

Smokefree Legislation in New Zealand

Smoking rates in Aotearoa New Zealand continue to decrease. Currently, an estimated 7% of adults smoke on a daily basis (284,000 people) and 8% of adults currently smoke (350,000 people).¹ However, there are significant inequities in smoking rates. Daily smoking rates are much higher among Māori (17.1%), people experiencing higher levels of deprivation (10.7%), and disabled people (9.1%).

We do not have up to date data on smoking rates among people with experience of mental health conditions or problematic substance use.

What we can estimate from the available data is that rates are likely to be much higher than the general population. **Smokefree is therefore an Equally Well issue.** As Equally Well champions, let's do our bit to support people to quit, prevent uptake, and get these numbers down.



This information supports Equally Well champions to:

- Understand the elements of the Smokefree Legislation and the implications of the repeal.
- Outline the evidence underpinning the Smokefree Legislation.
- Advocate for informed discussions on the Smokefree Legislation proposals within their communities and networks.
- Effectively communicate the public health benefits associated with maintaining or strengthening a Smokefree Legislation.

What can we all do about it?

Equally Well partners can continue to advocate for evidence-based quit support measures. Mental health and substance use service providers, and the whole health sector, have a responsibility to ensure that effective support to quit smoking is provided to those with mental health and substance use conditions, in line with recently updated guidance from the [RANZCP](#)²¹

Equally Well partners can also support and advocate for the SERPA Act in New Zealand as an organisation or as an individual, by:

- Collaborating with other organisations and advocacy groups to strengthen the collective voice supporting the Act.
- Lobbying government officials and policymakers to ensure the continued enforcement and enhancement of smokefree laws.
- Sending emails to:
 - Your local MP (you can look them up [here](#)) and/or
 - The Prime Minister (Christopher.Luxon@parliament.govt.nz) and/or
 - The Health Minister (Shane.Reti@parliament.govt.nz).
- Engaging with local communities and people with lived experience to understand their concerns and needs related to smoke free initiatives.

- Supporting research initiatives that provide an evidence-base for the SERPA Act and progress towards smokefree goals, particularly for people with mental health and substance use conditions.
- Staying informed about proposed changes to smokefree Legislation and actively participating in the policy development process.
- Signing petitions:
 - Sign and share Hāpai te Hauroa's petition "Put people over profit – stop the repeal of the smokefree legislation"
 - And the petition at [Change.org](https://www.change.org)
- Speaking out against the repeal using various media channels (TV, radio, social media). You could also consider reposting links to op-eds, briefings or other commentaries explaining the evidence behind the legislation. You can find some examples [here](#).

Why is this important for Equally Well partners?

Studies have repeatedly demonstrated that people with mental health conditions, problematic substance use, or high levels of psychological distress have significantly higher smoking prevalence than the general population, including in Aotearoa New Zealand.¹³ Rates of smoking are also higher in Indigenous populations (including Māori) and mental health conditions contribute to these higher rates.¹⁴ International evidence suggests that people with mental health conditions or problematic substance use who smoke are just as likely to want to quit smoking as other people who smoke.¹⁵

Moreover, quitting smoking has mental health benefits, reducing symptoms of anxiety and depression for people with mental health conditions,¹⁶ whilst smoking affects the metabolism of many psychotropic drugs; therefore, smoking behaviour of people taking psychotropic drugs can influence the required dose of a drug¹⁷.

It also suggests that health systems and policy settings have an important role to play in addressing premature mortality and unequal health outcomes for people who experience mental health or problematic substance use conditions. For example, people in contact with mental health and addiction services in 2018 have been found to have unequal access to quit support compared to others in the population.¹⁸

International evidence also suggests that people with mental health conditions are less likely to be offered support to quit smoking, despite often needing more support.¹⁹

Policies such as denicotinisation do not rely on health care services providing access to quit support but rather address the addictiveness of smoking directly for everyone in the population and are therefore likely to be especially effective in supporting quitting for people who are not well served by health services. Evidence from trials of very low nicotine cigarettes (VLNC) in the US suggest that VLNCs support smoking cessation in people with mental health or substance use conditions and do not exacerbate mental health or substance use conditions.²⁰

Frequently asked questions:

What is the Smokefree Legislation in New Zealand?

The Smokefree Environments and Regulated Products Act 1990 contains a number of measures to reduce the impact of smoking in Aotearoa New Zealand.

As outlined on the smokefree.org.nz website, the Act's main aims were:

- Restricting the sale and supply of tobacco and vaping products to those over the age of 18.
- Regulating and controlling the marketing, advertising, and promotion of vaping and tobacco products.
- Discouraging people, especially children, young people, and people who don't smoke from taking up smoking and vaping.
- Reducing the exposure of people who do not themselves smoke to any detrimental effect on their health caused by smoking by others.
- Regulating the safety of vaping products and smokeless tobacco products.
- Monitoring and regulating the presence of harmful constituents found in regulated products and their emission.²

What are the main changes to the legislation proposed by the new Government?

