

SMOKE FREE FUTURE 2030

INSIGHTS REPORT

TABLE OF CONTENTS

ACKNOWLEDGEMENT	3
KO WAI MĀTOU - WHO ARE WE?	3
OUR INTENT	3
HEALTHY FAMILIES PRINCIPLES	4
THE CHALLENGE	5
OUR CRITICAL LEARNING AND OBSERVATIONS	6
6.1 Smoking, Not My Whakapapa	6
6.2 Break Through	6
6.3 Let's Talk About Smoking	7
6.4 Reframing the Smoke-Free Kōrero	7
6.5 Vaping and the Trajectory of Life-long Addiction	8
INSIGHTS AT A GLANCE	9
Insight #1	
The most effective public health messaging for smokers is that it is 'hard to stop smoking!'.	10
Insight #2	
Change the messaging from 'You should' to 'You can'.	11
Insight #3	
Addiction is the same for all smokers, but the level of addiction and the smokers decision to stop smoking is deeply personal.	12
Insight #4	
The contemplative process smokers go through is a commonly shared process.	13
Insight #5	
Smokers create self-rewarding myths and legends to validate the addiction.	14
Insight #6	
Vaping is the new cool thing in the early experimental ages [teenage], but the addiction is starting younger and it's quicker to take hold. Long-term addiction will be inevitable for Māori.	15
Insight #7	
The smokers' mindset is different for wāhine and tane. Wāhine use smoking as self-reward, stress relief and respite. Whereas, Tane believe smoking is their rite of passage.	16
CONSIDERATIONS	17
AN INDIGENOUS WORLDVIEW	18
9.1 The Village	18
9.2 Whānau Ora	20
RECOMMENDATIONS	22
REFERENCES	25



WHAKATAUKI

Hā ki roto, hā ki waho
Kia tau te mauri e kokiri nei
I ngā piki me ngā heke
Ko te rangimarie tāku e rapu nei
Tihei Mauri Ora

Breath in, Breath Out
Settle the mauri that stirs within me
Through the ups and downs
It is peace that I seek
Breath of life

1

ACKNOWLEDGEMENT

We want to thank our SmokeFree Village whānau for sharing your time, experience and ideas with us and each other. We valued your stories, the influences in your life to start, to stop, or to reconsider or not, and your willingness to listen to each other and hold space so people's journeys could be shared honestly and openly. We thank the ex-smokers for starting their kōrero with “no judgement... everyone's journey is unique”, as a way to share your experience without ego or gloat, or shame. Thank you, our Village whānau and practitioners. We are super proud to work with you.

2

KO WAI MĀTOU - WHO ARE WE?

Healthy Families NZ is a large-scale initiative that brings community and community leadership together in a united effort for better health. It aims to improve people's health where they live, learn, work and play by taking a systems approach for prevention. Healthy Families NZ has an explicit focus on equity, improving health for Māori and reducing inequities for groups at increased risk of preventable chronic disease.

3

OUR INTENT

Our Villagers are from the most affected communities with the highest rates of uptake and slowest quit rates. Our role was to:

- Better understand the challenges faced by our communities most affected by smoking
- Identify and explore what more meaningful quit-support Villagers need, and what prevention systems would support Whanganui, Rangitikei, Ruapehu, South Taranaki to be smoke-free

HEALTHY FAMILIES PRINCIPLES



**Collaboration for
Collective Impact**



Line of Sight



Leadership



Equity of Outcome



Experimentation



Adaptation



**Implementation
at Scale**

5

THE CHALLENGE

In 2010 the Māori Affairs Select Committee began an inquiry into the tobacco industry and the effects of tobacco use on Māori. The Inquiry looked at how the tobacco industry had encouraged Māori to smoke and the impact of smoking on Māori health.

It found:

1. While overall smoking rates were reducing, the rates among Māori and Pacific peoples were increasing.
2. In particular, Māori women have among the highest lung cancer rates in the world.
3. Tobacco-related illnesses like emphysema, cancer and heart disease have terrible effects not just on an individual, but the whole whānau.
4. Smoking has a devastating effect on young and unborn children.
5. The cultural cost of tobacco to Māori includes the premature loss of kuia and kaumātua, taking away the opportunity for cultural traditions, knowledge and histories to be passed on to younger generations.

What else do we know?

- 25-34 year olds are the age group with the highest smoking rate at 14.6%
- Māori women have the highest smoking rate at 25.8%, followed by Māori men at 25.6%
- Smokers are more likely to have poorer mental health than non-smokers.
- Smokers are more likely to binge drink.
- The average age someone will start smoking is 14.8 years.
- An adult living in the most socioeconomically deprived area is over 6 times more likely to be a current smoker as an adult living in the least deprived area, and over 7 times more likely to be a daily smoker (adjusted for age, gender and ethnicity).
- In 2018, the daily smoking rate for 14 and 15 year olds fell to 1.9%, the lowest rates ever.¹

And people are smoking less.

