

Report



SMOKE
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SWEDEN

SmokeFree
New Zealand

Quitting Strong: New Zealand's Smoking Cessation Success Story

2024



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Quitting Strong:

New Zealand’s Smoking Cessation Success Story

Executive Summary

Sweden has emerged as a standard bearer for the global march towards a smoke free future. It has shown the world how to virtually eradicate smoking by enabling people who smoke cigarettes to switch to risk-reduced alternatives and it is reaping the public health dividend by witnessing a dramatically lower incidence of cancer and other smoking-related diseases.

But is Sweden’s remarkable success just a Nordic phenomenon, unique to the region, its people and customs? Or can its smoke free revolution be replicated by adopting similar tobacco harm reduction strategies elsewhere, regardless of location, environment and social mores?

The answer to that question may already have been answered more than 17,000 kilometres away on the other side of the world in New Zealand. Through its own progressive approach to tobacco harm reduction (THR), the ‘Land of the Long, White Cloud’ is also on the brink of becoming smoke free.

After decades of high cigarette consumption, particularly among low-income groups, Māori (the indigenous people) and people with mental health conditions, New Zealand has managed to halve its smoking rates in just five years by supporting adult smokers to switch to vaping.

As a result, along with Sweden, New Zealand is set to become one of the first and only countries in the world to achieve official smoke free status, where less than 5% of adults smoke cigarettes.

New Zealand’s experience presents a compelling case study for the effectiveness of the ‘Swedish model’ – harm reduction through regulated access to risk-reduced nicotine alternatives – in achieving significant declines in smoking rates. For adults who cannot or will not quit smoking, New Zealand and Sweden have proven the benefits of switching to smoke free alternatives.

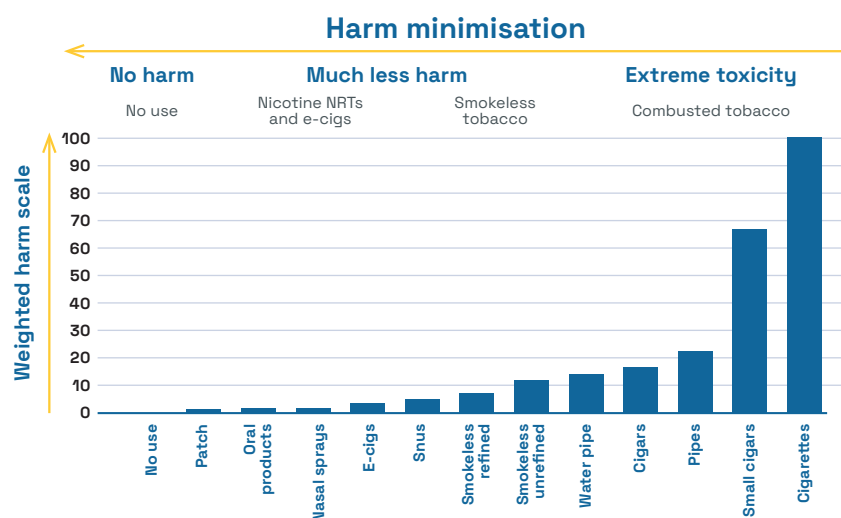


Figure 1: The weighted harm of combustible tobacco products compared to non-combustible nicotine alternatives, placed along the “harm minimisation continuum” by Abrams et al¹

1. Abrams DB, Glasser AM, Pearson JL, Villanti AC, Collins LK, Niaura RS. Harm Minimization and Tobacco Control: Reframing Societal Views of Nicotine Use to Rapidly Save Lives. *Annu Rev Public Health*. 2018 Apr 1;39(1):193–213.

This report analyses the evolution of tobacco control policy in New Zealand, which started with the “quit or die” approach, but ultimately embraced harm reduction. This pivot was very similar to the path chosen by the Swedish government, where smoke free nicotine alternatives were made available, affordable and accessible to people who smoke.

The pragmatic approach adopted by these two countries has greatly contributed to the prevention and control of tobacco-related disease, disability and premature death. If other countries follow the policy roadmap they have set out, millions of lives will be saved.

The Swedish Experience

Sixty years ago, 49%² of Swedish men smoked cigarettes. By 2022, Sweden's public health agency reported that only 5.6%³ of Swedish adults continue to do so. Its successful reduction in smoking rates over the years has been facilitated by education, tobacco control measures and the adoption of risk-reduced, smoke free alternatives.

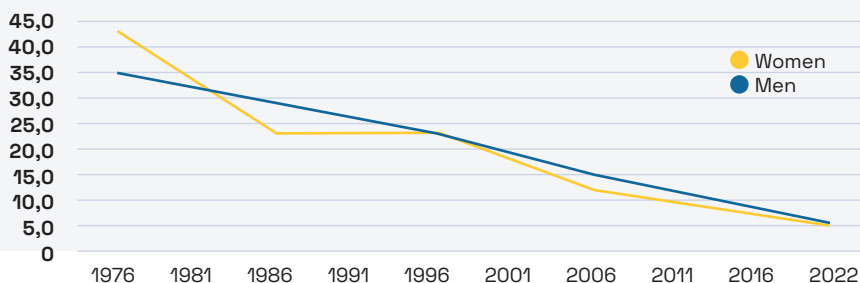
Sweden's early progress was assisted using snus – a smokeless oral tobacco product. The introduction of modern tobacco-free alternatives, such as vaping in 2015 and next-generation oral nicotine pouches in 2018, significantly accelerated this progress.

Consequently, smoking rates in Sweden have plummeted by an impressive 55% over the last decade, to 5.6%. If that smoking rate falls below 5% later this year, Sweden will become the first developed nation to achieve official ‘smoke free’ status.

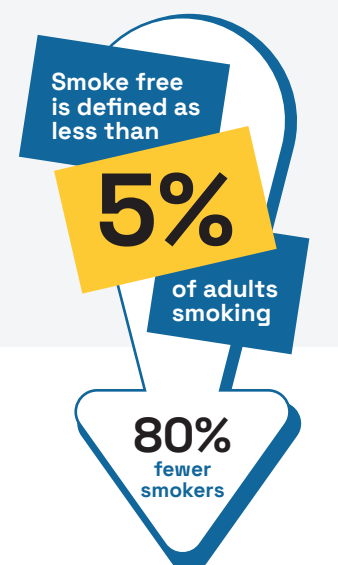
The public health benefits of this transition are remarkable. Although Sweden's smoke free generation uses nicotine at much the same rate as other high-consuming nations, they incur a fraction of the tobacco-related disease and the burden on public health is minimal.

Figure 2:

Adults who smoke in Sweden (1976-2022)



This means that in 2024, Sweden is likely to achieve its smoke free goal, 16 years in advance of the stated EU 2040 target and two years ahead of its own more ambitious target.



2. The Public Health Agency of Sweden, [Use of tobacco and nicotine products \(self-reported\) by age, gender and year, 2022](#).
3. The Public Health Agency of Sweden, [Use of tobacco and nicotine products \(self-reported\) by age, gender and year, 2022](#).

Sweden's incidence of cancer is 41% lower than the European average⁴ and it suffers less than half of the tobacco-related deaths experienced by 24 of its 26 EU neighbours.⁵

This is because nicotine is being consumed not through smoking but through smoke-less alternative products, enabling consumers to avoid the harmful by-products of burning tobacco.

New Zealand's Journey

New Zealand has been plagued by historically high rates of smoking, which have displayed stark inequities through ethnicity. The early introduction of Māori women, as well as men, to tobacco smoking by explorers, whalers and settlers in the late 1700s/early 1800s, resulted in a higher inter-generational transmission of smoking as a modelled behaviour among their population than their European counterparts, among whom women's smoking rates did not begin to rise until 100 years later. This legacy was compounded by the subsequent failure of the health system to address Māori smoking until 2000, at least 20 years after anti-smoking campaigns began. This exacerbated this disproportionate burden and delivered Māori women the sad accolade of having the world's highest female incidence of lung cancer.

New Zealand was the first country to pass a comprehensive Smoke-Free Environments Act in 1990.⁶ Tobacco control measures included smoke free environments and excise tax increases, supporting the ongoing gradual reduction in national smoking rates that had begun following the US Surgeon General's 1964 Smoking Kills report.⁷ In 2004, New Zealand became one of the first countries in the world to institute a complete ban on smoking

in all indoor public workplaces, including bars and restaurants.

However, these measures only went so far in turning people away from cigarettes, and the decline in smoking rates was insufficient to put it on course to achieve its ambitious goal of a 5% prevalence by 2025. Though vape retailers first entered the market in 2009, it took several years of peer-to-peer communications before vaping attracted public health attention. A significant amount of Government consultation with stakeholders and the public occurred from that point. In 2015 the government began monitoring vaping prevalence and subsequent surveys tracked slow increases in vaping prevalence.

The New Zealand Government had begun assessing the merits of vaping products through the establishment of an Electronic Cigarette Technical Expert Advisory Group in 2017, to investigate global trends and product standards.⁸ While e-cigarettes remained unregulated or 'in the grey', the Ministry of Health decided to challenge tobacco company Philip Morris' selling of its 'heat-not-burn' product in the courts. In March 2018 the Court dismissed the case,⁹ essentially finding that neither 'heat-not-burn' nor vaping products were captured by any existing regulation.

This accelerated the Government's programme to adopt regulation for these products as soon as possible. Key influencers of the Government and Ministry of Health's favourable and proportionate perspective on vaping and tobacco harm reduction came from deep analysis of the UK approach, local and international health experts, and most importantly, local front-line smoking cessation practitioners who had seen the very real benefits of vaping products helping their clients

4. Ramström, L. (2020) "Institute for Tobacco Studies. Death rates per 100,000 attributable to tobacco – Sweden and the rest of the EU in 2019. Compiled from The Global Burden of Disease Study"

5. Snus Commission. [Snus saves lives: A study of snus and tobacco-related mortality in the EU](#), 2017.

6. [Smokefree Environments and Regulated Products Act](#), 1990.

7. US Department of Health, Education and Welfare. [Smoking and Health: Report of the Advisory Committee to the Surgeon General of the Public Health Service](#), 1964.

8. [Terms of Reference of the Technical Expert Advisory Group: e cigarette product safety \(health.govt.nz\)](#)

9. [Ministry of Health v Philip Morris \(New Zealand\) Ltd \[2018\] NZDC 4478 | The District Court of New Zealand \(districtcourts.govt.nz\)](#)

stop smoking in the real world. The output was groundbreaking evidence-based regulation of vaping and heat-not-burn products,¹⁰ supplemented by an impactful government-led mass media campaign called 'Vape To Quit Strong'¹¹ and factual communications platform www.vapingfacts.health.nz. This game-changer was aimed to "support smokers to switch to regulated products that are significantly less harmful than smoking".¹²

New Zealand has since witnessed a remarkable drop in smoking prevalence (from 16.4% to 6.8%) between 2011 and 2023.¹³

Meanwhile, the prevalence of adult daily vaping increased from 2.6% to 9.7%. Most daily vapers (78%) are reported as either ex-smokers, or current smokers (dual users).¹⁴

While Māori have the highest daily vaping rate of 23.5%, Māori smoking rates have recorded a significant decline from 37.7% (2011/12) to 17.1% (2022/23). Pacific peoples also experienced a significant drop over the same period from 18.1% to 6.4%.¹⁵

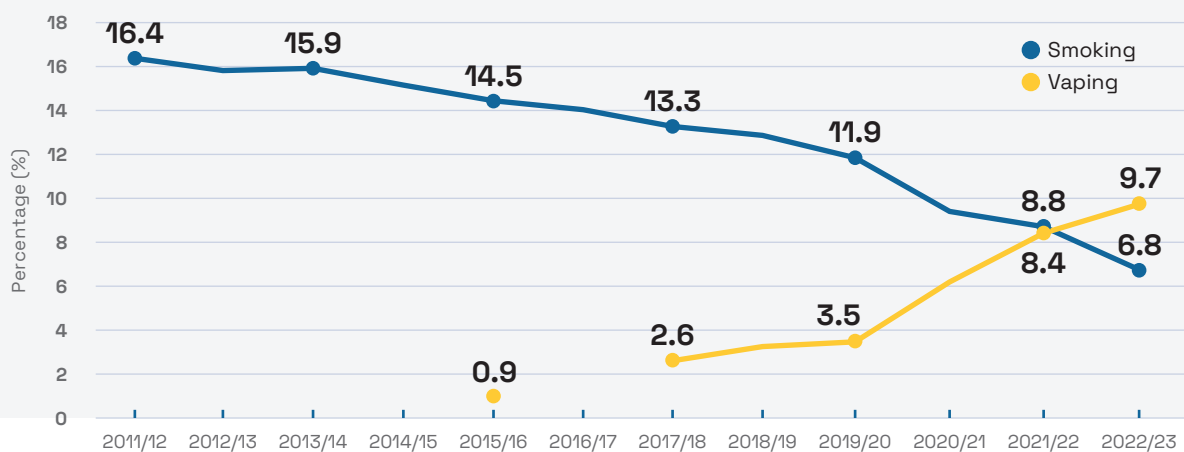
Action for Smokefree 2025 (ASH New Zealand), the leading tobacco control NGO, says the country is now on track to reach its 2025 smoke free goal.¹⁶

Although the enviable reduction in New Zealand's smoking rates was a gradual process over many years, it has evidently been turbocharged by the introduction of tobacco harm reduction (THR).

The New Zealand Public Health Communication Centre concluded that, "the most plausible explanations for the observed changes in smoking prevalence... [include] growing use of [vapour products] resulting in increased quitting smoking among people who smoke and/or reduced uptake if young people substitute vaping for smoking."¹⁷

Supporters of THR initially met with resistance and suspicion. But, just as happened in Sweden, New Zealand authorities began to acknowledge studies estimating vaping to be 95% safer than smoking and that vaping

Figure 3:
NZ Daily Smoking and Vaping prevalence by year, age 15+



Source: Ministry of Health, 2023, Annual Data Explorer 2022/23: New Zealand Health Survey [Data File].

10. [Smokefree Environments and Regulated Products \(Vaping\) Amendment Act 2020 No 62, Public Act – New Zealand Legislation](#)

11. [Switch to vaping « Quitstrong](#)

12. [Vaping Facts](https://vapingfacts.health.nz/).(https://vapingfacts.health.nz/)

13. Ministry of Health, [Annual data explorer 2022/2023, 2023](#)

14. Ministry of Health, [Smoking status of daily vapers: New Zealand Health Survey 2017/18 to 2021/22, 2023](#)

15. Ministry of Health, [Annual data explorer 2022/2023, 2023](#)

16. Action for Smokefree 2025. [A Smokefree 2025 Plan](#).

17. Public Health [Communication Centre Aotearoa. Key findings in the 2021/22 NZ Health Survey, 2022.](#)

achieved higher quit rates than medically approved quit-smoking aids.

In 2019, the Ministry of Health launched the smoking cessation website, Vaping Facts, which informed smokers: “Vaping is a way to quit cigarettes by getting nicotine with fewer of the toxins that come from burning tobacco.”¹⁸

The following year the government launched the Vape to Quit campaign. This initiative, endorsed by the Ministry and associated health groups, actively promoted vaping as a smoking cessation tool.

Figure 4:
NZ Ministry of Health Public Communication on Relative Risk of Vaping



**VAPING’S WAY
LESS HARMFUL
THAN SMOKING.**

[vaping facts](#)



Vaping isn't harmless.
If you don't smoke, don't vape.

**VAPE
TO QUIT
STRONG**

The campaign addressed public awareness by not just making vaping accessible but also promoting its use for quitting smoking. This included vape-to-quit programmes and

dispelling myths surrounding vaping. A mass-media marketing initiative featured billboard and television advertisements correcting misinformation and amplifying the science of harm reduction.

The Ministry of Health further encouraged smokers to switch to vaping by encouraging stop-smoking services to support vapers alongside previously approved methods, such as nicotine replacement therapies, and it established a system to regulate and control the import and sale of vaping products. Furthermore, it approved relative-risk statements for retailers to place at the point of sale. Going beyond just vaping, it planned a system to consider other potentially safer alternatives to smoking.

Public Health practitioners were also given clear advice on how to support adult smokers looking to transition to vaping products and were instructed to record adult smokers who had fully switched and were no longer smoking cigarettes as “non-smokers” for health and statistical recording purposes.

On top of compelling government-endorsed public communications, retailers were empowered to encourage smokers to consider switching to vaping at the very places they would visit to purchase their cigarettes. This included the display of product, and harm reduction posters in-store:

Figure 5:
Ministry of Health messaging on vaping for use in retail stores (2020)

“Completely replacing your cigarette with a vape will reduce harm to your health.”

“If you smoke, switching completely to vaping is a much less harmful option.”

18. [Vaping Facts](#).

In this way, New Zealand has striven, like Sweden, to make smoke free nicotine alternatives accessible, acceptable and affordable. It allows a wider range of flavours and nicotine strengths, and uses proportional-risk taxation with vaping products taxed only at the standard rate (VAT). Vaping products are readily available in specialist stores, convenience stores and online retailers, subject to safety standards and age restrictions.

Policymakers have also recognised the importance of tailoring THR strategies to connect effectively with Māori and other left-behind communities.¹⁹ Measures include culturally aligned programmes and using imagery and language more salient to those communities. These can involve using appropriate language materials, health provider education and align-

ing with traditional Māori values and practices.

Like Sweden, New Zealand has paved the way to a smoke free future through respect for consumers, risk-proportionate regulations, evidence-based policymaking and active opposition to misinformation.

