

Public Health Association of New Zealand Policy on Tobacco (2003)

The Public Health Association notes that:

- Cigarette smoking is the single largest cause of preventable death and disease in New Zealand and causes more than 4,500 avoidable deaths in New Zealand each yearⁱ. It has been estimated that 80,000 tobacco related deaths will occur in New Zealand over the next 20 years if nothing more is doneⁱⁱ.
- Smoking rates among Maori and Pacific people are greater than in the population at large with one in two Maori smoking and one in three Pacific people smokingⁱⁱⁱ compared with one in four of the general population. One in three Maori deaths are attributable to smoking^{iv}.
- Seventy five percent of the tobacco consumed is smoked by those in the lower income deciles.
- While smoking rates have decreased from 27 to 25% in the last ten years^v, youth smoking has increased significantly during the same period^{vi}.
- Exposure to second hand smoke means that the negative health effects of tobacco are also borne by non-smokers, especially children, resulting in approximately 400 deaths each year in New Zealand of whom approximately 140 are as a result of exposure in the workplace^{vii}.
- It has been estimated that smoking costs the New Zealand economy many billions of dollars in health care costs, loss of production from illness, commercial and residential fires.

The Public Health Association affirms the following principles:

- That a comprehensive multi-pronged intersectoral approach is necessary to control the harmful effects of tobacco smoking across all age groups, ethnicity and genders and should include:
 - the support and encouragement of adult smokers to quit and stay quit if New Zealand is to reduce tobacco related deaths and to provide smokefree role models for the next generation
 - giving priority to Maori-specific interventions to reduce smoking rates for Maori, including a specific Maori public health service tobacco control purchasing plan
 - giving priority to interventions to reduce smoking rates for people on low income
 - implementing measures which protect non-smokers, especially children, pregnant women and workers from other people's tobacco smoke
 - adequately funding research to provide quality monitoring of the tobacco industry
 - holding the tobacco industry to account for its actions
 - a ban on all forms of tobacco promotion and sponsorship.

The Public Health Association believes the following steps should be taken:

Government response should adequately reflect the high toll taken by tobacco related disease and death.

- Substantial action should be taken to ensure a reduction in smoking, with an interim aim of an adult smoking rate below 15% by 2006 with a smoking rate below 5% for all sectors of society by 2020.
- Tobacco excise tax increases should be regular and substantial to deter new smokers and to encourage smokers to quit. However it is recognised that price increases could be seen to unfairly disadvantage the low income smoker. Therefore tax increases should ideally be preceded by increased funding for tobacco control, including improved support, for people to quit.
- Smokefree Environments legislation and regulation should ensure that children, pregnant women and workers are not at risk of exposure to second hand smoke.
- Government should
 - actively investigate and monitor the policies and practices of the tobacco industry
 - ensure the full enforcement of all relevant laws
 - proactively limit the potential of the industry to misinform the Public
- Public education campaigns and cessation services should be funded at best practice standards to ensure the reduction of smoking rates across all age groups.
- Responsibility for strategies to prevent the uptake of tobacco use should be shared across sectors and disciplines with strategic alliances made to strengthen community action.
- Government should ensure that there is a workforce able to effectively provide services to achieve reduced smoking in the priority groups
- Governments should ensure that the research capacity is available to fully meet the needs of tobacco control in New Zealand.

Review

This policy document should be reviewed annually in the light of the proposed new legislation.

Companion Paper: What the PHA could do to promote a smoke free Aotearoa

Policy Champion Iain Potter

1. **other public health agencies** that are taking a lead on the issue, and the way that the PHA should work with those agencies

Supporting actions of organisations such as ASH, Smokefree Coalition, Cancer Society, and the like where they are consistent with this policy

2 outline the steps that the PHA could take to address the issue,

Leading and supporting actions in relation to underlying influences on health and health impact assessment which involve tobacco.

3 key messages for communication

- Tobacco is the leading cause of preventable death.
- All workers are entitled to equal protection from second hand smoke.
- Increased efforts to reduce smoking amongst Maori are a priority.
- Greater investment in a multi faceted tobacco control approach is needed - and is justified by the continuing toll on lives.

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- ⁱ Progress on Health Outcome Targets 1997 – Ministry of Health
- ⁱⁱ Laugesen M. Tobacco Products. Advice to the Minister of Health 1994. – Public Health Commission
- ⁱⁱⁱ Tobacco Facts May 1999 – Ministry of Health
- ^{iv} Laugesen and Clements – TPK Report 1998
- ^v Tobacco Facts ay 1999 – Ministry of Health
- ^{vi} Laugesen and Scragg Trends in Cigarette Smoking in Fourth Form Students in NZ 1992-1997 – NZMJ 27 Aug 1999
- ^{vii} Laugesen and Woodward