

Aide-Mémoire

Overview of Current Smoking Cessation Programmes

To:	Hon Casey Costello, Associate Minister of Health	Reference:	HNZ00041588
From:	Matt Hannant, Acting National Director, National Public Health Service	Due Date:	3 May 2024
Copy to:		Security level:	In Confidence

Contact for telephone discussion (if required)			
Name	Position	S9(2)(a)	1st contact
Matt Hannant	Acting National Director, National Public Health Service		x
Dr Hayden McRobbie	Regional Director (Northern), National Public Health Service		
Selah Hart (for Hauora Māori service contracts)	Head of Hauora Māori Public and Population Health, Hauora Māori Services		

Attachments
Appendix 1: Stocktake of existing supports to quit smoking
Appendix 2: Successful recipients of Smokefree 2025 Innovation Grants
Appendix 3: Total annual contract value for all in-person stop smoking services
Appendix 4: Effectiveness of stop smoking services

Purpose

1. This Aide-Mémoire responds to your request for a paper providing a stocktake of smoking cessation programmes, including funding and relative effectiveness. It also provides information about youth vaping prevention and cessation activities currently underway.

Key messages

2. New Zealand has had publicly-funded stop smoking services for over 20 years.
3. In 2015, Quitline was integrated into the National Telehealth Service (Whakarongorau). In 2016, in-person stop smoking services were re-commissioned and a stop smoking practitioner training programme (National Training Service) established.
4. Health New Zealand | Te Whatu Ora (HNZ) currently funds 24 in-person stop smoking services. Total funding for 2023/24 was S9(2)(b)(ii) (excluding Quitline¹): in-person stop smoking services received S9(2)(b)(ii) \$1.2 million was provided for innovation funding; and S9(2)(b)(ii).
5. Stop smoking services are highly effective. People are around four times more likely to quit smoking by using a stop smoking service, compared to quitting without any support.
6. Data from over a 6.5-year period (July 2016 to December 2022) show 94,593 enrolments for in-person stop smoking services. Four-week quit rates² were highest among Pacific people (58%), followed by Māori (48%) and other ethnicities (46%). Pregnant people achieved a four-week quit rate of 54%.
7. Stop smoking services are also highly cost effective. Between 2016/17 and 2022/23, the annual investment in stop smoking services was \$11 million (not including Quitline). This equates to an overall cost per four-week quitter of \$2,115. The estimated cost per long-term quitter is \$8,459. A paper prepared for the Cabinet Social Policy Committee in 2016³ concluded that 'the break-even point for a tobacco control intervention is estimated to be \$29,344.70 per each individual smoker who quits'⁴.
8. While stop smoking support is provided to all who smoke, priority groups are young wāhine Māori, Māori, and Pacific peoples, because of their higher smoking prevalence. HNZ funds eight Hauora Māori providers across New Zealand who deliver stop smoking services in a way that increases the likelihood that Māori will make a quit attempt.

¹ The Quitline service is part of the National Telehealth Service contract that expires in 2025. It is not possible to provide the funding for Quitline as this service is provided as part of an integrated telehealth contract providing a range of healthcare services.

² Four-week quit rates are an international measure used to evaluate the effectiveness of stop smoking services.

³ Report back on New Zealand's Tobacco Control Programme (health.govt.nz)

⁴ Combining the QALY (quality-adjusted life year) gained per quitter result (of 0.77 QALYs discounted at 3%) with Treasury's suggested valuation of \$38,110 per QALY yields a preliminary figure of \$29,344.70 per individual ex-smoker as the "break-even" point for a tobacco control initiative. The same calculation for avoided initiators yields a break-even point of \$13,338.50. These figures increase to over \$35,000 and \$16,000 per person when health care savings and productivity gains are factored in.

https://www.health.govt.nz/system/files/documents/pages/cabinet-paper-8-april-2016_0.pdf

9. All the contracts currently in place with stop smoking providers will expire on 30 June 2025. This gives HNZ an opportunity to re-orient our contractual relationships with providers and to co-design services, ensuring they are providing best practice support in the most cost-effective manner.
10. Smoking cessation medication supports people to quit smoking. Three nicotine replacement therapies (NRT) are subsidised and there is scope to subsidise more. In addition, there are three prescription medicines available to support smokers quitting. However, these are difficult to access for many people as they require a prescription, usually relying on people making an appointment with their general practitioner. In co-designing future stop smoking services, there is an opportunity to consider how to ensure people who smoke have greater, and more equitable, access to these medications.
11. While we have evidence about youth vaping rates and attitudes of young people towards vaping, there are limited youth vaping prevention and cessation services. HNZ is open to developing and implementing evidence-based vaping prevention and cessation services for young people, as well as others that require support in quitting vaping.