New Zealand's success story demonstrates the potential effectiveness of combining globally recognised tobacco control measures with a harm-reduction approach like vaping. Actively promoting vaping as a cessation tool with proper public health messaging has proved crucial to achieve the balance regulators are seeking - dispelling misinformation, discouraging uptake by youth, and accelerating switching to less harmful nicotine alternatives by adults who smoke.

The failing neighbours

Despite having similar demographics and high historic smoking rates, Australia's restrictive policies contrast sharply with New Zealand's progressive, humane approach to risk-reduced alternatives. The results achieved by the two neighbours reflect that disparity and ultimately advance the case for endorsing New Zealand's innovative strategy. E-cigarettes are only available in Australia by prescription.²⁰ This policy, introduced in 2021, aimed to curb underage vaping, but a growing body of research suggests it is having unintended consequences.²¹

Very few doctors are willing to provide nicotine prescriptions and the process is onerous, costly and inconvenient. Few pharmacies stock vape supplies, with most having only a small

range of unappealing products. Illicit supplies are widely available from a thriving black market. Furthermore, many vapers are ideologically opposed to the medical model. Vapers do not regard themselves as sick and needing medical treatment. Many resent the government interference and loss of autonomy.

While New Zealand has seen a significant decline in its smoking rates, Australia's slow rate of decline has barely budged. Although Australia's smoking prevalence was lower than New Zealand's 10 years ago, that position reversed in 2021. As of 2022, 10.7% of adult Australians smoke.²² Of the current estimated 1.7 million adult Australian vapers, approximately 90% access vapes illegally on the black market.²³

19. Glover M, Patwardhan P, Selket K (2020). Tobacco smoking in three "left behind" subgroups: indigenous, the rainbow community and people with mental health conditions. *Drugs and Alcohol Today* vol: pp-pp. doi: 10.1108/DAT-02-2020-0004

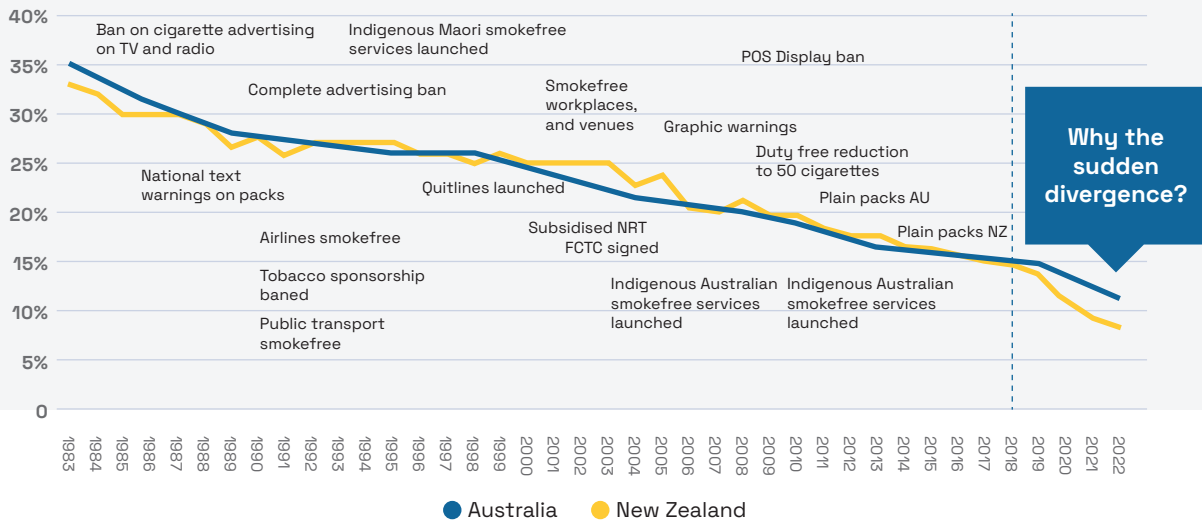
20. Mendelsohn C, Wodak A, Hall W. How should nicotine vaping be regulated in Australia? *Drug Alcohol Rev.* 2023 Jul;42(5):1288-1294. doi: 10.1111/dar.13663. Epub 2023 Apr 18. PMID: 37071577.

21. Tobacco in Australia. [Legal Status in Australia](#).

22. Australia.gov/Australia Institute of Health and Welfare/reports/tobacco

23. Dr. Colin Mendelsohn. [Australia's Vape Prohibition Replicates Drug-War Disasters](#), 2024.

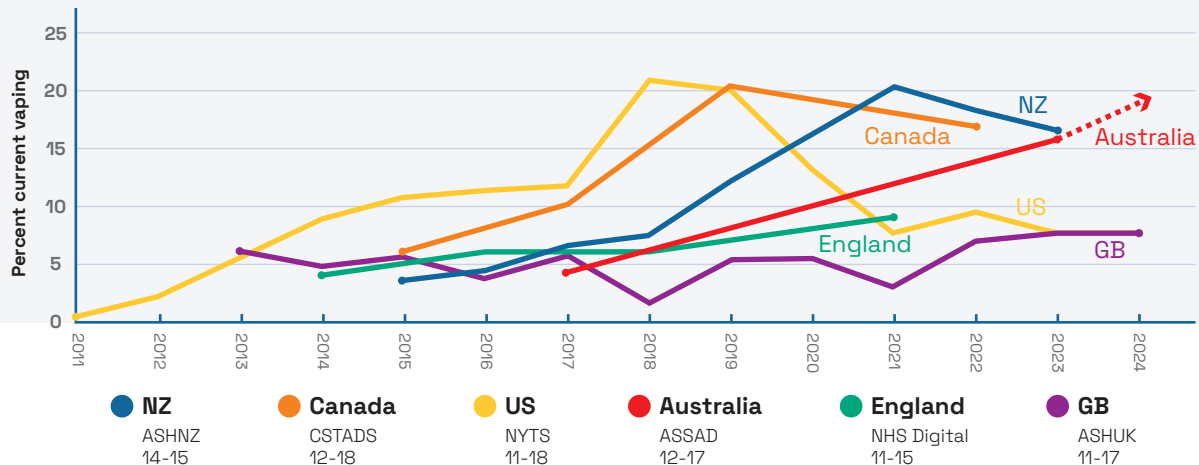
Figure 6:
Timeline and Effect of Legislation on Daily Smoking Prevalence 1983-2022



The low level of compliance with the prescription model is driven by several factors. Smokers are not able to obtain vaping products at the same places they can buy cigarettes. Less than 1% of doctors are publicly listed as nicotine prescribers, dramatically reducing the options even further.²⁴ Meanwhile, accessibility issues in rural and remote communities have further disadvantaged indigenous Australians, whose smoking prevalence is more than double that of other Australians.

Furthermore, surveys show underage Australians still experiment with vaping, but now they are exposed to unregulated products with potentially higher nicotine levels and unknown ingredients. Importantly, Australia's underage and youth vaping rates are higher under an illicit model than New Zealand's lower, and declining, youth access rates under a regulated approach. Incredibly, over 85% of the Australian government's (Labor) voters are reported as favouring the New Zealand approach over continuing the failed prohibition experiment.²⁵

Figure 7:
Trends in youth current vaping (past 30d use)



24. Dr. Colin Mendelsohn. [Evidence Review of Nicotine Vaping](#), 2023.

25. [Australia's vaping crisis laid bare as e-cigarette policy firms as looming election battle | The Nightly](#)

Lessons for the world

New Zealand's progress towards a smoke free nation powerfully exemplifies the effectiveness of the Swedish model. This approach, centred on harm reduction and promoting risk-reduced alternatives, demonstrably leads to significant reductions in smoking rates while providing critical controls on underage access and appeal.

The WHO appears to have lost its way and has effectively 'given up' on adult smokers, seeking only to banish less risky novel nicotine alternatives. New Zealand, on the other hand, has chosen to strike a balance in accelerating its adult smokers switching while protecting its future generations with proportionate regulations.

New Zealand's success offers valuable insights for other nations seeking to achieve similar public health goals:

- Government recognition of THR
- Government-endorsed education of the public and healthcare professionals on the role of THR, discouraging misinformation
- Risk-proportionate regulation and tax frameworks
- Availability of a range of flavours to help smokers transition to safer alternatives
- Ethical, compassionate approach to tobacco control

Recommendations

Based on New Zealand's experience, the following recommendations are proposed by the panel of authors:

- 1. Consumers:** Make safer alternatives Accessible, Acceptable and Affordable, through an ethical and compassionate approach and respect for people who smoke. Specifically for New Zealand there is an opportunity to regulate oral nicotine pouches to further accelerate smokers switching, taking learnings from Sweden.
- 2. Regulation:** Clearly differentiate between combustible tobacco and smoke free products and develop risk-proportionate regulation that moves adults away from cigarettes through appropriate taxes, labelling, packaging and responsible marketing.
- 3. Products:** Encourage more research and innovation.
- 4. Science:** Accelerate localised and customised THR research.
- 5. Government-Endorsed Communication:** Challenge and correct misinformation, especially about risk-reduced nicotine products, and nicotine itself. Counterbalance false narratives which confuse adult smokers about relative risks and prolong the smoking epidemic. Most importantly, encourage adults who smoke to quit or switch to less harmful nicotine alternatives.
- 6. Adopt New Zealand as a country case study** for COP11, focusing on smoking prevalence, health outcomes and comparisons to other countries.
- 7. Accelerate any ongoing research** or programmes related to the potential benefits of alternative nicotine products and THR for minorities or groups with disproportionately higher smoking rates.

Conclusion

New Zealand, like Sweden, has shown that a smoke free future is an achievable reality. Authorities there have respected consumer choice and allowed for reduced-risk products to be Accessible, Acceptable and Affordable. They have embraced risk-proportionate regulation, encouraged stakeholder engagement and rewarded collaborative efforts.

Prohibition of alternative nicotine products is, in effect, giving up on the world's remaining 1.1 billion adult smokers. New Zealand has demonstrated that through comprehensive

regulation, adult smokers can be encouraged to switch, slashing smoking prevalence, while balancing and protecting the interests of future generations.

New Zealand has proved that Sweden's success doesn't rely on decades of a harm reduction approach but can be replicated in a few short years. By implementing the recommended strategies, they are already saving lives. Now these two nations at opposite sides of the world stand as beacons of inspiration for all others to follow.

Figure 8: Timeline for NZ Acceleration towards Smoke Free

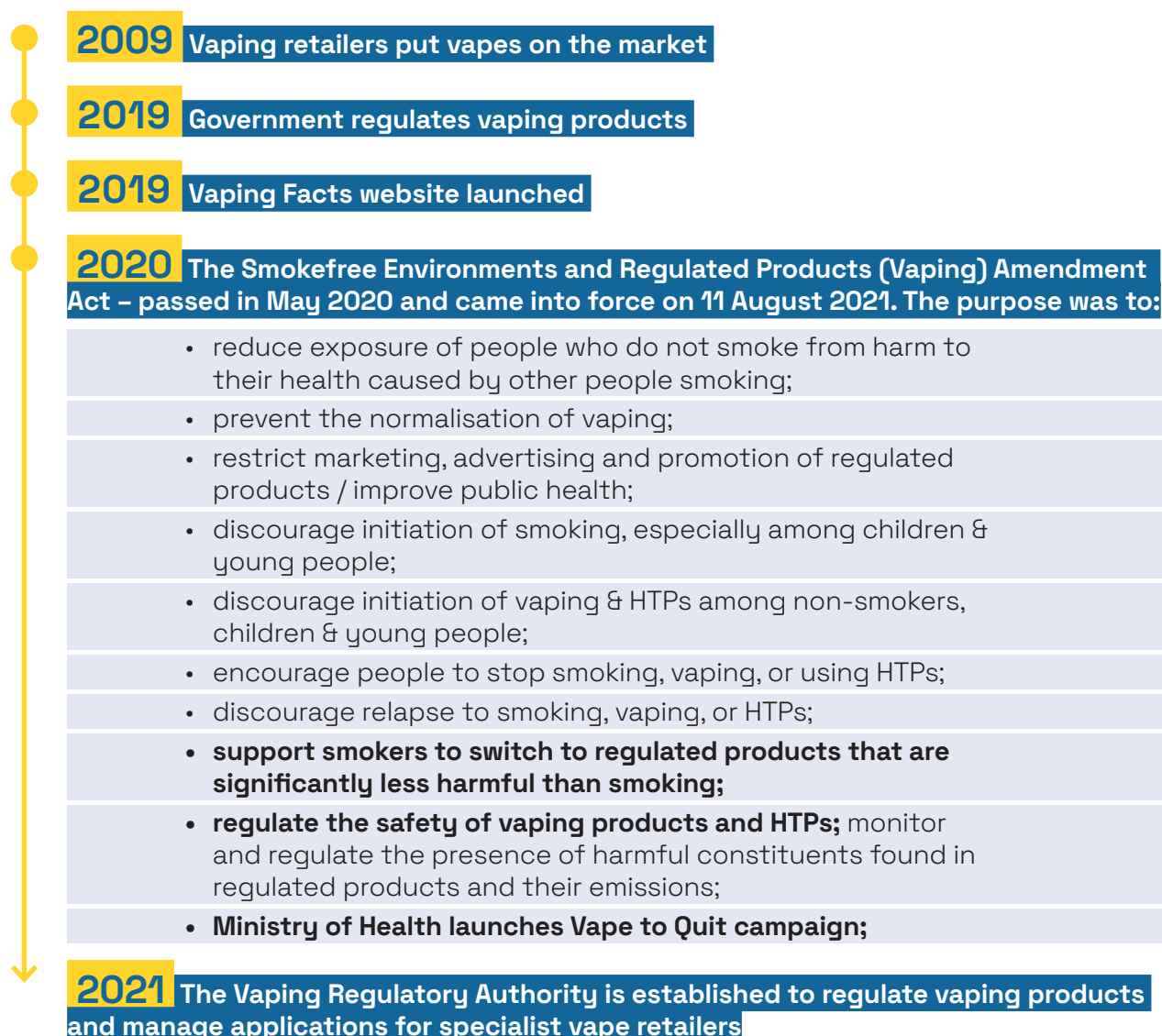




Figure 9:
Comparison of Vape Laws in New Zealand and Australia

| |  New Zealand |  Australia |
|--|--|--|
| Classification | Consumer | Prescription medicine |
| Sales in general retailers | Limited to tobacco, mint and menthol | No |
| Sales in specialist retailers | Yes - all systems and flavours | No |
| Advertising allowed | No | No |
| POS display | Yes | Pharmacy only |
| Age restriction | 18 | 18 |
| Flavour restrictions | Only tobacco, mint and menthol are allowed to be sold by general retailers | No – but the restrictive prescription model limits access to flavours |
| Nicotine limits | 20 mg freebase and 28 mg nicotine salts | All including zero-nicotine are subject to prescription |
| General use supported for smoking cessation | Yes, firstline and consumer | Secondline via prescription only |
| Disposable ban | Expected (hasn't yet been legislated for) | Yes |
| Pack warnings | Yes | Yes |

Preface



Dr Derek Yach

MBChB MPH, Former Director – World Health Organization (WHO)

New Zealand has been at the forefront of global tobacco control for over four decades, pioneering measures that have significantly reduced smoking rates and influenced international policies. Alongside a small group of progressive nations—Canada, Norway, the United Kingdom, Singapore, Australia, and later Thailand—New Zealand has guided the World Health Organization (WHO) in implementing effective strategies such as taxation, advertising bans, and smoke free environments. This leadership has not only transformed public health within New Zealand but has also set a benchmark for other countries to follow.

This report, “Quitting Strong: New Zealand’s Smoking Cessation Success Story”, highlights the nation’s innovative approach to tobacco harm reduction (THR), particularly through the integration of vaping as a less harmful alternative to smoking. The evidence presented convincingly demonstrates that vaping has played a crucial role in reducing smoking rates across the population, with a significant impact on the Indigenous Māori and Pasifika communities, who have historically faced disproportionately high smoking rates.

New Zealand’s success in tobacco control has profound implications for Pacific Island countries within a 3 to 6-hour flight time, such as Samoa, Tonga, Fiji, and Nauru. These nations, with high proportions of Indigenous populations and some of the highest smoking rates globally, stand to benefit immensely from adopting similar harm reduction strategies.

According to WHO’s 2024 report, adult male smoking rates exceed 45% in Fiji, Nauru, Kiribati, Tonga, and Tuvalu.

New Zealand’s close political and trade relationships with these countries provide a unique opportunity to share and support the implementation of effective tobacco control policies. By building on the strategies described by Marewa Glover and her co-authors, these nations could achieve a more rapid decrease in smoking rates than New Zealand has experienced, leading to significant public health improvements across the Pacific region.

INTRODUCTION

The human cost of smoking is staggering. The World Health Organization (WHO) estimates that over 8 million people die prematurely from smoking-related illnesses every year. Most of the harm caused by smoking comes not from nicotine itself, but from the toxic by-products of burning tobacco. Quitting smoking entirely remains a significant challenge for many, and approved cessation medications have shown limited effectiveness.

