



Smokefree New Zealand Position Statement

Approved by the Board 30 July 2010

Background

Cigarette smoking is the single largest cause of preventable death in New Zealand and causes around 4,700 avoidable deaths each year¹. Around one in five (19.9 percent) adults currently smoke.² In New Zealand, 21.1 percent of men and 18.8 percent of females currently smoke.³

Tobacco use is a risk factor for six of the eight leading causes of death globally. This includes ischaemic heart disease, cerebrovascular disease, lower respiratory infections, chronic obstructive pulmonary disease (COPD), tuberculosis and lung cancer.⁴

In New Zealand tobacco smoking accounts for about 23 percent of all cancer deaths and 16% of deaths from all causes⁵. When risk factors are ranked, smoking is responsible for more premature death and disability than competing risks such as physical inactivity, high blood pressure, low fruit and vegetable intake, and high cholesterol.⁶

There is also good evidence that there is a social gradient in respect of smoking, with the lower the socio economic position the higher the risk that a person will smoke⁷.

At least 50 percent of all regular cigarette smokers will eventually be killed by their addiction. On average they will lose 14 years of quality life.⁸

¹ Ministry of Health. Our Health, Our Future: Hauora Pakari, Koiora Roa. Wellington: Ministry of Health; 1999.

² The current smoking prevalence is based on the definition of World Health Organization. A current smoker is someone who has smoked more than 100 cigarettes in their lifetime and currently smokes.

³ Ministry of Health. 2008. A Portrait of Health. Key Results of the 2006/07 New Zealand Health Survey. Wellington.

⁴ WHO Report on the Global Tobacco Epidemic, 2008: The MPOWER package. Geneva: World Health Organization.

⁵ Peto R et al "Mortality from Smoking in Developed Countries 1950-2000", Oxford UK, Oxford University Press; 2006

⁶ Ministry of Health, "The Burden of Disease and Injury in New Zealand". Public Health Intelligence Occasional Bulletin. Wellington: Public Health Intelligence, 1997.

⁷ Marmot, M et al, "Social Determinants of Health", 2nd edition (Oxford University Press 2006, Oxford);

Barnett, R et al "Community inequality and smoking cessation in New Zealand, 1981–2006", Social Science and Medicine, vol 68 2009; 876-884.



Second Hand Smoking

Tobacco use has both direct and indirect effects. Prior to the enactment of the smokefree legislation each year an estimated 350 non-smokers, including about 100 workers, died as a result of their exposure second hand smoking⁹. This is in addition to the estimated 4700 deaths of smokers from smoking. It also causes around 1,700 annual hospital admissions for heart disease or stroke, almost 15,000 episodes of childhood asthma, more than 27,000 GP visits for asthma and other childhood respiratory problems, and about 50 newborn deaths due to SIDS (cot death)¹⁰.

Maori

Māori and Pacific people are overrepresented in respect of smoking. Smoking is still most prevalent for Māori than any other ethnic group in New Zealand¹¹ and is more common in areas with a significant Māori population and in areas of deprivation.¹² The current smoking prevalence among Māori adults is 40.4 percent, 37 percent among Māori men and 43.2 percent among Māori women¹³. Māori women are more than twice as likely to be a current smoker as women in the general population. Both Māori men and Pacific men are 1.5 times more likely to be current smokers than men in the total population.¹⁴

The average age of smoking initiation amongst youth in New Zealand is 14.6 years. Uptake amongst taiohi Māori begins earlier at 14.2 years of age. Māori also begin experimentation with smoking at the age of 10.7 years – significantly younger than their non-Māori counterparts who start at the age of 11.8 years¹⁵.

Current Situation - Law

New Zealand has been fortunate in that successive governments have been proactive in tackling this public health issue.

In 1990 the Smoke-free Environments Bill was introduced to Parliament and passed into law. Implementation of the Smoke-free Environments Act 1990:

⁸ Above n 5

⁹ Laugesen, M et al, “How Many Deaths are Caused by Second Hand Cigarette Smoke?” Tobacco Control 2001; 10 383 – 388.

¹⁰ MOH, Smokefree in New Zealand. www.moh.govt.nz/smokefreelaw

¹¹ MOH Maori Smoking and Tobacco Use Fact sheet 11 April 2006.

[http://www.moh.govt.nz/moh.nsf/0/AC53BAEF69C223EFCC25714C00019ADA/\\$File/smoking-factsheet.pdf](http://www.moh.govt.nz/moh.nsf/0/AC53BAEF69C223EFCC25714C00019ADA/$File/smoking-factsheet.pdf)

¹² Barnett, R. Pearce, J. Moon, G. (2004). Does social inequality matter? Changing ethnic socio-economic disparities and Maori smoking in New Zealand, 1981-1996.

¹³ Above n8.

¹⁴ Above n8.

¹⁵ Paynter, J. (2008). National Year 10 ASH Snapshot Survey, 1999-2008: Trends in tobacco use by students aged 14-15 years.



