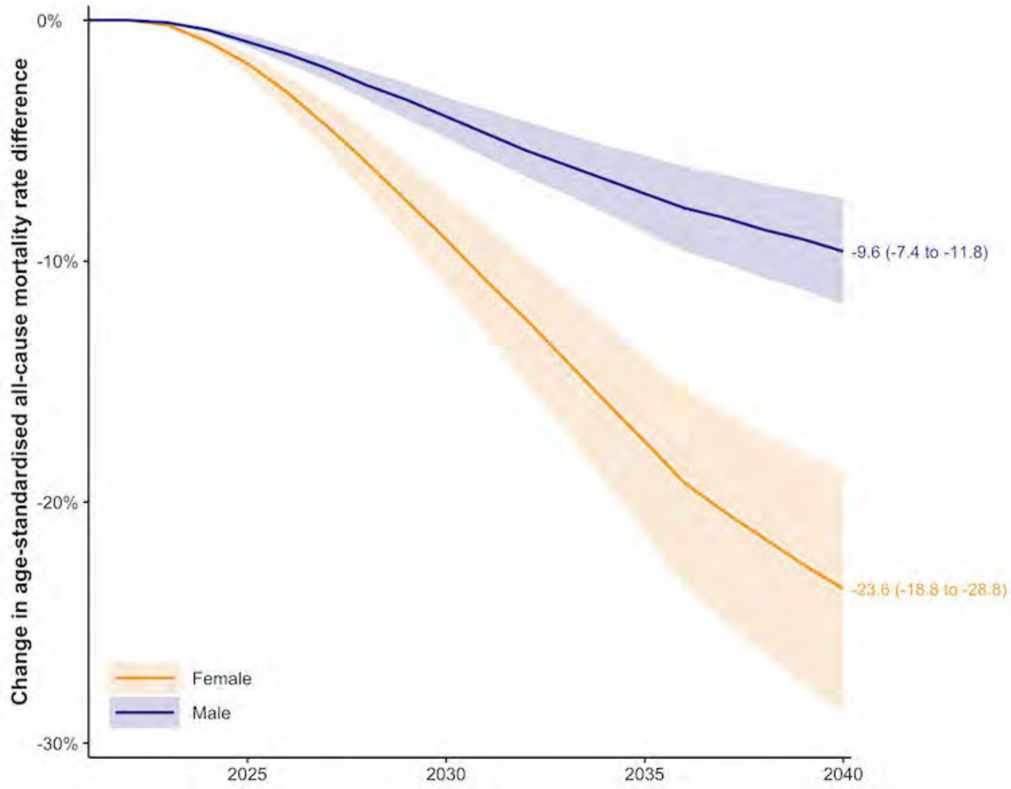
[8] Wilson N, Hoek J, Nghiem N, *et al.* Modelling the impacts of tobacco denicotinisation on achieving the Smokefree 2025 goal in Aotearoa New Zealand. *The New Zealand Medical Journal (Online)* 2022;**135**(1548):65-76.

Figure 1: Projected effects of the combined endgame interventions on smoking prevalence introduced in 2023



Source: New Zealand's 'tobacco endgame law will be a world first for health – here's what the modelling shows us.

Figure 2: Projected effects of the combined endgame interventions on the percentage change in the mortality rate difference between Māori and non-Māori aged 45 and up.



Source: New Zealand's 'tobacco endgame law will be a world first for health – here's what the modelling shows us.

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1 # Economic effects of a country-level tobacco endgame strategy: a
2 # modelling study
3
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10 Nick Wilson, MBChB
11 Tony Blakely, PhD

NOTE: This preprint reports new research that has not been certified by peer review and should not be used to guide clinical practice.

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12 **Abstract**
13
14 **Background**
15 Aotearoa-New Zealand (A/NZ) is the first country to pass a comprehensive commercial
16 tobacco endgame strategy into law. Key components include the denicotinisation of smoked
17 tobacco products and a major reduction in tobacco retail outlets. Understanding the
18 potential long-term economic impacts of these measures is important for government
19 planning.
20
21 **Methods**
22 A tobacco policy simulation model that evaluated the health impacts of the A/NZ Smokefree
23 Action Plan was extended to evaluate the economic effect of the new measures from both
24 Government and citizen perspectives. Estimates were discounted at 3% per annum and
25 presented in 2021 purchasing power parities US$.
26
27 **Findings**
28 The modelled endgame policy package generates considerable growth in income for the
29 A/NZ population with a total cumulative gain by 2050 amounting to US$31 billion. From a
30 government perspective, the policy results in foregone tobacco excise tax revenue with a
31 negative net financial position estimated at US$11.5 billion by 2050. In a sensitivity analysis
32 considering future changes to labour workforce, the government's cumulative net position
33 remained negative by 2050, but only by US$1.9 billion.
34
35 **Interpretation**
36 Our modelling suggests the Smokefree Aotearoa 2025 Action Plan is likely to produce
37 substantial economic benefits for the A/NZ population, and modest impacts on government
38 revenue and expenditure related to the reduction in tobacco tax and increases in aged
39 pensions due to increased life expectancy. Such costs can be anticipated and planned for
40 and might be largely offset by future increases in labour force and the proportion of 65+
41 year olds working in the formal economy.
42

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43 **Funding**
44 This study was funded by a grant from the Australian National Health and Medical Research
45 Council (GNT1198301)

