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Inquiry into the tobacco industry in Aotearoa and the consequences of tobacco use for Māori

Report of the Māori Affairs Committee

Forty-ninth Parliament
(Hon Tau Henare, Chairperson)
November 2010

Presented to the House of Representatives

EXHIBIT NOTE

This is the annexure marked " A " referred to within the affidavit of Shane Bradbrook
and sworn/affirmed at _____
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Contents

Summary of recommendations 5

Introduction **10**

Approach to the inquiry 12

2 Policy and legislative measures 14

3 Exposure to tobacco 15

Tobacco displays 15

Plain packaging 16

Māori children and the role of whānau 18

Social distribution and social responsibility 19

Sales to minors 19

Kaupapa Māori approaches to tobacco use 22

Reducing the availability of tobacco 23

4 Reducing the appeal of tobacco 24

Retailer rebates 24

Covert marketing 25

Additives 26

Smoke-free campaigns 28

Extending smoke-free environments 29

Increasing the excise tax on tobacco 30

5 Tobacco control management 31

World Health Organization Framework Convention on Tobacco Control 31

Updating the Tobacco Action Plan 32

Tobacco Control Authority 33

Fiscal responsibility of the tobacco industry 34

6 Helping smokers quit 36

Cessation services 37

Nicotine replacement therapy 39

Less harmful alternatives to tobacco 40

7 Untaxed tobacco 41

Illicit trade 41

Home-grown tobacco 42

Duty-free tobacco 42

Appendices 43

A Committee procedure 43

B List of submitters 44

C Advice and information received 50

D History of tobacco control in New Zealand 51

E Terms of reference one to four 58

F Extract – Methods used 62

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Inquiry into the tobacco industry in Aotearoa and the consequences of tobacco use for Māori

Summary of recommendations

The Māori Affairs Committee makes the following recommendations.

Smoke-free New Zealand goal

We recommend to the Government that it aim for tobacco consumption and smoking prevalence to be halved by 2015 across all demographics, followed by a longer-term goal of making New Zealand a smoke-free nation by 2025 (page 10).

Holding the tobacco industry accountable

We strongly believe that innovations in tobacco control should place financial, ethical, and legal pressure primarily on the tobacco industry.

We recommend to the Government that it consider requiring tobacco companies operating in New Zealand to finance the cost of all smoking cessation pharmaceuticals including nicotine replacement therapy products (page 34).

We recommend to the Government that it consider embedding guidelines to Article 5.3 of the Framework Convention on Tobacco Control (intended to protect public policy from tobacco industry influence) in both legislation and policy making (page 31).

We recommend to the Government that it consider initiating a counter-marketing campaign to de-normalise the tobacco industry and tobacco products, to better inform all New Zealanders of past and ongoing industry practices and strategies (page 25).

Reducing the availability of tobacco

We recommend to the Government that it investigate further options for measures to reduce the supply of tobacco into New Zealand, taking into account trade and other implications, with a view to reducing the availability of tobacco in New Zealand over time (page 23).

We recommend to the Government that it consider annually reducing (by a set percentage) the amount of imported tobacco, the number and quantity of tobacco products for sale at each outlet, and the number of retail outlets (page 23).

Plain packaging

We recommend to the Government that the tobacco industry be required to provide tobacco products exclusively in plain packaging, harmonising with the proposed requirement in Australia from 2012 (page 16).

Additives

We recommend to the Government that it be compulsory for tobacco companies to publicly report the elements of their tobacco and smoke by class of product, brand, and brand variant, so consumers and the Ministry of Health know exactly what substances, and in what proportions, cigarettes and loose tobacco contain. The measure should be standardised across the industry (page 26).

We recommend to the Government that the provisions in the Smoke-free Environments Act for regulating additives and nicotine in tobacco be used to reduce the additives and nicotine in tobacco on an annual basis (page 26).

Covert sponsorship

We recommend to the Government that the Smoke-free Environments Act be amended to stop tobacco companies from engaging in covert sponsorship arrangements such as exclusive supplier deals (page 25).

Retailers—Banning displays

We recommend to the Government that all retail displays of tobacco products be prohibited (page 15).

Retailers

We recommend to the Government that the section in the Smoke-Free Environments Act that allows tobacco companies to engage in "normal trade discount or normal trade rebate" (Section 36(4a)) be removed (page 24).

We recommend to the Government that the penalty for selling tobacco to minors be raised to a maximum of at least $10,000 (page 19).

We recommend to the Government that legislation be amended to require those selling tobacco to be 18 years and over (page 19).

We recommend to the Government that the investigative and enforcement powers in the Smoke-free Environments Act be strengthened to allow infringement notices and instant fines to be issued to, and retail bans imposed upon, retailers found breaching the Act (page 20).

We recommend to the Government that it investigate giving local authorities the power to control the number and location of tobacco retailers, to reduce the exposure of children and young people to tobacco (page 20).

We recommend to the Government that legislation be amended to ban the use of the word "tobacco" (and associated terms) in names of retail outlets (page 25).

We recommend to the Government that the Smoke-free Environments Act be extended to legislate against cigarette vending machines (page 29).

Stopping children starting to smoke and helping people quit

In order to make New Zealand auahi kore by 2025*, we must work to stall smoking uptake, and support and encourage current smokers to be motivated to quit. All of the previous recommendations will also help achieve this goal.*

Smoke-free campaigns—children

We recommend to the Government that research continue to be conducted to ensure that smoke-free campaigns are reaching the correct age demographic, particularly noting that the smoking uptake age amongst Māori (11.4) is lower than the general population (page 28).

We recommend to the Government that anti-smoking campaigns that reinforce the unacceptability, and illegality, of supplying tobacco to children be implemented (page 19).

Smoke-free campaigns—Māori and pregnant women

We recommend to the Government that the success of smoke-free campaigns be recognised, and that it continue to market to groups with high smoking rates, particularly Māori, and pregnant women (page 28).

Smoke-free campaigns—Social media

We recommend to the Government that smoke-free campaigns using newer forms of marketing, such as social media websites, be considered (page 25).

Smoke-free environments

We commend the Government for its decision to ban smoking in prisons from July 1 2010 (page 29).

We recommend to the Government that it further increase support, including financial support, to iwi and communities to promote smoke-free events and activities, and to extend smoke-free environments, to encourage tamariki to remain smoke-free (page 19, 22).

We recommend to the Government that it investigate extending the Smoke-free Environments Act to legislate against smoking in certain areas, such as vehicles, vehicles carrying children, and specific public places (page 29).

Support—Māori and Māori women

We recommend to the Government that it extend the range and reach of services for priority populations, particularly Māori women, as Māori smoking rates are significantly higher than those of the rest of the population. It is therefore essential that effective cessation services designed and delivered by Māori for Māori are made increasingly available (page 37).

We recommend to the Government that the Wai 844 claim lodged with the Waitangi Tribunal, which asks for "funding for Māori health initiatives to eliminate or reduce smoking among Māori" be progressed as soon as practicable (page 19).

Support

We recommend to the Government that nicotine replacement therapies be required to be sold everywhere tobacco is sold, thereby ensuring smokers can choose a safe option whenever they crave nicotine (page 39).

We recommend to the Government that to improve access to nicotine replacement therapies, pharmacists be Quitcard providers (page 39).

We recommend to the Government that PHARMAC be strongly encouraged to subsidise a wider range of effective cessation medications (page 39).

We recommend to the Government that further research into the benefits and risks of alternative tobacco products be conducted (page 40).

We recommend to the Government that it take steps to initiate proactive cessation programmes in all prisons (page 37).

Tax increases

We commend the Government on the enactment of the Excise and Excise-equivalent Duties Table (Tobacco Products) Amendment Act 2010, which has equalised the duties on manufactured cigarettes and roll-your-own cigarettes, and increased the tax on all tobacco products by 10 percent (in the first of three equal cumulative increases) (page 30).

We recommend that the Government legislate for further incremental tax increases over and above the annual adjustment for inflation (page 30).

Updating the tobacco control strategy and structure

We recommend to the Government that a tobacco control strategy and action plan be established, with a strong emphasis on Māori focused outcomes, to ensure that tobacco consumption and smoking prevalence is halved by 2015 in a cost-efficient way. In 2015, the strategy should be revised to work towards making New Zealand smoke-free by 2025 (page 32).

We recommend to the Government that it investigate options for achieving an optimal tobacco control governance and management structure. Consideration should be given to establishing a Tobacco Control Authority with a strong kaupapa Māori approach to strengthen and accelerate New Zealand's tobacco control to reach the goal of halving tobacco consumption and smoking prevalence by 2015 and cost-efficiently making New Zealand smoke-free by 2025 (page 33).

We recommend to the Government that it consider a funding formula that provides equitable funding to Māori specific programmes and campaigns (page 33).

We recommend to the Government that independent research and evaluation for all Māori programmes and services be funded on an ongoing basis (biennially for significant Māori specific programmes and services) (page 37).

Kaupapa Māori

We recommend to the Government that it include Māori in all tobacco control planning and policy development groups (page 22).

We recommend to the Government that it consider a kaupapa tupeka kore approach as a viable Māori framework for tobacco control interventions (page 22).

We recommend to the Government that it further increase support, including financial support, to iwi and communities to promote smoke-free events and activities, and to extend smoke-free environments, to encourage tamariki to remain smoke-free (page 19, 22).

Dealing with untaxed tobacco

Illicit trade

We recommend to the Government that it increase the monitoring of the illicit trade in both home-grown and imported tobacco products in New Zealand (page 41).

We recommend to the Government that it increase support for the international development of comprehensive systems for detecting smuggled and contraband tobacco products in alignment with Article 15 of the Framework Convention on Tobacco Control. New Zealand authorities might introduce such systems here and work to encourage other countries in the Asia-Pacific region to do likewise (page 41).

Home-grown tobacco

We recommend to the Government that the personal allowance for home-grown tobacco be reduced from 15 kilograms per adult per year—which equates to 40 to 80 cigarettes a day—to a level closer to typical daily personal use (page 42).

Duty-free tobacco

We recommend to the Government that the duty-free allowances in other jurisdictions be investigated with a view to changing that permitted at New Zealand ports of entry, recognising Article 6.2 of the Framework Convention on Tobacco Control (page 42).

1 Introduction

Tobacco is an addictive and hazardous product which, if used as recommended by the manufacturer, results in the premature death of half of its long-term users. In New Zealand, tobacco kills about 5,000 people annually, and is our greatest preventable cause of death and illness. With smoking rates amongst Māori double that of the general population, tobacco has a particularly devastating impact on Māori, and accounts for a significant portion of the life expectancy differential between Māori and non-Māori. More than 600 Māori die prematurely each year from smoking-related illnesses, and this loss, as well as the preceding addiction, erodes economic, social, and cultural wellbeing, and hinders Māori development aspirations and opportunities. Tobacco smoking delivers a major insult to whānau ora.

We embarked on this inquiry with the specific aim of developing an ambitious, effective approach to reducing smoking rates amongst Māori, with the wider brief of reducing smoking rates for all other New Zealanders at the same time. The goal is simple: we want tobacco consumption and smoking prevalence to be halved by 2015 across all demographics, and New Zealand to be a smoke-free[1] nation by 2025**.** We are suggesting a two-phased approach, as the significant drop in smoking rates by 2015 would dramatically alter the tobacco use landscape in New Zealand. It is hoped that the tobacco market will be much smaller, with altered distribution and sales patterns, and the smoking population will be different, consisting mainly of heavily addicted smokers concentrated in certain socio-cultural or economic groups. The second phase of measures would therefore require new tobacco control strategies.

This report focuses primarily on innovative changes to New Zealand's tobacco control programme to help us reach the first step of this goal, but also sets out the broad steps required to achieve the ultimate goal of New Zealand becoming smoke-free by 2025. We understand that the environment post-2015 may require different strategies, but we think that it is important for us to lay a solid platform for achieving the overall aim in this report. We believe three areas require particular attention:

- stopping children from getting addicted to smoking
- helping smokers break the addiction
- ensuring that tobacco companies, who profit from people's addiction, are held accountable.

We heard from many submitters, including iwi Māori, who favoured prohibition of the sale and use of tobacco products. We agree with the goal prohibition might achieve—a smoke-free, tobacco-free New Zealand. However, we do not believe that the majority of New

[1] The term "smoke-free" is used to communicate an aspirational goal and not a commitment to the banning of smoking altogether by 2025.

Zealanders support prohibition as the mechanism for reaching this goal, and so we have not recommended it to the Government at this time.

We are aware that the focus of this inquiry has been on the tobacco industry in New Zealand. It is important to recognise that halving tobacco consumption by 2015 is not the same as halving smoking rates—we have specifically said we want to do both—so we have expressed our recommended goals in consumption terms as well as prevalence terms. Consumption measures the number of cigarettes (or equivalents) sold, and this gives a measure of the industry's presence and influence in New Zealand. Prevalence measures the number of smokers in New Zealand, and therefore measures the success of tobacco control.

Halving consumption means that rather than smoking 1,000 cigarettes each year per capita (amongst New Zealanders 15 and over), we would smoke only 500. This reduction would result in significant health gains for the country, and would drastically reduce the tobacco industry's profits. This, more than anything else, would make it clear the tobacco industry and their products were no longer welcome in our country. We also think that such a decrease in sales would result in fewer tobacco retailers, selling less tobacco.

Halving the Māori smoking rate from the current 45 percent to 22 percent will be a far bigger challenge than halving the non-Māori smoking rate, which currently sits at 21 percent. This discrepancy means that, in order to halve smoking rates across all demographics, extensive resources will have to be dedicated specifically to stopping Māori children taking up smoking, and helping current Māori smokers quit. We think that the disproportionate impact of smoking on Māori is clear justification for strong, committed, and urgent action with a specific Māori focus.

Māori were traditionally tupeka kore (tobacco-free), but with the introduction of tobacco to New Zealand in the eighteenth century, smoking quickly became an embedded part of Māori culture. During this inquiry, the effect of tobacco was made abundantly clear to us. We heard personal stories of families losing parents and grandparents to smoking-related diseases, and were told that Māori women, who have the highest smoking rates in New Zealand, have among the highest lung cancer rates in the world. We saw how the effects of emphysema, cancer, and heart disease can debilitate not just an individual, but a whole whānau. We were also told about the devastating effect smoking has on young and unborn children, who are stripped of their right to be smoke-free. The cultural cost of tobacco to Māori is evident—the premature loss of kuia and kaumātua takes away the opportunity for cultural traditions, knowledge, and histories to be passed on to younger generations, and robs iwi and hapū of important and informed role models. We, like all the submitters we heard, consider this loss a tragedy, and are determined to remove tobacco from our country's future in order to preserve Māori culture for younger generations.

Stopping people taking up smoking would be the most effective means of reducing the smoking toll in New Zealand. We agree with many submitters that the decision to start smoking is rarely an informed, adult choice—it is naïve childhood experimentation. When we looked at smoking initiation, it was clear that while smoking rates peak between 25 and 34, most people start smoking when they are still children, on average at the age of 14. For Māori, the average age of initiation is 11. We know that children and young people access tobacco through illegal sales, but it is important to recognise that many get their cigarettes

from friends and family—"social supply". Legislation can be changed to discourage the sale of tobacco to children, but if we are to prevent more children and young people from becoming addicted to smoking, communities must take an active role in reinforcing the unacceptability and illegality of supplying them with tobacco.

We saw ample evidence that a tobacco addiction that starts in childhood quickly becomes extremely difficult to break; while New Zealand has one of the best cessation rates in the world, it is still distressingly low. Improving and promoting smoking cessation services and access to cessation aids is therefore crucial to a smoke-free future. While overall smoking rates in New Zealand fell significantly in the 1980s and 1990s, the rates of smoking in low socio-economic areas and amongst Māori and Pacific people increased. Focusing cessation support and smoke-free messages on demographics with high smoking rates, and encouraging people to recognise it is never too late to quit, would help reduce the premature deaths that are leaving huge gaps in New Zealand, and particularly Māori, society.

The evidence we heard made it very clear that tobacco companies both encourage smoking uptake and enhance tobacco's appeal and addictiveness, as recruiting new smokers is essential to their business plans. On average, tobacco costs a New Zealand smoker $2,475 a year. In lower-income households, where Māori are over-represented, this can have a severe impact, as limited income is spent on cigarettes instead of necessities like food. In the least deprived areas, 25.9 percent of Māori smoke, but in the most deprived areas the smoking prevalence is 49.5 percent. The billion-dollar tobacco industry therefore reaps much of its profit from the most financially vulnerable members of our society. By halving tobacco consumption by 2015, we would send a clear message that an industry that peddles a lethal product will no longer profit in our country.

During the inquiry it became clear to us that while the Smoke-free Environments Act 1990 (SFEA) banned tobacco advertising and phased out tobacco sponsorship, tobacco companies continue to market their products to various demographics through packaging and point-of-sale displays. They also offer retailer rebates, and engineer tobacco products specifically to enhance the nicotine "hit" they deliver. It is clear that the tobacco industry works hard to find ways to promote and encourage smoking, despite the well-known lethal effects of the product it sells. We therefore strongly believe that innovations in tobacco control should place financial, ethical, and legal pressure primarily on the tobacco industry, and not just focus on smokers.

The strong recommendations of our report recognise that the need to reduce smoking rates is of urgent national importance. The effect of tobacco on individuals is well known—almost everyone has a friend or family member who has suffered from a smoking-related illness—but the broader impact on society is less recognised. The direct healthcare costs alone generated by smoking-related illness are estimated at $1.9 billion annually, far more than the Government's tax revenue from tobacco products ($1.3 billion). That something must be done to bring this cost down, and to ensure that more New Zealanders live longer, healthier, smoke-free lives, is abundantly clear.

Approach to the inquiry

We consider this inquiry has provided a unique opportunity for Parliament to understand the negative and far-reaching impact tobacco has had—and continues to have—on Māori,

and New Zealand as a whole. It has also provided an opportunity to examine how effective current tobacco control practices are, and to evaluate the role and responsibility of the tobacco industry. The inquiry was initiated by calling for public submissions based on the terms of reference, which were

- the historical actions of the tobacco industry to promote tobacco use amongst Māori
- the impact of tobacco use on the health, economic, social and cultural wellbeing of Māori
- the impact of tobacco use on Māori development aspirations and opportunities
- what benefits may have accrued to Māori from tobacco use
- what policy and legislative measures would be necessary to address the findings of the inquiry.

We received 260 submissions, many supplementary submissions, and 1,715 form letters that represented a wide range of perspectives on tobacco, and suggestions as to how it should be further regulated. We heard 96 of the submissions orally at hearings of evidence at Wellington, Christchurch, Rotorua, and Auckland. The diversity of the submissions—from public health researchers, health providers, individuals, iwi, non-government organisations, retailers, and tobacco companies—has given us a very detailed, accurate representation of the wide-ranging impact of tobacco on New Zealanders. We want to thank all those people and organisations that put the time and effort into making these submissions. We would also like to thank Professor Christopher Cunningham, who provided us with comprehensive, clear, and timely advice throughout the inquiry. The hard work done by advisers from the Ministry of Health was also greatly appreciated.

An account of the conduct of this inquiry and the membership of the committee are attached as Appendix A. A list of submissions received is set out in Appendix B, and the list of advice and information considered is attached as Appendix C. A history of tobacco control in New Zealand is attached as Appendix D, and the methods for determining the $1.9 billion direct health costs of tobacco use are set out in Appendix F.

A more detailed discussion of the first four terms of reference for this inquiry can be found in Appendix E. The body of the report addresses term of reference five—What policy and legislative measures would be necessary to address the findings of the inquiry? Looking back to the harm smoking has done to New Zealand, and particularly Māori, has informed the committee; but public opinion and support made it clear that the future, not the past, should be our focus. We strongly urge the Government to consider the well informed and innovative recommendations we have made, as we believe that in the near future, New Zealand can be auahi kore once again.

2 Policy and legislative measures necessary to address the findings of the inquiry

To date, New Zealand's tobacco control policy has targeted smokers—the people who are addicted to tobacco—rather than the tobacco industry, which profits from their addiction. New Zealand has an excellent record of effective interventions to deter people from smoking, such as tax increases, smoke-free environments, smoke-free campaigns, and smoking cessation support (a history of tobacco control in New Zealand is attached as Appendix D). Interventions targeting tobacco suppliers have been underutilised, however, and we believe innovations in tobacco control should place more financial, ethical, and legal pressure on the tobacco industry, rather than on smokers. By increasing regulations regarding the supply of tobacco, we believe the Government can reduce the death, illness, and harm tobacco causes in New Zealand society.

3 Exposure to tobacco

Exposure to tobacco through point-of-sale displays, packaging, covert marketing, and whānau who smoke induce children to try tobacco, and thus set them on the path to addiction. In New Zealand, smokers on average start smoking when they are 14, Māori at 11. The life-long health implications of smoking from such a young age are staggering. Research reported to us found that a child who starts smoking at 14 or younger is four times more likely to die of lung cancer than someone who starts to smoke at age 25 or over, and 15 times more likely to die of lung cancer than someone who never smokes. By reducing children's exposure to cigarettes, it is possible to significantly reduce their motivation to try smoking, making a smoke-free New Zealand by 2025 an achievable goal.

Tobacco displays

Recommendation

We recommend to the Government that all retail displays of tobacco products be prohibited.

The Ministry of Health estimates that there are approximately 10,000 retail outlets selling tobacco products in New Zealand. These products are usually displayed in large wall-mounted shelving units, sometimes called "power walls", which are highly visible to all the outlet's customers including children, young people, ex-smokers, and smokers trying to quit. The placement and display of tobacco products creates a false implication of their social acceptability, safety, and normality. Under current legislation, no more than two packets of the same kind of tobacco product can be displayed at any particular point of sale. We heard the industry's strategy is to produce multiple varieties of one product (changing pack size, flavouring, and so on), allowing a range of products in virtually identical packaging to be grouped together, to promote the brand through repetition. We believe this presentation method amounts to covert marketing.

Over two-thirds of submitters we heard from during this inquiry advocated the banning of tobacco displays, principally because of their effect on children and ex-smokers. We heard about research indicating that children who go to stores with tobacco displays two or three times per week are twice as likely to take up smoking as those who visit such stores less than weekly. The research also argued that tobacco displays are a temptation for ex-smokers, who felt "drawn" to them. Many submitters echoed these arguments.

All the tobacco companies we heard from opposed the banning of displays. Their rationale was that doing so would impose an unfair cost-burden on retailers, reduce competition, and foster illicit trade. We think that the tobacco industry's resistance to banning displays indicates their conviction that such a ban would reduce their profits. Their resistance therefore constitutes a strong indication that banning displays would be likely to help lower the smoking rate in New Zealand.

We heard from the New Zealand Association of Convenience Stores, which was concerned about the cost of display bans for small retailers, in terms of both changes to their shops and reduction in revenue. Citing a study conducted by the Canadian Association of Convenience Stores, the submitter told us that the probable cost of refurbishment was between $1,000 and $10,000. They, like the tobacco companies, argued that while banning retail displays might "feel good", it would be an ineffective measure.

We note that in 2008, the Health Committee presented a report to the House on Petitions 2005/140 of Dalton Leo Kelly and 20,000 others and 2005/174 of Craig Foss. The committee reported that in countries such as Ireland and Iceland, which have banned tobacco displays, there has been no cost or minimal cost to retailers. There have also been no reports of store closures or job losses resulting from such a ban. We are confident that refurbishment costs will not severely affect small retailers, particularly as other companies will be eager to use the prime marketing space previously occupied by tobacco displays to advertise their products.

Furthermore, the number of cigarettes on average smoked in New Zealand has already fallen by two thirds—from 3,000 to 1,000 since 1970. At the same time, the number of retail outlets has increased. Retailers have been able to adapt to this major reduction in sales, and, we believe, will continue to adjust. We do not agree that revenue from cigarettes will make or break a small, independent retailer.

Banning displays would reduce children's exposure to tobacco, and thus the likelihood of their becoming smokers. It would also further de-normalise tobacco products; they would be kept out of sight rather than on display next to harmless grocery products. Importantly, the cost of banning displays would be borne by retailers and adversely affect the tobacco industry, which would lose a major marketing opportunity. On the basis of the evidence we heard, we strongly recommend the banning of tobacco retail displays.

Plain packaging

Recommendation

We recommend to the Government that the tobacco industry be required to provide tobacco products exclusively in plain packaging, harmonising with the proposed requirement in Australia from 2012.

Legislation has progressively restricted the most overt methods of advertising and marketing of tobacco products in New Zealand, but tobacco companies continue to develop other ways of marketing their product. We heard a plethora of evidence suggesting that packaging is used by the tobacco industry to build brand recognition, and as a mechanism to communicate brand attributes and values to the consumer. A Professor of Marketing from the University of Otago argued that branding counters the deterrent effect of graphic health warnings. Importantly, research we saw showed that familiarity with brands and products among children has a significant effect on their decisions to experiment with smoking.

We think that packaging targets specific demographics. Children are targeted particularly intensively, as they are a very lucrative market once recruited. The University of Otago gave us the example of "Vogue Bleue" cigarettes. The name is likely to appeal to girls, given its

link with the fashion magazine *Vogue*, and the use of the French word "bleue" has overtones of glamour. The pack design and cigarette shape target a female audience and associate smoking with slimness. Other brand names on sale in New Zealand that appear to have been designed to appeal to the young female market include "Topaz", "Dunhill Essence" and "Cameo", which allude to jewellery and perfume.

Low-income people are far more likely to smoke, and are therefore another target market for tobacco companies. We heard about research demonstrating that low-income smokers resist any implication they are consuming "budget" or less popular tobacco products, so strategies to entice low-income smokers include creating cigarette brands that convey a premium image, while maintaining a low price.

Terms such as "light" and "mild" have not been used on packaging since the Commerce Commission warned tobacco companies that they were misleading, but tobacco companies have worked to develop colour associations which indicate "lighter" cigarettes, most often using blue or white. The suggestion that "lighter" cigarettes are safer is entirely false. The health professionals, anti-smoking groups, and the tobacco companies we heard from all agreed on one thing: there is no such thing as a safe cigarette. Packaging that implies its content is healthier or safer than other tobacco products contributes significantly to misperceptions about the harm associated with smoking.

We heard about research which suggested that smokers' misperceptions about tobacco may be a factor in the prevalence of smoking. The research indicated that Māori smokers in particular have underestimated the harmful effects of tobacco; nearly one-half of Māori smokers had a misperception about the "health benefits" of "light" and "mild" cigarettes compared with regular cigarettes.

Implementing plain packaging for tobacco products would severely limit the tobacco industry's ability to tailor products for specific audiences and would prevent products being marketed as "safer". Packaging would have no brand association, making graphic health warning the most vivid element of the package. By banning branded packaging, the Government could eliminate one of the key means by which smoking is glamorised and promoted, and make it less attractive to children. Importantly, the cost of producing the new packaging would be borne by the industry.

Australia is the first country in the world to announce its intention to introduce plain-packaging requirements, and is aiming for a start-date of July 2012. Given this international precedent being set, it is not surprising that tobacco companies have indicated they will legally challenge the plain packaging proposal. Imperial Tobacco told us that banning branded packaging was an infringement of their intellectual property, and they, along with the two other tobacco companies in New Zealand, opposed the move.

As 85 percent of tobacco sold in New Zealand is packaged in Australia, implementing the same packaging regulations here would be relatively easy.[2] Adopting plain packaging would

[2] The Trans-Tasman Mutual Recognition Agreement allows products from New Zealand to be sold in Australia and vice versa. Should New Zealand continue to permit branded packaging, such products could be exported to Australia and undermine the country's plain packaging legislation.

send a clear message to the tobacco industry that it will not continue to profit from selling its product in this country.

Māori children and the role of whānau

While changes such as banning point-of-sale displays and requiring plain packaging would reduce the smoking rate across the whole of New Zealand, it is important to recognise the need for particular attention to encouraging Māori youth to remain smoke-free. The "*National Year Ten ASH Snapshot Survey, 1999–2009*" shows the number of daily smokers among the country's 14-year-olds is down to 5.6 percent from 15.6 percent in 1999, but smoking rates amongst Māori children remain the highest of any ethnic group. Now 17.9 percent (down from 36.2 percent in 1999) of Māori girls smoke, as do 11.1 percent (23.6 percent in 1999) of Māori boys. We heard that the difference in smoking uptake between Māori and non-Māori can be largely attributed to socio-economic factors, and social influence.

We were told that the average size of a Māori household is three to four people, and 20 percent of households have five or more occupants. This, combined with the fact that 54 percent of Māori households contain smokers, means most Māori children are exposed to whānau and peers who smoke. Also, children from lower socio-economic groups, where Māori are over-represented, are much more likely to live in smoking households. Children are significantly affected by exposure to smokers, in terms of both their smoking uptake, and health problems caused by second-hand smoke.

In 2008, the New Zealand Youth Tobacco Monitor showed that 20 percent of 14- to 15-year-olds whose parents smoked were daily smokers themselves, compared with only three percent of those whose parents did not smoke. Māori students reported the highest rate of parental smoking, with around two-thirds reporting that at least one parent smokes—twice as many as Pākehā students. Helping parents quit, and educating communities about the impact of smoking attitudes on young people, plays an important role in reducing children's exposure to tobacco, and will have a significant effect on the next generation's smoking rates.

As well as increasing the chances that a child will take up smoking, smoking by whānau significantly affects the health of unborn and young children. Second-hand smoke causes more than 500 children under two to be admitted to hospital with chest infections each year. It also results in 27,000 doctor consultations for asthma and respiratory conditions, about 15,000 episodes of asthma in children, and 1,500 glue-ear conditions requiring operations. Exposure to second-hand smoke also doubles the rate of Sudden Unexpected Death in Infancy (cot death). We heard that Māori children suffer disproportionately from these illnesses. That 45 percent of Māori women are still smoking when they register with a lead maternity carer at 14 to 18 weeks pregnant reveals the extent of the problem. By tailoring educational campaigns and cessation support to Māori, particularly Māori parents, pregnant Māori women, and Māori women of child-bearing age, we can help role models break the smoking addiction, and ensure that children retain the right to be smoke-free.

Social distribution and social responsibility

Recommendations

We recommend to the Government that anti-smoking campaigns that reinforce the unacceptability, and illegality, of supplying tobacco to children be implemented.

We recommend to the Government that it further increase support, including financial support, to iwi and communities to promote smoke-free events and activities, and to extend smoke-free environments, to encourage tamariki to remain smoke-free.

We recommend to the Government that the Wai 844 claim lodged with the Waitangi Tribunal, which asks for "funding for Māori health initiatives to eliminate or reduce smoking among Māori" be progressed as soon as practicable.

Social supply is a major unaddressed issue in tobacco control, which has a significant impact on Māori, and Māori health. Over 40 percent of current smokers aged 15 to 17 report that they obtained cigarettes from friends and family in the past month; reinforcing the unacceptability, and illegality, of social supply to young people is essential. Importantly, combating social supply will require a major shift in attitude towards smoking. Communities, whānau, iwi, and friends should be actively encouraging children to be smoke-free, not providing them with cigarettes.

Educational media campaigns that expound the smoke-free message can encourage a shift in attitudes to smoking, but ultimately, communities must take the lead. For example, we heard from many submitters that although smoking is already banned on many marae, people still carry tobacco, and gather just outside the marae to smoke. Strengthening the smoke-free message, possibly by enforcing a meaningful tobacco-free rule using tikanga and kawa on marae, is something iwi themselves can do with support and resources from health promotion services. We especially seek the assistance of te iwi Māori in ensuring that social supply of tobacco to rangatahi Māori is strongly discouraged.

We heard encouraging examples where communities and Government have run smoke-free events, such as the "Smoke-free Pacifica Beats", targeting communities with high Māori and Pacific populations. We also note the success of smoke-free sports events and sponsorship. Submitters told us that such events provide an opportunity for children to see their parents enjoying themselves without smoking, and a supportive environment for people who are struggling with their addiction. We therefore recommend that the Government continue to support promotion by iwi and communities of smoke-free events and activities, to help encourage tamariki to remain smoke-free.

Sales to minors

Recommendations

We recommend to the Government that the penalty for selling tobacco to minors be raised to a maximum of at least $10,000 (page 19).

We recommend to the Government that legislation be amended to require those selling tobacco to be 18 years and over.

We recommend to the Government that the investigative and enforcement powers in the Smoke-free Environments Act be strengthened to allow infringement notices and instant fines to be issued to, and retail bans imposed upon, retailers found breaching the Act.

We recommend to the Government that it investigate giving local authorities the power to control the number and location of tobacco retailers, to reduce the exposure of children and young people to tobacco.

It is currently illegal to sell tobacco to anyone under the age of 18. However, it is clear that despite the extensive regulatory regime governing tobacco sales, some retailers frequently breach this law, and sell tobacco to minors. We heard from submitters that often sales staff simply disregard the age printed on customers' identification, and that staff under 18 are pressured to sell tobacco to their peers.

We were advised that at present the investigative and enforcement provisions of the SFEA are restricted, with cumbersome and costly prosecution requirements. For example, should a staff member breach the SFEA when they are too young to be charged, the owner of the retail outlet can be prosecuted only if the appropriate SFEA training has not been given. We heard that owners simply express their disappointment that the young person sold tobacco, but insist that they were given such training, thus avoiding prosecution. This loophole in the SFEA could be removed by requiring sales staff to be 18 or over, and by allowing fines to be issued to premises, rather than an individual.

The current maximum penalty for selling tobacco to children is only $2,000, and the average fine issued in the 2009/2010 financial year was a mere $300. Compared with the maximum fines imposed for permitting underage people to access other restricted products such as alcohol ($10,000) and gambling ($5,000), and considering the harm tobacco causes, this penalty is extremely light. The Ministry of Health advised us that last year, $67,000 was spent on Crown prosecutors to progress fines for sales to minors. This system is clearly ineffective and inefficient. Introducing an instant fine system and increasing the penalty to a maximum of $10,000 would help balance the cost of prosecution against the fines issued, and send a clearer message to retailers that sales to minors will not be tolerated.

Implementing the changes suggested above could strengthen the enforcement and regulatory powers of the 13 regional public health units across New Zealand, who are, among other things, responsible for ensuring compliance with the SFEA. It could streamline the enforcement process, allowing public health units to dedicate more time to their other responsibilities, such as supporting community action and national initiatives regarding smoke-free environments.

Licensing

At present people can buy tobacco from approximately 10,000 dairies, supermarkets, service stations, bars, restaurants, sports clubs, and other retailers in New Zealand. Retailers do not have to apply for a license to sell tobacco, but if a retailer infringes the SFEA their right to sell can be revoked. We think strengthening this system, particularly by introducing instant fines and increasing the maximum penalty as discussed, would further discourage sales to minors and other breaches of the SFEA.

Many submitters advocated a licensing regime, to reinforce the understanding that selling tobacco is a privilege, not a right. It was argued that licensing could be a useful mechanism for gradually reducing the supply of tobacco by reducing the number of licenses. However, we think that the current system, particularly if strengthened as suggested above, provides all the advantages of licensing, without the bureaucracy entailed in licensing thousands of individual retail outlets. We note that the tobacco companies we heard from all supported a licensing system, because this would shift the focus to retailers rather than manufacturers, and would have little or no impact on tobacco sales and consumption. Also, the financial cost of licensing would fall to the Government and retailers, not the tobacco industry. We think that licensing is not a mechanism suited to reducing consumption of tobacco.

We agree that a key benefit of a licensing system would be better retailer education, as retailers could be required to demonstrate sufficient knowledge of the SFEA in order to obtain a license. Furthermore, licensing could provide the Ministry of Health with a comprehensive list of businesses that need to be kept well informed about the SFEA, and whose tobacco sales should be monitored. However, we do not think that either of these measures is necessarily dependent on a licensing regime. We note that it is currently one of the responsibilities of public health units to promote understanding of the SFEA amongst retailers, and we encourage them to continue to do so. A list of tobacco retailers could be collated and maintained by other means, such as obligatory online registration, or, as was done in Victoria, Australia, using public resources such as food seller lists and phone books.

Community input

As tobacco has such a significant impact on New Zealand communities, we think it is important for the Government to investigate how local communities could have more say on local tobacco control initiatives. Currently, communities can provide input on ways to minimise alcohol- and gambling-related harm through community consultation processes, and there are several examples of local government introducing sinking-lid policies on gambling machines as a result. There are no such opportunities for community involvement in tobacco control. Communities engaged on these issues are also likely to be more informed about tobacco and the harm that it causes. The input from iwi Māori is particularly valuable if tikanga-based tobacco control measures are to be most effective within those Māori communities that are disproportionately affected by tobacco use.

One way of giving communities some control over local tobacco use would be to allow them input on where tobacco retailers were located, or the density of tobacco outlets in specific areas. Many submitters were particularly concerned about tobacco outlets near schools. Councils could develop "tobacco plans", in order to limit the number of tobacco retailers near schools, and the density of tobacco outlets in their communities.

We think that regulating the number and location of tobacco retailers is a less effective means of reducing exposure to tobacco than universal measures such as banning displays and implementing plain packaging. However, we think that it is important for communities to have the right to take a more active role in tobacco control, and for tobacco use to be treated as seriously as alcohol and gambling.

Kaupapa Māori approaches to tobacco use

Recommendations

We recommend to the Government that it include Māori in all tobacco control planning and policy development groups.

We recommend to the Government that it consider a kaupapa tupeka kore approach as a viable Māori framework for tobacco control interventions.

We recommend to the Government that it further increase support, including financial support, to iwi and communities to promote smoke-free events and activities, and to extend smoke-free environments, to encourage tamariki to remain smoke-free.

A number of submitters thought a kaupapa Māori approach would be the best way to effect change in Māori tobacco use.

The Kaupapa Tupeka Kore framework is a way of engaging Māori using tikanga and kawa as core tools to influence social and cultural behaviour towards tobacco use, and effect change in the use of tobacco within Māori environments. The framework will allow hapū and iwi to define tikanga that stops the use of tobacco at specific places of importance—wāhi tapu, marae, maunga, and awa. This can also be extended to significant Māori events. This approach, using appropriate cultural responses based on Māori tikanga and kawa, would be a major shift in how Māori manage public health issues such as tobacco.

Ngāti Kahungunu is the first iwi to announce, in its tobacco use strategy, its intention to move from an auahi kore/smoke-free approach to a kaupapa tupeka kore response.

Iwi and whānau engagement

Many iwi made submissions, both oral and written, during the course of the inquiry. Some very clear themes emerged from these submissions, such as these:

- Tobacco is a recognised barrier to meeting future iwi and whānau aspirations and plans.
- The tobacco industry should be held accountable for the illness and deaths its product has caused.
- An increase in funding of Māori specific cessation services and health promotion campaigns and programmes is required.
- Tikanga-based approaches to tobacco use should be supported financially.
- The advancement of the Wai 844 claim before the Waitangi Tribunal should be given urgency.

We recognise and acknowledge that iwi were highly supportive of tobacco control measures such as removing retail displays, increasing smoke-free environments, and increasing tobacco excise tax. We think that the iwi engagement generated during this inquiry should be capitalised on, and utilised positively for future tobacco control strategic planning and possible regulatory and legislative changes.

Reducing the availability of tobacco

Recommendations

We recommend to the Government that it investigate further options for measures to reduce the supply of tobacco into New Zealand, taking into account trade and other implications, with a view to reducing the availability of tobacco in New Zealand over time.

We recommend to the Government that it consider annually reducing (by a set percentage) the amount of imported tobacco, the number and quantity of tobacco products for sale at each outlet, and the number of retail outlets.

Many submitters suggested reducing or eliminating the legal availability of tobacco. Proposals for achieving this end generally included systematic gradual reduction of its availability, first restricting and then eliminating supply. Some proposals favoured a complete ban on tobacco—a "tupeka kore Aotearoa"—while others, such as the Vision 2020 approach, favoured allowing the use of tobacco as a legal substance which individuals would be permitted to grow for their personal use.

We agree with the goal prohibition is intended to achieve—a smoke-free, tobacco-free New Zealand. However, we do not believe that the majority of New Zealanders support prohibition as the mechanism for reaching this goal, and so we have not recommended it to the Government at this time. We do, however, think that investigating options for actively restricting the supply of tobacco after 2015 is prudent. Supply control measures could impose increasing restriction on the currently wide availability of and ready access to tobacco, in a planned and incremental way. There is no doubt that supply control measures are effective in reducing consumption, which is why such measures form the mainstay of the control of other harmful products (including illicit drugs) in New Zealand and other jurisdictions. If tobacco were harder to obtain this would both reduce initiation and increase the success of quitting attempts.

Submitters suggested a number of options for more stringent supply control, including annually diminishing import quotas, and restricting the sale of tobacco to certain outlets. The Ministry of Health advised that while both these options merited consideration and investigation, restricting tobacco sales to certain outlets was likely to be the more effective supply control measure.

We were advised that import quotas might have implications for New Zealand's international trade obligations, and would need to be considered carefully. However, trade obligations do not override public health considerations, and legitimate exemptions from World Trade Organization obligations could allow restrictions on tobacco importation. The ongoing extensive harm caused by tobacco in New Zealand, particularly for Māori, in spite of the presence of a comprehensive tobacco control programme, constitutes a strong case for investigating this option.

We were advised that gradual reductions in the number of retail outlets, possibly combined with a restriction of the sale of tobacco to certain premises, for example to those that are accessible only by people aged 18 and over, might be a more viable and effective way of restricting the availability of and access to tobacco. Such a measure could be introduced gradually, perhaps over three years, to allow the retail sector to adapt.

4 Reducing the appeal of tobacco

We believe that there is clear evidence that tobacco companies continue to operate marketing strategies in New Zealand that target new smokers, maintain existing smokers, and convert ex-smokers. Gaps in legislation have enabled tobacco companies to continue to provide financial incentives for the sale of tobacco products, covertly sponsor events to advertise and increase public exposure of their products, and avoid disclosing exactly what additives their tobacco products contain.

It is essential that the Government tighten the SFEA to prevent tobacco companies from continuing to undermine New Zealand's smoke-free policy. The use of marketing strategies that promote a smoke-free New Zealand, such as media campaigns and smoke-free sponsored community initiatives, should therefore be strongly encouraged and supported. Finally, the excise tax increases of recent months should be continued indefinitely.

Retailer rebates

Recommendation

We recommend to the Government that the section in the Smoke-free Environments Act that allows tobacco companies to engage in "normal trade discount or normal trade rebate" (Section 36(4a)) be removed.

The SFEA currently prohibits free distribution of tobacco products and rewards, but allows an exception in the form of "normal trade discount or normal trade rebate". We were advised that New Zealand's three major tobacco companies all operate retailer rebate schemes that financially reward retailers for selling their product, thus providing an incentive for the retailers to sell more tobacco. The tobacco industry argues that these schemes comply with the SFEA because of the "normal trade discount or normal trade rebate" exception.

We heard that the Ministry of Health investigated these incentive schemes, but progress was constrained by the Ministry's inability to require tobacco companies to disclose the necessary details, so despite their concern that such schemes undermined the SFEA, no prosecutions have occurred. We asked the tobacco companies to provide us with information on their rebate schemes, but they were reluctant to do so.

We think the rebates offered by tobacco companies undermine the intention of the SFEA, and show a calculated disregard for the smoke-free legislation. Tobacco companies know they are encouraging retailers to sell and promote their product, despite the SFEA clearly stating that "no person may offer a cash rebate to a retailer, including as an inducement in relation to purchasing, selling, advertising or locating tobacco within the retailer's business." We strongly recommend the SFEA be amended to prevent tobacco companies exploiting the "normal trade/rebate" provision, as this would relieve retailers of pressure to sell specific products, and would send a clear message to the industry that they cannot undermine the SFEA. We also recommend that the Ministry of Health's investigative

powers and tobacco companies' disclosure obligations be strengthened to allow the Government to examine how the rebate agreements operate.

Covert marketing

Recommendations

We recommend to the Government that the Smoke-free Environments Act be amended to stop tobacco companies from engaging in covert sponsorship arrangements such as exclusive supplier deals.

We recommend to the Government that legislation be amended to ban the use of the word "tobacco" (and associated terms) in names of retail outlets.

We recommend to the Government that smoke-free campaigns using newer forms of marketing, such as social media, be considered.

We recommend to the Government that it consider initiating a counter-marketing campaign to de-normalise the tobacco industry and tobacco products, to better inform all New Zealanders of past and ongoing industry practices and strategies.

Exclusive supply rights

Since 1995, the SFEA has specifically restricted tobacco sponsorship in New Zealand, but the tobacco industry has found a loophole in the legislation. Today, rather than sponsoring events, tobacco companies enter into "exclusive supply rights" arrangements. This means that a company provides funding to event promoters in exchange for the exclusive right to sell their tobacco brand at the venue for the duration of the event. We were given two recent examples of such events: Rhythm and Vines (December 2009) and Air New Zealand Fashion Week (September 2009). These arrangements enable tobacco companies to employ staff wearing clothing that reinforces their brand to mingle with event-goers in designated areas, frequently bar or restaurant areas. The exclusive availability of a single tobacco brand also means that the marketing power of its packaging is greatly enhanced.

We think that "exclusive supply rights" are blatant marketing, and illustrate the extent to which tobacco companies are willing to undermine the law in order to promote their products. Both the events above are targeted at younger audiences, and get significant media coverage. It is therefore essential that legislation be re-written to eliminate any opportunity for the tobacco industry to evade the SFEA and promote their product.