Between 2010 and 2018 the amount of tobacco smoked per person decreased by 39%. The average adult (over the age of 15 years) now smokes an average of 586 cigarettes a year.

¹<https://www.smokefree.org.nz/footnotes>



6

OUR CRITICAL LEARNING AND OBSERVATIONS

6.1 Smoking, Not My Whakapapa

Māori continue to be the most affected community in Whanganui, with the highest rates of uptake and slowest rates to quit. It was important in our village that a strength-based representation needed to be the approach with our whānau and community. The grounding of all our workshops in an indigenous narrative gave a new perspective about smoking. We heard from our community that it was not commonly known that Māori do not have a whakapapa of the inhalation of a narcotic such as tobacco anywhere in their kōrero tuku iho. The use of strength-based indigenous models, gave new perspectives of empowerment for our whānau in a space that can have a strong deficit-style representation for our community.

Researchers say history predisposes Māori to having higher rates of smoking than other ethnic groups in New Zealand and this is passed from parents to children like a contagious disease²

New research coming out identifies that the source of smoking is a colonising tool and as such has colonised Māori health. Blame has been mis-placed on Māori culture and identity which has discouraged whānau self-efficacy to stop smoking. Early analysis amongst our village has shown that positive cultural narratives and kaupapa like ‘Smoking, it’s not my whakapapa’ is contributing to decolonising Māori smoking and encouraging self-efficacy to reduce tobacco harm.

6.2 Break Through

For some communities the journey to a smoke free life is challenged by a range of social needs. The accumulation of issues steals vital emotional and mental bandwidth for whānau. We heard the smoking addiction provides perceived nourishment and self-reward. It becomes soothing, relieving, comforting, reliable. The mastermind behind the addiction is the brain. The brain reprogrammes itself to accommodate this insistence to smoke, whether from peer pressure, social or environmental influences. The brain is able to swiftly filter out the messages, images or warnings that encourage a change of habit. The brain is fully re-programmed to ignore, avoid, reject!

Through our time with the Smoke Free Village we learnt it is desire that propels people to start their smokefree journey. Getting to the heart of the matter is what helps people make their decision to quit. The internal programming and power dynamic played out between the brain and the heart clashes ferociously. When the dust settles the once ignored and avoided thought processes can be noticed - now new thinking and feelings have space to follow through. Eventually the incomplete thought processes become complete. Finding clarity reveals a new reality. Decisions can be made. “How do I feel about this? What is my reason? What do I want?”

The desire to stop smoking is very much an internal choice even when done for others [mokopuna, children, partner, parent]. The Self always takes control of the decision, but the contemplative part of the journey [before the quit date is selected] is a commonly shared process between all smokers, whatever their desire.

² Cited by Muriwai, E., & Glover, M. (2016). Smoking, Not Our Tikanga : Exploring Representations of Māori and Smoking in National Media / by Emerald Muriwai and Marewa Glover, 33-47.

6.3 Let's Talk About Smoking

It's a tough conversation to start, and our purpose wasn't to engage in a quit smoking kōrero! We had heard from many health practitioners, organisations and community groups who wanted to have more meaningful conversations, tried to, and ended up with tension and disengagement. The smoker's walls are up and anchored deep.

Meaningful engagement with people in love with smoking, defiant in protecting their right to the habit, must be reciprocal - mutually beneficial - grounded in understanding and empathy, without expectation.

6.4 Reframing the Smoke-Free Kōrero

We spoke right into addiction, naming it. We explained our understanding of how the addiction works. It doesn't need to be technical and scientific. It needs to be real and honest. When we spoke about smoking as an addiction we intentionally dismantled the beliefs smokers are weak or stupid. Naming the addiction gave us the opportunity to disrupt the pattern of internal name-calling and assumptions. It freed the Village from limiting self-beliefs, perpetuated by years of the most impactful message: that quitting smoking is hard, I must be dumb.

Long term addiction is harder to shift if habits and lifestyle changes have been deeply embedded in daily life, attached to the emotional myths smokers create to ensure the addiction survives.

We believe reframing the kōrero with smokers must include a realistic explanation of smoking as an addiction and how the addiction works - shared by those with lived experience. It is what it is. An intellectual explanation, no matter how dumb we might think we are, is the rational reason for how the habit is sustained.



6.5 Vaping and the Trajectory of Life-long Addiction

Changing the narrative and messaging

Our Smokefree Villages are telling us vaping is the “new cool thing to do”. The Smokefree Village talked about young people starting earlier, getting hooked quicker, with higher levels of nicotine sold from first purchase. We heard the “youth-centric” flavours like confectionery and dessert adds to the appeal, and the head rush is a hit. As nicotine tolerance levels increase vapers, like smokers, consume more to get the hit, resulting in an unquenchable dependency on nicotine. It is a social pleasure, popular culture - just like smoking was in the sixties and seventies [baby boomers, GenX].

