



ASH New Zealand

Submission to the Māori Affairs Select Committee

Inquiry into the tobacco industry in Aotearoa and the consequences of tobacco use for Māori

Whakataukāki

*He tao huata e taea te karo
He tao nā Aitua, e kore*

*The thrust of a spear shaft may be parried
That of death, never*

Preamble

Action on Smoking and Health (ASH) welcomes this opportunity to review the impact of tobacco on tangata whenua. Tobacco is the most destructive drug to the health of New Zealand today, and requires urgent and assertive action.

ASH would like to support our written submission with an opportunity to present oral evidence to the committee.

About Action on Smoking and Health (ASH)

ASH is a registered charity dedicated to eliminating the death and disease caused by tobacco. We have been working for over 25 years to advocate for effective policies and interventions that will reduce tobacco use. Our mission is to campaign for measures that will improve the health and well being of all New Zealanders by eliminating the disease and premature death caused by tobacco. ASH is part funded by the Ministry of Health to provide smokefree information services. We also receive independent funding from over 1000 private members.

- A commitment to Te Tiriti o Waitangi
- A commitment to the principles of the Ottawa Charter
- A dedication to influencing public policy and social norms to tobacco related harm
- Campaigns with a sound evidence and ethical base
- ASH is pro-health, not anti smoker

ASH acknowledges, respects and values working effectively with Māori as tangata whenua.

Correspondence on this submission should be directed to:

Ben Youdan, Director, ASH New Zealand, Box 99 126, Newmarket, Auckland
Tel: 09 520 4866 Mob: 021 733 444 Email: byoudan@ash.org.nz

Recommendations

- ***That a deadline of 2020 is set to end the sale of smoked tobacco in New Zealand***

That this be achieved via the following major policy interventions:

- *A schedule of tax increases of at least 20% per annum, with a view to increasing the price of a packet of 20 cigarettes to \$20 by 2015*
- *Regulation and control on the supply and sale of tobacco products to set a mandatory annual decrease in the tobacco available for sale in New Zealand, and the locations at which it can be sold*
- *Improved access to smoking cessation, including more effective safe nicotine substitutes*

To achieve this goal, ASH recommends that a clear schedule of evidence based policy actions is taken over then next 3 years and beyond. These should include:

- *The total ban of tobacco retail displays*
- *Mandate plain packaging for tobacco products*
- *Ban the use of terms, packaging and marketing tools that mislead smokers about the relative harm of tobacco products*
- *Improved hard hitting and targeted mass media campaigns on tobacco*
- *Full implementation of the Framework Convention on Tobacco Control article 5.3*
- *Ban smoking in cars carrying children*
- *Ban the addition of sugars to manufactured tobacco products*
- *Mandate the phased reduction of nicotine content to reduce the addictiveness of smoked tobacco*

ASH recommends the following to target the tobacco industry

- *A Royal Commission of Inquiry is initiated to investigate the conduct of the tobacco industry in New Zealand.*
- *That New Zealand follows the Australian and Finnish examples of setting a health task force to investigate and implement measures to phase smoking out of society¹*
- *That implementation of article 5.3 (preventing tobacco company interference) of the Framework Convention on Tobacco Control (FCTC) of which New Zealand is a signatory be fully implemented with immediate effect.*
- *Continuous disclosure and publication of meetings (including copies of minutes) between the tobacco industry and elected officials and public servants.*
- *Any tobacco industry donations to politicians and political parties to become public knowledge. This includes donations via third parties or trusts.*
- *In addition to the current annual returns submitted by tobacco manufacturers, details of their marketing expenditure and plans are also submitted*

Addressing the terms of reference

1. The historical actions of the tobacco industry to promote tobacco use amongst Māori

1.1. Early Tobacco use

- 1.1.1. Tobacco is not a Māori tradition. Before the arrival of Pākehā the Māori world was tupeka kore. Tobacco was introduced during colonisation as a gift or trade in return for land and other resources. Early settlers provided a market for commercial tobacco trade, as did the Māori people. In the early 1840s just after the signing of Te Tiriti o Waitangi approximately 22 tonnes of tobacco was imported to New Zealand per year. By the 1850s this had risen to 137 tonnes, and by the 1860s 477 tonnes of tobacco was imported into New Zealand per annum². The combination of the addictiveness and novelty of tobacco, the act of smoking when meeting and its early demonstration of use by Europeans made tobacco a desirable object for trade³. Māori gave up valuable time (labour), flax, land, kumara and wood in exchange for tobacco. They were short-changed; they were sold a deadly addictive product without any knowledge of its devastating impact.
- 1.1.2. Shortly after the introduction of tobacco to New Zealand, Māori smoking rates increased rapidly. As early as the 1850s visiting physicians reported *constant smoking* by Māori.
- 1.1.3. Historical reports record that Māori women took up smoking in large numbers from the mid 1850s onwards. Victorian convention meant that almost no European women smoked at this time for risk of ostracism⁴. These conventions were not applied to Māori women.² Māori women were, sadly among the first in the world to embrace commercial tobacco in large numbers, preceding European women by almost a century. Māori women still maintain the highest smoking rates in New Zealand.
- 1.1.4. Māori men and women continue to have the highest smoking rates in New Zealand. Since the very first days of commercial tobacco, tangata whenua have been exploited as a market for tobacco, and to promote tobacco use. Māori imagery was used widely on tobacco tins, matches and cigarettes to promote smoking⁵. This practice was widespread in the early 1900s and was still happening as recently as 2006 when Te Reo Marama successfully got Philip Morris to withdraw their *Māori Mix* brand that was promoted in Israel⁶.
- 1.1.5. Until 1976 the only measure of tobacco use in New Zealand was the tobacco consumption recorded in the *New Zealand Official Yearbooks (NZOYB)*.⁷ The highest consumption of tobacco in New Zealand in the twentieth century is recorded in 1962.⁷
- 1.1.6. There are no official records of prevalence of smoking for different population's *i.e.* men, women, Māori, Europeans *etc* until the census in 1976.⁷ ⁸ The prevalence of smoking amongst Māori (15 + years) in 1976 was 58%.⁸ The smoking prevalence for Māori women in 1981 was 59%.⁹ Smoking prevalence amongst Māori men (42%) and women (49%) is still disturbingly high after more than 30 years.