Names of retail outlets

The SFEA permits a retailer to display their name or trade name on the exterior of their place of business providing that the display is in accordance with the Smoke-free Environments Regulations 2007, and does not include the trademark of a tobacco product or the name of a tobacco manufacturer. Retail trading names that include terms such as "discount tobacconist" or "discount cigarettes", which have become more common in recent years, comply with these regulations, but clearly promote the sale of tobacco.

We think that naming a retail outlet in such a way inappropriately promotes smoking amongst children, and targets current smokers, particularly those in a lower income

bracket. We are disappointed to see retailers capitalising on tobacco use and promoting tobacco use in such a way, and strongly recommend that the SFEA be amended to ban this practice.

Social media

We received evidence from the Smokefree Coalition that tobacco companies are using new forms of social media, such as Facebook, to market their product. Tobacco industry employees promote their brand on the social media sites by joining and administering groups, or joining pages as fans and posting photographs of tobacco industry products and promotional items. We think it is important the smoke-free campaigns evolve as quickly as cigarette company advertising methods, to ensure that any new means of tobacco promotion are being effectively countered.

Counter-marketing campaign to de-normalise the tobacco industry

The tobacco industry took decades to establish and promote its products and to normalise tobacco within Aotearoa-New Zealand. Counter-marketing campaigns are part of the social marketing campaigns being conducted largely by the Health Sponsorship Council but campaigns that directly focus on tobacco industry activities have not been fully implemented.

The submission by Te Reo Mārama highlighted the use of campaigns that focused on the industry. These included Māori Murder, Endangered Species I and II, and Māori Killers. Further campaigns that particularly focus on Māori should be developed in the future.

Additives

Recommendations

We recommend to the Government that it be compulsory for tobacco companies to publicly report the elements of their tobacco and smoke by class of product, brand, and brand variant, so consumers and the Ministry of Health know exactly what substances, and in what proportions, cigarettes and loose tobacco contain. The measure should be standardised across the industry.

We recommend to the Government that the provisions in the Smoke-free Environments Act for regulating additives and nicotine in tobacco be used to reduce the additives and nicotine in tobacco on an annual basis.

We heard from many submitters that cigarettes are not simply natural tobacco leaf; they are highly engineered products that can contain various additives to optimise appeal and addictiveness. ASH told us that sugar, flavourings, and humectants are the principal additives used. Other chemicals such as ammonia and pesticides are reported to be used in smaller quantities. We were told that without the added sweeteners and flavourings, tobacco is very harsh and unappealing to smoke. The tobacco companies we heard insisted that very few, if any, substances were added to the tobacco smoked in New Zealand.

We were advised that to date, tobacco products have been exempt from the standards regulating contents and design that are applied to minimise harm associated with other consumer products, such as food and pharmaceuticals. Tobacco companies are required to

provide a list of the additives in their products to the Ministry of Health annually, but it is aggregated, general, and not broken down by brand and brand variant. Changing legislation so that tobacco companies are required to publicly report the specific contents of particular brands would allow closer monitoring and regulation of tobacco products, and enable consumers to be fully informed about what they are putting in their bodies. Importantly, the cost of this reporting, which would be standardised across the industry, would fall to the tobacco companies.

The highly addictive nature of tobacco is perpetuating cigarette smoking in New Zealand. We heard evidence that the proportion of smokers who lose autonomy over whether they smoke increases rapidly with the number of cigarettes they smoke. Shockingly, 25 percent of children and young people lose some autonomy, or show symptoms of addiction, after just one cigarette. We therefore think that nicotine, the addictive substance in tobacco, should be rigorously regulated. New Zealand cigarettes contain on average 12.8 milligrams of nicotine per cigarette, higher than reported from the United Kingdom, the United States, and Canada. We were advised that a threshold of approximately five milligrams per day may be enough to maintain an addiction, meaning that in New Zealand, three cigarettes a day will keep a smoker hooked. Intensely smoked, one or two cigarettes are enough.

Currently, the nicotine yield of cigarette smoke is tested by the manufacturer but not audited or printed on the packet. Machine-based tests conducted by the tobacco companies to evaluate nicotine content do not correlate with the actual "nicotine hit" a smoker gets. For example, in "light" cigarettes, the filter is perforated with tiny holes that dilute the smoke with air. Therefore, when they are machine-tested, the inhaled smoke measurement shows less tar and nicotine. However, when humans smoke such cigarettes, their lips and fingers cover the holes around the filter, making the toxicity closer to that of a normal cigarette, and smokers may puff harder to compensate.

We note that because of the problems with machine testing methods, New Zealand removed the nicotine, tar, and carbon monoxide emission levels from tobacco packaging in 2007 to avoid the risk that smokers would be misled into thinking one brand was "healthier" than another. If reporting on nicotine and other contents were to be printed on tobacco packaging, we think there would have to be a more reliable system for measuring the actual delivery of nicotine, carbon monoxide, and tar, with specific maximum thresholds in order to avoid this risk.

We heard that regulating the nicotine content of cigarettes would reduce the risk of addiction, making it easier for adolescents to quit before becoming regular smokers, and for many older smokers to quit. Cigarette companies are already producing low-nicotine cigarettes, such as Vector Tobacco's "Quest" brand (available in the United States). Implementing a nicotine regulation mechanism is therefore highly likely to be feasible.

Some submitters voiced concerns that reducing nicotine content would reduce nicotine yield, which could lead to smokers inhaling more smoke to get the nicotine "hit" (compensatory smoking). The resulting increased inhalation of smoke would increase health risks. However, we heard that leading scientists both outside and inside the tobacco industry have found that compensatory smoking occurs only when nicotine and tar are reduced. Accordingly, the development of regulations that aim to reduce the nicotine content should consider the implications of compensatory smoking.

We were advised that provisions in the SFEA would allow product constituents to be regulated, and recommend that such provisions be implemented. Requiring clear and comprehensive reporting of tobacco content could help the Government select specific additives to regulate. Regulating nicotine content should be the priority.

Smoke-free campaigns

Recommendations

We recommend to the Government that the success of smoke-free campaigns be recognised, and that it continue to market to groups with high smoking rates, particularly Māori and pregnant women.

We recommend to the Government that research continue to be conducted to ensure that smoke-free campaigns are reaching the correct age demographic, particularly noting that the smoking uptake age amongst Māori (11.4) is lower than that in the general population.

We agree that smoke-free campaigns are a vital component of tobacco control measures to motivate quitters and deter potential new smokers. Any tools that help spread the message to children and young people that smoking is a bad idea should be strongly supported by the Government. We were therefore concerned to hear that funding for smoke-free campaigns has been reprioritised, resulting in an effective cut of $2 million, which has had particular impact on campaigns to discourage smoking uptake. We have no doubt that smoke-free media campaigns, particularly television campaigns, will continue to be a highly effective way of delivering smoke-free messages to a large percentage of the population. The Ministry of Health told us that recent research found that 97 percent of New Zealanders reported having seen an anti-smoking message in the past month, with television advertisements proving particularly memorable.

We heard that anti-smoking campaigns, such as the "Not Our Future" campaign, which uses celebrities to encourage children not to take up smoking, have been evaluated favourably. We commend the work of organisations such as the Health Sponsorship Council, the National Heart Foundation, Quitline, Te Hotu Manawa Māori, the Cancer Society, ASH, Te Reo Mārama, and the Smokefree Coalition, who play a crucial role in the development and dissemination of the smoke-free message.

We think it is important to ensure that smoke-free campaigns are reaching Māori children, as the average age at which Māori start smoking is significantly lower than non-Māori; some have their first cigarette at six or seven. We are concerned that by the time these children are old enough to be influenced by general smoke-free campaigns, they are already addicted to tobacco. Investigating the reach of the current smoke-free campaigns is desirable to ensure that the smoke-free message is reaching Māori before, not after, they have picked up the habit.

We were highly concerned to hear about the smoking rates amongst Māori women, particularly pregnant Māori women. Māori women suffer significantly from smoking, as is evidenced by their having one of the highest mortality rates for lung cancer in the world, and distressingly high levels of other diseases associated with smoking such as diabetes complications, cardiovascular disease, breast cancer, and cervical cancer. We are even more concerned about this demographic because of the significant impact of smoking on unborn

and young children. While it is not the only cause, we were told that up to 46 percent of Sudden Unexplained Death in Infancy is attributable to smoking, and tobacco smoke is associated with a raft of childhood illnesses. Some 65,000 Māori women who smoke are of child-bearing age, and encouraging these women to be smoke-free before they become pregnant would be the most effective means of reducing the damage smoking does to women and their babies. We therefore strongly encourage smoke-free campaigns aimed specifically at this demographic.

Extending smoke-free environments

Recommendations

We commend the Government for its decision to ban smoking in prisons from July 1 2010.

We recommend to the Government that the Smoke-free Environments Act be extended to prohibit cigarette vending machines.

We recommend to the Government that it investigate extending the Smoke-free Environments Act to legislate against smoking in certain areas, such as vehicles, vehicles carrying children, and specific public places.

New Zealand's SFEA currently legislates smoke-free public and private spaces, providing fully smoke-free indoor public and work places, with a few exceptions. Many submitters we heard supported expanding the scope of the SFEA to include areas such as universities, parks, homes, anywhere within ten metres of building entrances, in cars, and especially in cars carrying children.

While we agree with submitters that it is important to prevent exposure to second-hand smoke and to de-normalise smoking, we are not convinced that legislating to further penalise smokers is the best way of doing this. Focusing our attention on controlling the supply of tobacco, and working to reduce the number of people who smoke will inevitably result in a reduction of smoking in public places. Campaigns to increase the awareness of the effects of smoking on others will also play a role. We think that further criminalising smokers for their addiction could be unnecessary, and may detract from the pressure that should be placed on the tobacco industry.

An investigation into how best to expand the SFEA should therefore be conducted. We note that many local authorities have voluntarily extended smoke-free environments into key outdoor spaces, such as sports stadiums, children's playgrounds, and parks, and that many iwi (such as Ngāti Kahungunu) have developed auahi kore and tupeka kore strategies. We commend these various measures and believe that voluntary expansion of smoke-free environments may be more appropriate than increased legislative regulation. Support and resources to make these changes is currently provided through health promotion services operated by public health units and non-governmental organisations. Additional activities would require the reallocation of funding in the absence of new funding.

Increasing the excise tax on tobacco

Recommendations

We commend the Government on the enactment of the Excise and Excise-equivalent Duties Table (Tobacco Products) Amendment Act 2010, which has equalised the duties on manufactured cigarettes and roll-your-own cigarettes, and increased the tax on all tobacco products by 10 percent (in the first of three equal cumulative increases).

We recommend that the Government legislate for further incremental tax increases over and above the annual adjustment for inflation.

The World Health Organization and the Ministry of Health rank tax increases as the number one most effective intervention to reduce cigarette consumption, and over two thirds of submissions we received during the inquiry mentioned and supported such a measure. Price is a major barrier to children obtaining cigarettes. Evidence we heard showed that Māori smokers are most likely to smoke low-cost cigarettes, with 57.9 percent of 15- to 19-year-old Māori smokers using "roll-your-own" tobacco because it was so much cheaper. We, like many of the submitters we heard, also strongly advocated equalising the tax on "roll-your-own" tobacco and tailor-made cigarettes in order to remove this cheaper option.

In April, when this inquiry was already under way, the Government enacted the Excise and Excise-equivalent Duties Table (Tobacco Products) Amendment Act, which increased the tax on all tobacco products by 10 percent in the first of three cumulative increases, and equalised the duties on manufactured cigarettes and "roll-your-own" cigarettes. This move has already had a marked impact on smoking rates, with End Smoking New Zealand reporting that, on the basis of recent data from an AC Neilson survey, supermarket tobacco sales have fallen by 15 percent. We think this drop in sales, as well as evidence from ASH that the greatest falls in consumption before 2009 coincided with the largest increases in the price of cigarettes, clearly indicate that further incremental tax increases beyond 2012 would help bring smoking rates down.

We note that some submitters expressed concern that increasing taxes will simply penalise poorer smokers, and cause them to sacrifice essentials such as food in order to fund smoking. However, many academics we heard from told us that lower socio-economic groups are the most price sensitive, and are therefore the most likely to be responsive to price changes. We agree that comprehensive and accessible cessation services and nicotine replacement therapy are essential to ensure that people who are encouraged to quit because of price increases are supported in their efforts to do so.

5 Tobacco control management

New Zealand's current tobacco control programme includes the core measures recommended by the World Health Organization, and is built on well-established approaches including smoke-free environments, taxation, public health programmes, and quitting support services. "Providing better help for smokers to quit" is one of the Government's six priority health targets. The Ministry of Health and district health boards work together to meet this target, with each district health board having a regional tobacco control plan.

A range of Government and non-government organisations promote smoke-free environments, provide cessation support, and conduct research into smoking in New Zealand. These include among others Aukati Kai Paipa, a smoking cessation approach developed by Māori for Māori and delivered by 32 providers nationally; the Quit Group, the largest cessation support national provider; and the Health Sponsorship Council, the Crown entity responsible for delivering much of the Ministry of Health's education and information to support its tobacco control programme.

At a regional level, there are 13 public health units that focus on promoting smoke-free policies and environments, carrying out regulatory activities, ensuring licensed premises and tobacco retailers comply with the SFEA, and supporting community action and national initiatives such as smoke-free homes, smoke-free cars, and health-promoting schools. Public health units employ smoke-free enforcement officers and health promoters to carry out these tasks.

At a global level, New Zealand is a party to the Framework Convention on Tobacco Control. The convention works to provide an internationally coordinated response to the tobacco "epidemic", and recognises the huge impact of tobacco on indigenous populations. New Zealand complies with its obligations under the convention, and continues to participate in projects such as negotiation of a protocol on the elimination of the illicit trade in tobacco products.

We commend the work of the tobacco control sector to date, and note that New Zealand was recently rated fourth highest in the OECD for smoking cessation programmes. In order to achieve the reductions in smoking rates and tobacco consumption we have recommended, the Government must work hard to build on this success, however.

World Health Organization Framework Convention on Tobacco Control

Recommendation

We recommend to the Government that it consider embedding guidelines from Article 5.3 of the Framework Convention on Tobacco Control (intended to protect public policy from tobacco industry influence) in both legislation and policy making.

The New Zealand Government is a party to the Framework Convention on Tobacco Control. Article 5.3 refers to implementing public health policies that are protected from the commercial and other vested interests of the tobacco industry. Article 5.3 also recognises that governments need to address tobacco industry interference in undermining public health policies.

One way to eliminate that interference is through legislation that limits the tobacco industry's influence to publicly declared consultation on policy and regulation. Legislation could also cover other aspects of the guidelines, such as

- a ban on accepting funding from, or engaging in partnerships with, the tobacco industry on education and other interventions
- exclusion of recruitment from the tobacco industry into positions within the bureaucracy
- requirements for disclosures by industry of marketing activities and expenditure on certain functions
- prohibition of incentives such as tax or research breaks for the tobacco industry.

Interference could also be limited through provisions relating to conflict of interest disclosures by officials, disclosures of financial interests, and codes of conduct for public officials' engagement with the tobacco industry. These steps might not require legislation.

Work would need to be done to identify what can be achieved through policy, and what might best be addressed through legislation.

Updating the Tobacco Action Plan

Recommendation

We recommend to the Government that a tobacco control strategy and action plan be established, with a strong emphasis on Māori focused outcomes, to ensure that tobacco consumption and smoking prevalence is halved by 2015 in a cost-efficient way. In 2015, the strategy should be revised to work towards making New Zealand smoke-free by 2025.

New Zealand's Tobacco Control Strategy, which has guided tobacco control initiatives over the last five years, recently expired. We think it is essential that a clear, comprehensive, and workable tobacco action plan be developed to ensure that the recommendations we have made are implemented in a timely, cost-effective way.

In particular, we think it is important that an action plan which specifically addresses Māori smoking rates be developed with a kaupapa Māori perspective. As explained earlier, halving Māori smoking rates from 45 percent to 22 percent will be a far bigger challenge than halving non-Māori smoking rates. Also, smoking rates in priority groups, such as women of childbearing age, are far higher amongst Māori than non-Māori; almost half of Māori women of childbearing age smoke, double the national rate. Developing a comprehensive action plan to addresses issues specific to Māori smoking, designed specifically by Māori for Māori, will be essential to halving the smoking rate across all demographics by 2015. We see a strong role for Māori expertise in implementing the action plan, and also

acknowledge the expectation that resourcing commensurate with the size of the problem and goals will be allocated by the Government.

Tobacco Control Authority

Recommendations

We recommend to the Government that it investigate options for achieving an optimal tobacco control governance and management structure. Consideration should be given to establishing a Tobacco Control Authority with a strong kaupapa Māori approach to strengthen and accelerate New Zealand's tobacco control to reach the goal of halving tobacco consumption and smoking prevalence by 2015 and cost-efficiently making New Zealand smoke-free by 2025.

We recommend to the Government that it consider a funding formula that provides equitable funding to Māori specific programmes and campaigns.

Should the many recommendations made in this report be implemented, they will change the tobacco use landscape in New Zealand, which could result in a need for new activities and a different focus for tobacco control. In the absence of additional funding, re-allocation of existing resources would be necessary. Ensuring that tobacco control is operating optimally, and that it is targeting the appropriate areas, is therefore essential. We think consideration should be given to establishing a Tobacco Control Authority, independent of the Ministry of Health, which could help fine-tune, prioritise, and strengthen current tobacco control efforts. We would expect such an authority to have a strictly limited lifespan consistent with New Zealand's smoke-free goals. By ensuring the management structure for tobacco control is working as well as possible, the Government can help accelerate tobacco control to reach the goal of a smoke-free New Zealand by 2025.

Funding

In 2009/10, $57 million of the Vote Health budget was dedicated to tobacco control, the equivalent of 5.4 percent of the $1.3 billion of tax revenue (excise duty and GST) from tobacco in 2008/09. The Ministry of Health is responsible for distributing tobacco control funding to cover health promotion, research, enforcement, policy development, advocacy, and cessation services, including nicotine replacement therapy. The table below outlines the tobacco control budget in 2009/10:

Funding for district health boards	$10.701m
Cessation services	$18.777m
Nicotine replacement therapy	$8.500m
Promotion, education, and media campaigns	$10.967m
Public health and national services, SFEA enforcement, research, monitoring, and evaluation	$8.502m
Total	**$57.445m**

In our opinion, there is no "right" level of funding for tobacco control programmes, and all services that are part of a wider tobacco-control programme should provide good value for money. Many existing tobacco control-related services are demonstrably good value for money, and should be the priority for existing funding and any new funding.

Dedicated tax

Many submitters told us they wanted to see a dedicated tax, ring-fenced tax, or levy system established, either to fund a Tobacco Control Authority, or to fund the entire tobacco control programme. We understand that the amount of tax taken from tobacco and the funding that tobacco control receives seem disparate, and that a dedicated tax would increase transparency by directly linking taxes from cigarette sales to stopping people smoking. We also heard that a levy could increase the industry's accountability by linking profits from tobacco sales with tobacco control initiatives.

However, we believe that allocating a fixed amount of funding to tobacco control could hinder, rather than advance it, and might limit the ability of the Government to increase funding as it saw fit. The necessary acceleration in tobacco control we anticipate over the next five years, and the changes to tobacco use these programmes will bring about, mean that restricting the funding amount by ring-fencing could be risky. We therefore encourage the Government to re-evaluate the funding for tobacco control regularly, and to recognise that the urgent problem presented by tobacco use requires further dedicated and significant financial investment. We note such expenditure is clearly offset by tobacco tax revenue and ultimately through reductions in morbidity and mortality.

Fiscal responsibility of the tobacco industry

Recommendation

We recommend to the Government that it consider requiring tobacco companies operating in New Zealand to finance the cost of all smoking cessation pharmaceuticals including nicotine replacement therapy products (page 34).

The current budget for tobacco control is $57.445 million, of which $8.5 million is spent on nicotine replacement therapy products. The tobacco companies provide no financial

contribution despite their products' acknowledged impact on the health and well-being of addicted consumers. Recovering smoking cessation pharmaceuticals costs—including those of nicotine replacement therapy—would allow the Government to reallocate the existing budget of $8.5 million to other tobacco control measures.

6 Helping smokers quit

Virtually all tobacco-related illness and death between 2010 and 2050 will occur in smokers who are already addicted. We heard that both the United States Surgeon General and the Royal College of Physicians have concluded that nicotine is as addictive as heroin and cocaine, making quitting a long, difficult process for many smokers. One of the strongest indicators of the addictive nature of nicotine is the discrepancy between the desire to quit and quitting success rates. Surveys have shown that the majority of smokers (around 70 percent) want to stop smoking, yet the quitting success rate is very low; in New Zealand about 18 percent or less of people who try to quit with cessation support remain smoke-free for as long as a year, while for the same period only around three percent quit using willpower alone. This is consistent with international best practice. Importantly, it takes most smokers several attempts before they finally succeed in quitting.

We were advised that if a smoker gives up before they turn 35 their life expectancy is similar to that of someone who has never smoked, and quitting before 50 halves the risk of dying in the next 15 years. The benefits from giving up smoking at any age are outlined below:

Time since quitting	**Health benefits**
20 minutes	Heart rate and blood pressure drops
12 hours	Carbon monoxide level in blood drops to normal
2 weeks to 3 months	Circulation and lung function increases
1 to 9 months	Coughing and shortness of breath decrease; cilia (tiny hair-like structures that move mucus out of the lungs) regain normal function in the lungs, increasing the ability to handle mucus, clean the lungs, and reduce the risk of infection.
1 year	Excess risk of coronary heart disease is half that of a smoker
5 years to 15 years	Stroke risk is reduced relative to that of a non-smoker
10 years	Lung cancer death rate is about half that of a person who continues smoking. The risk of cancer of the mouth, throat, oesophagus, bladder, cervix, and pancreas decrease also.
15 years	Risk of coronary heart disease is the same as a non-smoker's

We agree with submitters that no one except smokers themselves can make the decision to quit; the individual has to reach their "tipping point", which is often a minor health scare. Sadly, we heard many stories of people whose addiction was so strong that even a health scare, or diagnosis of terminal disease, was not enough to break the addiction. By

increasing awareness, and making tobacco less attractive and less accessible, people can be encouraged to reach their "tipping point" sooner. Once the decision to quit is made, accessible, varied, and effective quitting support is crucial to the successful transition to a smoke-free life.

We also heard persuasively from submitters that motivation is a key ingredient in the quitting process. Encouraging smokers to quit through media campaigns and motivational interviewing by cessation advisers and other health professionals is important to ensure a quit attempt is successful in the long term. We heard that targeted campaigns were effective.

Cessation services

Recommendations

We recommend to the Government that it extend the range and reach of services for priority populations, particularly Māori women, as Māori smoking rates are significantly higher than those of the rest of the population. It is therefore essential that effective cessation services designed and delivered by Māori for Māori are made increasingly available.

We recommend to the Government that independent research and evaluation for all Māori programmes and services be funded on an ongoing basis (biennially for significant Māori-specific programmes and services).

We recommend to the Government that it take steps to initiate proactive cessation programmes in all prisons.

We commend New Zealand's smoking cessation services, which produce outcomes comparable with the best achieved internationally. The quitting rate for smokers who use smoking cessation providers (who ideally offer a combination of counselling and nicotine replacement therapy) is twice that of those who go it alone. However, we think that cessation services, which mostly deal with smokers one at a time and are relatively expensive, are not the most powerful smoking intervention available.

There are approximately 620,000 smokers in New Zealand. While cessation support helps greatly, it can take many attempts before a smoker can quit successfully in the long term. As people quit, however, the pool of smokers is replenished with new smokers. It has been estimated that given the reach and effectiveness of current quit services, it could take over 30 years at a cost of $585 million for all smokers to quit—if no one new started smoking.

We think that broad interventions that affect smokers (and potential smokers) as a whole such as plain packaging, removing point-of-sale displays, regulating additives, taxation, and smoke-free media campaigns will be more effective in reducing smoking rates than cessation support alone. However, we do not disregard the value of cessation programmes, and feel strongly that people who want to quit should be motivated and supported to do so.

In our opinion, the important priority populations—particularly Māori, Māori women, and pregnant women—need to be the focus for further development of smoking cessation services. We note that over the past three years, the Ministry of Health has implemented

the "ABC" approach (Ask about smoking, provide Brief advice and refer, or provide Cessation support) in order to make smoking cessation the everyday business of health professionals. While certainly beneficial, this approach has limitations given that Māori do not access some healthcare at the same rate as non-Māori.

We were told that there are currently 32 Aukati Kai Paipa providers in New Zealand, most of which are iwi-based. Their aim is to support smokers and their whānau during quitting attempts, and to enhance supportive environments such as smoke-free marae. We commend their work, and encourage the Government to continue to work with such providers to ensure the priority populations are getting the cessation support they need.

Increasing the number of people and places that encourage Māori smokers to use cessation services will help increase the number of quit attempts, and will bring Māori smoking rates down. For example, social service agencies could be strongly encouraged to train their workers to become Quitcard providers, so smoking cessation support can be offered by Māori workers to their clients as part of their existing roles. Services such as Family Start, in which many Māori women participate with their babies, Kōhanga Reo, and other services focused on babies and children are obvious important targets.

Promoting cessation services through media campaigns is clearly effective—within one hour of advertisements such as "It's about whānau," and "Every cigarette is doing you damage," calls to Quitline increase markedly. Encouraging people to have the first conversation about quitting is an important part of cessation services, and we advocate the continued use of such campaigns, particularly those targeted at Māori, Māori women, and pregnant women.

Evaluation of cessation services

Historically, cessation providers have had various performance measures, and we were concerned this made evaluating the success, and value for money, of cessation programmes difficult. We were pleased to hear that in 2009–2010, the Ministry of Health commissioned an independent review of the responsiveness and effectiveness of cessation services, and has since established a standardised measure of quitting success. Cessation providers will now be monitored in a consistent way every six months. We strongly support this new evaluation method, and encourage any further steps to ensure that cessation services are working as effectively and efficiently as possible. We think the Ministry of Health should report publicly the quit attempt and successful quit rates of each cessation provider.

The evaluation of mainstream organisations such as Quitline and the Health Sponsorship Council are continually researched, monitored, and evaluated for effectiveness by teams of internal researchers. Currently there are no Māori organisations with similar abilities to deliver ongoing facilities to ensure effective and efficient outcomes are being met.

Funding of cessation services

Currently, just under one third of the tobacco control budget is spent on cessation intervention services. Another third of the budget covers activities to encourage quit attempts and subsidise nicotine replacement therapy. All the cessation providers we heard from during the inquiry told us that with more funding, they would be able to access a larger percentage of smokers, and improve quit rates. The tobacco control initiatives we

have suggested would increase demand for cessation services, which would in turn increase the pressure on cessation providers. The increased demand for Quitline and nicotine replacement therapy since the recent increases to tobacco excise tax is evidence of this. We think it is important for the Government to closely monitor the demand for cessation support, and, as the demand increases, be responsive.

Many submitters advocated a dedicated tax to fund cessation services. As outlined in section three, "tobacco control management", we are concerned that a dedicated tax could restrict, rather than maximise, the amount of funding given to cessation services.

Nicotine replacement therapy

Recommendations

We recommend to the Government that nicotine replacement therapies be required to be sold everywhere tobacco is sold, thereby ensuring smokers can choose a safe option whenever they crave nicotine.

We recommend to the Government that to improve access to nicotine replacement therapies, pharmacists be Quitcard providers.

We recommend to the Government that PHARMAC be strongly encouraged to subsidise a wider range of effective cessation medications.

The use of nicotine replacement therapy during a quit attempt doubles the chance that a smoker will quit. By replacing smoked tobacco with an alternative nicotine delivery system such as gum, patches, or lozenges, smokers can give up smoking while continuing to receive a nicotine "hit." nicotine replacement therapy therefore reduces nicotine withdrawal symptoms, which can include cravings for nicotine, irritability, anxiety, difficulty concentrating, restlessness, sleep disturbances, decreased heart rate, increased appetite, and weight gain.

Currently, Government-subsidised nicotine replacement therapies, which cost a smoker $3 for up to eight weeks, are available via Quitcard and prescription. Nicotine replacement therapies are also available over the counter in pharmacies and supermarkets at an unsubsidised price. We were advised that nicotine replacement therapy has been one of the main focuses of the Ministry of Health's smoking cessation strategy over the past three years. This, along with the broader ABC initiatives and the wider tobacco control programme, has contributed to the two percent reduction in the proportion of people smoking, resulting in 60,000 fewer smokers in real terms.

While it is encouraging to see the increased uptake in past years, we agree with many submitters that nicotine replacement therapies should be more easily accessible, and a broader range of nicotine replacement therapy products should be subsidised. Gum, lozenges, and patches are not appropriate for everyone and other options, such as inhalers, are not easy, or cheap, to obtain. To encourage as many people as possible to quit, cessation aids in all forms should be as readily available as tobacco, not something a smoker has to go out of their way to get.

The Royal Australasian College of Physicians and Cardiac Society of Australia and New Zealand recommended that subsidised nicotine replacement therapies be sold everywhere that tobacco is sold, to enable people to choose between an expensive product that harms them, and a cheap product that helps them quit. We strongly support this innovative idea, as it would make cessation aids as common as, and hopefully soon more common than, cigarettes.

We think that if community-based pharmacists were made Quitcard providers smokers would benefit, as they could get a Quitcard and exchange it for nicotine replacement therapy in the same place. We recognise that to date, there has been a deliberate separation in the health sector between prescribing and dispensing, and that allowing pharmacists to be Quitcard providers would blur this line. However, nicotine replacement therapy is a special case, as Quitcards are not prescriptions, and the purpose of nicotine replacement therapy is very different from other subsidised medicines. We note that PHARMAC is currently reviewing the separation between prescribing and dispensing in the broader health sector, and encourage them to note that any means of making quitting easier should be encouraged.

Less harmful alternatives to tobacco

Recommendation

We recommend to the Government that further research into the benefits and risks of alternative tobacco products be conducted.

We heard from many submitters that there should be wider access to nicotine delivery devices that are safer than smoked tobacco as part of a "harm reduction" approach to tobacco use. Examples included the "e-cigarette", a smokeless nicotine delivery device which is inhaled like a cigarette, and "snus", a moist powder tobacco product which is placed under the lip for extended periods. According to many submitters, giving smokers access to alternative tobacco products would encourage quitting and reduce the use of smoked tobacco. This would help achieve the main goal of tobacco control: a reduction in the illness and death caused by smoking.

Conversely, some submitters felt that the wider availability of alternative tobacco products could cause more, not less, harm in New Zealand. They told us that children could be tempted to try alternative products because of their novelty, thereby becoming addicted to nicotine. Such products could also undermine current tobacco control measures, such as the use of tobacco in workplaces.

Most importantly, on the evidence we heard, the health benefits or risks associated with alternative tobacco products are not entirely clear. We therefore think that before the use of such products is advocated, a comprehensive research-based analysis of the risks and benefits associated with each alternative tobacco product must be undertaken. We encourage the Health Research Council of New Zealand to include this research area as a priority in their research funding strategy.

7 Untaxed tobacco

Illicit trade

Recommendations

We recommend to the Government that it increase the monitoring of the illicit trade in both home-grown and imported tobacco products in New Zealand.

We recommend to the Government that it increase support for the international development of comprehensive systems for detecting smuggled and contraband tobacco products in alignment with Article 15 of the Framework Convention on Tobacco Control. New Zealand authorities might introduce such systems here and work to encourage other countries in the Asia-Pacific region to do likewise.

We agree that an illicit tobacco trade exists, and will continue to exist, in New Zealand; but we do not agree with the contention that our recommendations would cause it to increase dramatically. As British American Tobacco New Zealand (BATNZ) told us, should demand for tobacco outstrip its legal supply, illicit trade could fill the gap, enabling criminals to profit from a tobacco black market. However, our recommendations aim to reduce the demand for tobacco, not phase out its supply before people are ready to give it up; tobacco would remain accessible through legal channels for those who wanted it. As the overwhelming majority of smokers are law-abiding, we think they will continue to use a legal product rather than turning to an illegal source. Our goal is to encourage New Zealanders to eschew tobacco in general, legal or illegal, and this is best done by stopping uptake and increasing quitting rates.

Each of the three tobacco companies we heard from told us that further regulating the supply of tobacco would increase the illicit trade in New Zealand, and we agree that illicit trade is a serious concern the Government must consider. Two reports were submitted to us assessing the size of the illicit trade market in New Zealand. The report commissioned by BATNZ estimated that illicit tobacco makes up 3.3 percent of the total market. The report commissioned by ASH gave a range of between 0.7 and 2 percent. In its oral submission, BATNZ told us that the main source of black-market tobacco is home-grown "chop chop". We were advised by the Ministry of Health that while the illicit trade is persistent, it is small and isolated.

We do not think that the risk of illicit trade should reduce the Government's commitment to stronger tobacco control policies, but consider the problem should be closely monitored and subject to appropriate interventions. We heard from many submitters that growing tobacco in New Zealand is difficult, requiring a lot of land, and the final product, which does not contain any additives, is very harsh and unappealing to smoke. We think that being an island nation with highly effective border control puts New Zealand in a strong position to intercept illegally imported tobacco; however, no border control system is impenetrable. For this reason, we believe that a better method of detecting smuggled tobacco should be developed. Ideally, this system would be used in New Zealand and

neighbouring countries, to ensure a consistent approach to minimising illicit trade. We note that New Zealand is a party to current negotiations of a protocol under the World Health Organization Framework Convention on Tobacco Control, which seeks global action to eliminate the illicit trade in tobacco products.

Home-grown tobacco

Recommendation

We recommend to the Government that the personal allowance for home-grown tobacco be reduced from 15 kilograms per adult per year—which equates to 40 to 80 cigarettes a day—to a level closer to typical daily personal use.

We were concerned to hear that the current limit for home-grown tobacco is 15 kilograms of dried leaf per adult annually, which is equivalent to 40 to 80 cigarettes per day. This is far higher than the average amount a person smokes daily, which is about 11 manufactured or 14 "roll-your-own" cigarettes. We think that as tobacco control policies are strengthened, and particularly as the price of tobacco increases, home-grown tobacco use may increase. Reducing the home-grown limit to an amount more congruous with what smokers actually use would reduce the chance of excess home-grown tobacco supplying the black market.

Duty-free tobacco

Recommendation

We recommend to the Government that the duty-free allowances in other jurisdictions be investigated with a view to changing that permitted at New Zealand ports of entry recognising Article 6.2 under the Framework Convention on Tobacco Control.

While duty-free tobacco accounts for only about 4 percent of tobacco consumed in New Zealand, its role may become more important as price increases and other supply control measures are introduced. We heard that this cheap source of tobacco already contributes to illicit trade and social supply. Also, being able to buy tobacco duty-free undermines the effectiveness of excise-tax increases.

While New Zealand has obligations under customs conventions and trade agreements to allow travellers to bring in duty-free tobacco, there may be scope for reducing the amount. As other jurisdictions have already reduced duty-free allowances, looking at their decision-making process should help establish a reasonable duty-free policy.

Appendix A

Committee procedure

At its 23 September 2009 meeting, the Māori Affairs Committee resolved to conduct an inquiry into the tobacco industry in Aotearoa and the consequences of tobacco use for Māori. The committee called for public submissions on the inquiry. The closing date for submissions was 29 January 2010. The committee received 260 submissions and many supplementary submissions from the organisations and individuals listed in Appendix B. The committee also received 1,715 form letters. The committee heard 96 of the submissions orally at hearings of evidence at Wellington, Christchurch, Rotorua, and Auckland. The committee met between 23 September 2009 and 27 October 2010 to consider the inquiry.

The Ministry of Health was our key adviser.

We also received independent specialist advice from Professor Christopher Cunningham from the Research Centre for Māori Health and Development, Massey University, Wellington.

Committee members

Hon Tau Henare (Chairperson)
Simon Bridges
Kelvin Davis
Hone Harawira (Deputy Chairperson)
Hon Parekura Horomia
Paul Quinn
Hon Mita Ririnui
Metiria Turei (non-voting)

Iain Lees-Galloway participated as a member of this committee for the duration of the inquiry.

Appendix B

List of submitters

Aaron Senior
Action on Smoking and Health (ASH) Australia
Action on Smoking and Health (ASH) New Zealand
Active West Coast
Age Concern (Canterbury)
A M McCormick
Andrew Wilkins
Ann Gillanders Shaw
Ann Kururangi
Anne-Thea McGill
Anne Knight
Anthony O'Brien
Ao Mārama Health Research
Arai Te Uru Whare Hauora
Associate Professor Chris Bullen and others
Associate Professor Papaarangi Reid and colleagues, University of Auckland
Asthma Foundation
Auckland District Council of Social Services
Auckland Pharmacy Students' Association
Auckland Regional Public Health Service
Auckland University Students' Association
Audrey van Ryn
Aukati Kaipaipa Practitioners (Quit coaches)
Aukati Kaipaipa Smoking Cessation Programme Team
Barry Armstrong
Bay of Plenty District Health Board
Beth Jenkinson
Boyd Broughton
Brian Wheeldon
British American Tobacco (New Zealand)
Bruce Arroll
Cameron Slater
Cancer Society of New Zealand (Auckland)
Cancer Society of New Zealand (Hawkes Bay)
Cancer Society of New Zealand (National Office)
Cancer Society Social and Behavioural Research Unit (SBRU)
Canterbury District Health Board
Catherine Silverstone
Cathy Dewes
Central Cancer Network
Change for Our Children

Cheryl Ford
Child Poverty Action Group
Cinnamon Whitlock
CJ Gilbert
Clair Mills
College of Nurses Aotearoa (New Zealand)
Community & Public Health West Coast, West Coast District Health Board and West Coast Primary Health Organisation
Compass Health
Counties Manukau District Health Board
Daniel McCaffrey
Danny Houia
Dean Family
Diabetes New Zealand
Dianne Grennell
Directions Youth Health Centre
Donna Leatherby, Denis McLeod, and Kurt Komene
Dr George Laking
Dr Hayden McRobbie
Dr Jethro LeRoy
Dr Marewa Glover
Drs George Thomson, Nick Wilson, and Richard Edwards
End Smoking NZ
Esther Willing
Faye Kenny
Fight the Obesity Epidemic
Gary Courtenay
Gary Thompson
Gerrie Ligtenberg
Global Public Health
Gordon McShean
Grassroots Rural Health Club
Greenstone Family Clinic
Greg Hamilton
Hapai Te Hauora Tapui
Hawke's Bay District Health Board (Alyson Bullock)
Hawke's Bay District Health Board (Dr Caroline McElnay)
Hawke's Bay District Health Board (Dr John Gommans)
Hawke's Bay District Health Board (Dr Russell Wills)
Hawke's Bay District Health Board (Dr Simon Shaw)
Hawke's Bay District Health Board (James Curtis)
Hawke's Bay District Health Board (Karen Hicks)
Hawke's Bay Primary Health Organisation
HB Youth Advisory Committee
Health New Zealand
Health Promotion Forum of New Zealand
Health Sponsorship Council
Heart Foundation of New Zealand

Heather Muir
Imperial Tobacco New Zealand
Institute of Environmental Science and Research
James Savage
Janet Hoek
Jean Rogers
Jennifer Lamm
John Cunningham
Josephine Tiopira
Julie Beckett
Karena Hart
Kate Bromley
Kelly Beech
Korowai Aroha Health Centre
Kristina
Lakes Auahi Kore Smokefree Coalition
Lisa Rudolphe
Lyn Drupsteen
Manaia Primary Health Organisation
Mark Richards
Marnie Reinfelds and Kiterangi Cameron
Martin Witt
Mary Mazengarb
Matiaha Darcy Vaka
Māori Womens Welfare League (Whangarei Branch)
Medical Officers of Health, Northland DHB Public and Population Health Unit
Mei and Brigham Riwai-Couch
Melanie Maniapoto
Merivale Community
Michelle McGhie
MidCentral Health District Health Board Public Health Service
Midland District Health Board Smokefree
Ministry of Health
Moana Jackson
Mohi Waihi
Nathan Clark
Nayda Te Rangikaiamokura
Nelson Marlborough District Health Board
New Amsterdam Reedy (Ngā Kete)
New Zealand, Auckland University, and University of Otago Medical Students' Associations
New Zealand Airports Association
New Zealand Aotearoa Adolescent Health and Development
New Zealand Association of Convenience Stores
New Zealand College of Midwives
New Zealand Dental Association
New Zealand Dental Therapist Association (Southland Branch)
New Zealand Drug Foundation

New Zealand Food and Grocery Council
New Zealand Medical Association
New Zealand Nurses Organisation
New Zealand Organisation for Rare Disorders
Ngāti Hauiti Rūnanga
Ngāti Makino Iwi
Ngāti Porou Hauora
Ngāti Kahungunu Iwi
Ngāti Wai Trust Board
Nichola Te Kiri
Nursing at AUT University
One Double Five Whare Roopu Community House
Otago Southern Region Primary Health Organisation
Pacific Health and Welfare
Paediatric Society of New Zealand
Partnership Health Canterbury
Patu Puauahi Te Tai Tokerau Smokefree Northland
Pauline Allan-Downs
Peak Health Taranaki Primary Health Organisation, Te Tihi Hauora o Taranaki Primary Health Organisation and Hauora Taranaki Primary Health Organisation
Penelope Scott
Pfizer New Zealand
Philip Morris (New Zealand)
Pirihira Tamehana
Problem gambling foundation
ProCare Health
Professor Robert Beaglehole
Prudence Stone
Public Health Association of New Zealand
Public Health South
Queens Park Medical Centre
Quit Group
Quit Victoria and the VicHealth Centre for Tobacco Control, Cancer Council Victoria
Raukura Hauora o Tainui Trust
Rebecca Dooley
Regional Public Health
Royal Australasian College of Physicians and the Cardiac Society of Australia and New Zealand
Royal New Zealand College of General Practitioners
Rūnanga Hauora o Te Moana a Toi
Rural Canterbury Primary Health Organisation and Hurunui Kaikoura Primary Health Organisation
Rural Otago Primary Health Organisation
Shane Kawenata Bradbrook
Shaun McMiken
Sikh Council of New Zealand
Siohban Griffiths
Skye Te Rangi Kimura

Smokechange
Smokefree Canterbury
Smokefree Canterbury (The Hornby Community Project)
Smokefree Coalition
Smokefree Mid-Canterbury Coalition
Smokefree Nurses Association Aotearoa/New Zealand
Smokefree Otago
Smokefree Pasifika Action Network
Smokefree South Canterbury Committee
Statistics New Zealand
Stroke Foundation of New Zealand
Sue Taylor
Susan C Johnston
Susan Marie Freeman
Synexe Consulting
T and T Consulting
Tairawhiti District Health Board
Taki Tahi Toa Mano Smokefree Collective Tairawhiti
Tala Pasifika
Tamati Davis
Tanya Skaler
Te Aitanga a Hauiti Hauora
Te Ha o Te Ora
Te Hauora o Te Hiku o Te Ika Trust
Te Herenga Waka o te Ora Whānau Charitable Trust
Te Hotu Manawa Māori
Te Huinga Takiora Māori Lakes District Health Board
Te Kahu Wahine Māori Midwives Group
Te Kapo Whānau
Te Kārito Kura Wānanga
Te Kohanga Reo Ahipara
Te Kohao Health
Te Korowai Hauora o Hauraki
Te Manawhenua i Tamaki-Makaurau
Te Ohu Rata o Aotearoa Te Ora Māori Medical Practitioners Association
Te Puna Oranga (Māori Health Service), Waikato District Health Board
Te Reo Mārama Charitable Trust
Te Roopu Hauora o Te Arawa
Te Roopu Manaaki Sport Northland Whangarei
Te Rūnanga A Iwi o Ngapuhi
Te Rūnanga o Kirikirioa
Te Rūnanga o Makaawhio
Te Rūnanga o Ngāti Apa
Te Rūnanga o Ngāti Hine
Te Rūnanga o Ngāti Whatua
Te Rūnanga o Ngāi Tahu
Te Rūnanga o Ngāti Porou
Te Rūnanga o Turanganui a Kiwa

Te Tama Wahine o Taranaki
Teresa Taylor
Theresa Boyes
Thoracic Society of Australia and New Zealand
Timoti Russell
Tipu Ora Charitable Trust
Tirita Olsen
Toiora Healthy Lifestyle
Tracey Worthington
Turanganui Primary Health Organisation
University of Auckland (Pacific Health Section)
University of Auckland Māori SIDS
University of Otago (Researchers at the Department of Public Health)
Veng Ian (Esther)
Waikato-Tainui Te Kauhanganui
Waikato Primary Health
Wairarapa Community Primary Health Organisation
Wairarapa District Health Board
Wairoa District Charitable Health Trust (Wairoa Primary Health Organisation)
Waitemate District Health Board
Warren Moetara
Well Dunedin Primary Health Organisation and 51 others
Wellington Smokefree Network
West Coast Conservation Corps
Whaiora
Whakawhiti Ora Pai and others (Primary health providers for Te Tai Tokerau)
Whanganui DHB and Whanganui DHB Tobacco Steering Group
Whānau Tamati (ngā uri o Raukirikiri rāua ko Henare Tamati)
Witeria Lewis Ashby
Women's Health Action Trust
Yvonne Allan
Yvonne Rogers

Form A Abigail Weston and 23 others
Form B Te Reo Mārama and 28 others
Form C Te Reo Mārama and 1,560 others
Form D Anne McNaught and 13 others
Form E Aroha Reriti-Crofts and 25 others
Form F Tamaro Bishop and 32 others
Form G Cheyne Paikea and 7 others
Form H Jacqueline Spiers and 19 others

Appendix C

Advice and information received

Professor Christopher Cunningham, Specialist Adviser

Specialist adviser's report, dated 30 July 2010.

