

Modelling the number of quitters needed to achieve NZ's Smokefree 2025 goal for Māori and non-Māori

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Burden of Disease Epidemiology
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Research for a
tobacco-free Aotearoa



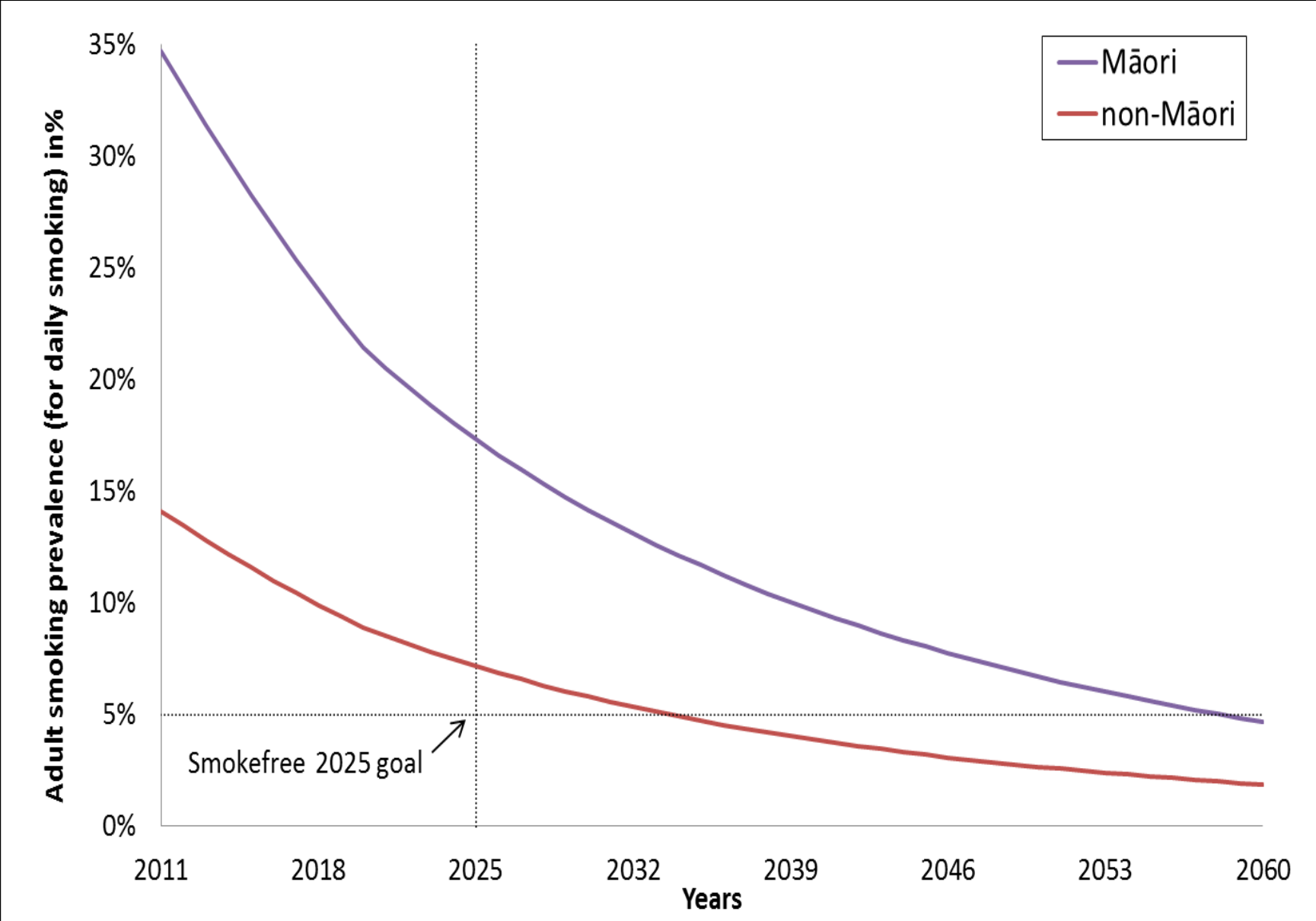
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W E L L I N G T O N

Methods

- BODE³ tobacco forecasting model using Census data on smoking (captures initiation, quitting, relapse & deaths)
- For details see publications on the BODE³ website: eg, Ikeda et al 2015; Cobiac et al 2015; van der Deen et al 2014, 2016, 2018, in press.
- Model can incorporate impact of scheduled tobacco tax increases

Figure 1: Projected smoking prevalence using the BODE³ Forecasting Model (business-as-usual, BAU)



