



POSITION STATEMENT

Smoking and vaping

Summary of position

Smoking kills around 5,000 people a year and disproportionately affects Māori, Pasifika, and those living in the most deprived areas of Aotearoa. The Smokefree Aotearoa Action Plan 2023 (the Action Plan) will reduce the availability and appeal of tobacco, which will help protect our people from harm. However, the College believes that vapes, which have a role to play in helping people stop smoking, have become too widely available and regulatory change is required.

Any changes made to the availability of vapes or cessation services must be developed with Māori at every stage of the process and be accompanied by adequate, long-term funding.

Our position

To protect our rangatahi:

1. Vapes should only be available from Specialist Vape Retailers or Approved Tobacco Retailers. Dairies, supermarkets, service stations and other retailers should not be able to sell vapes.
2. The number of Specialist Vape Retailers should be kept to a minimum and not be allowed to operate within close proximity to schools or marae.
3. Ring-fenced funding should be allocated to effectively monitor and enforce adherence to vaping regulations.
4. Online sales of vapes and tobacco should require a higher standard of age verification than a 'tick here if you are over 18'.

To support people who smoke or used to smoke:

5. Vapes should be as available as tobacco so that people looking to become or remain smokefree do not face additional barriers.
6. Smoking cessation guidance for general practice should be refreshed to align with the wider sector's focus on Māori, Pacific peoples, pregnant people, and users of mental health services.

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'Our position' – continued from page 1

To protect all people from the potential harm from vaping:

7. The Smokefree Generation policy, which bans the sale of tobacco to people born from 1 January 2009, should be expanded so that vape sales are banned to the same group.
8. As nicotine levels in tobacco are reduced, comparable reductions should be made to maximum nicotine levels in vapes.
9. Vape packaging and display materials should be required to focus on smoking cessation and not designed to attract non-smokers into vaping.
10. Existing tobacco cessation services should be funded to provide vaping cessation support to any vapers looking to quit, regardless of their previous smoking status.
11. New guidance for general practice should be developed to support patients seeking to quit vaping.
12. Funding and resources should be allocated to maintain a monitoring function that can collect and analyse any new evidence of harm arising from vaping.



Context

The Royal New Zealand College of General Practitioners (the College) is the largest medical college in New Zealand. The College kaupapa is to set and maintain education and quality standards for general practice. In supporting our members to provide competent and equitable patient care, we aspire to uphold the principles of Te Tiriti o Waitangi.

This statement demonstrates the College's ongoing commitment to the values set out in the College's Statement of Strategic Intent, in particular Kaitiakitanga (Service and Stewardship) and Whanaungatanga (Respect and Collaboration).¹

Smoking in New Zealand

Smoking is the largest cause of preventable death and disease in New Zealand and kills around 5,000 people every year.² One in five deaths in New Zealand can be directly attributed to smoking.³ While over one million New Zealanders have given up smoking, there were still 331,000 people who smoked daily recorded in the 2021/22 New Zealand Health Survey.⁴

The impact of smoking is inequitable. Non-Māori and non-Pasifika people are three times less likely to smoke than their Māori and Pasifika counterparts.⁵ After adjusting for age, sex, and ethnicity, adults living in the most deprived areas were 4.3 times as likely as adults in the least deprived areas to be people who smoke daily.⁵ Approximately 6,000 retailers are selling smoked tobacco products (tobacco) in New Zealand, concentrated in low-income communities.⁶

While the harm caused by smoking is well understood, the reasons why people smoke should not be overlooked. International evidence links poverty to increased rates of both stress and psychological distress, which is also associated with increased rates of smoking.⁷ The well-known addictive properties of smoking make it more likely for these people to then become dependent on smoking and harder for them to be able to quit successfully. Smoking tobacco is a means of feeding an addiction to nicotine,⁸ a toxic substance that is also one of the most addictive drugs in the world.⁹

Eliminating smoking deserves its place as one of New Zealand's top health priorities, but the socioeconomic factors that can lead to smoking and underlying addiction that makes it hard to give up should not be ignored.

