



**Te Reo Mārama**  
*Kaupapa Tupeka Kore – Tobacco Free*

# **Toolkit**

**Māori Affairs Select Committee Inquiry**

**into the tobacco industry in Aotearoa**

**and**

**the consequences of tobacco use for Māori**

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**Acknowledgement:** Would like to thank those from the tobacco resistance community that have contributed to developing this 'Toolkit'. Ngā mihi mahana hoki ki a koutou.

## Foreword

**"We don't smoke that shit, we just reserve the right to sell it to the young, the poor, the black, the stupid." - R J Reynolds Tobacco Executive**

E ngā mana, e ngā reo, e ngā maunga, e ngā awa, e ngā pātaka ō ngā taonga tuku iho, tēnā koutou katoa! Nau mai, haere mai ki te tautoko tēnei kaupapa whakahirahira!

History is about to be made with the first ever Māori Affairs Select Committee Inquiry into the Tobacco Industry in Aotearoa and the consequences of tobacco use on Māori. It is imperative that we grasp this opportunity as the community did with the *Smokefree Environments Bill*.

Whilst this is an opportunity to highlight the role tobacco plays in the lives and the deaths of Māori in Aotearoa, at the hands of this industry, it is also a chance for all New Zealanders to join in support. Removing tobacco from Māori communities will bring health, economic and cultural benefits that will be seen as a positive contributor to the aspirations that Māori leadership has expressed for decades.

This kaupapa saddens and lifts you as one hears the stories of loss through to successful quitting journeys. Bring those personal experiences, journeys and changes to this Inquiry so the full extent of the loss and pain has a chance to be expressed to influence recommendations from the Committee that will make a difference for Māori and non-Māori alike.

I believe that we can all make a difference as a committed and engaged sector to bring in the community support that is required for this Inquiry.

Let us make a stand and be clear about our vision of removing tobacco from Aotearoa by 2020 – Tupeka Kore: Tobacco-free.

Ka whawhai tonu mātou! Let us continue the struggle!

Mauri tū! Mauri ora!

Shane Kawenata Bradbrook  
Director of Te Reo Mārama – Kaupapa Tupeka Kore

## Executive Summary

The following *Toolkit* will provide a guide to engaging with the Māori Affairs Select Committee Inquiry that will focus on Māori tobacco use and the tobacco industry's involvement in this country.

The *Toolkit* is comprised of sections that provide a mixture of information and

Key sections that will assist in writing submissions can be found in the 'Submissions' and 'Recommendations'. The 'Submissions' section will outline what is required for a submission to an Inquiry and a basic template is provided.

The 'Recommendations' are crucial in providing a set of solutions for the current situation. The four core areas are:

- 1. Removal of tobacco for supply**
- 2. Accountability**
- 3. Taxation**
- 4. Framework Convention on Tobacco Control (FCTC) – Implementation**

'Media' will be crucial in providing the counter balance to the tobacco industry claims that they are selling a "legal product" and it is about "adult choice" arguments. Use all the media at your disposal at local, regional and national levels.

To ensure continuity and consistency 'Key Messages' are provided to assist in submissions and also when using media (e.g. Letter to Editor) or informing your local MP through a letter or visit. The more often these messages are heard or seen the more likely they will remember the points been advocated.

Support sections to assist with research information can be found as references throughout the various sections and in the 'Appendices – Information Sheets'. Using this information will assist in supporting your line of argument in submissions, media and other activities.

We have until the **29<sup>th</sup> January 2010** to complete a submission as an individual or as an organisation proceeded by robust hearings from **February 2010** onwards.

*He maunga nui, e kore e taea te whakaneke;*

*He ngaru moana, me te ihu o te waka e wāhi.*

*Some problems are considered to be  
as hard as moving a big mountain*

*But others can be solved as easily as  
the prow of a canoe parts the sea.*

## **Background**

## **Purpose of the Inquiry**

Use these 'Purpose of the Inquiry' as a guideline for writing your submission.

1. Gain a comprehensive understanding of the actions of the tobacco industry to promote tobacco use amongst Māori, and
2. Understand the impact of tobacco use on the health, economic, social, cultural and developmental impacts on Māori
3. Policy and legislative measures to address the findings.

## **Terms of Reference for the Inquiry**

Use these 'Terms of Reference' as a guideline for writing your submission.

The Terms of Reference are:

1. The historical actions of the tobacco industry to promote tobacco use amongst Māori.
2. The impact of tobacco use on the health, economic, social and cultural wellbeing of Māori.
3. The impact of tobacco use on Māori development aspirations and opportunities.
4. What benefits may have accrued to Māori from tobacco use?
5. What policy and legislative measures would be necessary to address the findings of the Inquiry?

## Submissions to the Inquiry

### Add your voice

Some of the most compelling submissions will be the personal stories from workers and smokers through to those that are sadly paying with a terminal illness. Those losses represent the reality of smoking which needs to be impressed on the Committee.

To enable this to happen we will be asking you to find those people that will bring this side of the story to be shared in public. These stories could include:

- Personal quit stories;
- An iwi/hapū view of tobacco's impact on the people;
- A cessation workers view from the coalface;
- A smoker's journey to becoming addicted;
- A Rangatahi perspective;
- Death/loss of a whānau member, whānaunga/relative, friend, partner etc.

In presenting personal stories a submission should still address the terms of reference set by the inquiry.

### Call for submissions

The Māori Affairs Select Committee has called for written submissions by **29 January 2010**. Submissions can also be made online. Oral submission dates will be advised in due course.

### Why make a submission?

This is your chance to express your opinions, observations, thoughts and recommendations to decision-makers and the public (via media).

### What is a submission?

Submissions are written but you may also ask to talk to the committee in person. This way, committee members can ask you more detailed questions about your recommendations. (See 'Template' below)

### Requirements

- 2 copies of each submission if made in writing;
- State clearly to appear and provide contact details.

