High support for a tobacco endgame by Pacific peoples who smoke: national survey data

The attitudes of smokers to tobacco control interventions is highly topical in New Zealand given the current inquiry by the Māori Affairs Select Committee into tobacco issues. Presenters to this Committee have raised the need for a tobacco endgame strategy (e.g.,), and this idea has currency among Māori leadership, non-governmental organisations, and amongst other researchers.

In the 2006 Census 30.3% of adult Pacific peoples in New Zealand reported being smokers, compared to 19.4% of the European population. Tobacco use is a substantial burden on the health of Pacific peoples and is likely to be contributing significantly to the health inequalities between Pacific peoples and other New Zealanders (e.g., see the emerging differences in lung cancer mortality rates). Harm to health and expenditure on tobacco is also likely to be holding back the social and economic development of Pacific communities.

Pacific peoples support improved tobacco control, and in a 2008 national survey (smokers and non-smokers) there was much stronger support than average for tobacco regulation. This high level of support contrasts somewhat to that of Pacific policymakers—at least for extending smokefree regulations. Here we describe the results of another national survey that considered attitudes of Pacific smokers to a range of tobacco control policy options.

Methods—The New Zealand arm of the International Tobacco Control Policy Evaluation Project (ITC Project) uses as its sampling frame the New Zealand Health Survey (a representative national sample with boosted sampling of Pacific peoples). From this sample we surveyed adult smokers (n=1376) including 90 Pacific peoples respondents in Wave 1 (Wave 2 included 49 Pacific peoples). Further details of the methods (including response rates, attrition and weighting processes) are available in online reports (available at:...)

In the analysis presented here we exclude Māori from the comparison group of “European/Other” but this group did include Asian New Zealanders. All results are for Wave one of the survey (unless otherwise stated) and were weighted and adjusted for the complex sample design to represent the national population of all Pacific peoples (and non-Pacific) smokers in New Zealand.

Results—There was strong majority support for five key tobacco control interventions among Pacific smokers (see Figure 1). Support was statistically significantly greater than among the European/Other ethnic group smokers for: greater government action on tobacco (p=0.001), and controls on where tobacco could be sold (i.e., only in shops where children were not allowed [p=0.009]). The majority support for more regulation of tobacco companies, support for a ban on cigarette sales in 10 years and support for higher tobacco tax (if the revenue is used for quitting support), was also stronger than among the European/Other population, but not statistically significantly so.
Figure 1. Support for key tobacco control interventions by Pacific peoples and European/Other smokers in New Zealand

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Pacific Peoples</th>
<th>European/Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarettes sold only in shops where no children allowed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government setting a date to ban cigarette sales in 10 years time*</td>
<td>80%</td>
<td>70%</td>
</tr>
<tr>
<td>Increasing the tax on tobacco**</td>
<td>70%</td>
<td>60%</td>
</tr>
<tr>
<td>Government doing more to tackle the harm done by smoking</td>
<td>90%</td>
<td>80%</td>
</tr>
<tr>
<td>Regulating tobacco companies more tightly</td>
<td>75%</td>
<td>65%</td>
</tr>
</tbody>
</table>

Notes:
* If effective nicotine substitutes that are not smoked became available (Wave 2 data).
** If all the extra money was used to promote healthy lifestyles including helping smokers wanting to quit. But these differences by ethnicity were not statistically significant in a multivariate analysis (i.e., non-significant in two out of three models\(^2\)).

Bars indicate 95% confidence intervals.

Majority support by Pacific smokers was also voiced for the following:

- **New product laws:** That is for laws covering: reducing the toxins in cigarette smoke (81.8%), reducing the addictiveness of cigarettes (84.0%), and for factory-made cigarettes to be fire-safe (97.8%).

- **Marketing controls:** Banning all promotion of cigarettes by tobacco companies (73.3%), complete bans on displays of cigarettes inside shops and stores (77.1%).

- **New smokefree areas:** That is only a minority agreed that smoking should be allowed in playgrounds (25.3%), within five metres of the entrance to public buildings (38.4%), and in cars with children inside (4.0%).

For these interventions Pacific smokers usually had higher levels of support than European/other smokers but not at statistically significant levels. In contrast to the above list, only minority support was voiced for tobacco companies being required to sell cigarettes in plain packages (47.0%) and 50.0% thought smoking should be allowed on lifeguard patrolled beaches.

**Conclusions**—This national survey found majority support among Pacific smokers for a wide range of tobacco control interventions—with these generally exceeding
that for the European/Other population of smokers and also Māori smokers (for all results in the Figure\textsuperscript{13}). The high level of support for endgame approaches (e.g. banning tobacco sales in 10 years) and rigorous policy measures (e.g., banning sales in shops where children are present) are particularly striking, given the lack of media coverage or public debate about these measures at the time of data collection. The Māori Affairs Select Committee and other New Zealand policymakers should take into account this high level of support when proposing new tobacco control measures, especially those aiming to control the tobacco epidemic with a well defined endgame strategy.

**Competing interests:** Although we do not consider it a competing interest, for the sake of full transparency we note that some of the authors have undertaken work for health sector agencies working in tobacco control.

**Disclaimer:** Dr Api Talemaitoga is an employee of the New Zealand Ministry of Health. The opinions expressed in this letter are the authors’ own, and do not necessarily reflect Ministry of Health policy.

**Acknowledgements:** The ITC Project New Zealand team thank: the interviewees who kindly contributed their time; the Health Research Council of New Zealand which has provided the core funding for this Project; and our other project partners (see: [http://www.wnmeds.ac.nz/itcproject.html](http://www.wnmeds.ac.nz/itcproject.html)).

Nick Wilson\textsuperscript{*1}, Richard Edwards\textsuperscript{1}, George Thomson\textsuperscript{1}, Deepa Weerasekera\textsuperscript{1}, Api Talemaitoga\textsuperscript{2}

\textsuperscript{1}Department of Public Health, University of Otago, Wellington

\textsuperscript{2}New Zealand Ministry of Health, Wellington

\* For correspondence: Associate Professor Nick Wilson, email: nick.wilson@otago.ac.nz

**References:**