Vaping in New Zealand

Vaping has a role to play in New Zealand, but only to the extent that it is an effective tool to help people who want to quit smoking.¹⁰ There are no public health benefits in having vapes available to the general non-smoking public. Having a widely available, low-cost, and easily consumed nicotine delivery system will inevitably increase the number of people burdened with a habit they will struggle to give up.

Vaping should not be viewed only in comparison to smoking. Smoking causes up to two-thirds of long-term users to die prematurely.¹¹ To say that vaping is less harmful than smoking is hardly a ringing endorsement.



The New Zealand Health Survey has collected information on vaping as part of its annual survey since the 2017/18 year. Since then, they have found that:

- the number of people who vape daily grew from 103,000 in 2017/18 (2.6 percent of the population) to 346,000 in 2021/22 (8.3 percent of the population) – an increase of more than 240,000.⁴ In the 2021/22 year, of the people who vaped daily:
 - 76,120 also smoked¹²
 - 193,760 used to smoke
 - 62,280 had never smoked.

The 2022 year 10 student snapshot survey¹³ from ASH (Action for Smokefree 2025) found that of the nearly 30,000 14–15-year-old respondents:

- 40.1 percent had tried vaping
- 18.2 percent regularly vaped (meaning those who vaped daily, weekly or monthly), and
- 10.1 percent vaped daily.

Vaping rates are higher for Māori rangatahi, with 21.7 percent vaping daily.

Any harm from vaping will fall more heavily on Māori, who have higher vaping rates than non-Māori, and particularly Māori women, who are twice as likely to vape as non-Māori women.⁴

A note on nicotine vs nicotine-free vapes

Nicotine-free (or zero-nicotine) vapes are available in New Zealand, but the majority of people vaping are using nicotine vapes.¹⁴ While vapes marketed as nicotine free are widely available, the New Zealand Institute of Environmental Science and Research (ESR) researchers found nicotine present in one-third of products listed as nicotine free.¹⁵

For the purposes of this paper, we use the term ‘vapes’ to refer to both those products marketed as containing nicotine, and nicotine free, except in instances where the discussion specifically references nicotine.

Smoking, vaping and Te Tiriti o Waitangi

The College has a long-standing commitment to Te Tiriti o Waitangi and achieving Māori health equity. This position statement has been considered against Te Tiriti o Waitangi health principles, as identified in the framework from the Wai 2575 Health Services and Outcomes Inquiry.¹⁶

The College has identified specific benefits for Māori under all five Te Tiriti principles contained in the framework:

1. Tino rangatiratanga

- Māori have the right to make decisions about their own affairs free from the influence of addiction. Nicotine addiction undermines tino rangatiratanga, as evidenced by the commonly made complaint from people who smoke that they want to quit but can't. Advocating for cessation services to work towards overcoming nicotine addiction as the ultimate end goal supports tino rangatiratanga.



2. Equity

- › Māori have the right to equitable health outcomes with non-Māori, not just equal access to services of equal quality. If comparable funding and resourcing is provided to both general practice and kaupapa Māori cessation services and this does not result in comparable health outcomes, the Crown is obliged to increase its investment until those outcomes are achieved.
- › Limiting the number of vape retailers and investing in comprehensive and effective policing of retailer compliance will help to reduce vape availability and protect rangatahi Māori from nicotine addiction.

3. Active protection

- › The Crown must take action to protect Māori from both the current harms from tobacco and the future harm expected to arise from long-term vaping and nicotine addiction. Even achieving equivalence in smoking or vaping rates amongst Māori and non-Māori may not be sufficient. The health and financial impacts of nicotine addiction will likely impact Māori more than non-Māori due to wider inequities Māori face relating to income, housing, and related health conditions.
- › Ensuring that vapes remain at least as available as tobacco and avoiding putting additional barriers between Māori and an effective smoking cessation tool recognises that Māori are best placed to make their own decisions about how they will quit smoking.