Report on exposure, initiation, and cessation, dated 16 August 2010.

Ministry of Health

Evaluation of Culturally Appropriate Smoking Cessation Programmes for Māori Women and their Whānau, dated April 2003.

New Zealand Smoking Cessation Guidelines, dated August 2007.

Literature Review for the Revision of the New Zealand Smoking Cessation Guidelines, dated June 2008.

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Appendix D

History of tobacco control in New Zealand

Early history: Tobacco was first cultivated in the Americas and brought to Europe by Christopher Columbus and other explorers in the 15th and 16th centuries. The plant was brought to England by Sir Walter Raleigh during the reign of Queen Elizabeth I. Captain James Cook's ships were the first to bring tobacco to New Zealand in the 18th century.

Tobacco quickly became valued by Māori as a trading commodity during early European settlement, and was reportedly distributed as a gift at Waitangi by William Hobson before the signing of the Treaty. Adverse health effects from smoking were recognised by Dr Maui Pomare, who noted in the early 1900s that smoking around Māori children was bad for their health.

In the early 1900s the invention of machines to mass-produce cigarettes altered smoking habits dramatically by making cigarettes more convenient and accessible.

1914–1918: Cigarettes became very popular among soldiers during the First World War, as they fitted into shirt pockets more easily than pipes and cigars. Soldiers were given free cigarettes every day, and after the war cigarette smoking became much more acceptable. After the Second World War, three-quarters of New Zealand's adult male population, and one-quarter of its adult females, were smokers.

1930s: Medical professionals began to notice an increase in lung cancer, which had previously been an unusual disease.

1950s: By the 1950s, American and British research began to recognise smoking, particularly cigarettes, as a leading cause of the increase in lung cancer. In 1953, New Zealand consumption of tobacco by weight per adult peaked.

1964: A US Surgeon General's report on smoking and health linked smoking to heart disease, other kinds of cancer, and many other health problems.

1973: The tobacco industry agreed to restrict billboard and cinema tobacco advertising, and the first health warnings on cigarette packets were introduced.

1979: Tobacco was defined as a toxic substance in the Toxic Substances Act 1979.

1984: Māori men and women had the highest incidence of lung cancer reported from any cancer registry in the world.

The Government initiated a tobacco control programme.

1985: The Minister of Health publicised a "comprehensive policy to promote non-smoking", asking the Government to embark on a tobacco control programme including public involvement and health education, cessation clinics for adults, restricted access to tobacco for adolescents, regulation of tar content, increased taxation, smoke-free environments, health warnings, and a ban on advertising tobacco products and tobacco brand name sponsorships.

1986: Great Smokefree Week received $0.5 million Government funding for TV advertising.

The Budget raised tax, and tobacco prices rose by 53 percent.

1987: New, varied health warnings linking smoking to heart and lung disease appeared on the fronts and backs of cigarette packets sold in New Zealand. The Department of Health went completely smoke-free. There was strong public support for restrictions on smoking at work and indoors in public spaces.

1988: Amendment to the Toxic Substances Act banned the sale of tobacco products to those under 16. Domestic airlines banned smoking in aircraft.

1989: The Coalition to End Tobacco Advertising and Promotion was launched in Wellington. The Government announced its intention to introduce legislation to ban tobacco advertising.

1985–1990: New Zealand recorded the most rapid reduction in smoking in OECD countries.

1990–1998: Tobacco tax was adjusted for inflation at least annually.

1990: The Smoke-free Environments Bill passed into law. The implementation of the Smoke-free Environments Act 1990 incorporated earlier restrictions and in addition

- restricted smoking in many indoor workplaces
- required all workplaces to have a policy on smoking and to review it annually
- banned smoking in public transport and certain other public places
- restricted smoking in cafes, restaurants, and casinos
- regulated the marketing, advertising, and promotion of tobacco products, and the sponsorship by tobacco companies of products, services, and events
- banned the sale of tobacco products to people under the age of 16 years (raised to 18 years in 1998)

- provided for the control and disclosure of the contents of tobacco products
- established the Health Sponsorship Council (HSC) to replace tobacco sponsorship. The council introduced the "Smokefree" brand.

1991: The economic recession peaked. A 17 percent increase in the price of cigarettes resulted in a 15 percent decline in sales.

1992: Tobacco product consumption per adult was the lowest among OECD countries.

1993: The Environmental Protection Agency in USA said that environmental ("second-hand") tobacco smoke causes cancer and glue ear.

The Smoke-free Environments Act was amended to allow existing tobacco sponsorships to continue two years longer, until 1995. Australia prohibited tobacco sponsorships from 1995, bringing its policies into line with those of New Zealand.

A contract was established with Te Hotu Manawa Māori to coordinate and strengthen tobacco control among Māori. Previously there had been no one working full-time on Māori smoking.

Smoking prevalence among adults stood at 27 percent, and had not decreased since 1989.

1994: The Auahi Kore programme was launched by Te Hotu Manawa Māori.

The HSC began to replace major tobacco sponsorships with smoke-free sponsorships.

The Public Health Commission set a target of a 20 percent adult smoking rate or less by 2000.

1995: All tobacco product advertising in shops was removed except point-of-sale notices.

All Air New Zealand flights went smoke-free except for flights to Japan and Korea.

All tobacco sponsorships ended and sponsorship signs were banned and removed, with some time-limited exemptions, such as the completion of Winfield Cup Rugby League matches in Auckland.

The Smoke-free Environments Amendment Bill No 2 was introduced into Parliament.

The Smokefree Coalition was established to encourage debate on tobacco control issues, to prevent the uptake of smoking among young people and

to reduce the smoking rates of all New Zealanders. Its membership includes the Asthma and Respiratory Foundation, Cancer Society, and National Heart Foundation.

1996: The census revealed a decline in the prevalence of smoking among New Zealanders to 23 percent.

A media campaign—Why Start?—targeted at youth began and ran for three years at a cost of $1 million annually.

The annual World Smokefree Day was celebrated nationally for the first time. It is the only global event established to call attention to the adverse health effects of using and being exposed to tobacco products.

1997: Ligget tobacco company in the USA admitted that tobacco causes cancer and heart disease and is addictive, and also admitted to marketing to children.

The inaugural national Māori Auahi Kore conference was held at Wainuiomata Marae.

The first national Smokefree Conference was held in Wellington, attended by 120 people. The theme was "Consensus for a Smokefree New Zealand". The conference was held again in 1998, and biennially since.

The Smokefree Coalition first received Government funding.

The Smoke-free Environments Amendment Bill No. 2 was passed in July, becoming the Smoke-free Environments Amendment Act 1997, amending the Smoke-free Environments Act 1990 to

- ban sales of tobacco products to anyone under 18 years (previously 16 years)
- ban sales of cigarettes in packs of less than 20
- clarify the regulatory powers of the Act to limit harmful constituents in tobacco products
- ban incentives to retailers to promote tobacco products
- reduce the size of point-of-sale tobacco advertising.

1998: Quitline and the Quit/Me Mutu pilot campaign were launched in Waikato and Bay of Plenty. At the completion of a six-month trial, 8,500 calls had been received, from among the 100,000 smokers in the region.

Apārangi Tautoko Auahi Kore, or the Māori Smokefree Coalition, was established. Its name was changed in 2005 to Te Reo Mārama.

1999: The national Quitline and Quit/Me Mutu campaign were launched at the Public Health Association Conference.

Aukati Kaipaipa, a two-year pilot cessation programme for Māori, was launched.

The Smoke-free Environments (Enhanced Protection) Amendment Bill was introduced. It proposed more protection for workers, volunteers, and the public than the Smoke-free Environments Act 1990, particularly against exposure to second-hand smoke.

2000: Subsidised nicotine patches and gum became available through Quitline and authorised community providers.

2001: A Supplementary Order Paper enhanced the changes proposed by the Smoke-free Environments (Enhanced Protection) Amendment Bill.

The Smoke-free Environments Amendment Bill (a combination of the Smoke-free Environments (Enhanced Protection) Amendment Bill 1999 and the SOP) was referred to the Health Committee.

2003: Agreement was reached on the Framework Convention on Tobacco Control (FCTC), the world's first public health treaty designed to reduce the health and economic effects of tobacco.

New Zealand signed the FCTC.

The National Māori Tobacco Control Strategy 2003–2007 was developed.

A commercial against second-hand smoke in the workplace, "Let's clear the air" (developed by HSC and The Quit Group) ran on television.

The Smoke-free Environments Amendment Bill was passed, becoming the Smoke-free Environments Amendment Act 2003.

2004: All buildings and grounds of schools and early childhood centres were required to be smoke-free.

New Zealand ratified the FCTC, making the convention legally binding on New Zealand.

Ireland became the first country to ban smoking in all workplaces, including pubs, bars, and restaurants.

The Smokefree Homes campaign was launched. The campaign was developed by the HSC and the Quit Group.

All indoors licensed premises (bars, restaurants, cafes, sports clubs, casinos) and other workplaces (including offices, factories, warehouses, work canteens, and "smoko" rooms) become smoke-free in New Zealand.

All Australian states (with exception of the Northern Territory) announced the intention to go smoke-free by 2007.

2004 & 2005: Ministry of Health's smoke-free legislation media campaign was broadcast.

2005: The FCTC came into force when the 40th country formally ratified it.

2006: The Cancer Society-led "Out of Sight, Out of Mind" campaign against tobacco displays ran and is continuing.

Philip Morris International, a tobacco company, apologised to Māori after being confronted by Te Reo Mārama at the annual Altria Shareholders Meeting in the USA.

The Quit Group's Video Diaries campaign was launched.

Justice Lang ruled that compensation would not be awarded to the family of Janice Pou, whose children sought $310,000 from British American Tobacco, and WD and HO Wills after their mother died of lung cancer in 2002.

The HSC's "Smokefree Cars" campaign was launched.

The HSC launched the youth-targeted "Smoking: Not Our Future" campaign.

2007: New Zealand hosted the first Oceania Tobacco Control Conference.

2008: Graphic health warnings on tobacco packs were introduced.

All medical practitioners who have the right to prescribe were now allowed to distribute Quit Cards without undertaking additional cessation training.

Smokefree Coalition's vision for a Tobacco-free Aotearoa in 2020 was confirmed at a National Heart Foundation hui.

The Quit Group's Txt2Quit service was launched.

The Quit Group's Pack Warning campaign was launched.

The Commerce Commission, acting on complaints from lobby groups, issued warnings about the use of misleading descriptors on tobacco packs to the three major tobacco companies supplying the New Zealand market—British American Tobacco (New Zealand), Imperial Tobacco New Zealand and Philip Morris (New Zealand).

2009: The HSC's "Face the Facts" campaign began.

Zyban (bupropion) became subsidised as a smoking cessation medication.

Nicotine replacement therapy became available on prescription, as well as via a Quit Card (the Quit Card scheme provides registered health care practitioners without prescribing rights the ability to offer subsidized nicotine replacement therapy to anyone who smokes).

2010: A 25 percent increase in the excise on loose tobacco and a 10 percent increase on all other tobacco was announced, with further 10 percent increases to take effect on 1 January 2011 and 1 January 2012.

Appendix E

Terms of reference one to four

The historical actions of the tobacco industry to promote tobacco use amongst Māori

Māori culture was traditionally auahi kore (smoke-free). However, with the introduction of tobacco to New Zealand in the eighteenth century, smoking quickly became an embedded part of Māori culture. For example, pipe-smoking kaumātua, immortalised in photographs and paintings from the nineteenth century, became iconic images of traditional Māori practice. Hearing from some submitters that smoking makes them feel "more Māori" reveals the persistence of this association today. In order to reduce the negative impact of tobacco on Māori, a fundamental shift in the way smoking is perceived must occur.

With the advent of commercial tobacco production in the twentieth century, smoking rates increased throughout New Zealand, and by the end of World War II, three-quarters of adult males and one-quarter of adult females were smokers. Māori smoking-prevalence rates quickly climbed far above those of non-Māori, where they remain today.

Like any commercial industry, tobacco companies promoted their product in order to increase revenue. Before the prohibition of tobacco advertising on radio and television in 1962, widespread targeted advertising was used to promote tobacco use. While it is difficult to demonstrate that tobacco was marketed specifically to Māori, we heard about historical instances where cigarette brands used images of Māori to promote their product. Loyal's tobacco used the tekoteko to brand its product, and cards featuring images of tupuna Māori were included in many cigarette packs as "collector's items."

The Smoke-free Environments Act 1990 banned tobacco advertising and phased out tobacco sponsorship. Despite this, we heard arguments that today, tobacco companies continue to market their products through packaging and point-of-sale displays to a number of specific demographics, including Māori and children.

The impact of tobacco on the health, economic, social, and cultural wellbeing of Māori

Smoked tobacco is an addictive and hazardous product, which if used as recommended by the manufacturer results in the premature death of half of its long-term users. Today, 40 percent of Māori males and almost 50 percent of Māori females smoke, and Māori in all age groups have higher smoking rates than non-Māori. While overall smoking rates in New Zealand fell significantly in the 1980s and 1990s, the rates of smoking in low socio-economic areas and amongst Māori and Pacific peoples increased. The Māori community therefore bears a disproportionate burden of the negative physical, economic, social, and cultural impacts of tobacco.

Health

Tobacco use is the leading cause of preventable death in New Zealand. It is estimated that smoking-related illness kills between 4,300 and 4,700 people per year (excluding deaths due to exposure to second-hand smoke), 600 of whom are Māori. Smoking accounts for a quarter (two years) of the life-expectancy gap between Māori and non-Māori, and is estimated to cause 25 percent of the deaths of Māori women and 21 percent of the deaths of Māori men. The premature loss of life caused by tobacco smoking therefore has a profound, far-reaching effect on Māori communities.

Smoking causes cardiovascular disease, cancer, and respiratory disease. Death rates from cardiovascular disease and lung cancer are three times higher amongst Māori than amongst non-Māori, and death caused by respiratory disease is twice as common. Smoking contributes to the higher incidence of lung cancer, breast cancer, stomach cancer, liver cancer, pancreatic cancer, leukaemia, oesophageal cancer, kidney cancer, and cervical cancer among Māori than non-Māori. For all cancer, mortality is higher for Māori than non-Māori.

Lung cancer, the most common cancer affecting Māori, is mostly caused by smoking. Registration and death rates for lung cancer are three times as high among Māori as among non-Māori.

Smoking has been causally linked with a large number of respiratory diseases including chronic obstructive pulmonary disease, pneumonia, reduced lung function, impaired lung growth in childhood and adolescence, lung function decline, and asthma. Hospitalisation for all respiratory diseases is one and a half times as high for Māori as non-Māori, and Māori have over double the risk of dying from such diseases.

Smoking increases the risk or worsens the symptoms of many other illnesses; for example it contributes to reduced fertility in women and men, an increased incidence of cataracts, poorer wound healing, an increased risk of hip fractures, lower bone density, earlier menopause, and an increased incidence of peptic ulcer disease and diabetes. Mortality rates for diabetes mellitus are nearly five times as high for Māori as for non-Māori.

The consequences of smoking during pregnancy are numerous and severe, including ill-effects on pregnancy and birth complications, premature birth, small size for gestational age, stillbirth, and neonatal death. Māori have higher rates than non-Māori of stillbirth, ante partum haemorrhage, foetal growth restriction, spontaneous preterm birth, and Sudden Unexplained Death in Infancy due to smoking during pregnancy. One New Zealand study found infant mortality almost doubled in children born to women who had smoked during pregnancy compared with children of non-smokers. Exposure in utero to maternal smoking also increases health risks for the child, for example of glue ear, respiratory infections, conduct problems, cancers, obesity, and eventual uptake of smoking.

Economic

On average, a smoker in New Zealand smokes 12 cigarettes a day, which costs them $2,475 a year (September 2010 prices). In lower-income households, where Māori are over-represented, this expense can have a severe impact. For example, we heard that in a decile two household, $2,475 equates to 15 percent of the average disposable income. Research

has shown that smoking reflects the life circumstances of smokers and that there is a strong link between deprivation and smoking. In the least deprived areas 25.9 percent of Māori smoke, but in the most deprived areas the smoking prevalence is 49.5 percent. The billion-dollar tobacco industry thus reaps much of its profit from the most financially vulnerable members of our society.

We heard many personal stories about money being spent on cigarettes instead of on essentials like food, education, and clothing, making it clear that the economic implications of smoking affect the whole whānau. The economic burden placed on a whānau when a smoker becomes ill, with loss of income and the cost of medical treatment, is also significant.

In broader terms, the Ministry of Health estimates that consumers spend $1.8 billion on tobacco annually in New Zealand, of which approximately $300 to $400 million is accounted for by Māori smokers. The direct healthcare cost generated by smoking-related illness is estimated at $1.9 billion, far outstripping the Government's tobacco tax revenue of $1.3 billion (from excise tax and GST). This cost amounts to $2,691 per smoker annually. The ministry has estimated the additional intangible costs for New Zealand in 2005 were $8.6 billion due to smoking-induced premature mortality and $2.6 billion for smoking induced morbidity.

Social

Smoking is often social; many smokers cite work-breaks ("smoko"), drinking, or social gatherings as triggers for having a cigarette. Young people try smoking as a way of developing and consolidating their identity, expressing connection to their peers, and creating a sense of maturity as young adults. Parents and other role models exercise great influence over the children around them, and in a 2006 survey it was estimated that approximately 40 percent of adolescent smoking was due to parental smoking.

The normalisation of smoking, and the culture that surrounds it, results in an environment where the social supply of cigarettes to minors occurs. This is a major, unaddressed issue that has a significant impact on Māori and Māori health. Over 40 percent of current youth smokers aged 15 to 17 reported obtaining cigarettes from friends and whānau in the past month. It is essential that the unacceptability and illegality of the social supply of tobacco is reinforced in whānau and Māori communities across New Zealand as a whole.

As the overall prevalence of smoking falls, so too does the societal acceptance of smoking, and smokers become increasingly marginalised. Smoking is however already concentrated among sub-populations, some of whom experience discrimination in society. Recognising that smokers are addicted, and should therefore be supported in efforts to quit is important to ensure that social discrimination against smoking does not develop further.

Cultural

The primary loss for Māori has been the tens of thousands of Māori lives lost prematurely over the last century to smoking—more than the number of Māori soldiers who died in World War I and II added together. Annually, 600 Māori die from smoking-related illness, a loss that is virtually equivalent with the loss of 649 members of the 28th Māori Battalion in World War II. The impact of this loss is significant and far reaching, leaving gaps in the

cultural fabric of Māori society. We heard that the premature loss of kuia and kaumātua reduces the opportunity for cultural traditions, knowledge, and histories to be passed on to younger generations, and robs iwi and hapū of important and informed role models. Also, mokopuna lose the chance to know and be cared for by their grandparents.

An assessment of smoking against the Māori model of well being Te Whare Tapa Wha suggested that smoking affects tinana (physical wellbeing) by causing nicotine dependence, hinengaro (psychological well-being) through the very experience of being a smoker, wairua (spiritual wellbeing) by a breach of tapū, and whānau ora (family well-being) by its normalisation and perpetuation. Dependence on tobacco was described as "counter to all notions of freedom and cultural identity".

The impact of tobacco use on Māori development aspirations and opportunities

Considering the negative health, economic, social, and cultural effects on Māori, it is not surprising that tobacco is considered to be one of the most significant impediments to Māori development, and the economic development of New Zealand as a whole.

Of particular concern are the high smoking rates amongst Māori women for, as Associate Professor Papaarangi Reid stated, "Māori women are still the hub of our whānau, hapū and iwi." Focus must therefore be given to reducing smoking rates amongst Māori women, particularly during pregnancy.

What benefits may have accrued to Māori from tobacco use

The overwhelming majority of evidence we heard asserted that Māori have not benefited in any way from tobacco. While the industry may have generated some jobs, any positive economic results are greatly outweighed by the negative and harmful effects of tobacco use.

Appendix F

Extract – Methods used

Calculation of the $1.9 billion of direct health costs of tobacco in New Zealand

Both methods for estimating the direct excess health costs relied on comparing the health care costs of those who currently smoke, with those who have never smoked. The difference represents the excess costs due to smoking. Both methods include costs associated with hospital admissions, lab tests, and community pharmacy dispensing. In addition, Method Two includes costs for ED [emergency department], outpatient, maternity, disability support, primary care, DHB older people services and mental health services. Accordingly, the total costs of Method Two are more than double those of Method One. There are other operational and infrastructure costs that are not included. As described below the respective proportions relating to excess costs associated with smoking and costs not associated with smoking are then applied to Vote Health expenditure to produce similar direct smoking-related costs.

Method One: The population includes people with an NHI number who are accessing health services (99.9% of New Zealand's total population). There are biases that result in different effects: (1) Smoking status is coded by health workers so smoking is under-counted, and conversely, some smokers are included in the non-smoking group – this underestimates the excess costs; and (2) smoking status is usually identified in health administration data sets in association with poorer health – this over-estimates the excess costs. The size of these effects has not been calculated, but there is likely to be a cancelling out effect to some extent. The proportion of spending associated with smoking is applied to the total Vote Health spend to estimate total excess costs associated with smoking.

Method Two: This method links respondents in the 2006/07 NZ Health Survey (74% of New Zealand adults aged 15+ years) to their NHI number, enabling their (self-identified) smoking status to be linked to their individual health expenditure. This general population excludes people who are hospitalized, imprisoned or in other institutions at the time of the survey, and therefore misses groups that have high smoking rates and poorer health status. This is likely to under-count the tobacco related costs. The proportion of spending associated with smoking is applied to the total Vote Health budget, excluding operational and infrastructure costs.

The lowest (or most conservative) estimate of excess direct smoking-related healthcare costs is $1.9 billion, and the highest is $2.34 billion across both methods. The mid-range for each method is very similar at $2.26 billion and $2.07 billion for Method One and Method Two, respectively. Despite the differences in the methodology, the similar results provide some confidence in the calculated magnitude of the excess health care costs due to smoking.

Te pakirehua i te ahumahi tupeka i Aotearoa me nga mutunga mai o te kainga tupeka mō ngāi Māori mā

Te pūrongo o te Komiti Whiriwhiri Take Māori

Pāremata e Whā Tekau mā Iwa
(Hōnore Tau Henare, Heamana)
Whiringa-ā-rangi Tau 2010

I whakatakotoria ki te aroaro o te Whare Māngai

I.10A

Ihirangi

Whakarāpopotonga o ngā tūtohutanga **67**

1 Kupu whakataki **72**

Te āhua o te pakirehua 75

2 Ngā kaupapa here me ngā hanganga ture e tika ai kia whakaea i ngā tūhuratanga o te pakirehua **76**

3 Te rongo i te tupeka **77**

Ngā whakaaturanga tupeka 77

Ngā pākete takoto tahanga noa 78

Ngā tamariki Māori me te wāhi ki te whānau 80

Te whakaratorato me ngā kawenga o te pāpori 81

Te hoko ki ngā tamariki 82

Kaupapa Māori hei tāmi i te tupeka 84

Te whakaheke i te wāteatanga o te tupeka 85

4 Te kaupare i te hiahia kia kai tupeka **87**

Moni tuku ki ngā kaihoko 87

Te mākete huna 88

Ngā kīnaki 89

Ngā kaupapa auahi-kore 91

Ngā whakamataaratanga auahi-kore 91

Te whakawhānui atu i ngā taiao auahi kore 92

Te whakapiki i te tāke kei runga i te tupeka 93

5 Te whakahaere i ngā whakataunga mō te tupeka **95**

Te Pou Tarāwaho a te World Health Organisation mō te Tāmi i te Tupeka 95

Te whakahou i te mahere mahi 96

Te Mana Tāmi Tupeka 97

Ngā kawenga taha moni o te ahumahi tupeka 98

6 Te tautoko i te hunga kai tupeka kia mutu **100**

Ngā ratonga whakamutu 101

Te haumanu rīwhi parawaro 103

Ngā momo kai pai ake i te tupeka mō te hauora 104

7 Tupeka tē tākehia **105**

Ngā tauhokohoko kei waho o te ture 105

Tupeka he mea tipu ki te kāinga 106

Tupeka tē tāketia 106

Ngā tāpiritanga **107**

A Te huarahi o te komiti 107

B Te hunga whakatakoto tāpaetanga 108

C Whakamaherehere me te pārongo i whiwhi nā: 114

D Te hītori o te whakahaere tupeka i Aotearoa 115

E Tikanga mahi kotahi ki te whā 123

F Tangohanga 128

Te pakirehua i te ahumahi tupeka i Aotearoa me ngā mutunga mai o te kainga tupeka mō Māori mā

Whakarāpopotonga o ngā tūtohutanga

E whai iho nei ngā tūtohutanga a te Komiti Whiriwhiri Take Māori.

Te whāinga kia auahi-kore a Aotearoa

Ka tūtohu mātou ki te Kāwanatanga kia whāia te pae tawhiti e mea ai, tae rawa iho ki te tau 2015, ka heke te kai tupeka me te momi hikareti mā te e 50 ō-rau puta noa i ngā tōpūtanga tāngata katoa, tāpiri ko te pae tawhiti ake e mea ai tae rawa ki te tau 2025, ka noho a Aotearoa he whenua auahi-kore (whārangi 72).

Te whakatūtaki i te ahumahi tupeka ki ōna kawenga.

Whakapono kaha ai mātou me hāngai pū ngā hanganga ture hou ki te kōtē i te pūtea, te wero i ngā matatika me te noho i raro i ture o te ahumahi tupeka.

Ka tūtohu mātou ki te Kāwanatanga kia whai whakaaro ki te waiho atu mā ngā kamupene tupeka i Aotearoa ngā utu katoa mō ngā rongoā whakamutu i te kaipaipa tae atu ki ngā whakanaonga mō te haumanu rīwhi parawaro (whārangi 99).

Ka tūtohu mātou ki te Kāwanatanga kia whai whakaaro ki te whakapumau i ngā tohutohu kei wehenga 5.3 o te Pou Tarāwaho mō te Tāmi i te Tupeka (ko tona whāinga kia ārai i ngā kaupapa here tumatanui i ngā awenga o ngā kamupene tupeka) i te hanganga o ngā ture me te whakahiatonga o ngā kaupapa here (whārangi 95).

Ka tūtohu mātou ki te Kāwanatanga kia whakaaroaro mō tētahi kaupapa whakatairangatanga ki te whakaparahako i te ahumahi tupeka me te tupeka, ki te whakamārama hoki ki ngā tāngata katoa o Aotearoa ngā mahi me ngā rauhanga a te ahumahi tupeka i ngā rā ki mua ā tatu ki ēnei rā (whārangi 88).

Te whakaheke i te wāteatanga o te tupeka

Ka tūtohu mātou ki te Kāwanatanga kia hōparangia ētahi atu kōwhiringā mō ngā ine whakaheke i te whakaratonga o te tupeka ki Aotearoa, me te whai whakaaro anō hoki mō te hohoko me ētahi atu whakahīrautanga whakaheke i te wāteatanga o te tupeka ā tōna wā ki Aotearoa (whārangi 85).

Ka tūtohu mātou ki te Kāwanatanga kia whai whakaaro mō te whakaheke haere ia tau (mā tētahi ōrautanga kua oti kē te whakatakoto) i te nui o te tupeka mai tāwāhi, te maha me te nui o ngā kaitupeka ka hokona ki ia wāhi hoko, tae rawa ki te maha o ngā wāhi hoko (whārangi 85).

Ngā pākete takoto tahanga noa

Ka tūtohu mātou ki te Kāwanatanga kia whakahau i te ahumahi kaitupeka kia takoto tahanga noa ngā pākete pupuri kaitupeka, kia taurite ai ki ngā hanganga ture kei te whakaarotia kia whakamanatia e Ahitereiria ā te tau 2012 (whārangi 78).

Ngā kīnaki

Ka tūtohu mātou ki te Kāwanatanga kia matua tohu i ngā kamupene kaitupeka kia whākina whānuitia he aha ngā huānga kei roto i ā rātou kai tupeka - te momo tupeka, te waitohu, te momo waitohu kia marama ai te hunga kai tupeka me Te Manatū Hauora he aha ake ngā mea me te kōrahi o ia mea kei roto i ngā hikareti me ngā tupeka. Me hōrapa ēnei ritenga puta noa te whenua (whārangi 89).

Ka tūtohu mātou ki te Kāwanatanga ki te whakamahi i ngā ritenga o te Ture Smoke-free Environment e tohu ana kia hia te rahi o ngā kinaki me te parawaro ka whakaaetia kia kuhuna ki roto i te tupeka, hei whakaheke ia tau i te rahi o ngā kinaki me te parawaro kei roto i te tupeka (whārangi 89).

Te mākete huna

Ka tūtohu mātou ki te Kāwanatanga kia whakarerekētia te Ture Smoke-free Environment kia aukatia ai ngā kamupene kaitupeka ka uru ki ngā ritenga mākete huna pērā i ngā hokonga tūhāhā (whārangi 88).

Ngā kaihoko - te aukati i ngā whakaaturanga hoko

Ka tūtohu mātou ki te Kāwanatanga kia aukatia ngā whakaaturanga hokohoko o te tupeka i ngā wāhi hoko (whārangi 77).

Ngā kaihoko

Ka tūtohu mātou ki te Kāwanatanga kia unuhia te wāhanga o te Ture Smoke-free Environment e whakaae ana kia kuhu ngā kamupene kaitupeka "ki ngā hekenga utu noa o te hokohoko" (arā, Tekiona 36(4a)) (whārangi 87).

Ka tūtohu mātou ki te Kāwanatanga kia hikina te whiunga mō te hoko tupeka ki te hunga tamariki kia kaua e neke atu i te e $10,000 (whārangi 82).

Ka tūtohu mātou ki te Kāwanatanga kia panonitia te hanganga ture kia taea ai e ngā tāngata e 18 tau te pakeke (whārangi 82).

Ka tūtohu mātou ki te Kāwanatanga kia whakakahangaia ngā wāhanga rangahau me ngā wāhanga whakawhiu o te Ture Smoke-free Environment kia tareka ai te tuku pānui hāmene me ngā whaina tuku wawe me te aukati i te hoko kaitupeka a ngā kaihoko ka takahi i te ture (whārangi 82).

Ka tūtohu mātou ki te Kāwanatanga kia rangahau i te tuku mana ki ngā kāwanatanga ā-rohe ki te whakahaere kia hia, ki hea ngā wāhi hoko tupeka, kia iti iho ai te tūpono pā o te tamaiti me te rangatahi ki te tupeka (whārangi 82).

Ka tūtohu mātou ki te Kāwanatanga kia whakarerekētia te ture kia aukatia te kupu "tupeka" (me ngā kupu tata) i ngā ingoa o ngā wāhi hoko (whārangi 88).

Ka tūtohu mātou ki te Kāwanatanga kia whakawhānuitia atu te Ture Smoke-free Environment ki te aukati i ngā mīhini hikareti (whārangi 92).

Te kaupare i te momi hikareti a ngā tamariki me te tautoko i ngā mea kei te pīrangi te whakamutu i te kai tupeka.

Ki te tutuki te whāinga kia auahi-kore a Aotearoa ā te tau 2025, kia kaha tātou ki te kukume mai i te hunga e whakaaro ai ki te kai tupeka, tāpae atu ko te tautoko me te whakatenatena i te hunga kai tupeka kia mutu. He āwhina ngā tūtohutanga o mua ki te whakatutuki i tēnei whāinga.

Ngā whakamataaratanga auahi-kore - tamariki

Ka tūtohu mātou ki te Kāwanatanga kia haere tonu ngā rangahau, kia mōhio pai ai kei te whai hua ngā kaupapa auahi-kore, ā, kei te arotahi ki te hunga e tika ai i runga i te mōhio he tamariki iho te pakeke o te tangata Māori (11.4) ka tīmata te kai tupeka ki tērā i te taupori whānui (whārangi 91).

Ka tūtohu mātou ki te Kāwanatanga kia whakakaha ake i ngā tūmahi whakamutu i te kai tupeka ka hāpai i te kore pai, te takahi ture o te whakarato tupeka ki te hunga tamariki (whārangi 81).

Ngā whakamataaratanga auahi-kore – Te iwi Māori me ngā wāhine hapū.

Ka tūtohu mātou ki te Kāwanatanga kia arongia te pai o ngā kaupapa auahi-kore, me te aha, me te āki kia arotahi tonu āna mahi ki ngā tōpūtanga he nui te kai i te tupeka, taea rawa atu ki ngā Māori me ngā wāhine kei te hapū (whārangi 91).

Ngā whakamataaratanga auahi-kore – hunga pāpāho pāpori

Ka tūtohu mātou ki te Kāwanatanga kia whakaarotia ngā tūmahi auahi-kore mā ngā ara mākete hou pērā i ngā papanga hapori (whārangi 88).

Ngā wāhi auahi-kore.

Ka whakamihi mātou ki te Kāwanatanga mō te whakataunga kia aukati te kai tupeka i ngā whare herehere atu i te rā 1 o Hōngongoi i te tau 2010 (whārangi 92).

Ka tūtohu mātou ki te Kāwanatanga kia piki āna tautoko, tae atu ki te moni tautoko ki ngā iwi me ngā hapori ki te whakatairanga i ngā tūmahi me ngā kaupapa auahi-kore, me te whakawhānui atu i ngā taiao auahi-kore me te whakatenatena i ngā tamariki kia noho auahi-kore (whārangi 81).

Ka tūtohu mātou ki te Kāwanatanga kia rangahau i te whakawhānuitanga atu o te Ture Smoke-free Environment kia aukati i te kaitupeka i ētahi wāhi pērā i ngā waka huarahi, ngā waka kawe tamariki me ētahi wāhi tūmatanui ka āta tohua.(whārangi 92).

Ngā āwhina - ki te iwi Māori me te hāngai ki ngā wāhine Māori.

Ka tūtohu mātou ki te Kāwanatanga kia whakawhānui i ngā ratonga ki ngā tōpūtanga tāngata kei te tino raruraru, tae atu ki ngā wāhine Māori i te mea he kaha atu te kai tupeka a te Māori tērā i ētahi atu tōpūtanga tāngata i te taupori whānui. Nā reira, he mea waiwai kia hoahoatia, kia whakaratoa e te Māori ngā ratonga mā te Māori kia pai rawa atu ai (whārangi 101).

Ka tūtohu mātou ki te Kāwanatanga kia wawe te haere whakamua o te kerēme Wai 844 i mua i te Rōpū Whakamana i te Tiriti o Waitangi, te kerēme e tono nei kia "whai pūtea ngā kaupapa hauora Māori ki te whakaheke, ki te whakore atu rānei i te kai tupeka a te Māori" (whārangi 81).

He āwhina

Ka tūtohu mātou ki te Kāwanatanga kia noho ngā haumanu rīwhi parawaro ki ngā wāhi katoa ka hoko i te tupeka, mā tēnei ka taea e te hunga kai tupeka te whātoro ki ēnei i ngā wā ka ngau te hiahia ki te kai tupeka (whārangi 103).

Ka tūtohu mātou ki te Kāwanatanga kia tū mai ngā toa rongoā hei ratonga mā Quitcard kia taea wawetia ai ngā haumanu rīwhi parawaro (whārangi 103).

Ka tūtohu mātou ki te Kāwanatanga kia whakatenatena i a PHARMAC kia whānui atu te pūtea tāpiri ki runga rongoā whakamutu pai (whārangi 103).

Ka tūtohu mātou ki te Kāwanatanga kia rangahau anō i ngā painga me ngā putanga kētanga o ngā momo kai tupeka i tua atu (whārangi 104).

Ka tūtohu mātou ki te Kawanatangā kia tahuri ki te whakatū hōtaka whakamutu i te kai tupeka ki ngā whare herehere katoa (whārangi 101).

Ngā whakapiki o te tāke

Ka whakamihi mātou ki te Kāwanatanga mō te whakamana i te Ture Whakahou i ngā Excise me ngā Excise-equivalent Duties Table (Whakanaonga Tupeka) i te tau 2010, ka whakarite nei i ngā tāke kei runga i ngā hikareti me ngā hikareti rōra, ka whakapiki hoki i te tāke ki runga i ngā kai tupeka katoa mā te e 10 ōrau (i te tuatahitanga o ngā pikinga rite e toru) (whārangi 93).

Ka tūtohu mātou ki te Kāwanatanga kia whakatakoto hanganga ture mō ngā whakapikinga tāke i kō atu o ngā whakapikinga ā-tau mō te utunga rawa (whārangi 93).

Te whakahou i te rautaki me te hanganga e pā ana ki te tupeka

Ka tūtohu mātou ki te Kāwanatanga kia whakatakotoria he rautaki me tētahi mahere mō te tupeka me te arotahi ki ngā putanga ka hāngai pū ki te Māori kia aha ai, kia heke ai te kai tupeka mā te haurua ā te tau 2015, i raro i ngā whakapaunga moni e tika ai. Ko te titiro kia tae ki te tau 2015 ka whakahou i te mahere tupeka me te whāinga ia auahi-kore a Aotearoa ā te tau 2025 (whārangi 96).

Ka tūtohu mātou ki te Kāwanatanga kia rangahaua ngā whiriwhiringa mō tētahi pūnaha tiro whānui, whakahaere hoki i te kai tupeka i Aotearoa. Me whai whakaaro te whakatūnga o tētahi Mana Auahi Kore i raro i ngā kaupapa Māori hei whakakaha hei whakateretere i te ekenga ki te whāinga kia haurua te kai me te hōrapa o te tupeka ā te tau 2015, me te eke i te taumata kia auahi-kore a Aotearoa ā te tau 2025, i runga i te pūtea e tika ai (whārangi 97).

Ka tūtohu mātou ki te Kāwantanga kia whai whakaaro mō tētahi tauira pūtea āwhina ka hoatu pūtea tōkeke ki ētahi ake hōtaka, whakamataaratanga Māori (whārangi 97).

Ka tūtohu mātou ki te Kāwanatanga kia kawe i ngā whakapaunga mō ngā rangahautanga motuhake me ngā arotakenga o ngā hōtaka Māori me ngā ratonga Māori (ia rua tau mō ngā hōtaka me ngā ratonga ka hāngai pu ki te Māori) (whārangi 101).

Kaupapa Māori

Ka tūtohu mātou ki te Kāwanatanga kia whai wāhi te Māori ki te whakahiatonga o ngā mahere katoa mō te tāmi i te tupeka, kia whai nohoanga ki waengaui ngā rōpū ka whakaturia ki te whakahiato kaupapa here (whārangi 84).

Ka tūtohu mātou ki te Kāwanatanga kia whai whakaaro mō ngā kaupapa Māori i te whakatunga o tētahi pou tarāwaho mō te tāmi i te kai tupeka a te Māori (whārangi 84).

Ka tūtohu mātou ki te Kāwanatanga kia piki āna tautoko, tae atu ki te moni tautoko ki ngā iwi me ngā hapori ki te whakatairanga i ngā tūmahi me ngā kaupapa auahi-kore, me te whakawhānui atu i ngā taiao auahi-kore me te whakatenatena i ngā tamariki kia noho auahi-kore (whārangi 81, 84).

Te tupeka kīhai anō kia utaina he tāke ki runga

Ngā hohoko hē ā-ture

Ka tūtohu mātou ki te Kāwanatanga kia kaha atu tana aroturuki i ngā tauhokohoko kei waho o te ture mō te tupeka ka whakatipuria i konei me ngā kaitupeka mai i tāwāhi (whārangi 105).

Ka tūtohu mātou ki te Kāwanatanga kia kaha te whakahiato tikanga whānui mō te tūhura i ngā tupeka he mea kawe huna mai. Tērā ka whakatauria aua tikanga ki Aotearoa me te mahi hoki i te taha o ētahi atu whenua o Ahia me Te Moana-nui-a-Kiwa ki te whakatau i ngā mahi hē kei waho o te ture e hāngai ai ki te Pou Tarāwaho mō te Tāmi i te Tupeka (whārangi 105).

Tupeka tipu- i te kāinga

Ka tūtohu mātou ki te Kāwanatanga kia whakahekea te rahi o te tupeka ka āhei te tangata ki te whakatipu i te kāinga mai i te 15 koma-mano ia tau mō ia pakeke kotahi – he rite tērā ki ngā hikareti e 40 me ngā hikareti e 80 ia ra – ki tētahi taumata raro iho i tērā ka momingia ia rā e te tangata kotahi (whārangi 106).

Tupeka tāke kore

Ka tūtohu mātou ki te Kāwanatanga kia rangahaua ngā tikanga mō ngā tupeka tē tāketia i ētahi atu whenua, hāunga ngā kawenga o nāianei ka whakamāramatia i wehenga 6.2 o te Pou āwaho mō te Tāmi i te Tupeka tērā pea ka panoni te rahinga ka whakaaetia i ngā wāhi kuhu mai ki Aotearoa (whārangi 106)

1 Kupu whakataki

He kai waranga, mōrearea hoki te tupeka, ā, ki te whāia ngā tohutohu ā te kaiwhakanao, ka mate tomua te e 50 ō-rau o te hunga ka kai i te tupeka mō te wā roa. E 5000 ngā tāngata ka mate tomua ki Aotearoa ia tau i te tupeka, whāia, koia pū te mate nui rawa ka tareka te kaupare atu. E rua whakarau te rahi atu o te kai a te iwi Māori i te tupeka tērā i te taupori whānui, nā reira, he maikiroa te pānga ki te Māori, koia tonu pea te take e roa atu te koiora o te taupori whānui pērā i te toiora o te Māori. Kō atu i te e 600 ngā tāngata Māori ka mate i te kai tupeka ia tau; ka noho tēnei parekura me ngā raruraru ka pā mai hei mua i te matenga ki te kaikai i te oranga, ōhanga, pāpori, ahurea me ngā tūmanako mō ngā rā kei te tū. He takatakahitanga kino te kai tupeka ki ngā whānau ora.

I whai mātou i tēnei pakirehua ki te whakahiato i tētahi rautaki whai kaha, kia heke ai te kai tupeka ki Aotearoa, tae rawa ki te iwi Māori. I haerea e mātou tēnei ara rangahau ko tona whāinga, he whakapakari i tētahi tirohanga hou mō te whakaheke i te kai tupeka a te Māori me te titiro whānui ki te whakahekenga o te kai tupeka a te katoa o te taupori o Aotearoa. Inahoki te whāinga: kia heke te kai tupeka mā te e 50 ō-rau kia taea ā te tau 2015, kia auahi kore[3] a Aotearoa ā te tau 2025. Ka tūtohu mātou kia rua ngā wāhanga o tēnei mahi, nā te mea ka panoni katoa te āhua o te kai tupeka ki Aotearoa ā te tau 2015. Ko te tūmanako ka pakupaku te mākete tupeka, ka rerekē ngā ara tuku me ngā ia hoko, ka rerekē hoki te āhua o te hunga kai tupeka kia noho mai ai ko te hunga kua kino te waranga kei ētahi taumata me ētahi tōpūtanga tāngata o te hapori. Nā runga i tēnei me whakahiato ētahi atu rautaki auahi-kore.

Ka arotahi te pūrongo ki ētahi rerekētanga auaha ki te hōtaka auahi-kore o Aotearoa kia tareka ai te tutuki i te wāhanga tuatahi o te whāinga. Kei te mārama mātou tera pea ka rereke te ahua ā muri te tau 2015, ka rereke hoki ngā rautaki, heoi ano ki a mātou, he mea nui tonu kia whakatakotoria e tatou te tuapapa e tutuki ai te whāinga nui o te pūrongo nei. Whakapono ai mātou e toru ngā wāhi me āta titiro:

- te kaupare i te kai tupeka ā ngā tamariki
- te āwhina i te hunga kai tupeka kia mutu
- me hāngai ngā kawenga ki ngā kamupene tupeka, inarā, kei te whai hua rātou i te waranga o te iwi.

Tokomaha o te hunga tāpae tae rawa ki ngā iwi Māori i tono me aukati te hoko me te kai tupeka. Ka whakaae mātou ki te whāinga rāhuitanga tērā – ka auahi-kore, ka tupeka kore a Aotearoa. Heoi, e kore pea te nuinga o ngā tāngata o Aotearoa e whakaae ki te aukati, koinā te take i kīhai mātou i takoto i tēnei hei tūtohu ki te Kāwanatanga i tēnei wā.

[3] I whakamahia te kupu "Auahi-Kore" ki te whakawhitiwhiti i tētahi whāinga ranga wairua, ā, kīhai ki te ū ki te whakakore atu i te kai paipa katoa mā te tau 2025.

Kei te mārama mātou kei te arotahi tēnei pakirehua ki te ahumahi tupeka i Aotearoa. Kia mārama pai tātou, ehara i te mea he ōrite te hekenga o te kai tupeka ā te tau 2015 ki te whakaheke i te kai tupeka – kua puta kē tā mātou kōrero e mea ai ka whai mātou i aua mea e rua – whāia kua takoto ā mātou whāinga pēnei, mā te kōrero mō te kai i te tupeka me te hōrapa o te tupeka. Mō te kai tupeka, ka inea te nui o ngā hikareti (tōna ritenga rānei) ka hokona; mā tēnei ka taea te ine i te noho me te awe o te ahumahi tupeka ki Aotearoa. Mō te taha horapa, ka ine i te tokomaha o te hunga kai tupeka ki Aotearoa, he inenga pea i te pai o ngā rautaki auahi-kore.