### For further information go to:

<http://www.parliament.nz/en-NZ/AboutParl/GetInvolved/Submission/a/9/8/00CLOOCHvYrSaySubmission1-How-to-make-a-submission.htm>  
[http://www.parliament.nz/en-NZ/PB/SC/MakeSub/2/0/7/49SCMA\\_SCF\\_00DBSCH\\_INQ\\_9591\\_1-Inquiry-into-the-tobacco-industry-in.htm](http://www.parliament.nz/en-NZ/PB/SC/MakeSub/2/0/7/49SCMA_SCF_00DBSCH_INQ_9591_1-Inquiry-into-the-tobacco-industry-in.htm)

## Submission Template

Date and Page Number

### **SUBMISSION on the Māori Affairs Inquiry into the Tobacco Industry in Aotearoa and the Consequences of Tobacco Use for Māori**

To the Māori Affairs Select Committee  
Chair – Tau Henare MP

#### **Introduction**

This submission is from (name of individual/organisation and address).

I/we wish to appear before the committee to speak to my/our submission.

I can be contacted at: (List full details). These details could be included in a covering letter instead for privacy reasons.)

I/we wish that the following also appear in support of my/our submission: (List names and positions in organisation. If an organisation, give brief details of your organisation's aims, membership and structure and the people consulted in the preparation of the submission.)

#### **Summary**

I/we wish to make the following comments (general views on the Inquiry).

#### **Specific comments**

I/we wish to raise the following matters under Terms of Reference:

1. The historical actions of the tobacco industry to promote tobacco use amongst Māori.
2. The impact of tobacco use on the health, economic, social and cultural wellbeing of Māori.
3. The impact of tobacco use on Māori development aspirations and opportunities.
4. What benefits may have accrued to Māori from tobacco use?
5. What policy and legislative measures would be necessary to address the findings of the Inquiry?

(Expand on your views and give reasons).

**Recommendations** (List any further recommendations or conclusions you wish the committee to consider. You may wish to restate recommendations mentioned earlier.)

Example from 'Recommendations' section:

#### **Taxation:**

**Recommendation 1:** *That a dedicated tax, from the existing tobacco taxation revenue (over \$1B), be established. The tax to be used to fund services/programmes ranging from health promotion programmes, enforcement, cessation/quit services, research and advocacy services. A substantive budget increase, that truly reflects the disproportionate negative impact tobacco use has on Māori, is required.*

#### **For further information go to:**

[http://www.parliament.nz/NR/rdonlyres/6092F83E-CE78-4C66-A50A-CC4490DC9034/103478/makingasubmission2007\\_1.pdf](http://www.parliament.nz/NR/rdonlyres/6092F83E-CE78-4C66-A50A-CC4490DC9034/103478/makingasubmission2007_1.pdf)

**Note:** As submissions are written by national bodies they will be shared with the community to assist with development of individual and organisational submissions. Workshops/seminars regarding submission writing will also be undertaken.

## Recommendations to the Inquiry

The following recommendations are a guide to providing a consistent message to the Committee. The recommendations are presented with the intention to **remove the supply of tobacco from our communities**. It is crucial that this view is supported throughout this process as there is little point in half-measures.

### 1. Removal of tobacco for supply

The tobacco industry and its products are an impediment to Māori development aspirations and future driven goals. Māori tobacco related morbidity and premature mortality rates severely impacts on Māori economic development, health status and on the cultural knowledge base for the next generations.

There is no discernible public benefit in allowing the tobacco industry to continue exploiting Māori and non-Māori for profit. There is a need to restrict then eliminate tobacco for supply.

***Recommendation 1:** That tobacco supply is restricted using regulations and legislative measures with the goal of eliminating tobacco by 2020.*

***Recommendation 2:** That sales to minors is strictly enforced with particularly emphasis placed in areas with educational facilities – Primary/Secondary Schools.*

***Recommendation 3:** That all tobacco displays are removed from point of sale by 2010.*

### 2. Accountability:

Any industry, which is directly linked to the deaths of over 600 Māori and 5000 New Zealanders, needs to be held accountable and responsible.

Further scrutiny would enable greater public awareness and understanding of the industry. Information from investigations will provide the ability to regulate and monitor this industry more effectively.

***Recommendation 1:** Hold further enquiries on the Tobacco Industry practices in New Zealand via a Ministerial appointed Taskforce on Tobacco or a Royal Commission of Inquiry.*

***Recommendation 2:** A sustainable industry denormalisation programme and counter marketing campaign is developed and implemented in 2010.*

### 3. Taxation:

Taxation is the most effective tool in reducing consumption and youth uptake.

Māori specific services/programmes receive approximately \$8M from the \$40M budget. Māori contribute over \$250M of the \$1B collected in tobacco tax each year. The sector is under-funded for the task. Funding can be sourced by implementing a dedicated tax similar to three health-related dedicated taxes for alcohol, accident and gambling control.

Loose tobacco is taxed lower than 'tailor-made'/ manufactured cigarettes. This provides smokers with a cheaper tobacco product to buy. It also allows easier financial access by rangatahi/youth to loose tobacco.

**Recommendation 1:** *That a **dedicated tax**, from the existing tobacco taxation revenue (over \$1B), be established in 2010. The tax to be used to fund services/programmes ranging from health promotion programmes, enforcement, cessation/quit services, research and advocacy services. A substantive budget increase that truly reflects the disproportionate negative impact tobacco use has on Māori is required.*

**Recommendation 2:** *Increase tobacco tax each year, from 2010, by 5% as recommended by the World Bank<sup>1</sup> and the World Health Organization (WHO)<sup>2</sup> along with the current annual CPI adjusted increases.*

**Recommendation 3:** *Harmonise tax on loose tobacco with manufactured cigarettes in 2010.*

#### **4. Framework Convention on Tobacco Control (FCTC) – Implementation**

The New Zealand Government is party to the FCTC. Part of the obligation is to take measures to promote the participation of indigenous individuals and communities in the development, implementation and evaluation of tobacco control programmes that are socially and culturally appropriate to their needs and perspective's under Article 4.2(c).<sup>3</sup>

As a Party the Government is responsible for meeting these obligations.