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46 **Research in Context**

47 **Evidence before this study**

48 Multiple countries have set targets to achieve a commercial tobacco endgame. Most
49 simulation modelling studies have evaluated 'traditional' tobacco control interventions (e.g.,
50 tobacco excise tax increases, indoor smoking bans, smoking cessation health services). Very
51 few have modelled the economic effects of endgame strategies. We searched PubMed with
52 no language restrictions for articles published from 1 January 2000 to 8 February 2023 using
53 the following search terms: (smoking[TW] OR tobacco[TW]) AND (endgame[TW] OR
54 eliminat*[TW] OR "phasing out"[TW] OR "phase out"[TW] OR aboli*[TW] OR prohibit*[TW]
55 OR ban[TW] OR "smoke free"[TW] OR "smoke-free"[TW]) AND (model*[TW] OR
56 simulat*[TW]) AND (cost[TW] OR economic[TW]).
57 We identified six economic evaluations of commercial tobacco endgame strategies,
58 including different interventions and cost perspectives. Five studies modelled interventions
59 in the Aotearoa/New Zealand (A/NZ) context and one in the UK. Four studies were
60 conducted from a healthcare system perspective, estimating the costs to the health system
61 associated with tobacco-related diseases. One of these studies additionally estimated 'non-
62 health social costs', as the productivity loss resulting from smoking-associated morbidity
63 and mortality. Another study estimated the cost to consumers resulting from a policy in
64 which retail outlets selling tobacco were significantly reduced, considering both the actual
65 cost of a pack of cigarettes and the cost of increased travel to retailers, and the last
66 estimated excise tax revenue to the government resulting from increases to tobacco
67 taxation (compared to no increases to current tobacco tax levels). Of the identified
68 literature, none evaluated the effect of endgame strategies on citizen income nor the fiscal
69 impacts to government revenue and expenditure.
70

71 **Added value of this study**

72 This study evaluates the economic impacts of a recently introduced commercial tobacco
73 endgame legislation in A/NZ. We modelled the economic impacts by 2050 of a policy
74 package that includes the four key measures in the new legislation (i.e., denicotinisation of
75 smoked tobacco products, enhanced antismoking mass media campaigns, 90% reduction in
76 the number of tobacco retail outlets, and a smoke-free generation law that bans sale of
77 tobacco to anyone born after 2008). The analysis presents both a government and citizen

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78 perspective. The government fiscal impacts extend beyond health system expenditure to
79 also include differences between business as usual (BAU) – i.e., no endgame strategy – and
80 endgame scenarios in excise tax revenue, goods and services tax (GST) revenue, income tax
81 revenue, and superannuation expenditure. A net government position is also calculated. The
82 citizen perspective estimates the impact of the policy on population income and savings that
83 may result from reduced tobacco consumption. Our model projects large economic gains for
84 consumers from the tobacco endgame package resulting from a sharp reduction in smoking
85 prevalence, morbidity and mortality. For the A/NZ Government, the policy is projected to
86 result in reduced healthcare costs, and increased income tax and GST revenue. These gains
87 are offset by increased superannuation payments resulting from a greater number of
88 individuals living past the age at which superannuation is provided to all citizens (65 years in
89 A/NZ and described in this article as "retirement age" for simplicity), as well as large
90 reductions in excise tax revenue.
91
92 **Implication of all the available evidence**
93 Our findings support previous evidence indicating that ambitious tobacco control policies
94 can produce large heath and economic benefits. Our model suggests that a commercial
95 tobacco endgame strategy is likely to result in a large revenue transfer to the benefit of the
96 A/NZ population. An endgame approach moves beyond the BAU model of incremental
97 policy change to a deliberate strategy to permanently reduce tobacco smoking to minimal
98 levels within a short timeframe. A logical result of such a strategy is a significant decrease in
99 excise tax revenue for governments. Under the endgame scenario, the net position of the
100 A/NZ Government is likely to be negative due mainly to the foregone excise tax revenue. In
101 a sensitivity analysis of the endgame scenario that takes into account recent projections
102 from Stats NZ of a future larger and older labour force in A/NZ, our model suggests that the
103 net government position might become positive as early as 2036 – less than 15 years after
104 the introduction of the endgame policy.
105

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106 **INTRODUCTION**
107

108 Smoking is a leading cause of avoidable morbidity and mortality.[1] Globally, the annual
109 economic loss due to smoking has been estimated at US$1,436 billion, equivalent in
110 magnitude to 1.8% of the world's annual gross domestic product (GDP).[2] In the United
111 States (US) alone, the annual loss in income and unpaid household production due to
112 tobacco consumption has been estimated at $436 billion per annum - equivalent to 2.1 % of
113 the 2020 GDP for that country.[3]
114

115 In this context of massive health and economic losses due to tobacco, commercial tobacco
116 endgame strategies are being increasingly proposed and regarded as a viable approach to
117 tackle the tobacco epidemic.[4] An endgame approach moves beyond the business-as-usual
118 (BAU) model of incremental policy change to a deliberative strategy to permanently reduce
119 tobacco smoking to minimal levels within a short timeframe, or a complete phase out of the
120 commercial tobacco market. The endgame concept is often interpreted as a smoking
121 prevalence of ≤5% in the adult population.[5] As of early 2023, ten countries (including
122 Aotearoa-New Zealand [A/NZ], England, Scotland, Republic of Ireland, US, Canada, Australia,
123 Sweden, Finland, and Bangladesh) have announced goals to reach the ≤5% target between
124 2025 and 2040.[6]
125