4. Options

- › Māori have the right to access both kaupapa Māori cessation services and other general practice services without disadvantage. While kaupapa Māori services will, by their nature, cater specifically to Māori, other general practice services also need to consider and respond to the needs of Māori who choose to engage them.
- › Kaupapa Māori cessation services must be funded and empowered at a level that ensures that Māori will receive the same outcomes as other New Zealanders engaging in other general practice services.

5. Partnership

- › The principles reflected in focus area 1 of the Smokefree Action Plan¹⁷ of ensuring Māori leadership and decision-making at all levels must also apply to the regulation of vapes and the design, resourcing, and provision of vape cessation services.

See Appendix 1 for a more complete analysis of the benefits that align with the Te Tiriti principles.



What we know about harm from vaping

Recent reviews from Australia¹⁸ and the EU¹⁹ found evidence of a range of harms related to vaping that can generally be attributed to products being misused, malfunctioning, or being subject to manufacturing errors or contamination. The harms ranged from moderate to severe, including children being poisoned by vape liquid and adults receiving burns from exploding devices. However, the incidence of these events was low. In the period from August 2016 to October 2021, the ESR found that the New Zealand National Poisons Centre recorded 433 contacts relating to vape liquid (58 percent of which related to children under six) and around half of those were referred to a medical practitioner. The ESR found no record of burns or similar injuries occurring in New Zealand.¹⁵

While we do not mean to minimise the impact these events would have on the individuals involved, we draw a distinction between harm caused by misadventure and expected harm, such as that arising from tobacco, when it is used as intended.

Nicotine is the reason why most people vape and explains why vaping can be an effective smoking cessation tool. Providing people who smoke with a way to satisfy their cravings in a manner similar to smoking, but which avoids the tobacco-related harm, is valuable, but it cannot be forgotten that nicotine is still a toxic and addictive substance.

In young people, studies have found links between nicotine and mood disorders, attention capacity, and brain development.²⁰ The impacts of nicotine on foetal development are also of concern, with links found to low birth weight and SIDS,²¹ brain development,²¹ and behavioural issues.²² In adults, nicotine can affect the immune response, reproductive health, and the respiratory system.²³ While none of these impacts approach the level of harm from smoking, they should not be discounted.

What we don't know about harm from vaping

The effects of long-term vaping are still unknown, and it may be many years until the full picture can be understood. It is too soon to establish whether vaping will cause long-term harm with respect to cardiovascular and respiratory health, mental health, cancers, and developmental issues, but the consensus is that these impacts must be carefully monitored.^{24,25}

Lung conditions such as silicosis (a disease relating to inhaling very fine silica dust) and mesothelioma (a cancer relating to asbestos) can have extremely long latency periods between exposure and symptoms arising. Chronic silicosis can take 10–30 years to manifest; mesothelioma may take as long as 60 years.

In their *Harm Reduction* position paper²⁶ the European Respiratory Society note that “human lungs are created to breathe clean air, not ‘reduced levels of toxins and carcinogens’, and the human body is not meant to be dependent on addictive drugs.”



Recommendations

To effectively reduce the harm from tobacco and vaping, the College has developed the following positions. Any changes made to the availability of vapes or cessation services must be developed with Māori at every stage of the process and be accompanied by adequate, long-term funding.

To protect our rangatahi:

- 1. Vapes should only be available from Specialist Vape Retailers or Approved Tobacco Retailers. Dairies, supermarkets, services stations and other retailers should not be able to sell vapes.**
- 2. The number of Specialist Vape Retailers should be kept to a minimum and not be allowed to operate in close proximity to schools or marae.**

From 1 July 2024, new legislation takes effect which will mean tobacco will only be available through 600 approved retailers. Vapes should be as available as tobacco, but need not be any more available.

- 3. Ring-fenced funding should be allocated to effectively monitor and enforce adherence to vaping regulations.**

Reducing the number of outlets will also make the policing and monitoring of the remaining retailers more achievable. Regulators should have specific funds and resources set aside with clear targets and reporting obligations to help ensure that age verification and other requirements are met.

