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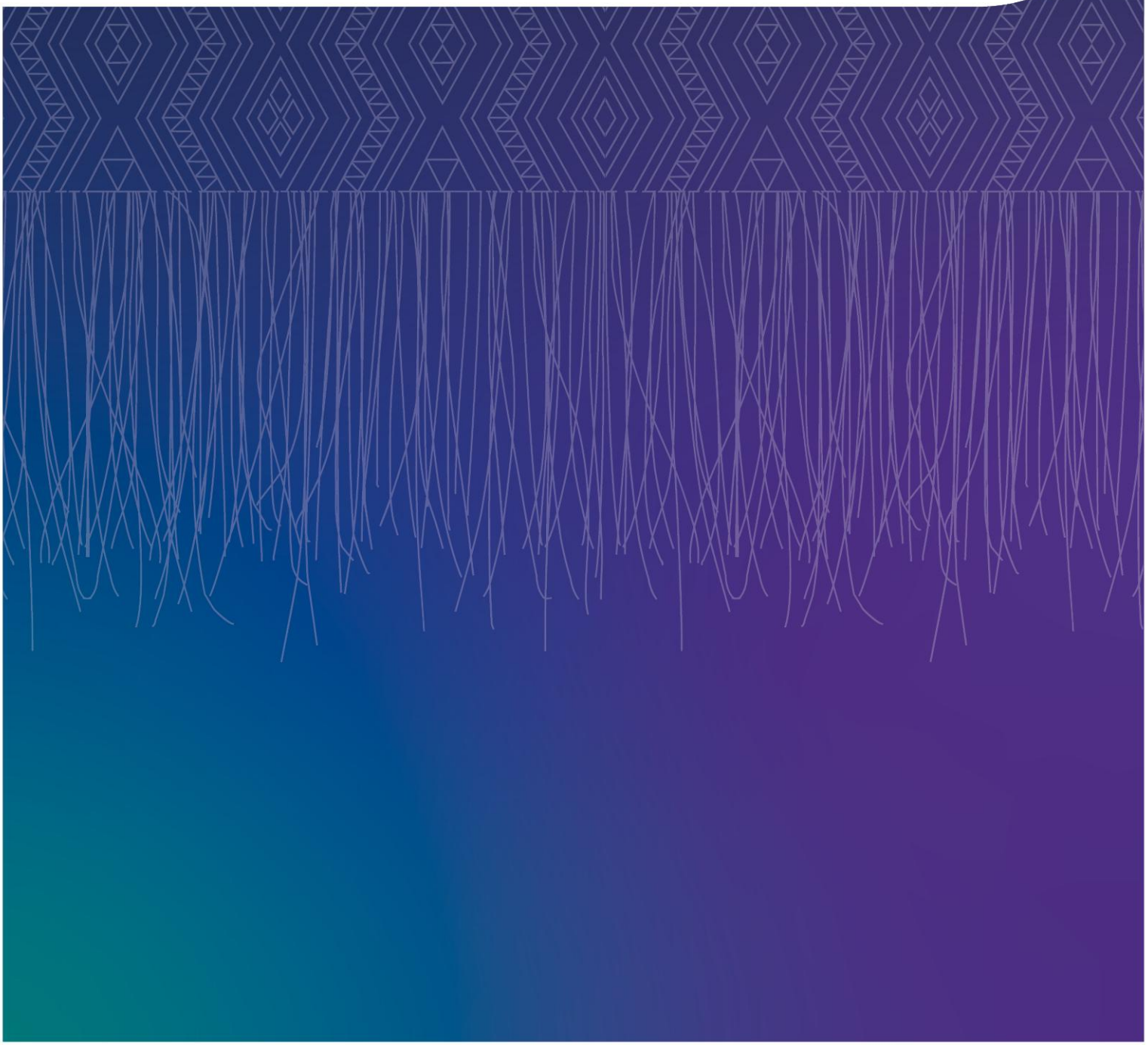
Summary of the New Zealand Guidelines for Helping People to Stop Smoking

2026 Update



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Summary of the New Zealand Guidelines for Helping People to Stop Smoking: 2026 Update

The 2026 Guidelines set out an equity-focused, system-enabled approach to helping people stop smoking in New Zealand. The guidelines shift smoking cessation away from one-off, opportunistic conversations and toward proactive, culturally safe, multi-component care that combines behavioural support, pharmacotherapy, rapid referral, follow-up, and relapse prevention.

This summary is intended for all health workers, general practice teams, PHOs, Stop Smoking Services, hospitals, and secondary care services, maternity services, and mental health and addiction services. It summarises the New Zealand Guidelines for Helping People to Stop Smoking. An accompanying background document provides a comprehensive review of the evidence underpinning each recommendation and explains how the recommendations were developed.

What the 2026 update adds

The 2026 Guidelines retain the ABC (Ask about smoking status, Give Brief Advice, and refer to a Cessation provider) framework while updating the evidence and strengthening the focus on equity, cultural safety, and practical implementation. The update places greater emphasis on combining behavioural support with pharmacotherapy, preventing relapse, and using proactive, system-enabled approaches such as warm handovers, opt-out referrals, digital engagement, multidisciplinary care, and faster connection to treatment.