Background

12. The information in this aide memoire builds on advice and events you have been involved in over April 2024. These include:
 - Visits to the Counties Manukau Living Smokefree Service (Living Smokefree Service) and The Fono in South Auckland on 5 April
 - A presentation from officials on *Health Promotion and Stop Smoking Services* on 15 April
 - A meeting with Tangata Atumotu, a smoking cessation provider in Christchurch on 26 April.
13. Responsibility for stop smoking services sits across HNZ, with the involvement of Commissioning, Pacific Health, Hauora Māori Services and the National Public Health Service.

Stocktake of existing supports to quit smoking

14. There is a range of current options available to people who want help to quit smoking. Further detail is provided in Appendix 1, but in summary these include:
 - *Quitline*: Provides telephone, text, and web-based support;
 - *In-person stop smoking services*: There are currently 24 services across the country that provide widely accessible, free and evidence-based smoking cessation support;
 - *Smoking cessation medicines*: These work by alleviating symptoms of tobacco withdrawal thus making quitting easier. The following are fully subsidised: nicotine patches, gum, and lozenges, Bupropion, Nortriptyline and Varenicline.
15. Most stop smoking services also support people who want to quit vaping using behaviour change support only. Some non-governmental organisations (NGOs) promote the use of NRT to support youth quitting vaping. However, MEDSAFE does not endorse

the use of a medicine outside its approved parameters (i.e., supporting quitting smoking).

16. Many of the Hauora Māori providers that deliver stop smoking services support community-led quit groups. Merging stop smoking treatment support with community action increases the likelihood of participants quitting.
17. Practitioners who provide smoking cessation support are specifically trained to do so via a government-funded programme and, on completion, receive a level 3 qualification – NZ Certificate in Health and Wellbeing. There is an opportunity to review the training to enable practitioners to engage on a broader range of issues, similar to those addressed in the Living Smokefree Service.
18. Smoking cessation is the responsibility of all health professionals, given the impact that smoking has on people's health. Frontline health care workers provide brief smoking cessation interventions. These are aimed at promoting quit attempts and encouraging the use of evidence-based treatment, such as that provided by stop smoking services. These brief interventions are important in promoting quitting at a time when people are often more receptive to changing their behaviour.
19. Budget 21 funding included \$1.2 million per annum for supporting innovative ways of encouraging people to quit smoking or switch to vaping. Five projects received this funding in the first round and commenced delivery around May 2023. These are: The Fono, the Counties Manukau Living Smokefree Service, Eastern Bay of Plenty PHO, Takiri Mai te Ata and Te Tai Tokerau netball in conjunction with HNZ Northland. The second round of innovation projects commenced in March 2024. In this round, 27 community providers were funded. A list of successful providers is attached as Appendix 2.
20. There are some deficiencies in our service data collection and analysis. Improving this will improve our ability to support smokers to quit and gain better understanding of the effectiveness of innovations, particularly for currently under-served populations.