**Recommendation 1:** *That the Government actively monitors, demonstrates and reports how it meets its international obligations directly with Māori each year on the Pre-amble and Article 4.2 (c).*

**Recommendation 2:** *That the Guidelines on Article 5.3 are fully implemented in 2010.*

**Recommendation 3:** *That Article 16 (Sales to and by minors) provisions, which include the prohibition of vending machines, are fully implemented.*

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<sup>1</sup> World Bank, *Curbing the Epidemic: Governments and the Economics of Tobacco Control*. 1999.

<sup>2</sup> World Health Organization. [http://www.who.int/tobacco/mpower/facts\\_findings/en/index.html](http://www.who.int/tobacco/mpower/facts_findings/en/index.html) 2009.

<sup>3</sup> World Health Organization (2). *Framework Convention on Tobacco Control*. [www.who.int/tobacco](http://www.who.int/tobacco). 2009.

## Treaty of Waitangi

The Treaty, as noted by Moana Jackson, in relation to Māori tobacco use:<sup>4</sup>

1. Māori do not just have specific health **needs** but more fundamentally a **right to be healthy**.
2. The right to good health encompasses wellness in its fullest sense and includes the physical, spiritual and cultural well-being of Māori as individuals and as a collective.
3. This right ensured the survival of whakapapa and thus the uniqueness and well-being of the iwi and hapū. This ensured the health of the mokopuna of the iwi was an inherent responsibility of those entrusted to exercise the independent and sovereign authority of tino rangatiratanga.
4. There was no greater taonga than the wellness of the people of the land and those expected to care for them had no greater obligation than to ensure its maintenance.
5. Te Tiriti o Waitangi reaffirms the exercise of tino rangatiratanga and the ability of Māori to define and sustain what being healthy means in a Māori context. Indeed to give away (or cede) that responsibility was unthinkable in cultural terms and impossible in political tradition because no leader, no matter how powerful, could ever abdicate the authority to care for the people.
6. Te Tiriti has been consistently redefined not to preserve Māori authority but to deny it. The taking of Māori lands; lives and power effectively usurped the authority of rangatiratanga and thus the ability of Māori to ensure Māori wellness in Māori terms.
7. Te Tiriti was breached by the Crown and the Māori right to be healthy was infringed. The denial of that right has led to the specific health needs that Māori have today.
8. Most Māori health strategies subordinate the inherency of Māori rights in favour of the Crown who is obliged to “actively protect” Māori interests and ensure Māori participation in health decisions. This approach still subsumes rangatiratanga into a Crown controlled framework. It therefore focuses inevitably on the health **needs** and “Māori disparities” rather than the Māori **right** to wellness.
9. A relationship with the Crown is of course fundamental to the Treaty relationship but a Māori response must proceed not from that relationship but from the mana of being Māori and the rights that flow accordingly.

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<sup>4</sup> ATAK. *National Māori Tobacco Control Strategy 2003-2007*. 2003.

## Framework Convention on Tobacco Control (FCTC)

**For further information go to:**

[www.tereomarama.co.nz/Site/FCTC/FCTC.aspx](http://www.tereomarama.co.nz/Site/FCTC/FCTC.aspx)

[www.who.int/tobacco](http://www.who.int/tobacco)

[www.fctc.org](http://www.fctc.org)

The NZL Government is a party to the FCTC and should be challenged in submissions on how they meeting this obligation.

The FCTC was developed in response to the world's tobacco epidemic and it reaffirms the right of all people to the highest standard of health. The FCTC has two specific sections that acknowledge indigenous peoples and the impact tobacco has on indigenous peoples.

These two clauses can be used to challenge the Government's commitment to Māori tobacco resistance:

### ***Pre-amble***

The Parties to this Convention,

Deeply **concerned** about the high levels of smoking and other forms of tobacco consumption by indigenous peoples.

### ***Guiding Principles - Article 4. 2(c)***

The need to take measures to promote the participation of indigenous individuals and communities in the development, implementation and evaluation of tobacco control programmes that are socially and culturally appropriate to their needs and perspective's.

The core demand reduction provisions in the FCTC are contained in Articles 6-14:

- Price and tax measures to reduce the demand for tobacco, and
- Non-price measures to reduce the demand for tobacco, namely:
  - Protection from exposure to tobacco smoke;
  - Regulation of the contents of tobacco products;
  - Regulation of tobacco product disclosures;
  - Packaging and labelling of tobacco products;
  - Education, communication, training and public awareness;
  - Tobacco advertising, promotion and sponsorship; and,
  - Demand reduction measures concerning tobacco dependence and cessation.

The core supply reduction provisions in the WHO FCTC are contained in Articles 15-17:

- Illicit trade in tobacco products;
- Sales to and by minors; and,
- Provision of support for economically viable alternative activities.

## Media

There are many ways you can use the media to the benefit this process. Media engagement will work to attract attention to the Inquiry and the issue of high Māori tobacco use and the involvement of the tobacco industry. The media can get a public or social policy message across to the largest audience possible in the least amount of time. Media can:

1. **Inform** the public about this Inquiry and educate them about the issue.
2. **Recast** the issue: The media can help frame the issue as a preventable major public health issue that should be removed from the community.
3. **Encourage** politicians, other professionals and the public to find out more about the issue and in general to get involved.