126 Among these countries, A/NZ is the first to pass into law a package of policies aiming to
127 reduce smoking prevalence to ≤5% prevalence before 2030 and to reduce the inequity in
128 smoking rates between the Māori (Indigenous) and non-Māori populations. When
129 operationalised, the Smokefree Environments and Regulated Products (Smoked Tobacco)
130 Amendment Act, which was passed by the Parliament in December 2022,[7] will reduce the
131 nicotine content of all smoked tobacco products to non-addictive levels, reduce the number
132 of tobacco retail outlets by at least 90%, and ban tobacco sales to anyone born after 2008.[8]
133 These new policies are likely to be accompanied by enhanced smoking cessation support,
134 grants to engage community groups in activities to achieve the smokefree goal and other
135 health promotion activities. In a recent study we evaluated the potential health impacts of
136 these policies and found that their implementation would deliver large health and equity
137 gains compared to a BAU approach.10. According to our modelling, a combined tobacco

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138 endgame policy package would lead to a gain of 594,000 health-adjusted life years (HALYs;
139 95% uncertainty interval [UI]: 443,000 to 738,000; 3% discount rate) over the remaining
140 lifetime of the 5.08 million A/NZ population alive in 2020.[9]
141
142 Despite the unprecedented potential for a commercial tobacco endgame to increase
143 population health and equity, and to reduce healthcare expenditure and lost productivity
144 due to premature death and disability, phasing out commercial tobacco sales often raises
145 concerns about economic impacts on governments from loss of tobacco taxes. In this study,
146 we aimed to quantify the potential economic effects of the Smokefree Aotearoa 2025
147 Action Plan from both Government and citizen perspectives.
148

149 **METHODS**

150 We used a previously published simulation model[9] developed to evaluate the health
151 impacts of the A/NZ Smokefree Action Plan. Details of the model's methodology, design,
152 assumptions and epidemiological parameters have been reported elsewhere.[9-12] Briefly, the
153 simulation is based on the combination of two models: 1) a Markov process simulating the
154 population's smoking and vaping life history based on seven states (see supplementary
155 Figure S1). Movements between the different states are determined by transition
156 probabilities, which reflect BAU and additional super-imposed effects of the intervention
157 (see below); 2) a proportional multistate lifetable (PMSLT) composed of a main cohort
158 lifetable, which simulates the evolution of A/NZ population from 2020 using projected all-
159 cause mortality and morbidity rates. For this analysis, we evolved the model from a closed-
160 cohort to an open-cohort simulation by including births and migration using projections
161 from Stats NZ (the A/NZ official data agency). In parallel, in the BAU scenario, proportions of
162 the cohort also reside in 16 subsidiary tobacco-related disease lifetables according to
163 prevalence at baseline, and in future years based on BAU disease-specific incidence, case
164 fatality and remission rates (where appropriate e.g., for treated cancers). The tobacco-
165 related diseases in the model are coronary heart disease, stroke, chronic obstructive
166 pulmonary disease (COPD), lower respiratory tract infection (LRTI), and the following
167 cancers: lung, oesophageal, stomach, liver, head and neck, pancreas, cervical, bladder,
168 kidney, endometrial, melanoma, and thyroid.
169

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170 **Economic outcomes**

171 Table 1 lists the economic input parameters included in the model and their sources. We
172 identified baseline estimates of total population income, total government income tax
173 revenue, goods and services tax (GST) revenue, tobacco excise tax revenue, superannuation
174 expenditure and health expenditure for the year 2021 from the Financial statement of the
175 Government of A/NZ.[13] Within each disease lifetable, these parameters were allocated by
176 five-year age groups to proportions of the cohort as follows: population income was
177 attached to cohorts aged 20 to 64 years, superannuation payments were attached to
178 cohorts aged 65 years and older, tobacco excise was attached to the proportion smoking.
179 Health expenditure by disease was attached to all cohorts. The model was calibrated to
180 produce values that match the baseline economic parameter estimates after one cycle run
181 (i.e., 2021). Table 2 presents the economic outcomes produced by the model and their
182 calculation method.
183
184 For each simulated year, a population impact fraction (PIF) is calculated for each tobacco-
185 related disease. The generic formula[14] is:
186

$$PIF_{idt} = \frac{\sum_{j=1}^{n} P_j RR_{idj} - \sum_{j=1}^{n} P_j' RR_{idj}}{\sum_{j=1}^{n} P_j RR_{idj}}$$

187 where:
188 i subscripts each sex by age by ethnic group
189 d subscripts each disease
190 t subscripts each time step or yearly cycle
191 j subscripts each category of smoking or vaping (the seven states in supplementary Figure 1,
192 plus 20 additional tunnel states for each of those quitting smoking and/or vaping and people
193 who switched completely from smoking to vaping)
194 RR is the incidence rate ratio for disease d and smoking-vaping state j, and possible varying
195 by demographics (e.g., by sex and age, but not by ethnic group). (Note the RR does not vary
196 by time step t.)
197

