Maori Affairs Select Committee  
Committee Secretariat  
Bowen House  
Parliament Buildings  
Wellington  

27/1/2010  

RE: INQUIRY INTO THE TOBACCO INDUSTRY IN AOTEAROA AND THE CONSEQUENCES OF TOBACCO USE FOR MAORI  

This submission is from the Thoracic Society of Australia and New Zealand (TSANZ).  

Introduction  
The TSANZ is the peak respiratory health body in Australia and New Zealand and represents respiratory physicians, scientists and allied health professionals. The aim of the Society is to prevent and cure respiratory disease and relieve disability arising there from. As smoking, both active and passive, remains the major preventable cause and trigger of many respiratory diseases the Society strongly supports all efforts to decrease smoking rates in the community. The adverse impacts of tobacco products are observed on a daily basis by our members and it is very much in the Society’s interest to reduce the burden of tobacco related disease.

While there have been, and continues to be, great advances in smoking cessation in non-indigenous populations in Australia and New Zealand, the same is not true for indigenous groups. This is a tragedy due to the devastating impact of smoking on both mortality and morbidity and the high social and economic costs associated with this. The combination of poverty and smoking confers a ‘double-hit’ on indigenous communities. Tobacco related disease is 100% preventable and all efforts need to be taken to reduce smoking rates by providing support for well targeted and effective smoking cessation activities.

Tobacco use for Maori  
- Tobacco Smoking and passive smoking exposure are key risk factors for respiratory disease. Tobacco smoke exposure is a major cause and/or trigger of;  
  - Lung cancer  
  - Chronic obstructive pulmonary disease (emphysema and chronic bronchitis)  
  - Asthma  
  - Respiratory hospitalisation  
  - Childhood respiratory infections  
- 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\(^1\).  
- Between 2000 and 2004 respiratory disease was the 3rd most common cause of death for Māori of all ages\(^2\).  
- Māori have higher rates of hospitalisation than non-Māori for respiratory diseases such as asthma, COPD, bronchiectasis, bronchitis and bronchiolitis\(^2\).  
- Respiratory disease is a major cause for hospitalisation of Māori infants\(^2\).  
- 62% of respiratory deaths in the Maori population is attributable to cigarette smoking\(^3\).

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Due to the above conditions tobacco use creates for medical care for Maori, the TSANZ strongly advocates for the implementation of strong tobacco control measures that will shift Maori demand for tobacco toward a demand for quitting services. The TSANZ is a member of the Smokefree Coalition. All members of the Smokefree Coalition share a vision for a tobacco free New Zealand by 2020. However current declines in smoking prevalence and uptake are much too slow; the government must implement the most substantial measures to accelerate the decline of tobacco in New Zealand.

Yours sincerely

Prof P Thompson
President
National Executive

Prof AW Musk
Co-convener
Tobacco Control SIG

Dr P Franklin
Co-convener
Tobacco Control SIG NZ Branch

Dr M Epton
President

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TERMS OF REFERENCE FOR THE INQUIRY
The TSANZ wishes to raise the following matter under the terms of Reference below.

1. THE HISTORICAL ACTION OF THE TOBACCO INDUSTRY TO PROMOTE TOBACCO USE AMONGST MAORI
Maori were introduced to tobacco by Captain Cook and his crewmates in 1769. Later, European traders and settlers used tobacco as a medium of exchange and koha in their dealings with Maori. Over the following decades tobacco smoking became firmly entrenched amongst Maori.

By the time tobacco was linked to medical harm the tobacco industry had turned from a society of traders into a small group of multinational corporations with global shares and big profile marketing teams. Industry denied the medical claims with counter-research and promotion of their own data for decades. Some smokers slowly began to realise through public information and debate that plenty of ailments and sickness in their lives was because of their smoking “habit”. When they tried to break that habit, they realised they could not.

Medical research began to prove nicotine’s addictive qualities too late, because by the mid twentieth century, New Zealand’s Maori population were perpetuating smoking’s “habit”. Nearly half of the adult Maori population still smoke. This compares to less than 20% of non-Maori that currently smoke. A substance introduced to the indigenous population of New Zealand had been found to be addictive, and therefore needed, and still needs, intervention by New Zealand’s government to stop.