We heard about the similarities between the initiation and experimental phases of smoking and vaping - it’s a common social practice amongst peers with vaping now the new Smoking 2.0. Some parents shared how they have condoned, supported and even funded their children’s vaping habit believing it wasn’t as bad as smoking. “Well, messages say it’s better than smoking”, only to realise they’ve mirrored their own path to addiction.

“The research advises that vaping is less harmful than conventional cigarettes, yet, it is not completely harmless. We know that vaping is 2-3 times more prevalent than smoking among adolescents in New Zealand (Ball et al., 2021)³ of which over 80% are using higher levels of nicotine (24-50mg) in their vaping products⁴. This, coupled with the extremely addictive nature of nicotine, sees New Zealand on an upward trajectory toward high levels of nicotine dependency with potential life-long addiction issues for a larger number of youth, who would otherwise be smoke-free.”

The Smokefree Villages are seeking to shift the narrative and messaging around the appeal of vaping for young people. The Village wants to see a move toward more open and honest conversations that equip our communities with a better understanding of the nicotine addiction in vaping, to become empowered in their decisions and choices to influence system level change.

3 Ball, J., Fleming, T., Drayton, B., Sutcliffe, K., Lewycka, S. and Clark, T.C. (2021), New Zealand Youth19 survey: vaping has wider appeal than smoking in secondary school students, and most use nicotine-containing e-cigarettes. Australian and New Zealand Journal of Public Health, 45: 546-553. <https://doi.org/10.1111/1753-6405.13169>

4 Asthma and Respiratory Foundation of New Zealand 2015. Te Hā Ora (The Breath of Life): National Respiratory Strategy. Wellington: The Asthma Foundation.

7

INSIGHTS AT A GLANCE

INSIGHT #1

The most effective public health messaging for smokers is that it is 'hard to stop smoking!'

INSIGHT #2

Change the message from 'You should!' to 'You can!'

INSIGHT #3

Addiction is the same for all smokers, but the level of addiction and the smokers decision to stop smoking is deeply personal.

INSIGHT #4

The contemplative process smokers go through is a commonly shared process.

INSIGHT #5

Smokers create self-rewarding myths to validate the addiction

INSIGHT #6

Vaping is the new cool thing in the early experimental ages [teenage], but the addiction is starting younger and it's quicker to take hold. Long-term addiction will be inevitable for Māori.

INSIGHT #7

The smokers' mindset is different for wāhine and tāne. Wāhine use smoking as self-reward, stress relief and respite. Whereas Tāne believe smoking is their rite of passage

INSIGHT #1

The most effective public health messaging for smokers is that it is ‘hard to stop smoking!’.

The message that it is hard to quit smoking has had a powerful impact on whānau. People need and want to experience WINS in their life, not failure. If quitting is hard then to stop smoking has to be put in the too-hard-basket. Challenging our mindset needs an internal process of choosing self-belief. The hardest part in the QUIT journey is making the decision to quit.

WHAT WE ARE HEARING FROM OUR COMMUNITY;

“I felt more achievement quitting smoking than I did quitting meth. Smoking was harder.”

“When I think about quitting I doubt that I can do it. I have negative self talk ‘It’s too hard’ ‘I’m useless.’”

“We need to change the mindset from “Harden Up” to “Open Up”

“The hardest part about beginning the journey is believing we will reach the end.”

WHAT RESEARCH IS TELLING US;

Anti-tobacco messages typically focus on the harmful effects of smoking on physical health. This study shows how such habitual use of conventional anti-tobacco messages may be counterproductive in inducing smoking cessation intentions. The article urges public health promoters to be cognisant of possible side effects of prolonged exposures to overfamiliar messages and to devise various ways to circumvent message fatigue and resultant resistance toward anti-tobacco messages (So, 2021).

INSIGHT #2

Change the messaging from 'You should' to 'You can'.

The Smokefree Village explored the current 'YOU SHOULD' quit smoking messaging and the potential for a 'YOU CAN' be smoke free narrative. Whānau felt there was more power in utilising a strength-based approach, believing the messages have a more positive impact. When whanau are given space and time to consider a 'YOU CAN' narrative then ambition and possibility grows, rather than the blame and shame mindset. Several smokers participating in the wananga were so impacted by the process they either stopped smoking, or made life changing choices for the better.

WHAT WE ARE HEARING FROM OUR COMMUNITY;

“After the wānanga we talked the whole way home about it, how it's been good for us to open up to each other and reflect on our lives and influences growing up and who might influence our kids. We said out of this we might actually give it all up (smoking, alcohol, gangs) and I said, yeah, I can see that.”

“I like that it's all in our own time and it'll give us the space to have our own thoughts.”

“You've got to understand why we are opening up and expressing ourselves so freely. We are able to think differently about ourselves, some of us feel like “who would want to hear my story, I'm not important”, but after coming here and seeing the narrative being flipped and talking about all our potential, it's empowering!”