Results for Existing Services

For:

- Quitline (telephone and online services)
- MoH funded face-to-face smoking cessation services

Using published NZ quit rates + 2017-18 data

[Nghiem et al 2018; Wilson et al, in press]

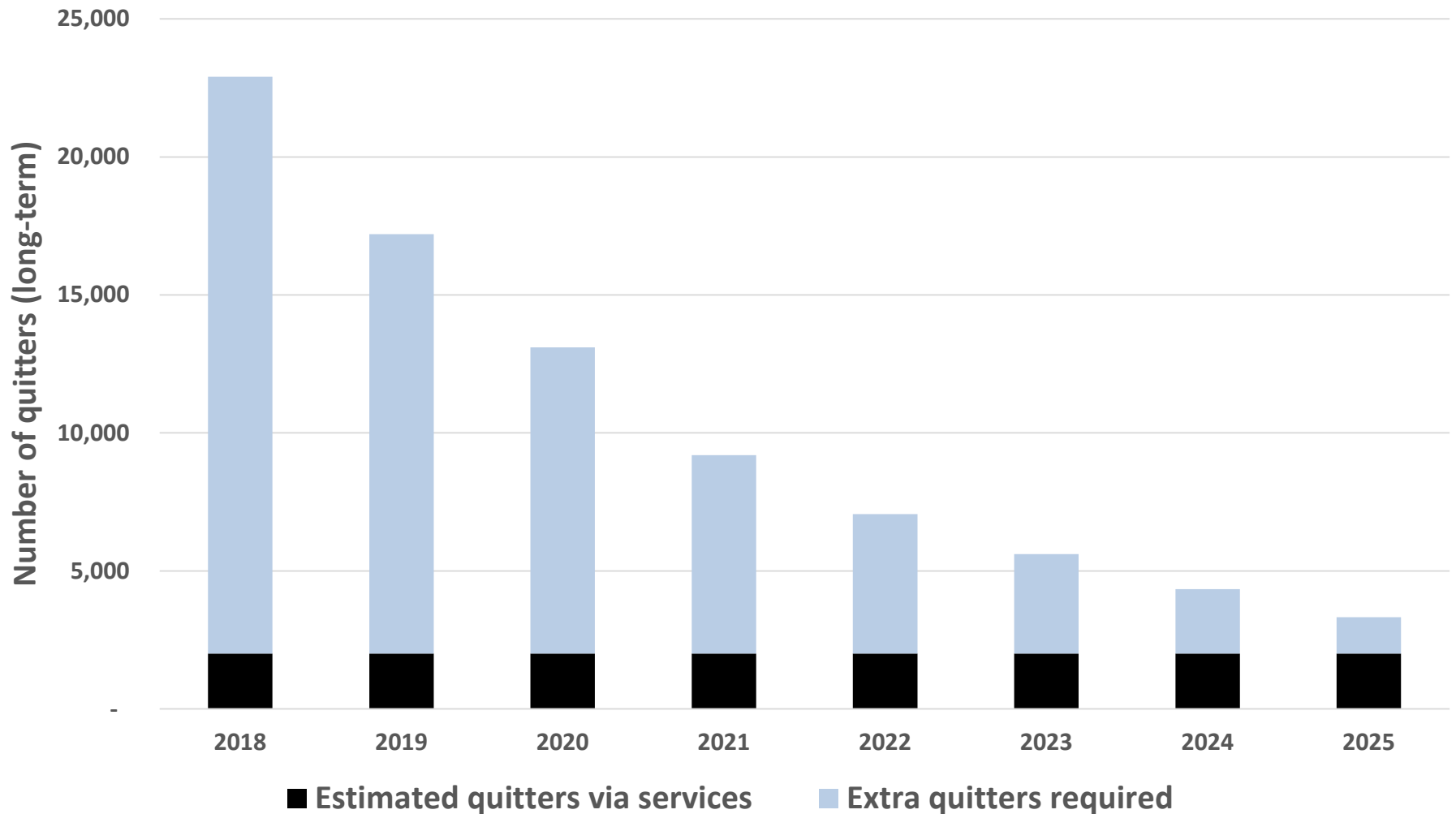
- ~2000 Māori quitters (long-term)
- ~6100 non-Māori quitters (long-term)