### Media tools

The following tools can be used to push viewpoint into the public forum.

- **Media releases** – proactively used to attract attention to announce scheduled events, personal promotions, awards, new products and services, accomplishments, etc. Provides an opportunity to raise the issue.
- **Letter to the editor** - Used to support or oppose an editor's position, or to respond to another writer's letter to the editor.
- **Interviews** – radio, TV, magazines, newspapers

### Other Media Strategies

- Identify real peoples' stories e.g. personal quit stories, whānau losses to tobacco;
- Identify person or whānau member affected by tobacco use – e.g. lung cancer;
- Identify and support innovations or change e.g. tobacco-free dairies, smokefree beaches etc.
- Identify and expose industry supported groups e.g. He Papa Pounamu, Keep NZ Beautiful, Business Mentors NZ;
- Identify existing national/regional/local events, activities e.g. Matariki, WSFD etc
- Create events/activities e.g. hīkoi kawē mate, local letter campaigns to MPs.

### Templates: Media release, letter to the editor

Refer to 'Appendices' section for examples of templates.

## Key Messages

The following key messages should be used in conjunction with media, letter writing and in submission writing wherever possible.

### Primary messages

In order to get a consistent message to politicians and the public the three messages that should be included in **all** submissions, discussions, events, meetings, media etc are:

- **Barrier:** Tobacco is a barrier to meeting Māori potential, aspirations and development goals.
- **Accountability:** It is about holding the tobacco industry accountable and responsible for **all** Māori deaths and illness from tobacco.
- **No Tobacco industry:** Tobacco Out of Aotearoa - Tobacco is a sunset product: The tobacco industry is a sunset industry. Gone by 2020.

### Secondary messages

There are also a number of secondary messages that support the primary messages:

#### Māori specific

- Māori are exerting self-determination - tino rangatiratanga – enough is enough;
- All Māori have a right to good health;
- Kia mau te kaupapa Tupeka Kore mō ngā uri Māori – Seize hold of the tobacco-free kaupapa for future generations.

#### General

- Tobacco kills Māori – Tobacco Kills All New Zealanders;
- Tobacco is about addiction;
- Tobacco is THE inequality;
- Tobacco brings no 'Public Benefit' or 'Public Good' to Aotearoa-New Zealand;
- Societies evolve – tobacco will go the way of child labour, slavery and the asbestos industry;
- Tobacco industry: It is not normal to kill your customers it is Profit over Health;
- Tobacco does not discriminate – it kills all New Zealanders;
- The nation is moving towards being Tupeka-Auahi Kore (Smokefree/ Tobacco-free);
- 80% of the population don't smoke – 80% of smokers want to quit;
- Bans – oral tobacco is already banned.

## Other key messages

### Rangatahi Māori

1. **Māori leadership:**

- Rangatahi recognise the impact tobacco has on their potential; they are our future leaders of whānau, hapū and iwi and the wider community;
- Kura/High Schools are caring, supporting and protecting its students from tobacco use.

2. **Anti-industry:** The tobacco industry exploits rangatahi; they need **their lips** to survive as a business.

3. **Māori potential:**

- Tobacco is a barrier to rangatahi Māori development/potential;
- Eliminating smoking provides an opportunity to meet potential/aspirations of rangatahi Māori.

4. **Underage Sales:** tobacco is being sold by retailers to addict next generation of Māori.

### Iwi/Hapū, Community

1. **Māori leadership** – Caring and protecting its people from tobacco. Kaitiakitanga – Rangatiratanga.

2. **Māori potential** – tobacco is a barrier to Māori development/potential. Eliminating smoking provides an opportunity to meet potential/aspirations of Māori.

### Tupeka-Auahi Kore sector

1. **Professional workforce** - Nobody knows more about Māori smoking and quitting. Ultimately we are the delivers of both the kaupapa and the service.

2. **Kaitiaki** - We care, support and love our people with a passion.

## Common Questions and Answers

### **Tobacco kills all New Zealanders not just Māori right?**

Tobacco does not discriminate by ethnicity and is an equal opportunity killer and creator of illness. Tobacco impacts negatively on everyone in Aotearoa-New Zealand. However it disproportionately impacts on Māori as over 40% of Māori smoke compared to 20% of the mainstream population.

All New Zealanders should be involved in removing tobacco from our communities as this product transcends any and all cultural and language barriers.

### **Banning tobacco will create an illicit market?**

There is already an illicit or black market. Tobacco product is illegally imported already whilst tobacco stolen from robberies is also sold on the black market.

New Zealand already has an experienced and professional Customs organisation that already finds smuggled tobacco products. This country has an advantage in being geographical isolated with no cross-border issues that are faced in many other nations.

International evidence shows that the tobacco industry is highly involved in smuggling tobacco.

### **A tobacco ban will never work**

The sale of oral tobacco is already banned under the Smokefree Environments Act 1990. There is no call for repealing this ban and no black market for such products.

The majority of New Zealanders **and** Māori do not smoke. The majority (80%) of smokers actually regret ever starting to smoke and want to quit. Moving towards the removal of tobacco from the market will assist in quitting and reducing rangatahi uptake. With a quit community there will be little or no demand.

There will be a steady process of restricting the product e.g. licensing retailers, reducing numbers of retailers, prescription only etc, and providing more services and opportunities to quit.

### **If it was that bad then why not ban it?**

Managing the political risk is important. The reality is that public opinion is well ahead of this perceived risk held by politicians. If 80% of New Zealanders do not smoke and 80% of smokers actually regretted ever starting and want to quit then the political risk is actually minimal.

Despite evidence since the 1950s showing tobacco use impacts negatively on an individual's health, and that tobacco is attributable to the deaths of approximately 5000 New Zealanders each year, there has been no willingness politically to answer the question posed by many smokers – why not ban it?