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198 These PIFs are the percentage change (compared to BAU) in incidence rates for each
199 smoking-related disease, by socio-demographics and year, that are transferred to the
200 PMSLT.
201
202 Within each disease lifetable, the endgame intervention is run in parallel to BAU with
203 different disease incidence rates given changes in smoking and vaping prevalence over time
204 (see supplementary Figure S1). Each disease lifetable estimates the difference between
205 intervention and BAU in disease mortality, morbidity, and the modelled economic outputs
206 (Table 2). These differences are calculated at the end of each one-year cycle then added to
207 matching entities in the all-cause or main lifetable.
208

209 **Intervention**

210 Intervention effects were reflected in the model through changes in population movements
211 (i.e., transition probabilities) between smoking and vaping states. The endgame policy
212 package considered in the model combines the effects of four separate interventions
213 included in the Smokefree Aotearoa 2025 Action Plan: 1) denicotinisation, 2) enhanced mass
214 media campaign, 3) 95% reduction in the number of tobacco retail outlets; and 4) smoke-
215 free generation. Parameterisations of the individual policies and the combined smokefree
216 policy package are described in Supplementary Table S1. This paper focuses on the
217 combined effect of these interventions if implemented as a single policy package in 2023.
218

219 **Sensitivity analysis: dynamic retirement age scenario**

220 The economic outcomes based on transfer payments between Government and citizens
221 included in our model are heavily dependent on the evolution of the labour force in A/NZ.
222 Therefore, our projection of the net government position (i.e., once all the transfers have
223 been considered) is likely to be sensitive to the size and participation of the working-age
224 population. The latest report from Stats NZ National Labour force projections estimates that
225 by 2043 the median size of the labour force in A/NZ will rise by 17.2% compared to 2020.
226 Over the same period, the proportion of the labour force aged 65 years and older is
227 projected to increase from 6% in 2020 to 7-11% in 2043 and 7-15% in 2073.[15]
228

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229 To test the sensitivity of our model to these labour force evolutions, we developed an
230 alternative endgame scenario with a 'dynamic' age of retirement and access to
231 superannuation (i.e., pension payments). Under this scenario, the threshold age increases
232 each year so that the citizen morbidity rate (people who do and do not smoke combined)
233 under the intervention matches the morbidity rate of a 65-year-old under BAU (i.e., without
234 the tobacco endgame intervention). That is, the dynamic scenario is one way to try and
235 capture the contribution that a prevention program such as the A/NZ tobacco endgame
236 legislation might make to the healthiness and thence productivity of the population.
237
238 This firstly involved measuring prevalent Years Lived with Disability (pYLDs; measure of
239 average morbidity for a given population) for age 65–70-year-olds, for each year up to 2050,
240 as follows:
241

$$pYLD = 1 - (Health\ Adjusted\ Life\ Years\ (HALYs)/Person\ Years\ (PYs))$$

242
243 Secondly, for each year, the updated age of superannuation entitlements (i.e., the dynamic
244 retirement age) was calculated as follows:
245

$$Dynamic\ yearly\ retirement\ age = 65 + \left(\frac{BAU\ pYLDs_{65\ yrs} - Endgame\ pYLDs_{65\ yrs}}{Endgame\ pYLDs_{66yrs} - Endgame\ pYLDs_{65yrs}}\right)$$

246
247 HALYs and Person-Years (PYs) for the above equation were calculated within the PMSLT for
248 both BAU and the alternative endgame scenario.[16]
249
250 All scenarios were run 2000 times in Monte Carlo simulation. A 3% discount rate per annum
251 was applied to all economic measures. Undiscounted results are provided in the online
252 supplementary material. Estimates were calculated in 2021 NZ$ then converted to US$
253 using a 2021 NZ-US OECD purchasing power parity adjustment of 1.4684.
254
255 **RESULTS**

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256 Figure 1 shows the annual differences in costs between the endgame scenario and BAU.
257 Table 3 presents the cumulative expenditure and revenue estimates.
258
259 For the endgame scenario compared to BAU, health system expenditure savings discounted
260 at 3% per annum are projected to peak in 2044 at US$65m (95% UI: 49 to 83) before
261 decreasing to US$53m (95% UI: 35 to 72) in 2050. The health system is projected to save a
262 cumulative total of US$1.34 billion (b) (95% UI: 1.02 to 1.7) by 2050. Conversely,
263 government expenditure in superannuation benefits will increase by a cumulative total of
264 US$1.18b (95% UI: 0.93 to 1.44), over the same period, due to people living longer.
265
266 Population income (after tax) increases on average by US$5m every year after the
267 introduction of the policy (i.e., 2023), reaching US$138m annually (95% UI: 113 to166) in
268 2050. This represents a projected cumulative income gain of US$1.8b (95% UI: 1.4 to 2.1) by
269 2050. This increase in income leads to a parallel increase in government income tax
270 revenue.
271
272 If money not spent on cigarettes is diverted to other expenditure in the economy, then the
273 effective increase in cumulative disposable income is projected to be US$31.16b (95% UI:
274 24.3 to 37.4) by 2050. Assuming the increase in disposable income is fully spent in the
275 economy, government GST revenue increases by a cumulative total of US$1.24b (0.99 to
276 1.48) by 2050.
277
278 Annual Government revenue from tobacco excise for the endgame scenario compared to
279 BAU falls rapidly to a maximum of US$735m (608 to 837) less revenue in 2027. The
280 cumulative excise tax revenue foregone by 2050 is US$13.5b (95% UI: 10.5 to 16.4).
281
282 The net of revenue and expenditure differences between the endgame and BAU from the
283 Government perspective is dominated by the tobacco excise tax loss. There is a net loss for
284 the Government in every year out to 2050, and a cumulative negative net position of
285 US$11.51b (95% UI: 8.7 to 14.0) by 2050.
286

