



NEW ZEALAND AOTEAROA ADOLESCENT HEALTH AND DEVELOPMENT
FOR PEOPLE WORKING WITH YOUNG PEOPLE

Friday 29 January 2010

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

To:

Māori Affairs Select Committee
Chair – Tau Henare MP

1. Introduction

This submission is from:

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We wish to appear before the committee to speak to our submission. We will be represented by at least one youth spokesperson and a representative from our Te Wahanga Māori .

E te mana, e te reo, e te karanga maha o te motu, tēnā koe. Kei te mihi atu mātou o

te Taumata Manaaki Rangatahi o Aotearoa ki a koe, e te rangatira o Ngati Whatua. Ko wai mātou? Ko New Zealand Aotearoa Adolescent Health and Development. He rōpu taumata mātou e tautoko ana i ngā kaimahi manaaki rangatahi, ki te āwhina, ki te hono hoki i a rātou, me a rātou mahi mo te hunga rangatahi o Aotearoa.

Who is NZAAHD?

New Zealand Aotearoa Adolescent Health and Development (NZAAHD) is a national network organisation for people who work with young people (12 to 24 years). NZAAHD was founded in 1989 specifically to promote adolescent health and development, and is a member of the International Association of Adolescent Health (IAAH).

NZAAHD has approximately 400 members (organisations and individuals) working across the youth health and development sectors. Our members include youth workers, counsellors, doctors, nurses, social workers and researchers.

Māori are represented within NZAAHD through our Te Wahanga Māori, which steers our Rangatahi Māori Health and Development Project, the purpose of which is to connect and support people working with rangatahi Māori.

More details about NZAAHD are available at www.nzaahd.org.nz

NZAAHD represents a diverse range of people who work with young people and as such will focus this submission on the consequences of tobacco use on young people, in particular rangatahi Māori.

2. General

Young people and the issues they face do not sit in isolation. In the same way that reasons for the inequality in smoking prevalence between Māori and non-Māori sits within wider historical and socio-economic contexts, there are many things to consider when discussing young people and smoking. We will speak to specifics in this submission but ask that the Committee consider the wider social factors that are at play in young people's lives when considering the consequences of smoking on rangatahi Māori and possible solutions to combat them.

Whanau ora equals rangatahi ora

Having a close relationship with a parent is one of the most important predictors of good health and wellbeing for young people (Adolescent Health Research Group Youth '07 Survey 2009). Efforts that can be made to strengthen families will go a long way to strengthening young people's resiliency to unhealthy choices.

Big Picture Approach

NZAAHD encourages taking a big picture approach to supporting young people, which means:

Investing early and often in children and young people.

Supporting the whole young person (good, bad and all that comes attached).
Focusing attention on those most in need.
Building on strengths, don't just focus on problem-reduction.
Involving young people in the decisions that affect them.

NZAAHD encourages a collaborative approach that engages all sectors and stakeholders (Government, Community, Business) with young people and families to coordinate efforts and align resources to ensure that young people are ready for work, life and family.

3. Summary

According to the Ministry of the Health 'tobacco smoking is the leading cause of preventable death in New Zealand and is directly linked to almost 5,000 deaths each year in this country' (Ministry of Health 2009). Māori are over represented in both smoking prevalence and mortality rate statistics: with smoking rates for Māori at 45.7%, over double that of non-Māori at 20.6% and mortality rates for overall cancer for Māori being 77% higher than non-Māori (Ministry of Health 2009).

Rangatahi Māori are particularly vulnerable to the varied influences that lead to smoking. The median age of smoking initiation is 14 years, for Māori this age drops significantly to 11.6 years (Ministry of Health 2009). Māori in the age group 15-19 years have a smoking prevalence of 36.6% as compared to 21% for European/Other and 20.6% for Pacific (Ministry of Health 2009). With such disproportionately unequal statistics and given that 'tobacco is the only legally available product which when used as the manufacturer intends, kills half its users' (Health Sponsorship Council 2009) it is safe to say that tobacco is a barrier to rangatahi Māori meeting their potential, aspirations and development goals.

New Zealand Aotearoa Adolescent Health and Development (NZAAHD) would like endorse the Smokefree Coalition's Vision of Tupeke Kore Aotearoa by 2020 and recommends that the Māori Affairs Select Committee accept and utilise the priority actions set out within it to comprehensively address the consequences of tobacco use for Māori .

NZAAHD would like to speak to the following matters under the Inquiry's Terms of Reference, with particular focus on rangatahi Māori .

- The impact of tobacco use on the health, economic, social and cultural wellbeing of Māori .
- The impact of tobacco use on Māori development aspirations and opportunities .
- What benefits may have accrued to Māori from tobacco use?
- What policy and legislative measures would be necessary to address the findings of the Inquiry?