1.1.7. There was no Māori word to describe the act of smoking and the term ‘kaipaipa/kai paipa’ is a transliteration from the English word ‘pipe’ and is still in te reo Māori lexicon¹⁰.

1.2. Modern tobacco industry conduct

1.2.1. There are three major tobacco companies in New Zealand that account for 97% of the total cigarette market in New Zealand. The other three percent comes from smaller companies or specialty import products.

1.2.2. The three major tobacco companies (in order of market share) are: British American Tobacco New Zealand Ltd (BATNZ), Imperial Tobacco New Zealand Ltd (ITNZ) and Philip Morris New Zealand Ltd (PMNZ). British American Tobacco is the dominant company in the New Zealand market with a reported market share of 75% for factory made cigarettes and 79.3% for roll your own (RYO). The pre tax profits of these companies in New Zealand in 2008 was: BATNZ \$144 Million; PMNZ \$1 Million; ITNZ \$16.1 Million¹¹.

1.2.3. Knowledge about the devastating health impacts of smoking tobacco became widely published in 1962 with the first report by the Royal College Of Physicians¹² and also the United States Department of Health, Education and Welfare’s Report of the Advisory Committee to the Surgeon General in 1964.¹³ Prior to this Sir Richard Doll had first published his paper on smoking as a cause of cancer among British doctors¹⁴.

1.2.4. Tobacco companies were aware that smoking caused disease in the 1950s. There is considerable evidence that the tobacco industry, despite being aware of these devastating health effects of smoking, deliberately sought to deny this and to deceive the public and their shareholders about the devastating health effects.^{15 16} In addition they continued efforts to recruit more smokers by continuing advertising and targeting their marketing towards distinct groups such as young smokers and young women.^{17 18}

1.2.5. From the time when the health impacts of tobacco were well known to the tobacco industry until commercial advertising was banned by the New Zealand government in 1990 the tobacco industry continued to advertise its deadly product.

1.2.6. Throughout the legislative process of banning smoking in enclosed workplaces, the tobacco industry in New Zealand continued to refute the considerable evidence that second hand smoke is harmful to health. BATNZ director of corporate and regulatory affairs at the time Carrick Graham claimed “It is British American Tobacco’s view that public smoking is a social issue, not a health issue”¹⁹.

1.2.7. The New Zealand market is dominated by the low price ‘value’ cigarette brands. Smoking rates are highest in the most deprived communities. The BATNZ 2007 annual report describes New Zealand as having ‘strong competition in the low price segment’ and Imperial Tobacco describes the NZ ‘low value segment as increasingly competitive’²⁰. It is clear the industry continues to shamelessly target those on low incomes. Māori are over represented

in the low income demographic. The average weekly income in June 2009 was \$548 for Māori compared to \$728 for pākehā and \$680 for all New Zealanders²¹.

- 1.2.8. The tobacco industry currently promotes their products through point of sale displays. The majority (64%) of 14-15 year old New Zealand teenagers, including Māori, visit convenience stores where tobacco is displayed two-three times per week. Teenagers who make three or more weekly visits to stores that display tobacco are three times more likely to experiment with smoking.²²
- 1.2.9. The New Zealand tobacco industry records detailed demographic data on those who smoke their brands. This includes whether the smokers of particular brand are Māori. Imperial Tobacco brand plans released as a result of litigation target their low value Horizon cigarettes at 'females aged 18-39, socio economic status 3-6'²³. Young Māori women are highly represented in this demographic and have the highest smoking rates in New Zealand, typically smoking Holiday, Horizon or RYO brands that are cheap to use. Horizon is the second most popular brand with Māori children who smoke (see figure 1).
- 1.2.10. The tobacco industry New Zealand continue to abuse, obstruct and flout laws to prevent promotion by tobacco sponsorship. In 2009 year the tobacco industry promoted its products by sponsoring events attended by many young New Zealanders. This included Rhythm and Vines²⁴ and New Zealand Fashion Week.
- 1.2.11. Despite the well known devastating health impacts of smoking, the tobacco industry have consistently antagonised and misled the public and caused considerable delays in the implementation of policies which are effective in reducing tobacco use. This includes opposing increases in tobacco tax, restrictions on advertising, smokefree environments law and picture warnings on tobacco packets. Their tactics have been well documented.¹⁶
- 1.2.12. The Smokefree Environments Act and subsequent amendments has been effective and important for protecting all New Zealanders from passive smoking, encouraging quitting, reducing inequalities^{25 26} and is also correlated with significant declines in uptake of smoking by New Zealand youth of all ethnicities. The tobacco industry and its front groups delayed and opposed the laws.^{16 27}
- 1.2.13. Front groups are organisations which are usually funded by the tobacco industry, traditionally they have opposed introduction of laws such as the Smokefree Environments Act and amendments. They enable the industry to support opposition to laws which will significantly impact their market whilst protecting their public image. The activity of front groups for the tobacco industry in New Zealand has been carefully documented.¹⁶
- 1.2.14. Tobacco companies undermine tobacco control legislation, regulation and activity by deluging the Ministry of Health with time wasting, banal, annoying and intimidating Official Information Act requests. An analysis of all requests relating to tobacco control spending