Political change occurs when social movements reach a tipping point that politically is too hard to ignore. This inquiry is another opportunity to provide politicians with compelling stories that shift their perception

Political will and political courage are required to create political change.

## **Nanny state intervention**

The state already intervenes on many areas in ones daily life especially in the area of health. There is an obligation for the state to intervene and protect the populace regarding tobacco use as there is clear, irrefutable evidence and 5000 deaths attributed to tobacco each year. Inaction or maintaining the status quo is not acceptable. Clear, visionary political leadership is welcomed. To quote Tana Umaga: "We're not playing Tiddlywinks..."

## **But tobacco is a legal product?**

Asbestos was a legal product as well. But the evidence clearly demonstrates, as it did with asbestos, that it is harmful when used as intended by the manufacturer. Merely having a product available for sale in the market is irrelevant if it does not meet a basic test of ensuring the safety of the consumer it is targeting.

As tobacco is both addictive and damages health it should be treated differently than other consumer products. Other dangerous products (alcohol, firearms, drugs, etc) are typically regulated. Tobacco should also be regulated and the activities/practises of tobacco industry restricted.

## **Isn't smoking just a personal choice?**

Tobacco is designed to addict its user. Like all addictive products ones 'choice' is diminished the more one uses it. As for our tamariki and rangatahi, who start smoking at a young age, this 'choice' is questionable.

'Personal choice' was or is a term marketed by the tobacco industry to instil a sense of independence about their product.

## **There are other things like alcohol that causes just as many problems?**

Tobacco is the leading preventable cause of illness and pre-mature deaths. 5000 New Zealanders die each year from tobacco-related illness of this number 600 are Māori.

Compare that to 1064 alcohol related deaths (2000)<sup>5</sup>, the 294 road deaths in 2008 or the 81 work-related deaths (2002)<sup>6</sup>.

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<sup>5</sup> ALAC, *Burden of Death, Disease and Disability Due to Alcohol in New Zealand*. 2000.

<sup>6</sup> Statistics NZ, *NZ Health Information Service Mortality Collection and ACC*. 2009.

## **Shouldn't smokers take responsibility?**

Thousands of people who smoke have taken personal responsibility to quit or make attempts to quit. A supportive environment that is a mix of cessation/quit programmes and health promotion campaigns is crucial to assist with this challenge.

Tobacco products are highly addictive. Smokers are dealing with an addiction that is not simply a case of an individual stopping or taking responsibility. The true responsibility lies with the tobacco industry who is allowed to manufacture and sell this product.

# Appendices

## Contents:

### Information Sheets

- Comparisons
- Health effects of smoking
- Māori smoking
- Smoking in New Zealand

### Contact Sheets

- Media – Māori and Mainstream
- National Organisations
- Parliament

### Media templates

- Letter to the editor template
- Media release template

## Information Sheets

Sourced from: <http://www.hsc.org.nz/tobacco-control-general.html>

### For further information go to:

[www.tereomarama.co.nz](http://www.tereomarama.co.nz) (Latest Statistics)

[www.sfc.org.nz](http://www.sfc.org.nz) (Documents)

[www.ash.org.nz](http://www.ash.org.nz) (Research)

Information regarding the health effects and various statistics/facts can be useful when developing a submission. Use statistics/research with references.

## Comparisons

Each year over 5000 New Zealanders die as a result of smoking. In comparison there are:

- 1064 alcohol related deaths (2000)<sup>7</sup>
- 619 deaths from breast cancer (2006)<sup>8</sup>
- 294 deaths as a result of traffic accidents (2008)<sup>9</sup>
- 116 people died as a result of an accident at work (2006/07)<sup>10</sup>
- 117 drowning deaths (2004)<sup>11</sup>
- 81 work-related deaths (2002)<sup>12</sup>
- 45 deaths from SIDS (2009)<sup>13</sup>

## Smoking and Māori

- Tobacco kills over 600 Māori prematurely every year.<sup>14</sup> Cigarette smoking accounted for 31 percent of all annual Māori deaths during 1989-93 as compared to 17 percent of all deaths in the total population.<sup>15</sup> This is a significant loss of cultural knowledge and language.
- Life expectancy: Māori men is 70.4 years, compared to 78 years for non-Māori. For Māori women life expectancy is 75.1 years, compared to 82.2 years for non-Māori.<sup>16</sup>
- In 2008, Year 10 female Māori who smoked daily was 22% compared to 13% for male Māori.<sup>17</sup>
- Of students aged 14 to 17 who smoked daily, 30% of Māori males reported first trying a cigarette at seven years old or younger, and 31% of Māori

<sup>7</sup> ALAC, *Burden of Death, Disease and Disability Due to Alcohol in New Zealand*. 2000.

<sup>8</sup> NZ Breast Cancer Foundation, 2009. [www.nzbcf.org.nz/index.php/about-breast-cancer/information-centre](http://www.nzbcf.org.nz/index.php/about-breast-cancer/information-centre)

<sup>9</sup> Land Transport Agency, *Road Death Statistics*, 2009. [www.ltsa.govt.nz/research/toll.html](http://www.ltsa.govt.nz/research/toll.html)

<sup>10</sup> Statistics NZ,

<sup>11</sup> Water Safety NZ,

<sup>12</sup> Statistics NZ, NZ Health Information Service Mortality Collection and ACC.

<sup>13</sup> SIDS NZ, <http://www.sids.org.nz/site/resources/> 2009.

<sup>14</sup> Te Reo Mārama website: [www.tereomarama.co.nz](http://www.tereomarama.co.nz). Retrieved 9 November 2009.

<sup>15</sup> Te Puni Kōkiri. *Cigarette smoking mortality among Maori, 1954-2028*. Wellington: Te Puni Kōkiri. 1998.