In 2011, the Smokefree Aotearoa 2025 goal was introduced by the New Zealand Government. The goal aims to equitably decrease daily smoking prevalence in New Zealand Aotearoa to less than 5% by 2025.³

In 2021 the Labour government introduced the Smokefree Aotearoa 2025 Action Plan with a number of measures to support the Smokefree Aotearoa 2025 goal, and by January 2023,

the Smokefree Environments and Regulated Products (Smoked Tobacco) Amendment (SERPA) Act came into force to support the Action Plan. The Act contains three key measures.

aimed at increasing the success of smoking cessation and reducing the number of people that start smoking:

- (1) Reduction in the number of places cigarettes can be sold, from July 1st, 2024.
- (2) Reduction in the nicotine content of tobacco products to very low and non-addictive levels, from April 1st, 2025.
- (3) Make it illegal to sell smoked tobacco products to anyone born on or after 1 January 2009, to create a smoke free generation.

In November 2023, the new coalition government outlined their plans to repeal the SERPA Act, removing the requirements for a retailer reduction, a reduction in the nicotine content of tobacco products, and a smoke free generation,⁴ and in February 2024, introduced the bill under urgency, which was voted by the Parliament, leading to the repeal of the legislation.

What are the implications of the repeal?

There is strong evidence to support the measures in the SERPA Act.

- Local⁵ and international⁶ studies have demonstrated that significantly reducing retail outlet numbers will reduce tobacco availability, which has been demonstrated to reduce the likelihood of people starting to smoke and improve smoking cessation in people who already smoke.
- Internationally, clinical trials have demonstrated that significantly reducing the nicotine in cigarettes decreases the number of cigarettes people smoke and increases the likelihood of smoking cessation.⁷ Importantly, these impacts have been found in studies focussing on people living with mental health conditions and people with low socioeconomic status.⁸
- Modelling studies have demonstrated that the combination of reduced retailers, decreased nicotine in smoked tobacco, and a smoke free generation will substantially decrease smoking prevalence in Aotearoa New Zealand.⁹

As a result, the measures in the SERPA Act are likely to have significant impacts on the health and wellbeing of New Zealanders, including a positive impact on people with mental health conditions and problematic substance use.

Every year, 5,000 New Zealanders die from diseases caused by smoking.¹⁰ Modelling demonstrates that the SERPA Act would save thousands of lives; approximately 1,170, (463 among Māori) within 10 years, and 8,150, (2,811 among Māori) over 20 years.¹¹ However,

repealing the SERPA Act will contribute to more deaths, an increase in preventable cancers and other serious diseases, higher healthcare costs, and more suffering among families bereft of loved ones.¹²

Share your actions with us!

If you or your community are currently engaged in initiatives related to the smoke free repeal, we encourage you to share your actions with us. We are eager to learn about them and spread the word within the broader Equally Well Collaborative community. Email us at info@equallywell.co.nz.

About Equally Well Collaborative

Equally Well is a movement, made up of people and organisations taking action to address the unmet physical health needs of people with lived experience of mental health and addiction issues.

Visit: www.equallywell.co.nz

References

- 1** Ministry of Health. (2023). Annual Update of Key Results 2022/23: New Zealand Health Survey. Wellington: Ministry of Health.
- 2** Legislation. (n.d.). Smokefree. Retrieved December 13, 2023, from <https://www.smokefree.org.nz/smokefree-environments/legislation>
- 3** Smokefree Aotearoa 2025 Action Plan - Auahi Kore Aotearoa Mahere Rautaki 2025: Ministry of Health New Zealand, 2021.
- 4** New Zealand Parliament. Smokefree Environments and Regulated Products (Smoked Tobacco) Amendment Bill. Wellington: New Zealand Parliament 2022. Available at: https://www.parliament.nz/en/pb/bills-and-laws/bills-proposed-laws/document/BILL_125245/smokefree-environments-and-regulated-products-smoked-tobacco (accessed July 6 2022).
- 5** van der Deen, F.S., et al., Impact of five tobacco endgame strategies on future smoking prevalence, population health and health system costs: two modelling studies to inform the tobacco endgame. *Tob Control*, 2018. 27(3): p. 278-286; Ait Ouakrim, D., et al., Tobacco endgame intervention impacts on health gains and Maori:non-Maori health inequity: a simulation study of the Aotearoa/New Zealand Tobacco Action Plan. *Tob Control*, 2023.
- 6** Marsh, L., et al., Association between density and proximity of tobacco retail outlets with smoking: A systematic review of youth studies. *Health Place*, 2021. 67: p. 102275; Finan, L.J., et al., Tobacco outlet density and adolescents' cigarette smoking: a meta-analysis. *Tob Control*, 2019. 28(1): p. 27-33.
- 7** Berman, M.L. and A.M. Glasser, Nicotine Reduction in Cigarettes: Literature Review and Gap Analysis. *Nicotine Tob Res*, 2019. 21(Suppl 1): p. S133-S144; Tidey, J.W., et al., Effects of very low nicotine content cigarettes on smoking across vulnerable populations. *Prev Med*, 2022. 165(Pt B): p. 107099; Tidey, J.W., et al., Modeling nicotine regulation: A review of studies in smokers with mental health conditions. *Prev Med*, 2018. 117: p. 30-37.
- 8** Berman, M.L. and A.M. Glasser, Nicotine Reduction in Cigarettes: Literature Review and Gap Analysis. *Nicotine Tob Res*, 2019. 21(Suppl 1): p. S133-S144; Tidey, J.W., et al., Effects of very low nicotine content cigarettes on smoking across vulnerable populations. *Prev Med*, 2022. 165(Pt B): p. 107099; Tidey, J.W., et al., Modeling nicotine regulation: A review of studies in smokers with mental health conditions. *Prev Med*, 2018. 117: p. 30-37.
- 9** van der Deen, F.S., et al., Impact of five tobacco endgame strategies on future smoking prevalence, population health and health system costs: two modelling studies to inform the tobacco endgame. *Tob Control*, 2018. 27(3): p. 278-286.
- 10** Health effects of smoking. (n.d.). Ministry of Health NZ. Retrieved January 8, 2024, from <https://www.health.govt.nz/your-health/healthy-living/addictions/health-effects-smoking>
- 11** Ait Ouakrim, D., Wilson, T., Waa, A., Maddox, R., Andrabi, H., Mishra, S. R., Summers, J. A., Gartner, C. E., Lovett, R., Edwards, R., Wilson, N., & Blakely, T. (2023). 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*, tc-2022-057655. <https://doi.org/10.1136/tc-2022-057655>