Funding allocation

21. Current smoking cessation service funding is provided in Table 1.

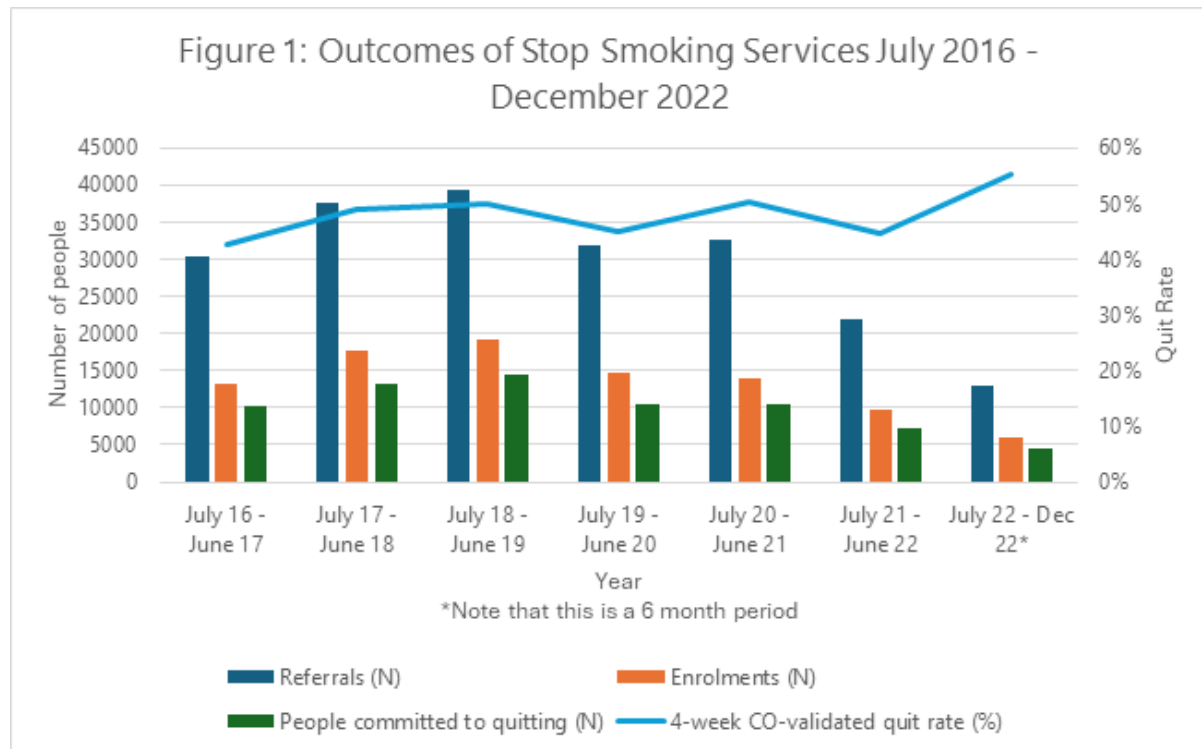
Table 1: Current smoking cessation service funding FY 2023/24

Service	Annual funding (\$millions)
In-person services	S9(2)(b)(ii)
Innovation funding	
National Training Service	
Total investment	

22. Appendix 3 sets out the total annual contract value for all in-person stop smoking services.
23. The majority of in-person smoking cessation service providers, as well as the National Training Service, have had contracts since 2016. These contracts expire on 30 June 2025. Over the next 12 months, HNZ will review and refresh how stop smoking services are provided, and then recommission these services to ensure they best meet need.

Effectiveness of Services

24. All stop smoking services provide multi-session behavioural change support and subsidised NRT to smokers who want to quit or switch to less harmful products.
25. Stop smoking services are funded because we know they are highly effective. People are around four times more likely to quit smoking by using a stop smoking service compared to quitting without any support (i.e., cold turkey). Details of service effectiveness are provided in Appendix 4.
26. Figure 1 shows performance over a 6.5-year period (July 2016 to December 2022).



Youth vaping prevention and cessation activities currently underway

27. New Zealand, like many other countries, has experienced an increase in youth vaping. The Action for Smokefree 2025 (ASH) Year 10 survey (2023)⁵ shows that 10% of 14-15-year-olds report vaping on a daily basis. This rate is similar to the previous two years. In the same survey, rates of regular vaping (regular is defined as daily, weekly or monthly) were 16.4%, a significant drop from a peak of around 20% in 2021.
28. *Protect Your Breath* is a digital campaign designed to reduce youth vaping. It was launched in November 2022 and is funded through to June 2024. *Protect Your Breath* was co-designed with the Hā Collective, a group of Māori and Pacific youth, supported by Curative, a social change agency. This campaign aims to reduce youth vaping uptake by

⁵https://assets.nationbuilder.com/ashnz/pages/70/attachments/original/1702170472/2023_ASH_Y10_Snapshot_Topline_smoking_and_vaping_FINAL.pdf?1702170472

getting young people thinking critically about vaping and the impact on themselves and their communities.