WHAT RESEARCH IS TELLING US;

Research has consistently revealed a significant positive effect of self-determined motivation on positive affect and improved well-being (Deci & Ryan, 2000), as well as on the implementation of desired health behaviours, such as smoking cessation (i.e. Ng et al., 2012; Williams et al., 2002; 2006). In this sense, intentions are more likely to be translated into actions when the motivation to perform the target behaviour is self-determined.

INSIGHT#3

Addiction is the same for all smokers, but the level of addiction and the smokers decision to stop smoking is deeply personal.

Smoking is not treated as an addiction. Smokers are unaware of how the addiction works. Instead smokers believe they smoke for emotional reasons; love, need, or FOMO/fear of missing out

Whānau are sharing with us the smoking addiction is a form of escapism and avoidance. People want to find other ways to deal with stress, including emotional trauma. We also heard there are often other social issues smokers are dealing with, so addressing these underlying issues is critical for change.

WHAT WE ARE HEARING FROM OUR COMMUNITY;

“It’s surprising that there’s not more support for those needing help to address the root causes of their addiction.”

“No matter how much I hated the taste I refused to give up my false blanket of hope - which was a cig.”

“It’s because we haven’t really looked at, or talked about the underlying causes of, and trauma behind our addiction to smoking. Instead, we’ve been taught to transfer our behaviours into unhealthy coping strategies like smoking. My whānau are wanting/needing support to address the root causes behind our addictions instead of masking it with unhealthy coping strategies.”

“By learning and understanding more about my addiction, I know now that smoking doesn’t have to be my anchor!”

WHAT RESEARCH IS TELLING US:

The industry claims that smoking is a freely chosen behaviour, engaged in by those who understand and accept the risk it poses. However, this reasoning fails to recognise nicotine’s addictiveness, which compromises smokers’ ability to ‘choose’ and is inconsistent with evidence that a large majority of smokers would not smoke, if they could live their lives again.

INSIGHT#4

The contemplative process smokers go through is a commonly shared process.

The contemplative process before the quit date is what helps whānau to imagine a smoke free life and is the transformational internal conversation that starts the quit journey.

The contemplative processes are what help whānau to re-imagine a smokefree future. This is a critical part of the lead-in to quitting. The four week smoke free outcome measurement is not always realistic for whānau on their smokefree journey, they need the time and space to complete their contemplative thought processes.

WHAT WE ARE HEARING FROM OUR COMMUNITY;

“Being present and just being there for when they are ready is the most important thing. It’s about trust.”

“You got to get your mind in the right place first! It took me three weeks.”

“I will give it up, I was building up to it. I said at a point in time I’ll be ready, I will stop smoking.”

“We need help getting our head around quitting first, that’s the most important part, helping us before we’re ready.”

WHAT RESEARCH IS TELLING US:

Smoking cessation along with identification of addiction is not a singular trajectory but a dynamic process involving a series of behavioural changes. According to the stages of change (SOC) model, which is a theoretical framework for smoking cessation behaviour, a smoker’s status toward quitting smoking consists of five motivational stages: pre-contemplation(PC), contemplation(C), preparation(P), action(A), and maintenance(M). Each stage is determined by quitting behavioural factors, including current behaviour, past quit attempts, intention to quit, and duration of quitting, and changes in these factors can cause progression or regression.

INSIGHT #5

Smokers create self-rewarding myths and legends to validate the addiction.

We heard smokers have an emotional attachment to smoking. It looks and feels like love. The common stories we heard from ex-smokers and smokers is how smoking created opportunities to feel socially included, to have peer connections and influence, and to quickly and easily find common ground in various social occasions where they might otherwise feel awkward, or uncomfortable. Smokers were always known as the sociable group.

We heard the community talk about the huge reliance they had on smoking controlling weight, stress relief, time-out, or reward.

WHAT WE ARE HEARING FROM OUR COMMUNITY;

“I’ll never take away what being a smoker has given me. It gave me my first friend group, when I was an outcast, it allowed me to do my first adult thing - Go into a store and buy something only adults can. But looking back now I do wish there were other things and other ways, safer ways to do all that.”

“Smoking is a release when life feels like a pressure cooker.”

“I was 118kg, I lost almost half my weight while smoking. It made me not want to eat, kept me slim. A coffee and a smoke was all I lived off.”

“Smoking helps with my social anxiety. I can talk to the other outcasts standing outside smoking.”

WHAT RESEARCH IS TELLING US;

Research believes that people who smoke do so for short-term benefits like oral gratification, sensory pleasure and social camaraderie. Once the habit is established, people continue to smoke in response to cues and in situations that become associated with smoking. Where smoking prevalence is high, as it is among Māori and Pacific peoples, young adults may regard it as normal, associate it with desirable social benefits, and discount the risks communicated in health warnings and through other media. Furthermore, cultural practices such as gift giving and sharing may undermine informed choice by promoting uptake in contexts where refusal to accept or use tobacco may be regarded as impolite, or where sharing is strongly associated with hospitality and generosity. (Gifford et al., 2016, e011415.)