4. Inquiry's Terms of Reference

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

The impact of tobacco use on Māori health outcomes cannot be understated. Smoking is responsible for around 10% of the gap in health disparities between Māori and non-Māori (Blakely T, Fawcett J, Hunt D, Wilson N. 2006) and around 22% of Māori deaths are attributable to smoking (Peto R, Lopez AD, Boreham J, Thun M. 2006).

Around one third of 18 year old smokers report adverse health effects from smoking (Stanton WR. 1995). Young people who smoke have an increased risk of respiratory problems and lower levels of overall fitness (DiFranza JR, Savageau JA, Rigotti NA, et al. 2002). In addition to the immediate health effects of smoking, one of the most serious effects of experimentation with tobacco is the development of nicotine dependence, which, without intervention, results in long-term exposure to the harmful constituents of tobacco products, and increases the risk of premature mortality by up to 50% (World Health Organisation 2004).

For rangatahi Māori having smoking in the home can be the biggest risk, to both their health, through exposure to second-hand smoke, and through the influence it has on their uptake of smoking. A study of the relationship between parental smoking cessation and the smoking behaviour of children found that the risk of children smoking daily decreased by 25% if one parent quit, and by 39% if both parents quit before their children were 8 or 9 years old (Bricker J, Leroux BG, Peterson AV Jr, et al. 2003). In Aotearoa significantly more Māori report others smoking inside the home, 23% compared to 10.9% non-Māori and 30.1% allowing smoking in the car compared to 12.6% non-Māori (New Zealand Tobacco Use Survey 2006).

The priority actions set out in the Tupeke Kore Aotearoa by 2020 Vision which aim to reduce the supply (availability) of and addictiveness of tobacco will lead to a reduction in the impact of tobacco use on the health of rangatahi Māori .

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

Tobacco smoking is a leading cause of preventable death for Māori , with approximately 800 Māori dying every year of smoke-related diseases (Peto R, Lopez AD, Boreham J, Thun M. 2006). Smokers who begin smoking in adolescence have a lower probability of quitting as adults, and maintain higher levels of tobacco intake (Chen J, Millar WJ 1998). For this to be the future for young smokers it is hard to deny that tobacco use is detrimental to Māori development aspirations and opportunities.

The loss of leadership and knowledge of older generations due to smoking is something that will have enormous effect on rangatahi Māori and their connection to

tikanga and understanding of their kaupapa. Given the importance this plays in Te Ao Māori it cannot be separated out from the ability for Māori to meet their development aspirations and opportunities.

As said in our general statement, efforts that can be made to strengthen families will go a long way to strengthening young people's resiliency to unhealthy choices. Low parent attachment score is associated with an increased risk of adolescent smoking regardless of ethnicity and parental smoking. *Australian and New Zealand Journal of Public Health (2008)*

(4) What benefits may have accrued to Māori from tobacco use?

None. We would be interested in hearing any that are presented to the Committee.

(5) What policy and legislative measures would be necessary to address the findings of the Inquiry?

NZAAHD recommends that the Smokefree Coalition's Vision to be tobacco free by 2020 be accepted by the Māori Affairs Select Committee, and put to the government as a viable national position.

Tupeke Kore Aotearoa by 2020:

In 2010 the Priority actions are as follows

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

Other actions

- There will be increase in targeted support services to pregnant women, especially Māori women
- A media strategy will be developed to promote parental influence over youth smoking, including targeted messages to Māori women, especially pregnant women
- Media campaigns will promote the harm of misleading terms such as 'light' and 'mild'
- Best practice for smoking cessation will constantly be monitored and applied
- Media campaigns will promote the benefits of quitting and the support available
- National smoking cessation targets will be met
- Fast-track process for registering new NRT products in New Zealand developed

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 a strict public health focused criteria for issuing licenses.

Other actions

- Internet sales of tobacco products by New Zealand retailers will be banned
- System for registering and selling alternate nicotine products introduced.
- Full implantation of FCTC article 5.3. Protecting public health from tobacco industry influence

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

Other actions

- Duty free cigarettes sale will be banned, including the import of non-duty paid tobacco, and overseas internet sales
- The addition of sugars to tobacco products during manufacture will be banned
- All health professionals qualifying in New Zealand will have received training on smoking cessation as part of their compulsory studies

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

5. Recommendations

Specific recommendations that NZAAHD would like to endorse are:

1. The removal of 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 particular emphasis placed in area with educational facilities.

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

2. Increased accountability from the tobacco industry for the true consequences and costs of tobacco use on society

Recommendation 1: Hold further inquiries on 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. Increased taxation to curb uptake of tobacco smoking and to combat the negative health and social consequences of smoking.

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 and World Health Organization (WHO) along with the current annual CPI adjusted increases.

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

4. Implementation of the Framework Convention on Tobacco Control (FCTC)

The New Zealand Government is party to the FCTC. Part of the obligation is to take measures to protect 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).

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-ambles 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.

References