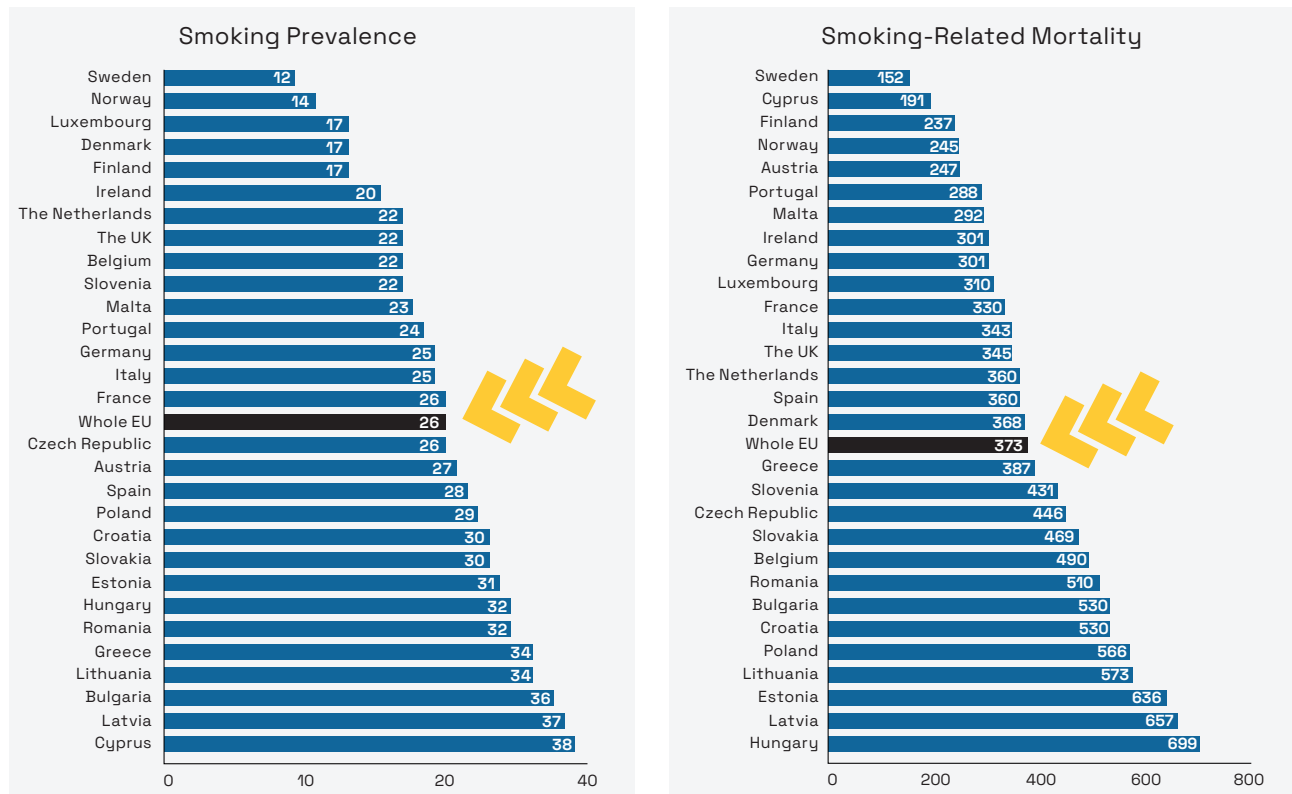
In this context, the strategy of THR has emerged as a scientifically proven game-changer. This approach prioritises providing adults who smoke with access to cleaner alternatives

that deliver nicotine without the harmful components of tobacco cigarettes.

Through its adoption of THR, Sweden has become a global leader in this journey towards a smoke free future. Through its wider availability of risk-reduced nicotine alternatives such as snus (a smokeless tobacco product), vapes (also known as e-cigarettes), heated tobacco products (HTPs) and modern oral nicotine pouches, it has facilitated a remarkable decline in smoking rates and a corresponding decrease in smoking-related diseases and premature death.

Figure 10:

**Percentage of men aged > 30 years who smoke on a daily basis²⁶
and death rate attributable to tobacco in men aged >30 per 100,000 inhabitants.²⁷**



26. The Snus Commission. Snus Saves Lives: A study of snus and tobacco-related mortality in the EU [Internet]. 2017 [cited 2023 May 2]. Available from: https://snusforumet.se/wp-content/uploads/2017/05/Snuskommissionen_rapport3_eng_PRINT.pdf

27. World Health Organization. WHO global report: mortality attributable to tobacco [Internet]. 2012 [cited 2023 Apr 21]. Available from: <https://www.who.int/publications/i/item/9789241564434>

However, a crucial question remains – is Sweden’s success a unique outcome specific to its culture and social environment? Or can this approach be replicated elsewhere, regardless of location or societal norms?

Those questions appear to have already been answered. Over 17,000 kilometres away on the other side of the world, New Zealand (NZ) is mirroring Sweden’s success story through its own adoption of THR.

For decades, NZ struggled with high smoking rates, particularly among low-income groups, Māori (the indigenous people) and people with mental health conditions. However, in just five years, the country has managed to cut its smoking rates in half. This dramatic shift can be attributed in large part to the NZ government’s support for adults to switch from smoking to vaping if they cannot quit cigarettes.

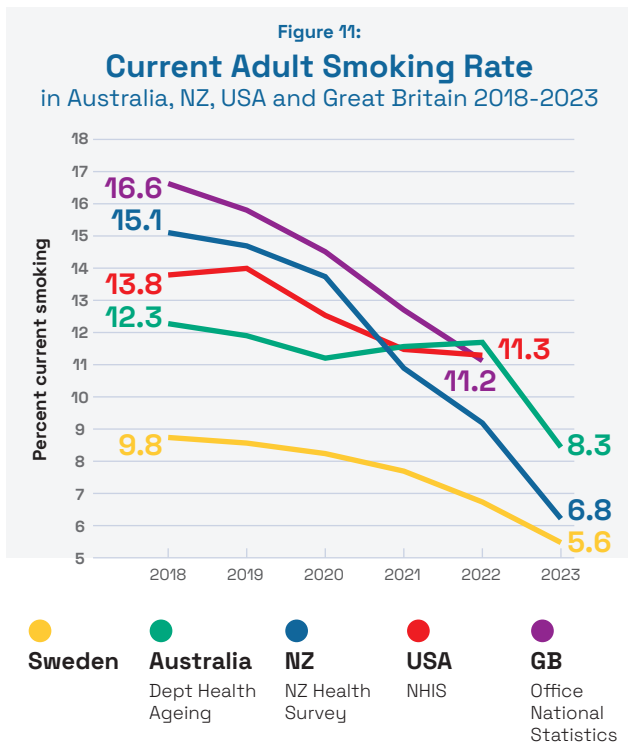
As a result of these efforts, both NZ and Sweden are poised to become the first countries in the world to achieve smoke-free status, where less than 5% of the adult population smokes cigarettes.

NZ’s experience serves as a compelling validation of the ‘Swedish model’ – a model that prioritises harm reduction by providing adults who smoke with access to regulated, greatly lower-risk nicotine product alternatives.

Initially, NZ followed a “quit or die” approach. However, recognising the limitations of this philosophy, it ultimately embraced tobacco harm reduction strategies like those adopted by Sweden. This shift made non-combustible nicotine alternatives accessible and affordable to smokers, empowering them to make a healthier choice.

This report examines the specific policies implemented in both NZ and Sweden, exploring the rationale behind their adoption and the measurable impact they have had. We will then examine the challenges encountered along the way and the solutions devised to address them.

Ultimately, this report aims to provide a comprehensive understanding of how these two countries are leading the charge towards a smoke free future, as their approaches offer valuable insights to help policymakers save millions of lives around the world.



Chapter 1: New Zealand on the brink of Becoming Smoke Free

1.1. New Zealand approaching smoke free status

New Zealand (NZ) is on the verge of achieving a significant milestone: becoming a smoke free society.

The most recent NZ Health Survey data from 2022/2023 revealed that the daily smoking prevalence had dropped to just 6.8% among people aged 15 years and over.²⁸

In public health terms, a 'smoke free' society typically refers to one where less than 5% of the adult population (those older than 18 years) smoke cigarettes.²⁹ For example, according to the Swedish government³⁰ or the European Network for Smoking and Tobacco

Prevention a 'tobacco-free' society is one where the smoking prevalence is under 5%.³¹

The decrease in the NZ smoking prevalence has been gradual and has mirrored the evolution of tobacco control. In 1990, NZ implemented the first comprehensive tobacco control law. This became a model for the 2003 WHO Framework Convention on Tobacco Control (FCTC),³² but the real acceleration in reducing NZ's smoking rate took place from 2017 onwards, when the use of smoke free nicotine alternatives, notably vaping products (also known as "electronic nicotine delivery systems" or ENDS, otherwise known as e-cigarettes), began to increase in NZ. In 2020, NZ introduced legislation regulating vaping and HTP products.

The evolution of the regulatory approach by the NZ government is a valuable lesson to WHO and its member states.

1.2. Comparing Smoking Prevalence with Other Regions

To put this achievement in perspective, let's compare NZ's smoking prevalence with other regions. NZ and Sweden stand out amongst their country peers, for an impressive decrease in smoking prevalence. Their pragmatic ap-

proach, combining traditional tobacco control with harm reduction methods, shows the way for other countries to better prevent and control smoking-related disease, disability and premature death.

28. Ministry of Health New Zealand. [New Zealand Health Survey, 2022/2023](#).

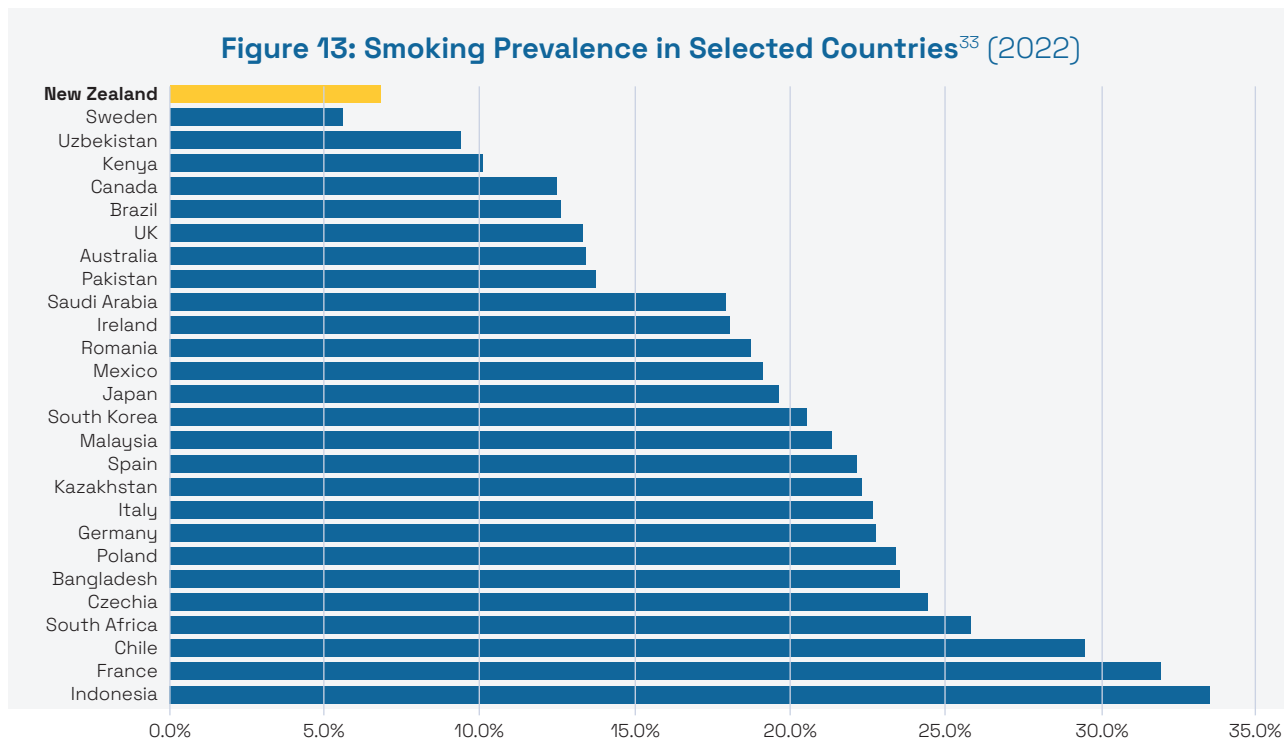
29. Government Offices of Sweden. [ANDT-strategy for 2016-2020](#), 2016.

30. Government Offices of Sweden. [ANDT-strategy for 2016-2020](#), 2016.

31. European Network for Smoking and Tobacco Prevention. [Mission and Vision](#).

32. World Health Organization. [Framework Convention on Tobacco Control](#), 2003.

Figure 13: Smoking Prevalence in Selected Countries³³ (2022)



Source: WHO 2023 Tobacco Country Reports, Swedish Ministry of Health, New Zealand Ministry of Health

1.3. Decrease of smoking prevalence over time

- 2022/23:** As mentioned, the most recent data from the **NZ Health Survey (NZHS)** show daily smoking prevalence was **6.8%**, which translates to approximately **284,000 New Zealanders** smoking daily. The prevalence of current smoking (defined as smoking at least monthly) was **8.3%**.³⁴
- 2021/22:** In the previous year, the daily smoking prevalence was slightly higher at **8.0%**, with an estimated **331,000 New Zealanders** smoking daily.³⁵
- From **2011/12 to 2019/20**, there was a steady decline in current and daily smoking prevalence, with an annual reduction of about **0.6%** in absolute terms.³⁶
- The indigenous Māori** community continued to lobby for reparative action to reduce

the gross inequities in smoking prevalence that they face. They constitute **38%** of daily smokers and **36%** of current smokers.³⁷

The attached graph on the next page shows the decrease of smoking prevalence from 1983 to 2023. It is important to note key moments where the decrease was accelerated:

- In 2009** electronic nicotine delivery systems (ENDS, otherwise known as vaping products or e-cigarettes), began to be sold in NZ.
- In 2019**, government Vaping Facts website launched.
- In 2020**, the NZ government passed legislation regulating vaping and HTPs. Cessation services begin to support vaping as a quit option.³⁸

33. WHO 2023 Tobacco Country Reports, Swedish Ministry of Health, New Zealand Ministry of Health

34. Public Health Communication Centre Aotearoa. [Smoking prevalence and trends: key findings in the 2022/2023 NZ Health Survey](#), 2023.

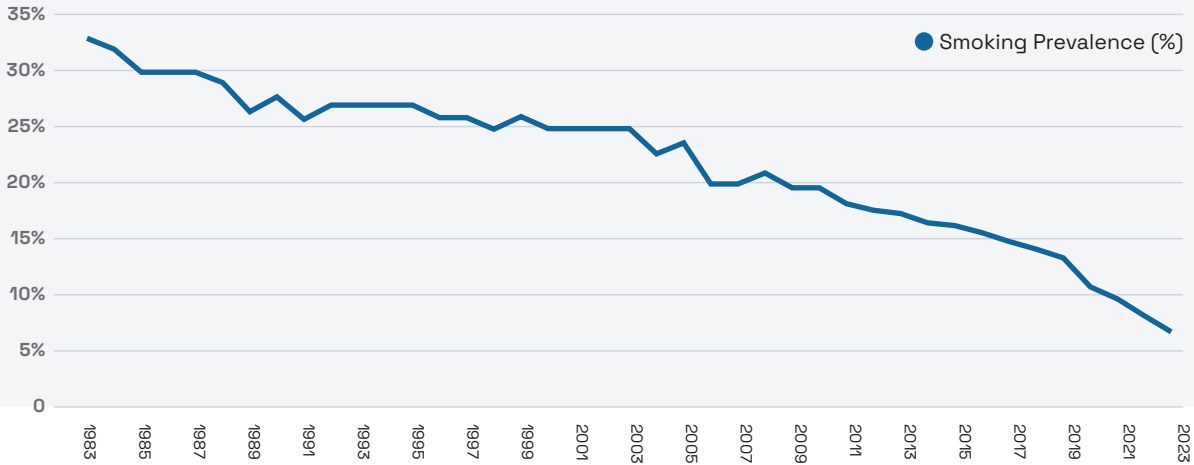
35. Public Health Communication Centre Aotearoa. [Key findings in the 2021/2022 NZ Health Survey](#), 2022.

36. Public Health Communication Centre Aotearoa. [What does the 2019/2020 NZ Health Survey tell us about progress towards a Smokefree Aotearoa](#), 2020.

37. Public Health Communication Centre Aotearoa. [Smoking prevalence and trends: key findings in the 2022/2023 NZ Health Survey](#), 2023.

38. Ministry of Health; Action on Smoking and Health; Health New Zealand

Figure 14:
NZ Decline in Smoking Prevalence (1983-2022)



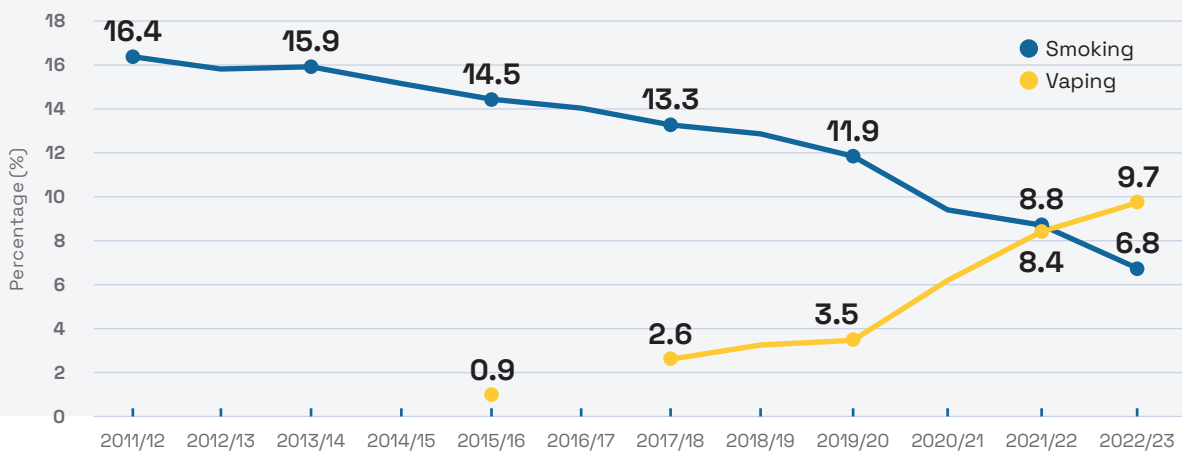
Sources: Ministry of Health; Action on Smoking and Health; Health New Zealand

1.4. Current vaping prevalence in NZ

The NZ Ministry of Health reported a vaping prevalence of 9.7% in 2022/2023 of the NZ Health Survey.³⁹

The NZ combined tobacco control and THR approach represents current good practice and deserves to be analysed, compared and copied by WHO and other member states, particularly other small island states, with a significant indigenous population.