The TSANZ concludes: the tobacco industry must be removed from Aotearoa by substantial tobacco control measures. Deliberate attention to Maori must be paid in efforts to educate the New Zealand public of the connections between tobacco use and health. It is critical that future generations of Maori will be free from exposure to tobacco products and will enjoy Smokefree lives.

2. 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. As noted above Maori have far greater morbidity and mortality from respiratory disease than the non-Maori population. For example, the death rate from lung cancer is three times higher in the Maori compared to non-Maori. The average age of death from lung cancer in the Maori is lower (63 years) than in non-Maori (70 years). Maori are twice as likely than non-Maori to be hospitalised for asthma and four times more likely to be hospitalised for COPD. These are among the reasons why the TSANZ 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 family and whakapapa of great value. Loss of elders before their time leaves holes in the fabric of Maori lineage, especially if smokers did not have their chance to pass on the knowledges of their whakapapa before they died. On a social level, mokapuna lose a great chance to know and be cared for by their grandparents. This can put pressure on more Maori parents to care for these mokapuna more alone than if elders did not pass away. Maori life expectancy is 11 years less than non-Maori New Zealanders.

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6 Maori Health. Health Status Indicators.
The TSANZ concludes: Tobacco is a condition that has over time in New Zealand created unequal health for Maori, which has had impact upon their economic, social and cultural well-being. The government has a treaty obligation to protect Maori from unequal conditions of health, economic, social and cultural well-being to non-Maori New Zealanders. What’s more, the government has a moral obligation to protect all its citizens from harm by exiting the tobacco industry from this country.

3. THE IMPACT OF TOBACCO USE ON MAORI DEVELOPMENT ASPIRATIONS AND OPPORTUNITIES
When Maori leadership is struck down and its movers and organisers rendered ineffective through tobacco related illness, the opportunities and aspirations of whanau, hapu and iwi are severely compromised. Morbidity and mortality from tobacco use robs Maori of development potential, health status and a cultural knowledge base for future generations.

The TSANZ concludes: The government must not cooperate in this impairment to Maori development aspirations. The government must intervene upon the operations of the tobacco industry in New Zealand in such a way that it exits the industry from New Zealand as soon as it can, without alienating any members of its community, that still need assistance quitting.

4. WHAT BENEFITS MAY HAVE ACCRUED TO MAORI FROM TOBACCO USE?
There are no benefits of smoking to either Maori or non-Maori individuals and communities. Tobacco is a highly addictive drug with devastating health outcomes. With accrued knowledge, including research from within the tobacco industry, there is irrefutable evidence of the harm of cigarette smoking. No amount of tobacco industry advocacy or argument can hide this fact.
5. WHAT POLICY AND LEGISLATIVE MEASURES WOULD BE NECESSARY TO ADDRESS THE FINDINGS OF THE INQUIRY?

The TSANZ recommends that the Smokefree Coalition’s Vision for a tobacco free 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
- Legislation to ban smoking in cars carrying children
- Tobacco tax to be equalised for roll your own and factory made cigarettes

Other actions
- An increase in targeted support services to pregnant women, especially Māori women
- A media strategy to promote parental influence over youth smoking, including targeted messages to Māori women, especially pregnant women
- Media campaigns to promote the harm of misleading terms such as ‘light’ and ‘mild’
- Best practice for smoking cessation to be constantly monitored and applied
- Media campaigns to promote the benefits of quitting and the support available
- National smoking cessation targets to be achieved
- 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) to be agreed, with a view to increasing the price of a packet of 20 cigarettes to $20 by 2020
- The sale of tobacco to be limited to licensed retailers. A schedule to reduce the number of licenses issued to be implemented, and a strict public health focused criteria for issuing licenses.

Other actions
- Internet sales of tobacco products by New Zealand retailers to 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
- Introduction of supply control policy that mandates a reduction in the volume of tobacco sold, and the range/number of locations where it may be purchased.

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

In 2013

- Tobacco products branding to 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 to be banned
- No new smoke tobacco products to 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 be set a mandatory annual decrease in the tobacco available for sale in New Zealand, and the locations at which it can be sold.
- The addition of flavourings designed to improve the palatability of tobacco products to be banned.