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287 Figure 2 and Table 4 show the same results, but for the scenario analysis that sees the age
288 of retirement and eligibility for superannuation increase over time, so the new threshold
289 age has the same morbidity as 65-year-olds in BAU. Under this scenario, the age threshold
290 for entitlement to superannuation becomes 65.2 years in 2030, 65.5 years in 2040 and 65.8
291 years in 2050. The Government's net annual position compared to BAU becomes positive
292 by 2037 (Figure 2) – due to changes in income tax revenue and superannuation payments.
293 This scenario still resulted in a net cumulative loss to the Government of US$1.89b (-4.74 to
294 1.01) by 2050 but is only 14% of the similar loss with a static age.
295

296 **DISCUSSION**

297 Our modelling suggests that the Smokefree Aotearoa 2025 Action Plan recently passed into
298 law by the A/NZ Government is likely to produce substantial economic benefits in addition
299 to the previously calculated[9] health and health equity benefits. Under this scenario, the
300 population would benefit from a cumulative gain in post-tax income of US$1.8 billion by
301 2050. Factoring in consumer savings on tobacco expenditure, leads to a cumulative increase
302 of US$31 billion in total disposable income by 2050. Our estimates are consistent with a
303 large body of evidence documenting the detrimental impact of tobacco spending on
304 household budgets, particularly for the most disadvantaged socio-economic categories.[17] An
305 analysis of A/NZ census data has estimated that among low-income households with at least
306 one member who smokes, up to 14% of the non-housing budget was spent on tobacco.[18]
307 Similar findings have been reported in other high-income countries[19] as well as low-[20,21] and
308 middle-income countries.[22,23] A recent modelling study evaluating the economic loss
309 attributable to cigarette smoking in the US estimated the total loss in annual population
310 income in 2020 at US$735.1 billion.[3] In A/NZ Moreover, smoking is strongly concentrated
311 among Indigenous Māori and people on low incomes [24], therefore our estimated increases
312 in disposable income would represent a pro-equity income transfer.
313

314 From a government perspective, the picture is more mixed. A/NZ has one of the world's
315 highest tobacco excise tax. In 2021, the pack price of 20 Marlboro cigarettes was NZ$36.9
316 (US$25) with excise tax and GST representing 70% of the price. Consequently, the
317 Government foregoes considerable excise tax revenue under the endgame policy scenario.
318 Despite clear direct financial benefits (from reduced health expenditure and increases to

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319 both GST from higher population income and income tax revenue), the Government's long-
320 term net position remains negative in our primary analysis with a fixed age eligibility to
321 superannuation benefit, due to the decline of excise tax revenue (Figure 1). This decrease in
322 revenue is a logical consequence of successfully reducing smoking prevalence and was
323 identified in the Regulatory Impact Statement preceding the legislation.[8]
324
325 Tobacco excise tax revenue also decreased under BAU – this is again a logical result of the
326 underlying decreasing trend in smoking prevalence.[24] The endgame policy simply
327 accelerates the rate of decline of this revenue source. In 2019/20, tobacco tax revenue was
328 about 1.7% of annual A/NZ Government revenue,[13] which is relatively small compared to
329 annual variation in government revenue arising from typical macroeconomic fluctuations
330 and natural hazards that have impacted A/NZ in recent decades (major earthquakes, major
331 storms and the Covid-19 pandemic).
332
333 Previous analyses that examined the impact of reducing smoking in the US to 10.4% (the
334 estimated impact of the Institute of Medicine (IOM) recommended policy package) or to
335 5.7% (a hypothetical high impact scenario) by 2025 on a range of economic outcomes also
336 found the high impact scenario would reduce state government tobacco tax revenue on
337 average by 2.5% due to the greater decline in cigarette sales, while the IOM policy package
338 would produce a 0.5% increase by raising the tax rate.[25]
339
340 Through its world first tobacco endgame legislation, the A/NZ Government has prioritised
341 health and equity over government revenue with three of the five political parties in the
342 Parliament also fully supporting it (and the main opposition party still supportive of the
343 denicotinisation policy). However, in countries where economic priorities are perceived as
344 more important,[5] the cost to government revenue may present a major potential barrier to
345 progressing a tobacco endgame. This may be particularly challenging in low- and middle-
346 income countries, which may not yet be experiencing the full adverse health and economic
347 impacts of the tobacco epidemic while collecting tobacco tax revenue from growing tobacco
348 sales. Our modelling, although specific to the A/NZ context, assumes that a tobacco
349 endgame strategy is likely to result in large economic benefits for the population and that
350 revenue foregone by governments is not lost but rather re-transferred to the population. A