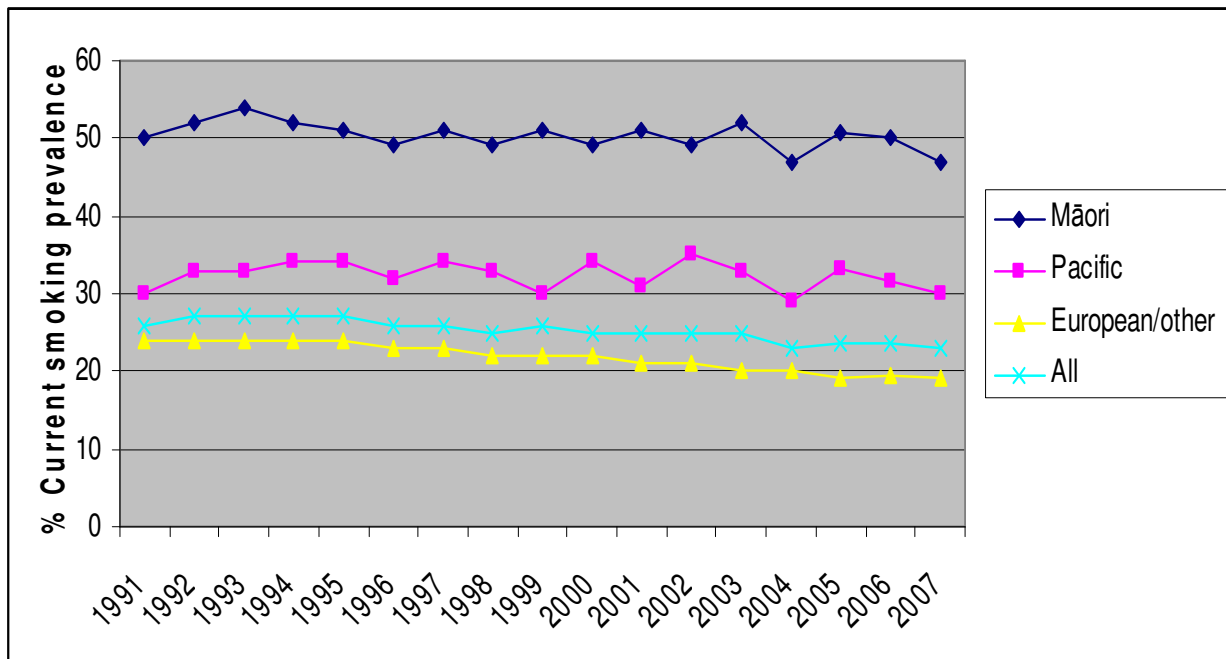
between January 2005 and August 2009 showed that of 131 requests, 85% (111) were from tobacco industry related sources. Sixty-seven letters, identical except for the name of the person or organisations concerned were sent to one person. Identical request were sent to six different people in the Ministry of Health²⁸.

2. The impact of tobacco use on the health, economic, social and cultural wellbeing of Māori

2.1. Health

- 2.1.1. Tobacco is the leading preventable cause of disease and death and is a major contributor to health inequalities for Māori as well as other population groups in Aotearoa. Almost 5000 people in New Zealand die each year because of smoking. For Māori, smoking claims around 600 lives per year.
- 2.1.2. Smoking prevalence in New Zealand has hardly declined at all in 16 years (Figure 1). It was 26% in 1991 and 23% in 2007, which is an average absolute decrease of less than 0.2% per year. Among Māori the change was from 50% to 47%. This is an unacceptable rate of decline and highlights the need for urgent action.