<sup>16</sup> Ministry of Health. 2009. *Tobacco Trends 2008: A brief update of tobacco use in New Zealand*. Wellington: Ministry of Health..

<sup>17</sup> Paynter J. 2009. *National Year 10 ASH Snapshot Survey, 1999 - 2008: Trends in tobacco use by students 14 - 15 years*. Action on Smoking and Health NZ. [www.ash.org.nz/pdf/ASHYear10Report19992008.pdf](http://www.ash.org.nz/pdf/ASHYear10Report19992008.pdf). Retrieved on 19 June 2009.

females first experimented at eight to nine years of age.<sup>18</sup>

- Māori women are more than twice as likely to be current smokers than women in the total population. Māori men are 1.5 times more likely to be current smokers than men in the total population.<sup>19</sup>
- In 2008, 45.4% of Māori adults smoked, compared to 21.3% of Europeans, 31.4% of Pacific peoples and 12.4% of Asian people.<sup>20</sup>
- Tobacco plays a significant role in health inequalities within New Zealand for both youth<sup>21</sup> and adults.<sup>22</sup> Higher smoking prevalence is seen among low-income groups, Māori and Pacific peoples.<sup>23 24</sup>

## Health effects of smoking

- Tobacco use is the leading cause of preventable death in New Zealand, accounting for around 4,300 to 4,700 deaths per year.<sup>25 26 27</sup> When second-hand smoke deaths are included, this estimate increases to around 5,000 deaths per year.<sup>28 29</sup>
- Half of the people who smoke today and continue smoking will eventually be killed by tobacco.<sup>30</sup> They will die an average of 15 years early.<sup>31 32 33</sup>
- Globally, 1.3 billion people smoke. Each year tobacco causes 5 million premature deaths.<sup>34</sup>

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<sup>18</sup> Health Sponsorship Council. 2005. *Reducing smoking initiation literature review: A background discussion document to support the national framework for reducing smoking initiation in Aotearoa-New Zealand*. Wellington: Health Sponsorship Council.

<sup>19</sup> Ministry of Health. 2008. *A Portrait of Health: Key results of the 2006/2007 New Zealand Health Survey*. Wellington: Ministry of Health.

<sup>20</sup> Ministry of Health. 2009. *Tobacco Trends 2008: A brief update of tobacco use in New Zealand*. Wellington: Ministry of Health.

<sup>21</sup> Paynter J. 2009. *National Year 10 ASH Snapshot Survey, 1999-2008: Trends in tobacco use by students aged 14-15 years*. Report for the Ministry of Health, Health Sponsorship Council and Action on Smoking and Health. Auckland, New Zealand. Retrieved on 19 June 2009 from <http://www.ash.org.nz/pdf/ASHYear10Report19992008.pdf>

<sup>22</sup> Blakely T, Tobias M, Atkinson J, Yeh, LC, Huang K. 2007. *Tracking Disparity: Trends in ethnic and socioeconomic inequalities in mortality, 1981 – 2004*. Wellington: Ministry of Health.

<sup>23</sup> Hill S, Blakely T, Howden-Chapman, P. 2003. *Smoking Inequalities: Policies and patterns of tobacco use in New Zealand, 1981 to 1996*. Wellington: Ministry of Health.

<sup>24</sup> Blakely T, Tobias M, Atkinson J, Yeh, LC, Huang K. 2007. *Tracking Disparity: Trends in ethnic and socioeconomic inequalities in mortality, 1981 – 2004*. Wellington: Ministry of Health.

<sup>25</sup> Peto, R., Lopez, A.D., Boreham, J., and Thun, M. (2006). *Mortality from smoking in developed countries 1950-2000*. Second edition. [www.ctsu.ox.ac.uk/~tobacco/](http://www.ctsu.ox.ac.uk/~tobacco/), retrieved 24 June 2009.

<sup>26</sup> Public Health Intelligence. 2002. *Tobacco Facts May 2002* (Public Health Intelligence Occasional Report No 2). Wellington: Ministry of Health.

<sup>27</sup> Peto, R. and Lopez, A. 1994. *Mortality from Smoking in Developed Countries 1950-2000: Indirect estimates from national vital statistics*. New York: Oxford University Press.

<sup>28</sup> Ministry of Health (2004). *Looking upstream: Causes of death cross-classified by risk and condition, New Zealand 1997*. Wellington: Ministry of Health.

<sup>29</sup> Tobias, M. and Turley, M. (2005). *Causes of death classified by risk and condition, New Zealand 1997*. Australian and New Zealand Journal of Public Health, 29, 5-12.

<sup>30</sup> Ministry of Health. 2008. *Tobacco control and smoking: Health effects of smoking*. [www.moh.govt.nz/moh.nsf/indexmh/tobacco-effects](http://www.moh.govt.nz/moh.nsf/indexmh/tobacco-effects), retrieved 19 June 2009).

<sup>31</sup> World Health Organization. 2006 *Why is tobacco a public health priority?* Tobacco Free Initiative. Retrieved on 23 January 2006 from [www.who.int/tobacco/health\\_priority/en/print.html](http://www.who.int/tobacco/health_priority/en/print.html).

<sup>32</sup> World Health Organization. 2008. *The global tobacco crisis*. [www.who.int/tobacco/mpower/en/](http://www.who.int/tobacco/mpower/en/), retrieved 24 June 2009.

<sup>33</sup> Peto, R. and Lopez, A. 1994. *Mortality from Smoking in Developed Countries 1950-2000: Indirect estimates from national vital statistics*. New York: Oxford University Press.

<sup>34</sup> World Health Organization. *Why is tobacco a public health priority?* Tobacco Free Initiative, [www.who.int/tobacco/health\\_priority/en/print.html](http://www.who.int/tobacco/health_priority/en/print.html).