New and expanded content includes tailored cessation support for Māori, Pacific peoples, migrant and refugee populations, disabled people including people with intellectual disability, LGBTQIA+ populations, people experiencing chronic pain, people who use both tobacco and cannabis, and people undergoing lung cancer screening. Evidence relating to children and young people, pregnancy, secondary care, digital interventions, vaping, and Stop Smoking Services has also been updated.

Core Message

Smoking remains a major cause of preventable illness, death, and health inequity in New Zealand, with harm falling disproportionately on Māori, Pacific peoples, people with serious mental illness, disabled people, and those experiencing socioeconomic disadvantage. The strongest cessation outcomes occur when people are offered practical help quickly. The

guidelines emphasise that most people who smoke want to quit, and that respectful, non-judgemental communication is critical to engagement.

The ABC Pathway

For more detailed information refer to Page 12 of the Guidelines.

A: Ask

Health workers should routinely ask about smoking status and update it regularly, especially for people who currently smoke or have recently quit.

B: Brief Advice

Brief advice should be offered to every person who smokes, regardless of readiness to quit. The most important active ingredient is not lengthy counselling, but the offer of practical help. Brief advice can be effective even when delivered in less than 30 seconds, provided it is respectful, clear, and linked to support.

C: Cessation Support

Cessation support should combine behavioural support with pharmacotherapy wherever possible. This combination is more effective than either approach alone. People who smoke should be offered practical help and a referral to a Stop Smoking Service, which can provide more intensive, culturally tailored support and follow-up than a routine consultation allows.

Relapse Prevention

For more detailed information refer to Page 23 of the Guidelines.

Relapse is common. Roughly 50–65% of people who are abstinent at the end of treatment relapse within a year, and risk is highest in the first weeks after quitting. Relapse prevention is a core part of smoking cessation care.

Equity, Population Groups and Tailored Approaches

For more detailed information refer to Page 29 of the Guidelines.

The guidelines place equity at the centre of smoking cessation and give sustained attention to tailoring support for groups experiencing disproportionate smoking-related harm.

- **Māori:** Effective support includes culturally safe care, whakawhanaungatanga, whānau-centred practice, proactive outreach, trusted relationships, community-based delivery, and support for smokefree whānau environments.

- **Pacific peoples:** Support should recognise family, collective values, spirituality, community, and culturally anchored relationships. Culturally adapted digital and text-message interventions show benefit and acceptability.

- **Migrant, refugee, and ethnic minority populations:** Services should address language, health literacy, trauma, migration experiences, interpreters, translated information, and access barriers.

- **Disabled people and people with intellectual disability:** Services should adapt communication, appointment systems, resources, and support pathways to cognitive, sensory, communication, physical, and support needs. Caregivers, family, whānau, or support people may be involved where appropriate and with consent.

- **People living with mental illness:** Cessation should be integrated into routine mental health and addiction care. Smoking cessation is associated with improved mental health outcomes and does not generally worsen long-term psychiatric symptoms.

- **LGBTQIA+ people:** Smoking prevalence is higher in many LGBTQIA+ populations, linked to minority stress, discrimination, stigma, and social exclusion. Services should be visibly inclusive and affirming, use communication that avoids assumptions about identities, relationships, or family structures, and recognise the role of peer support and community connection.

- **Pregnancy and whānau:** Support should be early, repeated, non-judgemental, culturally safe, trauma-informed, and whānau-centred. Behavioural support improves cessation during pregnancy. NRT may be considered where appropriate, and ongoing support after birth is important because relapse is common. Vaping during pregnancy requires caution because of evidence linking it with adverse infant outcomes.

- **Children and young people:** Services should be youth-friendly, developmentally appropriate, flexible, confidential, and responsive to peers, whānau, schools, and wider social influences. Behavioural support may improve long-term cessation, while evidence for pharmacotherapy is limited.

Pharmacotherapy for Smoking Cessation in Adults, including vaping to quit smoking

For more detailed information refer to Page 80 of the Guidelines.

Evidence-based pharmacotherapy should be offered to people who smoke. Options include nicotine replacement therapy, combination NRT, varenicline, bupropion, cytisine where available, and vape-to-quit smoking approaches where appropriate.

Combination NRT, usually a nicotine patch plus a fast-acting NRT product, is more effective than single-form NRT. Varenicline is among the most effective pharmacotherapies, cytisine appears broadly comparable in some analyses, and bupropion improves cessation compared with placebo.

Vaping to quit smoking is recognised as an evidence-based cessation option for adults who smoke. Current evidence suggests nicotine vapes can improve quit rates compared with NRT and other supports.

Service Delivery and System Design

Effective smoking cessation relies on proactive outreach, electronic referral, opt-out referral, reminder systems, recall systems, structured follow-up, integrated pathways, and workforce training.