Figure 1: Daily NZ adult smoking (Cigarettes or RYO tobacco) prevalence by ethnicity (Source: AC Nielsen surveys, 1991 to 2007)



- 2.1.3. Smoking is the single most important and preventable cause of inequalities in mortality for Māori. The decline in smoking prevalence in New Zealand over the last ten years has almost exclusively been among non-Māori. If this trend is allowed to continue, the inequalities caused by smoking will increase and around 22% of Māori deaths are attributable to smoking.^{29 30}

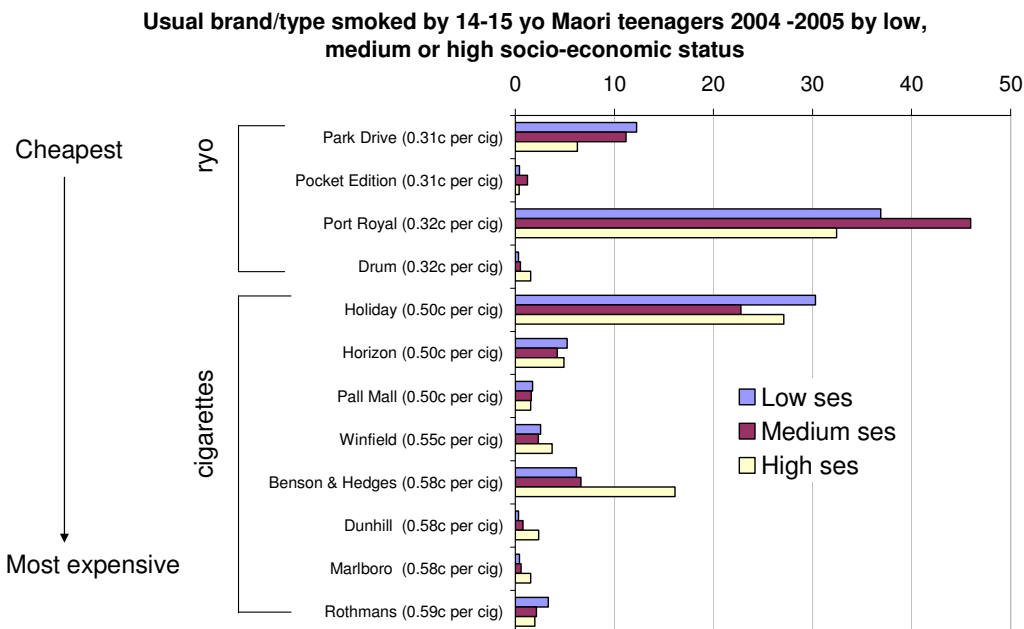
- 2.1.4. In 2005–2007, male life expectancy at birth was 79.0 years for non-Māori and 70.4 years for Māori, a difference of 8.6 years. Female life expectancy at birth was 83.0 years for non-Māori and 75.1 years for Māori, a difference of 7.9 years.³¹ Eliminating smoking is the single most achievable action to close this inequality gap.
- 2.1.5. Smoking causes many diseases and reduces the health of smokers in general. Smoking increases the risk for coronary heart disease by two to four times, stroke by two to four times and death from chronic obstructive lung diseases, including chronic bronchitis and emphysema by twelve to thirteen times.³²
- 2.1.6. The incidence of lung cancer in New Zealand Māori is, without exception, the highest in the world.³³ The death rate from lung cancer in Māori is three times higher than in non-Māori.³³

2.2. Economic Wellbeing

- 2.2.1. The average smoker in New Zealand smokes 11 cigarettes per day. For those who use factory made cigarettes, this is an annual expenditure of nearly \$2000.
- 2.2.2. In addition to the direct costs of purchasing cigarettes, there are significant other economic costs of smoking. On average, lifelong smokers die 15 years younger than non-smokers. Half of smoking related deaths occur in middle age. Smoking related illness and premature death has an impact on workforce production, and the costs to communities to care for members who are sick from smoking, or for whānau who have lost members to smoking related deaths.
- 2.2.3. At a national level, the cost of lost production as a result of smoking related premature death is \$570 million per year, and for smoking related illness it is \$280 million³⁴. With the additional cost of treating smoking related illness, the cost of smoking to the New Zealand economy is approximately \$1.7 billion per annum.
- 2.2.4. Although these calculations of the cost of lost production are national, a person's inability to work as a result of illness or death has immediate financial consequences for those who depend on that person's income. The cost of a whānau member not being able to work as a result of illness, or death contributes to financial hardship. The average weekly income for Māori is \$548 and the loss of this to a household is considerable.
- 2.2.5. The economic gain of a 2% reduction in the Māori smoking prevalence would be worth \$17.2 million per annum to the quitters. The value of the lifetime health gains if valued at a conservative \$50,000 per quality adjusted life year (QALY) would be \$780 million³⁴.
- 2.2.6. Māori smokers are most likely to smoke low cost cigarette brands or roll-your-own cigarettes that are cheaper to use and 57.9% of 15-19 year old Māori smokers use roll-your-own tobacco³⁵.

2.2.7. Data from the 2004-2005 National Year 10 ASH Snapshot surveys shows that 14-15 year old Māori students who smoke rely heavily on cheaper tobacco (roll your own) and cheaper brands of cigarettes.

Figure 1. Graph showing brands of tobacco listed by price per cigarette and the percentages of teenagers who report those brands as their usual brand.



2.3. Cultural Wellbeing - loss of mātauranga Māori

2.3.1. The most important factor in cultural wellbeing is life. Tobacco use ends life. When those who hold cultural knowledge die from tobacco use, that knowledge is lost.

2.3.2. Following decades of denial, the tobacco industry has acknowledged that smoking kills. Therefore they are knowingly supplying an addictive product that will result in the inevitable death of half their customers. No other industry, apart from weapons manufacturers sell products knowing that they will cause death.