INSIGHT #6

Vaping is the new cool thing in the early experimental ages [teenage], but the addiction is starting younger and it's quicker to take hold. Long-term addiction will be inevitable for Māori.

We've heard from our Villages that vaping has become the new smoking. Our communities are vaping extremely high levels of nicotine. The statistics in vaping uptake are far outweighing the uptake for smoking since the 19th century. The current stats are showing that rangatahi vaping rates have increased from 2% to 15% in under 12 months in New Zealand, alone. Among the participants of our workshops we discovered the rangatahi in the room were vaping 50mg, the highest levels of nicotine for sale, and had no history of smoking tobacco.

We heard from some participants that vaping as a cessation product for smoking was helpful as a transition, being cost effective and less offensive to others in the home.

WHAT WE ARE HEARING FROM OUR COMMUNITY;

"Vaping is everywhere and all my mates do it because the messaging tells us it's 99% less harmful than smoking. Makes us believe that vaping is all good, even if we've never been smokers. What's 1% harm?"

"I need to have at least 50mgs in my vape. When you buy a vape they only offer you the highest dose, I was given the strongest dose without any questions and I don't smoke."

"It's the new cool thing to do, to fit in with the crowd. I like the headspins and the way it tastes"

"It's easy as to get a hold of vapes in dairies and online, I only like the disposable ones from the dairies."

"Smoking was my gateway into feeling socially included, now I see all our youth doing the same thing but with vapes. Same type of thing, still addictive - different product."

"It's the headrush and the flavours we like. We all vape when we hang out, it helps us to be more social"

WHAT RESEARCH IS TELLING US;

Vaping may be less harmful than conventional smoking but they are not harmless. Policy makers need to find the right balance between making the switch to vaping easy for smokers while protecting young non-smokers from vaping harm. New legislation and proposed social marketing that, if implemented effectively, will go some way towards protecting young people from vaping and smoking harms. Ball (2021) challenges the idea that youth vaping is largely confined to existing smokers and suggests greater weight should be given to protecting young people from vaping harm (as well as smoking harm, which remains the primary concern)

INSIGHT #7

The smokers' mindset is different for wāhine and tane. Wāhine use smoking as self-reward, stress relief and respite. Whereas, Tane believe smoking is their rite of passage.

The addiction is the same for all smokers, but the level of addiction and the smokers decision to stop smoking is deeply personal. We heard females talk more about the benefits of stress relief, emotional relief, weight management, or time out, away from the kids. Yet for men they associated smoking as a right, handed down from their father, brothers or uncles, everyone did it, and it requires only willpower to quit, if they wanted to.

WHAT WE ARE HEARING FROM OUR COMMUNITY;

“It’s time to focus on myself and my self-care, as well as contributing to something bigger.”

“I deserve more than one moment of having a rest; a smoke! I deserve more than a single moment.”

“As women we deserve more than smoking as our self-care.”

“It’s a sign of weakness not having the willpower to quit on my own and asking for help.”

“Vaping is the new cool thing. I do it cause my mates introduced me to it. We like blowing big clouds.”

“It’s a matter of willpower to be able to quit smoking, when I couldn’t quit the first time I felt like a failure, like I was weak-minded!”

WHAT RESEARCH IS TELLING US;

People with a fixed mindset are more afraid of failing to achieve a goal because they perceive that failure only confirms the permanent quality in themselves (Dweck, 2006). For this reason, they may avoid trying to change and may perceive more barriers to quitting smoking. Alternatively, experiencing a lot of barriers may make people feel that addiction is more difficult to change. Research found that people with a fixed mindset tend to attribute failure more to an internal lack of ability than external reasons such as effort.

Smokers with a fixed mindset may attribute the failure to a lack of ability to overcome addiction. This finding is consistent with similar studies in the domain of intelligence (Dweck et al., 1995). Attributing cessation failure to stable factors (e.g. “that’s the sort of person I am”) is likely to lead to the expectation that they will fail again in future, and those expectations can manifest in lower quit rates.