29. *Protect Your Breath* includes the *Later Vaper* arcade that features a series of games that take rangatahi (adolescents) on a journey to reflect on their wellbeing and receive suggestions and alternatives (to vaping) for coping with stress. *Later Vaper* has been used at events with high Māori and Pacific participation, such as Polyfest.
30. In partnership with Hāpai te Hauora⁶, *Later Vaper* was used at Polyfest in Manukau for two days in March 2024. Polyfest provided an opportunity to connect with Māori and Pasifika rangatahi and have conversations about vaping. Experienced and trained kaimahi (staff) onsite helped to facilitate meaningful conversations with rangatahi and their whānau to support healthy lifestyles.
31. *Protect Your Breath* has received nearly 10 million impressions across social media and 50,000 new website visitors in the last six months. There was high youth engagement with *Later Vaper* over the September 2023 school holidays.
32. While there is little evidence for how to best support people to quit vaping, our smoking cessation services and some NGOs are providing support through behaviour change techniques. For example, the Living Smokefree Service offers vaping cessation support, including to rangatahi. From October 2022 to September 2023, 150 clients (46% Māori, 31% Pacific) were supported to stop vaping.
33. Stop smoking services are seeing an increasing demand for vaping cessation services. Providing vaping cessation support will be included in the co-design work for the procurement of new service providers.
34. The Tūturu Schools programme was created to help schools and health services better support all students to learn and be well. Tūturu is led by the New Zealand Drug Foundation, and is overseen by the Ministry of Education, NZ Police and HNZ. Tūturu has developed a resource toolkit called *How schools can respond to vaping*. This includes information about how schools can engage students and build their health competencies. It also advises on practical solutions schools can use to respond to youth vaping.
35. Research tells us that young people want to make informed decisions and are distrustful of 'quit vape' campaigns and conversations, viewing them as superficial scaremongering delivered by 'adults with an agenda'. Therefore, interventions to support a vape-free and smoke-free lifestyle among young people need to be carefully considered.
36. HNZ has recently developed and launched *Let's Clear The Air*, which provides information about youth vaping and ways to support the vape-free and smoke-free kaupapa in schools. It is for school staff, whānau and youth service providers. It has been developed by HNZ with support from the Ministry of Education and the New Zealand Drug Foundation.
37. New Zealand vaping cessation guidelines are currently in development by Professor Chris Bullen at the University of Auckland and will be finalised in June 2024.

⁶ Hāpai te Hauora is an NGO funded by HNZ to provide a range of health promotion services.
Aide-Mémoire: HN200041588: Overview of Current Smoking Cessation Programmes

Next steps

38. We will provide you with a briefing in late May that will include a comprehensive smoking cessation plan that captures the following:

- Education and communication
- Insights and research
- Practical support
- Stop smoking services (and smoking / vaping prevention services)
- Workforce training and education
- Community-led innovations.

Appendix 1: Stocktake of existing supports to quit smoking

Smoking Cessation Services

1. There are 24 in-person smoking cessation services across the country that provide accessible, free evidence-based smoking cessation treatment. Treatment includes a combination of multi-session behavioural support and stop smoking medicines, such as nicotine replacement therapy (NRT). Smoking cessation services also support people to switch to less harmful products such as vaping as a tool to quit smoking.
2. Services are delivered in a range of community and health care settings, and many services provide 'drop-in' services where no appointment is necessary. As you observed on Friday 5 April, the Living Smokefree Service provides mobile options with a Quit Bus.
3. The Quitline provides a range of options for people who want help to quit. These include multi-session support delivered via telephone, online and text messaging, plus access to NRT. Quitline also provides a referral service to in-person stop smoking services. All Quitline services are free and have been developed in line with international best-practice, research and client feedback.
4. As at 1 July 2023, funding for in-person Stop Smoking Services was \$15.7 million per annum.
5. The majority of providers have had contracts since 2016. Contracts for smoking cessation providers will not be renewed post-30 June 2025. An open procurement process will be conducted in the next financial year which will provide an opportunity to reconfigure these services based on need and best practice, and ensure new services are in place by 1 July 2025.
6. Services are required to report on a range of outcomes quarterly, including number and source of referrals, number of enrolments, number of people setting a quit date, and outcomes at four weeks. Demographic data are collected on all service users.

Stop smoking medicines

7. The following stop smoking medicines are subsidised:
 - NRT (patches, gum and lozenges). There are also NRT products that are not subsidised, including mouthspray, inhalator and mini lozenges
 - Bupropion (Zyban)
 - Nortriptyline
 - Varenicline (Champix), noting that Varenicline has been unavailable for some time due to impurities in the manufacturing process.
8. The last three products are prescription only, and Varenicline is on 'Special Authority'⁷.