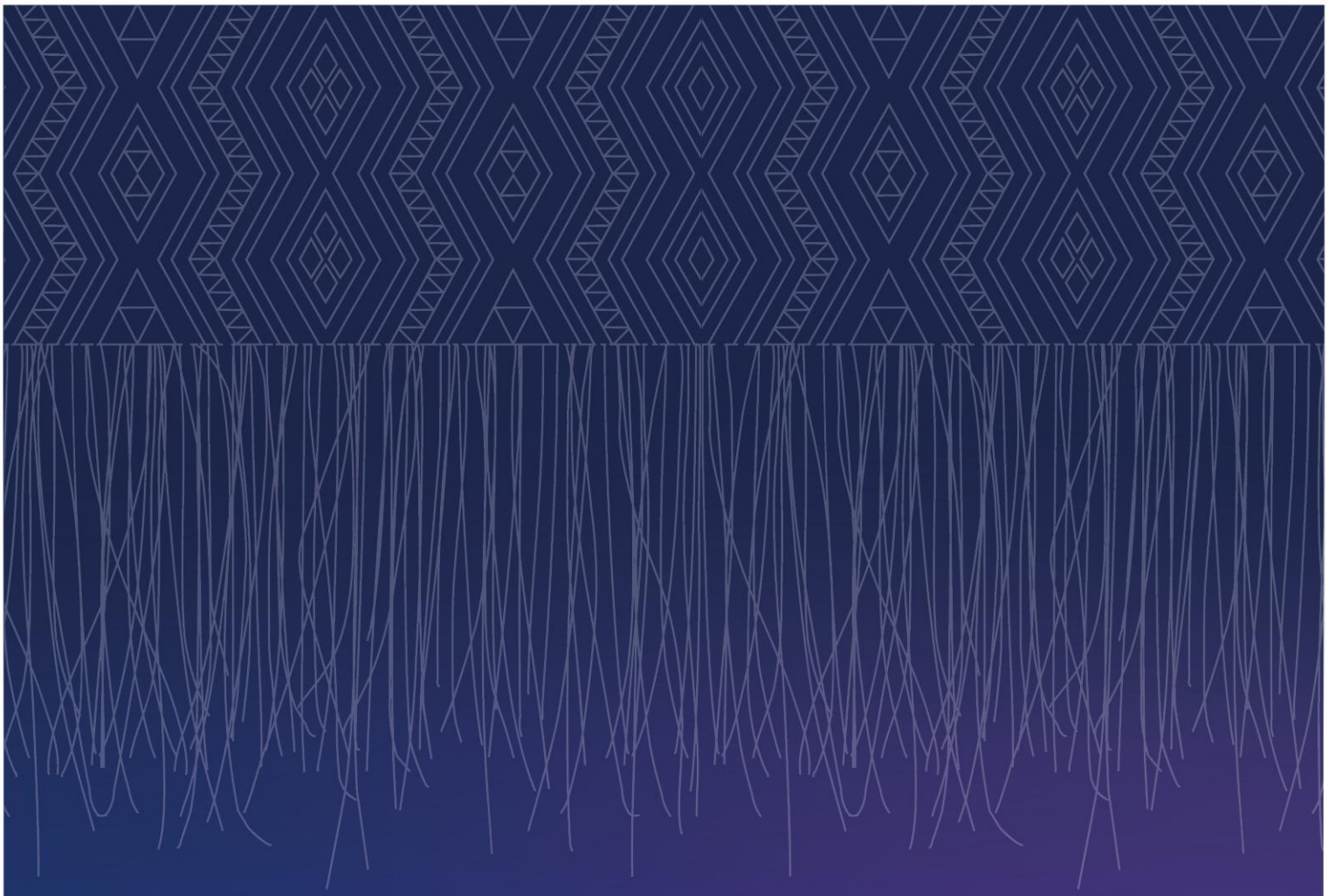
Stop Smoking Services are effective when they provide behavioural support combined with pharmacotherapy, minimise delays, use proactive engagement, and tailor delivery to local communities. Service reach is strongest among Māori and Pacific peoples, but most people who smoke are not currently engaged with a Stop Smoking Service, so systematic referral and outreach are the clearest opportunity to increase this.

Secondary care settings, including hospitals, emergency departments, outpatient services, and pre-operative pathways, are important opportunities for intervention.

Implementation Priorities

- Routinely ask about smoking status, record it accurately, and offer practical help at the same time.
- Provide brief advice that focuses on support, not persuasion or blame, and connect people quickly to Stop Smoking Services through proactive, opt-out, warm handover, and digital referral pathways.
- Combine behavioural support with pharmacotherapy wherever possible, with longer, more intensive, multidisciplinary support for people with higher nicotine dependence or complex health and social needs.
- Treat relapse as expected and re-engage people promptly with further support.
- Design and embed cessation support across primary care, secondary care, maternity, mental health, chronic disease, and community pathways, with services shaped around equity, accessibility, whānau-centred care, and local community needs.

- Monitor reach, engagement, timeliness, quit outcomes, and equity as part of continuous quality improvement, with a focus on increasing the proportion of people who smoke reached each year.



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