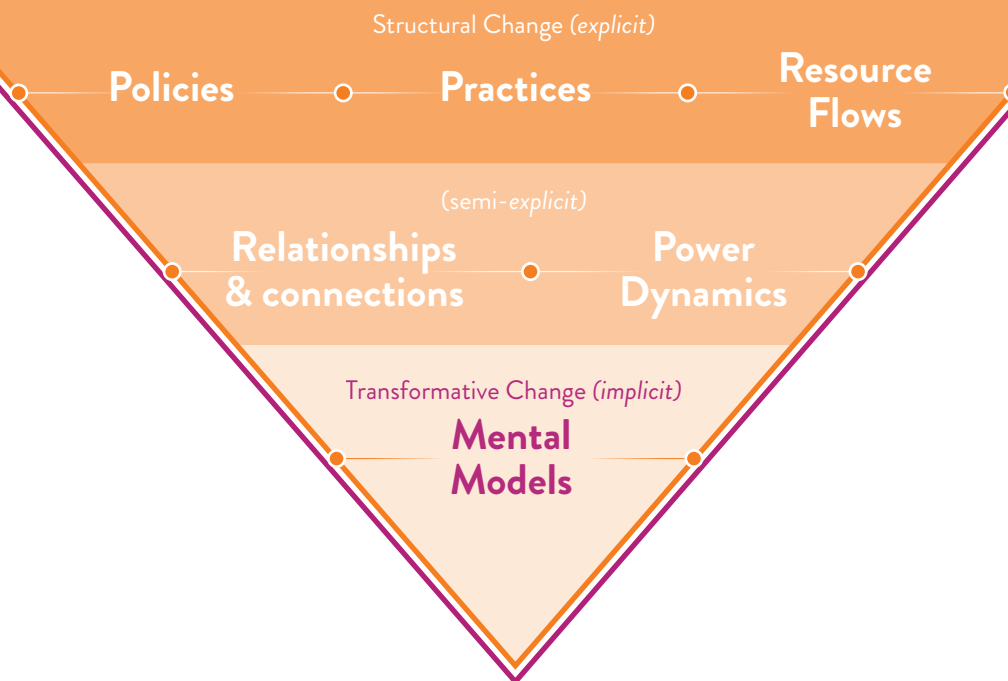
8

CONSIDERATIONS

Six Conditions for Systems Change

The recommendations are specifically designed to address the long term systemic barriers. We used the Six Conditions for Systems Change to look at the broader context of complexity, which informs our recommendations for genuine experimentation to accelerate our collective progress.

SIX CONDITIONS OF CHANGE



MĀORI HEALTH EQUITY

Pre-colonisation, Māori people did not smoke. However, when tobacco was introduced to Aotearoa in the 18th century due to colonisation, that changed quickly. Smoking has been particularly damaging for Māori, who have higher smoking rates and higher rates of death and tobacco-related illness than non-Māori.

- Daily smoking rates for Māori adults in 2020/21 are 22.3% (132,000 people), and current smoking rates for Māori adults are 25.7% (152,000 people).
- Māori are 3.06 times more likely than non-Māori to be daily smokers (adjusted for age and gender).
- Māori are 2.94 times more likely than non-Māori to be current smokers (adjusted for age and gender).
- Māori women are 3.36 times more likely to be current smokers compared to non-Māori women (adjusted for age and gender).
- Māori are the youngest group to start smoking, at just over 14 years of age.

9

AN INDIGENOUS WORLDVIEW

9.1 The Village

The Village Model

- Social connection, collective wellness
- Lived experience
- Feeling valued and validated
- Reflection, feedback

Whakawhanaungatanga and wānanga are powerful when working with whānau, particularly whānau most affected by health inequities and/or social and economic hardship, or trauma.

Whanaungatanga is where we started our learning journey together, sharing our own lived experiences and intergenerational stories. We used pūrakau to set the scene, providing an alternative perspective - a Te Ao Māori worldview. We dived into some history, local and national, so the whakapapa of our journeys now had a wider context. Whanaungatanga and wānanga, delivered in a warm and welcoming space, slowly pulls walls down and gives all permission to lean into the kōrero with no expectations.

We suggest communities and services think about how you hold space for and with whānau, and who are the best people to champion this.

Sharing pūrakau/traditional storytelling and tikanga/practices/protocols gave whānau a new way to look at things. For some whānau it gave a different starting point [whakapapa]. The Te Ao Māori worldview of the way our tupuna/ancestors thought and looked at the world, their ingenuity, how they did things is a more positive, productive and powerful story than the existing starting point some whānau currently have.

Knowing your whakapapa to that way of thinking and being, gives you hope.

The essence of wānanga as an engagement concept continues to be demonstrated as a successful process by iwi, Māori, and kaupapa Māori communities and organisations. We have heard of the great successes of initiatives where whānau have shared their experiences and life changes as a result of being in wānanga. We also experienced this with our Smoke Free Village.

Wānanga honours everyone's right to stand in their own mana, to have a say and opinion, to feel heard and valued without feeling any stigma - the stigma that is so often experienced by many whānau when interacting with the health system.

When bringing the Village together we knew we had to remove all barriers. We did this through the principle: manaakitanga, ensuring we removed hunger, cold, cost, expectations, uncomfortableness, and un-relatableness for whānau. We wanted everyone to know there was absolutely no expectation of the Village to become non-smokers if they were smokers, or to feel stink for being an ex-smoker in a room full of smokers. We chose to be informative, unbiased, non-judgemental, and unforgivably authentic.