- Tobacco use is currently responsible for the death of 1 in 10 adults worldwide. If current smoking patterns continue, it will cause some 10 million deaths each year by 2020.<sup>35</sup>
- Smoking increases the risk of developing diseases of the respiratory and circulatory systems including cancers of the lung, oral cavity, pharynx, larynx, oesophagus and pancreas.<sup>36</sup> Smoking also increases the risk of developing diseases of the urinary tract, pelvis, bladder and digestive tract.<sup>37</sup>
- Smoking causes one in four of all cancer deaths in New Zealand.<sup>38</sup>
- Tobacco is the only consumer product that kills half its users when used as the manufacturer intends.
- Inhaled smoke contains more than 4,000 chemicals including acetone (paint stripper), ammonia (toilet cleaner), cyanide (rat killer), DDT (insecticide).<sup>39 40</sup>
- About 1,300 people in New Zealand having untreatable blindness due to current and past smoking.<sup>41</sup>

## Smoking in New Zealand

- Rates of smoking prevalence and of consumption of cigarettes per head, have dropped substantially in New Zealand in recent decades.<sup>42</sup>
- More than 700,000 New Zealanders smoke on a regular basis<sup>43</sup> and people generally begin smoking as teenagers (14.5 years is the average).<sup>44</sup>
- In 2008 the prevalence of daily smoking in adults aged 15 years and over was estimated at 20.7%. This was up from 18.7% in 2006/7.<sup>45</sup>
- Annual consumption is steady since 2006 at just over 1,000 cigarettes per adult (smoking and non-smoking), including both factory-made and roll-your-own cigarettes. This compares with annual per adult consumption of about 3,200 in 1975, and 1,900 in 1990.<sup>46</sup>

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<sup>35</sup> *ibid.*

<sup>36</sup> Vineis, P., Alavanja, M., et al. 2004. Tobacco and cancer: recent epidemiological evidence. *Journal of National Cancer Institute* 96: 99-106.

<sup>37</sup> Ministry of Health. 2005. *Tobacco Facts 2005*. Wellington: Ministry of Health.

<sup>38</sup> Laugesen, M. 2000. *Tobacco Statistics 2000*. Wellington: Cancer Society of New Zealand.

<sup>39</sup> The Quit Group and the Health Sponsorship Council. 2000. *Break Free*. Wellington: Ministry of Health.

<sup>40</sup> Fowles J, Bates M, Noiton D. 2000. *The Chemical Constituents in Cigarettes and Cigarette Smoke: Priorities for Harm Reduction*. Ministry of Health. Retrieved on 4 January 2007 from [www.ndp.govt.nz/moh.nsf/pagescm/1003/\\$File/chemicalconstituentscigarettespriorities.pdf](http://www.ndp.govt.nz/moh.nsf/pagescm/1003/$File/chemicalconstituentscigarettespriorities.pdf)

<sup>41</sup> Wilson G, et al. 2001. Smoke gets in your eyes: smoking and visual impairment in New Zealand. *NZ Med J*, 114, 471-4.

<sup>42</sup> The Quit Group. 2009. *Quitline Client Analysis Report January-December 2008* Wellington: The Quit Group.

<sup>43</sup> Ministry of Health. 2008. *Tobacco Trends 2007: A brief update on monitoring indicators*. Wellington: Ministry of Health.

<sup>44</sup> Paynter J. 2009. *National Year 10 ASH Snapshot Survey, 1999-2008: Trends in tobacco use by students aged 14-15 years*. Report for the Ministry of Health, Health Sponsorship Council and Action on Smoking and Health. Auckland, New Zealand. [www.ash.org.nz/pdf/ASHYear10Report19992008.pdf](http://www.ash.org.nz/pdf/ASHYear10Report19992008.pdf), Retrieved on 19 June 2009.

<sup>45</sup> Ministry of Health. 2009. *Tobacco Trends 2008: A brief update of tobacco use in New Zealand*. Wellington: Ministry of Health.

<sup>46</sup> *Ibid.*

## Media contact lists

### Māori Media Contacts

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**W:** [www.waatea603am.co.nz/](http://www.waatea603am.co.nz/)

#### **Māori Television**

9 - 15 Davis Crescent  
PO Box 113-017  
Newmarket  
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**W:** [www.Māoritelevision.com](http://www.Māoritelevision.com)

#### **TVNZ – Marae**

Panui, Marae  
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#### **TVNZ - Te Karere**

**E:** [tekarere@tvnz.co.nz](mailto:tekarere@tvnz.co.nz) **T:** 09 916 7000 **W:** [www.tvnz.co.nz](http://www.tvnz.co.nz)

**Iwi Radio** – Look at local listings

#### **Mana Magazine**

PO Box 1101  
Rotorua

**T:** 07 349 0260 **F:** 07 349 0258 **W:** [www.manaonline.co.nz](http://www.manaonline.co.nz)

#### **Tūmai Magazine**

PO Box 19043  
Wellington 6011

**E:** [editor@tumai.co.nz](mailto:editor@tumai.co.nz) **T:** 04 801 5070 **F:** 04 801 5892 **W:** [www.tumai.co.nz](http://www.tumai.co.nz)

## Mainstream Media Contacts

### TV

**TVNZ** (TV ONE, TV2, TVNZ6, TVNZ7)  
100 Victoria St West  
Auckland

**E:** T: 09 916 7000 **W:** [www.tvnz.co.nz](http://www.tvnz.co.nz)

### TV3 (C4)

3 Flower Street  
Eden Terrace  
Auckland

**T:** 0800 883 639 **W:** [www.tv3.co.nz](http://www.tv3.co.nz)

### Prime TV

PO Box 9059  
Newmarket  
Auckland

**T:** 0800 759 759 **W:** [www.primetv.co.nz](http://www.primetv.co.nz)

### Print

#### NZ Herald

46-58 Albert St  
Auckland

**E:** [newsdesk@nzherald.co.nz](mailto:newsdesk@nzherald.co.nz), [letters@herald.co.nz](mailto:letters@herald.co.nz) **T:** 09 379 5050  
**W:** [www.nzherald.co.nz](http://www.nzherald.co.nz)