2.3.3. The high rate of Māori premature death attributable to tobacco use contributes to a recognised erosion of culture. The World Health Organizations Determinants of Health note that tobacco use specifically impacts on culture (customs and traditions) as well as personal behaviour and coping skills³⁶. Cultural erosion has a damaging effect and impacts negatively on Māori cultural wellbeing³⁷.

2.3.4. The loss of cultural wellbeing has further consequences for the Māori health. Professor Mason Durie's Te Pae Mahutonga health model states 'cultural identity has a direct impact on a group

or individuals health status'. The sustained loss of cultural knowledge from tobacco use will contribute to increased alienation of cultural identity leading to poorer health and a continued disproportionate health burden and premature death for Māori as a result of tobacco use.

- 2.3.5. There has been a long history of the hijacking of Māori imagery and culture to perpetuate the myth that smoking is a normal and widespread activity for Māori. Historically, early depictions including the famous Goldie and Lindaeur paintings frequently added pipes to paintings of non-smoking elders/kaumatua³⁸. This practice continued into the 20th century with images of Māori used in promotional materials for New Zealand. Postcards and posters would frequently depict Māori as a tourist attraction. This would include them smoking pipes.
- 2.3.6. The tobacco industry has, among other strategies, used Māori imagery in the design, language and paraphernalia associated with tobacco use³⁹. The result of these marketing strategies is the belief among many young Māori today that tobacco use is a normal and traditional behavior for Māori^{40 41}. Traditionally Māori were tobacco free⁴².
- 2.3.7. The well documented publication by tobacco companies of images of traditionally dressed Māori smoking in the form of cigarette cards may have perpetrated the myth that tobacco use is a normal and traditional behaviour for Māori. This ongoing misconception has had a devastating and lasting impact on Māori beliefs, customs and behaviors regarding tobacco use and is implicated in the particularly high smoking rates for young Māori women⁴⁰.
- 2.3.8. The tobacco industry's historical and contemporary expertise in marketing tobacco and individual tobacco brands as a 'normal' product, and itself as a responsible industry through the sponsorship of sport and culture, was a deliberate and successful strategy to normalise Māori tobacco use and increase uptake. As recently as the early 1990's Rothmans sponsored New Zealand rugby league, a sport with a high Māori participation and following. In 1995 the New Zealand Parliament granted an exception from the Smokefree Environments Act 1995 for Auckland Warriors matches to feature Winfield tobacco sponsorship as part of the ARL.
- 2.3.9. In 2006 Philip Morris were forced to withdraw a cigarette brand called *Māori Mix*. This was sold in Israel and perpetuated the myth that tobacco use was a Māori tradition⁴³.
- 2.3.10. In 2007 DFS Galleria withdrew the 'New Zealand' brand cigarettes from sale in their duty free stores after protest from public health groups, Tourism New Zealand and Māori. The cigarettes were promoted with the ponga, a symbol with strong associations with Māori history and culture⁴⁴.
- 2.3.11. There exists a perpetuated misconception that tobacco use is traditional for Māori. In June 2009, following complaints from Māori, British American Tobacco withdrew a statement from their website claiming that "Tobacco has long been part of New Zealand's history. As early as 1839, Māori were taking advantage of this new crop by growing tobacco plantations in Rotorua from tobacco seeds introduced by visiting whalers." This was accompanied by images of Māori women growing tobacco.
- 2.3.12. Māori have been robbed of knowledge and leaders as a consequence of tobacco use.

3. The impact of tobacco use on Māori development, aspirations and opportunities

- 3.1. Tobacco manufacturers may argue that the early tobacco industry brought jobs and wealth to Māori. In 2009 BATNZ claimed that Māori were growing tobacco for their own use prior to the colonisation of Aotearoa. The reality is that early sealers and whalers would sell tobacco seeds and often dockseed to Māori. These crops would be grown at the expense of food, hindering development and opportunities⁴⁵.
- 3.2. Charles Darwin recorded during a visit to the Bay of Islands in 1835: 'the common dock is also widely disseminated, and will, I fear for ever remain a proof of the rascality of an Englishman who sold the seeds for those of tobacco'⁴⁵. From the very first days of European contact with Aotearoa, tobacco has a history of deception.
- 3.3. The modern tobacco industry continues to hinder Māori development, aspirations and opportunities by promoting and selling a product that results in the premature death of one in two Māori smokers.
- 3.4. The very natural and inter-generational transfer of information, knowledge and language amongst Māori has been, and continues to be, needlessly interrupted due to preventable harms and/or death caused by tobacco use. Tobacco use is the most common interruption to Māori development, Māori future aspirations and Māori ability to maximise opportunities to their full potential. Tobacco use is also the most preventable hindrance to Māori development, Māori future aspirations and Māori ability to maximise opportunities

4. What benefits may have accrued to Māori from tobacco use

- 4.1. ASH does not believe that there have been any benefits to Māori from tobacco use. Given the addictive nature of the product and its catastrophic impact on health, the impact is entirely negative.
- 4.2. Tobacco companies have a long history of exploiting Māori as smokers, and using their images and culture to promote smoking. This cultural exploitation has brought no benefits to Māori.