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351 tobacco endgame may also address a key ethical challenge that tobacco taxation can pose in
352 terms of contributing to financial hardship among low-income households where smoking
353 persists.
354
355 Our study estimated an increase in government spending on aged pensions over time due to
356 the reduction in premature mortality from tobacco-related disease – assuming a fixed age of
357 eligibility to universal Government superannuation. Tobacco companies have previously
358 attempted to sell the 'financial benefits' of smoking to governments in the form of reduced
359 expenditure on aged pensions due to the reduced life expectancy.[26] However, since
360 increasing life expectancy and health is a societal (and government) goal, increased financial
361 costs associated with such health benefits in the form of government superannuation/aged
362 pensions should not be a determining factor in government-decision making regarding
363 policies that have life extending benefits.[27] Nevertheless, estimating these impacts can
364 assist the A/NZ government to plan appropriately as the country becomes smokefree.
365
366 Acknowledging current Stats NZ projections of a larger and older working-age population in
367 A/NZ, our sensitivity analysis scenario using a dynamic "retirement age" suggests that the
368 government can achieve a positive net fiscal position despite the losses in excise tax
369 revenue associated with the endgame policy package. This 'recovery' occurs only 14-years
370 after the introduction of the policy and with minor incremental increases to the age of
371 superannuation entitlement – from 65 years in 2020 to 65.78 years by 2050. Such a policy is
372 consistent with changes being implemented in other similar countries. For example,
373 Australia is currently gradually increasing the eligibility age for the aged pension from 65
374 years at 30 June 2017 to 67 years on 1 July 2023.[28] Nevertheless, our dynamic scenario is
375 just that – a scenario. No Government would change the retirement age and age of
376 eligibility for universal superannuation benefits by such small increments per annum. Our
377 purpose was to demonstrate how increased healthiness of the population might manifest as
378 one way for society to adjust.
379
380 This study used a tobacco policy model ranked top of 15 such models internationally.[29]
381 However, it has several limitations. Our modelling attempts to estimate what the future
382 might look like and so has many uncertainties. To help capture these uncertainties we

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383 applied a probabilistic sensitivity analysis approach to the key parameters in our simulation
384 (in line with the recommendations for best practice[30]) to generate uncertainty ranges for
385 the outputs. The model also relies on multiple assumptions and is therefore exposed to the
386 limitations associated with those assumptions (see full discussion of model limitations in the
387 main manuscript and supplementary material of Ait Ouakrim et al[9]). In our model, 'retail
388 reduction' was specified as a 95% reduction in the number of tobacco retailers, based on
389 earlier pre-legislation plans. However, the final version of the 'smokefree bill' adopted a
390 minimum 90% reduction in tobacco retail stores which translates to a maximum of 600
391 retail outlets. This might slightly over-estimate the projected economic benefits and,
392 conversely, under-estimate the expenditure associated with the endgame policy package.
393
394 Our estimate of the net government position should be interpreted with caution as it is only
395 limited to the macroeconomic outputs considered in the model. For example, the model did
396 not take into account the health benefits (and subsequent economic dividends) that the
397 endgame might produce as a result of lower population exposure to second hand
398 smoke.[31,32] Similarly, we did not take into account the many Government tax revenue
399 sources (such as corporate tax, taxes on payroll and workforce, tax on production etc.) that
400 are likely to increase and benefit from a healthier and more productive population. Finally,
401 our model did not account for the out-of-pocket health expenditure savings for citizens that
402 would result from lower disease and treatment burden associated with quitting and lower
403 uptake of smoking.
404
405 Smoking imposes intangible detrimental effects on people and society (for example the
406 psychological pain associated with chronic addiction, tobacco-related disease and the
407 prospect of premature death). These effects impact quality of life and productivity in the
408 formal and informal economies. But they are hard to value quantitatively and our model
409 does not take them into account. Consequently, our estimates of both the economic
410 benefits of the tobacco endgame are likely to be under-estimates.
411
412 **CONCLUSION**
413 Our study estimated the expected economic impacts of the Smokefree Aotearoa 2025
414 Action Plan, demonstrating economic benefits for the A/NZ population, and modest impacts

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415 on government revenue and expenditure related to the reduction in tobacco tax and
416 increases in aged pensions due to increased life expectancy. Such costs are relatively small
417 compared to other macroeconomic fluctuations, and can be anticipated and planned for.
418 These costs could be offset by future increases in labour force and the proportion of 65+
419 year olds working in the formal economy.

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Table 1. Base-year (2021) annual cost inputs to the modelling, and application within model

Parameter	Value	Source	Model application
Total population income	$124.5 billion	33	Disaggregated to expected income per citizen, by sex and age (20-64-year-olds only*). Gamma distribution, SD = +/- 10% of mean
Income loss due to tobacco-related diseases	N/A	34	Each tobacco-related disease had an income loss attached (by sex and age). Independent gamma distributions, SD = +/- 10% of expected income loss from disease. Not used in BAU. Under the intervention scenario, the difference in income loss (usually a gain in income as less disease) between intervention and BAU was added to the expected average citizen income above.
Total health system expenditure	$15.52 billion	13	Disaggregated to expected health system expenditure per person, by sex and age. Gamma distribution, SD = +/- 10% of mean
Health system expenditure for tobacco-related diseases	N/A	34	Each tobacco-related disease (by sex and age by phase (first year of diagnosis, last year of life if dying of disease, otherwise prevalent with disease)) had an expenditure attached. Independent gamma distributions, SD = +/- 10%. Not used in BAU. Under the intervention scenario, the difference in disease expenditure (usually a reduction as less disease) between intervention and BAU was added to the expected average health system expenditure above.
Income tax revenue	$32.93 billion	13	Divided by population income to give **income tax rate** (32.93/124.5 = 26.45% of total population income.)
GST revenue	$17.41 billion	13	Divided by population income to give **GST rate** (17.41/124.5 = 13.98% of total population income.)