#### Sunday Star-Times

155 New North Rd  
Eden Terrace  
Auckland

**E:** [news@star-times.co.nz](mailto:news@star-times.co.nz), [editor@star-times.co.nz](mailto:editor@star-times.co.nz) **T:** 09 925 9700  
**W:** [www.stuff.co.nz/sunday-star-times/](http://www.stuff.co.nz/sunday-star-times/)

#### Dominion Post

40 Boulcott Street,  
PO Box 3740  
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**E:** [news@dompost.co.nz](mailto:news@dompost.co.nz) **T:** 0800 366 767 **W:** [www.dominionpost.co.nz](http://www.dominionpost.co.nz)

**The Press**

22 Cathedral Square  
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**Otago Daily Times**

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T: 03 477 4760 W: [www.odt.co.nz](http://www.odt.co.nz)

**Radio****National Radio**

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155 The Terrace  
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E: [rnz@radionz.co.nz](mailto:rnz@radionz.co.nz) T: 04 474 1999 W: [www.radionz.co.nz](http://www.radionz.co.nz)

**Radio Live**

40 Arthur Street  
Ponsonby  
Auckland

T: 0800 723 465 W: [www.radiolive.co.nz](http://www.radiolive.co.nz)

**Regional Media**

Use your local/regional media outlets to place letters, media releases, provide interviews etc.

## Contacts List

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## Parliament Key Minister's

MP	Party
Rt Hon John Key Prime Minister	National
Hon Tony Ryall Minister of Health	National
Hon Tariana Turia Associate Minister of Health	Māori Party
Hon Pita Sharples Minister of Māori Affairs	Māori Party
Hon Georgina Te Heuheu Associate Minister of Māori Affairs	National

## Māori Affairs Select Committee

MP	Party
Tau Henare - Chair	National
Hone Harawira – Deputy Chair	Māori Party
Kelvin Davis	Labour
Mita Ririnui	Labour
Simon Bridges	National
Peseta Sam Lotu-liga	National
Paul Quinn	National

## Māori MPs

MP	Party
Metiria Turia MP	Greens
Kelvin Davis	Labour
Parekura Horomia	Labour
Shane Jones	Labour
Nanaia Mahuta	Labour
Mita Ririnui	Labour
Te Ururoa Flavell	Māori Party
Hone Harawira	Māori Party
Rahui Katene	Māori Party
Pita Sharples	Māori Party
Tariana Turia	Māori Party
Paula Bennett	National
Simon Bridges	National
Hekia Parata	National

**Parliament Contacts:** 04 471 9999 Individual MPs go to:  
<http://www.parliament.nz/en-NZ/MPP/MPs/MPs/>

## Media templates

### **General information:**

**Word counts:** Most papers have a word limit of 200-300 for letter to the editor – check your paper. For media releases try and keep to one A4 page.

**Make it personal:** papers generally like to see a local view to what is a national issue.

**Use key messages/recommendations:** use the key messages or recommendations to build your piece.

**Use research where possible:** use the information sheets or your own organisations research etc.

**Newsworthy:** Particularly for a media release; the purpose of a release is to inform the media and community of your news item. A good press release answers all of the "W" questions (who, what, where, when and why), providing the media with useful information about your organisation, product, service or event.

## Letter to the Editor

### **Example:**

I am writing in regards to [if responding to an editorial, article or letter include Title and Date)] forthcoming Maori Affairs Select Committee Inquiry on Maori tobacco use and on the tobacco industry.

It is long overdue that this serious public health issue was given a hearing. Frankly the tobacco industry needs to be held accountable for the 5000 deaths each year.

As I work in cessation services with our people I am constantly sadden by the number of clients we see each year. I witness the struggle my clients go through to stay quit but love hearing the positive stories as they move away from being addicted to being free from tobacco.

I would like to see the Inquiry recommend that tobacco was taken out of communities as there really is no positive benefit having it sold. It simply addicts and kills people. I believe that it is time to see tobacco free communities. The challenge for politicians is to make it happen for the betterment of Maori and all New Zealanders.

## Media release

### Example:

#### **Iwi supports Māori Affairs Committees Inquiry on Tobacco**

On [Date] Ngāti XXXX is joining with various health organisations to hold a hikoi to highlight the number of deaths that have occurred in the past 10 years within the region. It is also going to be used support the forthcoming Inquiry on Māori tobacco use by the Māori Affairs Select Committee.

“This event will provide leadership to our people by saying tobacco is no longer acceptable as an iwi and to have an open discussion about the destruction it causes.” stated XXXX – Chair of the XXXX iwi. “Tobacco has had a hold over our people for too long and it has been ignored as an issue.”

Ngāti XXXX believes that they must do more to protecting their people from tobacco.

“Maori lose far too many people to tobacco each year. It is hard burying our people because of smoking. So it is time to say enough is enough. It is not about Tobacco is removing our greatest taonga - our people. These losses are unacceptable. If we are to develop as a people we must have our people above the ground not under it.” Said Mr XXXX.

A petition will also be circulated to show support for the forthcoming Māori Affairs Select Committee Inquiry on Māori tobacco use.

“It is important that we send a positive message to Parliament that tobacco is not part of our culture or people,” said respected kaumātua XXXX. “We believe that we are acting in the best interests of our people by exerting our roles as kaitiaki (protectors) of our people’s health and that should also come from Parliament.”

For media comment contact:

XXXX