Figure 15:
NZ Daily Smoking and Vaping prevalence by year, age 15+



Source: Ministry of Health, 2023, Annual Data Explorer 2022/23: New Zealand Health Survey [Data File].

39. Ministry of Health New Zealand. [New Zealand Health Survey, 2022/2023](#).

Chapter 2: Health benefits of New Zealand’s success against smoking

Because of its progressive tobacco control and harm reduction policies, New Zealand (NZ) has significantly better health outcomes than most other WHO member states for smoking-related disease, disability and premature death.

Numerous reputable studies, including from the Royal College of Physicians, have shown that the most harmful effects of smoking stem from inhaling toxicants during combustion: that is, when tobacco is burnt.^{40, 41}

In smokeless nicotine products, the combustion of tobacco does not occur, resulting in

significantly less harmful effects. This is reflected in NZ, where the widespread use of vaping products has translated into tangible benefits for the public health of its population. Compared with selected other countries, NZ has some of the lowest rates of smoking-related diseases and deaths in the world.

Based on the Global Burden of Disease (IHME) database, NZ has been more effective at preventing and controlling smoking-related diseases, disability and premature death than other selected countries. The year 2021 was used to compare health outcomes:

Figure 16: In 2019, NZ had less smoking-related deaths than many countries.

New Zealand has fewer smoking-related DEATHS than the following countries / region:⁴²

| Country | Total Deaths % NZ fewer deaths | Total Cancer Deaths % NZ fewer deaths | Lung Cancer Deaths % NZ fewer deaths | Cardiovascular Disease Deaths % NZ fewer deaths | Other Cancer Deaths % NZ fewer deaths |
|----------------|-----------------------------------|--|---|--|--|
| Canada | 24% | 35% | 37% | 8% | 31% |
| Czechia | 53% | 48% | 44% | 65% | 55% |
| European Union | 40% | 46% | 43% | 40% | 50% |
| Germany | 40% | 46% | 43% | 37% | 51% |
| Italy | 33% | 43% | 41% | 22% | 46% |
| Japan | 38% | 50% | 47% | 23% | 56% |
| Poland | 53% | 58% | 59% | 58% | 58% |
| Romania | 56% | 49% | 43% | 70% | 58% |
| Spain | 30% | 38% | 34% | 2% | 45% |
| Sweden | 20% | 18% | 7% | 29% | 33% |
| Taiwan | 36% | 37% | 19% | 12% | 56% |
| United States | 36% | 33% | 33% | 35% | 34% |

40. Royal College of Physicians. [Nicotine without Smoke: Tobacco Harm Reduction](#), 2016.

41. Mary Rezk-Hanna et al. ["Associations of Smokeless Tobacco Use with Cardiovascular Disease Risk."](#) 2022

42. Sources of data: IHME Global Burden of Disease, Eurobarometer 2020, GSTHR

Quitting Strong: New Zealand's Smoking Cessation Success Story

Figure 17: In 2019, NZ had less MALE smoking-related deaths than many countries

New Zealand has fewer **MALE smoking-related DEATHS** than the following countries / region:

| Country | Total Deaths % NZ fewer deaths | Total Cancer Deaths % NZ fewer deaths | Lung Cancer Deaths % NZ fewer deaths | Cardiovascular Disease Deaths % NZ fewer deaths | Other Cancer Deaths % NZ fewer deaths |
|-------------------|-----------------------------------|--|---|--|--|
| Canada | 28% | 38% | 40% | 12% | 40% |
| Czechia | 62% | 60% | 59% | 67% | 59% |
| European Union | 54% | 59% | 60% | 48% | 60% |
| Germany | 51% | 56% | 56% | 45% | 56% |
| Ireland | 14% | 18% | 18% | 0.6% | 18% |
| Italy | 49% | 58% | 60% | 33% | 60% |
| Japan | 58% | 67% | 67% | 39% | 67% |
| Poland | 64% | 68% | 70% | 64% | 70% |
| Republic of Korea | 41% | 52% | 53% | 5% | 53% |
| Romania | 68% | 66% | 65% | 74% | 65% |
| Spain | 53% | 60% | 60% | 24% | 60% |
| Taiwan | 59% | 61% | 53% | 35% | 53% |
| United Kingdom | 39% | 45% | 41% | 23% | 41% |

Figure 18:

In 2021, NZ has fewer **FEMALE smoking-related deaths** than the following countries/region:

| Country | Total Deaths % NZ fewer deaths | Total Cancer Deaths % NZ fewer deaths | Tracheal, bronchus and lung % NZ fewer deaths | Cardiovascular Disease Deaths % NZ fewer deaths | Other Cancer Deaths % NZ fewer deaths |
|---------|-----------------------------------|--|--|--|--|
| Germany | 14% | 19% | 13% | 14% | 32% |
| Poland | 25% | 32% | 29% | 43% | 39% |
| Czechia | 34% | 15% | 6% | 62% | 33% |
| Canada | 19% | 30% | 33% | 1% | 23% |
| Sweden | 23% | 24% | 17% | 29% | 39% |
| UK | 36% | 41% | 35% | 13% | 52% |

Figure 19:

In NZ during 2021, fewer disability adjusted life years (DALYs), related to **ALL smoking-related DISEASES**, were lost than the following countries:

| Country | DALY related to Tobacco per 100,000 | % Difference with NZ NZ fewer DALYs lost |
|-------------|-------------------------------------|---|
| New Zealand | 1837 | NZ fewer DALYs lost |
| Poland | 4153 | 56% |
| Czechia | 3949 | 53% |
| Romania | 4568 | 60% |
| Germany | 3024 | 39% |
| Taiwan | 2757 | 33% |
| Bangladesh | 2273 | 19% |
| Indonesia | 2981 | 38% |
| Japan | 2483 | 26% |
| Kazakhstan | 2502 | 27% |

Figure 20:

In NZ during 2021, fewer Disability adjusted life years (DALYs), related to all **MALE smoking-related diseases**, were lost than the following countries:

| Country | DALY related to Tobacco per 100,000 | % Difference with NZ NZ fewer DALYs lost |
|--------------------------|-------------------------------------|---|
| New Zealand | 2046 | |
| European Union (Average) | 4416 | 54% |
| Romania | 7312 | 72% |
| Czechia | 5621 | 64% |
| Poland | 6114 | 66% |
| Germany | 4136 | 50% |
| South Korea | 3643 | 44% |
| Bangladesh | 3756 | 45% |
| Indonesia | 4851 | 58% |
| Malaysia | 3586 | 43% |
| Japan | 4181 | 51% |
| Taiwan | 4974 | 59% |
| Kazakhstan | 4382 | 53% |

Figure 21:

In NZ during 2021, fewer Disability adjusted life years (DALYs), related to all **FEMALE smoking-related diseases**, were lost than the following countries:

| Country | DALY related to Tobacco per 100,000 | % Difference with NZ NZ fewer DALYs lost |
|--------------------------|-------------------------------------|---|
| New Zealand | 1630 | |
| European Union (Average) | 1723 | 5% |
| Romania | 1972 | 17% |
| Czechia | 2330 | 30% |
| Poland | 2315 | 30% |
| Germany | 1920 | 15% |
| Canada | 1845 | 12% |
| Sweden | 1825 | 11% |
| United Kingdom | 2165 | 25% |

Figure 22:

In NZ during 2021, fewer Disability adjusted life years (DALYs), related to smoking-related **CARDIOVASCULAR DISEASES**, were lost than the following countries:

| Country | DALY related to Tobacco per 100,000 | % Difference with NZ NZ fewer DALYs lost |
|--------------|-------------------------------------|---|
| New Zealand | 451 | |
| Romania | 1701 | 73% |
| Czechia | 1280 | 65% |
| Poland | 1170 | 61% |
| Germany | 714 | 37% |
| Saudi Arabia | 1053 | 57% |
| Bangladesh | 1017 | 57% |
| Indonesia | 1567 | 71% |
| Malaysia | 1023 | 56% |
| Japan | 594 | 24% |
| Uzbekistan | 1071 | 58% |
| Kazakhstan | 1182 | 62% |

Figure 23:

In NZ during 2021, fewer Disability adjusted life years (DALYs), related to smoking-related **TOTAL CANCER**, were lost than the following countries:

| Country | DALY related to Tobacco per 100,000 | % Difference with NZ NZ fewer DALYs lost |
|-------------|-------------------------------------|---|
| New Zealand | 694 | |
| Romania | 1667 | 58% |
| Czechia | 1391 | 50% |
| Poland | 1821 | 62% |
| Germany | 1304 | 47% |
| France | 1242 | 44% |
| Italy | 1142 | 39% |
| Spain | 1185 | 41% |
| South Korea | 912 | 24% |
| Japan | 1125 | 38% |
| Taiwan | 1196 | 42% |

Figure 24:

In NZ during 2021, fewer Disability adjusted life years (DALYs), related to **all MALE smoking-related diseases**, were lost than the following countries:

| Country | DALY related to Tobacco per 100,000 | % Difference with NZ NZ fewer DALYs lost |
|--------------------------|-------------------------------------|---|
| New Zealand | 2046 | |
| European Union (Average) | 4416 | 54% |
| Romania | 7321 | 72% |
| Czechia | 5621 | 67% |
| Poland | 6114 | 66% |
| Germany | 4136 | 50% |
| South Korea | 3643 | 44% |
| Bangladesh | 3756 | 45% |
| Indonesia | 4851 | 58% |
| Malaysia | 3586 | 43% |
| Japan | 4181 | 51% |
| Taiwan | 4974 | 59% |
| Kazakhstan | 4382 | 53% |

Figure 25:

In 2021, NZ had fewer disability-adjusted life years lost to **FEMALE smoking-related diseases**, than many other countries

| Country | DALY related to Tobacco per 100,000 | % Difference with NZ NZ fewer DALYs lost |
|--------------------------|-------------------------------------|---|
| New Zealand | 1630 | |
| European Union (Average) | 1723 | 5% |
| Romania | 1972 | 17% |
| Czechia | 2330 | 30% |
| Poland | 2315 | 30% |
| Germany | 1920 | 15% |
| Canada | 1845 | 12% |
| Sweden | 3756 | 11% |
| United Kingdom | 2165 | 25% |

Chapter 3: How New Zealand did it

3.1. Evolution of NZ tobacco control

Since the 1964 United States (US) Surgeon General's report on the ill-health effects of tobacco, significant reductions in smoking rates have occurred worldwide. As detailed in previous chapters, daily smoking prevalence has hit new lows of 5.6% in Sweden and 6.8% in New Zealand (NZ), identifying these two nations as fore-runners in the pursuit of a smoke free society.

NZ's tobacco control programme has been hailed as world-leading, illustrating what can be achieved if countries comprehensively implement the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC),⁴³ while supplementing those measures with tobacco harm reduction strategies.

NZ was the first country to pass a comprehensive Smoke Free Environments Act in 1990 and introduced measures such as smoke free environments and annual excise tax increases on tobacco products. This became an exemplar for the FCTC. NZ was an early signatory and subsequently adopted most of the FCTC-recommended strategies continuing NZ's gradual reduction in its smoking rates. In 2004, NZ became one of the first countries in the world to institute a complete ban on smoking in all indoor public workplaces, including bars and restaurants.

However, these measures went only so far in turning smokers away from cigarettes, particularly among low-income groups, Māori (the indigenous people) and people with mental health conditions.

NZ's historically high rates of smoking have displayed stark inequities through ethnicity. The early introduction of Māori women, as well as men, to tobacco smoking by explorers, whalers and settlers in the late 1700s/early 1800s, resulted in a higher inter-generational transmission of smoking as a modelled behaviour among their population than their European counterparts, among whom women's smoking rates did not begin to rise until 100 years later.

This legacy was compounded by the subsequent failure of the health system to address Māori smoking until 2000, at least 20 years after anti-smoking campaigns began. A milestone for Māori tobacco control was the 2010 Māori Affairs Select Committee (MASC) inquiry into tobacco.⁴⁴ This highlighted how the Māori's disproportionately high smoking rates had been driven by inequities and neglect of much research by Māori organisations and researchers concerned that Māori women had the sad accolade of having the highest incidence of lung cancer among women in the world.⁴⁵

The MASC produced a long list of recommendations⁴⁶ resulting in the government adopting the "aspirational goal" to reduce smoking prevalence to 5% or below by 2025. Five years on from the MASC, the Ministry of Health reported that despite the comprehensive programme, NZ was not on track to reach the Smokefree 2025 goal.⁴⁷

43. World Health Organization. [Framework Convention on Tobacco Control](#), 2003.

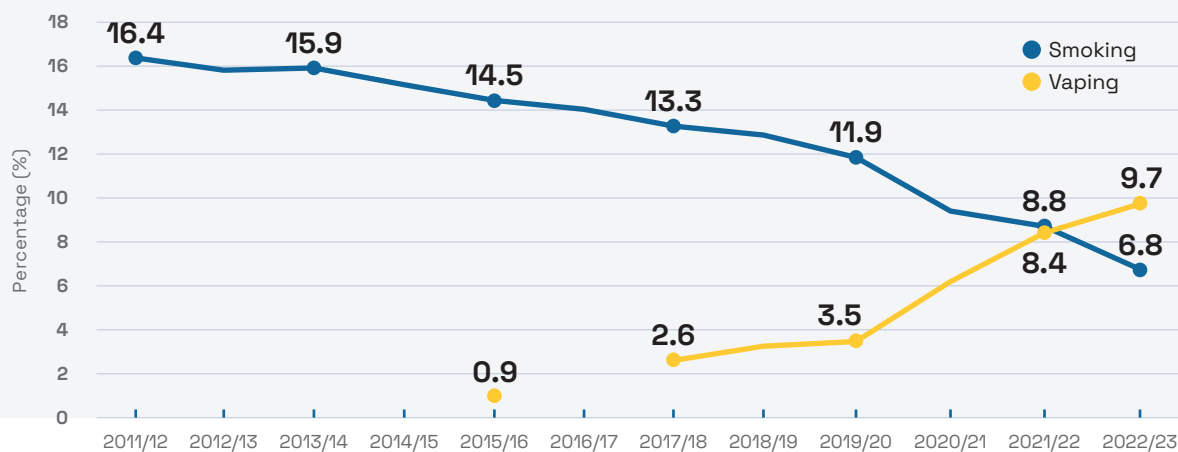
44. Blakely T, et al. [The Māori Affairs Select Committee Inquiry and the Road to a Smokefree Aotearoa](#), 2010.

45. Smokefree Aotearoa 2025, "[What is Smokefree 2025?](#)," 2017.

46. New Zealand Parliament, "[Inquiry into the tobacco industry in Aotearoa and the consequences of tobacco use for Māori. Report of the Māori Affairs Select Committee.](#)," 2010.

47. J. Ball, et al. "[Is the NZ Government responding adequately to the Māori Affairs Select Committee's 2010 recommendations on tobacco control? A brief review.](#)" 2016.

Figure 26:
NZ Daily Smoking and Vaping prevalence by year, age 15+



Source: Ministry of Health, 2023, Annual Data Explorer 2022/23: New Zealand Health Survey [Data File].

However, the introduction of vape retailers from 2009, and subsequent regulation of vaping products in 2019 and the implementation of complementary tobacco harm reduction strategies proved to be a game-changer. NZ has since witnessed a remarkable drop in

smoking prevalence (from 16.4% to 6.8%) between 2011 and 2023. Meanwhile, the prevalence of adult daily vaping increased from 2.6% to 9.7%. Most daily vapers (78%) are reported as either ex-smokers, or current smokers (dual users).⁴⁸

Figure 27:
Timeline for New Zealand’s Acceleration towards Smoke Free



48. NZ Gov, <https://smokefree.org.nz/smoking-its-effects/facts-figures>

Rapid declines occurred also among Māori. While Māori have the highest daily vaping rate of 23.5%, Māori smoking rates have recorded a significant decline from 37.7% (2011/12) to 17.1% (2022/23). Pacific peoples also experienced a significant drop over the same period from 18.1% to 6.4%.⁴⁹

ASH New Zealand, the leading tobacco control NGO, says the country is now on track to reach its 2025 smoke free goal.⁵⁰

3.2. Adoption of tobacco harm reduction

Although the enviable decrease in NZ's smoking rates was a gradual process over many years, it has evidently been turbo-charged by the introduction of tobacco harm reduction (THR) strategies.

The New Zealand Public Health Communication Centre concluded that, "the most plausible explanations for the observed changes in smoking prevalence... [include] growing use of [vapour products] resulting in increased quitting smoking among people who smoke and/or reduced uptake if young people substitute vaping for smoking."⁵¹

Supporters of THR had initially met with resistance and suspicion. However, vaping consumers, independent NZ-based vape product manufacturers and some retailers formed groups to advocate for vaping.