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Tobacco excise revenue	$1.11 billion	13	Divided by size of the smoking population in 2021 to give tobacco **excise tax rate** ($1922.7 per annum per person who smokes).
Proportion of the price (before GST) per pack of 25 cigarettes in A/NZ collected by government as excise tax[#]	55%	35	Tobacco excise revenue (above) divided by this value to give estimated total tobacco expenditure, then divided by size of the smoking population in 2021 to give population **tobacco expenditure rate** ($3495.8 per annum per person who smokes).
Superannuation expenditure revenue	$11.28 billion	13	Divided by number of 65+ year olds in 2021 to give **superannuation expenditure rate** ($14,817 per annum per person age 65+ years).

Footnote: All costs presented are annual amounts, in 2021 US$ (calculated using NZ-US OECD PPP of 1.4684).
[#] Ratio of tobacco industry revenue to excise tax revenue is 45%/55%[35]

Table 2. Aggregate differences in economic outputs between tobacco endgame and BAU

Output	**Calculation**
Δ Population income	Population income $_{\text{Intervention}}$ – Population income $_{\text{BAU}}$
Δ After tax population income	(Δ Population income) × (1 – income tax rate[‡])
Δ GST revenue	(Δ Population income) × GST rate[‡]
Δ Income tax revenue	Income tax rate[‡] ×·Δ population income
Δ Tobacco excise revenue	(Number of people who smoke $_{\text{Intervention}}$ – Number of people who smoke $_{\text{BAU}}$) ×·Tobacco excise tax rate[‡]
Δ Health system expenditure	Total health expenditure $_{\text{Intervention}}$ – Total health expenditure $_{\text{BAU}}$
Δ GST revenue from tobacco sales	0.15/1.15 × (Number of people who smoke $_{\text{Intervention}}$ – Number of people who smoke $_{\text{BAU}}$) ×·Tobacco expenditure rate [‡]
Δ Population expenditure on tobacco	(Number of people who smoke $_{\text{Intervention}}$ – Number of people who smoke $_{\text{BAU}}$) ×·Tobacco expenditure rate [‡]
Δ Superannuation expenditure	(Difference in population aged 65+[#] between endgame and BAU) × superannuation expenditure rate [‡]
Δ Government net position	Δ Income tax revenue + Δ Tobacco excise revenue + Δ GST revenue – Δ Health system expenditure – Δ Superannuation expenditure

[*]Tobacco industry is defined as all producers and retailers – consistent with the calculation method.
[#] Age of superannuation entitlement varies under sensitivity analysis scenario with dynamic retirement age.
[‡] Parameter from Table 1

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Table 3: Projected changes in cumulative expenditure and revenue due to the Aotearoa-New Zealand's tobacco endgame strategy compared to BAU (2021 PPP US$ billions; 3% annual discount rate)

Revenue/expenditure items	by 2030		by 2040†		by 2050†	
Government perspective	**Estimate**	**95% UI**	**Estimate**	**95%**	**Estimate**	**95%**
Expenditure						
Health system	-0.18	(-0.22 to -0.14)	-0.73	(-0.90 to -0.57)	-1.34	(-1.70 to -1.02)
Superannuation expenditure	0.03	(0.02 to 0.04)	0.35	(0.28 to 0.43)	1.18	(0.93 to 1.44)
Revenue						
Income tax revenue	0.05	(0.04 to 0.06)	0.30	(0.24 to 0.35)	0.65	(0.52 to 0.77)
GST revenue (including tobacco sales tax)	0.37	(0.3 to 0.44)	0.84	(0.68 to 0.99)	1.24	(0.99 to 1.48)
Tobacco excise revenue	-5.24	(-6.16 to -4.24)	-10.35	(-12.26 to -8.24)	-13.56	(-16.39 to -10.53)
Net Government position (∑revenue −∑expenditure)	-4.67	(-5.49 to -3.77)	-8.83	(-10.52 to -6.96)	-11.51	(-14.03 to -8.77)
Citizen perspective						
Population income after tax	0.14	(0.11 to 0.17)	0.82	(0.66 to 0.98)	1.80	(1.46 to 2.15)
Savings from cessation (reduced tobacco expenditure)	11.35	(13.35 to 9.19)	22.41	(26.55 to 17.83)	29.36	(35.49 to 22.80)
Population income after tax + savings from cessation	11.49	(9.30 to 13.50)	23.20	(18.50 to 27.45)	31.16	(24.35 to 37.47)

Note: 2020 NZ$ converted to 2021 US$ using NZ-US OECD purchasing power parity of 1.4684.
† i.e., includes estimate to left, as cumulative over time.

Table 4: Projected changes in cumulative expenditure and revenue due to the Aotearoa-New Zealand tobacco endgame strategy compared to BAU using dynamic retirement age (2021 PPP USD billions; 3% annual discount rate)