- 4. Online sales of vapes and tobacco should require a higher standard of age verification than a ‘tick here if you are over 18’.**

The Government’s RealMe online identify validation service²⁷ is available to businesses and this, or a similar standard of age verification, should be required for any online sales of tobacco or vapes.

To support people who smoke or used to smoke:

- 5. Vapes should be as available as tobacco so that people looking to become or remain smokefree do not face additional barriers.**

Requiring a prescription for vapes would mean that tobacco, which is far more dangerous, would be more readily available than the safer alternative. Poor access to health services would provide a further barrier to Māori seeking to quit tobacco and switch to vapes if they needed to obtain a prescription.

- 6. Smoking cessation guidance for general practice should be refreshed to align with the wider sector’s focus on Māori, Pasifika, pregnant people, and users of mental health services.**

General practice has played an important role in helping people who smoke to quit the habit or access specialist cessation services. The College is keen to work with Te Whatu Ora, Te Aka Whai Ora, Manatū Hauora and others on updating the current guidance so that it better caters to priority populations.



To protect all people from the potential harm from vaping:

- 7. The Smokefree Generation policy, which bans the sale of tobacco to people born from 1 January 2009, should be expanded so that vape sales are banned to the same group.**

The unknown health issues of long-term vaping combined with the well-understood impacts of nicotine addiction means that vaping only has a place as a tool to help people stop smoking. The Smokefree Generation legislative changes will mean an ever-increasing number of New Zealanders will not be able to buy tobacco and therefore will have no need for vapes.

- 8. As nicotine levels in tobacco are reduced, comparable reductions should be made to maximum nicotine levels in vapes.**

In order for vapes to be an effective alternative to tobacco they need to deliver a similar level of nicotine effect to users. However, as nicotine levels in tobacco decrease there is no reason why vape nicotine levels should not also be reduced, so that vapers are better able to quit nicotine altogether.

- 9. Vape packaging and display materials should be required to focus on smoking cessation and not designed to attract non-smokers into vaping.**

There are many more people who have never smoked than those who smoke now or used to do so. This is the market that vape retailers and producers will want to target, and regulations should be introduced so that packaging and display collateral is not able to be used to entice non-smokers into vaping.

- 10. Existing tobacco cessation services should be funded to provide vaping cessation support to any vapers looking to quit, regardless of their previous smoking status.**

- 11. New guidance for general practice should be developed to support patients seeking to quit vaping.**

Currently smoking cessation services are not funded to assist people who have transitioned from smoking to vaping to quit nicotine altogether. There is also a lack of approved guidance for general practice, including specialist GPs, health improvement practitioners, and health coaches who want to help patients seeking to quit vaping.

The College is keen to work with Te Whatu Ora, Te Aka Whai Ora, Manatū Hauora and others on developing appropriate guidance so that patients are fully supported.

- 12. Funding and resources should be allocated to maintain a monitoring function that can collect and analyse any new evidence of harm arising from vaping.**

Monitoring the long-term harm with respect to cardiovascular and respiratory health, mental health, cancers and developmental issues that may arise from vaping will enable corrective regulatory and administrative actions to be taken when new evidence arises.

Next steps



The College will continue to work with other parts of the sector to update smoking cessation guidance for general practice and develop new guidance for vaping cessation. We will continue to advocate for strong anti-smoking measures and a better regulatory response to vaping.

APPENDIX 1

Te Tiriti o Waitangi analysis

The diagram on the following page provides an analysis of how the College's positions on tobacco and vaping align with Te Tiriti o Waitangi principles.