The essence of a village, whanaungatanga [connection, relationship, openness], wānanga [learning, sharing, developing], manaakitanga [upholding, caring for, embracing], and pūrakau [stories, histories, metaphors], underpinned by prevention, design and systems thinking, are all grounded in an indigenous way of being and knowing. The conditions for change are more likely to emerge when those holding space with whānau are relatable and relevant.

The benefits of Iwi, Māori holding space for whānau to travel with this kōrero, is empathy. Cognitive and active empathy comes from understanding and connection to, without judgement, another's feelings. Or, having experienced first-hand those emotions, so being able to relate.

COMMUNITY VOICE

“This became a safe space for me to share more meaningfully, a place where I feel safe to be vulnerable, me and whanau can be authentic and come up with the solutions together.”

“We need a relaxed, comfortable and social setting and mentality in the village space to be able to feel safe to share honestly.”

“As a non-Māori I’ve seen how beneficial whakawhanaungatanga and manaakitanga in wānanga is. I feel more connected to the kaupapa than I have anything else. Sharing space and building connections with others over kai, talking about something positive and getting koha for my contribution to the village, I really feel empowered, like I’m contributing to making a difference not only for myself but for others too!”



9.2 Whānau Ora

The Rua Model

The Rua Model was drawn to articulate the learnings from the Village whānau, quit smoking coaches, and health practitioners. The artistry or visual depiction of the lived realities and aspirations of the Village gives greater depth and meaning to how the existing system works, but viewed from a different perspective. It provides new understanding and empathy. Often this can be better described and understood when we see the context as circular, not linear, inclusive not exclusive.



The Rua Model is an expression of duality: the current reality and the possibility, existing within the same space at the same time, yet viewed through a different lens. In drawing the community aspirations, the observer becomes exposed to a different narrative, provoking a new call to action.

The Rua Model represents the indigenising of the current system:

- Iwi, hapū, whānau-led kaupapa Māori approaches, communication, and engagement
- Equity in practice and Te Tiriti o Waitangi through partnership
- Designing for intergenerational/mokopuna solutions
- Connecting with informal and formal villages of support
- New navigation and enabling systems
- Self-determination, inclusion, and indigenous innovation

The Rua Model, as depicted in the artwork, is grounded in an indigenous worldview. It encompasses intergenerational wellbeing, spirituality, villages of support, tupuna wisdom, whānau-centred and kaupapa Māori approaches. The open space at the bottom of the circular worldview represents the flow in and out of the waharoa / entranceway, suggesting a welcoming, open and dynamic system.

What we know is the current system is out of sync with the aspirations and reality of whānau and the communities.

Reducing Māori smoking needs to acknowledge the history of Māori as a tupeka kore (no smoking) people prior to colonisation. Muriwai & Glover (2016) suggest in their research 'Smoking, not our tikanga', that Māori tikanga from smoking is imperative in recognising Māori resilience against tobacco and working towards a future highlighting the potential Māori have to be smoke-free.

Quit smoking coaches are often responding to a narrow part of the opportunity. Quit Coaches want to see the starting point for supporting a smoker activated and measured earlier. Practitioners explained the 4-week window for a quit journey is not a realistic view of the smoke free journey, and especially does not consider the contemplation period before the quit journey begins. This means the full journey to becoming a non-smoker is not fully captured or understood.

This is a deeply personal journey for smokers - no two people will share an exact experience.

Our communities are more than just the issue that they might present. They need entry into their smoke free future to be free of judgement and bias. Understanding that their journey to this point has a whakapapa/history and has been a journey.

Quit Coaches believe authentic relationships need time for trust building, but without an intentional framework the relationship effort can be undervalued. Understanding the value of earlier engagement, the conversion rate to QUIT, then support of the new non-smoker forms a more accurate journey.

When our communities are brought into a space they need to be understood as a collective, that they are part of a whānau, aiga. This is about relationships and connections.

We heard from young people that they need environments that are filled with nurturing, caring and safe spaces. A place that allows them to feel respected, comfortably vulnerable and empowered in their decisions.

Coping skills, resilience and understanding are necessary for a person's smoke free future. Being guided with a whānau ora approach, is guided by the values and principles of a Te Ao Māori worldview.

COMMUNITY VOICE

Quit supports are limited to individualistic and siloed approaches. This doesn't work for us!

A four-week quit program is not achievable unless you are already ready, and we have to do that ourselves!

We know that Quit Coaches are compassionate, understanding and good at relationship building but there is a lack of Māori based values in smoke free contracts.

There is a lack of consideration of foundational relationship building. Whānau have to trust us before they can even consider opening up about quitting smoking.

10

RECOMMENDATIONS

The most urgent and complex issues cannot be solved by one organisation alone. It takes multiple groups and stakeholders working together to achieve transformative change. We have used the Three Horizons Challenge-led framework to map the Village ideas and insights.