5. What policy and legislative measures would be necessary to address the findings of the inquiry

- 5.1. ASH believes that the smoking rates for Māori in New Zealand are unacceptably high. Māori smoking prevalence has only dropped 5% in the last 15 years. If this rate of decline is sustained it will take 135 years for Māori smoking rates to reach zero.
- 5.2. Urgent and strong legislation is required to significantly reduce Māori and New Zealand smoking rates. Smoked tobacco has the greatest impact on public health of any drug.

Policy and Legislative Recommendations

- 5.3. ASH urges the Committee to recommend a comprehensive update of the Smokefree Environments Act 1990 and other associated legislation to develop a series of hard hitting

policies that will end the sale of smoked tobacco in New Zealand by the year 2020. This will require aggressive controls on the supply of tobacco and significant price increases. Strong supports for smokers who wish to quit should also be incorporated.

- 5.4. Tobacco control experts in New Zealand have developed a vision for a tupeke kore Aotearoa by 2020. This vision and the policy steps required to achieve it has been developed by 40 health, community, academic and policy experts from across Aotearoa. It was developed with wide consultation. The recommendations from ASH reflect those in this vision and ASH urges the committee to adopt these at its own.
- 5.5. ASH believes that the need for comprehensive, scheduled action to tackle tobacco use is an urgent priority. It is vital for the committee to recommend a deadline to get tobacco out of Aotearoa. This is not a particularly radical or new approach. In 2007 Parliament voted to ban party pills, a substance that was loosely linked to one death in 8 years. In that time 40,000 people died from tobacco use. Nearly 5000 of them were Māori.
- 5.6. Adopting a clear timeline of uncompromising policy action will demonstrate a clear commitment to ending tobacco use in Aotearoa. The current incremental approach has failed to substantially reduce smoking rates over the last 20 years. We are failing to adequately address this major health issue.

Recommendations

- 5.7. ASH urges the Committee to recommend a clear action plan to further achieve the goals set in the Vision document. This requires a comprehensive and systematic approach to both price and to non price measures. These measures will reduce the supply of tobacco products; children will be protected from the exposure of tobacco promotion and all smokers will be encouraged to quit with a full access of cessation services and products. Our key recommendations are:

That a deadline of 2020 is set to end the sale of smoked tobacco in New Zealand:

The priority recommendations to achieve this are:

- *A schedule of tax increases of at least 20% per annum, with a view to increasing the price of a packet of 20 cigarettes to \$20 by 2015*
- *Regulation and control on the supply and sale of tobacco products to implement a mandatory annual decrease in the tobacco available for sale in New Zealand, and the locations at which it can be sold*
- *Improved access to smoking cessation, including more effective safe nicotine substitutes*

5.8. Rationale:

- **Tax:**

Increasing the tax on tobacco is the most effective and evidence led way to reduce tobacco use across the whole population, in particular low income smokers^{46 47}. New Zealand has not had any significant increase in tobacco tax in nearly 10 years. In fact, smoking has become more affordable in real terms.

There is vast potential gain to be had from price increases in New Zealand due to the very specific nature of the smoker market here. The major brands smoked are the cheapest, and the tobacco industry describes New Zealand as a 'low price' market. Over half of smokers use roll-your-own tobacco because it is considerably cheaper per cigarette. In an ASH survey of recent quitters 38% reported that the cost was a motivating factor – particularly for younger smokers. Finally, because of the small population size and geographic isolation there is almost no illicit market to undermine price increases. Illicit trade accounts for less than half a percent of all tobacco in New Zealand.

There is evidence that tax and price increases are as effective in New Zealand as elsewhere. Econometric analyses of New Zealand time-series data suggest a price elasticity of cigarette consumption of about -0.50 , and a price elasticity of smoking prevalence of about -0.20 ⁴⁸. The greatest falls in consumption in the last two decades occurred between 1985 and 1992 and between 1996 and 2001, coinciding with the largest increases in the real price of cigarettes.

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^{46 49} 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.

We are aware that there are concerns about penalising the poorest members of society as they are most likely to be smokers. However, these communities are the most likely to benefit from a tax increase as they are most responsive to price changes. It is also important to recognise that short term financial risk is significantly less harmful to the individual and whānau than loss of health and life, and earning potential caused by tobacco. Any tax increase also needs to be accompanied by promotion of and access to quality quit smoking support.

- **Supply Controls**

As outlined in our submission, tobacco remains the most destructive drug to public health, including Māori. It has significant negative impact on social, cultural and economic wellbeing. Despite this, tobacco products are widely sold in supermarkets, convenience stores and dairies across Aotearoa. Tobacco products are displayed prominently by cash registers.

Quantities of tobacco released for sale in New Zealand by manufacturers is at its highest for five years. Tobacco must be treated as a dangerous drug and this must include

controlling the quantities available for sale, and the locations and manner in which it is sold. This should include investigating the feasibility and value of licensing retailers as a means on controlling where tobacco is sold and enforcing how it is sold.

