

## **SUBMISSION TO THE MAORI AFFAIRS INQUIRY INTO THE TOBACCO INDUSTRY IN AOTEAROA AND THE CONSEQUENCES OF TOBACCO USE FOR MAORI**

To the Maori Affairs Select Committee  
Chair: Hon Tau Henare

This submission is from the Asthma Foundation  
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### **Introduction:**

The Asthma Foundation is a national non-government organisation which aims to help people with asthma and respiratory conditions. It provides information and education; it undertakes advocacy and awareness raising, and funds research. It represents the interests of all people with respiratory conditions and it works with its 18 affiliated asthma societies to achieve its goals.

Smoking is the major cause of lung cancer and COPD (Chronic Obstructive Pulmonary Disease – mostly emphysema and chronic bronchitis) and is proportionately higher in Maori than non Maori. The Asthma Foundation has, for a number of years had a dedicated position of Maori Services Manager. This manager's role is to support improvements in Maori respiratory health. We have undertaken a number of initiatives in this area. We also have a Maori Reference Group that advises us.

### **Maori**

- Maori continue to have high rates of smoking. Around 47% of Maori are daily smokers. Their prevalence and uptake rates are much higher than non-Maori<sup>1</sup>.
- Respiratory disease is the third most common cause of death for Maori – two thirds due to COPD.<sup>2</sup>
- Tobacco Smoking is a key risk factor for COPD and lung cancer.

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<sup>1</sup> New Zealand Ministry of Health and the Quit Group, *Maori Smoking and Tobacco Use*, Fact Sheet 1, Wellington 2006

<sup>2</sup> Te Roopu Rangahau a Eru Pomare, School of Medicine and Health Sciences, University of Otago, *Hauora Maori Standards of Health IV*

- Because there is relatively little information available on the incidence and impact of lung cancer and COPD, the Thoracic Society and the Asthma Foundation commissioned a report on these diseases in 2003.
- Among men the incidence of lung cancer has been declining for over 10 years while the incidence for women is still rising. Maori men have almost three times and Maori women almost four times the corresponding rates for non-Maori. This is one of the most fatal cancers.<sup>3</sup>
- Maori have more than double the rates of hospitalisations for COPD than non-Maori. It is not known if this represents greater prevalence of more frequent admissions.<sup>4</sup>

Because of the above impacts on Maori, the Asthma Foundation strongly advocates for the implementation of strong tobacco control measures that will shift Maori demand for tobacco toward a demand for quitting services. The Asthma Foundation is a founder member of the Smokefree Coalition. All members of the Smokefree Coalition share a vision for a tobacco free New Zealand by 2020. But because current declines in prevalence and uptake are much too slow, the government must implement the most substantial measures to accelerate the decline of tobacco in New Zealand.

## **TERMS OF REFERENCE FOR THE INQUIRY**

The Asthma Foundation wishes to raise the following matter under the terms of Reference below.

### **THE IMPACT OF TOBACCO USE ON THE HEALTH, ECONOMIC, SOCIAL AND CULTURAL WELL-BEING OF MAORI**

The impact of tobacco use is profound for Maori. *COPD*: hospitalisations in Maori occur at earlier ages and rates increase more steeply with age than non Maori, with Maori women bearing the greatest burden. Mean age at hospitalisation for Maori is more than eight years younger than of non-Maori. Much of the heavier burden of COPD Maori have over non-Maori is likely to result from their history of smoking and perhaps also from greater use of loose tobacco.<sup>5</sup>

*Lung cancer*: Maori death rates from lung cancer are higher than any reported for any country or population group, including those of the Eastern European and former Soviet countries where smoking rates have long been high. The Ministry of Health in 1999 reported age-standardised death rates per 100,000 of 75.3 for Maori men and 74.4 for Maori women, where comparable figures for non Maori were 30.5 and 14.4

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<sup>3</sup> A report prepared for the Thoracic Society of Australia and New Zealand, *Chronic Obstructive Pulmonary Disease and Lung Cancer in New Zealand*, Joanna Broad and Rod Jackson, University of Auckland

<sup>4</sup> Ibid

<sup>5</sup> Ibid

respectively. Age-specific death rates in Maori women are similar to those seen in non Maori women who are 25 years older.<sup>6</sup>

These are the reasons why the Asthma Foundation makes this submission.