Ko te tikanga ia o te tope i te kai tupeka mā te e 50 ō-rau mō ia tangata (e 15 te tau neke atu) ka heke te rahi o ngā tupeka ka kainga i te tau mai te e 1000 tau toharite ki te e 500. Ka piki te hauora o ngā tāngata, ka heke ngā hua ki ngā kamupene tupeka. Mā konei ka mārama pai ai te ahumahi tupeka, kīhai e pīrangi a Aotearoa ki ā rātou kai. Ka whakapae mātou ki te whakaheke i te nui o te tupeka kei te hokona, ka tokoiti hoki ngā kaihoko i te tupeka.

Nui atu te mahi ki te whakaheke i te hunga Māori kai tupeka mai te e 45 ō-rau ki te e 22 ō-rau tērā i te whakaheke i te taupori whānui kai tupeka e noho mai rā i te e 21 ō-rau. Nā te tawhiti o ēnei tatauranga, e tutuki ai te whāinga kia heke te hunga kai tupeka puta noa i Aotearoa mā te haurua, ka nui ngā rauemi me ngā rawa ka whakapaua ki te aukati i te kai tupeka a ngā tamariki Māori me te āwhina i ngā tāngata Māori kai tupeka kia mutu. Nā runga i tēnei nui o te iwi Māori e kai tupeka ai, he tika tonu kia hāngai ngā mahi ki runga i te Māori kai tupeka.

I ngā rā o mua he iwi auahi-kore, tupeka kore te iwi Māori; heoi nō te heringa mai ki Aotearoa i te rau tau atu i 1700, ka whai pakiaka te kai tupeka ki roto i te ao Māori. I tēnei pakirehua ka rongo mātou i ngā tino putanga o te tupeka. I rongo mātou i ngā whānau kua mate ō rātou mātua, ō rātou koroua, kuia i ngā māuiuitanga i te kai tupeka, me te kōrero e mea ai, ko ngā wāhine Māori te hunga kino rawa te kai tupeka i Aotearoa, ko rātou hoki kei te pākia kinotia e te mate pukupuku ki ngā pūkahukahu puta noa i te ao. I rongo mātou mō ngā putanga kētanga o ngā mate miru pupuhi, mate pukupuku me ngā mate manawa, kāpā i runga i te tangata kotahi engari ki te whānau katoa. I rongo hoki mātou mō te kino ka pā ki ngā tamariki me te hunga kāore anō kia whānau mai i te mea, kua pā kē te tupeka ki a rātou. He nui te pēhitanga ki runga i ngā tikanga me te ahurea Māori – ka mate ngā kaumātua ka ngaro ngā tikanga, ngā mōhiotanga me ngā hītori e tika ana kia tukuna ki ngā rēanga kei te pihi ake, ka kore hoki ngā tauira matatau o te hapū me te iwi. Whakaae ai mātou he maikiroa tēnei ngaronga, nā reira mātou e ngana nei kia unuhia te tupeka i Aotearoa kia ora ai ngā tikanga Māori hei painga mō ngā rēanga kei te pihi ake.

Ko te āki i te hunga kai tupeka kia mutu te rautaki tika rawa ki te whakaheke i te hunga ka whiua i te kai tupeka i Aotearoa. Ka whakaae mātou ki te maha o te hunga tāpae, ehara te whakataunga kia tīmata te kai tupeka i te whakataunga mārama ā te pakeke – he whiringa kuare kē nā te hanga tamariki. I a mātou ka āta titiro ki tēnei mea te tīmatanga ki te kai tupeka, mārama te kite atu hāunga te mea ka tino nui rawa atu te kai tupeka i waenga i ngā tau 25 ki te 34, ka tīmata te nuinga ki te kai tupeka i te wā e tamariki tonu ana rātou, ko te tau 14 te toharite. Mō te Māori, e 11 tau kē te tau toharite. Kei te mōhio mātou ka taea e ngā tamariki me te hunga rangatahi te tupeka mā ngā hokohoko hē ā-ture, heoi, kia mōhio ai tātou ka taea e te tokomaha ā rātou hikareti mai i ngā hoa me ngā whanaunga, arā, ngā "whakaratonga noa". Ka taea te panoni i ngā ture kia kaua e hoko ki te hunga tamariki,

engari, me ngana tonu te hapori ki te hāpai i te kino me te hē ā-ture o te tupeka mā ngā tamariki.

He nui ngā taunakitanga i kite mātou e mea ai kiā tīmataria te kai tupeka i te wā e tamariki ana, he mea tino uaua te motu i tērā herenga. Hāunga te mea ko Aotearoa tētahi o ngā whenua kaha rawa ki te whakaheke i te kai tupeka, he tino iti tēnei. Nā reira, ki te tutū te whāinga kia auahi-kore a Aotearoa he waiwai kia pai atu, kia whakatairangatia hokitia ngā ratonga whakamutu i te kai tupeka. Hāunga te mea i heke te kai tupeka ki Aotearoa whānui i ngā tekau tau o 1980 me 1990, ka piki haere te kai tupeka i ngā wāhi iti ngā moni whiwhi, i roto hoki i te iwi Māori me ngā iwi o Te Moana-nui-a-Kiwa. He mea nui te whakahāngai i ngā ratonga me ngā pānui whakamutu i te kai tupeka ki ngā tāngata nui te kai tupeka, tāpiri atu ko te whakatenatena i te hunga kai tupeka kia mutu ahakoa pēhea te roa o tā rātou kai tupeka; he āwhina tēnei kia iti iho te hunga ka mate i mua te wā e tika ai kia kāti ai te puarenga nui i roto i te hapori o Aotearoa, tae rawa ki te iwi Māori.

Mārama pai ngāua taunakitanga e mea ai ka whakatenatena ngā kamupene tupeka i te hunga tauhou kia kai tupeka me te aha, ka whakakaha atu rātou i ngā mahi tōminamina me te waranga o te kai tupeka i te mea he waiwai mō ā rātou mahere kia nui atu ai ngā tauhou ka kai tupeka. Me kī, e $2,475 ia tau te utu mō te tangata kai tupeka i Aotearoa. Mō ngā kāinga iti nei te moni whiwhi – ngā kāinga nui te kite i te Māori – he whiunga nui rawa tēnei nā te mea ka pau ngā moni e tika ai kia whakapaua ki runga i te kai, aha atu, ki runga kē i te tupeka. Kei ngā wāhi ka pai ngā utu me ngā moni whiwhi e 25.9 ō-rau o ngā Māori ka kai tupeka; kei ngā wāhi tino iti nei ngā moni whiwhi e 49.5 ō-rau o ngā Māori kei te kai tupeka. Ka taea te kī, ka whai hua moni ngā kamupene tupeka i ngā tāngata iti rawa iho a rātou moni whiwhi. Ki te heke te kōrahi o te hunga kai tupeka mā te e 50 ō-rau ā te tau 2015, he tohu tērā ki ngā kamupene tupeka kīhai tātou e hiahia kia whai hua aua kamupene i te hokonga o tēnei mea mōrikarika.

I te wā o te pakirehua, ka mārama mātou ki te mea, ahakoa te whakahau i te Ture Smoke-free Environment i te tau 1990 (SFEA) kia mutu ngā pānuitanga mō te hoko tupeka me ngā tautokohanga a ngā kamupene tupeka, kei te puta tonu ngā pānui hoko tupeka mā ngā pāketetanga me ngā whakaaturanga wāhi hokohoko. I tua atu ka tāpae ngā moni tuku ki ngā kaihoko, ka whakakaha hoki i te kuru o te parawaro i te tupeka. Mārama pai te kite atu kei te whakapau kaha ngā kamupene tupeka ki te whakatairanga me te whakatenatena i te kai tupeka, hāunga te mea mōhiotia whānuitia ai he mea mōrearea ngā kai tupeka ka hokona e rātou. Whāia, whakapono ai mātou kia hāngai ngā āuahatanga ki te kōtē i te pūtea, te wero i ngā matatika me te whakawhiunga o ngā kamupene tupeka ki te ture, kauaka e arotahi noa ki te hunga kaitupeka anake.

He tohu ā mātou tūtohutanga ki te mea waiwai kia heke te kaitupeka hei painga mō tō tātou whenua. Kei te mōhiotia whānuitia ai ngā putanga kētanga o te kaitupeka ki runga i te tangata kotahi – kua pā ngā aituā o te kaitupeka ki a tātou katoa – engari kāore i te arongia whānuitia ngā putanga kētanga o te kaitupeka ki runga i te hapori. Ia tau ka pau te e $1.9 piriona ki ngā utunga hauora ka hua i te kaitupeka, nui atu i te e $1.3 piriona ka whiwhi te Kāwanatanga mai i ngā tāke i runga i ngā kai tupeka. He marama pai te kite atu me ngana kia iti iho tēnei whakapaunga kia aha ai, kia roa atu ai te koiora, kia hiki ake ai te hauora, kia auahi-kore hoki ngā tāngata o Aotearoa.

Te āhua o te pakirehua

He mea tino nui te whai māramatanga o te Pāremata ki ngā putanga kētanga hōrapa o te kaitupeka ki runga i ngā tāngata Māori me te taupori whānui o Aotearoa. Kua wātea hoki ki te pakirehua i te kaha o ngā tikanga aukati i te kaitupeka, tae atu ki te tūranga me ngā kawenga o te ahumahi kaitupeka. I tīmata te pakirehua i runga i te karanga kia tukuna mai he tono i runga i ngā tohutoro e whai iho nei, arā,

- ngā mahi ā te ahumahi kaitupeka ki te whakatairanga i te kai tupeka ā ngā tāngata Māori
- ngā putanga ketanga i runga i te hauora, ōhanga, pāpori, ahurea o te Māori
- ngā putanga kētanga i runga i te whanaketanga me ngā tūmanako o te Māori
- ngā hua mā te Māori ki te kai tupeka
- he aha ngā kaupapa here me ngā hanganga ture hei whakatika i ngā putanga kētanga he mea tūhura i te pakirehua nei.

E 260 ngā tono mai, tāpae atu ko ngā tono tāpiri me ngā reta taurite e 1715. He maha ngā tirohanga me ngā tohutohu i kī me pēhea te aukati i te tupeka. E 96 ngā tono ā-waha i rongo mātou i ngā hui a te komiti ka tū ki Te Whanga-nui-a-Tara, Ōtautahi, Rotorua me Tāmaki-makau-rau. Tino rerekē tēnā tono, i tēnā tono, i tēnā tono ā ngā kairangahau hauora, ratonga hauora, tāngata takitahi, iwi, rōpū, kaihoko, kamupene tupeka - me te aha, kua mārama pai tā mātou kite, rongo i ngā kōrero mō ngā putanga kētanga whānui o te kaitupeka i Aotearoa. Ka mihi mātou ki ngā rōpū me ngā tāngata i whakapau tāima, whakapau kaha ki te tāpae tono mai. Ka mihi hoki mātou ki a Ahorangi Christopher Cunningham mō āna whakamaherehere whānui, mārama, wā-tika hoki puta noa i te wā o te pakirehua. Ka mihi anō hoki mātou mō ngā mahi a ngā kaiwhakamaherehere o Te Manatū Hauora.

Kua tāpiritia te āhua o ngā mahi a te komiti i te pakirehua nei me ngā mema o te komiti hei Tāpiritanga A. Kei Tāpiritanga B te rārangi o te hunga whakatakoto tāpaetanga, kei Tāpiritanga C te rārangi mō te whakamaherehere me te pārongo i whiwhi. Kei Tāpiritanga D te hītori o te whakahaere tupeka i Aotearoa; kei Tāpiritanga F ngā huarahi i whakamahia ki te tātai i ngā utu e $1.9 piriona o te tupeka hāngai ki te hauora i Aotearoa.

Kei Tāpiritanga E ngā kōrero katoa mō ngā Tikanga Mahi tuatahi e whā mō tēnei pakirehua. Ka hāngai te puku o te pūrongo ki te Tikanga Mahi tuarima – He aha ngā kaupapa here me ngā hanganga ture ki te whakaea i ngā tūhuratanga o te pakirehua? He āwhina ki te komiti te titiro whakamuri ki ngā tūkinotanga kua pā ki Aotearoa tae rawa iho ki te iwi Māori i te kaitupeka. Hāunga tērā, ko te kōrero mai e mea ai me hāngai kē te titiro ki ngā rā kei te tū, kāpā ki ngā rā kua tōhipa. Ka whakahau mātou ki te Kāwanatanga kia aro mai ki ā mātou tūtohutanga auaha mārama hoki i te mea, whakapono pū ai mātou tāria te wā, ka taea a Aotearoa te tū hei whenua auahi-kore anō.

2 Ngā kaupapa here me ngā hanganga ture e tika ai kia whakaea i ngā tūhuratanga o te pakirehua

Tatū rawa ki tēnei wā, kua hāngai ngā kaupapa here mō te aukati i te kaitupeka ki te hunga kaitupeka – me kī, te hunga kua riro kē i te waranga tupeka – kāpā ki te ahumahi kaitupeka kei te whai hua i te waranga o ngā tāngata i te kaitupeka. He pai te mahi a Aotearoa i roto i ngā tau ki te tāmi i te hiahia o ngā tāngata kia kaitupeka, pērā i te hikinga o ngā tāke, ngā wāhi auahi-kore, ngā tūmahi auahi-kore, tae atu ki ngā āwhina kia mutu te kaitupeka (kei Tapiritanga D te tāhu kōrero mō te aukati i te tupeka ki Aotearoa). Heoi, kīhai i kaha te whakamahinga o ngā rautaki ka hāngai ki te ahumahi tupeka. Whakapono ai mātou me uta ngā whiunga ā-pūtea, taha matatika, ā-ture hoki ki runga i te ahumahi tupeka, kaua ki runga i ngā tāngata kaitupeka. Mā te whakarahi atu i ngā hanganga ture tāmi i te hoko i te tupeka, whakapono ai mātou ka taea e te Kāwanatanga te whakaheke te tokomaha o te hunga ka mate i te kaitupeka, tāpiri atu ko ngā tūmate me ngā tūkinotanga i te kaitupeka ki Aotearo

3 Te rongo i te tupeka

Mā ngā pānui hoko i ngā wāhi hoko, ngā pākete puri tupeka, ngā hoko muna, ngā whanaunga hoki ka tōminamina i ngā tamariki kia kaitupeka, he tīmatanga ki te kaitupeka ā mate rawa. Tekau mā whā tau te pakeke o ngā tāngata ka tīmata te kaitupeka ki Aotearoa puta noa, heoi, ka tīmata ngā tāngata Māori ki te kai tupeka i te 11 tau. Mōrikarika rawa atu ngā putanga kētanga ka hua ki te tangata ka pērā rawa te tamarikitanga tīmata ai te kai tupeka. E ai ki ētahi rangahau i kōrerotia mai ki a mātou, e whā whakarau te tūponotanga atu o te tangata ka tīmata te kaitupeka a te 14 tau te pakeke te mate i te mate pukupuku ki ngā pūkahukahu, tērā i te tangata ka tīmata te kaitupeka i te e 25 tau pakeke ake rānei, e 15 whakarau atu rānei tōna matenga i te mate pukupuku ki ngā pūkahukahu, tērā i te tangata kīhai rawa e kaitupeka. Mā te ārai i ngā tamariki i te awe o te hikareti, ka tareka te tāmi i te hiahia kia kaitupeka, me te aha, ka tutuki te whāinga kia whenua auahi-kore a Aotearoa ā te tau 2025.

Ngā whakaaturanga tupeka

Tūtohutanga

Ka tūtohu mātou ki te Kāwanatanga kia aukatia ngā whakaaturanga hokohoko o te tupeka i ngā wāhi hoko.

Ka āwhiwhiwhi Te Manatū Hauora, e 10,000 ngā wāhi hoko i ngā kaitupeka puta noa i Aotearoa. Kei ngā wāhi hoko whakarārangitia mai ai ngā momo kai tupeka kia teitei te tū tonu pēnei i te "pakitara" te āhua kia aha ai, kia kitea māramatia ai e ngā tāngata, tae rawa ki ngā tamariki, te rangatahi, te hunga kua mutu te kaitupeka me te hunga e whakapau kaha ana kia mutu ai te kai tupeka. Kei pōhehe ngā tāngata i te tū mai o ēnei momo "pakitara", he mea haumaru, he mea ka whakaaetia, he mea pai noa iho te kai tupeka. E ai ki te ture e rua anake ngā pākete o te momo kaitupeka ka tareka te whakaaturia i tētahi wāhi hoko. I rongo mātou ko te rautaki a te ahumahi kaitupeka hei kaupare i te ture, kia maha ai ngā momo pakete o te kai tupeka kotahi (te panoni i te kōrahi o te pākete, te āhuareka, aha atu), kia aha ai, kia huia kotahitia ai ngā pākete tupeka kia waia ai ki te tirohanga kanohi tangata. He mākete muna tēnei mahi ki a mātou.

E rua-hautoru neke atu o ngā tono i whiwhi mātou i hāpai i te aukatinga o ngā whakaaturanga tupeka, me kī nā te pānga kinotanga ki ngā tamariki me te hunga kua mutu te kai tupeka. I rongo mātou mō ngā rangahau e mea ai e whā whakarau te tūponotanga atu ki te kai tupeka o ngā tamariki ka haereere ki ngā toa he whakaaturanga tupeka ki roto e rua, e toru wā i te wiki, tērā ki ngā tamariki ka haere ki aua momo toa i ngā wā iti iho i roto te wiki. I tua tū, ka tohu ngā pakihehua ki te mea whakawaiwai o ngā whakaaturanga tupeka ki te hunga kua mutu te kai tupeka, anō nei kei te 'aukume' i a rātou. He maha ngā tono ka tautoko i tēnei tirohanga.

Katoa ngā kamupene tupeka kīhai i tautoko i te aukatinga o ngā whakaaturanga hoko. Ko tā rātou, he taumaha rawa tēnei kia utaina ki runga i ngā kaihoko, kāhore e hua te whakataetae tauwhitiwhiti e tika ai, ka mutu, ka whakatenatena tēnei i ngā mahi hokohoko i

waho o te ture. Ki a mātou, he tohu te whakahēnga a te ahumahi tupeka ki te aukatinga o ngā whakaaturanga tupeka ki te mea ka iti iho ā rātou moni hua mēnā ka mana te aukatinga e kōrerotia nei. Nā reira, he tohu te whakakeke o te ahumahi tupeka ki te mea he āwhina te aukatinga o ngā whakaaturanga tupeka ki te korenga ake o te kai tupeka ki Aotearoa.

I rongo mātou i ngā kōrero a te New Zealand Association of Convenience Stores e mea ai kei te māharahara rātou mō ngā whakarerekētanga ki ngā tikanga mō ngā whakaaturanga tupeka ka utaina ki runga i ngā kaihoko ririki nā te panonitanga ki ō rātou toa me te heke iho o a rātou moni whiwhi. Ka kōrero te kaitāpae tono mō tētahi rangahau a te Canadian Association of Convenience Stores me tana kī, ka pau te e $1,000 ki te e $10,000 ki te whakapai ō rātou toa. He rite tā rātou kōrero ki tā ngā kamupene tupeka kōrero ai, arā, ahakoa ngā "whakaaro pai" i te aukatinga o ngā whakaaturanga hoko tupeka, kīhai he hua i tua atu.

Ka aro mātou ki te mea i te tau 2008 ka tāpaea e te Komiti Hauora ki te Whare Pāremata i te Petihana 2005/140 a Dalton Leo Kelly me ngā tāngata e 20,000 me 2005/174 nā Craig Foss. Hei tā te komiti tērā ngā whenua pērā i a Airani me Tiorangi kua aukati i ngā whakaaturanga tupeka mā te aha, kīhai i nui te whiunga me te utu ki ngā kaihoko. I tua atu, kīhai he toa kua kati, kīhai he turanga mahi kua ngaro i te aukatinga nei. Kāore ō mātou māharahara mō ngā utu ki ngā kaihoko ririki ki te whakatikatika i ngā toa i te korenga ake o ngā whakaaturanga pānui, inarā, kāore e kore ka rika katoa ērā o ngā kaihoko ki te whakakī i te whāruarua me ā rātou ake whakaaturanga pānuitang hoko.

Hei tāpiri atu, mai te tau 1970 kua heke te kōrahi o ngā hikareti ā-tau toharite kei te kainga ki Aotearoa mā te e rua hautoru, arā, mai te e 3000 ki te 1000 mō ia tangata ia tau. Waihoki, kua maha atu ngā wāhi hoko. Taea noatia ai e ngā kaihoko te hiki ake i ā rātou moni whiwhi hei whakakikī i te whāwhārua i te korenga ake o ngā kaitupeka, me tā mātou whakapono kīhai he kaihoko ahakoa ririki, ahakoa motuhake, e hinga i te korenga ake o te hikareti.

Mā te aukati i ngā whakaaturanga pānui tupeka ka heke te whiunga o ā tātou tamariki i te tupeka, ka heke hoki tā rātou tūpono whai i te kaitupeka. I tua atu ka kauparea te whakatangata whenua o te tupeka; ka puritia ai ngā momo kaitupeka ki tua atu o te tirohanga kanohi o te marea pērā i ngā rongoā mai i te tākuta, kia kaua e whakaaturia noatia ai ki te taha o ngā momo kai. Ko te mea nui, ka taka te utu mō te aukati i ngā whakaaturanga tupeka ki runga i ngā kaihoko, he whiunga tēnei ki te ahumahi kaitupeka, kua ngaro tēnei tuwheratanga mākete ki a rātou. I runga i ngā taunakitanga mai, ka tūtohu mtou kia aukatia ngā whakaaturanga pānui ki ngā wāhi hoko.

Ngā pākete takoto tahanga noa

Tūtohutanga

Ka tūtohu mātou ki te Kāwanatanga kia whakahau i te ahumahi kaitupeka kia takoto tahanga noa ngā pākete pupuri kaitupeka, kia taurite ai ki ngā hanganga ture kei te whakaarotia kia whakamanatia e Ahitereiria ā te tau 2012.

Nā ngā hanganga ture i tāmi haere ngā momo pānui me ngā mahi mākete o te kaitupeka i Aotearoa, heoi, kei reira tonu ngā kamupene kaitupeka e rapu ana i ngā huarahi hei karo i ēnei ture. I rongo mātou i te nui o ngā taunakitanga e mea ai whakamahia ai e te ahumahi

kaitupeka ngā pākete hei hohou i ngā momo kaitupeka, hei kauwaka hoki ki te whakatairanga i ngā rerekētanga me ngā uara o tēnā kaitupeka, o tēnā kaitupeka ki te aroaro o te hunga kai tupeka. E ai ki tētahi Ahorangi Tauhokohoko (te Ahorangi mō ngā take Māketekete) i te whare wānanga o Ōtākou, karongia ai ngā whakatūpatotanga mō te kino o te kai tupeka e ngā waitohu i ngā pākete pupuri kaitupeka. Me te aha, i kite mātou i ngā rangahau e mea ai he awenga nui te waiatanga o ngā tamariki ki ngā waitohu me ngā momo kaitupeka, e huri ai te hunga tamariki ki te whāwhā i te kaitupeka.

Whakapae ai mātou ka arotahi ngā waitohu i ngā pākete ki ētahi wāhanga ake o te taupori. I hōmai e te whare wānanga o Ōtākou te tauira, arā, ngā momo hikareti kīa ai ko "Vogue Bleue". Kāore i kore he ingoa tēnei ka rawe ki ngā kōtiro, inahoki he rite te ingoa ki tērā o te puka mōheni a Vogue, tāpae atu ko te kupu 'bleue' he kupu piata nā te Wīwī. Tāpae atu te āhua ake o te pākete me te hanga o te hikareti hei tōminamina i te ira wahine. Tērā ētahi atu momo hikareti kei Aotearoa nei ka arotahi ki te hunga wāhine taiohi, arā, i a "Topaz", i a "Dunhill Essence", i a "Casmeo", e whakaara ana i ngā māharatanga mō ngā mekameka whakapaipai me ngā whakakakara.

Kaha atu te tūpono kai tupeka a te hunga moni iti, whāia ka hāngai te titiro a ngā kamupene kaitupeka ki a rātou. I rongo mātou mō ngā rangahau e mea ai, kāhore tēnei hunga e aro atu ki te whakapae e mea ai, kei te whakapau rātou i ngā moni e tika ai mō ngā whakapaunga a te whānau, ki runga rānei i ngā kaitupeka kīhai e tino kainga whānuitia; whāia, ka arotahi ngā rautaki a ngā kamupene ki te whakahiato i ngā momo kaitupeka ka whakaara i ngā whakaaro mō te nui o te moni, hāunga te mea ka noho iti tonu te utu o aua hikareti.

I ēnei rā kua kore e whakanohia ngā kupu pērā i te "māmā" me te "ngāwari" ki ngā pākete tupeka, mai anō i te wā i whakatūpato te Commerce Commission i ngā kamupene tupeka mō te hē o aua kupu; heoi, kua whakapau kaha ngā kamupene tupeka ki te whakaara i ngā tae hei tohu i ngā hikareti "māmā", ko aua tae i te nuinga o te wā ko te kikorangi me te mā. He teka te kōrero e mea ai he haumaru atu ngā hikareti "māmā". Whakaae katoa ngā tohunga hauora, ngā rōpū ātete i te tupeka me ngā kamupene kaitupeka i rongo mātou, kīhai he hanga hikareti haumaru. He mea whakakotiti whakaaro ngā pākete e mea ai he haumaru atu ngā hikareti ki roto, tērā i ētahi atu hikareti.

Ka rongo mātou mō ngā rangahau e tohu ai nā te pōhēhē ō ngā tāngata kai tupeka mō te pai o te tupeka ka whai awenga nui ki runga i te hōrapa o te kai tupeka. I tohu ngā rangahau ki te pōhēhē a te Māori mō te kino o te kai tupeka; tata ki te haurua o ngā Māori ka kai hikareti i te mau tonu ki te pōhēhē he haumaru atu ngā hikareti "mām ā" me ngā hikareti "ngāwari" tērā i ngā hikareti noa.

Ki te whai mana te takoto tahanga noa ngā pākete tupeka, ka tāmi tēnei i te āheinga o ngā kamupene kaitupeka ki te hāngai i ā rātou kaitupeka ki tētahi wāhanga o te taupori, kīhai hoki rātou e āhei te kī he haumaru ō rātou kaitupeka. Ka horoia atu ngā tohu i runga i ngā pākete kia noho mai ko ngā whakatūpatotanga hauora anake. Mā te aukati i ngā pānui hoko ki ngā pākete kaitupeka ka haukoti i te Kāwanatanga tētahi o ngā ara nui mā ngā kamupene kaitupeka ki te whakatairanga me te whakanui i te kai tupeka, he mea nui tēnei i te parenga atu o te kai tupeka a ngā tamariki. Me te aha, ka utaina ngā utu mō ngā pākete hou ki runga i te ahumahi kaitupeka.

Ko Ahitereiria te whenua tuatahi rawa o te ao ki te pāho i tōna hiahia kia pākete takoto tahanga noa ngā pākete tupeka, ko te titiro ka tīmata a te marama o Hōngongoi i te tau 2012. Ehara i te mea ohorere te kōrero kua puta e mea ai ka pīratia i raro i te ture tēnei e ngā kamupene kaitupeka. I kōrero mai a Imperial Tobacco he takahi tēnei i tō rātou mana whakairo hinengaro, ā, kei te whakahē rātou me ētahi kamupene e rua atu i Aotearoa nei, i tēnei aukatinga.

E 85 ō-rau o ngā tupeka ka hokona ki Aotearoa ka mahia mai, ka pāketetia mai i Ahitereiria, nā reira, ka ngāwari[4] te whakatinana i ngā tikanga whakapākete hou tērā kei te whakaarotia. Mā ngā pākete takoto tahanga noa e whakaputa i te kōrero ki te ahumahi kaitupeka, ka mutu tā rātou mahi moni i te hoko tupeka ki tēnei whenua.

Ngā tamariki Māori me te wāhi ki te whānau

Hāunga te mea ka heke te kai tupeka ki Aotearoa i te aukatinga o ngā whakaaturanga pānui hikareti i ngā wāhi hoko me te mea kia takoto tahanga noa ngā pākete tupeka, he mea nui tonu kia arotahi ki ngā whakatenatena kia auahi-kore tonu ai ngā rangatahi Māori. I whakaatu te "Tiro Whānui Tekau Tau a-Motu a ASH 1999-2009" ki te mea kua heke te hunga kai tupeka ia rā e 14 tau o rātou pakeke ki te e 5.6 ō-rau ki te e 15.6 ō-rau i tau 1999, heoi, ka noho ngā rangatahi Māori te iwi kaha rawa ki te kai tupeka. I tēnei wā e 17.9 ō-rau (ka heke mai te 36.2 ō-rau i te tau 1999) o ngā kōtiro Māori ka kai tupeka, ā, e 11.1 ō-rau (e 36.2 ō-rau i te tau 1999) o ngā tamatāne Māori. I rongo mātou ko ngā take e nui atu ai ngā rangatahi Māori kei te kai tupeka tērā i ngā rangatahi ehara i te Māori, nā te āhua o te noho me ngā awenga i te hapori.

Ko te kōrero i rongo mātou, e toru, e whā rānei ngā tāngata i tēnā kāinga Māori, i tēnā kāinga Māori, ā, tokorima neke atu rānei ngā tāngata i te e 20 ō-rau o ngā kāinga Māori. Tāpae atu te e 54 ō-rau o ngā kāinga Māori he tāngata kai tupeka ki roto, ko te hua, ko te nuinga o ngā tamariki Māori ka whiua ki te tupeka mai i ngā whanaunga, me ngā hoa ka kai tupeka. I tua atu, he nui ngā rangatahi Māori e noho ana kei ngā kāinga moni iti, whāia, he nui atu te tūponotanga ka tīmata tā rātou kai tupeka. He nui te awenga o te hunga kai tupeka ki te hunga rangatahi, ki tā rātou tīmata ki te kai tupeka, me ngā mate ka hua i te noho tahi me te hunga kai tupeka me te rongo i te auahi i a rātou.

Nō te tau 2008 ka whāki te Rangahau Rangatahi Māori Kaitupeka i te mea e 20 ō-rau o ngā rangatahi e 14 ki te 15 tau te pakeke ka mutu, kai tupeka ō rātou mātua ka kai tupeka hoki, he rerekē ki te e toru ō-rau o ngā rangatahi rite te pakeke engari, kihai ō rātou pākeke e kai tupeka. I puta te kōrero, ko ngā mātua Māori ngā mea kino rawa atu ki te kai tupeka – e rua hautoru o ngā ākonga Māori i kī, ka kai tupeka tētahi o ō rātou mātua, rāua tahi rānei - e rua whakarau atu i ngā mātua o ngā ākonga Pākehā. Mā te āwhina i ngā mātua kia mutu te kaitupeka me te ako i te hapori mō ngā putanga kētanga o ngā whaiaro i te kai tupeka ki runga i ngā rangatahi, ka whakaheke i te whiunga o ngā tamariki o ēnei rā ki te kaitupeka, me ngā whakatupuranga kīhai anō kia whānau mai ki te ao.

[4] Ka tukua e te Whakaaetanga Trans-Tasman Recognition ngā whakanaonga nō Aotearoa mai kia hokoa i Ahitereiria, huria rānei. Ki te whakaae tonu a Aotearoa ki te pākete takoto tahanga waitohu, ka taea aua momo whakanaonga te hoko ki tai ki Ahitereiria me te tukituki hoki i te hanganga ture pākete takoto tahanga noa o te motu.

I tua atu, ā, i te mea he whakatenatena i te tamaiti kia kai tupeka, ka pā kino te kai tupeka ki runga i ngā whakatipuranga kīhai anō kia whānau me ngā tamariki nohinohi. Nā te auahi-rua e 500 ngā tamariki nohinohi kei raro i te e rua tau te pakeke, ka uru ki te hōhipera ia tau mō ngā mate huangō me ngā mate ka pā ki te hā, tāpae atu e 27,000 ngā haerenga ki te tākuta mō te mate huangō me ngā mate ka pā ki te hā o te tamaiti, tae atu ki ngā mate o te taringa e 1500 ka pokangia ai. Me te aha, nā te auahi-rua ka whakarau rua te toharite o ngā pānga o te Matenga Ohorere i te wā Kōhungatanga. I rongo mātou kei te pēhia kinotia tonutia ngā wāhine Māori i ēnei taumahatanga. E 45 ō-rau o ngā wāhine Māori kei te kai tupeka tonu i te wā ka rēhita rātou me tētahi kaitiaki hapūtanga i te e 14 ki te 18 wiki o tō rātou whare puhinga, he whakaaturanga tēnei ki te nui o te raruraru nei. Mā te whakahāngai i ngā rautaki whakamōhio me ngā tautoko kia whakamutu tae rawa atu ki ngā pākeke Māori, ngā wāhine Māori kei te hapū me ngā wāhine kua tae ki ngā tau whakawhānau pēpi, ka taea te hāpai i ngā tāngata ka tū hei tauira mō te whakamutunga o te kai tupeka kia aha ai, kia noho auahi-kore ai ngā tamariki.

Te whakaratorato me ngā kawenga o te pāpori

Ngā Tūtohutanga

Ka tūtohu mātou ki te Kāwanatanga kia whakakaha ake i ngā tūmahi whakamutu i te kai tupeka ka hāpai i te kore pai, te takahi ture o te whakarato tupeka ki te hunga tamariki.

Ka tūtohu mātou ki te Kāwanatanga kia piki āna tautoko, tae atu ki te moni tautoko ki ngā iwi me ngā hapori ki te whakatairanga i ngā tūmahi me ngā kaupapa auahi-kore, me te whakawhānui atu i ngā taiao auahi-kore me te whakatenatena i ngā tamariki kia noho auahi-kore.

Ka tūtohu mātou ki te Kāwanatanga kia wawe te haere whakamua o te kerēme Wai 844 i mua i te Rōpū Whakamana i te Tiriti o Waitangi, te kerēme e tono nei kia "whai pūtea ngā kaupapa hauora Māori ki te whakaheke, ki te whakore atu rānei i te kai tupeka a te Māori".

Te whakawhiwhi noa i te tupeka mai te hapori tētahi take kīhai anō kia tirohia, hāunga te mea he nui te awenga o te tupeka ki runga i te Māori me te hauora Māori. Kō atu i te e 40 ō-rau o ngā tāngata kai tupeka kei waenganui i ngā tau e 15 ki te 17, ka kī mai i whiwhi hikareti rātou i ō rātou hoa, whanaunga hoki i roto i te marama kua pahure. He mea waiwai kia hau te rongo mōte kino o te kai tupeka, te takahi ture, te hoatu ā ngā hoa me te whānau i a rātou ka hoatu tupeka ki te rangatahi. Me ngana kē ngā whānau, hapori, iwi, hoa ki te kaupare i te kai tupeka a ngā tamariki, kāpā te hoatu hikareti ki a rātou.

Ka tareka i ngā tūmahi pāpāho te whakahau i te kōrero mō te auahi-kore hei whakapanoni i ngā whaiaro mō te kai tupeka, engari i te mutunga o te rā kei te hapori te tikanga ārahi. Hei tauira atu, i rongo mātou i te tokomaha o ngā kaitono e amuamu ana i te mea, hāunga te auahi-kore o te maha o ngā marae kei te mau tonu te tokomaha ki ngā kai tupeka, ka mutu kei te kai hikareti tonu ki waho paku atu o te marae. Me hāpai, me whakakaha ngā kōrero mō te auahi-kore mā te whakapakaritanga o ngā kaupapa auahi-kore i runga marae; otirā waiho mā ngā iwi tonu ēnei kaupapa hei hāpai engari mā ngā ratonga hauora hei tautoko mai.

I rongo mātou i ngā kōrero pai mō ngā kaupapa auahi-kore mahinga tahitanga a ngā hapori me te Kāwanatanga, pērā i a "Smoke-free Pacifica Beats", ka arotahi ki ngā hapori he nui

ngā Māori me ngā tāngata mai Te Moana-nui-a-Kiwa. I tua atu, ka aro mātou ki ngā kaupapa auahi-kore me ngā kaupapa tautoko. I kōrero mai ētahi kaitono he tuwheratanga ēnei momo kaupapa kia kite ai ngā tamariki i ngā pākeke e pārekareka ana, kīhai he tupeka, me te noho mai o ēnei kaupapa hei taiao haumaru mō te hunga e ngana ai kia whakamutu i te kai tupeka. Nā reira, ka tūtohu mātou ki te Kāwanatanga kia haere tonu ngā tautokotanga ki te whakatairanga i ngā mahi auahi-kore a ngā iwi me ngā hapori, me te whakatenatena i ngā tamariki kia noho auahi-kore.

Te hoko ki ngā tamariki

Ngā Tūtohutanga

Ka tūtohu mātou ki te Kāwanatanga kia hikina te whiunga mō te hoko tupeka ki te hunga tamariki kia kaua e neke atu i te e $10,000.

Ka tūtohu mātou ki te Kāwanatanga kia panonitia te hanganga ture kia taea ai e ngā tāngata e 18 tau te pakeke.

Ka tūtohu mātou ki te Kāwanatanga kia whakakahangaia ngā wāhanga rangahau me ngā wāhanga whakawhiu o te Ture Smoke-free Environment kia tareka ai te tuku pānui hāmene me ngā whaina tuku wawe me te aukati i te hoko kaitupeka a ngā kaihoko ka takahi i te ture.

Ka tūtohu mātou ki te Kāwanatanga kia rangahau i te tuku mana ki ngā kāwanatanga ā-rohe ki te whakahaere kia hia, ki hea ngā wāhi hoko tupeka, kia iti iho ai te tūpono pā o te tamaiti me te rangatahi ki te tupeka.

He takahitanga o te ture ki te hoko tupeka ki te hunga kei raro iho i te 18 tau te pakeke. Heoi, he mārama te kite atu ahakoa te whānui o ngā hanganga ture kei runga i te hoko tupeka, auau ana te takahi a ētahi kaihoko i te ture, ka hokohoko tupeka ki ngā mea rangatahi. I rongo mātou i ētahi kaitono e mea ai, kāore ētahi kaihoko e aro atu ki te pakeke o ētahi tāngata hoko hāunga te mea kei te whakaatu atu ā rātou pepa kei raro iho i te 18 tau, me te aha, ka pēhia ngā kaihoko kei raro iho i te 18 tau, kia hoko hikareti ki ō rātou hoa.

Ko te kōrero mai, he whāiti rawa ngā ritenga rangahau me ngā ritenga whiu a te SFEA, he nui rawa, he uaua rawa ngā utu ki te whakawhiu i te hunga takahi. Hei tauira atu, ki te takahi tētahi kaimahi toa i te SFEA engari, he tamariki rawa kia hāmenetia, ka taea te hāmene i te kaihoko i runga anake i te take kīhai te kaimahi tamariki rā kia whakangungua ki te SFEA. I rongo mātou, ko te kōrero ka puta i te kaihoko i ēnei takahitanga o te ture, he kōrero whakapāha mō tana kaimahi i hoko te kaitupeka; mā konei karohia ai ngā whiunga o te ture. Ka taea tēnei puarenga i te ture SFEA te whakakī mā te whakatakoto ritenga e mea ai kia 18 tau pakeke ake rānei ngā kaimahi, mā te whakawātea i te tuku whaina ki ngā wāhi hoko, kāpā ki te tangata takitahi.

E $2,000 te whiunga nui rawa atu mō te hoko tupeka ki te tamaiti, ka mutu, ko te toharite whaina i te tau pūtea 2009 / 2010 ko te e $300 anake. Ki te titiro ki ngā whaina nui rawa atu mō te tuku i te tamaiti kia kai i te waipiro (e $10,000), te petipeti (e $5,000) rānei, ka kite atu he iti rawa te whiunga ki runga i te hoko waipiro ki te tamaiti. Hei tā Te Manatū Hauora i tērā tau, e $67,000 i whakapaungia ai e te Karauna ki ngā rōia a te Karauna ki te whai hāmene mō te hoko tupeka ki te tamaiti. Mārama te kite atu i te kore take o tēnei tikanga.

Mā te hiki i te whaina nui rawa atu ki te e $10,000 ka heke te whakapaunga mō te whai i ngā whiunga, ka mārama hoki ki ngā kaihoko kia tika ā rātou mahi.

Mā ngā panonitanga kua kōrerotia i runga ake nei e whakakaha i te mana o ngā rōpū hauora ā-rohe e 13 puta noa i Aotearoa, inarā kei a rātou te kawenga mō te ūnga ki te SFEA. Ka taea te whakatere i te hatepe whakawhiu kia wātea ai ngā rōpū hauora ā-rohe ki ērā atu o ā rātou mahi pērā i te tautoko i ngā kaupapa ā ngā hapori me ngā kaupapa ā-motu pērā i ngā kaupapa auahi-kore.

Te whakaraihana

I tēnei wā ka taea te hoko kai tupeka mai i ngā wāhi hoko e 10,000 puta noa i Aotearoa, i ngā toa, toa-kaitā, karāti, pāpara kāuta, wharekai, karapu hākinakina me ērā atu wāhi hoko. Ehara i te mea me tono ngā kaihoko kia hoko tupeka, heoi, ki te takahi tētahi kaihoko i te SFEA, ka taea te unu i tā rātou tika ki te hoko tupeka. Ki a mātou me whakakaha tēnei wāhanga mā te whakakuhu i ngā whaina me te hiki ake i te whiunga teitei rawa atu; ko te tūmanako mā konei ka kore haere ngā mahi hoko tupeka ki ngā tamariki me ētahi atu takahitanga o te SFEA.

He maha ngā kaitono i hāpai kia takoto he ritenga raihana ū ai te whakaaro e mea ai ehara te hoko tupeka i te tika engari, he mea me tono. I tohe ētahi he mea pai te ritenga raihana hei whakaheke i te whakaratonga o te tupeka. Hāunga, ki a mātou mēnā ka whakakahangia aketia ngā ritenga o nāianei, ka whiwhi tātou i ngā painga o te tikanga raihana kīhai hoki e utaina ngā utu whakahaere mō te whakaraihana i ngā hia mano wāhi hoko. Ka aro mātou ki te mea ka tautoko ngā kamupene kaitupeka i tētahi tikanga raihana nā te mea, ka nekehia ngā kawenga ki runga i ngā kaihoko kāpā ki runga i ngā kamupene kaitupeka, kīhai hoki e heke ngā hokonga tupeka me te kai tupeka. Kāore mātou e pai ki te tikanga raihana hei whakaheke i te kai tupeka.

Ka whakaae mātou ko tētahi painga o te ritenga raihana, ka nui ake te mōhio o ngā kaihoko i te mea, ka whakahau rātou kia ako i te SFEA ,e riro mai ai e rātou he raihana. I tua atu, mā te raihana ka āhei Te Manatū Hauora ki tētahi rārangi o ngā umanga kia pai ai te tukutuku kōrero whakamārama ki a rātou mō SFEA, ā, me te aroturuki i ā rātou mahi hokohoko tupeka. Hāunga tērā, kīhai mātou e whakapono, mā te ritenga raihana rawa ēnei tikanga hei kawe. Ka aro mātou ki te mea, kei ngā rōpū hauora tūmatanui ngā kawenga mō te whakatairanga i te SFEA i waenganui i te hunga kaihoko, ā, ka hāpai mātou kia noho taua kawenga ki a rātou. Mā tētahi atu ritenga hei whakarārangi ngā kaihoko, pērā i ngā rēhita ā-tuihono, te whakamahi i ngā rawa o te iwi whānui, arā, ngā rārangi ingoa o te hunga hoko kai me ngā pukapuka nama waea ranei. I pērā hoki a Victoria o Ahitereiria.

Te wāhi ki te hapori

Nā te hōrapa o te awenga o te kaitupeka i runga i ngā hapori o Aotearoa, ki a mātou he mea nui tonu kia tahuri te Kāwanatanga ki te rangahau me pēhea e whai wāhi kōrero atu ngā hapori ki ngā kaupapa whakahaere tupeka i ngā rohe. I tēnei wā ka tareka e ngā hapori te whai wāhi ki te whakahiato i ngā rautaki, ki te whakaheke i ngā whiunga o te waipiro me te petipeti mā ngā whitiwhitinga korero ā ngā hapori; kua tū ētahi tauira o ngā kāwanatanga ā-rohe e whakakuhu ana i ngā kaupapa here mō te whakaheke haere i te hōrapa o ngā mīihini petipeti. Kīhai he wāhi mō ngā hapori ki te whai i tēnei huarahi mō te tāmi i te hoko tupeka

i ngā hapori. I tua atu, he mārama atu ngā hapori kua whai i tēnei ritenga ki ngā putanga kētanga ka hua i te kai tupeka. .

Ko tētahi ara e whai wāhi ai ngā hapori ki te whakahaere i ngā hokonga tupeka i ō rātou takiwā, ko te tuku wāhi i a rātou i ngā whiriwhiringa, ko hea ngā wāhi tū ai ngā kaihoko tupeka, te mātotoru rānei o ngā wāhi hoko ki ētahi atu, ki ētahi ake wāhi. He tokomaha ngā kaitono i te āwangawanga mō ngā wāhi hoko tūtata ki ngā kura. Tērā ka taea e ngā kaunihera te whakatakoto "mahere tupeka" hei tohutohu kia hia ngā wāhi hoko tupeka e tūtata ai ki ngā kura, tāpae atu ko te mātotoru o ngā wāhi hoko tupeka ki ō rātou rohe whakahaere.