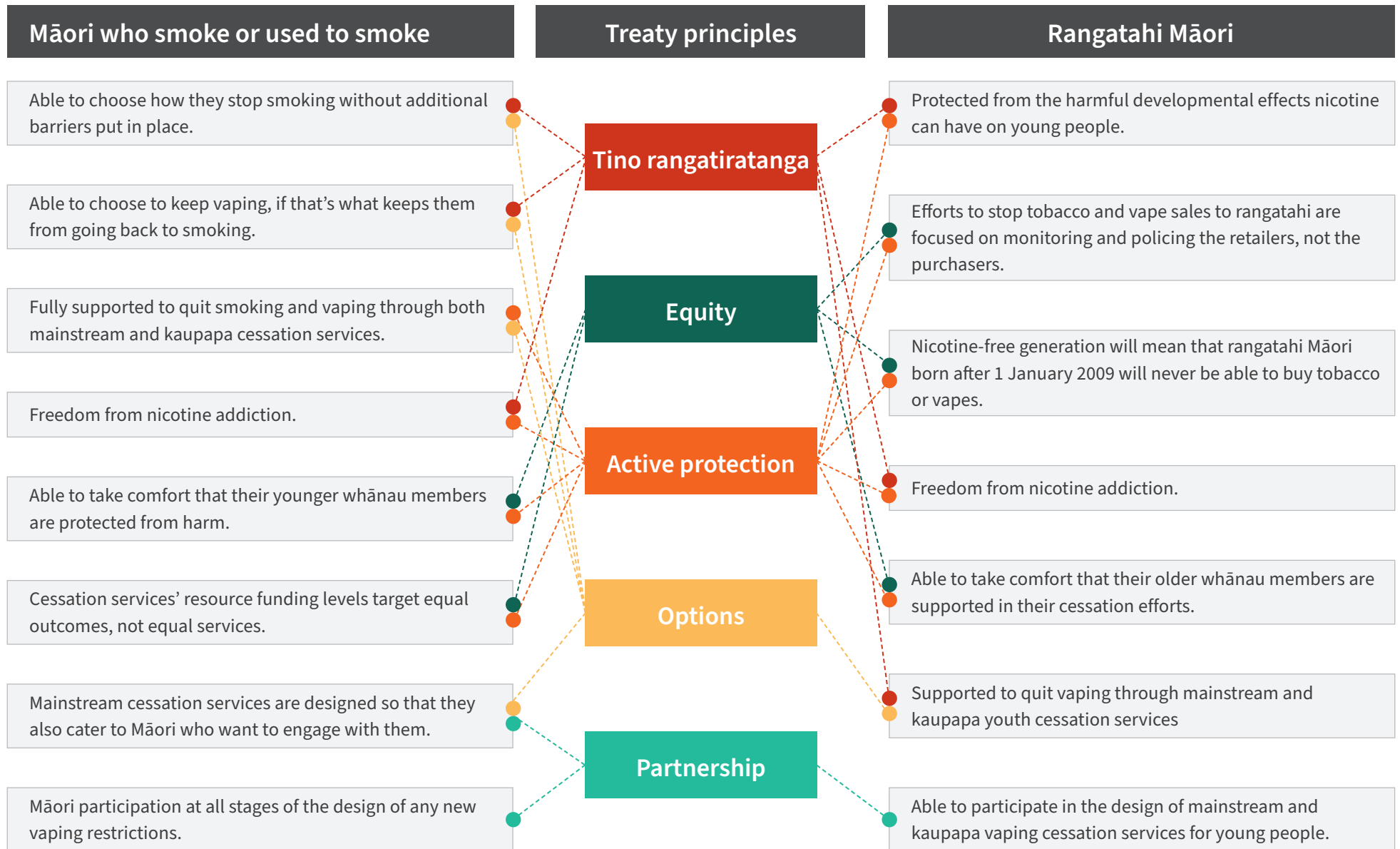
The College recognises the Treaty Principles formulated in the WAI 2575 Hauora report as being the appropriate lens through which to assess health initiatives. Those principles are:

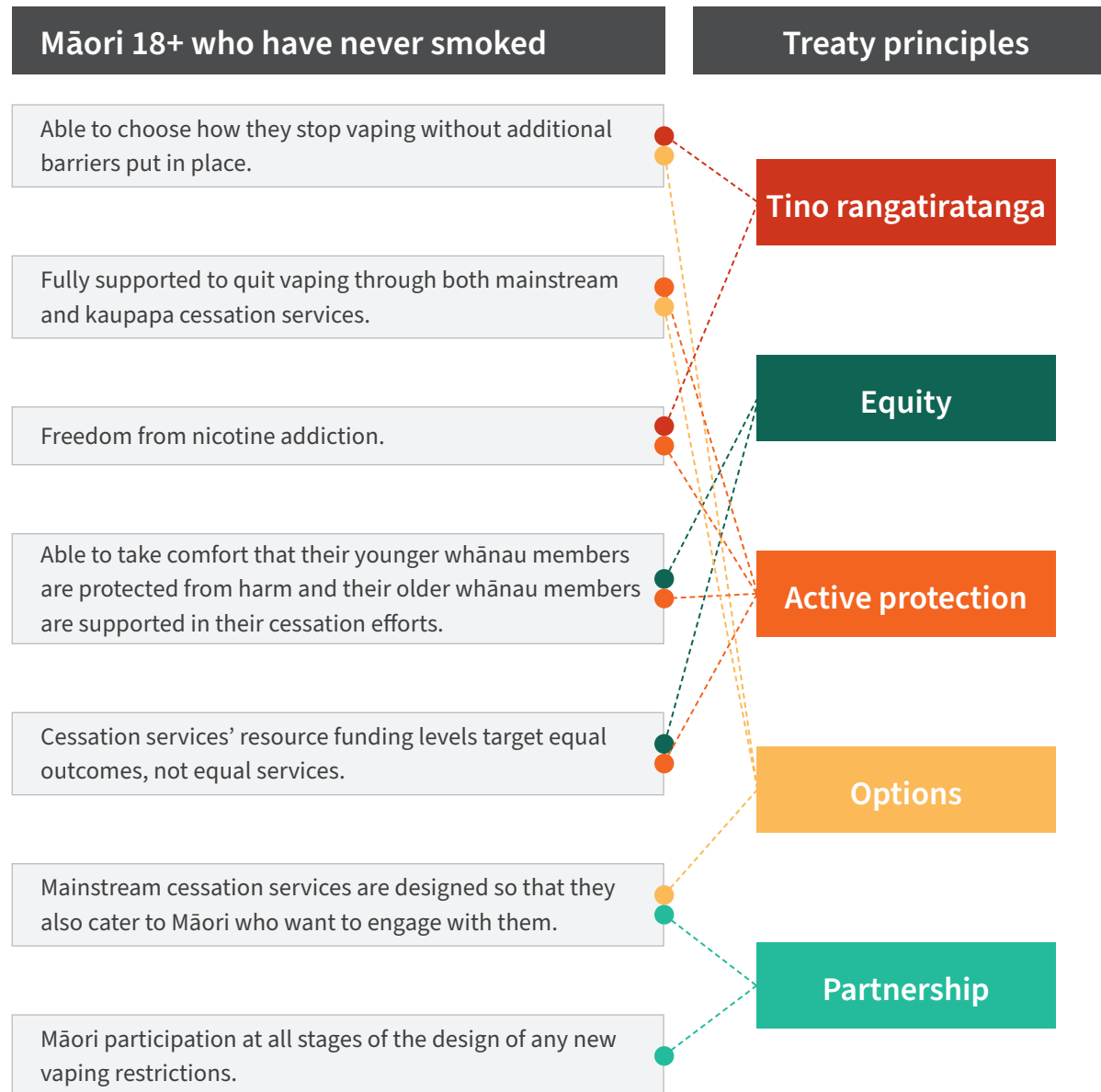
- › **Tino rangatiratanga:** The guarantee of tino rangatiratanga, which provides for Māori self-determination and mana motuhake in the design, delivery, and monitoring of health and disability services.
- › **Equity:** The principle of equity, which requires the Crown to commit to achieving equitable 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 it, 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.

NOTE: The Treaty Principles are closely linked and often overlap in terms of what they are encapsulating. For clarity a maximum of two links between a principle and a benefit has been shown in the following diagram.



Te Tiriti o Waitangi analysis





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