The economic impact of tobacco use is reflected in the extra costs smoking related disease and sickness creates, over a lifetime, for smokers. This extra cost becomes a burden on whole households. Once a smoking related disease takes hold, there is often a slow and painful process of dying. This economic burden impacts again on a whole household: firstly, prior to death, a smoker's capacity to work stops at some point, rendering her or him a dependent upon others; secondly, after a premature death, the family is further deprived of the deceased's contributions up to retirement age.

This impact is also a social and cultural one for Maori, whose tikanga places whanau and whakapapa of great value. Loss of kaumatua before their time leaves holes in the korowai of Maori whakapapa, especially if smokers did not have their chance to pass on the knowledge of their whakapapa before they died. Maori life expectancy is 11 years less than non-Maori New Zealanders<sup>7</sup>.

Tobacco is a condition that has over time in New Zealand contributed to unequal health for Maori, which has had impact upon their economic, social and cultural well-being. The Asthma Foundation sees a strong need for actions that will see tobacco related harm become an issue of the past.

## **WHAT POLICY AND LEGISLATIVE MEASURES WOULD BE NECESSARY TO ADDRESS THE FINDINGS OF THE INQUIRY?**

The Asthma Foundation recommends that the Smokefree Coalition's Vision for a tobacco free Aotearoa by 2020 be accepted and embraced by the Maori Affairs Select Committee, and put to the government as a viable national position. With the Smokefree Coalition's comprehensively researched methodology, the Maori Affairs Select Committee can recommend to Government a cohesive and time-lined strategy for tobacco control implementation over the next ten years.

### **In 2010 the Priority actions are as follows**

- A substantial tobacco excise tax increase in the 2010 budget
- Tobacco retail displays to be banned
- Tobacco tax to be equalised for roll your own and factory made cigarettes

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<sup>6</sup> Ibid

<sup>7</sup> Hunt D, Blakeley T, Woodward A, Wilson N. The Smoking-Mortality association varies over time and by ethnicity in New Zealand. *International Journal of Epidemiology*. 2005; 34: 1020-28.

### **In 2011 the Priority actions are as follows**

- A schedule of annual tax increase of 10% per annum (or greater) will be agreed, with a view to increasing the price of a packet of 20 cigarettes to \$20 by 2020
- The sale of tobacco will be limited to licensed retailers. There will be a schedule to reduce the number of licenses issued, and strict public health focused criteria for issuing licenses.

### **In 2012 the Priority actions are as follows**

- Supply model for controlling the tobacco market explored and developed
- introducing supply control policy that mandates a reduction in the volume of tobacco sold,
- and the range/number of locations where it may be purchased.
- Legislation will ban smoking in cars carrying children

### **In 2013**

- Tobacco products branding will be limited to generic plain text and graphic picture warnings
- The use of terms, packaging and marketing tools that mislead smokers about the relative harm of tobacco products will be banned
- No new smoked tobacco products will be permitted into New Zealand unless they can demonstrably be proved to have a public health benefit
- Introduce a schedule for the mandatory reduction of nicotine content in cigarettes

### **2013 onwards**

- Regulation and control on the supply and sale of tobacco products will set a mandatory annual decrease in the tobacco available for sale in New Zealand, and the location at which it can be sold.
- The addition of flavourings designed to improve the palatability of tobacco products will be banned

## **RECOMMENDATION**

That the Maori Affairs Select Committee note the significant negative impact of tobacco on the respiratory health of Maori and that it recommend the adoption of the Smokefree Coalition's vision for a tobacco free Aotearoa by 2020.

Jane Patterson  
Chief Executive