Ki a mātou, he pai atu ngā rautaki whakaheke i te kai tupeka pērā i te aukati o ngā whakaaturanga kaitupeka me ngā pākete takoto tahanga noa, tērā i te tohutohu ki hea tū ai ngā wāhi hoko tupeka, ia hia hoki ngā wāhi hoko tupeka i tētahi wāhi tahi. Hāunga tērā, ki a mātou he mea nui tonu kia whai wāhi ngā hapori ki ngā mahi pēhi i te kai tupeka, ā, kia rite te hāngai o te titiro ki te tupeka pērā i te arotahi ki te waipiro me te petipeti.

Kaupapa Māori hei tāmi i te tupeka

Ngā Tūtohutanga

Ka tūtohu mātou ki te Kāwanatanga kia whai wāhi te Māori ki te whakahiatonga o ngā mahere katoa mō te tāmi i te tupeka, kia whai nohoanga ki waengaui ngā rōpū ka whakaturia ki te whakahiato kaupapa here.

Ka tūtohu mātou ki te Kāwanatanga kia whai whakaaro mō ngā kaupapa Māori i te whakatunga o tētahi pou tarāwaho mō te tāmi i te kai tupeka a te Māori.

Ka tūtohu mātou ki te Kāwanatanga kia whakapikia atu te tautoko, tae atu ki te moni tautoko ki te iwi me ngā hapori ki te whakataitanga tauwhāinga auahi-kore me ngā tūmah, ā, me whātoro atu i ngā wāhi auahi-kore, ki te whakatenatena tamariki ki te noho auahi-kore.

Tera te whakaaro o ētahi o te hunga tapae tono e mea ai ko te tirohanga Māori te ara pai rawa atu ki te whakakahore i te kai tupeka a te Māori

Ko tā te Kaupapa Tupeka Kore he whatoro ki ngā tikanga me te kawa a te Māori hei panoni i ngā whaiaro me ngā whakaaro mō te kai tupeka, me te whakakore haere i te kai tupeka i ngā wāhi tū ai ngā kaupapa Māori. He wāhanga o te pou tarāwaho e mea ai kei ngā hapu me ngā iwi te tikanga me pehea te aukati i te kai tupeka ki ngā wāhi nui ki a rātou pera i ngā wāhi tapu, ngā marae, ngā maunga me ngā awa. Ka taea ēnei tikanga te whakawhānui kia horapa ai ki runga i ngā hui nui. He mea nui he mea rereke tēnei whakamahinga o ngā tikanga me ngā kawa ki te kaupare i tētahi paheketanga kei te pā kino ki te hauora Māori, pera i te kai tupeka

Ko Ngāti Kahungunu te iwi tuatahi kia pānui i tana rautaki tupeka e mahi ana kia neke ai te iwi mai te kaupapa o te auahi-kore ki te kaupapa o te tupeka kore

Ngā iwi me ngā whanau

He maha ngā tono a-waha me ngā tono a-tuhi mai ngā iwi i te wa o te rangahau nei. Nawai, ka mārama te kite he aha ngā kaupapa nui ki a rātou, ara;

- kua noho te tupeka ki te ārai i te whakatutukitanga o ngā tumanako me ngā mahere a ngā iwi me ngā whanau;
- te wero i te ahumahi tupeka mō ngā paheketanga me te tini tāngata kua mate i a rātou kaitupeka;
- whakarahia te pūtea mō ngā ratonga whakamutu, ngā tūmahi me ngā hōtaka hauora Māori
- kia whai pūtea ngā kaupapa me ngā mahi a te Māori ki te tāmi i te tupeka;
- kia kamakama te ahunga whakamuatanga o te kereme WAI 844 kei mua i te aroaro o Te Rōpū Whakamana i te Tiriti o Waitangi.

Kei te mārama, kei te aro mātou ki ngā kupu tautoko a ngā iwi mō ngā mea hei tāmi i te tupeka pera i te unuhanga o ngā whakaaturanga tupeka i ngā wāhi hoko, te horapa o ngā taiao auahi-kore me te whakapiki i te tāke kei runga i ngā kaitupeka. Ki a mātou, kia kaha te whai i ngā tuhonohonotanga i puea ake me ngā iwi i tēnei rangahau hei awhina i te whakahiatonga o ngā mahere me ngā hanganga ture tera ka tū hei tāmi i te kaitupeka a ngā rā kei te tū.

Te whakaheke i te wāteatanga o te tupeka

Ngā Tūtohutanga

Ka tūtohu mātou ki te Kāwanatanga kia hōparangia ētahi atu kōwhiringā mō ngā ine whakaheke i te whakaratonga o te tupeka ki Aotearoa, me te whai whakaaro anō hoki mō te hohoko me ētahi atu whakahīrautanga whakaheke i te wāteatanga o te tupeka ā tōna wā ki Aotearoa.

Ka tūtohu mātou ki te Kāwanatanga kia whai whakaaro mō te whakaheke haere ia tau (mā tētahi ōrautanga kua oti kē te whakatakoto) i te nui o te tupeka mai tāwāhi, te maha me te nui o ngā kaitupeka ka hokona ki ia wāhi hoko, tae rawa ki te maha o ngā wāhi hoko

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He maha ngā kaiwhakatakoto tāpaetanga i mea mai, whakahekea, whakakorea atu rānei te wātea mai o te tupeka i raro i te ture. I roto i ngā whakatakotoranga ki te whakatutuki i tēnei, ko te tikanga kia āta whakahekea te wāteatanga o te tupeka mā te whakakukuti i te whakaratonga i te tuatahi kātahi ka whakakore atu. I pai ki ētahi whakatakotoranga te whakakore katoa atu i te tupeka— he"tupeka kore Aotearoa"— ko ētahi atu pērā i te aronga Vision 2020, i pai kia tukua te whakamahinga o te tupeka hei matū tika i raro i te ture, kia whakaaetia ai te hunga takitahi ki te whakatō tupeka mō rātou ake.

E whakaae ana mātou ki te whāinga kei te hiahia te rāhuitanga ki te whakatutuki, —he Aotearoa auahi-kore, tupeka-kore. Heoi, kīhai mātou i whakapono e tautoko ana te nuinga o Aotearoa i te rāhuitanga hei huarahi whakatutuki i tēnei whāinga, ā, nā reira mātou i kore ai e tūtohu kia rāhuitia te tupeka e te Kāwanatanga i tēnei wā. Heoi, ki a mātou, he mahi

whakatūpato te hōpara kōwhiringa ki te whakakukuti i te whakaratonga o te tupeka whai atu i te tau 2015. Ka taea e ngā ine whakahaere whakaratonga pea te whakakukuti haere i te wāteatanga whānui o te tupeka i te wā nei, me te whai putanga noa ki te tupeka mā tētahi huarahi kua whakaarohia, kua whakarahingia. Kāore he māharahara ki te pai o ngā ine whakahaere i te whakaratonga ki te whakaheke i te kainga. Nā reira hoki aua ine i tū ai hei poupou whakahaere i ētāhi atu whakanaonga takakino (tae atu ki ngā whakapōauau hē i raro i te ture) i Aotearoa, i ētahi atu mana whakahaere. Ki te uaua kē atu te whiwhi tupeka, ka heke kē atu te tīmatanga, ka piki kē hoki te angitu o ngā whakamātau kia mutu.

He huhua ngā kōwhiringa i mea mai ngā kaiwhakatakoto tāpaetanga, kia pākaha kē atu te whakahaere i te whakaratonga, tae atu ki te whakaero i ngā motunga hoko ki uta ia tau, ā, me te whakakukuti i te hokohoko o te tupeka ki ētahi ake toa. I pēnei te whakamaherehere a te Manatū Hauora, ahakoa he pai te whakaaroaro me te hōpara i ngā kōwhiringa e rua nei, ko te whakakukuti i ngā hokohoko o te tupeka ki ētahi ake toa te ine pāi kē atu ki te whakahaere whakaratonga.

Ko te whakamaherehere ki a mātou, he whakahīrautanga pea tō ngā motunga hoko ki uta mō ngā herenga hohoko puta noa te ao a Aotearoa, ā, nā reira me tūpato tonu te whakaaroaro. Heoi, kāore he whakaaroarohanga hauora o te marea e whakakorea noa e ngā herenga hohoko, ā, mā ngā whakawāteatanga tika nō ngā herenga o te World Trade Organisation e tukua ai pea he whakakukutinga kei runga hokonga o te tupeka ki uta. Ka tū he take pakari mō te hōpara i tēnei kōwhiringa i runga i te whānui me te haere tonu o te whara i Aotearoa nā te tupeka, otirā ki a ngāi Māori, ahakoa te kitea atu o tētahi hōtaka whānui mō te whakahaere i te tupeka.

I pēnei te whakamaherehere ki a mātou. Ka whaitake atu, ka pai atu hoki te huarahi whakakukuti i te wāteatanga o te tupeka me te whai putanga ki te tupeka, mā te āta whakaheke i te hia kē o ngā toa hokohoko i te taha o tētahi whakakukutitanga hokohoko tupeka ki ētahi ake toa, hei tauira, ki ērā mō ngā tāngata anake e 18 ngā tau neke atu. Ka taea he momo ine pērā te āta kōkuhu mai i ngā tau e toru pea, kia waia ai te rāngai hokohoko.

4 Te kaupare i te hiahia kia kai tupeka

Ki a mātou he mārama ngā taunakitanga e mea ai kei te haere tonu ngā rautaki mākete a ngā kamupene kaitupeka e arotahi ai ki te hunga kātahi anā ka tahuri ki te kai tupeka, te hunga kua tīmata kē te kai tupeka me te aukume i te hunga kua mutu kē te kai tupeka i Aotearoa. Nā ngā whāwhārua i ngā ture kai tupeka kei te tōminamina tonu me te moni ngā kamupene kaitupeka i te hunga hoko kaitupeka, te tautoko huna nei i ngā kaupapa hei whakatairanga, hei hōrapa hoki i te tirohanga a te tini ki ā rātou kai tupeka, tāpiri atu, ko te karo i ngā pātai, he aha ngā kīnaki kua kuhuna ki ā rātou kaitupeka.

He mea waiwai kia hereherengia e te Kāwanatanga te SFEA kei taea ai e ngā kamupene kaitupeka te whakararu i ngā kaupapa here auahi-kore a Aotearoa. Nā reira, kia kaha tonu te hāpai i ngā rautaki whakatairanga i a Aotearoa hei whenua auahi-kore, pērā i ngā tūmahi pāpāho me ngā kaupapa aukati i te kai tupeka i ngā hapori. Hei kupu whakamutunga, me hiki mō ngā rā kei te tū ngā take i ngā marama tata kua pahure i runga i te kai tupeka.

Moni tuku ki ngā kaihoko

Tūtohutanga

Ka tūtohu mātou ki te Kāwanatanga kia unuhia te wāhanga o te Ture Smoke-free Environment e whakaae ana kia kuhu ngā kamupene kaitupeka "ki ngā hekenga utu noa o te hokohoko" (arā, Tekiona 36(4a)).

Ka aukati te SFEA i te whakarato noa i te tupeka mō te kore utu, engari ka whakaaetia ai "ngā hekenga utu i ngā tauhokohoko noa". Ko te kōrero ki a mātou ka whakahaere ngā kamupene kaitupeka o Aotearoa i a rātou ake kaupapa whakaheke utunga mā ngā kaihoko e utua ai ngā kaihoko mō te hoko kaitupeka, he mea whakatenatena tēnei i ngā kaihoko kia kaha te hoko kaitupeka. Hei tā te ahumahi kaitupeka, ka ū ēnei kaupapa ki te SFEA nā te rerenga e mea ai "ngā hekenga utu i ngā tauhokohoko noa".

I rongo mātou i rangahau Te Manatū Taonga i ēnei kaupapa, engari i tāmia te rangahau nā te mea kīhai he mana a Te Manatū Hauora ki te tono ki ngā kamupene kaitupeka kia whāki i ngā kōrero hāngai, nā reira, hāunga ā rātou āwangawanga mō te whakaparahako a ēnei kaupapa i te SFEA, kīhai he whiunga i puta. I pātai mātou ki ngā kamupene kaitupeka kia hōmai he pārongo mō a rātou kaupapa hekenga utu engari i whakakeke rātou.

Ki tā mātou i whakaaro ai ka whakararua, ka whakaparahakoa te SFEA e ngā ritenga whakaheke utu a ngā kamupene kaitupeka. Kei te mōhio ngā kamupene kaitupeka kei te whakatenatena rātou i ngā kaihoko kia hoko kai tupeka, hāunga ngā kupu a te SFEA e mea ai "kīhai e tareka e tētahi te tāpae hekenga utu ki tētahi kaihoko hei hāpai i te hokohoko, te pānui, te whakanoho rānei i ngā kai tupeka ki ō rātou wāhi noho." Ka tūtohu mātou kia whakarerekētia te SFEA, kia kaua e taea e ngā kamupene kaitupeka whakamahi i ngā ritenga o te "tauhokohoko noa"; mā tēnei e hiki ake i te pēhitanga i runga i ngā kaihoko kia whakanoho, kia hoko i ngā kaitupeka, ka rongo pai ai hoki te ahumahi kaitupeka kīhai e tareka te SFEA te whakararua. I tua atu ka tūtohu mātou kia whakakahāngai ai te mana

rangahau a Te Manatū Hauora, kia whakahaua hokitia ngā kamupene kaitupeka ki te whāki i ā rātou mahi, kia mārama ai te kite a te Kāwanatanga, he aha ngā nekenekehanga i te taha o te whakahekenga utu.

Te mākete huna

Ngā Tūtohutanga

Ka tūtohu mātou ki te Kāwanatanga kia whakarerekētia te Ture Smoke-free Environment kia aukatia ai ngā kamupene kaitupeka ka uru ki ngā ritenga mākete huna pērā i ngā hokonga tūhāhā.

Ka tūtohu mātou ki te Kāwanatanga kia whakarerekētia te ture kia aukatia te kupu "tupeka" (me ngā kupu tata) i ngā ingoa o ngā wāhi hoko.

Ka tūtohu mātou ki te Kāwanatanga kia whakaarotia ngā tūmahi auahi-kore mā ngā ara mākete hou pērā i ngā papanga hapori.

Ka tūtohu mātou ki te Kāwanatanga kia whakaaroaro mō tētahi kaupapa whakatairangatanga ki te whakaparahako i te ahumahi tupeka me te tupeka, ki te whakamārama hoki ki ngā tāngata katoa o Aotearoa ngā mahi me ngā rauhanga a te ahumahi tupeka i ngā rā ki mua ā tatu ki ēnei rā.

Ngā hoko tūhāhā

Mai i te tau 1995 kua aki te SFEA kia iti ngā momo tautoko a ngā kamupene kaitupeka ki te hoko tūhāhā i Aotearoa, heoi, kua kite te ahumahi kaitupeka i tētahi puarenga i ngā hanganga ture. I ēnei rā, hāunga tā rātou hāpai i ngā kaupapa kua whakatūria, kua kuhu ngā kamupene kaitupeka ki ngā "ritenga ratonga tūhāhā". Mā tēnei ritenga ka tuku pūtea ngā kamupene kaitupeka ki ngā momo huihuinga ka whakatūria, ko te utu ka whakaae ngā kaiwhakahaere o aua momo huihuinga kia hoko i ētahi momo kaitupeka anake, ā, mutu rawa te huihuinga. I hōmai ngā tauira e rua o ēnei rā tata, te Rhythm and Vines (Hakihea tau 2009) me te Air New Zealand Fashion Week (Mahuru tau 2009). Mā ēnei ritenga ka āhei ai ngā kamupene kaitupeka ki te whakakākahu i ā rātou kaimahi ki ngā kākahu ka tautoko i a rātou ake kai tupeka ina kuhukuhu ai ngā kaimahi ki roto i te tokomaha o ngā tāngata, i te nuinga o te wā kei te tū ai ngā pāpara kāuta me ngā whare kai. Mā te noho kia kotahi te momo tupeka kei te whakatairangatia i tētahi huihuinga hei whakakaha ake i te mākete o aua momo kai tupeka.

Ki a mātou, he mahi mākete ngā "hoko tūhāhā", kāore i kō atu, kāore i kō mai, he whakaata i te mea kāore he aha ki ngā kamupene kaitupeka ki te takahi i ngā ture, ki te hāpai i ā rātou kaitupeka. Hāngai pū ai ngā tauira e rua i runga ake nei ki te hunga rangatahi, ā, ka whāia nuitia e te hunga pāpāho. Nā reira, he mea waiwai kia tuhia anōtia ngā ture kia kore ai he tuwheratanga ki ngā kamupene kaitupeka ki te karo i te SFEA me te hāpai i ā rātou taonga hoko.

Ngā ingoa o ngā wāhi hoko

I raro i te SFEA, āhei ai he kaihoko ki te whakaatu i ngā pānui o tōna ingoa, tōna ingoa tauhokohoko rānei i waho atu o tōna wāhi hoko engari, ki raro tonu i ngā tohutohu a te Ture Smoke-free Environment o te tau 2007, me kaua hoki e noho mai te ingoa o tētahi

momo kai tupeka, kamupene kaitupeka rānei. I roto i ngā tau tata nei kua uru haere mai ki ngā ingoa, ngā rērenga kōrero pērā i a "hoko tupeka taheke", "tupeka taheke", aha atu; hāunga te mea ka whakaaetia ēnei i raro i te ture, he whakatairanga ēnei kupu i te hokohoko o te tupeka.

Ki a mātou he mea hāpai i te kai tupeka i waenganui i te hunga tamariki te tapa pērā i te ingoa o tētahi wāhi hoko; i tua atu ka hāngai tēnei ki te hunga kei te kai tupeka, me kī, te hunga iti nei ā rātou moni. Kei te pōuri mātou ki te kite atu i ngā kaihoko e whai ana i te hoko o te kai tupeka, whāia, ka tūtohu mātou kia whakarerekēngia te SFEA hei aukati i tēnei mahi.

Pāpāho pāpori

I whai mātou i ngā taunakitanga a te rōpū Smokefree Coalition e mea ai kua tahuri ngā kamupene kaitupeka ki ngā papanga hāpori pērā i a Facebook ki te hoko i ā rātou kai. Ka whakatairanga ngā kaimahi a ngā kamupene kaitupeka i ngā momo kai tupeka o ō rātou kamupene i runga i ngā papanga hapori mā te kuhu atu me te whakahaere i ētahi rōpū, mā te hono atu rānei ki ētahi whārangi me te whakairi whakaahua o ngā kai tupeka me ngā taputapu whakatairanga. Ki tā mātou i whakaaro ai, me ngana ngā kaupapa auahi-kore kia whanake wawe pērā i ngā kamupene kaitupeka me ā rātou rautaki hoko kai tupeka, kia takatū ai mō ngā āhuatanga ka ahu mai i ngā kamupene kaitupeka i ngā take hokohoko, pānui hoki.

Kaupapa whakatairangatanga hei whakaparahako i te ahumahi tupeka

Ka hia tau e whakatū ana e whakatairanga ana te ahumahi tupeka i te tupeka ki Aotearoa. Waihoki, kua whai wāhi ki ngā kaupapa whakatairanga a te Health Sponsorship Council ngā tūmahi whakaparahako i te tupeka; heoi, kāore anō kia tū tētahi kaupapa ka āta titiro ka āta arotahi i te ahumahi tupeka

Ka puta i te tono a Te Reo Marama te tautoko mō ēnei momo whakatairangatanga ka arotahi ki te ahumahi tupeka. Ko ētahi ko Te Kohuru Māori (Māori Murder), Te Hanga Morearea I me te II (Endangered Species I and II) me Te Kohuru Māori (Māori Killers). Ā muri ake nei me arotahi ngā whakatairangatanga o tēnei momo ki te Māori

Ngā kīnaki

Ngā Tūtohutanga

Ka tūtohu mātou ki te Kāwanatanga kia matua tohu i ngā kamupene kaitupeka kia whākina whānuitia he aha ngā huānga kei roto i ā rātou kai tupeka - te momo tupeka, te waitohu, te momo waitohu kia marama ai te hunga kai tupeka me Te Manatū Hauora he aha ake ngā mea me te kōrahi o ia mea kei roto i ngā hikareti me ngā tupeka. Me hōrapa ēnei ritenga puta noa te whenua.

Ka tūtohu mātou ki te Kāwanatanga ki te whakamahi i ngā ritenga o te Ture Smoke-free Environment e tohu ana kia hia te rahi o ngā kinaki me te parawaro ka whakaaetia kia kuhuna ki roto i te tupeka, hei whakaheke ia tau i te rahi o ngā kinaki me te parawaro kei roto i te tupeka

Ko te tokomaha o ngā kaitono ka kōrero mai ehara i te mea ko te rau tupeka anake kei roto i te hikareti, arā noa atu ngā momo o te ao hurihuri hangarau nei, he mea kīnaki, hei kukume, hei pupuri i te hunga whātoro atu. I ki mai a ASH he huka, he whakarekareka, he humectant ngā kīnaki nui kua whakakuhuna. Heoi, arā atu ngā momo matū pērā i te haukini me ngā paturiha e meatia ana kua whakakuhuna, heoi, kāore i pērā te rahi i ērā kua kōrerotia ki runga ake nei. Ko te kōrero ki a mātou, mehemea kāore e raua ngā kīnaki ka weriweri rawa atu, ka kino rawa atu te tupeka, te momi. Hei tā ngā kamupene kaitupeka, ruarua noa ngā kīnaki ka whakakuhuna ki roto i te tupeka ka momia i Aotearoa.

Ko te kōrero mai, kāore ngā kai tupeka e taka ki raro i ngā taumata arotakenga mō te kōrahi me te hanga kaupapa whakaheke i te tūpono whara ki te tamaiti nā ngā mea pērā i te kai me ngā matū maha. Ia tau me tae atu ngā tatauranga a ngā kamupene kaitupeka mō ngā kīnaki kei roto i a rātou kaitupeka ki Te Manatū Taonga, engari kua whakaemia, ā, he whānui rawa hoki ngā whakamārama, kīhai he whakamārama mō tēnā momo kaitupeka, mō tēnā parani, mō ēnā momo o tētahi parani. He āwhina nui ki te whakarerekētia te ture kia matua tuhi pūrongo ngā kamupene kaitupeka ki te tūmatanui he aha ngā mea kei roto i tētahi momo kaitupeka kia aha ai, kia taea ai te āta aroturuki, āta arotake i ngā kaitupeka kia mōhio ai ngā tāngata he aha ngā mea kei te kuhuna ki ō rātou tinana. Me te aha, ko ngā utu mō tēnei ritenga aroturuki ā-motu ka taka ki runga i ngā kamupene kaitupeka.

Nā te warawaranga nui o te tupeka, ka ora haere te kai hikareti i Aotearoa. I rongo mātou ki ngā taunakitanga e mea ai ka nui haere te kai hikareti a te tangata, ka iti iho tana kaha ki te whakaaro kia mutu. E 25 ō-rau o ngā tamariki me ngā rangatahi ka momi i te momi tuatahi rawa ka heke iho te kaha, ka whakaatu mai rānei i ngā tohu o te waranga. Nā reira, ka whakaaro mātou kia herea rawatia te parawaro, te mea kino i roto i te tupeka. Ki Aotearoa nei e 12.8 koma haumano te parawaro ki ia hikareti, nui atu i tā Peretania, tā Amerika, tā Kānata. Ko te kōrero ki a mātou, ka taea noatia ai te 5 koma haumano ia rā te here i te tangata ki te waranga; whāia, e toru hikareti ia rā ki Aotearoa nei, ka rahi mō te waranga o te tangata. Ki te kaha tō momi i ngā hikareti kotahi, e rua rānei ka noho waranga koe ki te tupeka.

I tēnei wā, ka inea te kaha o te parawaro i roto i te tupeka e ngā kamupene kaitupeka, heoi, kīhai e tatauria, e tāngia rānei ki runga i te pākete. Kīhai ngā mīhini whakamāatautau a ngā kamupene kaitupeka e ine pai i te kaha o te parawaro i roto i te tupeka, i te "kaha parawaro" o te tangata kai i te tupeka. Hei tauira, mō ngā "hikareti māmā" ka noho pūareare te mea tātari, arā, te filter e uru mai ai te hau ki te kōrori me te auahi. Nā reira, ina whakamātautautia mā te mīhini aua momo hikareti, iti iho te waro me te parawaro ka whakaatūria. Hāunga, ina momia aua hikareti e te tangata, kapia ai ngā pūareare o te mea tātai e ngā ringaringa me te waha o te tangata kia rite ai te kino o ēnei momo hikareti ki ngā hikareti noa, me te aha, kaha atu te momi a te tangata.

Ka aro mātou i te mea nā ngā raruraru ka hua i ngā whakamātautau mā te mīhini. Nō te tau 2007 ka unuhia e Aotearoa ngā taumata parawaro, waro, haukino i ngā pākete tupeka, kei pōhēhē ētahi o te hunga kai tupeka, he pai atu ki te hauora tētahi momo hikareti, i tētahi atu. Mēnā ka whakanohoia ngā whakamārama mō te parawaro me ētahi atu kīnaki ki runga i ngā pākete hikareti, he mea pai kia tū mai he tikanga tōtika hei ine i te parawaro, te haukino, te waro kia iti iho ai ngā tūponotanga.

I rongo mātou, ki te takoto he tikanga mō te kōrahi o te parawaro i roto i ngā hikareti, ka heke te tūpono waranga o te tangata, me te aha, ka māmā atu mō te hunga rangatahi kia mutu i mua i tō rātou herenga ki te kai tupeka, ka māmā hoki mō te hunga kai tupeka āhua pakeke ake kia mutu. Kua tīmata kē te mahi a ngā kaumpene kaitupeka i ngā hikareti parawaro iti pērā i te parani "Quest" a Vector Tobacco (ki Te Hononga o Amerika). Nā reira, kāore i kore ka pai te haere o tētahi tikanga ine parawaro ki te whakatūria.

I āwangawanga ētahi kaitono, ki te whakahekea te kōrahi o te parawaro kei roto i te hikareti, ka heke te parawaro ka momia, whāia, ka kaha atu te momi i te hikareti nā reira, ka nui atu te tūpono pā o te kino ki te hauora. Hāunga tērā, i rongo mātou mai i ētahi tohunga putaiao i roto i te ahumahi kaitupeka i waho hoki e mea ai, ka kaha atu te momi hikareti ki te whakahekea te kaha o te parawaro me te waro i te hikareti. Nā reira, me whakaaro mō ngā putanga kētanga, i te wā ka whakahiatotia ngā hanganga ture whakaheke i te parawaro.

Ko te whakamaherehere mai, ka taea i raro i te SFEA te whakahaere i ngā kīnaki, ā, ka tūtohu mātou kia whai tinana aua ritenga. Mā te mārama me te whānui o ngā pūrongo mō ngā kīnaki i roto i te hikareti, e āwhinatia ai te Kāwanatanga ki te tohu, ko ēhea kīnaki hei whakahaere. Ki a mātou, ko te parawaro te mea nui hei whakahaere.

Ngā whakamataaratanga auahi-kore

Ngā Tūtohutanga

Ka tūtohu mātou ki te Kāwanatanga kia arongia te pai o ngā kaupapa auahi-kore, me te aha, me te āki kia arotahi tonu āna mahi ki ngā tōpūtanga he nui te kai i te tupeka, taea rawa atu ki ngā Māori me ngā wāhine kei te hapū.

Ka tūtohu mātou ki te Kāwanatanga kia haere tonu ngā rangahau, kia mōhio pai ai kei te whai hua ngā kaupapa auahi-kore, ā, kei te arotahi ki te hunga e tika ai i runga i te mōhio he tamariki iho te pakeke o te tangata Māori (11.4) ka tīmata te kai tupeka ki tērā i te taupori whānui.

Ka whakaae mātou he mea tino nui rawa atu ngā kaupapa auahi-kore i roto i ngā tikanga tāmi i te kai tupeka, me kaha ngā tautoko a te Kāwanatanga. Nā reira mātou i āwangawanga ai kua raweketia ngā pātea āwhina mai, ā, kua topea te pūtea awhia mā te e $2 miriona, he pānga kino hoki ki ngā kaupapa auahi-kore. Kāore i kore ā ngā rā kei te tū ka noho tonu ngā kaupapa auahi-kore, taea rawa iho ki ngā pāhātanga i te pouaka whakaata, hei kaupapa pāhā i ngā kōrero mō te auahi-kore ki te rahinga o te taupori. Hei tā Te Manatū Hauora e 97 ō-rau o ngā tāngata o Aotearoa kua kite i tētahi karere auahi-kore i roto i te marama kua pahure, anā, ko ngā pāhōtanga i te pouaka whakaata ngā mea ka mau ki ngā pūmahara o ngā tāngata.

I rongo mātou mō te rawe o ngā kaupapa auahi-kore pērā i a "Not Our Future" arā, he kaupapa ka whai wāhi atu ai ngā tāngata rongonui ki te whakatenatena i te hunga tamariki kia kaua e kaitupeka. Ka whakamihi mātou ki te Health Sponsorship Council, te National Heart Foundation, Quitline, Te Hotu Manawa, te Cancer Society, a ASH, a Smokefree Coalition me Te Reo Marama mō ō rātou mahi waiwai mō te whakahiato pānui auahi-kore.

Ki tā mātou i whakaaro ai, he mea nui kia rongo ai ngā tamariki Māori i ngā kōrero i ngā kaupapa auahi-kore, i te mea he tōmua ake te tīmata kai tupeka a ngā tamariki tērā i ngā

tamariki puta noa; e ono, e whitu rānei ngā tau o ētahi tamariki Māori ka momi i tā rātou hikareti tuatahi. Kei te āwangawanga mātou, tae rawa ēnei tamariki ki ngā tau rongohia ai te awenga o ngā kaupapa auahi-kore, kua mau kē rātou ki te waranga kai tupeka. He mea pai tonu kia arotake i te pai o ēnei kaupapa auahi-kore kia mōhio ai mēnā kei te rongohia e ngā tāngata Māori hei mua, kaua hei muri i te mau i te waranga kai tupeka.

I te tino āwangawanga mātou mō te kaha o ngā wāhine Māori ki te kai tupeka, tae rawa ki ngā wāhine Māori kei te hapū. Kino te pānga o te kai tupeka ki ngā wāhine Māori, inarā ko rātou tētahi o ngā tōpūtanga tāngata o te ao kino rawa te pākia e te mate pukupuku ki ngā pūkahukahu, kei runga rawa atu hoki ngā tatauranga i ngā wāhine Māori mō ētahi atu mate pērā i ngā rarunga o te mate huka, ngā mate manawa, mate pukupuku ki ngā waiū me te mate pukupuku ki te whare tangata. Kei te tino māharahara mātou mā ēnei wāhine nā te pānga kino ki ngā tamariki tae atu ki ngā tamariki kīhai anō kia whanau. Hāunga te mea ehara koia te pūtake anake o tēnei mate, neke atu i te e 46 ō-rau o ngā Matenga Ohorere i te Wā Kōhungahunga, ka hua i te kai tupeka, ā, he maha ngā mate i ngā tamariki tērā ka hua i te kai tupeka. Āwhiwhiwhi, e 65,000 ngā wāhine Māori ka kai tupeka kua tae ki te taumata whakawhānau tamariki, whāia, ko te whakatenatena i ēnei wāhine kia kaua e kai tupeka hei ua i te hapūtanga te rautaki pai rawa atu ki te kaupare i ngā mate ki a rātou me ā rātou pēpi ka hua i te kai tupeka. Nā reira, ka whakahau mātou kia hāngai ngā kaupapa auahi-kore ki tēnei tōpūtanga tāngata.

Te whakawhānui atu i ngā taiao auahi kore

Ngā Tūtohutanga

Ka whakamihi mātou ki te Kāwanatanga mō te whakataunga kia aukati te kai tupeka i ngā whare herehere atu i te rā 1 o Hōngongoi i te tau 2010.

Ka tūtohu mātou ki te Kāwanatanga kia whakawhānuitia atu te Ture Smoke-free Environment ki te aukati i ngā mīhini hikareti.

Ka tūtohu mātou ki te Kāwanatanga kia rangahau i te whakawhānuitanga atu o te Ture Smoke-free Environment kia aukati i te kaitupeka i ētahi wāhi pērā i ngā waka huarahi, ngā waka kawe tamariki me ētahi wāhi tūmatanui ka āta tohua.

I tēnei wā kapi ai i te SFEA ētahi wāhi auahi-kore tūmatanui, tūmataiti hoki, e auahi-kore ai ētahi wāhi whakaroto me ētahi wāhi mahi; ruarua noa ngā wāhi kīhai e taka ki raro i ēnei ture. He tokomaha ngā kaitono i hāpai kia maha atu ngā wāhi ka taka ki raro i te SFEA, pērā i ngā whare wānanga, ngā whenua rāhui, ngā kāinga, tekau mita te tata ki ngā wāhi kuhu ki ngā whare, i roto motukā, tae rawa ki ngā waka kawe tamariki.

Hāunga te mea ka tautoko mātou i ngā kaitono e mea ai me kaua e pā kino te auahi tuarua, me rihariha ki te kai tupeka, kīhai mātou e whakaae mā te hahau i te hunga kai tupeka te rautaki tika. Mā te tāmi i te ratonga tupeka me te whakaheke i te hunga tērā ka tahuri ki te kai tupeka, kāore i kore ka heke te kaikai i te tupeka i ngā wāhi tūmatanui. He wāhi anā mā te whakatairanga i te kino ka pā ki ētahi atu i te auahi tupeka. Ki a mātou kāore pea he take o te hahau anō i te hunga kai tupeka me te aha, ehara tēnei i te huarahi ki te werowero i te ahumahi kaitupeka.

Nā reira, me tirotiro me pēhea te whakawhānui i te SFEA. Ka aro mātou ki te mea kua whakatau te maha o ngā kāwanatanga ā-rohe kia auahi-kore ō rātou wāhi tūmatanui pērā i ngā papa hākinakina, ngā papa rehia mō ngā tamariki, ngā whenua rāhui; tērā ngā iwi pērā i a Ngāti Kahungunu kua whakahiato i ā rātou ake rautaki auahi-kore, tupeka kore hoki. Ka whakamihi mātou mō ēnei tūmahi, ā, ka whakapono mātou tērā pea koianei te huarahi tika, hāunga te whakatakoto hanganga ture hou. Ka tukua ngā āwhina me ngā ratonga hei tautoko i ēnei rautaki mā roto i ngā rōpū whakatairanga hauora kei raro i ngā rōpū hauora tūmatanui me ngā rōpū kīhai i raro i ngā whakahaere a te kāwanatanga. Ki te kore he pūtea e wātea ai, me tiki kē ko ngā pūtea kua whakaritea kētia ki ētahi tūmahi.

Te whakapiki i te tāke kei runga i te tupeka

Ngā Tūtohutanga

Ka whakamihi mātou ki te Kāwanatanga mō te whakamana i te Ture Whakahou i ngā Excise me ngā Excise-equivalent Duties Table (Whakanaonga Tupeka) i te tau 2010, ka whakarite nei i ngā tāke kei runga i ngā hikareti me ngā hikareti rōra, ka whakapiki hoki i te tāke ki runga i ngā kai tupeka katoa mā te e 10 ōrau (i te tuatahitanga o ngā pikinga rite e toru).

Ka tūtohu mātou ki te Kāwanatanga kia whakatakoto hanganga ture mō ngā whakapikinga tāke i kō atu o ngā whakapikinga ā-tau mō te utunga rawa.

E ai ki te World Health Organisation me Te Manatū Hauora ko te whakapiki tāke te aukati pai rawa atu mō te whakaheke i te kai tupeka, ā, neke atu i te rua hautoru o ngā kaitono i tautoko i tēnei. Ko te utu te pōreareatanga nui ki te whai hikareti a te hunga tamariki. E ai ki ngā taunakitanga, kainga ai e te Māori ngā hikareti utu iti, arā, e 57.9 ōrau o te hunga kai tupeka i ngā tau 15 ki te 19 te pakeke nā te mea, he iti iho te utu o ngā hikareti rōra. I kaha te hāpai a ngā kaitono me mātou hoki kia rite ngā tāke i runga i ngā hikareti rōra pērā i ngā hikareti noa, kia kore ai tēnei huarahi utu iti ki te kai tupeka.

Nō te marama o Paenga-whāwhā, i te wā o te rangahau nei, ka whakamanatia e te Kāwanatanga te Ture Whakahou i te Excise me te Excise-equivalent Duties Table (Whakanaonga Tupeka) i te tau 2010, kia piki ai ngā tāke mō ngā kai tupeka katoa mā te e 10 ōrau (te tuatahitanga o ngā pikinga ōrite e toru), kia rite hoki ngā tāke i runga i ngā hikareti noa me ngā hikareti rōra. Kua rongohia te awenga o tēnei pikinga tāke, inarā ko te kōrero mai a End Smoking New Zealand, i runga i ngā tiro whānui a AC Neilson, kua heke ngā hokohoko tupeka i ngā toa-kaitā mā te e 15 ōrau. Ki a mātou, he tohu tēnei tāpae ki ngā tauanakitanga a ASH e mea ai, ko te hekenga nui rawa atu o ngā utu mō te kai tupeka mua atu i te tau 2009 i puta i te taha o ngā pikinga utu nui rawa atu o te utu o te hikareti. He tohu mārama mea ana, ki te piki ngā tāke a muri i te tau 2012, kāore e kore he āwhina tēnei kia heke te kaha o te kai tupeka.

Ka aro mātou ki te mea i āwangawanga ētahi kaitono ki te piki ngā tāke, ka whiua ko te hunga kai tupeka iti nei ā rātou moni, ka pau ngā moni hei hoko kai ki te hoko tupeka. Heoi, e ai ki te tokomaha o ngā tohunga o te whare wānanga, ko ngā tāngata he iti ā rātou moni whiwhi, ko rātou te hunga tino aro atu ki ngā pikinga utu, nā reira, ko rātou ka tino rongo i ngā pikinga utu. Ka whakaae mātou he mea waiwai kia noho wātea ngā ratonga mō te whakamutu i te kai tupeka me te pana parawaro (NRT) kia whiwhi ai te hunga ka hiahia

whakamutu i te kai tupeka, nā te pikinga o ngā utu ki ngā ratonga whakamutu i te kai tupeka.

5 Te whakahaere i ngā whakataunga mō te tupeka

Ko tētahi wāhanga o ngā mahi whakahaere i te tupeka ki Aotearoa, ko ngā mea e hāpaitia ai e te World Health Organisation, tāpae atu ki ngā mahi kua roa kē e whakahaerehia ana pērā i ngā taiao auahi-kore, te tāke, ngā tūmahi hauora tūmatanui me ngā ratonga whakamutu. "Te whakakaha i ngā āwhina kia māmā ai te whakamutu i te kai tupeka" tētahi o ngā whāinga matua e ono a te Kāwanatanga. Mahi tahi ai Te Manatū Hauora me ngā poari hauora ā-rohe, ā, kei tēnā poari hauora ā-rohe, kei tēnā poari hauora ā-rohe tāna ake mahere tupeka.

Tērā ngā rōpū kāwanatanga me ngā rōpū ehara i te rōpū kāwanatanga ka whakatairanga i ngā taiao auahi-kore, ngā ratonga whakamutu me te whakahaere i ngā rangahau mō te kai tupeka ki Aotearoa. Ko ētahi o ēnei rōpū ko Aukati Kai Paipa he rōpū ka tautoko i ngā mahi whakamutu i te kai tupeka nā te Māori i whanake mā te Māori, ā, ka whakaratoa e ngā rōpū e 32 puta noa i Aotearoa; a Quit Group te rōpū nui rawa i Aotearoa mō te whakamutu i te kai tupeka; te Health Sponsorship Council, te hinonga Kāwanatanga ka kawe i ngā ratonga mātauranga me ngā pārongo whakamutu i te kai i te tupeka mā Te Manatū Hauora.

Tekau mā toru ngā rōpū hauora tūmatanui kei te mahi i ngā rohe e arotahi ai ki ngā kaupapa here me ngā taiao auahi-kore, ka aroturuki i te pai mō te whakahaere i ngā mahi, te tirotiro mēnā kei te ū ngā kaihoko me ngā wāhi hoko tupeka ki te SFEA, tae atu ki te tautoko i ngā mahi a ngā hapori me ngā mahi ā-motu pērā i ngā kāinga auahi-kore, ngā waka auahi-kore me te whakatairanga i te hauora i ngā kura. He tūranga āpiha auahi-kore me ngā kaimahi whakatairanga hauora ka mahi i ēnei rōpū hauora ā-rohe ki te kawe i ngā mahi nei.

Puta i te ao, kei roto a Aotearoa i te Framework Convention on Tobacco Control. Ko tā tēnei whakaaetanga, he kōtuitui i ngā mahi mō te kino o te tupeka, ka aro hoki ki te pānga kino o te kai tupeka ki ngā tāngata taketake o te ao. Kei te ū a Aotearoa ki ngā kawenga i raro i te ritenga nei, ā, kei roto tonu i ngā tūmahi pērā i ngā whitiwhitinga kōrero e haere nei mō ngā tikanga ōkawa mō te whakakāhore i ngā tauhokohoko huna i ngā kai tupeka.

Ka whakamihi mātou mō ngā mahi a te rāngai tāmi kaitupeka tatū ki tēnei wā me te aro ki te mea, he tuawhā a Aotearoa o ngā whenua o te OECD mō ngā tūmahi whakamutu i te kai tupeka. E tutuki ai te whāinga kia whakaheke te hōrapa me te kaha o te kai tupeka kua tūtohu mātou ki te Kāwanatanga kia kaha tonu āna mahi ki te whakatutuki i tēnei.

Te Pou Tarāwaho a te World Health Organisation mō te Tāmi i te Tupeka

Tūtohutanga

Ka tūtohu mātou ki te Kāwanatanga kia whai whakaaro ki te whakapumau i ngā tohutohu kei wehenga 5.3 o te Pou Tarāwaho mō te Tāmi i te Tupeka (ko tona whāinga kia ārai i ngā

kaupapa here tumatanui i ngā awenga o ngā kamupene tupeka) i te hanganga o ngā ture me te whakahiatonga o ngā kaupapa here.

Ka Whai Wāhi te Kāwanatanga o Aotearoa ki te Pou Tarāwaho mō te Tāmi i te Tupeka (FCTC). Ko Wehenga 5.3 e pā ana ki te whakahiatonga me te whakatinanatanga o ngā kaupapa here tumatanui mō te hauora, me te ārai i ngā pōreareatanga a te ahumahi tupeka. I tua atu, kei Wehenga 5.3 e mea ai kei ngā kāwanatanga te mahi ki te kaupare i ngā pōreareatanga a te ahumahi tupeka i te whakahiatonga o ngā kaupapa here tumatanui.

Ko tētahi huarahi ki te pehi i aua pōreareatanga, ko te hanga ture ka tāmi i te aheinga o te ahumahi tupeka ki te whakararuraru i ngā whitiwhitinga korero tumatanui mō ngā kaupapa here me ngā hanganga ture. Whaia, kia horapa te ture ki era o ngā aratohu pera i:

- te aukati i te whai pūtea, te mahinga tahitanga ranei me te ahumahi tupeka i ngā kaupapa matauranga me ētahi atu take
- te aukati i ngā tāngata mai te ahumahi tupeka ki ngā turanga i te rangai kāwanatanga
- te whakahau i te ahumahi kia whāki he aha ngā kaupapa whakatairanga me te pūtea kua whakapaua ki runga ki ētahi mahi ake, ā
- te aukati i ngā awhina ki te ahumahi tupeka pera i ngā topenga tāke me ngā awhina mō ngā rangahau.

Taea ai ngā pōreareatanga te pehi mā ngā ritenga e mea ai me whāki rawa ngā apiha mena kua pā he tutukitanga ki te mahi, mena kua taka he whiwhinga pūtea mai te ahumahi tupeka, tae rawa iho ki ētahi tikanga whanonga hei ārahi i ngā kaimahi a te kāwanatanga i roto i ngā whitiwhitinga me te ahumahi tupeka. Ka taea pea ēnei take te whakatū noa, te whawha ki te ture.

He mahi ki te āta tohu he aha ngā mea ka taea i ngā kaupapa here anake, ā, he aha ngā mea he pai ake mā ngā hanganga ture

Te whakahou i te mahere mahi

Tūtohutanga

Ka tūtohu mātou ki te Kāwanatanga kia whakatakotoria he rautaki me tētahi mahere mō te tupeka me te arotahi ki ngā putanga ka hāngai pū ki te Māori kia aha ai, kia heke ai te kai tupeka mā te haurua ā te tau 2015, i raro i ngā whakapaunga moni e tika ai. Ko te titiro kia tae ki te tau 2015 ka whakahou i te mahere tupeka me te whāinga ia auahi-kore a Aotearoa ā te tau 2025.

Nō tata nei ka eke te wā mō o te Rautaki Auahi Kore te waka ārahi i ngā kaupapa tāmi i te tupeka mō ngā tau e rima kua pahure. Ki a mātou, he mea waiwai kia tū he Rautaki Auahi Kore e mārama ana, e whānui ana, ā, ka tareka noatia ai te whakatinana, kia aha ai, kia pūmau ai te whakamahinga o ā mātou tūtohutanga i te wā e tika ai, me te pūtea e tika ai.