Stop Smoking Practitioner training

9. All stop smoking practitioners are formally trained through the Stop Smoking Practitioner Programme (SSPP), through the NZ Certificate in Health and Wellbeing (level 3) and receive NZQA credits. This training combines best practice concepts and

⁷ Special Authority is an application process in which a prescriber requests government subsidy on a Community Pharmaceutical for a particular individual.

Aide-Mémoire: HN200041588: Overview of Current Smoking Cessation Programmes

methods to help the New Zealand stop smoking workforce achieve a consistent national standard of quality practice.

10. Stop smoking practitioners are required to pass the SSPP as part of their employment, however, they can continue to practise while under the supervision of a qualified practitioner. The National Training Service delivers the SSPP and receives \$594,000 per annum from HNZ. Since 2015, 596 people have completed the SSPP, with a further 99 currently working their way through the programme.

Brief smoking cessation interventions

11. Interventions from health care professionals are important in raising awareness of the health risks of smoking and benefits of quitting, and in prompting quit attempts.
12. The 'Better help for smokers to quit' health target was introduced by the Government in 2009. This measured the proportion of smokers who were offered support to quit while hospitalised. This was later extended to primary care and maternity services. This health target was retired in 2021.
13. All health professionals, including general practitioners, midwives, dentists, and secondary care providers, should ask patients about their smoking status and give brief advice to quit. Brief advice can have a large impact at the population level due to the potential reach of the intervention. For example, brief advice from a doctor increases the rate of quitting by 66% compared with doing nothing⁸.

Other smoking cessation innovations

14. A Pacific-specific initiative, Ōlaōla, is a chatbot designed to help people on their smoke-free journey. Ōlaōla is free to access and available through Facebook Messenger. It was created by the Pasifika Health and Welfare Network, a group committed to connecting Pacific communities with information to enable and improve wellbeing, through funding from HNZ (through the former Health Promotion Agency).
15. Budget 21 funding included \$1.2 million per annum for supporting innovative ways of encouraging people to quit smoking or switch to vaping. Five projects received this funding and commenced delivery around May 2023. The second round of innovation projects commenced in March 2024. Set out below are early outcomes from the first round of projects to receive funding:
 - In Counties Manukau, a community champions' initiative is being run. Between April and December 2023, 155 people, 56 of whom were Māori and 32 Pacific, enrolled with the provider. Of these, 71 set target quit dates and 64 people (including 29 Māori and 17 Pacific people) were validated as being smokefree at four weeks.
 - In the Eastern Bay of Plenty, the Hāpainga Stop Smoking Service has developed a partnership with three iwi. This partnership resulted in 122 people being referred to the stop smoking provider compared with 44 in the same time period the previous year. In one iwi, there was a 100% conversion rate from referral to enrolment.
 - In West Auckland, The Fono is running a Tongan Church project to address smoking and other health and social needs. The attendance has been high with 32 people on average attending each week. In one of the programmes with 26 smoker

⁸ Stead LF, Buitrago D, Preciado N, Sanchez G, Hartmann-Boyce J, Lancaster T. Physician advice for smoking cessation. Cochrane Database Syst Rev. 2013 May 31;2013(5)

Aide-Mémoire: HN200041588: Overview of Current Smoking Cessation Programmes

participants, 21 had quit at the end of the programme. Other health benefits were also observed.