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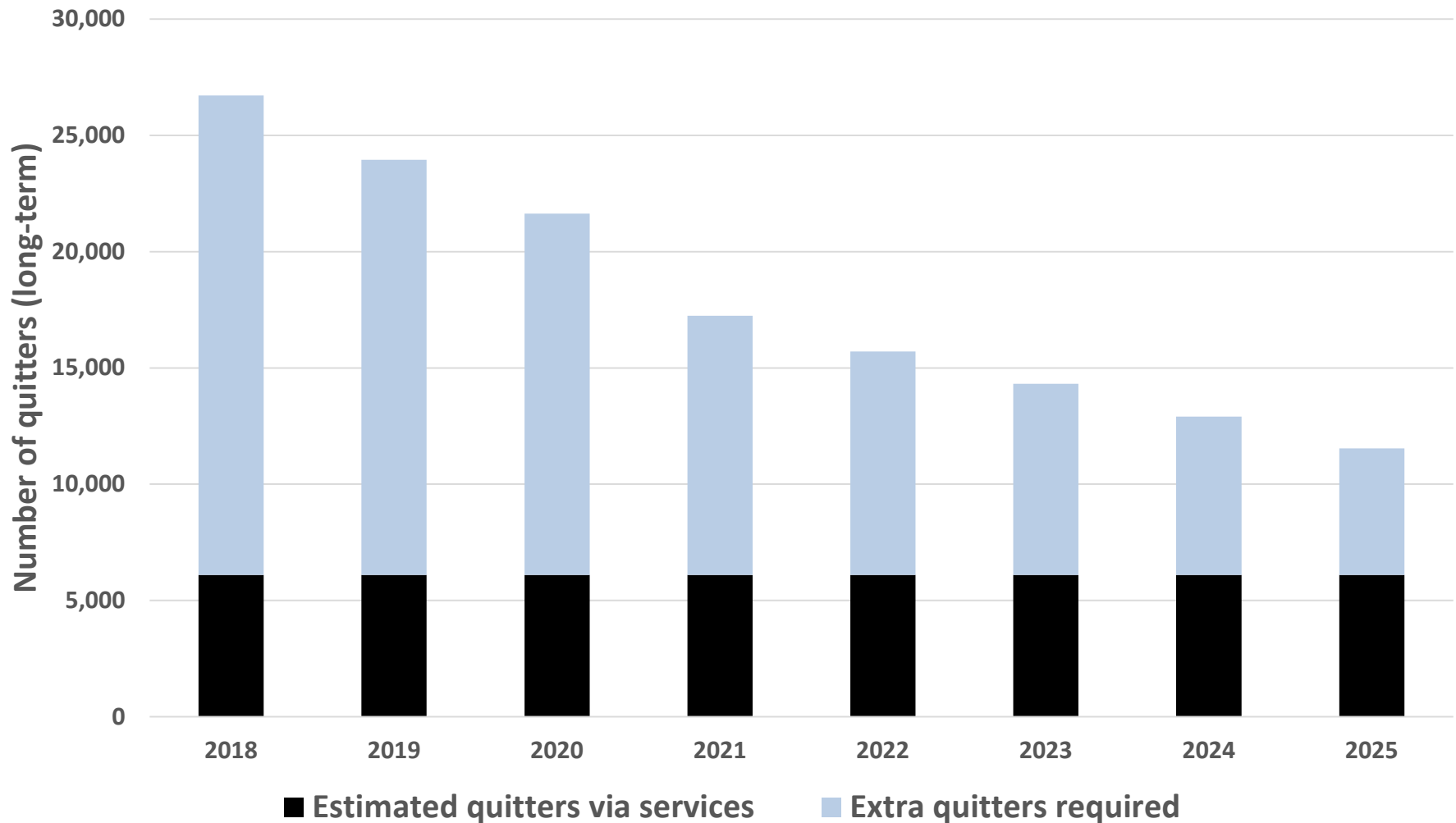
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Quitting numbers required: Māori [Wilson et al, *in press*]



Quitting numbers required: non-Māori [Wilson et al, *in press*]



Implications of these results

- Seems fairly implausible that funded smoking cessation services can be scaled up to achieve the Smokefree 2025 Goal
- Especially so for Māori

Limitations of this analysis

- May over-estimate the challenges:
 - If **tobacco tax** increases continue after 2020
 - Ignores possible impact of **e-cigarettes** on quitting
 - Ignores likely impact of **standardised packs** (2018)
- May under-estimate the challenges:
 - **Census data** used (vs NZ Health Survey data)
 - **Quitting services comparison** data probably optimistic eg, assumes Quit rates via text messaging etc = those via Quitline

Possible solutions

The gap identified in this modelling work suggests that to achieve NZ's Smokefree 2025 goal, there may need to be:

1) Very major intensification of current interventions (tax increases, media campaigns, cessation support), or:

2) The above + novel endgame interventions (eg, outlet phase down, denicotinisation etc)