Ki a mātou he mea nui kia whakahiatotia he mahere i runga i te kaupapa Māori ka hāngai pū ki te kai tupeka a ngā tāngata Māori. Arā te kōrero i mua rā e mea ai, nui atu te mahi ki

te haukoti i ngā tau toharite mō te kai tupeka mai te 45 ōrau ki te 22 ōrau i waenganui i ngā tāngata Māori tērā i ētahi atu tāngata. Waihoki, teitei atu ngā tau toharite mō ngā tōpūtanga tāngata pērā i ngā wāhine kua eke ki ngā tau whakawhānau, i te iwi Māori tērā i ētahi atu tāngata; tata ki te haurua o ngā wāhine Māori kua eke ki ngā tau whakawhānau ka kai tupeka, he whakarau mā rua tēnei i te tau toharite mō ngā tāngata katoa o Aotearoa. E heke ai te kai tupeka a ngā tāngata katoa, he mea waiwai kia whakahiatotia he mahere whānui ka hāngai ki te kai tupeka a te Māori, nā te Māori i whakahoahoa mā te Māori. Ki tā mātou titiro he wāhi nui tō te Māori i te whakatinanatanga o te mahere, ka aro hoki mātou ki te mea ko te Kāwanatanga ka tuku i te pūtea e tika ai ki te nui o te mate me ngā whāinga.

Te Mana Tāmi Tupeka

Ngā Tūtohutanga

Ka tūtohu mātou ki te Kāwanatanga kia rangahaua ngā whiriwhiringa mō tētahi pūnaha tiro whānui, whakahaere hoki i te kai tupeka i Aotearoa. Me whai whakaaro te whakatūnga o tētahi Mana Auahi Kore i raro i ngā kaupapa Māori hei whakakaha hei whakateretere i te ekenga ki te whāinga kia haurua te kai me te hōrapa o te tupeka ā te tau 2015, me te eke i te taumata kia auahi-kore a Aotearoa ā te tau 2025, i runga i te pūtea e tika ai.

Ka tūtohu mātou ki te Kāwantanga kia whai whakaaro mō tētahi tauira pūtea āwhina ka hoatu pūtea tōkeke ki ētahi ake hōtaka, whakamataaratanga Māori.

Ki te whakatinanatia ngā tūtohutanga i tēnei pūrongo, ka panoni te āhua o te kai tupeka i Aotearoa, nā reira me titiro he aha ngā mahi me ngā arotahitanga e tika ai. Ki te kore he pūtea tāpiri, ka tahuri ki te wherawhera anō ki hea, ki hea whakapaungia ai te pūtea. He mea waiwai kia tika te hāngaitanga o ngā mahi tāmi i te kai tupeka ki ngā wāhanga e tika ana. Ki a mātou me whai whakaaro ki te whakatūranga o tētahi Mana Auahi Kore, ka tū motuhake mai Te Manatū Hauora, ko tāna mahi he whakakoikoi, he whakarārangi i ngā mea tuatahi, he whakakaha i ngā mahi auahi-kore. Ki a mātou, ehara i te mea ka tū tēnei rōpū mō te wā roa, kia eke ai ngā whāinga mō te auahi-kore i Aotearoa. Mā te whai kia tino pai rawa atu ngā mahi auahi-kore, ka āwhina te Kāwanatanga kia auahi-kore a Aotearoa ā te tau 2025.

Pūtea

I te tau 2009/10, e $57 miriiona o te pūtea Pōti Hauora i hāngai ki te tāmi i te kai tupeka, he whakaritenga e 5.4 ōrau o te e $1.3 piriona tāke (tāke tupeka me te Tāke Tāpiri) i tangohia i te tau 2008/09. Kei Te Manatū Hauora te kawenga mō te tohatoha i ngā pūtea tāmi i te tupeka – mō te whakatairanga i te hauora, te rangahau, te aroturuki, te whakahiato kaupapa here, te hāpai, ngā rautaki whakamutu pera i te NRT. Ka whakaatu te ripanga ka whai iho nei i te pūtea mō te tāmi tupeka i te tau 2009/10:

Pūtea ki ngā poari hauora ā-rohe	$10.701m
Ngā ratonga whakamutu	$18.777m
NRT	$8.500m
Ngā tūmahi whakatairanga mātauranga, pāpāho	$10.967m
Ngā ratonga hauora ā-motu, te aromatai i te ūnga ki te SFEA, te rangahau, te aroturuki, te arotake	$8.502m
Katoa	**$57.445m**

Ki a mātou, kīhai he taumata "tika" mō te rahi o te pūtea ki ngā tūmahi tāmi i te kai tupeka, ā, i tua atu kia ū ngā ratonga katoa mō te tāmi i te kai tupeka kia whai hua tika ngā whakapaunga o te pūtea. He maha ngā ratonga mō te tāmi i te tupeka kei te tino pai te taha pūtea, me noho rātou ki mua i ngā tohanga pūtea o nāianei tae atu ki ngā pūtea tērā ka taka ā te wā.

Tāke hāngai-pū

Maha tonu ngā kaituku tono i pīrangi i tētahi tāke hāngai-pū hei utu mō Te Mana Auahi-kore rānei, te katoa o ngā tūmahi, ngā hōtaka mō te tāmi i te kai tupeka. Kei te mārama mātou ki te mea he nui te tāke ka tangohia i ngā kaitupeka engari kāore i pērā te nui o ngā moni ka wehea ki te tāmi i te tupeka; mā te tāke hangai-pū ka mārama atu te titiro i te hononga i waenganui i ngā tāke mai i ngā tauhokohoko hikareti me te tāmi i te kai tupeka. I rongo hoki mātou, ki te tāpaea he tāke, ka nui atu te kawenga o te ahumahi mā te hono i ngā huamoni mai i te hoko kaitupeka ki ngā tūmahi ki te tāmi i te kai i te tupeka.

Hāunga tērā, whakapono ai mātou he whakapōreareatanga ka te āta wehe i tētahi pūtea ki te aukati i te kaitupeka, ā, kei kore e tareka e te Kāwanatanga te tuku noa he pūtea āwhina ina hiahia ia. Ā ngā tau e rima kei te tū, ka nui atu, ka kakama ake ngā kaupapa tāmi i te kaitupeka, tāpiri atu ngā panonitanga ki ngā tūmahi tāmi tupeka ka hua i tēnei, kīhai pea te mea tika kia wehea tētahi pūtea ake. Nā reira ka whakatenatena i te Kāwanatanga kia rite te arotake i ngā pūtea mō te tāmi i te tupeka, me te aro ki te mea he nui ngā pūtea e tika ai kia wehea mō tēnei raruraru nui. Ka aro hoki mātou ki te mea, ka ea ēnei whakapaunga i ngā tāke mai i te tupeka me te heke haere o ngā mate ka hua i te kai tupeka.

Ngā kawenga taha moni o te ahumahi tupeka

Tūtohutanga

Ka tūtohu mātou ki te Kāwanatanga kia whai whakaaro ki te waiho atu mā ngā kamupene tupeka i Aotearoa ngā utu katoa mō ngā rongoā whakamutu i te kaipaipa tae atu ki ngā whakanaonga mō te haumanu rīwhi parawaro.

I tēnei wa e $57.445 miriona te pūtea mō te tāmi i te tupeka, a, e $8.5 miriona ka pau ki ngā tangonga NRT. Kihai he awhina mai ngā kamupene tupeka, hāunga te kino o ā rātou kai ki runga i te hauora me te ahua o te hunga kua riro ki tera waranga. Mā te whai kia hoki mai ngā utu rongoā mō te whakamutu i te kaipaipa – tae atu ki te NRT ka taea ai e te Kāwanatanga te whakarite i taua pūtea ki ētahi atu rautaki hei tāmi i te tupeka.

6 Te tautoko i te hunga kai tupeka kia mutu

Tata ki te katoa o ngā mate me ngā matenga ka pā ki te kaitupeka, ka pā ki te hunga kua riro kē i te waranga tupeka. I rongo mātou kua whakatau te Surgeon General o Te Hono ki Amerika me te Royal College of Physicians, he rite te waranga o te tupeka ki te taimiri me te kukarou, whai anō he mea uaua rawa atu te mutu mō te nuinga o te hunga kai i te tupeka. Ko tētahi o ngā tohu nui rawa atu mō te kaha o te waranga o te tupeka, ko te rerekētanga i waenganui i te hiahia kia mutu me te kōrahi o te hunga ka mutu. Kua whakaatu ngā rangahau ki te mea ko te nuinga o te hunga kai tupeka (āwhiwhiwhi e 70 ōrau) ka hiahia kia mutu, engari kīhai i pērā rawa te rahi o te hunga ka mutu i te kai tupeka; e 18 ōrau iti iho rānei anake o te hunga ka hiahia te mutu ki Aotearoa, ka tautokona kia mutu, ka noho auahi-kore mā tata ki te kotahi tau, ā, e toru ōrau anake te tatauranga mō te hunga ka mutu noa kīhai he āwhina. He ōrite ēnei tatauranga ki ērā o te ao. Ko te mea nui, e hia kē mō ngā wā ka whakamātautau te tangata kia mutu, kātahi anō ka mutu.

Ko te kōrero ki a mātou, ki te mutu te tangata i te kai i te tupeka hei mua i te e 35 tau te pakeke, ka rite te roa o tōna koiora ki tērā o te tangata kīhai rawa kia kai i te tupeka, ā, mō te tangata ka mutu hei mua i te e 50 tau te pakeke, ka haurua te tūpono mate i roto i ngā tau e 15 kei mua i tōna aroaro. E whai iho nei ngā hua mō te mutu ki te kai tupeka hāunga te pakeke o te tangata:

Mai i te wā mutunga	**Ngā painga ki te hauora**
E 20 meneti	Ka taka te mokowhiti me te rere o te toto
E 12 hāora	Ka heke ngā taumata o te haukino i te toto
E 2 wiki ki te e 3 marama	Ka kaha atu te rere o te toto me ngā pūkahukahu
1 ki te e 9 marama	Ka kore haere te maremare me te pau o te hau; ka hoki ngā cilia (he rite ki te makawe ka pana i te huare i ngā pūkahukahu) ki te pai, kia noho pai ai ngā pūkahukahu kia heke iho te tūpono pā mai o ngā mate.
1 tau	Ka haurua te tupono pā mai o ngā mate manawa ki tērā o te tangata kai tupeka.
E 5 tau ki te e 15 tau	Ka heke te tūpono roro ikura ki raro i tērā o te tangata kai i te tupeka
E 10 tau	Haurua te tūpono mate i te mate pukupuku ki ngā pūkahukahu i tērā o te tangata ka kai tonu i te tupeka. Ka heke hoki te tūpono pā o te mate pukupuku ki te waha, te korokoro, te pū kai, te poko mimi, te waha o te whare tangata, tae atu ki te repe taiaki huka.

E 15 tau	Ka rite te tūpono pā o te mate manawa i tērā o te tangata kīhai i kai tupeka.

Ka whakaae mātou ki ngā kaitono, mā te tangata kai i te tupeka anake te whakataunga kia mutu; me taea rawa te tangata ki te wā tika, pērā i te mate ka pā mai ki tōna hauora. Ko te mea pōuri, he nui ngā kōrero i rongo mātou mō ngā tāngata i kai tonu i te tupeka, hāunga ngā mate ki te tinana, hāunga hoki te mea kua kīa atu ka mate ia. Mā ngā whakamaramātanga me te whakarihariha, te whakauaua i te kaitupeka, tērā pea ka eke wawe te whakaaro ki te tangata kai tupeka kia mutu. Ina tau ana tērā, he mea waiwai kia whai wawe i ngā ratonga pai, ngā ratonga ka taea kia wawe ai te whakawhiti ki te koiora auahi-kore.

I rongo hoki mātou i ngā kaitono e mea ai he mea nui te toitoi manawa mō te whakamutu i te kai tupeka. He mea nui ngā whakatenatena i ngā pāpāhotanga me ngā kaiāwhina kia mutu me ētahi atu tohunga hauora, ki te wehe i te tangata mai te tupeka mō te wā roa. I rongo mātou mō te pai o ngā tūmahi ka hāngai pū ki te whakamutu i te kai tupeka.

Ngā ratonga whakamutu

Ngā Tūtohutanga

Ka tūtohu mātou ki te Kāwanatanga kia whakawhānui i ngā ratonga ki ngā tōpūtanga tāngata kei te tino raruraru, tae atu ki ngā wāhine Māori i te mea he kaha atu te kai tupeka a te Māori tērā i ētahi atu tōpūtanga tāngata i te taupori whānui. Nā reira, he mea waiwai kia hoahoatia, kia whakaratoa e te Māori ngā ratonga mā te Māori kia pai rawa atu ai.

Ka tūtohu mātou ki te Kāwanatanga kia kawe i ngā whakapaunga mō ngā rangahautanga motuhake me ngā arotakenga o ngā hōtaka Māori me ngā ratonga Māori (ia rua tau mō ngā hōtaka me ngā ratonga ka hāngai pu ki te Māori).

Ka tūtohu mātou ki te Kawanatangā kia tahuri ki te whakatū hōtaka whakamutu i te kai tupeka ki ngā whare herehere katoa.

Ka whakamihi mātou ki te Kāwanatanga mō āna ratonga whakamutu, ka rite te pai ki ērā o tāwāhi. Whakarau mā te rua tau toharite o te hunga ka mutu i te kai tupeka i runga i ngā āwhina a ngā ratonga whakamutu (whitiwhitinga kōrero me te haumaru rīwhi parawaro) tē tērā i te hunga ka mutu noa iho. Hāunga tōna pai, he nui te utu mō ngā ratonga whakamutu i te mea, ka pau te wā me ngā rauemi i runga i te tangata kotahi, me te aha, kīhai mātou e titiro ki tēnei ara hei ara pai rawa atu mō te whakamutu i te kai tupeka.

Āwhiwhiwhi e 620,000 ngā tāngata kai tupeka i Aotearoa. Ahakoa te pai o ngā ratonga whakamutu, he nui ngā whakamātautau o tēnei ara kātahi anō te tokomaha ka mutu mō te wā roa. Ka mutumutu haere ngā tāngata, ka tīmata anō ētahi atu tauhou ki te tupeka. Kua puta te kōrero mō te hōrapa me te pai o ngā ratonga whakamutu o nāianei, tērā ka pau te 30 tau me te $585 miriona mō te katoa ki te mutu te kai tupeka – mēnā kīhai e tīmata he tauhou ki te kai i te tupeka.

Ki a mātou, he nui atu te awenga o ngā kauparetanga whānui i runga i te hunga kai tupeka (me te hunga ka whakaaro kia tīmata) pērā i ngā pākete takoto tahanga noa, te unu i ngā whakaaturanga i ngā wāhi hoko, te tātari i ngā kīnaki i te tupeka, ngā tāke me ngā tūmahi

whakamutu i te kai tupeka, tērā i ngā ratonga whakamutu anake. Hāunga tērā, ka aro tonu mātou ki te pai o ngā ratonga whakamutu, me ngā āwhina me ngā tautokonga ki te tangata kia mutu.

Ki a mātou, me arotahi ngā whakahiatonga o ngā ratonga whakamutu ki ngā wāhanga o te taupori tino kaha nei te whiua e te tupeka pērā i te Māori, ngā wāhine Māori me ngā wāhine kei te hapū. Ka aro mātou ki te mea kua whakaterea e Te Manatū Hauora tana rautaki "PPW" (PPW: Pātai mō te kai i te tupeka, hoatu ngā whakamaherehere me ngā tohutoro Poto, ngā ratonga Whakamutu rānei), kia aha ai, kia noho ai te whakamutu te kai tupeka hei wāhanga o ngā mahi o ia rā a ngā tohunga o te hauora. Ahakoa te pai o tēnei, arā, i te mea kīhai te Māori e tino whātoro ki ngā āwhina hauora pērā i ētahi atu tōpūtanga tāngata.

Ko te kōrero mai e 32 ngā kaiwhakarato i te Aukati Kai Paipa ki Aotearoa, ko te nuinga ka mahi i roto i ngā iwi. Ko te whāinga o ēnei kia tautoko i te hunga kai tupeka mā ō rātou whānau, me te whakatairanga i ngā wāhi kia auahi-kore, pērā i ngā marae. Ka whakamihi mātou ki a rātou mahi, ka whakatenatena hoki mātou i te Kāwanatanga kia mahi tonu i ngā mahi i te taha o ēnei ratonga whakamutu kia whiwhi ai ngā tōpūtanga e tino mate ana ki ngā ratonga e tika ai.

He āwhina te whakapiki te nui o ngā tāngata me ngā wāhi ka whakatenatena i te Māori kia nanao ki ngā ratonga whakamutu te kai tupeka, ki te whakahekenga o te kōrahi ka kai tupeka, tae atu ki te hekenga o ngā tau toharite kai tupeka i waenganui i ngā tāngata Māori. Hei tauira atu, ka whakahau i ngā ratonga hapori kia whakangungu i ā rātou kaimahi kia tū hei kaiwhakarato mō Quitcard, kia taea ai ngā āwhina whakamutu mai i ngā kaimahi Māori ki te hunga kei te āwhina e rātou. Ko ngā ratonga pērā i a "Family Start" he ratonga ka whai wāhi ai ngā wāhine Māori me ā rātou tamariki nohinohi, ngā Kōhanga Reo me ētahi atu ratonga ka arotahi i ngā tamariki nohinohi, ngā tamariki noa, ngā ratonga ka whāia.

He mārama te kite atu i te pai o ngā kaupapa pāpāho – kāore i pau te kotahi hāora mai i te whakaatatanga o ngā pānui pērā i a "Mō te whānau" me "Ia hikareti ka pēhi i a koe", ka tangitangi ngā waea a Quitline. Ko te whakatenatena tāngata kia whitiwhiti kōrero tuatahi tētahi wāhi nui o ngā mahi a ngā ratonga whakamutu, whāia, ka hāpai mātou kia haere tonu ēnei tūmomo mahi, tae rawa ki ērā ka arotahi i te Māori, ngā wāhine Māori me ngā wāhine kei te hapū.

Te arotake i ngā ratonga whakamutu

I roto i ngā tau, kua tūtū mai ngā tikanga ine i te pai o ngā mahi ā ngā ratonga whakamutu, ā, i te māharahara mātou mō te uaua o te arotake i te urupare me te pai o ngā hōtaka whakamutu. I koa mātou ki te rongo a te 2009-2010, i whakahaerehia e Te Manatū Hauora tētahi arotake o te urupare me te pai o ngā ratonga whakamutu, ā, kua oti te whakahiato i tētahi tikanga ine hōrapa mō te pai o aua ratonga. Ka rite te aroturuki i ngā ratonga whakamutu ia ono marama. Ka hāpai mātou i tēnei tikanga arotake, ka whakatenatena hoki i ngā tikanga arotake hou kia kitea atu kei te tino pai rawa atu ngā mahi. Ki a mātou, me puta whānui ngā pūrongo a Te Manatū Taonga mō ngā tau toharite whakamutu a ia ratonga.

Ka rite te rangahau, te aroturuki me te arotake a ngā rōpū riroa pera i a Quitline me te Health Research Council i a rātou anō. I tēnei wa, kihai he rōpū Māori pera te pakari ki te tatari i te pai me te whakatutukitanga o āna anō putanga

Ngā pūtea ki ngā ratonga whakamutu

I tēnei wā, kei raro paku iho i te kotahi hautoru o te pūtea mō te tāmi i te kai i te tupeka ka pau ki runga i ngā ratonga whakamutu. He hautoru atu o te pūtea ka pau ki runga i te whakatenatena kia mutu te kai tupeka me te pūtea tāpiri ki a NRT. Katoa ngā ratonga whakamutu i kōrero mai, mēnā he nui atu te pūtea ka taea e rātou te tokomaha atu o te hunga kai tupeka, ka piki ake te tau toharite o te hunga whakamutu. Ko ngā mahi kua hāpai e mātou ka hiki ake i te hiahia mō ngā ratonga whakamutu, whāia, ka nui atu ngā mahi a ngā ratonga whakamutu. Inarā te nui o te hiahia mō te NRT me ngā ratonga whakamutu mai te wā i pikitia ai ngā tāke i runga i te tupeka. Ki a mātou, he mea nui kia aroturuki te Kāwanatanga i te hiahia mō ngā tautokonga whakamutu, ā, ka piki haere te hiahia i ēnei tautokonga, me kakama tonu ngā urupare.

Tokomaha ngā kaitono i hapai i tētahi tāke motuhake hei utu i ngā ratonga whakamutu. Tērā ā mātou māharahara i tekiona tuatoru, te whakahaere i te tupeka nō te mea ka whakararuraru tētahi tāke motuhake i te whiwhinga o te pūtea nui, ehara i te mea ka nui atu te pūtea i tēnei.

Te haumanu rīwhi parawaro

Ngā Tūtohutanga

Ka tūtohu mātou ki te Kāwanatanga kia noho ngā haumanu rīwhi parawaro ki ngā wāhi katoa ka hoko i te tupeka, mā tēnei ka taea e te hunga kai tupeka te whātoro ki ēnei i ngā wā ka ngau te hiahia ki te kai tupeka.

Ka tūtohu mātou ki te Kāwanatanga kia tū mai ngā toa rongoā hei ratonga mā Quitcard kia taea wawetia ai ngā haumanu rīwhi parawaro.

Ka tūtohu mātou ki te Kāwanatanga kia whakatenatena i a PHARMAC kia whānui atu te pūtea tāpiri ki runga rongoā whakamutu pai.

Mā te nanao ki te NRT i te wā ka whakamatautau te tangata kai tupeka kia mutu, ka whakarau mā te e rua tana tūpono mutu. Mā te rīwhi i te tupeka momi e ngā tikanga tuku parawaro pērā i te pia ngaungau, ngā pati me ngā rare, ka poua tonutia te hunga kai tupeka i te parawaro i te wā e whakamutu ana. Nā reira, mā te NRT ka heke iho ngā putanga kētanga o te whakamutu pērā i te hiahia mō te tupeka, te hōhā, te māharahara, te kore ū ō ngā whakaaro, te kore āta tau, me te ruturutu i te wā moe, te heke o te mokowhiti, te kaha hia kai me te taumaha haere o te tinana.

I tēnei wā, ka taea e te tangata kai tupeka te NRT he mea āwhina e te pūtea tāpiri a te Kāwanatanga mō te $3 i ngā wiki e waru, ā, ka taea mā te Quitcard me te tono tākuta. Ka taea hoki ngā NRT i ngā toa rongoā me ngā toa-kaitā mō te utu kīhai he pūtea tāpiri. Ko te kōrero mai i roto i ngā tau e toru kua pahure, ko te NRT tētahi o ngā arotahinga nui o te rautaki whakamutu a Te Manat`u Hauora. Ko tēnei, ko te PPW me te hōtaka whakamutu whānui kua whai wāhi ki te heke mā te rua ōrau te hunga kai tupeka, arā, e 60,000 tāngata.

Ahakoa te pai o te pikinga i ngā tau tata nei, ka whakaae mātou me te tokomaha o ngā kaitono, me māmā ake te whātoro ki te NRT, ā, he maha atu ngā momo NRT ka āwhina me te pūtea tāpiri. Kāore e pai ngā pia ngaungau, ngā rare me ngā pati mō te katoa, ka mutu, ehara i te mea he māmā te tiki, he iti rānei te utu o ērā, pērā i ngā ngongo. Hei

whakatenatena i te tokomaha rawa atu kia mutu, me wātea te nanao ki ngā NRT pērā i te māmā o te hoko i te tupeka kia kaua e hōhā te kimi haere a te tangata kai tupeka i ēnei.

Ka tūtohu te Royal Austalasian College of Physicians me te Cardiac Society o Ahitereiria me Aotearoa, kia wātea te hoko i ngā NRT whai pūtea tāpiri i ngā wāhi katoa hokona ai te tupeka, kia taea ai e te tangata te whiriwhiri i waenganui i tētahi mea nui te utu ka patu i a rātou, me tētahi mea āwhina i a rātou kia mutu. Ka hāpai mātou i tēnei whakaaro i te mea, ka rite tōna hōrapa ki te hōrapatanga o te tupeka, me te tūmanako ā tōna wā ka hōrapa atu ngā NRT i te hikareti.

Ki a mātou, mēnā i wātea ngā toa rongoā i ngā hapori kia tū hei ratonga Quitcard, ka pai tēnei mō te hunga whakamutu i te mea, ka taea e rātou te whiwhi Quitcard me te hoko NRT i te wāhi kotahi. Ka aro mātou ki te mea tatū i tēnei rā, kua āta wehe i te rangai hauora te tuhi tono rongoā me te whakawhiwhi rongoā, ā, ki te whakaaetia ngā toa rongoā kia tū hei ratonga Quitcard, kāore e mārama tēnei wehenga. Heoi, he mea rerekē te NRT i te mea ehara a Quitcard i te tuhi tono rongoā mai i tētahi tākuta, ā, he rerekā te kaupapa o NRT i ētahi atu rongoā he pūtea tāpiri kei runga. Ka aro mātou ki te mea, kei te arotake a Pharmac i te wehenga o te tuhi tono rongoā me te whakawhiwhi i te rongoā i roto i te rāngai hauora; ka whakatenatena mātou ki te whai i te huarahi e māmā ake ai te whakamutu i te kai tupeka.

Ngā momo kai pai ake i te tupeka mō te hauora

Tūtohutanga

Ka tūtohu mātou ki te Kāwanatanga kia rangahau anō i ngā painga me ngā putanga kētanga o ngā momo kai tupeka i tua atu.

I rongo mātou i te kōrero a te tokomaha o ngā kaitono e mea ai, me wātea atu ngā momo tuku i te parawaro, kia heke iho ai te tūpono mate ka ahu mai i te kai tupeka.Hei tauira atu, ko ngā "hikareti-e", arā, he mea tuku parawaro kīhai he auahi ka momia pēra i te hikareti, me te "snus", he paura tupeka mākū ka purua ki raro i te ngutu mō te wā roa. E ai ki te tokomaha o ngā kaitono, mā te noho wātea o ngā mea tupeka kīhai ka momia ka āwhina i te hekenga o te kai i te tupeka auahi. He āwhina tēnei kia tutuki te whāinga nui, arā, kia heke ngā mate me ngā tāngata ka mate i te momi tupeka.

Me te aha, ko te kōrero a ētahi kaitono, ka nui atu kē te mate ka pā ki Aotearoa ki te wātea whānui ngā momo kaitupeka ehara i te tupeka. I mea mai rātou tērā ka whakawaia te hunga tamariki i ngā momo kaitupeka kē, nā te mea he rerekē, ko te mutunga kua riro rātou i te waranga parawaro. Tērā pea ka raru ngā tikanga tāmi i te tupeka, pērā i ngā tikanga mō te kai tupeka i ngā wāhi mahi.

Ko te mea nui rawa atu, kāore i te tino mārama ngā painga, ngā putanga kētanga rānei o ngā kai tupeka kē. Nā reira, ka whakaaro mātou kia rangahaua whānuitia te painga, te aha rānei o tēnā momo kai, o tēnā momo kai hei mua i te tautokona. Ka whakatenatena mātou i te Health Research Council of New Zealand kia whai wāhi tēnei take hei kaupapa rangahau tōmua i roto i tā rātou rautaki pūtea rangahau.

7 Tupeka tē tākehia

Ngā tauhokohoko kei waho o te ture

Ngā Tūtohutanga

Ka tūtohu mātou ki te Kāwanatanga kia kaha atu tana aroturuki i ngā tauhokohoko kei waho o te ture mō te tupeka ka whakatipuria i konei me ngā kaitupeka mai i tāwāhi.

Ka tūtohu mātou ki te Kāwanatanga kia kaha te whakahiato tikanga whānui mō te tūhura i ngā tupeka he mea kawe huna mai. Tērā ka whakatauria aua tikanga ki Aotearoa me te mahi hoki i te taha o ētahi atu whenua o Ahia me Te Moana-nui-a-Kiwa ki te whakatau i ngā mahi hē kei waho o te ture e hāngai ai ki te Pou Tarāwaho mō te Tāmi i te Tupeka

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Ka whakaae mātou kei te ora ngā hoko huna, ā, ka ora tonu ā ngā rā kei te tū ki Aotearoa; heoi, kīhai mātou e whakaae, nā ā mātou tūtohutanga ka kaha atu ēnei momo tauhokohoko. Ko te kōrero mai a British American Tobacco New Zealand (BATNZ) ki a mātou, ki te nui atu te hiahia tupeka i te tupeka ka taea, tērā ka whakakīa te whāwhārua e ngā tauhokohoko huna. Ko te hunga taihara ka whai hua i ēnēi mahi huna. Heoi, kei te whai kē ā mātou tūtohutanga ki te whakaheke i te tono mō te tupeka ehara ki te haukoti i te whakaratonga o te tupeka mua atu i te wā ka hiahia te hunga kai tupeka ki te mutu. Ko te nuinga rawa atu o te hunga kai i te tupeka he tāngata ū ki te ture. Ki a mātou, ka hoko tupeka tonu rātou e ai ki te ture, kāpā i waho o te ture. Ko tō mātou whāinga ki te whakatenatena i ngā tāngata o Aotearoa kia kaua e kai tupeka ahakoa whakaaetia e te ture kīhai rānei, ā, ko te huarahi pai rawa atu kia eke ai tēnei mā te haukoti i te kai tupeka me te whakapiki i te tau toharite o ngā tāngata kei te mutu.

Ko te kōrero mai a ngā kamupene kaitupeka e toru i tū ki mua i tō mātou aroaro, ki te hangaia ētahi atu ture ki te haukoti i te whiwhi o te tupeka, ka piki ngā tauhokohoko huna ki Aotearoa. Ka whakaae mātou he rarurarū nui te whakarotanga nei mā te Kāwanatanga. E rua ngā pūrongo arotake i te nui o ngā tauhokohoko huna i Aotearoa i tāpae ki a mātou. Ki te rangahau a BATNZ, e 3.3 ōrau o ng ā tauhokohoko katoa he mea huna. Ki te pūrongo a ASH e 0.7 ōrau, e 2 ōrau te whānuitanga. I roto i tana tāpaetanga ā-waha, ka whakatōhia te nuinga o ngā tupeka mō te mākete huna i te kāinga. Ki Te Manatū Hauora, ahakoa ngā tauhokohoko huna, he paku noa, he iti noa.

Ki a mātou me kaua te tūpono tipu o te tauhokohoko huna e whakakotiti i te whāinga o te Kāwanatanga kia kaha atu ngā kaupapa here hei tāmi i te kaitupeka, me āta aroturuki hoki, me uta atu hoki he whiunga tika. I roto i ngā kōrero a te maha o ngā tāngata whakatakoto tāpaetanga ki a mātou i mea rātou he whenua uaua a Aotearoa mō te whakatipu tupeka. He tino rahi tonu te whenua ka hiahiatia. Tua atu hoki, nā te kore kīnaki tika i roto, he pai kē atu ngā tupeka i ngā toa. Ki a mātou nā te mea he kāhui moutere a Aotearoa, he tino pai hoki ā tātou āhuatanga tirotiro, he aha, ko wai kei te haere ki uta, kei te haere ki tai, ā, nā runga i tērā, kāre he āwangawanga mō te tupeka ka haere huna mai, ka haere huna atu. Hāunga tērā, ahakoa te pai, ehara i te mea ka haukotia ngā mea katoa tērā te kuhu mai. Na reira ka tūtohu mātou kia rapua he tikanga pai atu mō te hura tupeka huna mai tāwāhi. Ka

aro mātou ki te mea ka whai wāhi a Aotearoa ki ētahi whiriwhiringa whakatū tikanga i raro i te Framework Convention on Tobacco Control a te World Health Organisation, tērā ka rapu kia mahi tahi ngā whenua o te ao ki te haukoti i te tauhokohoko huna o te tupeka.

Tupeka he mea tipu ki te kāinga

Tūtohutanga

Ka tūtohu mātou ki te Kāwanatanga kia whakahekea te rahi o te tupeka ka āhei te tangata ki te whakatipu i te kāinga mai i te 15 koma-mano ia tau mō ia pakeke kotahi – he rite tērā ki ngā hikareti e 40 me ngā hikareti e 80 ia ra – ki tētahi taumata raro iho i tērā ka momingia ia rā e te tangata kotahi.

I āwangawanga mātou ki te rongo e 15 koma-mano o ngā rau tupeka maroke te taumata mō te tupeka ka whakatipuria ki te kāinga e te tangata pakeke kotahi ia tau. He rite tērā i ngā hikareti e 40, e 80 ia rā. He nui rawa atu tēnei rahinga mō te tangata kotahi ki te momi ia rā, inarā, e 11 ngā hikareti noa, e 14 ngā hikareti rōra rānei. Ki a mātou, ka kaha haere ngā kaupapa here tāmi i te kaitupeka tae atu ki te utu mō te tupeka, ka piki haere te rahi o ngā tupeka ka whakatipuria i te kāinga. Mā te whakaheke i te korahi o te tupeka ka whakatipuria i te kāinga kia tata ki te rahinga ka kainga e te tangata e heke ai te tūpono uru o ngā toenga tupeka ki ngā tauhokohoko huna.

Tupeka tē tāketia

Tūtohutanga

Ka tūtohu mātou ki te Kāwanatanga kia rangahaua ngā tikanga mō ngā tupeka tē tāketia i ētahi atu whenua, hāunga ngā kawenga o nāianei ka whakamāramatia i wehenga 6.2 o te Pou Tarāwaho mō te Tāmi i te Tupeka tērā pea ka panoni te rahinga ka whakaaetia i ngā wāhi kuhu mai ki Aotearoa. (whārangi 38)

Hāunga te mea e 4 ōrau anake o ngā tupeka ka kainga i Aotearoa he tupeka tē tākehia, he nui atu pea te awenga ina piki ake te utu, kuhuna ai hoki ngā tikanga tāmi. I rongo hoki mātou ka whai wāhi ēnei momo tupeka ki ngā tauhokohoko huna me ngā tupeka ka whakaratoa noatia ai i te hapori. I tua atu, ka whakararu te āheinga ki te hoko tupeka tē tākehia i te kaha me te ngau o ngā pikinga tāke.

He kawenga tō Aotearoa ki te ao mō ngā tikanga kuhu whenua me ngā ritenga tauhokohoko e whakaaetia ai te hunga haere kia kawe mai ngā tupeka tē tākehia; hāunga tērā, ka taea tonu pea te whakaheke i te korahinga. Kua whakaheke kē ētahi atu whenua i te rahinga o te tupeka tē tākehia ka taea te tangata te mau mai, mā te āta titiro ki a rātou hātepe whakataunga ka taea pea te whakatū i tētahi kaupapa here mō ngā tupeka tē tākehia.

Tāpiritanga A

Te huarahi o te komiti

I tana hui i te 23 o Mahuru 2009, ka whakatau te Komiti Whiriwhiri Take Māori kia whakahaerea tētahi pakirehua ahumahi tupeka i Aotearoa me ngā mutunga mai o te kai tupeka ki ngāi Māori. Ka karanga te komiti mō ngā tāpaetanga a te marea e pā ana ki te pakirehua. Ko te 29 o Kohi-tātea 2010 te rā i kati ai ngā tāpaetanga. E 1715 ngā reta puka, e 260 ngā tāpaetanga me te maha hoki o ngā tāpaetanga tāpiri a ngā rōpū whakahaere, a te hunga takitahi hoki i whiwhi e te komiti. Kua whakarārangitia i roto Tāpiritanga B. E 96 ngā tāpaetanga ā-waha i rongohia e te komiti i ngā whakawātanga taunakitanga i Te Whanga-nui-a-Tara, i Ōtautahi, i Rotorua, i Tāmaki-makau-rau hoki. I hui te komiti ki te whakaaroaro i te pakirehua atu i te 23 o Mahuru 2009 ki te 27 o Whiringa-ā-nuku 2010.

Ko te Manatū Hauora te kaiwhakamaherehere matua o te Kāwanatanga ki te komiti.

I whiwhi hoki te komiti i te whakamaherehere mātanga motuhake a Ahorangi Christopher Cunningham o te Research Centre mō te Whanaketanga me te Hauora Māori o Te Kunenga ki Pūrehuroa, i Te Whanga-nui-a-Tara.

Ko ngā mema o te komiti, ko

Hōnore Tau Hēnare (Heamana)
Simon Bridges
Kelvin Davis
Hone Harawira (Heamana Tuarua)
Hōnore Parekura Horomia
Paul Quinn
Hōnore Mita Ririnui
Mētīria Tūrei (mema kore-pōti)

Tāpiritanga B

Te hunga whakatakoto tāpaetanga

Aaron Senior
Action on Smoking and Health (ASH) o Ahitereiria
Action on Smoking and Health (ASH) o Aotearoa
Active o Te Tai Poutini
Age Concern (o Waitaha)
A M McCormick
Andrew Wilkins
Ann Gillanders Shaw
Ann Kururangi
Anne-Thea McGill
Anne Knight
Anthony O'Brien
Ao Mārama Health Research
Ārai Te Uru Whare Hauora
Associate Professor Chris Bullen me ētahi atu
Associate Professor Papaarangi Reid me ngā hoamahi o Te Whare Wānanga o Tāmaki Makaurau
Asthma Foundation
Auckland District Council of Social Services
Auckland Pharmacy Students' Association
Auckland Regional Public Health Service
Auckland University Students' Association
Audrey van Ryn
Aukati Kaipaipa Practitioners (Ngā kaiwhakaako o Quit)
Aukati Kaipaipa Smoking Cessation Programme Team
Barry Armstrong
Bay of Plenty District Health Board
Beth Jenkinson
Boyd Broughton
Brian Wheeldon
British American Tobacco (o Aotearoa)
Bruce Arroll
Cameron Slater
Cancer Society of New Zealand (o Tāmaki-makau-rau)
Cancer Society of New Zealand (o Te Matau-a-Māui)
Cancer Society of New Zealand (National Office)
Cancer Society Social and Behavioural Research Unit (SBRU)
Canterbury District Health Board/Te Poari Hauora ō Waitaha
Catherine Silverstone
Cathy Dewes

Central Cancer Network
Change for Our Children
Cheryl Ford
Child Poverty Action Group
Cinnamon Whitlock
CJ Gilbert
Clair Mills
College of Nurses Aotearoa (New Zealand)
Community & Public Health West Coast, West Coast District Health Board and West Coast Primary Health Organisation
Compass Health
Counties Manukau District Health Board
Daniel McCaffrey
Danny Houia
Dean Family
Diabetes New Zealand
Dianne Grennell
Directions Youth Health Centre
Donna Leatherby Denis McLeod and Kurt Kōmene
Dr George Laking
Dr Hayden McRobbie
Dr Jethro LeRoy
Dr Mārewa Glover
Drs George Thomson, Nick Wilson, and Richard Edwards
End Smoking NZ
Esther Willing
Faye Kenny
Fight the Obesity Epidemic
Gary Courtenay
Gary Thompson
Gerrie Ligtenberg
Global Public Health
Gordon McShean
Grassroots Rural Health Club
Greenstone Family Clinic
Greg Hamilton
Hāpai Te Hauora Tāpui
Hawke's Bay District Health Board (Alyson Bullock)
Hawke's Bay District Health Board (Dr Caroline McElnay)
Hawke's Bay District Health Board (Dr John Gommans)
Hawke's Bay District Health Board (Dr Russell Wills)
Hawke's Bay District Health Board (Dr Simon Shaw)
Hawke's Bay District Health Board (James Curtis)
Hawke's Bay District Health Board (Karen Hicks)
Hawke's Bay Primary Health Organisation
HB Youth Advisory Committee
Health New Zealand
Health Promotion Forum of New Zealand

Health Sponsorship Council
Heart Foundation of New Zealand
Heather Muir
Imperial Tobacco New Zealand
Institute of Environmental Science and Research
James Savage
Janet Hoek
Jean Rogers
Jennifer Lamm
John Cunningham
Josephine Tiopira
Julie Beckett
Kārena Hart
Kate Bromley
Kelly Beech
Korowai Aroha Health Centre
Kristina
Lakes Auahi Kore Smokefree Coalition
Lisa Rudolphe
Lyn Drupsteen
Manaia Primary Health Organisation
Mark Richards
Marnie Reinfelds and Kiterangi Cameron
Martin Witt
Mary Mazengarb
Matiaha Darcy Vaka
Māori Womens Welfare League (Whangarei Branch)
Medical Officers of Health of the Northland District Health Board Public and Population Health Unit
Mei and Brigham Rīwai-Couch
Melanie Maniapoto
Merivale Community
Michelle McGhie
MidCentral Health District Health Board Public Health Service
Midland District Health Board Smokefree
Ministry of Health
Moana Jackson
Mohi Waihī
Nathan Clark
Nayda Te Rangikaiamokura
Nelson Marlborough District Health Board
New Amsterdam Reedy (Ngā Kete)
New Zealand, Auckland University, and Otago University Medical Students' Associations
New Zealand Airports Association
New Zealand Aotearoa Adolescent Health and Development
New Zealand Association of Convenience Stores
New Zealand College of Midwives
New Zealand Dental Association

New Zealand Dental Therapist Association (Southland Branch)
New Zealand Drug Foundation
New Zealand Food and Grocery Council
New Zealand Medical Association
New Zealand Nurses Organisation
New Zealand Organisation for Rare Disorders
Ngāti Hauiti Rūnanga
Ngāti Mākino Iwi
Ngāti Porou Hauora
Ngāti Kahungunu Iwi
Ngāti Wai Trust Board
Nichola Te Kiri
Nursing at AUT University
One Double Five Whare Roopu Community House
Otago Southern Region Primary Health Organisation
Pacific Health and Welfare
Paediatric Society of New Zealand
Partnership Health Canterbury
Patu Pūauahi Te Tai Tokerau Smokefree Northland
Pauline Allan-Downs
Peak Health Taranaki Primary Health Organisation/Te Tihi Hauora o Taranaki Primary Health Organisation and Hauora Taranaki Primary Health Organisation
Penelope Scott
Pfizer New Zealand
Philip Morris (o Aotearoa)
Pirihira Tamehana
Problem gambling foundation
ProCare Health
Professor Robert Beaglehole
Prudence Stone
Public Health Association of New Zealand
Public Health South
Queens Park Medical Centre
Quit Group
Quit Victoria and the VicHealth Centre for Tobacco Control, Cancer Council Victoria
Raukura Hauora o Tainui Trust
Rebecca Dooley
Regional Public Health
Royal Australasian College of Physicians and the Cardiac Society o Ahitereiria me Aotearoa
Royal New Zealand College of General Practitioners
Rūnanga Hauora Māori o Te Moana-a-Toi
Rural Canterbury Primary Health Organisation and Hurunui Kaikōura Primary Health Organisation
Rural Otago Primary Health Organisation
Shane Kawenata Bradbrook
Shaun McMiken
Sikh Council of New Zealand
Siohban Griffiths

Skye Te Rangi Kīmura
Smokechange
Smokefree Canterbury
Smokefree Canterbury (The Hornby Community Project)
Smokefree Coalition
Smokefree Mid-Canterbury Coalition
Smokefree Nurses Association Aotearoa/New Zealand
Smokefree Otago
Smokefree Pasifika Action Network
Smokefree South Canterbury Committee
Statistics New Zealand/Tatauranga Aotearoa
Stroke Foundation of New Zealand
Sue Taylor
Susan C Johnston
Susan Marie Freeman
Synexe Consulting
T and T Consulting
Tairawhiti District Health Board/Te Mana Hauora O Te Tairāwhiti
Taki Tahi Toa Mano Smokefree Collective Tairāwhiti
Tala Pasifika
Tāmati Davis
Tanya Skaler
Te Aitanga a Hauiti Hauora
Te Hā o Te Ora
Te Hauora o Te Hiku o Te Ika Trust
Te Herenga Waka o te Ora Whānau Charitable Trust
Te Hotu Manawa Māori
Te Huinga Takiora Māori Lakes District Health Board
Te Kāhu Wāhine Māori Midwives Group
Te Kapo Whānau
Te Kārito Kura Wānanga
Te Kōhanga Reo Ahipara
Te Kōhao Health
Te Korowai Hauora o Hauraki
Te Mana Whenua i Tāmaki-Makaurau
Te Ohu Rata o Aotearoa/Māori Medical Practitioners Association
Te Puna Oranga (Māori Health Service), Waikato District Health Board
Te Reo Mārama Charitable Trust
Te Roopu Hauora o Te Arawa
Te Roopu Manaaki Sport Northland Whangarei
Te Rūnanga A Iwi O Ngāpuhi
Te Rūnanga o Kiri Kiri Roa
Te Rūnanga o Makaawhio
Te Rūnanga o Ngāti Apa
Te Rūnanga o Ngāti Hine
Te Rūnanga o Ngāti Whātua
Te Rūnanga o Ngāi Tahu
Te Rūnanga o Ngāti Porou

Te Rūnanga o Tūranganui A Kiwa
Tū Tama Wāhine o Taranaki
Teresa Taylor
Theresa Boyes
Thoracic Society of Australia and New Zealand
Tīmoti Russell
Tipu Ora Charitable Trust
Tirita Olsen
Toiora - Healthy Lifestyle Ltd
Tracey Worthington
Tūranganui Primary Health Organisation
University of Auckland (Pacific Health Section)
University of Auckland Māori SIDS
University of Otago (Researchers at the Department of Public Health)
Veng Ian (Esther)
Waikato-Tainui Te Kauhanganui
Waikato Primary Health
Wairarapa Community Primary Health Organisation
Wairarapa District Health Board/Te Poari Hauora ā-Rohe o Wairarapa
Wairoa District Charitable Health Trust (Wairoa Primary Health Organisation)
Waitemate District Health Board/Te Wai Āwhina
Warren Moetara
Well Dunedin Primary Health Organisation me ētahi kē atu e 51
Wellington Smokefree Network
West Coast Conservation Corps
Whaiora
Whakawhiti Ora Pai me ētahi atu (Primary health providers for Te Tai Tokerau)
Whanganui District Health Board and Whanganui District Health Board Tobacco Steering Group
Whānau Tāmati (ngā uri o Raukirikiri rāua ko Hēnare Tāmati)
Witeria Lewis Ashby
Women"s Health Action Trust
Yvonne Allan
Yvonne Rogers

Form A Abigail Weston me ētahi kē atu e 23
Form B Te Reo Mārama me ētahi kē atu e 28
Form C Te Reo Mārama me ētahi kē atu e 1560
Form D Anne McNaught me ētahi kē atu e 13
Form E Aroha Rēriti-Crofts me ētahi kē atu e 25
Form F Tāmaro Bishop me ētahi kē atu e 32
Form G Cheyne Paikea me ētahi kē atu e 7
Form H Jacqueline Spiers me ētahi kē atu e 19

Tāpiritanga C

Whakamaherehere me te pārongo i whiwhi nā:

Ahorangi Christopher Cunningham, Kaiwhakamaherehere Mātanga

Te pūrongo a te Kaiwhakamaherehere Mātanga, o te 30 o Hōngonoi 2010.