In 2018, the Ministry of Health took legal action against Philip Morris International (PMI) over their heated tobacco product called HEETS. The Ministry argued that HEETS violated the Smoke free Environments Act 1990, specifically a section prohibiting the sale of tobacco products "labelled...for any other oral use (other than smoking)".

The court case hinged on the definition of "other oral use" within the Act. The Ministry argued it applied broadly, while PMI argued it only applied to products like chewing tobacco. The court rejected the case on the basis that the purpose of the SFEA (1990) was to reduce smoking-related harm and risk-reduced products aligned with that goal. Further, the Act did not regulate products not intended for chewing and thus HEETS were not covered by the legislation.⁵²

Meanwhile, just as happened in Sweden, NZ authorities began to acknowledge increasing evidence that: vaping was estimated to be at least 95% safer than smoking tobacco,⁵³ was as effective as conventional forms of nicotine replacement in reducing smoking consumption^{54 55} and was contributing to rapid reductions in smoking prevalence in countries where nicotine vaping was permitted,⁵⁶ including among youth (Jamal et al, 2017).

In 2019, the Ministry of Health launched a smoking cessation website, Vaping Facts,⁵⁷ which informed smokers: "Vaping is a way to quit cigarettes by getting nicotine with fewer of the toxins that come from burning tobacco."

Whilst the potentially damaging effects of stigmatising messages about Māori who

49. NZ Gov, <https://smokefree.org.nz/smoking-its-effects/facts-figures>

50. Action for Smokefree 2025. [Health Survey Shows NZ on Track to Achieve Smokefree 2025, As Vaping Overtakes Smoking](#), 2022.

51. Public Health Communication Centre Aotearoa. [Key findings in the 2021/2022 NZ Health Survey](#), 2022.

52. Wellington District Court. Judgment of P.J. Butler in the case of Ministry of Health vs Philip Morris (New Zealand) Limited, 2018.

53. Public Health England. "E-cigarettes: an evidence update," 2015.

54. J. Brown, et al. "Real-world effectiveness of e-cigarettes when used to aid smoking cessation: a cross-sectional population study," 2014.

55. M. Rahman, et al. "E-Cigarettes and Smoking Cessation: Evidence from a Systematic Review and Meta-Analysis," 2015.

56. Public Health England. "E-cigarettes: an evidence update," 2015.

57. Vaping Facts.

smoke have been reported,⁵⁸ there is still a dearth of research on the perverse effects of other tobacco control strategies from a critical theory perspective. Some literature has reported Māori stakeholder concerns about the harmful effects of the very high excise tax on tobacco,⁵⁹ and opposition to, excise tax on tobacco (Public Health Commission, 1993 Māori hui report).⁶⁰ A 2017 Ministry of Health study found that the tax on tobacco

was not a deterrent to smoking among Māori women aged 18-24 years.⁶¹

In a significant shift, the NZ government recognised the regressive nature of high cigarette taxes.^{62,63,64} Realising they were doing more harm than good, it removed the annual 10% increases in 2020, linking them to inflation instead.

3.3. Communication and information

Another critical turning point came with the government-launched Vape to Quit campaign in 2020.^{65,66} This initiative, endorsed by the Ministry and associated health groups, actively promoted vaping as a smoking cessation tool.

Figure 28: Vape to Quit Campaign Messaging



WHAT WE AGREE ON (NZ ministry of Health, Health New Zealand and others):

- Vaping is not for children and young people.
- Vaping is not for non-smokers.
- Vaping can help some people quit smoking.
- Vaping is not harmless, but it is less harmful than smoking for smokers.
- The best thing you can do for your health is to be smoke free and vape free.

58. MURIWAI, E. & GLOVER, M. Smoking, Not Our Tikanga: Exploring representations of Māori and smoking in national media. MAI Journal. 2016;5(1):33-47. DOI: 10.20507/MAIJournal.2016.5.1.3

59. Gifford et al. *Māori Nurses and Smoking: What do we know?*, 2013.

60. Gifford et al. *Māori Nurses and Smoking: What do we know?*, 2013.

61. Ministry of Health. Evaluation of the tobacco excise increases as a contributor to Smokefree 2025, 2018.

62. Tax Working Group. Future of Tax, 2019.

63. M.Glover et al. Emerald Publishing Limited. March 2021. Price hikes, crime fad or political football? What caused a spike in store robberies for cigarettes in New Zealand: Analysis of news reports (2009-2018)

64. M.Glover et al. Journal of Community Safety & Well-being. 2021. Store robberies for tobacco products: Perceived causes and potential solutions

65. Australia Tobacco Harm Reduction Association. Vape to Quit Campaign Coming Soon in New Zealand, 2019.

66. Vaping Facts. Vaping to Quit Smoking.

The campaign addressed public awareness by not just making vaping acceptable for use in stopping smoking. This included vape-to-quit programmes and dispelling myths surrounding vaping. A mass-media marketing initiative featured billboard and television advertisements correcting misinformation and amplifying the science on harm reduction.

The Ministry of Health further encouraged smokers to switch to vaping by encouraging stop-smoking services to support vapers

alongside previously approved methods, such as nicotine replacement therapies, and it established a system to regulate and control the import and sale of vaping products.

Furthermore, it approved relative-risk statements for retailers to place at the point of sale. Going beyond just vaping, it planned a system to consider other potentially safer alternatives to smoking.

3.4. Offering options

When the NZ government regulated vaping products, it also permitted the sale of heated tobacco products (HTPs).

HTP devices were regulated 'smokeless tobacco products', widely available and able to be promoted to adults who smoked. Regulations on HTPs differed to those on smoked tobacco products in two main ways: a differential 32% text-only health warning (versus plain

packaging with 80% graphic health warning on cigarettes), and a reduced excise burden.

While vapour products have proven to be the most popular option for adults looking to switch away from smoking, it is critical to note the NZ Government recognised both the reduced risk benefit of HTPs and gave its citizens options to choose.

3.5. Accessible, acceptable and affordable

NZ has striven, like Sweden, to make smoke free nicotine alternatives accessible, acceptable and affordable. It allows a wider range of flavours and nicotine strengths, uses proportional-risk taxation with vaping products taxed only at the standard rate (VAT). Vaping products are readily available in specialist stores, convenience stores and online retailers, subject to safety standards and age restrictions.

Policymakers have also recognised the importance of tailoring THR strategies to connect effectively with Māori and other left-behind

communities. Measures include culturally-aligned programmes and using imagery and language more salient to those communities. These can involve using appropriate language materials, health providers and aligning with traditional Māori values and practices.

Like Sweden, NZ has paved the way to a smoke free future through respect for consumers,⁶⁷ risk-proportionate regulations, evidence-based policymaking and active opposition to misinformation.

67. M. Glover et al. SSM Qualitative Research in Health 5 (2024). How New Zealand adults who smoked understand novel tobacco 'endgame' policies. Qualitative analysis using the associative propositional evaluation model to determine comprehension.

3.6. Role of public health advocates

The champions advocating for an evidence-based, empathetic and compassionate approach to tobacco control in NZ have played a pivotal role in accelerating THR efforts in NZ. Like the famous “haka”, an iconic chant of the All Blacks rugby team proclaiming strength and unity, this has been a powerful multi-stakeholder engagement effort. Health professionals, scientists, consumer advocates and policymakers have worked together to end the tobacco epidemic and reduce health inequalities. Their crucial contributions include:

- Advocacy and Awareness:** These champions have raised awareness about the harms of smoking and energetically promoted alternative, less harmful nicotine delivery methods. They have engaged with policymakers, health professionals and the public to emphasise the urgency of THR and the need to either quit or shift away from traditional smoking toward reduced-risk alternatives such as oral tobacco pouches, vaping or heated tobacco products.
- Collaboration and Education:**⁶⁸ Often against strong opposition, they engaged and collaborated with government agencies, NGOs and intergovernmental organisations to create a unified approach. This facilitated knowledge exchange, research dissemination and capacity-building. Several champions, including the principal author of this report, built education programmes to provide accurate information about reduced-risk products, dispelling myths and misconceptions. They have successfully empowered individuals to make informed choices.
- Policy Advocacy:** Champions have identified and advocated fit-for-purpose, evidence-based policies that support harm reduction. In turn, this advocacy influenced policy decisions, leading to effective interventions and ultimately better health outcomes.
- Addressing Health Inequities:**⁶⁹ As mentioned, the Māori health disparities remain a critical concern. Champions worked tirelessly to bridge this gap by promoting harm reduction strategies specifically tailored for Māori communities. This highlighted the importance of culturally sensitive approaches and equitable access to harm reduction tools, not only in NZ, but also for indigenous communities in other parts of the world.
- Evidence-Based Messaging:** Champions have tirelessly been communicating evidence from studies showing that reduced-risk nicotine alternatives are significantly less harmful than smoking. They have also been emphasising the success stories of countries such as Sweden, Japan and the UK, where harm reduction has led to positive health outcomes.

68. R Beaglehole, R Bonita. [Harnessing tobacco harm reduction](#), 2024.

69. BMJ. Tobacco control. [Tobacco endgame intervention impacts on health gains and Māori](#), 2023.

Figure 29:

Key components of NZ Tobacco Control Programme

NZ's tobacco control programme is considered a model of best practice in tobacco control and harm reduction. Key components include:

- **Surveillance and monitoring:** NZ gathers critical information on smoking and vaping behaviour nationally and for sub-groups.
- **Ambitious goal-setting to reduce smoking prevalence:** The goal of NZ's tobacco control programme is to reduce smoking prevalence to 5% or below by 2025.⁷⁰
- **Comprehensive Approach:** NZ's tobacco control programme is comprehensive, evidence-based and designed based on international best practices.⁷¹ It covers various aspects of tobacco control, including legislation, prevention, cessation, harm reduction, and research and monitoring.
- **Adoption of a Harm Reduction Approach:** The Ministry of Health recognised the need to strike a balance between allowing adults who smoked access to vaping and heated tobacco products to support smoking cessation while preventing their use by children and non-smokers.⁷²
- **Value for Money:** The programme has been evaluated for its effectiveness and value for money. Reports indicate that tobacco control interventions in NZ are cost-effective and provide excellent value for money.⁷³ This means that the resources invested in tobacco control yield significant health benefits.

In summary, NZ's approach combined evidence-based strategies, widely available free support to stop smoking, harm reduction and ambitious goals to create a comprehensive tobacco control programme that serves as a best practice example for other countries.

3.7. Conclusion

Throughout history, people have shifted towards harm reduction and away from riskier, more harmful products and behaviour. In NZ, this approach has been allowed to flourish in tobacco control. Gaps still need to be addressed to better serve the Māori, Pacific, lower socioeconomic and other marginalised groups.

NZ's success story demonstrates the potential effectiveness of combining globally recognised tobacco control measures with a harm-reduction approach like vaping. Actively promoting

vaping as a cessation tool with proper public health messaging has proved crucial.

Support for alternative nicotine products should be increased by providing clear and honest information to both the public and health providers. Guidance should be provided to care workers to support smokers to switch to vaping or other reduced-risk products. Maintaining these products at a lower price than combustible tobacco products is key in this. Tax should be applied proportionate to risk, starting at zero for the least harmful product.

70. BMJ. New Zealand's Bold New Tobacco Control Programme, 2022.

71. Ministry of Health New Zealand. New Zealand's Tobacco Control Programme, 2023.

72. Public Health Communication Centre Aotearoa. Regulating Vaping and New Nicotine Products, 2020.

73. Ministry of Health New Zealand. New Zealand's Tobacco Control Programme, 2023.

Chapter 4: The failing neighbours

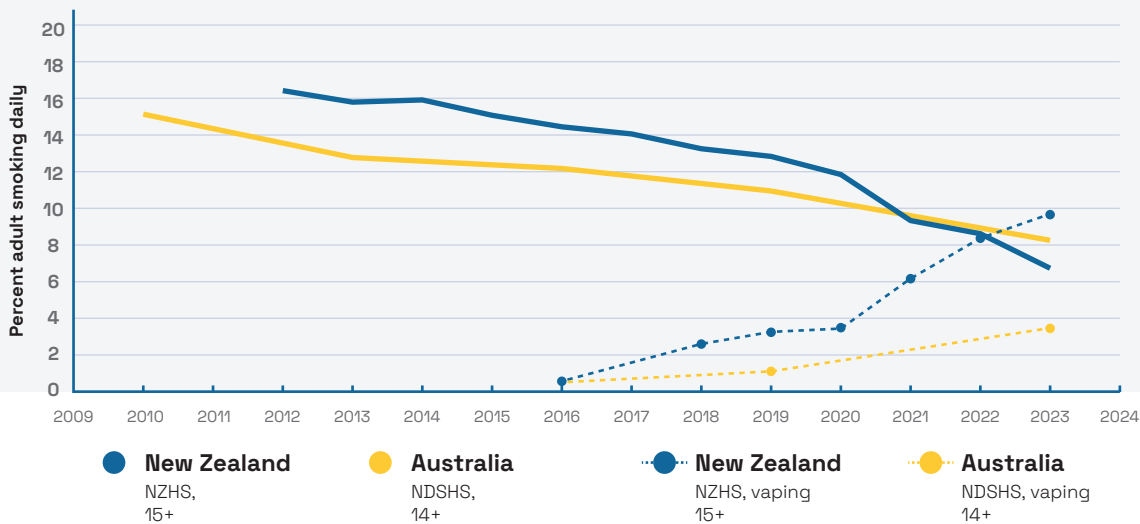
New Zealand's current approach to reduced-risk products stands in stark contrast to that of its trans-Tasman neighbour Australia. This disparity is vividly depicted in the trajectory of smoking prevalence in each nation.

With similar demographics and high historic smoking rates, the two countries had a long-

shared history of aggressive tobacco control policy. This was reflected in the equally gradual decline in their smoking rates over many years.

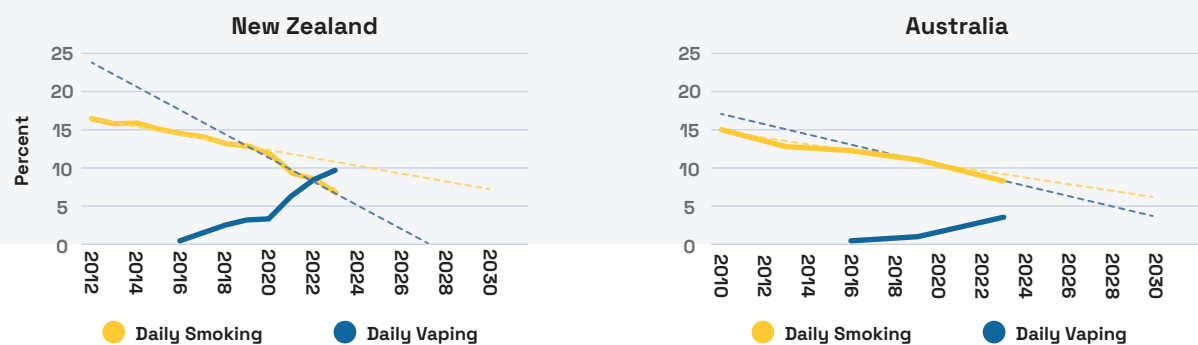
But in 2019, immediately following the NZ legislation regulating vaping and HTPs, a remarkable divergence arose in the rates of decline in Australia and NZ.

Figure 30: Comparison of Daily Adult Smoking and Vaping Prevalence in Australia and NZ (2009-2024)⁷⁴



By allowing people to buy nicotine-containing vape products in stores, NZ enabled adults who smoked to switch to a less harmful option. As we have seen, its smoking rate dropped dramatically, almost in half, in just five years.⁷⁴

Figure 31: Comparison of SmokeFree goals for Australia versus NZ



74. The E-Cigarette Summit. Ben Youdan, 2024.

Meanwhile, Australia stepped up its restrictions on vapes into some of the harshest in the world, requiring a doctor's prescription for vaping. Tellingly, its rate of smoking decrease did not go down as fast as the smoking rate for NZ (Fig 30 above).

Figure 32:

Comparison of Vape Laws in New Zealand and Australia

| |  New Zealand |  Australia |
|--|---|---|
| Classification | Consumer | Prescription medicine |
| Sales in general retailers | Limited to tobacco, mint and menthol flavour | No |
| Sales in specialist retailers | Yes - all systems and flavours | No |
| Advertising allowed | No | No |
| POS display | Yes | Pharmacy only |
| Age restriction | 18 | 18 |
| Flavour restrictions | Only tobacco, mint and menthol are allowed to be sold by general retailers | No – but the restrictive prescription model limits access to flavours |
| Nicotine limits | 20 mg freebase and 28 mg nicotine salts | All including zero-nicotine subject to prescription |
| General use supported for smoking cessation | Yes, firstline and consumer | Secondline via prescription only |
| Disposable ban | Expected | Yes |
| Pack warnings | Yes | Yes |

Although Australia's smoking prevalence was lower than NZ's 10 years ago, that position reversed in 2021. That same year, Australia introduced a prohibition of vapes aimed to curb underage vaping, but a growing body of research suggests it is having unintended consequences.