Developing and implementing a model to reduce the supply of tobacco in New Zealand is a priority. This should include no new smoked tobacco products being permitted into New Zealand unless they can demonstrably be proven to have a public health benefit

- **Access to cessation support**

The range of (non-cigarette) alternatives and safer nicotine products available for sale in New Zealand is limited. Existing products such as nasal sprays that work well for heavy smokers are not imported by the manufacturers. In addition, new innovations such as mini lozenges, nicotine replacement therapy (NRT) pouches and oral sprays are not planned to be sold in New Zealand. ASH believes that we need to promote a progressive approach to stop smoking treatments, and the opportunities to the pharmaceutical industry of New Zealand as a market for new products.

New Zealand has one of the most liberal approaches to nicotine replacement therapy in the world. NRT can be accessed via quit cards that can be obtained via the Quitline, online and through quit advisors. ASH has successfully piloted the free distribution of NRT at sporting events and community events where there are large numbers of smokers. This approach needs to be extended to other safe nicotine alternatives that can help reduce the harm caused by tobacco.

There are some viable alternative to cigarettes that have high potential to satiate nicotine addiction without the health risks of cigarettes. One example that has undergone testing in New Zealand is the electronic cigarette. These provide a nicotine mist via an inhaler that looks like a cigarette. Smokers who have tried them have given positive feedback. Currently it is illegal to sell the nicotine cartridges for these products. If we are serious about eliminating the harm from tobacco, we need mechanisms for products such as these to be registered and sold in New Zealand. In addition to the increased investment in cessation services, fast track systems must be developed to encourage new and clinically proven quit treatments to come to New Zealand.

In order to justify substantial price increases and a reduction in the availability of smoked tobacco, there is an ethical duty to provide addicted smokers with effective nicotine alternatives that will help manage nicotine withdrawal.

5.9 ASH makes the following secondary recommendations.

- *The total ban of tobacco retail displays:*

There is substantial evidence that tobacco retail displays influence young people smoking behavior and undermine adults who wish to quit. Young people who visit stores with tobacco displays more than three times a week are three times more susceptible to becoming smokers. This applies equally to Māori and non-Māori²². This measure was recommended by the New Zealand Health Select Committee in 2008⁵⁰. It has been adopted in Ireland, Iceland, several Australian states, Canada and as of 28th January 2010, Scotland.

- *Mandate plain packaging for tobacco products*
The tobacco industry has worked for many years to create strong brand identities and associations. For example the Horizon brand in New Zealand is associated with young urban women²³. Packs should be limited to plain generic packs with large graphic warnings that regularly rotate.
- *Ban the use of terms, packaging and marketing tools that mislead smokers about the relative harm of tobacco products*
In 2008 the tobacco industry in New Zealand reached a voluntary agreement with the Commerce Commission behind closed doors. They agreed not use the terms 'light' and 'mild'. This tactic, done with no public accountability, has successfully delayed and avoided legislation to ban misleading terms. In place of 'light' and 'mild' the industry has merely replaced them with equally misleading terms such as 'smooth' and 'fine'.

These terms are used to describe tobacco products where lower levels of machine tested tar, nicotine and/or carbon monoxide are emitted from products in comparison to those marketed as regular or higher yield cigarettes. However, the terms are deliberately deceptive.

Since at least the early 1990s cigarette manufacturers have known that certain smoking behaviour (known as smokers' compensation) delivers higher levels of tar, nicotine and carbon monoxide to the body than those levels produced by smoking testing machines. Smokers are likely to compensate for such 'light' cigarettes by inhaling more deeply, holding smoke in the lungs for longer, covering manufactured cigarette ventilation holes with the fingers or mouth, or smoking more frequently. Even where misleading terms have been removed from packaging, and replaced by subtle colour differences, smokers continue in the mistaken belief that these products are somehow less harmful^{51 52}.

- *Improved hard hitting and targeted mass media campaigns on tobacco*
There is substantial evidence that constant and hard hitting media campaigns on the harm caused by tobacco result in increased access to quit services⁵³. Campaigns should target Māori women, especially pregnant women who represent one of the highest risk groups from smoking in Aotearoa. In addition to promoting the risks of smoking, campaigns should highlight the benefits of stopping and the help available. Services such as Quitline should be resourced to deal with high call volumes as a result of increased advertising.
- *Full implementation of the Framework Convention on Tobacco Control article 5.3*
There is a need for strong implementation of article 5.3 in New Zealand. For example, the recent Commerce Commission decision for a voluntary approach to removing 'light and mild' descriptors from cigarette packs was made following extensive 'behind closed door' consultation with the tobacco industry. The reasons for the decision and minutes of discussion with industry have not been released, and OIA requests by ASH and the Smokefree Coalition for the decision withheld. This type of closed decision making favours the tobacco industry over public health, fails to provide accountability and set dangerous precedents in favour of tobacco manufacturers.

Corporate social responsibility activities of the tobacco industry need to be exposed. Of particular concern are funding relationships between the tobacco industry and groups such as Keep New Zealand Beautiful and the He Papa Pounamu Trust in Wanganui. Tobacco kills 600 Māori smokers every year, and is highly destructive to whānau. Large grants to groups such as He Papa Pounamu are cynical and manipulative industry attempts to appear that they care about the community.