Appendix 2: Successful recipients of Smokefree 2025 Innovation Grants

Successful recipients	Regions
Ngāti Kahungunu ki Tāmaki-nui-a-Rua Trust	Manawatū-Whanganui
Health and Research Collaborative	Manawatū-Whanganui
Le Afio'aga o Aotearoa Trust	Tāmaki Makaurau
Puipui a Niue	Tāmaki Makaurau
Ngāti Whātua Ōrākei Health Limited	Tāmaki Makaurau
Sts Joseph and Joachim Otahuhu Ecclesiastical Goods Trust	Tāmaki Makaurau
Piritahi Hau Ora Trust	Tāmaki Makaurau
Kumete Group Limited	Tāmaki Makaurau
Ngaruahine Iwi Authority	Taranaki
Waiariki Whanau Mentoring Limited	Te Moana a Toi-te-Huatahi
Te Pou Oranga O Whakatohea Limited	Te Moana a Toi-te-Huatahi
Tūwharetoa Ki Kawerau Health, Education and Social Services	Te Moana a Toi-te-Huatahi
Te Puna Ora O Mataatua Charitable Trust	Te Moana a Toi-te-Huatahi
Te Tini o Toi Company Limited	Te Moana a Toi-te-Huatahi
Taitokerau Rugby League	Te Tai Tokerau
Te Hauora O Te Hiku O Te Ika Trust	Te Tai Tokerau
Ngātiwai Trust Board	Te Tai Tokerau
Whangaroa Health Services Trust	Te Tai Tokerau
Te Rūnanga o Whaingaroa	Te Tai Tokerau
Wotmatters Limited	Te Tai Tokerau
Kaitoa Charitable Trust	Te Tai Tokerau
Te Piki Oranga Limited	Te Tai Tokerau
Te Kōhao Health Limited	Waikato
He Waka Tapu Limited	Waitaha
Fale Pasifika o Aoraki Trust Society Incorporated	Waitaha
Whakatū Marae Committee Incorporated	Whakatū

Appendix 3: Total annual contract value for all in-person stop smoking services

The contracts set out below have been in place since receiving funding in Budget 2021. The total annual contract value is year on year. All of the contracts terminate on 30 June 2025.

Provider	Total annual contract value (\$)
Eastern Bay Primary Health Alliance	907,538
Tui Ora Limited	524,052
Procare Network Limited	1,841,363
Whanganui Regional Health Network	512,830
Manaaki Ora Trust	487,474
Midlands Regional Health Network Charitable Trust	1,439,841
Takiri Mai te Ata Trust	1,769,956
Te Wakahuia Manawatu Trust	574,853
Te Taiwhenua o Heretaunga Trust	619,923
Nga Kete Matauranga Pounamu Charitable Trust	1,008,540
Pacific Health Plus Limited	149,000
K'aute Pasifika Trust	232,000
The Fono Trust	808,000
Pacific Health Service Hutt Valley Incorporated	149,000
South Seas Health Care Trust	748,000
Tangata Atumotu Trust	100,000
Oamaru Pacific Island Community Incorporated	100,000
Te Hauora O Turanganui A Kiwa Limited	250,000
Health New Zealand - Te Whatu Ora - Canterbury	930,360
Health New Zealand - Te Whatu Ora - South Canterbury	141,350
Health New Zealand - Te Whatu Ora - Nelson Marlborough	340,000
Health New Zealand - Te Whatu Ora – West Coast	195,904
Health New Zealand - Te Whatu Ora - Counties Manukau	1,134,125
Health New Zealand - Te Whatu Ora - Northland	720,000
	15,684,109

Appendix 4: Effectiveness of stop smoking services

1. Overall, in-person stop smoking services are performing well. Data from over a 6.5-year period (July 2016 to December 2022) show:
 - a. 206,431 referrals
 - b. 94,593 enrolments (54% of all referrals)
 - c. 70,640 people setting a quit date (75% of all people who enrolled)
 - d. 31,367 people who had quit (biochemically validated with a CO breath test < 10 ppm)⁹, giving an overall quit rate of 48%
 - e. Four-week quit rates were highest among Pacific people (58%), followed by Māori (48%) and other ethnicities (46%). Pregnant people achieved a four-week quit rate of 54%.
2. Quitline data, for the 2023 calendar year, show:
 - a. 8,129 service enrolments
 - b. 1,846 self-reported four-week quitters, giving a four-week quit rate of 23%.
3. In terms of long-term (one-year) outcomes, we estimate that in-person services, overall, are achieving a quit rate of 12%. For comparison, the long-term quit rate associated with quitting unaided is ~3%.
4. Services are also performing well against international comparators. For example, data from the first 10 years of operation (2001-2010) of the UK stop smoking services showed a four-week quit rate of 34%.
5. There is some variation in service delivery and effectiveness, with some services achieving four-week quit rates of >80%, which would equate to long-term quit rates of more than 20%.

⁹ A person who has “quit smoking at four weeks” is defined as someone who reports not smoking at all between two and four weeks from a target quit date, verified by an expired breath CO concentration of less than 10 parts per million (ppm). This is an international standard that allows for estimation of long-term quit rates. We expect that 25% of people who have quit smoking at four weeks will remain quit for at least a year.

Aide-Mémoire: HNZ00041588: Overview of Current Smoking Cessation Programmes