- placed restrictions on smoking in many indoor workplaces;
- required all workplaces to have a policy on smoking and to review that policy annually;
- placed bans on smoking in public transport and certain other public places, and restricted smoking in cafes, restaurants and casinos;
- regulated the marketing, advertising, and promotion of tobacco products and the sponsorship by tobacco companies of products, services and events;
- provided for the control, and disclosure, of the contents of tobacco products;
- banned the sale of tobacco products to people under the age of 16 years (raised to 18 years in 1998);
- established the Health Sponsorship Council (HSC) to replace tobacco sponsorship. The HSC introduced the Smokefree brand.¹⁶

The Act was amended in 2003 and required, among other things, that:

- the buildings and grounds of schools and early childhood centres became smokefree from 1 January 2004;
- licensed premises (bars, restaurants, cafes, sports clubs, casinos) became smokefree indoors from 10 December 2004;
- other workplaces became smokefree indoors from 10 December 2004 – including offices, factories, warehouses, work canteens and ‘smoko’ rooms;
- the display of tobacco products in retail outlets was restricted, and a ‘smoking kills’ sign erected near the display from 10 December 2004;
- herbal smoking products were included in smoking bans;
- the access of those under 18 years of age to smoking products was further restricted.¹⁷

Since then, on 28 February 2008, the regulations around graphic pictorial health warnings, appearing on all tobacco packages sold in New Zealand, came into force. These regulations, which were passed in February 2007, saw 30 percent of the front and 90 percent of the back of cigarette packets covered by graphic health warnings.¹⁸

¹⁶ The history of tobacco control in New Zealand. <http://www.sfc.org.nz/infohistory.php>

¹⁷ MOH Smokefree Law in New Zealand. <http://www.moh.govt.nz/smokefreelaw>

¹⁸ MOH Tobacco Control and Smoking. <http://www.moh.govt.nz/moh.nsf/indexmh/tobacco-warnings>



Taxation has also been another method used effectively by the Government to control the uptake of tobacco¹⁹.

In addition the Government has undertaken a number of initiatives including advertising campaigns, creation of educational materials to better inform the public, and the funding of Quitline, all of which have aimed to reduce the incidence of smoking among the population.

While these steps are commendable New Zealand needs to continue the fight against smoking.

Position Statement

The NZMA:

- Supports and endorses:
 - the actions taken by the New Zealand Government (and referred to above) in respect of making the New Zealand environment smokefree, and controlling the use of tobacco.
 - the Smokefree Coalition's vision of a smokefree New Zealand by 2020.
 - the Government's proposal to ban all retail displays of tobacco.
- Advocates for plain packaging and graphic warnings to replace all brand imagery.
- Calls for the Government to extend the smokefree environment legislation to cover all locations where young people are present..
- Believes that medical practitioners and other health practitioners have a responsibility, by example and precept, to encourage non-smokers to remain non-smokers, and to encourage smokers to quit smoking. Medical practitioners have a responsibility to advise their patients on the risks of smoking, to assist them to quit smoking, and to co-operate with community education programs to discourage smoking. It is essential that medical practitioners are properly resourced to carry out these education and cessation activities.
- Advocates for Government action making it more difficult for minors to obtain cigarettes. Any initiative that helps to increase the age at which people first experiment with tobacco products is likely to have an effect on the overall burden of smoking-related diseases in our community. Evidence shows that over 80% of

¹⁹ For further information on the effectiveness of tax increases in reducing tobacco usage see "Guide to Community Preventive Services. Increasing the Unit Price for Tobacco Products is Effective in Reducing Initiation of Tobacco Use and in Increasing Cessation. 2003". Available from: www.thecommunityguide.org ; and Hopkins DP, et al "Evidence reviews and recommendations on interventions to reduce tobacco use and exposure to environmental tobacco smoke: A summary of selected guidelines." American Journal of Preventive Medicine. 2001;20(2, Supplement 1):67-87.



smokers start smoking before the age of 18²⁰. Therefore, Government and the New Zealand Police have a responsibility to enforce the law regarding the sale of tobacco products to minors.

- Supports more targeted research into methods of smoking cessation. This is a particular priority for population groups who bear a greater burden of smoking and smoking-related disease, such as Maori and Pacific people, as well as people from lower socio-economic backgrounds.
- Supports the continued increase in taxes on tobacco products systematically and significantly, with prices for loose tobacco being harmonised with those for cigarettes.
- Calls for the banning of the sale of duty free cigarettes in New Zealand.
- Urges Government to continue to have a transparent link between revenue raised from taxation on smoking and funding for smoking cessation research and programmes.
- Believes that the Government should continue to fund quit-smoking support services and products.
- Supports the eventual phasing out of cigarettes as a consumer product.

²⁰ US Department of Health and Human Services. Preventing tobacco use among young people: a report of the Surgeon General. Atlanta, GA: US Department of Health and Human Services, Public Health Service, CDC, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 1994. Reprinted with corrections, July 1994.