Smokefree parks in New Zealand: an important step towards the goal of a smokefree New Zealand in 2020

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As outlined by Halkett and Thomson in this issue of the Journal (http://www.nzma.org.nz/journal/123-1308/3941), Kapiti Coast has recently joined a growing number of local authorities that have introduced smokefree parks.

In council-run sport facilities, stadia, or even play areas where there are large gatherings of people in enclosed space, having a well promoted and enforced policy is an effective way of reducing secondhand smoke (SHS) exposure, and contributing to a growing public expectation for healthy smokefree environments. As one councillor in Kapiti was reported as saying, it’s a ‘no brainer’.

Whilst it is encouraging to see councils responding to concerns about the health risks of smoking in their regions, it is easy to feel that the public health community could be distracted with tinkering round the edge of the problem, rather than getting to the core of it.

Where considerable public health efforts are being focused on making public open spaces smokefree, we should be questioning if this is the best use of finite health resources, and if they might be better prioritised.

The evidence showing that smokefree parks will contribute toward reducing smoking rates and harm from smoking is slim. Indeed, if one compares it to strong evidence for other interventions—such as increasing tax, controlling the supply of tobacco, and providing targeted cessation support—then smokefree parks drops way down the shopping list.

The rationale for smokefree parks is to create positive roles models for children, reduce exposure to SHS, and reduce cigarette litter. These are noble intentions, but we should be asking ourselves if smokefree parks really tackle the fact that smoking prevalence in New Zealand has been only been declining at 0.2% per year for the last decade. Adult smoking remains at 20%, and an alarming 45% for Māori. Smoking prevalence has only reduced 3% since 1996.¹ In fact, the quantity of smoked tobacco released for sale in New Zealand per adult is the highest it’s been since 2003.²

We are arguing that smokefree parks create positive roles models for young New Zealanders, when the statistics are showing us that young people are already setting the positive role models that adult smokers should be following. Despite very little change in adult smoking rates, the major success story in New Zealand has been youth smoking. The daily smoking rate for Year 10 students is now down to only 7%, having halved from 15.6% in the last 10 years.³

As one of the first nations to introduce smokefree workplaces back in 2003, New Zealand has one of the best track records on SHS. The outcomes of this have been incredibly positive with strong public support, a dramatic decline in exposure to SHS, and an increase in self imposed smokefree homes. It’s unrealistic that a person would
exposed to enough SHS in an open park to cause harm and still hundreds of public health hours are being put into eliminating this ‘menace’. Arguably, we have won the SHS debate, with a few loose ends such as smoking in cars with children (a proposal that has exceptional levels of public support).

Public health could easily be accused of kicking smokers out of parks, suggesting we find these people undesirable, when actually keeping them alive with a higher quality of life is highly desirable. Most smokers regret the day the ever started, and many are desperate to quit, supporting strong tobacco control measures that will help them do so.

Focus must shift from controlling the smoker to controlling the cigarette. This is a deadly and addictive drug yet we a failing to address its status as a regular consumer product. As smokers face greater and greater control on where they can smoke outdoors, there is still almost no control over where tobacco can be sold. A smoker may not be able to light up in the park in case a child sees, yet every time that child walks into the dairy next to school, they are faced with a wall of cigarette advertising. This widespread sale and exposure of children to tobacco in retailers is shown to have significant risk to them of starting smoking, and should be of primary concern.

In a recent speech to Māori health advocates, Associate Health Minister Tariana Turia stated: ‘There is surely no more obvious indicator of the need for a tobacco control strategy in New Zealand than the reality that about 5000 deaths each year are attributed to tobacco use’. This sense of urgency is shared by the Māori Affairs Select Committee who has called an investigation into the impact of tobacco use on Māori.

Turia’s leadership on tobacco and the select committee investigation is a major opportunity to put the supply of smoked tobacco in the limelight. We should ramp up our ambition by calling for a deadline for the systematic removal of smoked tobacco from sale in New Zealand. This deadline must reflect the lack of recent progress and the sense of urgency required to reduce smoking deaths. Members of the Smokefree Coalition and the wider health community have recently put forward the year 2020. To get anywhere near achieving this we need focused and prioritised action.

The tobacco industry is releasing more tobacco for sale per capita than 5 years ago, and rigorous supply controls are required to reverse this trend. This includes reducing the availability, and the way it is marketed such banning retail displays and light and mild packaging and even requiring plain packaging. Tobacco must not be considered as a legal consumer product, but as the most destructive drug to public health in New Zealand today. Urgent and uncompromising action to control the supply of smoked tobacco to the market are required if we are serious about eliminating the terrible impact on New Zealand.

Increasing tobacco tax is a long overdue priority. The World Health Organization and the Ministry of Health ranks this as the number-one most effective intervention to reduce cigarette consumption, yet New Zealand has gone a decade without a dedicated tobacco tax increase. During this time, smoking prevalence has reduced by only 0.2% per annum and per capita consumption has increased. These are alarming signs that stronger action is needed. An annual schedule of tax increases would make
a significant impact on the adult smoking rates, yet we have been failing to take advantage of this very basic health tool.

Councils have demonstrated their support for protecting the community from tobacco by backing smokefree parks. It will be encouraging if those councils that have taken action trigger others to do so. However, the public health community needs to consider whether the greatest benefit to public health is to be had by putting their resources into smokefree parks. At a time when tobacco consumption in New Zealand is at a 5-year high, smokefree parks are a luxury rather than a necessity. We urgently need to catch up with countries such as the UK, Australia, Canada, and Ireland who have overtaken the once pioneering New Zealand’s tobacco control policies and achievements.

Every smokefree park is a minor incremental victory, and we are settling for too little. We need strong united action on the big hitting basics such as tax increases and actively engaging with tobacco supply and market controls. We should be fighting for and celebrating these big victories if we seriously want to get to the core of the tobacco problem.

Competing interests: Director of Action on Smoking and Health New Zealand (ASH NZ), a tobacco control non-governmental organisation (with funding from the Ministry of Health) that is dedicated to eliminating the death and disease caused by tobacco (www.ash.org.nz).

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