Figure 33: Comparison of Health Ministry Health Communication on Vaping: NZ versus Australia



New Zealand

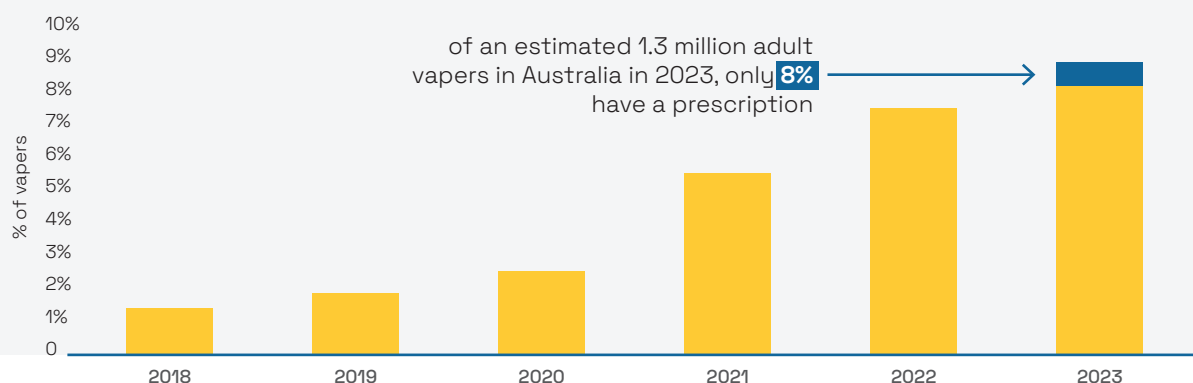


Australia

Figure 34:

Dominance of illicit and unprescribed vaping products

Current Vaping, 14+ Australia



Source: Independent Economics. Tobacco and vaping products in Australia: An updated economic assessment. March 2023

Australian proponents of the ban, including the Therapeutic Goods Administration (TGA), the government body regulating vapes, argue it discourages the underage from initiating nicotine use. However, evidence shows the strict regulations have failed to curb vaping across all ages and are blamed for fuelling a black market for the products.

Of the current estimated 1.7 million adult Australian vapers, approximately 90% now access vapes illegally on the black market.⁷⁵

The low level of compliance with the prescription model is driven by several factors. Less than 1% of doctors are publicly listed as nicotine prescribers and accessibility issues in rural and remote communities have further disadvantaged indigenous Australians, whose smoking prevalence is more than double that of other Australians.⁷⁶

This unregulated black market, which the TGA acknowledges to be “large”, raises serious public health concerns. Black market products often lack safety standards and may contain additional harmful ingredients. Unregulated products can also pose a fire and explosion risk.

The black market also thrives because e-cigarette detection at the border is difficult. With millions of shipping containers arriving annually, the Australian Border Force prioritises narcotics and firearms, leaving e-cigarettes to slip through.

The TGA claims e-cigarette proliferation disproportionately harms public health, but its regulation of the product introduces new potential harms. The underage still experiment with vaping, but now they are exposed to unregulated products. The 2022 South Australian Commissioner for Children and Young People survey found over 66% of 13-19-year-olds had tried vaping, highlighting the ineffectiveness of the current approach in deterring underage use.⁷⁷

Importantly, Australia’s underage and youth vaping rates are higher under an illicit model than NZ’s lower, and declining, youth access rates under a regulated approach.⁷⁸ If Australia switched from prescription-only regulations to an adult consumer model, it would make legal vapes more readily available for adults and reduce the black market which is supplying young people.⁷⁹

75. Australian Institute of Health and Welfare. [Smoking Rates Continue to Decline while Vaping Triples](#), 2024.

76. Dr. Colin Mendelsohn. [Evidence Review of Nicotine Vaping](#), 2023.

77. South Australian Commissioner for Children and Young People. [Vaping Survey](#), 2022.

78. Australian Institute of Health and Welfare. [Smoking Rates Continue to Decline while Vaping Triples](#), 2024.

79. Dr. Colin Mendelsohn. [Vaping FAQs](#).

Quitting Strong: New Zealand's Smoking Cessation Success Story

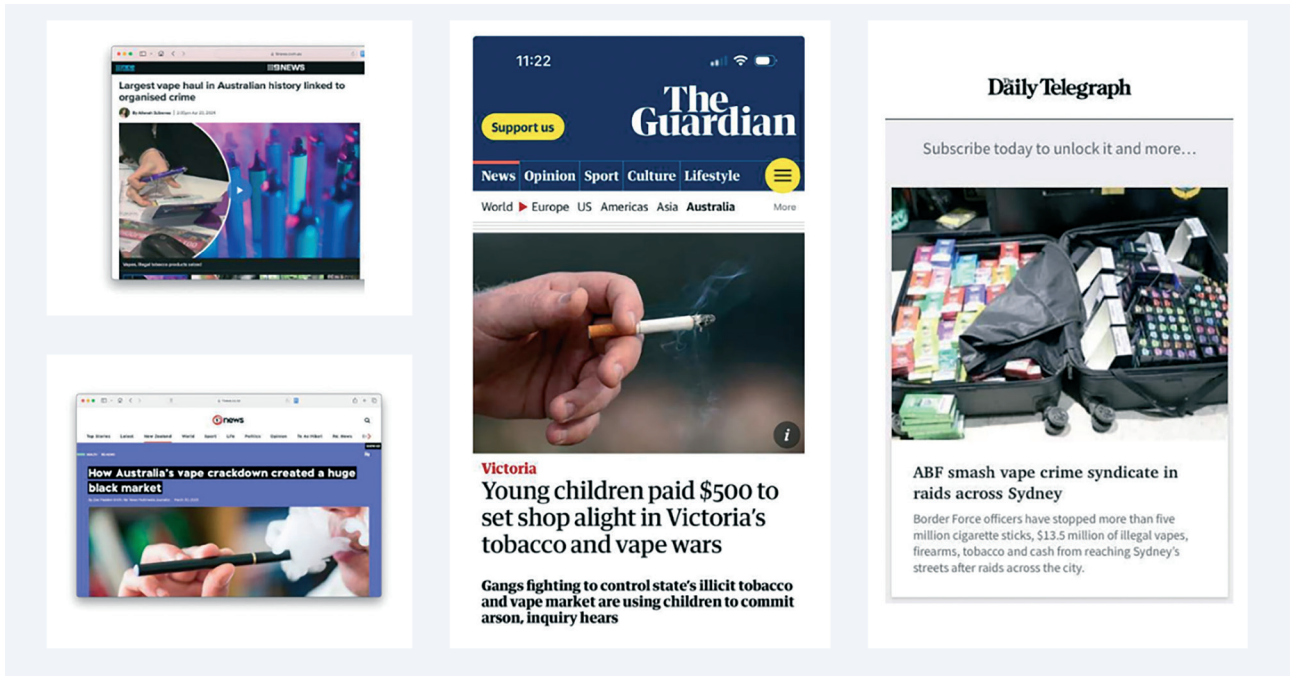


Figure 35: Australia's problem with illicit trade of vaping products

Australia, on the other hand, is by no means guaranteed to achieve its less ambitious smoke free target of 2030 under current policies. A 2022 study by the University of Queensland and the University of Melbourne found that regulating e-cigarettes as a controlled product could save over 104,000 lives in Australia by 2080.⁸⁰ However, authorities appear to be doubling down on their opposition to reduced-risk products.

The current administration has pledged “strong action to reduce smoking and stamp out vaping”. Health Minister Mark Butler is implementing additional restrictions on vaping products by banning the importation of disposable and “non-prescription vapes” into the country, severely restricting permissible e-liquid ingredients and flavours and outlawing all forms of

advertising and communications.

Critics argue that this is illogical because it makes cigarettes readily available while restricting the safer alternatives. This leaves many people who use nicotine with a dangerous choice – to continue or return to smoking tobacco or resort to black market vape products if a doctor’s prescription is difficult to obtain.

Furthermore, there is a stark difference in how the Australian and NZ governments employ health communication, especially about vaping.

It seems Australia and NZ are increasingly moving further apart in their approach to smokeless nicotine products. All the evidence suggests that their respective smoking rates will also continue to diverge.

Figure 36: Difference in health communication on vaping: Australia versus NZ



80. Levy D, et al. 'The Australia Smoking and Vaping Model,' 2023.

Chapter 5: Sweden & New Zealand offer lessons to the world

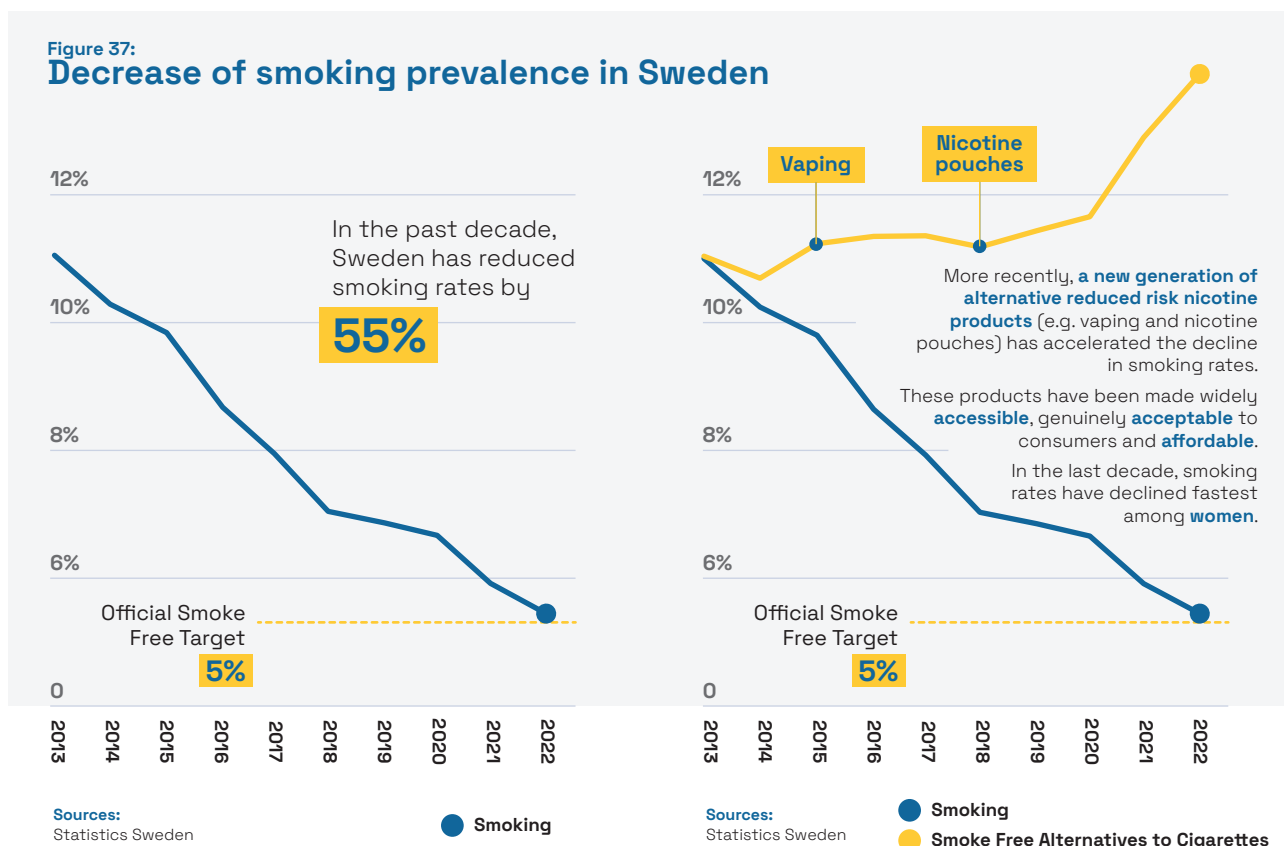
Sweden has emerged as a standard bearer for the global march towards a smoke free (<5%) future. In 15 years, the Scandinavian nation of 10.5 million people has recorded a decrease of over 65% in smoking rates⁸¹ from 15% in 2008 to the brink of smoke free status (5.6%) today. It is by far the largest fall in Europe, where the average smoking rate is currently 23% - almost five times higher than Sweden's. In many EU countries, one in three people still smoke.⁸²

In the younger cohort aged from 16 to 29, this

rate is particularly low, with just 3% of Swedish people smoking,⁸³ compared to 29% of other Europeans aged 15-24 years.⁸⁴

Recent figures from the three most populous EU countries, Germany, France and Italy, show a smoking prevalence of 22.7%,⁸⁵ 25.5%⁸⁶ and 24.2%,⁸⁷ respectively. This is despite their adoption of EU-wide campaigns for traditional tobacco control measures, showing that those are not enough on their own. A comprehensive approach is key.

Figure 37: Decrease of smoking prevalence in Sweden



81. The Public Health Agency of Sweden. [Use of tobacco and nicotine products \(self-reported\) by age, gender and year](#), 2022.
 82. European Commission. [Special Eurobarometer 506](#), 2021.
 83. The Public Health Agency of Sweden. [Use of tobacco and nicotine products \(self-reported\) by age, gender and year](#), 2022.
 84. European Commission Public Health. [Tobacco Overview](#), 2021.
 85. German Federal Ministry for Health. [Smoking](#), 2022.
 86. Santé publique France. [On the occasion of World No Tobacco Day on May 31, 2021, the Ministry of Solidarity and Health welcomes all the actions undertaken to strengthen the fight against tobacco](#), 2021.
 87. Italian Superior Institute of Health. [Smoking: Italy reports almost 800,000 smokers more than in 2019 and the consumption of heated tobacco products has tripled](#), 2022.

Sweden has achieved this remarkable decline in smoking by ensuring smokers have **access** to a variety of safer alternatives such as snus, tobacco-free nicotine pouches, vapes and HTPs.

The permitted communication for nicotine pouches in Sweden has also raised awareness, likely contributing to the increased adoption of these smoke free products, which come in various flavours and nicotine concentrations, making them **acceptable** alternatives to cigarettes for smokers and non-smokers alike.

Recognising the importance of providing alternatives, the Swedish parliament has rejected proposals to ban flavours, most recently in

June 2022. This was a well-founded decision, as multiple studies have found that vapers would either go back to smoking, purchase flavoured products on the black market or take the risk of mixing their own flavours in the absence of flavour options.

Safer smoke free alternatives are more **affordable** in Sweden than cigarettes, with taxation based on relative risks. This means that smokers are not deterred from switching to alternatives based on cost.

Sweden is reaping the health dividend of this progressive adoption of a THR approach. Its incidence of lung cancer is 41% lower than the rest of its European counterparts,

Figure 38:

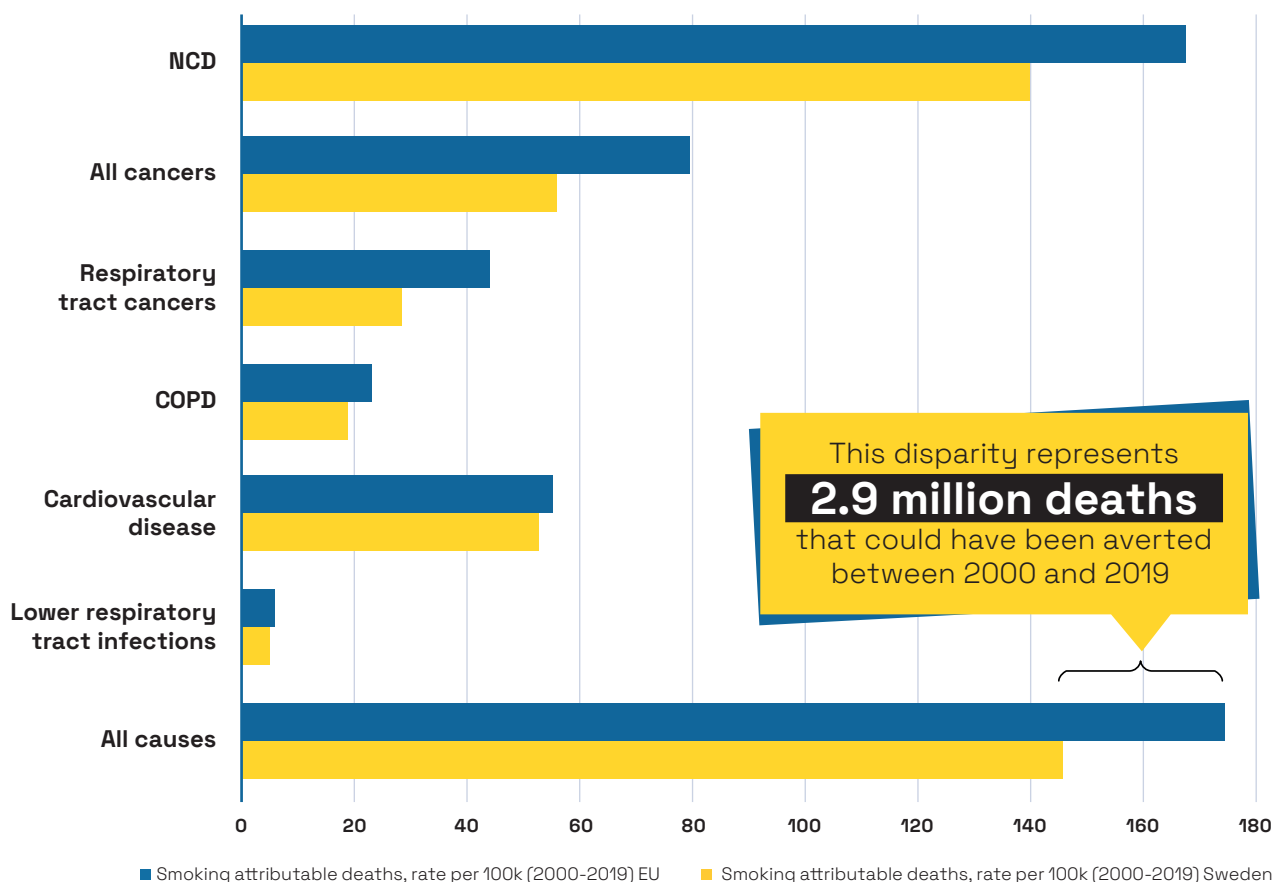
Smoking-attributable deaths per 100,000 inhabitants: Sweden vs EU (2000-2019)⁸⁸

| Cause of death | Smoking-attributable deaths, rate per 100k (2000-2019) | | Smoking-attributable deaths, number (2000-2019) | | Deaths that could have been averted, number |
|------------------------------------|--|-------|---|---------------------------|---|
| | Sweden | EU | EU (actual) | EU (if rated like Sweden) | |
| Non-communicable disease (NCD) | 139.9 | 167.6 | 16,870,287 | 14,082,789 | 2,787,499 |
| All cancers | 56.0 | 79.6 | 8,020,071 | 5,637,051 | 2,383,020 |
| Respiratory tract cancers | 28.4 | 44.0 | 4,434,576 | 2,858,811 | 1,575,765 |
| COPD | 18.9 | 23.2 | 2,336,499 | 1,906,782 | 429,717 |
| Cardiovascular disease | 52.7 | 55.2 | 5,541,923 | 5,294,089 | 247,834 |
| Lower respiratory tract infections | 5.0 | 5.9 | 595,510 | 503,637 | 91,873 |
| All causes | 145.8 | 174.5 | 17,562,390 | 14,672,386 | 2,890,004 |

88. Saving Lives Like Sweden Report. 2023. https://smokefreesweden.org/wp-content/themes/smokefreesweden/assets/pdf/reports/Report_SAVING%20LIVES%20LIKE%20SWEDEN.pdf

Figure 39:
Smoking-Attributable Death Rates by Cause:
Sweden vs EU (2000-2019)

Source: IHME GBD.



corresponding to a 38% lower level of total cancer deaths.⁸⁹ Regarding deaths from tobacco-related diseases in general, Sweden has a 39.6% lower rate compared to the EU average. In fact, 24 of the other 27 EU Member States have a tobacco-related mortality rate at least twice as high as Sweden.⁹⁰

NZ’s adoption of a THR approach shares much in common with Sweden’s and its swift progress towards smoke free status powerfully exemplifies the effectiveness of the Swedish model.