Te pūrongo mārakerake, whakatīmatanga me te whakamutunga, o te 16 o Here-turi-kōkā 2010.

Te Manatū Hauora

Te Aromātaitanga i ngā Hōtaka Whakamutunga Kaipaipa E Tika Ana ā-Ahurea mō ngā Wāhine Māori me ō rātou Whānau, o Paenga-whāwhā 2003.

Ngā Aratohu Whakamutunga Kaipaipa i Aotearoa, o Here-turi-kōkā 2007.

Aotake i te Tuhituhinga mō te Whakahou i ngā Aratohu Whakamutunga i te Kaipaipa i Aotearoa, o Pipiri 2008.

Te pūrongo rarua o te kaipaipa mai i wāhi kē atu, o te 13 o Whiringa-ā-rangi 2009.

Te pūrongo hītori o te whakahaere tupeka i Aotearoa, o te 13 o Haratua 2010.

Te pūronga tukipū o te kainga tupeka me te putanga i Aotearoa, o te 13 o Haratua 2010.

Te pūrongo Hōtaka Whakahaere i te Tupeka, o te 13 o Haratua 2010.

Te Pūrongo Quit Group, tākai tupeka, haumi kāwanatanga i roto kamupene tupeka, ngā utu o te tupeka mō ngāi Māori, me ngā whakahokinga moni a te kaihokohoko, o te 18 o Pipiri 2010.

Te pūrongo mō ngā putanga hokohoko, ngā huarahi mahi mō te tātai i ngā utu mō te hauora, te tupeka kore-tāke me ētahi atu take, o te 13 o Here-turi-kōkā 2010.

Te pūrongo a te kaiwhakamaherehere (ngā wāhanga 1 ki te 4) o te 30 o Hōngongoi 2010.

Te pūrongo whakatakotoranga a te kaiwhakamaherehere, o te 3 o Here-turi-kōkā 2010.

Te Hēkeretari o te Komiti

Te Ture Smoke-free Environments o te tau 1990 (i te 1 o Paenga-whāwhā 2010).

Ngā Ture Ārahi Smoke-free Environments o te tau 2007 (i te 17 o Pipiri 2008).

Pepa mō ngā take, o te 28 o Paenga-whāwhā 2010.

Pepa mō ngā take kua whakahoungia, o te 16 o Hōngongoi 2010.

Tāpiritanga D

Te hītori o te whakahaere tupeka i Aotearoa

Hītori i mua: I whakatōkia tuatahitia te tupeka i ngā whenua o Amerika, ā, nā Christopher Columbus me ētahi atu kaitoro i mau atu ki Ūropi i ngā rau tau e 15, e 16. Nā Tā Walter Raleigh te tipu rā i mau atu ki Ingarangi i te wā o te kuinitanga o Kuini Irihāpeti I. Nā ngā kaipuke a Kāpene Hēmi Kuki te tupeke tuatahi i mau mai ki Aotearoa i te rautau e 18.

I uaratia terengia e ngāi Māori te tupeke hei taonga hokohoko i te wā nōhanga o te Pākehā tuatahi i konei, ā, e ai ki ngā kōrero ō mua, i tohatohangia e Wīremu Hopihana hei koha mua atu i te hainatanga o Te Tiriti. I mōhio a Tākuta Māui Pōmare ki ngā rarua kino o te kaipaipa ki te hauora i tāna kitenga i te tīmatanga o ngā tau e 19, he mea kino ki te hauora o ngā tamariki Māori te kaipaipa i ō rātou taha.

Nā te hanga mīhini i te tīmatanga o ngā rau tau e 19 hei whakanao i te tini maha o te hikareti i te wā kotahi, i kaha rerekē ai te tikanga o te kaihikareti nā te ngāwari noa, nā te taea noa hoki o te whiwhi.

1914–1918: Ka tino pai rawa atu ngā hikareti i waenganui i ngā hōia o Te Pakanga Tuatahi o te Ao nā te mea, i ngāwari noa atu te whakauru ki ngā pūkoro o te hāte, kāre i uaua pērā i ngā paipa me ngā hikā. Ia rā hoki, ka hoatu kore utu noa atu ki ngā hōia, ā, i te mutunga o te pakanga, ka pai rawa atu hoki te kaihikareti ki te katoa. I te mutunga o te Pakanga Tuarua o te Ao, e whitu teka mā rima ōrau o te taupori tāne pakeke i Aotearoa he tāngata kaihikareti ā, e rua tekau mā rima ōrau o ngā wāhine pakeke, he tangata kaihikareti hoki.

Ngā rau tau 1930: Ka tīmata ngā rata ngaio ki te kite kua piki te pāngia o te pukapuka e te mate pukupuku. He mate rerekē tēnei i mua.

Ngā rau tau 1950: Tae rawa ki ngā rau tau 1950, ka tīmata te kitea e ngā rangahau i Amerika me Ingarangi, ko te kaipaipa, otirā, te kai hikarete te tino take nui i piki ai te pāngia o te pukapuka e te mate pukupuku. Ka keokeo te taumaha o te kainga tupeka i Aotearoa a ia pakeke i te tau 1953.

1964: E ai ki te pūrongo a tētahi Rata Kokoti Matua o Te Hononga o Amerika, mō te hononga o te kaipaipa me te hauora ki te mate manawa, ki ētahi atu momo mate pukupuku, ā, ki te maha hoki o ētahi atu raruraru e pā ana ki te hauora.

1973: Ka whakaae te ahumahi tupeka kia whakakukutingia te pānuitanga o te tupeka i te whare kiriata, i runga pourewa pānui hoki, ā, ka kōkuhua hoki ngā whakatūpatotanga tuatahi ki runga pākete hikareti mō te hauora.

1979: E ai ki te Ture Toxic Substances o te tau 1979, he matū tāoke te whakamārama mō te tupeka.

1984: E ai ki tētahi rokiroki kōrero mō te mate pukupuku o te pukapuka, i ngā tāne me ngā wāhine Māori te pupūtanga teitei rawa atu i te ao.

Nā te Kāwanatanga tētahi hōtaka whakahaere i te tupeka i whakatīmata.

1985: Ka pānuitia e te Minita mō ngā Take Hauora tētahi "kaupapa here whānui mō te whakatairanga i te auahi-kore", e tono ana kia eke mai te Kāwanatanga ki runga i tētahi hōtaka whakahaere i te tupeka, tae atu ki te whai wāhitanga mai hoki o te marea whānui, o te whakaakoranga hauora, o ngā whare hauora whakamutunga mō te pakeke, kia whakakukutingia te putanga mā te rangatahi ki te tupeka, te ture ārahi e pā ana ki te tahewaro o roto tupeka, te whakapikinga o te tāketanga, ngā wāhi auahi-kore, ngā whakatūpatotanga o te hauora, ā, me te whakakore atu i te pānuitanga o ngā whakanaonga tupeka me ngā tautokonga ingoa waitohu tupeka.

1986: E $0.5 miriona te pūtea āwhina Kāwanatanga i whiwhi e Te Wiki Great Smokefree mō te pānuitanga i runga pouaka whakaata.

E 53 ō-rau te piki o ngā utu mō te tupeke nā te hikia o te tāke e te Tahua Pūtea.

1987: Ka puta i ngā taha o muri, o mua hoki o ngā pākete hikareti e hokoa ana i Aotearoa, ngā whakatūpatotanga hou, momo hoki ki te hauora e mea ann, he hononga tō te kaipaipa ki te mate manawa me te mate pukapuka. Ka noho auahi-kore katoa te Tari Hauora. He kaha rawa hoki te tautoko a te marea whānui i ngā whakakukutinga i te kaipaipa i te mahi, o- roto hoki i ngā wāhi ka muia e te marea whānui.

1988: Ka whakakoreangia atu e te Ture Toxic Substances te hoko whakanaonga tupeka ki taua hunga kei raro iho i te tau e 16. Ka whakakorengia atu hoki e ngā kamupene rererangi o roto Aotearoa te kaipaipa i roto waka rererangi.

1989: Ka whakarewangia i Te Whanga-nui-a-Tara te Apārangi ki te Whakamutu i te Pānuitanga me te Whakatairanga Tupeka. Ka pāhōtia e te Kāwanatanga tōna whakaaro ki te kōkuhu i te hanganga ture ki te whakakore atu i te pānuitanga o te tupeka.

1985–1990: Ko Aotearoa o ngā motu i roto i te OECD te mea i tere rawa atu te hekenga o te kaipaipa.

1990–1998: He tata ki te ia tau te whakatikaina o te tāke tupeka mō te ekenga o te wāria.

1990: Ka whakamanahia te Pire Smoke-free Environments. Nā te whakakaupapatanga o te Ture Smoke-free Environments o te tau 1990 ngā whakakukutitanga ō-mua ka komokomohia ki roto, ā, tua atu hoki,

- ka whakakukutingia te kaipaipa i te maha o ngā wāhi mahi ō-roto whare

- ka puta te tono kia whai kaupapa here ngā wāhi mahi katoa, ā, kia arotakengia ia tau
- ka whakakorea atu te kaipapa i roto waka kawe i te hunga marea, ā, i ētahi ake wāhi hoki ka muia e te marea whānui
- ka whakakukutingia te kaipaipa i ngā whare hoko kawhi, whare hoko kai, whare petipeti mīhini hoki
- ka whakaritea he ture ārahi hokohoko, pānuitanga, whakatairanga hoki whakanaonga tupeka, ā, me te tautokonga o ngā whakanaonga, ratonga, tauwhāinga hoki e ngā kaumpene tupeka
- ka whakakorea atu te hoko whakanaonga tupeka ki te hunga kei raro i te tau e 16 (i hikia ki te tau e 18 i te tau 1998)
- ka hoatu wahi mō te whakahaere me te whākinga o ngā kai o roto whakanaonga tupeka
- ka whakaūkia te Health Sponsorship Council (HSC) i te wāhi o te tautokonga tupeka. Ka kōkuhua te waitohu "Smokefree" e te kaunihera.

1991: Ka keokeo te whakahekenga o te ōhanga. Nā tētahi pikinga e 17 ōrau o te utu o ngā hikareti, ka heke ngā hokonga mā tētahi e 15 ōrau.

1992: I raro iho te kainga whakanaonga tupeka a ia pakeke i waenganui o ngā motu OECD.

1993: Ko tā Environmental Protection Agency i Te Hononga o Amerika i kī, ko te auahi tupeka ("nō wāhi kē mai") o te taiao ngā take i puta ai te mate pukupuku me te taringa kāpia.

I whakatikaina te Ture Smoke-free Environments kia haere tonu ai ngā tautokonga tupeka o te wā nei mō ētahi atu tau e rua ki te tau 1995. Ka katia e Ahitereiria te tautokonga tupeka mai i te tau 1995, kia hāngai tonu ai āna kaupapa here ki ērā o Aotearoa.

Ka whakūngia he kirimana i te taha o Te Hotu Manawa Māori kia taea ai te tuitui, te whakakaha ake i te whakahaere o te tupeka i waenganui i a ngāi Māori. Mua atu i tērā, horekau he tangata i mahi ukiuki mō te kaipaipa i waenganui i a ngāi Māori.

E 27 ōrau te tukipā o te kaipaipa i waenganui pākeke, ā, mai āno i te tau 1989, kīhai rawa in heke.

1994: Ka whakarewahia te hōtaka Auahi Kore e Te Hotu Manawa Māori.

Ka tīmata te HSC ki te whakanoho i ngā tautokonga auahi kore i te wāhi o ngā tautokonga tupeka nunui.

Ka whakatakotoria he pāpātanga kaipaipa e 20 ō-rau, iti iho rānei hei whāinga mā te pakeke mā te tau 2000 e te Public Health Commission.

1995: Ka tangohia te pānuitanga whakanaonga tupeka katoa i ngā toa, engari anake ngā pānui i te wāhi hoko.

Ka noho aua-kore ngā rerenga katoa a Air New Zealand engari anake ērā ki Hapanihi me Kōria.

Ka mutu ngā tautokonga tupeka katoa, ka whakakorea atu ngā tohu tautokonga, ka tangohia, ka whakawāteatia ētahi mō tētahi wā poto, pērā i te whakaotinga o ngā kēmu Rakapī Rīki mō te Ipu Winfield i Tāmaki-makau-rau.

Ka kōkuhua te Pire Whakatikatika Smoke-free Environments Nama 2 ki roto i te Whare Pāremata.

Ka whakaūngia te Smokefree Coalition ki te whakatenatena tautohe mō ngā take e pā ana ki te whakahaere i te tupeka, ki te ārai atu i te kaipapa i waenganui i te hunga rangatahi, ā, ki te whakaheke i ngā pāpātanga kaipaipa o ngā tāngata katoa o Aotearoa. Ko Asthma and Respiratory Foundation, ko Cancer Society, ko National Heart Foundation hoki ētahi o ōna mema.

1996: E 23 ōrau te whakaatu a te tataunga iwi i te hekenga o te tukipā kaipaipa i waenganui i ngā tāngata o Aotearoa.

Ka tīmata te hāngai o tētahi whakamataaratanga pāpāho - Why Start? ki runga hunga rangatahi, ā, ka haere mō ngā tau e toru. E $1 miriona te utu ia tau.

Ka whakanuia te World Smokefree Day (WSFD) ā-tau i te motu mō te wā tuatahi. Ko tēnei anake te tauwhāinga huri noa te ao kia whakaūngia e karanga ana, kia arongia ngā pānga kino ki te hauora nā te kainga, nā te putanga ki ngā whakanaonga o te tupeka.

1997: Ka whakaae te kamupene tupeka Ligget i te Hononga o Amerika, ko te tupeka te take i puta ai te mate pukupuku, te mate manawa, ā, he mea warawara hoki. Ka whakaae anō hoki rātou, ko ngā tamariki te hunga kei te hiahia rātou kia hokohoko tupeka.

Ka whakatūria te hui tuatahi Māori Auahi Kore o te motu i te Marae o Wainuiōmata.

Ka whakatūria te Hui Smokefree tuatahi o te motu i Te Whanga-nui-a-Tara. E 120 ngā tāngata i tae ake. Ko "Consensus for a Smokefree New Zealand" te kaupapa o te hui. Ka whakatūria anōtia tētahi i te tau 1998, ā, ia rua tau i muri atu.

Ka whiwhi a Smokefree Coalition i te pūtea āwhina tuatahi a te Kāwanatanga.

Ka whakamanahia te Pire Whakatikatika Smoke-free Environments Nama 2 i te marama o Hōngongoi, ka noho mai ai ko te Ture Whakatikatika Smoke-free Environments o te tau 1997, ā, nā runga i tērā, ka whakatikaina te Ture Smoke-free Environments o te tau 1990 ki te

- whakakore atu te hoko whakanaonga tupeka ki tētahi kei raro i te tau e 18 (e 16 te tau i mua atu)
- whakakore atu i te hoko pākete hikareti e 20, iti iho i roto
- whakamārama i ngā mana o te Ture ki te whakawhāiti i ngā mea kino i roto whakanaonga tupeka
- whakakore atu i ngā manawarū o te hunga hoko ki te whakatairanga whakanaonga tupeka
- whakaheke i te rahi o te pānuitanga tupeka i te wāhi hoko.

1998: Ka whakarewahia te whakamataaratanga Quitline, Quit/Me Mutu tuatahi i Waikato me Te Moana-a-Toi-Te-Huatahi. I te mutunga o te whakamātautau e ono-marama, e 8,500 o te hunga kaipaipa e 100,000 o te rohe i waea mai.

Ka whakatūria a Apārangi Tautoko Auahi Kore (ATAK), a Māori Smokefree Coalition rānei. Nō te tau 2005 tōna ingoa i whakahoungia ki Te Reo Mārama i te tau 2005.

1999: Ka whakarewahia te whakamataaratanga Quitline, Quit/Me Mutu o te motu i te Hui a te Public Health Association.

Ka whakarewahia a Aukati Kaipaipa, tētahi hōtaka tukanga tuatahi ā-rua tau, mō ngāi Māori.

Ka kōkuhua te Pire Smoke-free Environments (Enhanced Protection). Ko tā te Pire i whakatakoto, me kaha kē atu tana tiaki i ngā kaimahi, kaitūao me te marea, i tā te Ture Smoke-free Environments o te tau 1990, otirā, te putanga ki te auahi nō wāhi kē mai.

2000: Ka wātea mai ngā pāti parawaro me te kāpia whai pūtea tāpiri mā roto i a Quitline me ngā kaiwhāngai whaimana o te hapori.

2001: Nā tētahi Pepa Whakataunga tāpiri i whakanikoniko ngā whakahounga i whakatakotoria e te Pire Whakatikatika Smoke-free Environments (Enhanced Protection).

Ka tonoa ki te Komiti Whiriwhiri Take Hauora, te Pire Whakatikatika Smoke-free Environments (he tūhononga o te Pire Whakatikatika Smoke-free Environments (Enhanced Protection) o te tau 1999, tae atu hoki ki te Pepa Whakataunga Tāpiri).

2003: Ka tutuki he whakaaetanga mō te Framework Convention on Tobacco Control (FCTC), te tiriti tuatahi e pā ana ki te hauora mō te marea o te ao i hangaia ki te whakaheke i ngā rarua o te tupeka i te ōhanga me te hauora.

Nā Aotearoa te FCTC i whakamoko.

Ka whanakehia te Rautaki 2003 – 2007 Whakahaere Tupeka mō te Iwi Māori o Te Motu.

Ka pāhongia i runga whakaata tētahi pānuitanga mahimomi mō ngā kino o te auahi nō wāhi kē mai i te wāhi mahi, ko te ingoa ko "Let's clear the air" (nā HSC me te Quit Group i tito).

Ka whakamanahia te Pire Whakatikatika Smoke-free Environments, kia mutu mai ai ko te Ture Whakatikatika Smoke-free Environments o te tau 2003.

2004: Ka noho auahi kore ngā whare me ngā whenua katoa o ngā kura, me ērā hoki o ngā kura kōhungahunga.

Nā te whakamana a Aotearoa i te FCTC, ka herea te hui ki a ia i raro i te ture.

Ko Airangi te motu tuatahi o te ao ki te whakakore atu i te kaipaipa i ngā wāhimahi katoa, tae atu ki ngā hōtēra, ngā pāpara kāuta, me ngā whare hoko kai hoki.

Ka whakarewangia te whakamataaratanga Smokefree Homes. Nā HSC me te Quit Group i whakawhanake.

Ka noho auahi kore ngā wāhi whai raihana ō-roto katoa i Aotearoa (ngā pāpara kāuta, ngā whare hoko kai, ngā whare kawhi, ngā karapu tākaro, ngā whare petipeti mīhini), ētahi atu wāhimahi hoki (tae atu ki ngā tari, ngā wheketere, ngā whare utanga, ngā wāhi hoko kai i te mahi, i te kura hoki, ā, ngā rūma "moko").

Ka pānui ngā rohe kāwanatanga katoa o Ahiterei (engari anake a Northern Territory) i tō rātou hiahia mā te tau 2007, kia auahi kore rātou.

2004 - 2005: Ka pāhotia te whakamataaratanga pāpāho hanganga ture auahi kore o te Manatū Hauora.

2005: Nā te āta whakamanatanga o FCTC e te motu e 40, kātahi anō a ia ka puta ki te ao mārama.

2006: Ka whakahaerea te whakamataaratanga Out of Sight me Out of Mind a te Cancer Society mō te kino o ngā whakaaturanga tupeka. Kei te haere tonu i te wā nei.

Whai muri i te whakaanga a Te Reo Mārama i te Hui ā-Tau o ngā Kaipupuri Pānga a Altria, ka whakapāha a Phillip Morris International tētahi kamupene tupeka ki te iwi Māori.

Ka whakarewangia te whakamataaratanga Video Diaries a te Quit Group.

Ka whakatau a Justice Lang kīhai he paremata e whakawhiwhia ki te whānau o Janice Pou. Nā ōna tamariki hoki i rapu e $310,000 i a British American Tobacco, i a WD me HO Wills hoki, whai muri i te matenga o tō rātou māmā i te mate pukupuku o te pukapuka i te 2003.

Ka whakarewangia te whakamataaratanga Smokefree Cars a HSC.

Ka whakarewangia e HSC te whakamataaratanga Smoking Not Our Future mō te hunga rangatahi.

2007: Ka whakatūria e Aotearoa te Hui Whakahaere Tupeka tuatahi a Oceania.

2008: Ka kōkuhua ngā whakatūpatotanga hauora whakairoiro ki runga mōkihi tupeka.

Ka whakaaetia ngā rata rongoa katoa i a rātou nei te tika ki te tūtohu rongoā, ki te wherawhera Quit Cards me te kore haere kia whakanātauria mō tētahi whakangungu tukunga i tua atu.

Ka whakatūturungia te matakite a Smokefree Coalition Kia Kore Tupeka a Aotearoa i te tau 2020 i tētahi hui a National Heart Foudation.

Ka whakarewangia te ratonga Txt2Quit a te Quit Group.

Ka whakarewangia te whakamataaratanga Pack Warning a te Quit Group.

Nā ngā amuamu a ngā kohinga whakatakoto tāpaetanga, ka whakaputaina e te Commerce Comission, ngā .whakatūpatotanga mō te whakamahi whakamārama kotiti i runga pākete tupeka ki ngā kamupene tupeka nunui e toru ka hoko tupeka ki a Aotearoa,—arā, a British American Tobacco (o Aotearoa), a Imperial Tobacco New Zealand, ā, me Philip Morris hoki (o Aotearoa).

2009: Ka tīmata te whakamataaratanga Face the Facts a HSC.

Ka whakangāwaritia te utu mō Zyban (bupropion) hei rongoā whakamutunga kaipaipa.

Ka wātea mai te Nicotine replacement therapy (NRT) mā te puka rongoā, mā te Quit Card hoki (Ka whakawhiwhia e te Kaupapa Quit Card ngā rata tiaki hauora kua rēhitatia, kīhai hoki ō rātou tika ki te tūtohu rongoā, te kaha ki te tāpae NRT ki tētahi he tangata kaipaipa, ahakoa ko wai a ia).

2010: E 25 ōrau te pikinga o te moni tāke mō te tupeka takō, ka pānuitia hoki he pikinga e 10 ōrau hoki mō ngā tupeka katoa i tua. Ka mana hoki a te 1 o

Kohitātea 2011 me te 1 o Kohitātea 2012 he pikinga e 10 ō-rau i tua atu hoki.

Tāpiritanga E

Tikanga mahi kotahi ki te whā

Ngā mahi o te ahumahi tupeka i mua ki te whakatairanga i te kainga tupeka i waenganui i a ngāi Māori

Ko te tikanga, he auahi kore te ahurea Māori i mua. Heoi, nā te kōkuhunga o te tupeka ki Aotearoa i te rau tau e tekau mā waru, i tere mau tonu ai te kaipaipa hei wāhi o te ahurea Māori. Hei tauira, ngā kaumātua e momi paipa tupeka ana, kua mau ora tonu atu i ngā whakaahua me ngā peitatanga o te rau tau e iwa tekau kia noho mai ai hei whakaahua ata mō ngā mahi tuku iho a ngāi Māori. Te rongo i ētahi tāngata whakatakoto tāpaetanga e mea ana, "ka Māori kē atu" tō rātou āhua ki te kaipaipa rātou. Whakaatu ai tēnei i te hononga o te kaipaipa i te rangi nei ki tērā tikanga tuku iho. Kia heke ai te papātanga hē o te tupeka ki a ngāi Māori, me tino nekehia te tirohanga ki te kaipaipa.

Nā te taenga mai o te whakanaonga tupeka arumoni i te rau tau e rua tekau, ka piki ngā pāpātanga o te kaipaipa puta noa i Aotearoa, ā, tae rawa ki te mutunga o te Pakanga Tuarua o te Ao, e whitu tekau mā rima ō-rau o ngā tāne pakeke, e rua tekau mā rima ōrau o ngā wāhine pakeke, he tāngata kaipaipa e kotahi koata. I tere te piki o ngā pāpātanga kaipaipa o ngāi Māori, ā, i runga noa atu o taua hunga ehara i te Māori, ā, kei te pērā tonu i te rangi nei.

Pērā i tētahi ahumahi arumoni, ahakoa ko wai, nō hea, ka whakatairanga ngā kapumene tupeka i tā ratou whakanaonga kia piki ai te moni whiwhi. Mua atu i te rāhuitanga o te pānuitanga tupeka i runga reo irirangi me te pouaka whakaata i te tau 1962, i whakamahia te pānuitanga hōrapa ki te whakatairanga i te kainga o te tupeka. Ahakaoa he uaua ki te whakaatu, ko ngāi Māori tērā i āta whakamahia i roto pānuitanga ki te whakatairanga i te tupeka. I rongo mātou i whakamahia e ngā waitohu hikareti o mua he whakaahua Māori ki te whakatairanga i tā rātou whakanaonga. I whakamahia e te tupeka a Loyal te tekoteko hei waitohu mō tana whakanaonga, ā, i whakaurua atu he kāri me ngā pakoko tūpuna Māori i runga, ki roto i te hia kē o ngā mōkihi hikareti, hei "tuemi mā te kaikohi"i".

Nā te Ture Smoke-free Environments o te tau 1990 te pānuitanga tupeka i whakakore atu, te tautokonga tupeka hoki i whakakore haere atu. Ahakoa tēnei, i rongo kupu whakapae mātou, kei te hoko tonu ngā kaupene tupeka i te rangi nei i ā rātou whakanaonga mā roto pākete, mā ngā whakaaturanga i te wāhi hoko ki te huhua tonu o ētahi ake iwi, tae atu ki a ngāi Māori me te hunga tamariki.

Te papātanga o te tupeka ki te hauora, ōhanga, pāpori me te oranga ahurea o ngāi Māori

He whakanaonga pūmate, he whakanaonga warawara te tupeka, ā, ki te momingia ki tā te kaiwhakanao ka tūtohu, ko te mate moata o te haurua o āna tāngata kua roa kē e kaipaipa ana te mutunga mai. I te rā nei, e 40 ō-rau ngā tāne Māori, ā, e tata pea ki te 50 ō-rau o ngā wāhine Māori kei te kaipaipa, ā, i ngā rēanga tau katoa he teitei ake ngā pāpātanga kaipaipa

o ngāi Māori ki ērā o te hunga ehara i te Māori. Ahakoa i nui te taka o te nuinga o ngā pāpātanga kaipaipa i Aotearoa i ngā tau o te 1980 me ngā tau o te 1990, i piki ērā i ngā nōhanga pōhara, ā, i waenganui hoki i a ngāi Māori me ngā iwi o ngā Moutere o Te Moana-nui-a-Kiwa. Nā reira, kei runga i te hapori Māori te tuwhena o te taumaha o ngā papātanga hē o te tupeka ki te tinana, ōhanga, pāpori me te ahurea.

Taha hauora

Ko te kainga tupeka te take mō ngā matenga i Aotearoa. Ko te whakatau tata, e 4,300, e 4,700 pea ngā tāngata ka mate ia tau nā te kaipaipa, ā, e 600 o ēnei he Māori. Ko te kaipapa te take i rua tau ai te wā matemate i waenganui i ngā Māori me te hunga ehara i te Māori, ā, ko te whakatau tata nā te kaipaipa te take i mate ai ngā wāhine Māori e 25 ō-rau me ngā tāne Māori e 21 ōrau. Nā reira, ko te matenga moata nā te momi tupeka tētahi rārua nui rawa atu, whānui rawa atu hoki ki ngā hapori Māori.

Ko te kaipaipa te take i puta ai te mate iaia-manawa, te mate pukupuku me te mate romahā. He teitei ake ngā pāpātanga matenga ki a ngāi Māori o te mate iaia-manawa me te mate pukupuku o te pukapuka mā ngā wā e toru, kāre ki te hunga ehara i te Māori. Ka kitea noatia hoki te matenga mā te mate romahā i waenganui i te iwi Māori, kāre i pērā rawa te kitea i waenganui ki te hunga ehara i te Māori. Nā te kaipaipa hoki i teitei rawa ai te kitea o te mate pukupuku o te pukapuka, o te uma, o te puku, o te ateroa, o te uru toto, o te pū kai, o te tākihi, o te waha whare tangata i roto i a ngāi Māori kāpā i waenganui i te hunga ehara i te Māori. Mō ngā momo mate pukupuku katoa, he teitei ake te matenga i roto i a ngāi Māori, i te matenga i roto i te hunga ehara i te Māori.

I te nuinga o te wā, ko te kaipapa te take i puta ai te mate pukupuku o te pukapuka, tērā mate ka pā whānui ki a ngāi Māori. He teitei ake te rēhitatanga me ngā pāpātanga matenga mā ngā wā e toru mō te mate pukupuku o te pukapuka i waenganui i a ngāi Māori, ki ērā i waenganui i te hunga ehara i te Māori.

He hononga anō hoki tō te kaipaipa ki te rahi tonu o ngā mate romahā, tae atu ki te mate haukotinga o te pūkahu mō te wā roa, te mate pūkahu kakā, te mahi o te pukapuka kua heke, te tipu te pukapuka waimaero i te wā e kōhungahunga ana, e taiohi ana, te mahi o te pukapuka kua rorroku, ā, me te huangō. He teitei ake ngā kuhunga ki roto hōhipera a ngāi Māori mō ngā mate romahā katoa mā ngā wā kotahi me te hāwhe, ki te hunga ehara i te Māori. Tāpara kē atu hoki te tata mate o ngāi Māori nā taua momo mate.

Ka piki hoki te tata mate, ka hē kē atu rānei ngā tohumate o te huhua o ētahi atu mate nā te kaipaipa; hei tauira, mā te kaipaipa te haumako o te wāhine, o te tāne rānei e heke ai, e piki ai te kitea o ngā mate arotahi, e taretare kē atu ai te ora ake o tētahi motunga, e piki ai piki ai ngā whatinga o te hope, e heke ai te mātotoru o te kōiwi, e moata rawa ai te koero, ā, e piki ai te kitea o te mate ero keha, ā, me te matehuka hoki. He tata mā ngā wā e rima, te teitei o ngā pāpātanga matenga i te matehuka mellitus mō ngāi Māori ki ērā mō te hunga ehara i te Māori.

He maha, he kino hoki ngā mutunga mai o te kaipaipa i te wā hapūtanga, tae atu ki ngā rarua kino e pā ana ki te hapūtanga me ngā pōauautanga o te whakawhānau, te whānau pī, te paku o te rahi mō te tau hapūtanga, te materoto, ā, te matenga kokoti tau. He teitei ake ngā pāpātanga o ngāi Māori ki ērā o te hunga ehara i te Māori mō te materoto, te ikura ante partum, te kukutinga i te tipu o te kukune, te whānautanga noa mua atu i tōna wā tika, ā, te

kore taea te matenga ohorere o te pēpi i te wā hapūtanga nā te kaipaipa. I kitea i roto i tētahi rangahau i Aotearoa, i tata tāpara te matenga pēpi i roto tamariki i whānau ki ngā wāhine kaihikareti i te wā hapūtanga, ki ērā tamariki a ngā wāhine kore kaipaipa. Ka mārakerake ana te kōpū ki te kaipaipa o te māmā, ka piki hoki ngā raruraru o te hauora mō te tamaiti, hei tauira, ko te taringa kāpia tērā, ko ngā mate romohā, ko ngā raruraru e pā ana ki te whanonga, ko ngā mate pukupuku, ko te mōmona, ā, tērā pea ā tōna wā, ka tīmata hoki ki te kaipaipa.

Te taha ōhanga

E ai ki te tau ine waenga, e 12 ngā hiakareti ka momihia ia rā e tētahi tangata kaipaipa i Aotearoa. E $2,475 (ngā utu i te marama o Mahuru o te tau 2010) te utu mō ēnei hikareti i te tau. Nā, i ngā nōhanga he tōraro te whiwhinga moni, ā, kei reira te tokomaha o ngāi Māori, he tukinga kino tēnei whakapaunga moni ki te pūkoro. Hei tauira, i rongo mātou he rite te whakapaunga e $2,475 i te nōhanga e rua ngā tāngata o roto ki te 15 ō-rau o te wāwāhanga tau ine waenga o te whiwhinga moni. Kua whakaatu te rangahau, ko te kaipaipa te āhuatanga noho o ngā tangata kaipaipa, ā, he kaha te hononga o te pōharatanga me te kaipaipa I ngā wāhi he paku noa nei te pōhara, e 25.9 ōrau o ngāi Māori he tangata kaipaipa engari, i ngā wāhi tino pōhara rawa atu e 49.5 ō-rau te tukipū o te kaipaipa. Nā reira, ko te nuinga o ngā hua moni o te ahumahi tupeka piriona-tāra nō ngā pūkoro kē o te hunga pōhara o tō tātou hapori whānui.

I rongo mātou i ngā paki whaiaro maha mō te moni i whakapaua ki te hoko hikareti, ka mahue te hoko mea tōtika pērā i te kai, te mātauranga, te kākahu, nā te aha hoki, mārama ana te kite atu i ngā raruraru o te taha ōhanga ki te whānau katoa nā te kaipaipa. He nui hoki te taumahatanga o te ōhanga ka utaina ki runga whānau ki te pāngia ana he tangata kaipaipa ki te mate. He mea nui hoki te ngaronga o te whiwhinga moni me te utu o te rongoā

E ai ki ngā tikanga whānui, ka whakatau tata te Manatū Hauora e $1.8 piriona tērā ka whakapaua mō te tupeka i Aotearoa i te tau, e $300, e $400 miriona pea o tērā nā te hunga kaipaipa Māori. E $1.9 miriona te whakatau tata o ngā utu hāngai ki te tiaki hauora nā te kaipaipa i pāngia ai ki te mate. Tino neke atu tēnei i te moni tāke e $1.3 piriona (o te moni tāke me te Tāke Hokohoko) a te Kāwanatanga. Ko te utu e $2,691 katoa tēnei mā ia tangata kaipaipa i te tau. E $8.6 piriona ngā utu tāpiri kore taea te whāwhā atu mō Aotearoa i te tau 2005 nā te kaipaipa te take i puta ai te matenga whānau pī, ā, e $2.6 miriona mō te matenga nā te kaipaipa.

Taha pāpori

I te nuinga o te wā he āhuatanga pāpori te kaipaipa; he maha ngā tāngata kaipaipa i mea, nā ngā whakatā i te mahi (ngā moko), nā ngā wā inuinu, nā ngā huihuinga pāpori rānei, i kai hikareti noa ai tētahi. Ka kaipaipa hoki te hunga rangatahi hei āhuatanga whakapakari, whakatōpū hoki i tō rātou ake tuakiri, kia hono ai ki ō rātou whakatipuranga, me te aha hoki, kua pēnei he punua pakeke rātouināianei. I roto i te ao tamariki, ko ngā mātua me ētahi atu mea pakeke te hunga ka tū mai hei tino tauira whai atu mā rātou, ā, ko te whakatau tata i roto i tētahi tirohanga whānui o te tau 2006, e tata ki te 40 ōrau pea o te hunga rangatahi i te kaipaipa nā te mea, he tāngata kaipaipa ō ratou mātua.

Ka hua mai i te kitea noatia o te kaipaipai me te ahurea karapoti i te kaipaipa, he wāhi whakarotanga hikareti mā te pāpori ki ngā tamariki. He take nui, he take kīhai anō he rongoā kia kitea, ā, papātanga nui tōna ki a ngāi Māori, ki te hauora hoki o ngāi Māori. Neke atu ki te 40 ōrau o ngā taiohi kaipaipa i te wā nei o ngā tau e 15 ki te 17 i kī mai, nā ō rātou hoa me te whānau i hoatu ā rātou hikareti i te marama kua hipa. Ko te mea waiwai mā te whānau me ngā hapori Māori puta noa i Aotearoa, kia kaua te whakaratonga tupeka e whakaaetia i raro āhuatanga pāpori, ā, he mahi hē hoki i raro i te ture.

Ka taka ana te nuinga o te kaipaipa, ka taka anō hoki te whakaaetanga o te hapori whānui ki te kaipaipa, ā, ka kaha kē atu te noho haurokiroki mai o te hunga kaipaipa. I te wā nei kei waenganui taupori pakupaku kē te kaipaipa, ā, ko ētahi o te hunga nei kei te whakaparahakongia i roto i te hapori whānui. Ka mōhio ana tētahi he tangata warawara te hunga kaipaipa, ko te mea nui ināianei he tautoko i ō rātou kaha ki te mutu, kia kore ai te whakaparahakonga i raro āhuatanga pāpori e whānui atu.

Taha ahurea

Ko te hia mano o ngāi Māori i mate moata i tērā rau nā te kaipaipa te ngaronga matua mō ngāi Māori—maha kē atu i ngā hōia Māori i mate i te Pakanga Tuatahi, i te Pakanga Tuarua hoki o te Ao ki te tāpiri tahitia Ia tau, e 600 ngā tāngata Māori ka hemo nā te pāngia ki tētahi mate i puta ake i te kaipaipa, he ngaronga tata tonu ka rite ki ngā hōia Māori e 649 o te Hokowhitu-ā-Tū i hinga i te mura o te ahi i te Pakanga Tuarua. He nui, he whānui te papātanga o tēnei ngaronga. Ko ngā whāruarua o te hapori Māori whanui tērā i kore taea te whakakī. I rongo mātou nā te ngaronga tōtata o ngā kuia me ngā kaumātua, kua kore ngā tikanga ahurea, tikanga mōhio, tikanga hītori e taea te tuku iho ki ngā reanga kei te tipu ake. Kua kore hoki ngā rangatira tika o te iwi, o te hapū e kitea atu hei whai atu mā rātou. Kua kore hoki ngā mokopuna e tipu ake e te taha i te taha o ō rātou karani mātua, kia mōhio ai ki a rātou, kia tiakina ai hoki e rātou.

I mea ake tētahi aromatawai o te kaipaipa ki te tauira Māori mō te oranga, Te Whare Tapa Whā, ka pā te kaipaipa ki te tinana mā te whakawhirinaki atu ki te parawaro, ka pā ki te hinengaro nā te tino mōhio kua tangata kaipaipa kē, ka pā ki te wairua mā te takahi i te tapu, ā, ka pā ki te whānau ora nā tōna whakanoatanga, whakapūmautanga hoki. Ko te whakamārama mō te whakawhirinaki atu ki te tupeka, "he mea ātete mō ngā ariā katoa o te noho rangatira me te whakapapa".

Te papātanga o te kainga tupeka ki te whakapakari i ngā mea angitu me ngā moemoeā a ngāi Māori

Ki te whakaaroarohia ngā rarua tōraro o te hauora, ōhanga, pāpori, ahurea ki a ngāi Māori, kīhai tētahi e tumeke ki te mōhio, ko te tupeke tētahi o ngā mea tino nui kei te aukati i te tipuranga o ngāi Māori me te tipuranga o te ōhanga katoa o Aotearoa katoa.

Ko te teitei o ngā pāpātanga kaipaipa i waenganui wāhine Māori tētahi mea māharahara rawa i kī ake rā a Hoa Ahorangi Papaarangi Reid, "Ko te pū tonu o ō tātou whānau, hapū, iwi hoki ngā wāhine Māori." Nā reira, me hāngai tonu te arotahi ki te whakaheke i ngā pāpātanga kaipaipa waenganui i ngā wāhine Māori, otirā, i te wā e hapū ana.

Ngā painga kua putua pea ki a ngāi Māori nā te whakamahinga tupeka

I whakapuaki te nuinga rawa o te taunakitanga i ronga mātou, kīhai anō te iwi Māori kia kite i tētahi paku painga nā te tupeka. Ahakoa kua whakatōngia e te ahumahi ētahi mahi, he rahi kē atu ngā papātanga whakakino, tōraro hoki, ki ngā hua tōrunga o te ōhanga.

Tāpiritanga F

Tangohanga – Ngā huarahi i whakamahia ki te tātai i ngā utu e $1.9 miriona o te tupeka hāngai ki te hauora i Aotearoa[5]

Hei whakatau tata i ngā utu nui rawa hāngai ki te hauora, ka whakatauritengia e ngā huarahi e rua ngā utu tiaki i te hauora o taua hunga kei te kaipaipa i te wā nei, me ngā utu tiaki i te hauora o taua hunga kīhai rawa i kaipaipa. Ko ngā utu nui rawa nā te kaipaipa, ko tērā te rerekētanga. Ka whakaurua e ngā huarahi e rua ngā utu mō ngā whakaurunga ki te hōhipera, mō ngā whakamātautau i te taiwhanga pūtaiao, mō ngā utu whakatohatoha whakaipurangi rongoā ki te hapori hoki. Tāpiri atu ki ērā, ko ngā utu a te Huarahi Tuarua mō ED [tari mō te mate whawhati tata], mō te tūroro noho i te kāinga, mō te whare kōhanga, mō te tautoko i te hunga hauā, mō te tiaki tuatahi, mō ngā ratonga a DHB mā ngā pākeke kua tino kaumātuatia, mō ngā ratonga oranga hinengaro hoki. Nā tērā ngā utu katoa o te Huarahi Tuarua i tapara kē atu ai i ērā o te Huarahi Tuatahi. Kāore ētahi atu utu mō te pakiaka me ngā mahi i whakaurua. E ai ki tērā i whakamāramatia i raro, ka utaina ia ōwehenga utu nui rawa nā te kaipaipa me ngā utu ehara nā te kaipaipa, ki te whakapaunga moni o te Pōti Hauora, kia rite ai te puta o ngā utu hāngai nā te kaipaipa.

Huarahi Tuatahi: kei roto i te taupori he tāngata kei te whiwhi ratonga hauora (e 99.9 ō-rāu o te taupori katoa o Aotearoa), ā, he tau NHI tō rātou. Arā anō hoki ngā tītaha he rerekē ngā rarua ka hua mai: (1) Ka hoatu e ngā kaimahi o te hauora he tohu huna mō te āhua o te kaipaipa, nā reira, ka noho tōraro te kaipaipa, ā, nā runga i tērā, ka kuhua ētahi tāngata kaipaipa ki roto kohinga kore-kaipaipa – whakaiti ai tēnei i ngā utu nui rawa; ā, (2) ko te tikanga ia, ka whakaaturia te āhua o te kaipaipa i roto raraunga whakahaere hauora, i te taha hauora taretare rawa atu – whakahorihori ai tēnei i ngā utu nui rawa. Kīhai anō te rahi o ngā rarua nei kia tātaia engari, tērā pea ka whakakorea atu. Ka utaina atu te ōwehenga o te whakapaunga i te taha o te kaipaipa ki te Pōti Hauora katoa, ki te whakatau tata i ngā utu nui rawa katoa i te taha o te kaipaipa.

Huarahi Tuarua: Hono atu ai tēnei huarahi ki ngā tāngata e whakapaetia ana i roto i te Tiro Whānui a Hauora Aotearoa o te tau 2006/07 (E 74 ō-rau o ngā pākeke o Aotearoa e 15 neke atu ngā tau) ki tō rātou tau NHI, kia kaha ai te āhua o tō rātou (tautuhi-whaiaro) kaipaipa te whakahono atu ki tō rātou ake whakapaunga mō te hauora. Ka katia atu i tēnei taupori whānui ngā tāngata kei roto hōhipera, whare herehere, momo hereherenga rānei i te wā o te Tiro Whānui, ā, na runga i tērā kīhai e kitea i roto kohinga he teitei ngā pāpātanga kaipaipa, he taretare rawa atu hoki te āhua o te hauora. Nā tēnei hoki, ka tōraro ngā utu nā te tupeka. Ka utaina atu te ōwehenga o te whakapaunga i te taha o te kaipaipa, ki te pūtea katoa o te Pōti Hauora. Ka waiho ngā utu o te pakiaka, o ngā mahi hoki ki waho.

Mō ngā huarahi e rua, e $1.9 piriona te whakatau tata tōraro rawa (tino tūpato rawa rānei) ngā utu nui rawa hāngai ki te tiaki i te hauora nā te kaipaipa, ā, e $2.34 piriona te teitei rawa. He āhua rite tonu hoki te waenga whānui mō ia huarahi. E $2.26 piriona mō te Huarahi

[5] Te pūronga o Te Manatū Hauora Pūrongo mō ngā toa hokohoko, ngā huarahi tātai i ngā utu mō te hauora, te tupeka kore-tāke me ētahi atu take, i te 13 o Here-turi-kōkā o te tau 2010, whārangi 2-3.

