



Ending the Tobacco Epidemic in New Zealand

New Zealand College of Public Health Medicine Policy Statement

Policy Statement

The New Zealand College of Public Health Medicine (NZCPHM) recognises that tobacco smoking is a leading cause of preventable death and health inequities in New Zealand. Tobacco use also generates very substantial health sector costs.

The NZCPHM supports the Māori Affairs Select Committee recommendation in 2010 of making Aotearoa New Zealand a smokefree nation by 2025¹ which has now been adopted as a New Zealand Government goal.² The NZCPHM also supports the Māori Affairs Select Committee's recommendation (endorsed by the National Smokefree Working Group) that the Government develop a tobacco control strategy and comprehensive action plan setting out how the Smokefree 2025 goal will be achieved.

The NZCPHM is very concerned about insufficient progress towards Smokefree 2025, particularly among Māori, and recommends to the Government that it urgently develops the action plan to achieve the end of the tobacco epidemic for all peoples in New Zealand, including

- a strong emphasis on Māori focused outcomes
- a range of priority measures across different types and levels of interventions
- one or more 'endgame' strategies

The NZCPHM also supports, in general, initiatives from New Zealand's Smokefree sector and the tobacco policies of other health organisations.

Background

Tobacco smoking is a leading preventable cause of morbidity and premature mortality in New Zealand and it is estimated that smoking kills around 4500–5000 people in New Zealand every year (including deaths due to second-hand smoke exposure).^{3,4} Smoking is linked to many diseases including asthma, chronic obstructive respiratory disease, lung cancer, and other cancers. Exposure to second hand smoke increases the risk of sudden infant death syndrome, asthma attacks, chest infections, and chronic suppurative otitis media ('glue ear') in children.⁵

Māori and Pacific peoples are disproportionately affected by smoking – with both Māori and Pacific peoples more likely to smoke than other New Zealanders. For example, according to the 2014/15 New Zealand Health Survey, current smoking prevalence was 38% among Māori, 25% among Pacific peoples and 15% among NZ European/other ethnicities.⁶

There is strong scientific evidence that population-level tobacco control interventions such as increasing the unit price of tobacco products, mass media campaigns, smoking cessation, restrictions on marketing and smokefree environments legislation are effective in reducing the prevalence of smoking.⁷ Smoking cessation alone is one of the most effective public health interventions⁸ and is included in the New Zealand Government's health targets.⁹

Since the Smokefree 2025 goal was adopted there have been some important interventions and policies implemented to achieve Smokefree 2025 (e.g. above CPI tobacco excise increases, removal of point-of-sale displays, smokefree prisons, reduced duty free tobacco allowances, and expansion of smokefree outdoor areas under local government jurisdiction), and standardised packaging should be implemented within 18 months. However, there is growing evidence that current progress towards Smokefree 2025 is inadequate, and that the 2018 mid-term prevalence goals and the 2025 goal of minimal smoking prevalence are unlikely to be achieved and will be missed by a wide margin for Māori.^{10 11} Reviews have identified that there has been inadequate implementation of key recommendations of the Māori Affairs Select Committee and the National Smokefree Working Group.¹² In particular there has been a failure to develop an action plan or strategy to achieve the Smokefree 2025 goal, despite this being recommended in the Māori Affairs Select Committee report¹ and subsequently by the National Smokefree Working Group and others.^{12 13}

Summary and recommendations

The NZCPHM recommends that action should be taken to address the current insufficient progress towards Smokefree 2025 and that a Smokefree 2025 action plan should be urgently developed by the Government, including specific measures to ensure that Smokefree 2025 is achieved for Māori and Pacific peoples.

To be effective the action plan should include a combination of such key components as:

- further tobacco tax increases, with additional revenue raised used to support smokers to quit and other measures to achieve Smokefree 2025;¹⁴
- measures to regulate and reduce retail availability of tobacco products;¹⁵
- well-resourced mass media campaigns to deter uptake and promote quitting (including by-Māori-for-Māori campaigns which have worked in the past^{16 17});
- enhanced, targeted smoking cessation support services;
- measures targeting the tobacco industry such as divestment and mass media ‘industry denormalisation’ campaigns;
- comprehensive evaluation and monitoring so that the strategy can be reviewed and amended as necessary.

Additionally, one or more strong ‘endgame’ strategies may be required¹⁸ (such as radical reductions in retail supply, mandated denicotinised cigarettes or very substantial increases in tobacco taxation), together with making less harmful tobacco smoking alternatives or quitting aids such as e-cigarettes^{19,20} more easily available.

Other Organisations

The NZCPHM supports, in general, other initiatives from the Smokefree sector²¹⁻²⁴ and the tobacco control policies of the Public Health Association, The Royal Australasian College of Physicians, The Royal Australasian and New Zealand College of Psychiatrists, the Royal Australasian College of Surgeons, and the New Zealand Medical Association, amongst others.

Links with other NZCPHM policies

First 1000 Days of Life

Health Equity

Māori Health

Pacific Peoples’ Health

Trans Pacific Partnership Agreement

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