As in Sweden, the NZ government promotes vaping as a safer alternative to smoking.

which explicitly aims to “encourage smokers to quit or switch to vaping or smokeless tobacco products”.⁹¹

The Smokefree Environments and Regulated Products Regulations of 2021⁹² stipulates that all flavours are available through approved specialist vaping stores and websites. In 2023, flavour descriptors were regulated, and a list of permissible descriptors was created.⁹³

Prescribed relative-risk messaging may be displayed in all vaping retail premises and internet sites highlighting vaping as a safer alternative to smoking.

89. Ramström, L. “Institute for Tobacco Studies. Death rates per 100,000 attributable to tobacco – Sweden and the rest of the EU in 2019. Compiled from The Global Burden of Disease Study”, 2020

90. Snus Commission. *Snus saves lives: A study of snus and tobacco-related mortality in the EU*, 2017.

91. Ministry of Health. *Proposals for a Smokefree Aotearoa 2025 Action Plan. New Zealand Ministry of Health*, 2021.

92. New Zealand Ministry of Health, *Smokefree Environments and Regulated Products Act*, 2021.

93. New Zealand Government. *Smokefree Environments and Regulated Products (Vaping) Amendment Act*, 2023.

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These messages include:

- “If you smoke, switching completely to vaping is a much less harmful option”
- “Completely replacing your cigarette with a vape will reduce harms to your health”

Meanwhile, vaping products are not subject to excise tax; only VAT (GST) is applied.

Like Sweden, NZ's smoke-free journey has been built on making safer alternatives accessible, acceptable and affordable for adult smokers.

The results have been dramatic for both countries. Smoking prevalence in NZ fell 49% in five years from 13.3% in 2017-18 to 6.8% in 2022-23. Meanwhile, the prevalence of adult daily vaping increased from 2.6% to 9.7%.⁹⁴

Vaping has played an important role in the record reduction in New Zealanders smoking over the last few years.⁹⁵

Health Minister **Ayesha Verrall**, June 2023

In November 2023, current Health Minister Dr. Shane Reti said that vaping had made a significant contribution to reducing adult smoking rates and would remain “the prime tool” for doing so.

For now, NZ's THR success story is built almost exclusively around vapes, as HTPs attract tobacco excise tax inhibiting affordability, it remains illegal to sell oral tobacco and nicotine products except for nicotine replacement therapy. This may change, however, as the government considers broadening THR measures to include oral products.

What is certain is that NZ and Sweden both offer a powerful roadmap for other countries

Figure 40: NZ Government health communication on vaping for smoking cessation



seeking to combat the devastating effects of tobacco use. Both are prioritising harm reduction and providing adults who smoke with a clear path away from cigarettes, and consumers are increasingly choosing that safer path.

To follow their lead, and spare millions more from the deadly grip of tobacco, policymakers around the world should heed five key methods from these two smoke free trailblazers:

- **Government recognition** of tobacco harm reduction
- **Government-endorsed education** of the public and healthcare professionals on the role of THR
- **Risk-proportionate regulation** and tax frameworks
- **Availability of a range of flavours** to aid transition to safer alternatives
- **Ethical, compassionate approach** to tobacco control

94. Ministry of Health New Zealand Government. [New Zealand Health Survey 2022/23](#).

95. Radio New Zealand. [Prime Minister Chris Hipkins, Health Minister Ayesha Verrall speak at post-Cabinet press conference, 2023](#).

Chapter 6: Recommendations

The Kiwis play rugby better than most nations, and now they're leading the pack when it comes to tackling smoking. New Zealand's rapid progress towards smoke-free status is a case study of how effective tobacco control is, if complemented by sound harm reduction strategies. This remarkable achievement is underpinned by a government courageous enough to trust the evidence, pivot when necessary and to use all available policy tools to save the lives of people who smoke. Like Sweden, this empathetic and compassionate focus on the consumer has been a golden thread in NZ's Roadmap to a Smokefree 2025.

Based on NZ's experience, the following recommendations are proposed by the panel of authors:

1. Consumers:

- Respect the fundamental human rights of consumers and employ an ethical and compassionate approach in supporting people who smoke, to quit smoking or switch to reduced-risk nicotine alternatives.
- Avoid stigmatising people who smoke and optimise smoking cessation services, such as quit lines and free Nicotine Replacement Therapy (as NZ has done).
- Balance prevention of smoking initiation among youth with effective, accessible and acceptable smoking cessation support and treatment for adults at highest risk of smoking-related harm and vulnerable groups such as pregnant women.
- Respect and leverage consumer and specialist vape retailers' experience.
- Specifically for NZ there is an opportunity to regulate oral nicotine pouches to support smokers switching, taking learnings from Sweden.

2. Health Professionals:

- Ensure that health professionals receive training in smoking cessation and THR, at the undergraduate level and as part of ongoing professional development.
- Develop specific and realistic goals for intervention strategies, that are customised to individuals, local settings, priority sub-groups and larger communities

3. Regulation:

- Clearly differentiate between combustible tobacco products and smoke free products and develop risk-proportionate regulation that moves adults away from cigarettes through appropriate taxes, labelling, packaging and responsible marketing.
- Tobacco control policy should include THR, as called for by Article 1(d) of the FCTC. Simple awareness of THR is not enough. Acting and implementing consumer-centric THR policies and science will save lives.
- Policies must be achievable, without causing negative consequences for the lowest socio-economic groups and marginalised sub-groups who have disproportionately high smoking rates.

4. Products:

- Make reduced risk nicotine alternatives Accessible, Acceptable and Affordable, for people who smoke.
- Encourage more research and innovation in the evolving reduced risk product categories of oral nicotine pouches, vapes, HTPs and emerging over-the-counter nicotine replacement products.

5. Science:

- Fund and accelerate localised and customised research to reduce smoking prevalence rapidly, paying special attention to reducing smoking rates in the left-behind groups.
- Confront poor and flawed science needs and demand retractions. All efforts should be made to eliminate the original lies, which often live on in policy briefs or headlines worldwide and are seen by many as fact.
- Accelerate any ongoing research or programmes related to the potential benefits of alternative smoke free nicotine products.

6. Communication:

- Encourage truthful, evidence-based health messaging, preferably through Government-Endorsed Communication. This applies especially to THR-assisted smoking cessation, as NZ has done so admirably.
- Challenge and correct misinformation, especially about risk-reduced nicotine products, and nicotine itself. Counter-balance false narratives which confuse adult smokers about relative risks and prolong the smoking epidemic.
- The motivations of organisations that propagate false, misleading and deceptive messages about harm reduction and nicotine should be investigated to inform misinformation-countering strategies.

7. Monitoring and Evaluation

- Report and monitor progress on THR, as NZ's government is doing on smoking cessation. Progress on THR requires that all stakeholders better coordinate their efforts, define clear goals, identify reasonable success metrics, and share their learnings through open channels

of communication and the identification of best practices such as the NZ or Swedish '3A' approach.

- Adopt NZ as a possible country case study for COP11, focusing on smoking prevalence, health outcomes and comparisons to other countries.

Conclusion

NZ, like Sweden, has shown that a smoke free future is an achievable reality. Authorities there have respected consumer choice and allowed for reduced-risk products to be Accessible, Acceptable and Affordable. They have embraced risk-proportionate regulation, encouraged stakeholder engagement and rewarded collaborative efforts.

Prohibition of alternative nicotine products is, in effect, giving up on the world's remaining 1.1 billion adult smokers. NZ has demonstrated that through comprehensive regulation, adults who smoke can be encouraged to switch, slashing smoking prevalence, while balancing and protecting the interests of future generations.

NZ has proved that Sweden's success doesn't rely on decades of a harm reduction approach but can be replicated in a few short years. By implementing the recommended strategies, they are already saving lives. Now these two nations at opposite sides of the world stand as beacons of inspiration for all others to follow.



Annex A: Resources

- [Letter to WHO by 100 top scientists](#)
- [Position Statement by 15 former Presidents of the Society for Research on Tobacco and Nicotine \(SRNT\)](#)
- [The Swedish Experience](#)
- [Saving Lives like Sweden Report](#)
- [Learnings from Smoke-Free Sweden: A Global Consultation](#)
- [COP 10 Scorecard](#)
- [Lives Saved in LMICs](#)
- [Lives Saved \(Brazil\)](#)
- [THR E-Book \(on thr.net\)](#)
- [Oral Nicotine Commission Report \(on oralnicotine.com\)](#)
- [Snus Commission Reports](#)

Annex B: Statements on THR by influential organisations

New Zealand Organisations – “WHAT WE AGREE ON”



- Vaping is not for children and young people.
- Vaping is not for non-smokers.
- Vaping can help some people quit smoking.
- Vaping is not harmless, but it is less harmful than smoking for smokers.
- The best thing you can do for your health is to be smokefree and vape free.

Organisations that endorse this message:



Ministry of Health
www.health.govt.nz



New Zealand Medical Association (NZMA)
www.nzma.org.nz



Te Whatu Ora
www.tewhatauora.govt.nz



All District Health Boards
ALLDHBS@tas.health.nz



Te Aka Whai Ora
www.teakawhaiora.nz



Pharmacy Guild of New Zealand
www.pgnz.org.nz



Quitline
www.quit.org.nz



Heart Foundation
www.heartfoundation.org.nz



Hāpai te Hauora
hapai.co.nz



New Zealand College of Midwives
www.midwife.org.nz



Action for Smokefree 2025 (ASH)
www.ash.org.nz



Parents Centre
www.parentscentre.org.nz



National Training Service (NTS)
www.nts.org.nz

International Organisations:



British Medical Association:

“Significant numbers of smokers are using e-cigarettes (electronic cigarettes), with many reporting that they are helpful in quitting or cutting down cigarette use. There are clear potential benefits to their use in reducing the substantial harms associated with smoking, and a growing consensus that they are significantly less harmful than tobacco use.”



Royal College of
General Practitioners

Royal College of General Practitioners:

“The evidence so far shows that e-cigarettes have significantly reduced levels of key toxicants compared to cigarettes, with average levels of exposure falling well below the thresholds for concern.”



Royal College
of Physicians

Royal College of Physicians:

“Although it is not possible to precisely quantify the long-term health risks associated with e-cigarettes, the available data suggest that they are unlikely to exceed 5% of those associated with smoked tobacco products, and may well be substantially lower than this figure... E-cigarettes are effective in helping people to stop smoking.”



Cancer Research UK:

“While the long-term health consequences of e-cigarette use are uncertain, the evidence so far suggests that e-cigarettes are far less harmful than smoking. ...There is also growing evidence to suggest that e-cigarettes can work successfully as an aid to cessation. ...There is insufficient evidence to support a blanket indoor ban on e-cigarette use, either on the basis of renormalisation of smoking or harm to bystanders from second-hand vapour.”



British Lung Foundation:

“Experts have reviewed all the research done on e-cigarettes over the past few years, and found no significant risks for people using e-cigarettes. ...Swapping cigarettes for an e-cig can improve your symptoms of lung conditions like asthma and COPD.”



Public Health
England

Public Health England:

“Our new review reinforces the finding that vaping is a fraction of the risk of smoking, at least 95% less harmful, and of negligible risk to bystanders. Yet over half of smokers either falsely believe that vaping is as harmful as smoking or just don't know.”



Royal Society for Public Health:

“RSPH has welcomed a new comprehensive evidence review on e-cigarettes published by Public Health England (PHE). The report reflects an up-to-date evidence base that is increasingly pointing in the same direction: not only that vaping is at least 95% less harmful than smoking, but also that it is helping increasing numbers of smokers to quit.”

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Action on Smoking and Health UK:

"It has been estimated that e-cigarettes are 95% less harmful than ordinary cigarettes. There is negligible risk to others from second-hand e-cigarette vapour. ...The lifetime cancer risk of vaping has been assessed to be under 0.5% of the risk of smoking. [But] Public understanding of the relative harms of e-cigarettes [vs smoking cigarettes] have worsened over time and are less accurate today than they were in 2014."



US Food & Drug Administration:

"Make no mistake. We see the possibility for ENDS products like e-cigarettes to provide a potentially less harmful alternative for currently addicted individual adult smokers who still want to get access to satisfying levels of nicotine without many of the harmful effects that come with the combustion of tobacco."



US Centers for Disease Control:

"E-cigarettes have the potential to benefit adult smokers who are not pregnant if used as a complete substitute for regular cigarettes and other smoked tobacco products."



Cochrane

Tobacco Addiction

Cochrane Tobacco Addiction Group (Cochrane TAG):

"No serious side effects were associated with [the use of e-cigarettes] (up to two years)."



French National Academy of Pharmacy:

"The World Health Organization's [anti-e-cigarette] position is incomprehensible. Tobacco is responsible for 73,000 deaths in France. The e-cigarette helps people quit smoking. Its components are obviously less harmful than tobacco." NOTE: This is a Tweet from the Académie Nationale de Pharmacie. Not an official statement.



Government of Canada:

"Vaping is less harmful than smoking. Completely replacing cigarette smoking with vaping will reduce your exposure to harmful chemicals. There are short-term general health improvements if you completely switch from smoking cigarettes to vaping products."



The Royal Australasian
College of Physicians

Royal Australian College of Physicians:

"The RACP acknowledges that e-cigarettes may have a potential role in tobacco harm reduction and smoking cessation for smokers unable or unwilling to quit."



Royal Australian & New Zealand College of Psychiatrists:

"Research shows that 70% of people with schizophrenia and 61% of people with bipolar disorder smoke compared to 16% of those without mental illness. ...E-cigarettes and vaporizers provide a safer way to deliver nicotine to those who are unable to stop smoking, thereby minimizing the harms associated with smoking tobacco and reducing some of the health disparities experienced by people with mental illness."



US National Academies of Sciences, Engineering and Medicine:

“While e-cigarettes are not without health risks, they are likely to be far less harmful than combustible tobacco cigarettes.”



American Association of Public Health Physicians:

“Smoke-free tobacco/nicotine products, as available on the American market, while not risk-free, carry substantially less risk of death and may be easier to quit than cigarettes. ...Smokers who have tried, but failed to quit using medical guidance and pharmaceutical products, and smokers unable or uninterested in quitting, should consider switching to a less hazardous smoke-free tobacco/nicotine product for as long as they feel the need. Such products include pharmaceutical Nicotine Replacement Therapy (NRT) products used, off-label, on a long term basis, electronic “e” cigarettes, dissolvables (sticks, strips and orbs), snus, other forms of moist snuff, and chewing tobacco.”



American Cancer Society:

“Based on currently available evidence, using current generation e-cigarettes is less harmful than smoking cigarettes.”

NOTE: This was the official statement from 2018-2019. As of November 2019, ACS no longer recommends e-cigarettes as a smoking cessation tool. Their stated reason for this change was “e-cigarette use by young people.” Illegal under-age use is undesirable, but does not change the original finding that nicotine vaping is less harmful than smoking.



New Zealand Ministry of Health:

“The regulatory controls in the Smoke-free Environments Act 1990 were designed primarily for tobacco products that are smoked. They are inadequate for vaping and smokeless tobacco products, which are less harmful to users. There is an opportunity, through better regulation (and public information), to support smokers to switch to significantly less harmful alternatives, substantially reducing the risks to their health and those around them.”