12 Walsh, M., & Wright, K. (2020). Ethnic inequities in life expectancy attributable to smoking. *NZ Med J*, 133(1509), 28-38.

13 Tobias, M., R. Templeton, and S. Collings, How much do mental disorders contribute to New Zealand's tobacco epidemic? *Tob Control*, 2008. 17(5): p. 347-50; van der Deen, F.S., et al., The association between failed quit attempts and increased levels of psychological distress in smokers in a large New Zealand cohort. *BMC Public Health*, 2011. 11: p. 598; Carter, K.N., et al., Smoking uptake is associated with increased psychological distress: results of a national longitudinal study. *Tob Control*, 2014. 23(1): p. 33-8; Wamamili, B., et al., Associations of history of mental illness with smoking and vaping among university students aged 18-24 years in New Zealand: Results of a 2018 national cross-sectional survey. *Addict Behav*, 2021. 112: p. 106635; NZHS data, as referenced previously: Ministry of Health. (2023). Annual Update of Key Results 2022/23: New Zealand Health Survey. Wellington: Ministry of Health.

14 Factors Influencing Smoking Among Indigenous Adolescents Aged 10–24 Years Living in Australia, New Zealand, Canada, and the United States: A Systematic Review | *Nicotine & Tobacco Research* | Oxford Academic (oup.com)

15 Richardson, S., McNeill, A., & Brose, L. S. (2019). Smoking and quitting behaviours by mental health conditions in Great Britain (1993–2014). *Addictive Behaviors*, 90, 14–19. <https://doi.org/10.1016/j.addbeh.2018.10.011>, Carstens, C., & Linley, J. (2020). Desire to Quit Smoking in an Outpatient Population of Persons with Serious Mental Illness. *The Journal of Behavioral Health Services & Research*. <https://doi.org/10.1007/s11414-020-09698-1>

16 Wu, A. D., Gao, M., Aveyard, P., & Taylor, G. (2023). Smoking Cessation and Changes in Anxiety and Depression in Adults With and Without Psychiatric Disorders. *JAMA Network Open*, 6(5), e2316111. <https://doi.org/10.1001/jamanetworkopen.2023.16111>

17 Moschny, N., Hefner, G., Grohmann, R., Eckermann, G., Maier, H. B., Seifert, J., Heck, J., Francis, F., Bleich, S., Toto, S., & Meissner, C. (2021). Therapeutic Drug Monitoring of Second- and Third-Generation Antipsychotic Drugs—Influence of Smoking Behavior and Inflammation on Pharmacokinetics. *Pharmaceuticals*, 14(6), 514. <https://doi.org/10.3390/ph14060514>

18 Pike, C. (2018). Physical Health Access Rates for Pegasus PHO Patients with Serious Mental Illness and/or Addiction [Review of Physical Health Access Rates for Pegasus PHO Patients with Serious Mental Illness and/or Addiction]. Pegasus Health Charitable Ltd.

19 Huddleston, L., Shoesmith, E., Pervin, J., Lorencatto, F., Watson, J., & Ratschen, E. (2022). A systematic review of mental health professionals, patients and carers' perceived barriers and enablers to supporting smoking cessation in mental health settings. *Nicotine & Tobacco Research*, 24(7). <https://doi.org/10.1093/ntr/ntacoo4>

20 Tidey, J. W., Snell, L. M., Colby, S. M., Cassidy, R. N., & Denlinger-Apte, R. L. (2022). Effects of very low nicotine content cigarettes on smoking across vulnerable populations. *Preventive Medicine*, 165, 107099. <https://doi.org/10.1016/j.ypmed.2022.107099>

21 Smoking cessation. (n.d.). RANZCP. Retrieved January 8, 2024, from <https://www.ranzcp.org/clinical-guidelines-publications/clinical-guidelines-publications-library/smoking-cessation>