- *Ban smoking in cars carrying children*
It has been irrefutably proven that secondhand smoke is harmful to health in enclosed spaces. Parental smoking is a major risk factor to children taking up smoking. Allowing smoking in cars carrying children is simply irresponsible.
- *Ban the addition of sugars to tobacco products*
Certain ingredients are known to increase the carcinogenic properties of tobacco smoke. For example, sugars that added during the processing of tobacco for smoking are known to cause formaldehyde when combusted. The sugars are added to flavour the tobacco and cover the naturally occurring bitter taste. The pleasant odour and taste generated by the added sugars are of particular appeal to young smokers. Stopping the addition of sugars to tobacco would make tobacco products less appealing and possibly lead to a slight reduction in the cancer risk.
- *Mandate the phased reduction of nicotine content to reduce the addictiveness of smoked tobacco*
There is scope for making cigarettes less addictive through gradual reduction of the nicotine content. Making cigarettes less addictive is likely to help smokers to quit, and to make the cigarette less addictive to young people experimenting with smoking. Reduction of nicotine content at first has little effect on blood nicotine levels, but as the nicotine content reaches below 2 mg per cigarette it will result in marked cravings for cigarettes. It is essential that all cigarettes and brands are within the gambit of the reduction programme, and that reductions are simultaneous across all brands.

The majority of smokers do not notice small reductions in nicotine content and the gradual reduction would need to occur in steps⁵⁴. This makes the transition easier. Of concern is the perception that reducing nicotine could cause more harm as smokers would compensate by smoking more deeply, or more frequently, to get their nicotine. However, in New Zealand the nicotine content in cigarettes is far higher than that required to maintain an addiction⁵⁵. It has also been shown that, as long as the tar content of the cigarette does not change, smokers do not compensate⁵⁶.

5.10 The full rationale for these measures is available from the document 'Tobacco Free New Zealand 2020, Achieving the Vision' available from the Smokefree Coalition or ASH.

Other Recommendations

5.11 In addition to recommending policy measures to significantly reduce tobacco use in New Zealand, it is also important to attribute responsibility for tobacco related harm to the industry behind these products.

- 5.12 The tobacco industry has known since the 1950s that their products cause harm. After decades of denying this harm the industry now acknowledges that smoking is dangerous. British American Tobacco NZ state on their website ‘We believe that with smoking comes real risks of serious diseases such as lung cancer, respiratory disease and heart disease, and for many people, smoking is difficult to quit’⁵⁷. It is utterly irresponsible for a company with this knowledge to continue to promote and sell products with such a high level of risk. No other industry on earth knowingly operates with the level of risk posed to customers.
- 5.13 The industry has had knowledge of the dangers of smoking for half a century, and has openly acknowledged it for the last decade. Despite this they have intentionally continued to sell products that have resulted in the premature death of 50,000 New Zealanders in the last decade, 6000 of them Māori. Over the last 50 years this death toll has reached over 150,000.
- 5.14 ASH believes that the industry must have greater public accountability. Tobacco must not be regarded as a normal consumer product. It is an addictive and deadly drug. This requires increased control over how manufacturers interact with policymakers and the public. It is in the public interest to have greater transparency over these processes.
- 5.14 ASH recommends:
- *A Royal Commission of Inquiry is initiated to investigate the conduct of the tobacco industry in New Zealand.*
 - *That New Zealand follows the Australian and Finnish examples of setting a health task force to investigate and implement measures to phase smoking out of society¹*
 - *That implementation of article 5.3 (preventing tobacco company interference) of the Framework Convention on Tobacco Control (FCTC) of which New Zealand is a signatory be fully implemented with immediate effect.*
 - *This requires continuous disclosure and publication of meetings (including copies of minutes) between the tobacco industry and elected officials and public servants.*
 - *Any tobacco industry donations to politicians and political parties to become public knowledge. This includes donations via third parties or trusts.*
 - *In addition to the current annual returns submitted by tobacco manufacturers, details of their marketing expenditure and plans are also submitted*
- 5.15 Almost every New Zealander alive today has a relative or friend who has suffered illness or death from tobacco. Holding the industry responsible for this death and illness is right that we are all entitled to. We urge the committee to act upon this.

Concluding remarks

- 5.15 New Zealand has gone from being leader in tobacco control, to having one of the slowest declining rates of smoking prevalence in the OECD⁴⁶. 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 achievements⁵⁸.

5.16 Most smokers wish to quit, and 90% of young smokers wish they had never started⁵⁹. There is high public support for strong tobacco control measures. Other nations have left New Zealand behind in their efforts to eradicate tobacco related harm. This committee investigation presents an opportunity to call for strong, assertive, evidence led and effective action.

5.17 We welcome the opportunity to present an oral submission.

On behalf of ASH New Zealand



Ben Youdan
Director

19 Mauranui Avenue, Epsom, Auckland.
Tel: 09 520 4866
Mob: 021 733 444
Email: Byoudan@ash.org.nz

Acknowledgements:

This submission was written by and contributed to by the following ASH staff:

Boyd Broughton
Te Rarawa, Ngā Puhī, Ngāti Porou
Health Promoter – Inequalities

Michael Colhoun
Communication Manager

Grant Hocking
Health Promoter

Dr Janine Paynter
Research and Policy Analyst

Esther U
Campaigns Officer

Ben Youdan
Director

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