National Health Service Scotland consensus statement on e-cigarettes:

“Smoking kills. Helping people to stop smoking completely is our priority. ...There is now agreement based on the current evidence that vaping e-cigarettes is definitely less harmful than smoking tobacco.”

This statement was created and endorsed by: Action on Smoking & Health Scotland • Cancer Research UK • Chest Heart & Stroke Scotland • Chief Medical Officer for Scotland • NHS Ayrshire and Arran • NHS Greater Glasgow and Clyde • NHS Lothian • NHS Tayside • Roy Castle Lung Cancer Foundation • Royal College of General Practitioners • Royal College of Physicians of Edinburgh • Royal College of Physicians and Surgeons of Glasgow • Royal Environmental Health Institute of Scotland • Scottish Collaboration for Public Health Research and Policy • Scottish Consultants in Dental Health • Scottish Thoracic Society • UK Centre for Tobacco & Alcohol Studies • University of Edinburgh • University of Stirling

ANNEX C: Consumer views on THR

Consumer views on THR: Real people and their stories

Mark Marshall
@mark_marshall

Replying to @GrimmGreen

Hi, my name is Mark, and it was vaping - various flavors - that helped me end a 35 year cig habit. Immediately. After the patch/gum/cold turkey all failed me miserably. I've been cig free for 12 years... my vapeversary is in 5 days. ❤️

3:55 PM · May 13, 2022 · Twitter Web App

Sanctuary Denied
@Lloyd45190819

Replying to @GrimmGreen

My name is Lloyd, I tried vaping so I wouldn't smell like 🚬 around the kids I was coaching. Tobacco flavors didn't quite so it for me so I tried a berry flavored vape instead. I've been combustion free for over a decade now and I no longer smell like 🚬 smoke.

6:02 PM · May 13, 2022 · Twitter Web App

Vaping Jedi
@thevapingjedi

Replying to @GrimmGreen

Hi, my name is Josh and it was Mountain Dew flavored #nicotine #vaping that helped me end a 15 year addiction to cigarettes.

I have been cigarette free for just shy of 10 years thanks to #vaping and I've never felt better!

7:20 PM · May 13, 2022 · Twitter for iPhone

Allison
@all_vapes

Replying to @GrimmGreen

🍷 All here. I started smoking at 15. Quit at 32 with pina colada flavored 18mg eliquid. I almost died from a blood clot and tried every single doctor recommended quit option, I thought quitting was just not in my reach. #vaping saved me when nothing else could.

9:54 PM · May 13, 2022 · Twitter for iPhone

Edward Hubert
@EdwardHubert4

Replying to @GrimmGreen

Hello I'm Ed, 2nd time vaping because it was extremely hard to find vaping material & went back to smoking. Quit both times with 24mg fruits, custards, deserts, and some tobaccos. Now use 3mg unless it's a good MTL 12mg. Various flavors & total 8 years vaping. Healthier for it!

6:42 PM · May 13, 2022 · Twitter for iPhone

Skip Murray
@lmsracr@gmcom

Replying to @GrimmGreen

Hi. I'm Skip. I smoked for 46 years. I accidentally quit smoking in 2015 with the help of a rainbow sherbert-flavored vape. (Thanks @TroopaX! It was YOUR flavor - Angel Sauce). I failed to quit smoking so many times, I stopped trying. Dual-used for 4 months. #THRworks

7:14 AM · May 14, 2022 · Twitter Web App

Miles Davis
@mmlley

Replying to @GrimmGreen

Hi, I'm Miles 🍷 Started smoking at 16ish. Smoked till I was 52. Dual used for a year and a half (but only about 4 cigarettes a day) because the tobacco wasn't the only thing I smoked. Gave up both overnight with 18mg Raspberry creme brulee. That was 2 1/2 years ago 🍷

10:11 PM · May 13, 2022 · Twitter for Android

Distinct Blaze (Dewin)
@Distinct_Blaze

Replying to @GrimmGreen

I quit smoking with a grape flavor. It took 2 weeks to fully quit whereas I didn't have any success with other smoking cessation products. I was born with a major heart defect so it was essential I quit. I've been combustion free for more than 5 years and have never been healthier

4:17 PM · May 13, 2022 · Twitter for Android

cigarbabe
@cigarbabe2

Replying to @GrimmGreen

My name is Ceebs & I accidentally quit a 37 yr 3 pad Kool & 10 cigars a day via vaping. My first flavors were Irish Creme liqueur & Oatmeal cookie in 24mg from Tasty Vapors. I smoked through open heart & lung surgeries until I found vaping. It saved my life. That was 13 yrs ago.

4:01 PM · May 13, 2022 · Twitter Web App

Vi
@ViPhan

Replying to @GrimmGreen

My name is Vi and I used to smoke a pack a day for 12 years. Then 12 years ago, vaping melon flavor helped me quit that habit. My dad was also a pack a day smoker for ~50 years and vaping has kept him #cigarettefree for 10 years. #vapingsaveslives

6:51 PM · May 13, 2022 · Twitter for iPhone

Terry Glen Mason
@tgmason50

Replying to @GrimmGreen

Hello, I'm terry, i quit accidentally. Had given up trying to quit. Smoked for over 30 years. Quit almost 5 years ago. Feel like a different person. Thanks to vanilla custard. And thanks to all who made this happen. And our advocates.

7:35 PM · May 13, 2022 · Twitter for Android

Rich
@richlan78

Replying to @GrimmGreen

My name is Rich. I started vaping with apple fritter flavoured nicotine about 9 years ago, and have been cigarette free since. My mother passed from lung cancer, and I quit because I didn't want to put my kids through that.

3:53 PM · May 13, 2022 · Twitter for iPhone

About the Authors



Prof. Marewa Glover

Principal Author - New Zealand

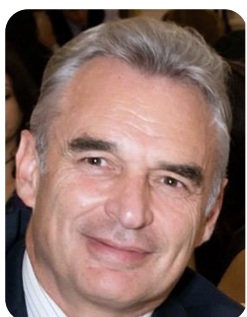
Professor Marewa Glover is one of New Zealand's leading tobacco control researchers. She has worked on reducing smoking-related harm for 31 years. She is recognised internationally for her advocacy on tobacco harm reduction; and locally was a Finalist in the New Zealander of the Year Supreme Award in 2019 recognising her contribution to reducing smoking in NZ. In 2018, Prof. Glover was appointed Tobacco Section Editor for the Harm Reduction Journal. In that year she also established the Centre of Research Excellence: Indigenous Sovereignty & Smoking, an international programme of research aimed at reducing smoking-related harms among Indigenous peoples globally. The Centre's research was funded with a grant from Global Action to End Smoking (formerly known as Foundation for Smoke-Free World), an independent, U.S. nonprofit 501(c)(3) grant making organisation, accelerating science-based efforts worldwide to end the smoking epidemic. Professor Glover contributed to this report independently.



Dr. Colin Mendelsohn

Australia

Dr Colin Mendelsohn has worked as a clinician and academic in smoking cessation and harm reduction for 40 years. He is the Founding Chairman of the Australian Tobacco Harm Reduction Association, a health promotion charity established to raise awareness of tobacco harm reduction options. He was a Conjoint Associate Professor in the School of Public Health and Community Medicine at the University of New South Wales. He was a member of the expert advisory group that develops the Royal Australian College of General Practitioners national smoking cessation guidelines. He is the author of the book, **Stop Smoking Start Vaping**. He has no financial or commercial relationship with any electronic cigarette or tobacco company.

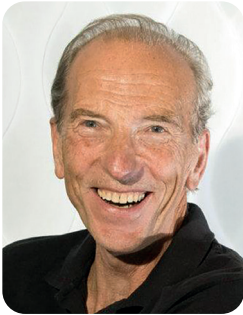


Dr. Delon Human

South Africa

Dr. Delon Human is a specialist family physician, global health advocate, published author, international speaker and healthcare consultant specialising in global health strategy, harm reduction and health communication. He is the former Secretary-General of the World Medical Association, International Food and Beverage Alliance and Co-founder of the African Harm Reduction Alliance (AHRA). He has acted as an adviser to three WHO Directors-General and to the UN Secretary-General on global public health strategies.

Quitting Strong: New Zealand's Smoking Cessation Success Story



Prof. Karl Fagerström

Sweden

Prof. Karl Fagerström is a psychologist and founding member of the Society for Research on Nicotine and Tobacco (SRNT). He was awarded the World Health Organization medal in 1999 for his outstanding work in tobacco control. In 2013 he was the recipient of the Award on Clinical Science from the Society for Research on Tobacco and Nicotine. He has been part of the early development of the nicotine replacement products and developed the first non-tobacco nicotine pouch.



Dr. Anders Milton

Sweden

Dr. Anders Milton is a physician with extensive experience in public service, a highly sought-after consultant in the healthcare sector and a former chair of the WMA. Currently the owner and CEO of Milton Consulting, chair of the Snus Commission and chairman of the board of three foundations that work with education for children and adolescents and several for-profit companies in the field of life science. Dr. Milton's resumé also includes stints as President and CEO of the Swedish Medical Association (SMA), and as President of the Swedish Red Cross, the People and Defence Foundation and the Swedish Confederation of Professional Associations (SACO).



Dr. S. Abbas Raza

Pakistan

Dr. Raza is currently a Consultant Endocrinologist at Shaukat Khanum Hospital and Research Center in Pakistan and National Defence Hospital in Lahore, Pakistan. He received his medical degree from Allama Iqbal Medical College, Lahore. He has served as Chief Medical Resident at Atlantic City Medical Center, NJ, USA. He has completed his Fellowship in Diabetes, Endocrinology and Metabolism from University Wisconsin, Madison, USA.

Dr Raza is American Board in Internal Medicine, and in Endocrinology, Diabetes and Metabolism.

He has presented extensively on diabetes and endocrinology throughout his career and has received numerous awards in recognition of his contributions to this field. Dr Raza is Past-President of the Pakistan Endocrine Society (PES) and received lifetime achievement award from PES. He has also served Past President of South Asian Federation of Endocrine Societies (SAFES) and Pakistan Chapter of American Association of Clinical Endocrinologist.



Dr. Gintautas-Yuozas Kentra

Kazakhstan

Dr. Gintautas-Yuozas Kentra is a cardiologist and Deputy Chairman of the Council and member of the Expert Council of the Densaulyk ULL, which is the Harm Reduction Association of Kazakhstan, focusing on the institutionalisation of harm reduction in non-communicable diseases.



Dr. Kgosi Letlape

South Africa

Dr. Kgosi Letlape is an ophthalmologist from South Africa and is currently a founding member of the Africa Harm Reduction Alliance (AHRA), a former president of the Health Professions Council and chairman of the Medical and Dental Board of South Africa. He is the current president of the Africa Medical Association and president of the Association of Medical Councils of Africa. He is also past chairman of the board of the South African Medical Association (SAMA) and past president of the World Medical Association (WMA), the global representative body for physicians. He was admitted as a fellow of the College of Surgeons of South Africa in April 1988 and as a fellow of the Royal College of Surgeons of Edinburgh for ophthalmology in May 1988. He has the distinction of being the first black African to qualify as an ophthalmologist in Southfield, South Africa, and the first to become president of the WMA. Internationally, Dr. Letlape has been closely involved in policy on a range of issues – from the ethics of clinical research to health care systems and the FCTC. During the last decade, he has focused on harm reduction policy and science. He brings to the table superior, world-class skills of leadership, advocacy and policy insight.



Prof. Solomon Tshimong Rataemane

South Africa

Prof Solomon Tshimong Rataemane is the former head of Department of Psychiatry at the University of Limpopo (MEDUNSA CAMPUS in Pretoria). He has special interest in child psychiatry, mood disorders and addiction medicine. He has served as deputy chairperson and chairperson of the Central Drug Authority of South Africa from 1995 to 2005. He is currently involved with UCLA Substance Abuse Program in collaborative research to improve Cognitive Behavior Therapy for counsellors at SANCA Clinics in South Africa. He is a Board member of ICAA (International Council on Alcohol and Addictions) and serves on the Health Committee of the Health Professions of South Africa assisting in physicians' health management. He is currently the Interim Executive Dean of the Health Sciences Faculty of the University of Limpopo. The current engagements include an effort to develop policy and protocols for management of substance abuse. He was appointed Deputy Chair of the Medical Research Council of South Africa for the triennium 2007 – 2010 and serves a third term as member of the Colleges of Psychiatry. He is a member of the following organisations, including the South African Society of Psychiatrists, Health Professions Council of South Africa, International Council on Alcohol and Addictions, World Psychiatric Association and the World Association for Social Psychiatry.

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Prof. Mihaela Răescu

Romania

Prof. Dr. Mihaela Raescu is a Ph.D. in Medical Sciences – Dentistry (2002) who teaches Oral and Dental Prevention at the Titu Maiorescu University School of Dentistry in Bucharest, Romania since 2003. She is a tenured University Professor since 2015, in addition to being an active practitioner and primarius doctor. Her professional experience includes time spent as President of Ethical Committee, Member of Editorial Board of scientific journals, Counselor of Romanian College of Dentists.

Prof. Dr. Raescu graduated from the University of Craiova, School of Dentistry in 1995 and received post-graduate scholarships at the University of Birmingham (UK) and the University Claude Bernard Lyon II (France).

Dr. Raescu has authored and co-authored numerous studies and publications and has been a guest speaker at various professional conferences.

She conducted several research projects in dentistry field and products development as a project manager. (European projects and private lab projects)

In THR field research projects she studied the impact of switching from cigarettes smoking to HNB products on oral health and she was a mentor for other projects promoting oral health. Also she participated at the Conference Impact Industry innovations for Economy and Society in the presence of governmental representatives.



Dr. Diego Verrastro

Argentina

Dr. Diego Verrastro is a general surgeon, specialising in emergency medicine, abdominal mini-invasive surgery, ultrasonography and obesity. He is also spokesperson for RELDAT, The Latin American network for the reduction of tobacco-associated harm. In this role, he has called for further discussion of the merits of harm reduction in Latin America, drawing attention to the examples provided by other countries-including the UK, New Zealand and Sweden.



Prof. Heino Stöver

Germany

Prof. Stöver is a social scientist and Professor of Social Scientific Addiction Research at the Frankfurt University of Applied Sciences in Germany, Faculty of Health and Social Work. Since 2009 he has been the director of the Institute of Addiction Research.

Heino Stöver's main fields of research and project development expertise are health promotion for vulnerable and marginalised groups, drug services, prison health care and related health issues (especially HIV/AIDS, Hepatitis C, drug dependence, and gender issues), and the potential of e-cigarettes. His international research and consultancy expertise includes working as a consultant for the European Commission, United Nations Office on Drugs and Crime (UNODC), World Health Organization (WHO), European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), International Committee of the Red Cross (ICRC) and Open Society Institute (OSI) in various contexts.



Dr. Anoop Misra

India

Dr. Anoop Misra is an Indian endocrinologist and a former honorary physician to the Prime Minister of India. He is the chairman of Fortis Centre for Diabetes, Obesity and Cholesterol (C-DOC) and heads, National Diabetes Obesity and Cholesterol Foundation (NDOC). A former Fellow of the World Health Organization at the Royal Free Hospital, UK, Misra is a recipient of the Dr. B. C. Roy Award, the highest Indian award in the medical category. The Government of India awarded him the fourth highest civilian honour of the Padma Shri, in 2007, for his contributions to Indian medicine.



Dr. Hiroya Kumamaru

Japan

Dr. Hiroya Kumamaru is a cardiovascular surgeon and vice director of AOI International Hospital in Kawasaki, Japan, a position he has held since April 2013. A graduate from the School of Medicine at Keio University, Kumamaru studied cardiovascular surgery in Europe and the United States. His professional experience includes time spent as director of the K.I. Akihabara Clinic (July 2008 to March 2013), chief surgeon of the department of cardiovascular surgery at Kawasaki Municipal Hospital, Kanagawa (July 2005 to March 2008) and senior cardiovascular medical director and group leader of clinical scientific affairs at Pfizer Japan (April 1996 to June 2005). He has been working on preventive medicine for more than 10 years and tobacco harm reduction is the one of the biggest issues for that area.



Dr. John Oyston

Canada

Dr. John Oyston MB BS BMedSci, FRCA, FRCP(C) is a retired medical doctor who specialized in anesthesiology. Since 2006 he has been involved in numerous tobacco control issues including “Stop Smoking for Safer Surgery”, the “Campaign for the Quit Quarter”, “Tobacco21.ca”, and in advocacy for encouraging people who smoke to switch to less harmful sources of nicotine.

He has published editorials on tobacco control topics in the Canadian Journal of Anesthesia and the Canadian Medical Association Journal. He was an Assistant Professor at the University of Toronto, Chief of Anesthesiology at The Scarborough Hospital and a peer assessor for the College of Physicians and Surgeons of Ontario.



Prof. Andrzej Sobczak

Poland

Prof. Andrzej Sobczak is a full professor at the Medical University of Silesia in Katowice. A chemist by education, with extensive experience in biochemistry and toxicology. He was the head of the Department of General and Inorganic Chemistry at the Faculty of Pharmaceutical Sciences of the Medical University of Silesia. He also headed the Department of Chemical Hazards and Genetic Toxicology at the Institute of Occupational Medicine and Environmental Health in Sosnowiec. In the years 2018-2022 he was a member of the Council of the National Science Center. Awarded twice by the Minister of Health for scientific and teaching achievements. Author of several dozen works in the field of Tobacco Control.

Report

SmokeFree
New Zealand

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www.smokefreesweden.org