The first horizon, the Current Reality, includes the activities for improving the current system.

The second horizon identifies the transitional projects and prototypes that can accelerate us towards the Ultimate Reality, the third horizon. Acting as a bridge between the region's lived reality and our ideal future state.

The Ultimate Future Reality includes the goals and aspirations of whānau and hāpori, describing what the future state could look like if we focused on mokopuna solutions, towards a more equitable and sustainable future.

Current Reality

- Expand services to include relationship building and community engagement during the contemplative phases
- Influence policy makers and investors to value the importance of relationship building in the contemplative phase so evaluation and investment is redirected to support earlier engagement.
- Partner with Iwi, Māori health and social services to attract new investment for prototyping a by Māori for Māori approach.
- Change the narrative and key messages to be strengths-based and give hope.

Transitional projects or Prototypes

- Support, participate in a regional community-led approach to developing a regional Smoke Free Future 2030 plan.
- Partner services to support rangatahi-led solutions regarding vaping.
- Support Iwi, Māori services to develop and drive a Māori approach including the RUA Model, Whānau Ora.
- Invest in whānau as designers and decision-makers.

Ultimate future reality

The RUA Model outcomes

- Whānau Ora
- Place-based approach

A SMOKEFREE FUTURE 2030

- Co-designed with whānau, community, and services.

The Smoke Free Village Ideas

A core design team from the Village whānau went on a discovery journey with us to creatively explore the key themes standing out from the wider Village's wānanga. The playfulness of possible ideas to address what's not working produced some colourful and interesting ways for prevention and earlier intervention. The Villagers came up with great concepts, using drawing and kōrero, brainstorming and designing.

The creative process reiterated for us how to support community-partnership approaches to happen effectively. [We refer to Community as whānau, community services, businesses, networks, neighbourhoods, schools, marae, hapū, kaupapa whānau [like-minded, interest groups].

- “Nothing about us without us!” - inclusive not exclusive
- To be long lasting change it needs to be good change - good for everyone
- Power and control is evenly spread so tino rangatiratanga becomes realised between generations
- Place and space matters too - neighbourhoods are people in time and space.
- Culturally secure spaces are vibrant, healthy places

Current Reality

- Indigenous Genius: continue with the Village approach, using indigenous worldviews where whānau can share and learn together, and support each other.
- We Are Scientists: include whānau as decision makers in what needs to be done for our mokopuna/grandchildren to grow up in smoke-free communities.
- No More Barriers: treat smoking as an addiction and remove all barriers including judgement and stigma.

Transitional projects or Prototypes

- Be Specific for the Pacific: genuine engagement that is relevant for different communities.
- Our Foundation of Support: Whānau-friendly smoke-free environments that look and feel well.
- Place-based wānanga and indigenous narratives.

Ultimate future reality

The RUA Model outcomes -

- Whānau Ora, Hāpori Ora
- Place-based, community specific approach

A SMOKEFREE FUTURE 2030
REALISED - Co-designed
by community.

1. Everyone leans in. This is not a health-only challenge. When we think about whānau centred we think about what it takes for whānau to feel they can genuinely engage and connect in the conversation. This is the time to invest in supporting iwi, Māori and community to explore, design and test an indigenous approach to a smokefree journey.

Te Whatu Ora partner Iwi, Māori and community with the intent to support approaches and smokefree strategies for Māori, by Māori, with Māori. Let's get specific and focus on the conditions for change. Smoking is part of a bigger complex set of unmet social needs for marginalised communities. It is not an addiction that sits in isolation from other social issues. Yet it is an addiction. Therefore, we see a Te Ao Māori worldview could hold space comfortably for healing and strengthening processes to occur, with access to practical resources and tools for whānau.

We propose prototypes are tested and evidenced with whānau, marae, hapū and Iwi, Māori services. In particular, the Rua Model reiterates the importance of hononga [partnerships and collaborations], and Whānau Ora - where whānau are self-determining and supported to define and design their world based on their goals and aspirations.

2. Change the narrative and messaging to be more positive and hopeful, consistent across all platforms, organisations and communities. Shifting the historical messages from you should to you can is about changing the conversation. Remove all barriers to an open dialogue in a learning environment where everyone is sharing and driving the process. Align strategies and approaches to whānau voice and priorities.
3. Consider a whole-of-community design of a regional smokefree plan 2030, and focus it on growing individual and collective wellbeing: whakapapa centric, committed to mokopuna solutions (intergenerational), reframing the narrative to promote possibility and prevention.
4. Focus evaluation on relationships and engagement in the community. Move away from public health engagement to community partnerships and whānau connections. The pre-contemplative and contemplative phases need more focus, evidence, and time.
5. Vaping - partner and support rangatahi-led design and innovation to help grow young people's knowledge and awareness of the current trajectory of vaping as the new smoking 2.0. Allow rangatahi / young people to champion their own solutions.



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CALL TO ACTION

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