Tahi, e $2.07 piriona mō te Huarahi Tuarua. Ahakoa ngā rerekētanga ki te huarahi, nā te rite o ngā hua, ka nui rawa atu te whakapono ki te kaitā i tātaia mō ngā utu nui rawa o te tiaki hauora nā te kaipaipa.

Te Kāwanatanga o Aotearoa
New Zealand Government

MINISTRY OF HEALTH
MANATŪ HAUORA

EXHIBIT NOTE

This is the annexure marked " B " referred to within the affidavit of Shane Bradbrook and sworn/affirmed at _____ this _____ day of May 20 26 before me

Signature _____

Smokefree Aotearoa

2025 Action Plan

Amohia ake te ora o te iwi
ka puta ki te whei ao

Kīngi Tūheitia Pōtatau
Te Wherowhero VII

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Smokefree Aotearoa 2025 Action Plan

Our vision

Our vision is to eliminate the harm smoked tobacco products cause our communities by transforming Aotearoa New Zealand to a smokefree nation by 2025.

Acknowledgements

We recognise the esteemed leaders who developed and championed the vision for a smokefree Aotearoa, setting the Smokefree 2025 goal that underpins the work to enable this action plan.

We acknowledge the commitment from many who have contributed to eliminating the harm that smoking has caused, and continues to cause, to our country, our communities, and our people.

We thank those who took time to prepare and make a submission in response to the Ministry of Health's consultation on *Proposals for a Smokefree Aotearoa 2025 Action Plan*. The contribution provided by public submissions has been important in the development of this action plan.

Mihi

Mō koutou, aku rau tītapu ki te pō. Nā wai koutou i raru ai? Nā ngā rauhanga a Whiro i raru ai. I mate atu koutou i te auahi warawara. I pūrere tana kakara i tawhiti, ka rongo te ihu, ka rongo te arero, ka hē te iwi. Haere rā koutou taku tira haukore i te kōmurihau. Haere rā i runga i aku roimata i whāriki i runga i ngā marae kāinga o te motu hei whakangāwaritanga iho mō ō koutou tapuwae.

Mō koutou, aku ringa raupā o te kaupapa, tēnā koutou. Ngā mana o ngā maunga, te tapu o ō koutou tīpuna. Nā koutou tēnei kaupapa i whakaara i roto i ngā tau ka huri ki muri. E aku nui, whakamutua te tangi o tōu reo, ngā roimata o ōu kanohi nā te mea, ka hoki mai te tika ki tōna whenua, ka hoki ōna hoariri ki ō rātou rohe. Ko te oati tēnei o te wāhi ngaro. Kua tāmokohia ō koutou rae ki te moko o te parawerawera, ka ora te iwi i a koutou.

Kei ngā rangatira o te motu, tēnā koutou. Amohia ake te ora o te iwi, ko te kupu tēnei o te kīngi Māori ki a tātou katoa. Ko te ora o Aotearoa te mātāmua me te mātāmuri o te whakaaro nui o te tangata. Whakarongo ō koutou taringa ki te hīhā tangi mai a Matemateāone.

Nō konei i kimi ai te ture, waiho ake mā te ture te ture anō e āki.

We acknowledge our beloved deceased. We reflect and ask where did this despair that we feel come from? Indeed, this despair has sprung from the many deceits of Whiro.[1] You were taken from us by this addictive smoke. This essence travelled here from afar for the nose to smell, for the tongue to taste, and deceived the people. Farewell to the multitudes whose spirits have left, no longer able to feel the wind. We bid you farewell with tears that have fallen on many marae of this land to help ease your travelling footprints.

We acknowledge the callused hands that laboured tirelessly to uphold this kaupapa. The pride of mountains, the sacredness of our ancestors. Because of you and your dedication such a kaupapa was able to emerge many years ago. May your cries be softened, and the tears wiped from your eyes, correcting past wrong so that our whenua can arise, when the enemies are returned back to where they came from. This was promised to us by the one that cannot be seen. Your brow bears the marks of your accomplishments, your hard work, and sweat. Lives will be saved because of you and the work you have done.

We acknowledge the many leaders of this land. The health of our people is paramount, this is the word of our Māori King to all. The health of New Zealand is foremost in one's thoughts. May your ears listen to the song of unconditional care and respect for one another as a people.

So we look towards the laws to govern us well and lead us towards prosperity.

1 Whiro (personal name) atua of things associated with evil, darkness and death and a son of Rangi-nui and Papa-tū-ā-nuku. Whiro-te-tipua is the full name. Te Aka Māori Dictionary. URL: https://maoridictionary.co.nz/ (accessed 19 November 2021).

Associate Minister's foreword

This Government's vision is for a smokefree Aotearoa New Zealand, where we eliminate the harm smoked tobacco products cause our communities.

Getting to this point has been a long journey. The pioneering 1990 Smoke-free Environments Act, which has been amended many times over the years, prohibits smoking in indoor workplaces, including hospitality, schools, and early childhood centres, prohibits the display of tobacco products, and requires tobacco products to be in standardised packaging. In 2020, vaping products were regulated, and emerging oral tobacco products banned.

These legislative changes, along with health promotion, smoking cessation services and price increases, have gradually reduced smoking over the years, saving many lives. However, our tobacco control programme has not worked equally for all New Zealanders. Smoking has reduced more quickly among those with access to greater resources. So even though smoking has reduced for all groups of New Zealanders, Māori, Pacific peoples, low-income earners, adults with disabilities, and people experiencing mental health and addiction issues have much higher rates of smoking than others. Tobacco kills at least half the people who use it, yet it is lightly regulated.

New Zealand is a signatory to the World Health Organization's Framework Convention on Tobacco Control (FCTC), and the development and implementation of our tobacco control programme has been very strongly aligned with it. We remain strongly committed to the FCTC and to safeguarding public policy from tobacco industry influence.

Like several countries internationally, we have a smokefree goal. New Zealand's goal is for less than five percent of all groups of New Zealanders to smoke daily by 2025. At the current rate of progress, it is expected to take decades to reach Smokefree 2025 for all New Zealanders. But we have only four years.

This action plan is therefore unapologetically bold. No single intervention will get us to Smokefree 2025 for all. It will take a package of measures to reach our goal.

The action plan will support more people to quit smoking and encourage young people never to start, by strengthening smoking cessation and health promotion programmes. It will mobilise communities to draw on local knowledge and leadership to achieve a Smokefree Aotearoa. But the plan is about more than mobilising communities and providing better support for individuals. It also aims to radically change the smoking environment to make it easy for all New Zealanders to live smokefree, by tackling everything about the product, including where it is sold and what is in it.

We have a smokefree future in our sights. I am proud to be part of it and ask every New Zealander to join in making our country one where every child can grow up in an environment free from the destruction smoking causes to our families, whānau, and communities.

Hon Dr Ayesha Verrall
Associate Minister of Health

Contents

Smokefree Aotearoa 2025 Action Plan **1**
- Our vision 1
- Acknowledgements 1

Mihi **2**

Associate Minister's foreword **3**

Smokefree Aotearoa 2025 Framework **6**

Introduction: Smoked tobacco is the problem **7**
- Purpose of this plan 7
- Our international obligations 7

Our outcomes **8**
- Outcome 1 – Eliminate inequities in smoking rates and smoking-related illnesses 8
- Outcome 2 – Create a smokefree generation by increasing the number of children and young people who remain smokefree 8
- Outcome 3 – Increase the number of people who successfully quit smoking 9

Te Tiriti o Waitangi principles that apply to our work **11**
- Tino rangatiratanga 11
- Equity 11
- Active protection 11
- Options 11
- Partnership 11

Vaping and the action plan **12**

Monitoring and evaluating the action plan **14**

Our actions **15**
- Focus area 1: Ensure Māori leadership and decision-making at all levels 16
- Focus area 2: Increase health promotion and community mobilisation 18
- Focus area 3: Increase evidence-based stop smoking services 20
- Focus area 4: Reduce the addictiveness and appeal of smoked tobacco products 22
- Focus area 5: Reduce the availability of smoked tobacco products 24
- Focus area 6: Ensure manufacturers, importers and retailers meet their legal obligations 26

Consultation **29**

Protection from interests of the tobacco industry **30**

Appendix 1: The harm smoked tobacco products causes to our people, our children and our communities **31**
- Smoking is a leading cause of preventable death and disease in New Zealand 31
- Smoking harms children 31
- Smoking drives health inequities 32

Smokefree Aotearoa 2025 Framework

Smokefree Aotearoa 2025

Our vision

Eliminate the harm smoked tobacco products cause our communities by transforming Aotearoa New Zealand to a smokefree nation by 2025

Our goal

By 2025, daily smoking prevalence is less than five percent for all population groups in New Zealand[2]

Our outcomes

Eliminate inequities in smoking rates and smoking-related illnesses

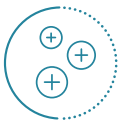
Create a smokefree generation by increasing the number of children and young people who remain smokefree

Increase the number of people who successfully quit smoking

Our focus areas

1: Ensure Māori leadership and decision-making at all levels

2: Increase health promotion and community mobilisation



3: Increase evidence-based stop smoking services

4: Reduce the addictiveness and appeal of smoked tobacco products

5: Reduce the availability of smoked tobacco products

6: Ensure manufacturers, importers and retailers meet their legal obligations

Te Tiriti o Waitangi principles that apply to our work

Tino rangatiratanga

Equity

Active protection

Options

Partnership

2 The prevalence goal is for smoking; it excludes vaping and the use of smokeless tobacco products.

Introduction: Smoked tobacco is the problem

Smoking tobacco products kills approximately 4,500 to 5,000 people every year in New Zealand – that is around 12 to 13 deaths every day due to smoking or exposure to second-hand smoke.[3] Since the Māori Affairs Committee's Inquiry into the tobacco industry in Aotearoa and the consequences of tobacco use for Māori in 2010,[4] more than 50,000 New Zealanders have died of smoking-related causes. **Appendix 1** provides more information about the harm smoked tobacco products cause our people, our children and our communities.

Purpose of this plan

This action plan sets out the actions we will take over the next four years and beyond to achieve Smokefree Aotearoa 2025 and ultimately end the harm smoking causes. To achieve our goal of a smoking prevalence of less than five percent in the next four years, we will need to implement a comprehensive mutually reinforcing package of actions at speed.

Our international obligations

New Zealand is a signatory to the World Health Organization's Framework Convention on Tobacco Control (FCTC). The FCTC was developed in response to the global tobacco epidemic. It is an evidence-based treaty that reaffirms the right of all people to the highest standard of health and has become one of the most rapidly and widely embraced treaties in the United Nation's history.

The development of New Zealand's tobacco control programme over many years has been closely modelled on the FCTC. New Zealand remains committed to supporting the implementation of the FCTC globally.

All actions will also need to take into account New Zealand's international trade obligations.

3 This information is available on the Global Health Data Exchange, see http://ghdx.healthdata.org/gbd-results-tool (accessed 4 October 2021).

4 Māori Affairs Committee. 2010. *Inquiry into the tobacco industry in Aotearoa and the consequences of tobacco use for Māori: Report of the Māori Affairs Committee*. Wellington: Māori Affairs Committee. URL: www.parliament.nz/resource/en-NZ/49DBSCH_SCR4900_1/2fc4d36b0fbdfed73f3b4694e084a5935cf967bb (accessed 4 October 2021).

Our outcomes

Our outcomes, in more depth, are as follows.

Outcome 1 –

Eliminate inequities in smoking rates and smoking-related illnesses

To reverse inequity and improve health and wellbeing for all, we need to end the unequal distribution of the harm smoking causes.

This outcome acknowledges the marked inequities in health caused by higher smoking prevalence among Māori, Pacific peoples, and those living in the most deprived areas of New Zealand.

This action plan is an essential step towards meeting our obligations under Te Tiriti o Waitangi including achieving equitable health outcomes for Māori.[5]

This action plan supports commitments the Ministry of Health has made to achieving equitable health outcomes for Māori and Pacific peoples respectively in Whakamaua: Māori Health Action Plan 2020–2025 and Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025.[6]

Outcome 2 –

Create a smokefree generation by increasing the number of children and young people who remain smokefree

Stopping our children and young people from ever smoking will reduce future smoking rates and smoking related harm.

This outcome requires a holistic approach to protecting children and young people, including reducing their exposure to smoked tobacco products and to second-hand smoke, supporting parents and whānau to quit smoking, and ensuring smoked tobacco products are not appealing or addictive. By focusing on stopping new generations of people from ever starting to smoke, we acknowledge that children and young people are our future and put them front and centre.

This action plan contributes to meeting our obligations under the United Nations Convention on the Rights of the Child to protect children from the harms of smoking, including from beginning to smoke themselves.

5 The right to be smokefree is entrenched in Te Tiriti o Waitangi. For instance, article 2 guarantees protection of taonga; the right to wellbeing and tiaki whakapapa falls under this. Article 3 sets out the right to equality before the law.

6 Ministry of Health. 2020. *Whakamaua: Māori Health Action Plan 2020–2025*. Wellington: Ministry of Health. URL: www.health.govt.nz/publication/whakamaua-maori-health-action-plan-2020-2025 (accessed 4 October 2021). Ministry of Health. 2020. *Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025*. Wellington: Ministry of Health. URL: www.health.govt.nz/publication/ola-manuia-pacific-health-and-wellbeing-action-plan-2020-2025 (accessed 4 October 2021).

Outcome 3 –

Increase the number of people who successfully quit smoking

A key part of achieving our smokefree goal is removing the barriers that undermine quit attempts and ensuring the right quitting support is easy to access.

This outcome requires a focus on changing the settings in New Zealand that allow smoked tobacco products to be widely available, concentrated in disadvantaged neighbourhoods, and highly addictive. Support to quit smoking or to switch to a less harmful alternative must be available given the potential impact of the significant changes proposed in this action plan to transform the availability, addictiveness and appeal of smoked tobacco products.

This action plan acknowledges that smoking is not an individual issue. Smoking is a community issue and a social issue.

Te Tiriti o Waitangi principles that apply to our work

The Ministry of Health has a responsibility to contribute to the Crown meeting its obligations under Te Tiriti o Waitangi. The principles of Te Tiriti, as articulated by the courts and the Waitangi Tribunal, provide the framework for how we will meet our obligations under Te Tiriti.

The principles that apply to our work are set out below.

Tino rangatiratanga

The guarantee of tino rangatiratanga, which provides for Māori self-determination and mana motuhake in the design, delivery, and monitoring of health and disability services.

Equity

The principle of equity, which requires the Crown to commit to achieving equitable health outcomes for Māori.

Active protection

The principle of active protection, which requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. This includes ensuring that the Crown, its agents, and its Treaty partner are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity.

Options

The principle of options, which requires the Crown to provide for and properly resource kaupapa Māori health and disability services. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.

Partnership

The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery, and monitoring of health and disability services. Māori must be co-designers, with the Crown, of the primary health system for Māori.

Vaping and the action plan

The emergence of vaping products over the last decade or so has changed the possibilities for people who smoke. Those who are not ready to quit, or are unable to, now have an alternative at much less cost and risk to health.

However, while vaping is substantially less harmful than smoking tobacco, it is not without risk.

The regulation of vaping products under the Smokefree Environments and Regulated Products Act 1990 means that many of the existing restrictions for smoked tobacco products now also apply to vaping products, but with some exemptions. For example, vaping products, unlike smoked tobacco products, can be displayed in shops, and information and advice can be provided to help people shift from smoking to vaping.

The changes to the legislation to regulate vaping products intend to strike a balance between preventing the uptake of vaping among children and young people and supporting people who smoke to switch to a less harmful product (and thereby contributing to our Smokefree 2025 goal).

We will monitor the continued impact of these regulatory changes, including any unintended consequences. Additionally, we will introduce a requirement for general retailers selling vaping products to advise the Director-General of Health that they are doing so. This will provide an accurate picture of the number and type of retailers selling vaping products. It will make it easier for the Ministry to communicate changes to the law in a way that places the least regulatory and administrative burden on retailers.

More importantly, we wish to ensure that children and young people are protected from addiction and any other risks to their health. Actions set out in **Focus area 2** (Increase health promotion and community mobilisation) will further support the intent of the legislation, to ensure that children and young people choose to never smoke or vape.

We will not achieve our goal of Smokefree 2025, however, until our current regulatory settings reflect a more risk-proportionate framework. We can ensure this by making smoked tobacco products more regulated and less available than vaping products, given their greater health impact. Actions set out in **Focus areas 4 and 5** (Reduce the addictiveness and appeal of smoked tobacco products and Reduce the availability of smoked tobacco products) are intended to achieve this.

Monitoring and evaluating the action plan

Over the next four years, it is imperative that monitoring and evaluation of the action plan is effective. We must ensure that the recommended focus areas and actions are well designed, that they are implemented as intended, and that they achieve sufficient impact to reach our goal and our three high-level outcomes.

Effective monitoring and evaluation includes assessing the impact the actions have on reducing the prevalence of smoking for all population groups in New Zealand. It also includes monitoring for unintended consequences, such as illicit trade or negative impacts on equity, mental health or financial wellbeing.

Some evidence and data are already available from:

- Te Hiringa Hauora adult smoking surveys
- Action on Smoking and Health (ASH) Year 10 surveys
- New Zealand arm of the International Tobacco Control Project, led by the University of Otago (this project involves 29 countries, covering 70 percent of the world's tobacco users in six World Health Organization regions).

However, because some of the actions we are planning are world leading, relevant literature and data sources will not be available. We will need to undertake new studies and engage with tobacco control researchers to identify the best approaches for rapid research. For instance, we will need to conduct new research to better understand the current size of the illicit market, and to measure the impact the regulatory changes resulting from this action plan have upon this market.

This action plan provides us with an opportunity to improve our monitoring and evaluation activities, by partnering with and providing greater accountability to Māori. We need to create the opportunity for Māori to lead research, monitoring and evaluation of the actions. The Ministry of Health will work with the Smokefree Aotearoa 2025 Taskforce, under **Focus area 1** (Ensure Māori leadership and decision-making at all levels) to develop a monitoring and evaluation plan for the action plan that ensures this.

Finally, we must regularly publish our monitoring and evaluation findings.

Our actions

This section details the actions we will take under our six focus areas in more depth. These actions actively prioritise efforts to reduce smoking-related harms among children and young people, Māori, Pacific populations and those living in the most deprived areas of New Zealand.

For each action, we have specified a lead and a timeframe. We will publish further implementation timelines (for instance, regarding the actions that require legislative change) on our website.

The actions do not include changes to the law that have already been passed. The Smoke-free Environments (Prohibiting Smoking in Motor Vehicles Carrying Children) Amendment Act was passed in May 2020; it came into force on 28 November 2021. Smoking and vaping in motor vehicles carrying children and young people under 18 years of age is now against the law.

Some of the actions in this action plan are non-legislative (see **Focus areas 1, 2 and 3**), while others will require legislation (see **Focus areas 4, 5 and 6**).

Current tobacco control measures are largely focused on changing individual behaviours, for instance, through encouraging people not to start smoking or to stop smoking. While important, this approach has not worked for everyone. Smoking rates have reduced faster among those with access to greater resources.

The onus of responsibility for reducing our smoking rates must not, therefore, sit with the individual who smokes. The actions that will require legislative change focus instead on changing the broader environment in which we all live, to make it easy for children and young people to remain smokefree and for those who smoke to quit. These actions have been designed to have equitable reach and to have an impact on all people who smoke.

We acknowledge the impact that some of these actions will have on businesses that currently sell smoked tobacco products. This impact is outweighed by the ongoing harm and loss of life that smoking causes to communities and whānau.

We will implement these actions in collaboration with a variety of stakeholders, including government agencies, the tobacco control sector, the primary health care sector, the academic sector (including researchers), community and iwi organisations, and non-government organisations.

We must all work together to reduce the negative impacts of smoking in Aotearoa.

Focus area 1:

Ensure Māori leadership and decision-making at all levels

Māori leadership and decision-making are essential for the effective delivery of the action plan if we are to achieve equitable outcomes.

Establishing the Smokefree Aotearoa 2025 Taskforce is an important step towards achieving the Tiriti principle of tino rangatiratanga. The Taskforce will advise at the national level on whether progress under this action plan is achieving the smokefree goal for Māori.

Māori leadership and decision-making, particularly at community and regional levels, will also occur through actions in **Focus areas 2 and 3**.

Finally, the changes that are occurring within the wider health and disability sector offer a further opportunity to provide for Māori leadership and decision-making.

Hāpai Te Hauora engaged with Māori, on behalf of the Ministry of Health, to develop this action plan.[7] Now the Ministry of Health is partnering with Hāpai Te Hauora to develop a health promotion plan, which will consider how best to enable iwi Māori collectively to participate. An investment plan for additional stop smoking services will provide for an increased Māori workforce to deliver kaupapa Māori service solutions.

Leadership is not about what is done for us or to us – it is about what is done by us. That, indeed, is the very basis of self-determination.

Dame Tariana Turia[8]

Kua tawhiti kē tō haerenga mai, kia kore e haere tonu. He tino nui rawa ō mahi, kia kore e mahi nui tonu. You have come too far, not to go further. You have done too much, not to do more.

Minister Peeni Henare reciting the words of his koroua, Sir James Henare[9]

7 Hāpai Te Hauora holds the national tobacco control advocacy service contract and is responsible for delivering to all communities, but with a focus on the populations experiencing the greatest burden of harm.

8 Tariana Turia. 2012. Key-note presentation presented at the Tobacco-Free Aotearoa Conference, Wellington, 2012. URL: www.beehive.govt.nz/speech/tobacco-free-aotearoa-conference (accessed 4 October 2021).

9 *New Zealand Parliamentary Debates*, 12 February 2019. URL: www.parliament.nz/en/pb/hansard-debates/rhr/document/HansS_20190212_060750000/henare-peeni (accessed 4 October 2020).

Key actions for Focus area 1

#	Action	Lead	Timeframe
1.1	Establish the Smokefree Aotearoa 2025 Taskforce, comprising Māori leaders, to provide assurance on progress and delivery of the actions to achieve Smokefree 2025 for Māori	Ministry of Health	Now
1.2	Ensure the Smokefree Aotearoa 2025 Taskforce holds the Ministry of Health, the government and the tobacco control sector accountable to Māori, through equitable performance reporting and monitoring and evaluation of this action plan	Smokefree Aotearoa 2025 Taskforce	Now – 2025
1.3	Develop a plan for health promotion and community mobilisation that reflects and aligns with Māori rights under Te Tiriti o Waitangi and interests, aspirations and perspectives at community, regional and national levels (per action 2.2)	Hāpai Te Hauora	Now – 2025
1.4	Provide for an increased Māori workforce to deliver kaupapa Māori service solutions across all service areas (through the investment plan for stop smoking services, per actions 3.1 and 3.2)	Ministry of Health	Plan finalised by 30 April 2022
1.5	Proactively support and expand the right for Māori to exercise their authority over matters affecting their lives and the aspiration for pae ora (healthy futures), including via the new Māori Health Authority, committees such as the Public Health Advisory Committee and through iwi Māori partnership boards	Ministry of Health	Key decisions 2021 - 2022

Focus area 2:

Increase health promotion and community mobilisation

Health promotion creates supportive environments in which we can encourage population-level change, strengthen smokefree norms and communicate and explain changes to the law.

Budget 2021 committed $12.750 million over four years towards additional smokefree health promotion and community mobilisation.

Over the next four years, health promotion programmes will support the Smokefree 2025 goal and the creation of a new generation of New Zealanders who never smoke. Specifically, health promotion programmes will support and reinforce the actions that make changes to the law.

Health promotion programmes will reflect the needs, priorities and voices of communities, acknowledging that these will vary.

We will harness community mobilisation that draws on local knowledge and leadership to achieve a Smokefree Aotearoa. The leadership and mana of the Smokefree Aotearoa 2025 Taskforce members is integral to the success of the smokefree mahi. To ensure the action plan is effective for the needs of Pacific peoples and Pacific communities, Pacific leadership must also be prominent.

Strategies and efforts designed and implemented by community members will increase the likelihood of achieving the smokefree goal. Funding will be available for communities to support smokefree efforts at the local level and to ensure specific and culturally appropriate approaches.

Finally, in addition to raising awareness on the harms and impacts of smoking and the benefits of stopping smoking, effort will focus on supporting our children and young people to choose to never vape. The Ministry of Health will also work with the Ministry of Education to provide information to schools to support their vapefree policies.

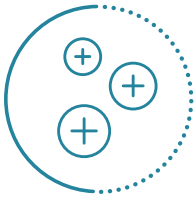
Build the movement!

Tongan youth group submission[10]

10 Submission to Ministry of Health consultation on *Proposals for a Smokefree Aotearoa 2025 Action Plan.*

Key actions for Focus area 2

#	Action	Lead	Timeframe
2.1	Fund health promotion and community mobilisation activities that support the smokefree goal	Health New Zealand/ Māori Health Authority	Ongoing
2.2	Develop a plan for health promotion and community mobilisation that reflects and aligns with Māori rights under Te Tiriti o Waitangi and interests, aspirations and perspectives at community, regional and national levels (per actions 1.3)	Hāpai Te Hauora	Now – 2025
2.3	Fund a health promotion programme to prevent young people from vaping	Ministry of Health	From 2021
2.4	Create opportunity for Pacific leadership across the action plan to ensure culturally responsive approaches that will reduce smoking prevalence among Pacific peoples	Ministry of Health	From 2022



Focus area 3:

Increase evidence-based stop smoking services

Many people who smoke want to quit; we acknowledge that this can be very hard to do. Stop smoking services can support quit attempts and wrap additional support around people attempting to quit.

Budget 2021 committed an extra $13.875 million towards additional stop smoking services (to be spent over three years commencing from July 2022). An additional $8 million over four years was allocated to services to support Pacific populations.

The demands on stop smoking services are many and varied. In addition to providing culturally appropriate services for Māori and Pacific populations, stop smoking services need to provide accessible services for disabled people; for example, by providing information in formats such as easy-read, large-print, Braille and New Zealand Sign Language.

Services to specifically support pregnant women to quit smoking are essential because smoking is a major risk factor for sudden unexpected death in infancy.

Stop smoking services will be increasingly important as tobacco becomes less available to purchase (see **Focus area 5**), and less appealing to smoke (see **Focus area 4**). We will need to provide targeted and proactive support for people who find the changes outlined in this action plan distressing; this may include those with mental health needs. These services must be fit for purpose and delivered by organisations able to engage the particular demographic involved and address disparity.

We need a strong workforce to deliver effective stop smoking services, and a new cohort of practitioners will need to obtain the nationally recognised qualification for stop smoking practitioners.[11] The increase in stop smoking services provides opportunity for entry and access into training and qualifications that support an equitable and reflective workforce. An effective workforce will hold target demographic values and understand social determinants to turn the curve of harm and smoking rates.

The wider health sector will need to work cohesively to achieve our smokefree goal. There are opportunities to improve referrals to stop smoking services across the health sector; for example, when a person who smokes visits their general practitioner[12] or is discharged from hospital,[13] or when a Well Child Tamariki Ora practitioner visits a home,[14] or a lead maternity care practitioner meets with someone who is pregnant.

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

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

13 The submission on *Proposals for a Smokefree Aotearoa 2025 Action Plan* on behalf of district health board chief executives highlighted the unrealised opportunity for intervention when patients who smoke are discharged from hospital.

14 These practitioners provide whānau and families with children a series of health visits typically beginning when the child is around six weeks old and ending when they are up to five years of age (and may include an antenatal visit). Practitioners enquire whether the home is a smokefree environment for pēpi and/or tamariki.

Finally, our prisons have been smokefree since 2011. However, to reap maximum health gains from the smoking ban in prison, we should consider whether the current approach to prisoners who smoke on entering prison supports them to remain smokefree when they leave prison.

Key actions for Focus area 3

#	Action	Lead	Timeframe
3.1	Increase investment in evidence-based stop smoking services, with particular emphasis on the provision of available and accessible services to meet the varied needs of our smoking population	Health New Zealand/ Māori Health Authority	Ongoing
3.2	Develop a three-year investment plan to support an increase in stop smoking services	Ministry of Health	By 30 April 2022
3.3	Work with mental health and addiction service providers and clients to better understand the specific and targeted stop smoking needs of these service users and use this information to inform service development and delivery	Ministry of Health	From May 2022
3.4	Invest directly with Pacific health providers to ensure the delivery of culturally appropriate and innovative stop smoking services for Pacific communities	Ministry of Health	From January 2022
3.5	Review the smoking cessation support training needs of the health workforce, including primary care, maternity and Well Child Tamariki Ora practitioners	Ministry of Health	From January 2022
3.6	Improve the quality of referrals to stop smoking services by primary and secondary care health practitioners across the health system	District health boards	Now
3.7	Support Well Child Tamariki Ora and lead maternity care practitioners to make quality targeted referrals to stop smoking services to support pregnant women and their households to successfully quit smoking	Ministry of Health	Ongoing
3.8	Undertake a nationwide review of stop smoking support in New Zealand's prisons and report to the government setting out findings and making recommendations regarding the approach to stop smoking support: a. on entry to prison (including pharmaceutical support), and b. before and after release from prison	Department of Corrections	By August 2022

Focus area 4:

Reduce the addictiveness and appeal of smoked tobacco products

Smoked tobacco products are highly addictive.

Nicotine is the primary addictive component of smoked tobacco, and the level of nicotine in tobacco products available for purchase in New Zealand is high.[15]

Because of nicotine addiction, many people who smoke are unable to choose to stop smoking.

The addictive properties of nicotine in smoked tobacco products are the key driver for a move from experimental use of tobacco to sustained use. Once people become addicted, they require nicotine to avoid withdrawal symptoms. In the process of obtaining nicotine, users of combustible tobacco products are exposed to an array of toxicants in tobacco and tobacco smoke. Long-term addiction to nicotine and smoked tobacco products increases people's risks of chronic diseases and premature death.

Reducing nicotine in smoked tobacco products to minimally addictive levels will help people to either quit or swap to a less harmful alternative.

Although New Zealand has prohibited marketing of smoked tobacco products and mandated that tobacco be sold in standardised packaging, there are currently very limited measures that focus on the design of the product itself.

Design features may act to maintain or increase the addictiveness and appeal of smoked tobacco products, even if nicotine levels are dramatically reduced. For example, tobacco companies use various design features to make tobacco more palatable (eg, flavoured crush balls) or to create an impression of reduced harm (eg, ventilation holes). Product design features that aim to increase the appeal and addictiveness of smoked tobacco products will be restricted.

An additional concern is that cigarette filters are the most common item of litter in New Zealand. Most discarded filters end up in waterways. Over the many years that they take to degrade, they can leach heavy metals and other chemicals, and break down into microplastics, which cause damage to waterways and wildlife. Cleaner waterways support te mana o te wai – the integrated and holistic wellbeing of the water, which is recognised in the National Policy Statement for Freshwater Management 2020 and reflects the Crown's obligations under Te Tiriti o Waitangi to actively protect Māori rights and interests, which include those relating to fresh water.

By 2025, only those smoked tobacco products that meet product design requirements including reduced nicotine levels will be available for sale in New Zealand. Product design features that aim to increase the appeal and addictiveness of smoked tobacco products will be restricted. We will consider how best to minimise the detrimental impact of filters on human health and the environment, including as part of Aotearoa's broader waste minimisation strategy.

15 In general, one cigarette contains approximately 10–14mg of nicotine.

Key actions for Focus area 4

#	Action	Lead	Timeframe
4.1	Establish a technical advisory group to support development of the regulatory scheme to reduce the addictiveness and appeal of smoked tobacco products	Ministry of Health	From February 2022
4.2	Introduce an amendment Bill to allow only very low nicotine levels in smoked tobacco products for manufacture, importation, distribution, and sale and introduce product assurance systems to support compliance with these requirements	Ministry of Health	2022
4.3	Introduce an amendment Bill to restrict product design measures aimed at maintaining or enhancing the appeal and addictiveness of smoked tobacco products	Ministry of Health	2022
4.4	Work across government, including with the Ministry for the Environment, to consider how best to restrict filters	Ministry of Health	From 2022

Tobacco companies should not be allowed to keep offering toxins that kill to our whānau. So to be allowed to innovate to change and increase appeal and addictiveness and to keep our whānau trapped is not acceptable.

Hapū submission[16]

Cigarettes taste foul, they stink, they're gross but boy oh boy do they give you a hit!

Personal submission, Māori, 18-34 years[17]

16 Submission to Ministry of Health consultation on *Proposals for a Smokefree Aotearoa 2025 Action Plan*.

17 Submission to Ministry of Health consultation on *Proposals for a Smokefree Aotearoa 2025 Action Plan*.

Focus area 5:

Reduce the availability of smoked tobacco products

Smoked tobacco products are widely available in New Zealand, particularly in disadvantaged areas. There are nearly four times more tobacco retailers in low-income communities, where smoking rates are highest, than there are in higher-income communities.

The widespread availability of smoked tobacco products in retail outlets can encourage young people to experiment with and take up smoking. People trying to quit are at greatest risk of relapse if they live in areas where tobacco is readily available.

Actions in this focus area will change the law to restrict who can sell smoked tobacco products and ensure that retailers are not clustered in New Zealand's most deprived neighbourhoods.

These changes ensure New Zealand's legal settings for the sale of smoked tobacco products better reflect the harm these products cause. We will monitor the impact the changes have on the size and nature of the illicit sale and supply of smoked tobacco products in New Zealand.

Significantly reducing the retail availability of smoked tobacco products will reduce the number of young people who start smoking, encourage people who smoke to quit, and support people who have stopped smoking to remain smokefree. Reducing the availability of smoked tobacco products in retail settings will help people to reduce the impact of smoking on their lives and their whānau.

Smoked tobacco products cannot currently be sold to anyone under the age of 18. However, we must do more to safeguard the welfare of future generations and protect them from the harm smoking causes. Action 5.2 is a 'smokefree generation' policy to prohibit the sale, delivery and supply, of smoked tobacco products to individuals born after a certain date. This will make it unlawful to sell smoked tobacco products to people born after this date. Preventing the legal sale of smoked tobacco products to new generations removes any perception that there is a safe age to smoke.

Finally, to give a complete view of the retail environment for tobacco and vaping products we will introduce a requirement for general retailers of vaping products to advise the Director-General of Health that they are selling vape products. This requirement will be less burdensome than the new retail requirements for tobacco products and the existing retail requirements for specialist vape retailers.

Key actions for Focus area 5

#	Action	Lead	Timeframe
5.1	Introduce an amendment Bill to only allow smoked tobacco products to be sold by authorised retailers, to: a. significantly reduce the current number of retailers b. ensure retail supply is not concentrated in New Zealand's most deprived neighbourhoods	Ministry of Health	2022
5.2	Introduce an amendment Bill to prohibit the sale, delivery and supply of smoked tobacco products to persons born after a certain date, to create a smokefree generation	Ministry of Health	2022
5.3	Introduce an amendment Bill to require general retailers selling vaping products to advise the Director-General of Health before selling vaping products	Ministry of Health	2022

It's really really hard to give up the cigarettes when it's so easy to buy everywhere in my community.

Personal submission from Hāpai Te Hauora community survey[18]

Principally, it is about protecting future generations from the harm caused by tobacco use.

Personal submission, Māori Tobacco Control Advocate[19]

18 Submission to Ministry of Health consultation on *Proposals for a Smokefree Aotearoa 2025 Action Plan.*

19 Submission to Ministry of Health consultation on *Proposals for a Smokefree Aotearoa 2025 Action Plan.*

Focus area 6:

Ensure manufacturers, importers and retailers meet their legal obligations

The Ministry of Health is responsible for controls related to the sale and supply of smoked tobacco products within New Zealand. Enforcement of these controls is the responsibility of smokefree enforcement officers (SFEOs) appointed by the Director-General of Health under the Smokefree Environments and Regulated Products Act 1990. These officers are also responsible for enforcing the controls related to the sale and supply of vaping products and legislated smokefree and vapefree areas.

The large number of retailers currently selling smoked tobacco products makes it difficult for SFEOs to ensure all retailers are complying with the law. A lack of accurate records of tobacco retailers creates further challenges for monitoring and enforcement. The recent changes regulating vaping products have created additional workforce pressures.

Manufacturers, importers, distributors and retailers of smoked tobacco products will need to comply with new obligations under the law that this action plan brings about, and there will be new penalties and offences if they do not. Those obligations will include the following.

- Manufacturers, distributors, importers and retailers will need to comply with regulations restricting nicotine levels.
- Retailers will not be able to sell smoked tobacco products to persons born after a certain date.
- When the restricted retail scheme begins, existing retailers will need to stop selling smoked tobacco products unless they have been authorised to do so.

New Zealand Customs is responsible for compliance and enforcement at the border, as well as collection of excise tax. Customs advises that the import of illicit tobacco products is growing, and organised crime is now involved. In comparison with the rest of the world, New Zealand has very high retail prices for legitimate tobacco products; in part, this is driven by a high rate of tobacco taxation. Any actions to reduce the appeal and addictiveness of smoked tobacco products and their supply and availability may add incentives to import illicit tobacco products. This will require monitoring and increased compliance and enforcement efforts.

Key actions for Focus area 6

#	Action	Lead	Timeframe
6.1	Introduce an amendment Bill that sets out an up-to-date offences and penalties regime	Ministry of Health	2022
6.2	Review the current capacity and capability of the SFEO workforce, and meet any gaps through, for example: a. increasing the number of SFEOs b. considering a broader workforce to support or undertake compliance and enforcement roles c. meeting additional training needs	Ministry of Health	From January 2022
6.3	Commission research to better understand the size of the illicit tobacco product market and to measure the impact policy changes will have upon it	Ministry of Health and Customs	From March 2022
6.4	Establish a compliance network working group to facilitate intelligence sharing between SFEOs and Customs officers and coordinate compliance efforts, including to prevent the illicit trade of tobacco products	Ministry of Health and Customs	From January 2022

Consultation

The Ministry of Health consulted on *Proposals for a Smokefree Aotearoa 2025 Action Plan* from 15 April to 31 May 2021.

Over 5,200 people and organisations engaged with the consultation process, either through a written submission or by attending hui (399) or Pacific-focused community meetings (788) organised by Hāpai Te Hauora. Many of these face-to-face meetings included community members who smoked or had been affected by smoking in their whānau.

Written submissions came in a variety of formats. The Ministry's online consultation platform, Citizen Space, received 2,254 submissions. These included two anonymously organised form submissions for small retailers (1,589).[20] The remaining Citizen Space submissions (665) were mostly from academics in New Zealand and overseas; local government and health care organisations; retail and tobacco industry groups; and iwi, advocacy and political interest groups. Finally, many submitters completed form submissions via the Cancer Society (844) or Hāpai Te Hauora (921).

A summary of submissions will be available on the Ministry of Health website.

20 We received 1,229 submissions from one IP address and 360 from another.

Protection from interests of the tobacco industry

In the process to reach agreement on the actions set out in this action plan, the Government has remained committed to limiting interaction with the tobacco industry.

New Zealand has an obligation under article 5.3 of the World Health Organization's Framework Convention on Tobacco Control in 'setting and implementing public health policies with respect to tobacco control … to protect these policies from commercial and other vested interests of the tobacco industry'.[21]

The internationally agreed Guidelines for Implementation of article 5.3 recommend that parties to the treaty 'should interact with the tobacco industry only when and to the extent strictly necessary to enable them to effectively regulate the tobacco industry and tobacco products'.[22]

The Ministry asked all submitters to disclose any direct or indirect links to, or receipt of funding from, the tobacco industry.

Of the 5,206 submissions received, 1,722 submissions disclosed a tobacco industry link. Of these submissions, eight came directly from tobacco companies.

21 World Health Organisation. 2003. *WHO Framework Convention on Tobacco Control*. URL: https://fctc.who.int/who-fctc/overview (accessed 19 November 2021).

22 World Health Organisation. *Guidelines for implementation of Article 5.3 of the WHO Framework Convention on Tobacco Control*. Recommendation 2.1. URL: https://www.who.int/fctc/guidelines/article_5_3.pdf (accessed 19 November 2021).

Appendix 1:

The harm smoked tobacco products cause our people, our children and our communities

Smoking is a leading cause of preventable death and disease in New Zealand

In New Zealand, smoking is a major cause of heart attacks; strokes; other cardiovascular diseases; serious respiratory diseases such as emphysema, bronchitis and asthma; and a range of other conditions, including blindness and infertility. Smoking causes 1,200 deaths from lung cancer every year.[23]

People who smoke are at increased risk of perioperative respiratory, cardiac and wound-related complications.[24]

Smoking harms children

Smoking in pregnancy, or exposure to second-hand smoke in the early stages of a baby's life, significantly increases the risk of sudden unexpected death in infancy.[25]

Second-hand smoke exposure increases a child's risk of serious infections that affect breathing, including pneumonia and bronchitis. Second-hand smoke is a significant contributor to asthma attacks in children aged under 16 years in New Zealand every year.[26]

Children who grow up in smoking households are also at higher risk of smoking in future than children who grow up in non-smoking households.

23 This information is available on the Global Health Data Exchange, see http://ghdx.healthdata.org/gbd-results-tool (accessed 4 October 2021).

24 Submission on the Ministry of Health consultation on *Proposals for a Smokefree Aotearoa 2025 Action Plan* from the Australian and New Zealand College of Anaesthetists.

25 U.S. Department of Health and Human Services. 2006. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General.* Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. URL: https://www.ncbi.nlm.nih.gov/books/NBK44324/ (accessed 12 November 2021).

26 Ministry of Health. 2019. *Health effects of smoking*. URL: https://www.health.govt.nz/your-health/healthy-living/addictions/smoking/health-effects-smoking (accessed 4 October 2021); Woodward A. and M. Laugesen. 2001. *Morbidity Attributable to second hand cigarette smoke in New Zealand*. URL: https://www.health.govt.nz/system/files/documents/publications/morbidityattributabletosecondhandcigarettesmoke.pdf (accessed 12 November 2021).

Smoking drives health inequities

Tobacco is the major single contributor to ethnic inequalities in cancer in New Zealand,[27] whereby some population groups fare much worse than others (in particular, Māori, Pacific peoples and those living in the most deprived areas).

The Crown's Treaty partners, Māori, are disproportionately represented in the smoking mortality statistics; we must view this in the wider context of systemic inequity. Lung cancer is the leading cause of death for Māori women and the second-leading cause of death for Māori men.[28] Lung cancer mortality among Māori women is over four times that of non-Māori women.[29]

Smoking prevalence among Pacific peoples remains persistently higher than among the overall population; there has been only a small reduction in prevalence in the last 10 years.[30]

People living in the most deprived areas are over five times more likely to smoke than those living in the least deprived areas.[31]

Smoking prevalence is also greater among people with experience of mental illness (the rate is estimated to be approximately 40–50 percent). Smoking is also known to have an impact on the effectiveness of some medications, including those prescribed for mental health conditions. The more severe the mental health condition, the more likely a person is to smoke, and the higher the number of cigarettes smoked per day, the greater the likelihood of developing a mental health condition.[32]

The wider context of systemic inequity

Māori health inequities are influenced by a wide range of factors, including income and poverty, employment, education and housing – we call these the social determinants of health.

Māori health inequities are also influenced by the cumulative effects of colonisation. The legacy and ongoing impacts of colonisation now partly manifest as a form of discrimination often termed institutional racism.[33]

27 Walsh M, Wright K. 2020. *Ethnic inequities in life expectancy attributable to smoking*. New Zealand Medical Journal 133:1509. URL: https://journal.nzma.org.nz/journal-articles/ethnic-inequities-in-life-expectancy-attributable-to-smoking (accessed 12 November 2021).

28 Ministry of Health, 2018. *Major causes of death*. URL: https://www.health.govt.nz/our-work/populations/maori-health/tatau-kahukura-maori-health-statistics/nga-mana-hauora-tutohu-health-status-indicators/major-causes-death (accessed 4 October 2021).

29 Ministry of Health, 2018. *Cancer*. URL: https://www.health.govt.nz/our-work/populations/maori-health/tatau-kahukura-maori-health-statistics/nga-mana-hauora-tutohu-health-status-indicators/cancer (accessed 4 October 2021).

30 Ministry of Health. 2020. *Annual Data Explorer 2019/20: New Zealand Health Survey* [Data File]. URL: https://minhealthnz.shinyapps.io/nz-health-survey-2019-20-annual-data-explorer/ (Accessed 12 November 2021).

31 Ministry of Health. 2020. *Annual Data Explorer 2019/20: New Zealand Health Survey* [Data File]. URL: https://minhealthnz.shinyapps.io/nz-health-survey-2019-20-annual-data-explorer/ (Accessed 12 November 2021).

32 Further information regarding smoking and mental health and addiction is available from ASH. 2019. *Action on smoking and health, Fact sheet No.12: Smoking and Mental Health*. URL: https://ash.org.uk/wp-content/uploads/2019/08/ASH-Factsheet_Mental-Health_v3-2019-27-August-1.pdf (accessed 4 October 2021); and Te Pou o te Whakaaro Nui (2017). *The physical health of people with mental health conditions and/or addiction: Summary evidence update*. Auckland: New Zealand.

33 Waitangi Tribunal. 2019. *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry (WAI 2575)*. Wellington: Waitangi Tribunal. URL:https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_152801817/Hauora%20W.pdf (accessed 4 October 2021).

Pēnā kāre
he whakakitenga,
ka mate te iwi