Revenue/expenditure items	by 2030		by 2040†		by2050†	
Government perspective	**Estimate**	**95% UI**	**Estimate**	**95%**	**Estimate**	**95%**
Expenditure						
Health system	-0.18	(-0.22 to -0.14)	-0.73	(-0.90 to -0.57)	-1.34	(-1.70 to -1.02)
Superannuation expenditure	-0.30	(-0.31 to -0.29)	-1.65	(-1.73 to -1.58)	-3.31	(-3.56 to -3.06)
Revenue						
Income tax revenue	0.29	(0.25 to 0.35)	1.78	(1.49 to 2.11)	3.98	(3.32 to 4.73)
GST revenue (including tobacco sales tax)	0.50	(0.43 to 0.58)	1.63	(1.4 to 1.88)	3.01	(2.57 to 3.49)
Tobacco excise revenue	-5.24	(-6.16 to -4.24)	-10.35	(-12.26 to -8.24)	-13.56	(-16.39 to -10.53)
Net Government position (∑revenue − ∑expenditure)	-3.96	(-4.8 to -3.07)	-4.54	(-6.35 to -2.65)	-1.89	(-4.74 to 1.01)
Citizen perspective						
Population income after tax	0.82	(0.68 to 0.97)	4.96	(4.15 to 5.88)	11.07	(9.24 to 13.15)
Savings from cessation (reduced tobacco expenditure)	11.35	(13.35 to 9.19)	22.41	(26.55 to 17.83)	29.36	(35.49 to 22.8)
Population income after tax + savings from cessation	12.17	(9.95 to 14.2)	27.38	(22.52 to 31.78)	40.45	(33.18 to 47.3)

Note: 2020 NZ$ converted to 2021 US$ using NZ-US OECD purchasing power parity of 1.4684.
† i.e., includes estimate to left, as cumulative over time.

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Figure 1: Estimated annual differences in revenue and expenditure (2021 US$; 3% annual discount rate) between the tobacco endgame scenario and BAU

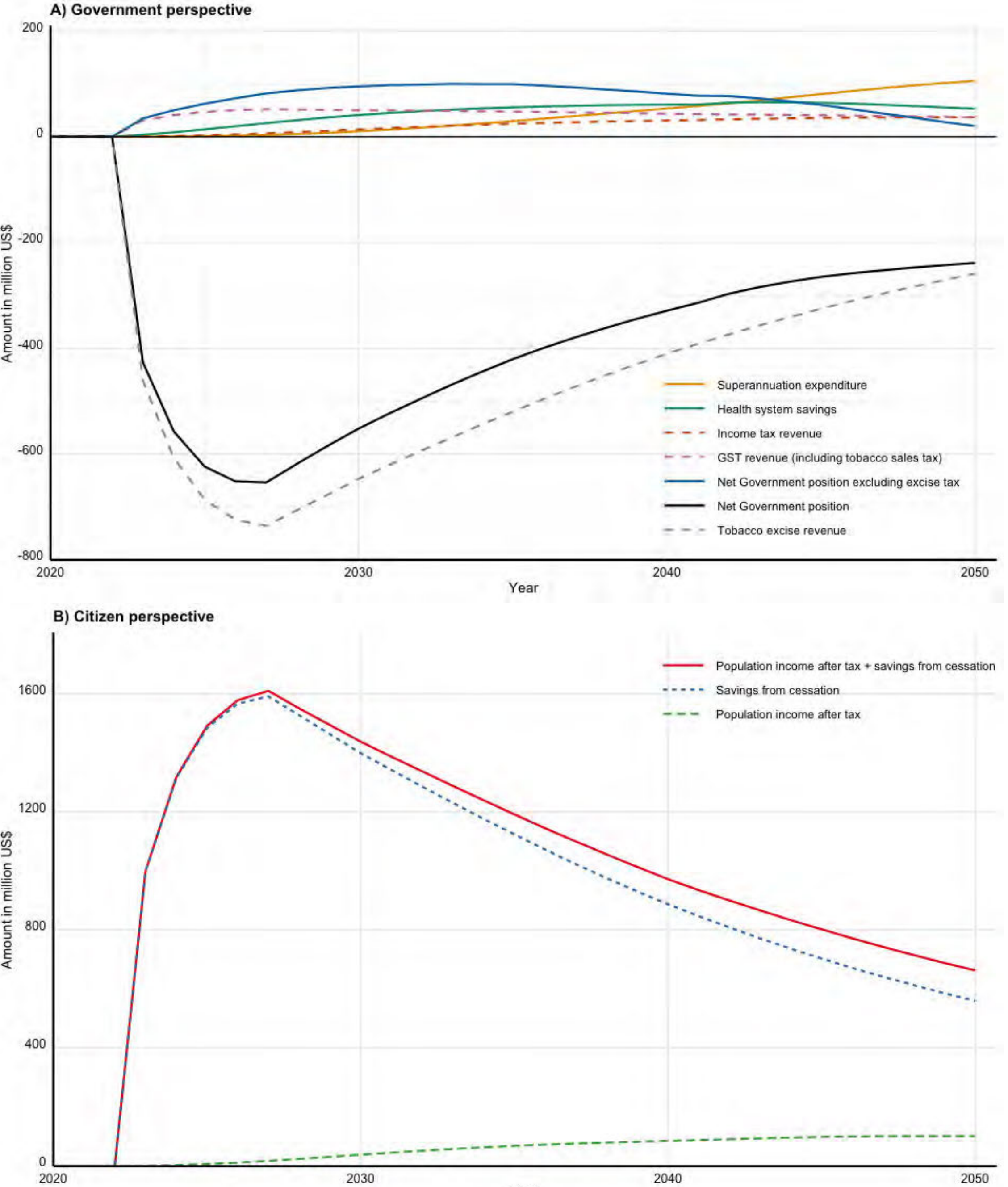

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Figure 2: Estimated annual differences in revenue and expenditure (2021 PPP US$; 3% annual discount rate) between tobacco endgame scenario with dynamic retirement age and BAU (Government perspective)