SUBMISSION ON 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: Tau Henare MP

This submission is from the Stroke Foundation of New Zealand, PO Box 12-482, Wellington, Phone: (04) 472 8099

INTRODUCTION

The Stroke Foundation is the only nationwide organisation in Aotearoa New Zealand solely dedicated to reducing stroke and improving outcomes for stroke survivors. Stroke is the second largest single killer in this country and the major cause of adult disability.\(^1\) While stroke is largely preventable, 7,600 New Zealanders a year suffer a stroke, a third of which are fatal.

There are clear ethnic disparities in stroke rates in Aotearoa, with Maori people having amongst the highest rates.\(^2\) Tobacco smoking is a key risk factor for stroke. Reducing the high rates of smoking in Maori is key to reducing Maori rates of stroke and other tobacco-related health problems. For this reason the Stroke Foundation strongly supports this Inquiry.


STROKE AND MAORI

• **TOBACCO SMOKING IS A KEY RISK FACTOR FOR STROKE!**

• Maori continue to have high rates of smoking. Around 47% of Maori are daily smokers compared with 29% of Pacific people and 20% of other New Zealanders.¹

• Nearly 800 Maori are admitted to hospital each year with stroke and 140 per year die from it.

• Stroke incidence is two to three times higher for Maori than it is for European New Zealanders.

• The mean age at stroke onset is **15 years** earlier for Maori than for Europeans. Age of onset of stroke for Maori is **60.7 years** while for Europeans it is **75.6 years**.

• Stroke occurring at younger age in Maori, deprives the individual, their whanau and their iwi of much potential. Earning capacity is lost for survivors, and often their caregivers. Early loss of independence, productivity and participation in family life creates additional burdens on whanau and support systems.

• Access to stroke rehabilitation services for those under 65 years is much more restricted, with the result that many Maori are denied access to appropriate rehabilitation services.

• The chance of being dependent at 12 months post stroke is three times higher in Maori than in European New Zealanders. ⁴

• While the incidence of stroke over 20 years has reduced by 19% among European New Zealanders (almost 1% per year), there has been no change at all in stroke rates among Maori which have remained high.

Older age is a major risk factor for stroke and therefore as the Maori population ages, the number of Maori having a stroke is expected to increase over the next 50 years.⁵ If this trend is to be reversed, a strong commitment to reducing stroke risk factors in Maori is urgently required.

**To this end, the Stroke Foundation strongly advocates for the implementation of rigorous new tobacco control strategies to help reduce stroke and other health problems in Maori - with the ultimate aim of eliminating tobacco use altogether in Aotearoa by 2020.**

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


TERMS OF REFERENCE FOR THE INQUIRY

The Stroke Foundation wishes to raise the following matters under the Terms of Reference below.

1. THE HISTORICAL ACTIONS OF THE TOBACCO INDUSTRY TO PROMOTE TOBACCO USE AMONGST MAORI

Maori were introduced to tobacco by Captain Cook. 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 1948 the first messages about harms from tobacco began to be publicised in this country with subsequent escalations in warnings throughout the latter half of the twentieth century. Smoking rates in Maori remained high, showing they were not responding to these messages. As European smoking rates declined, the tobacco industry began insidiously targeting Maori. This was done by developing cheap brands like ‘Pacific’ – so named to attract Maori through their ties with the Pacific region. In addition, the Winfield brand, popular amongst Maori, formed sponsorships with many sports played by Maori such as softball and rugby league. In 2005 a new brand ‘Maori Mix’ entered the international market. This was only withdrawn after an outraged response by Maori.

Currently the New Zealand market is dominated by the low price ‘value’ brands which are attractive to Maori. The British American Tobacco Annual Report 2007 describes “strong competition in the low price segment” and Imperial Tobacco reports the “low value segment is increasingly competitive.” It is clear from this that the industry continues to target the poor – over-represented as it is by Maori. This exploitation of Maori has led to unacceptably high rates of stroke and other health problems in Maori.

The Stroke Foundation believes that: the tobacco industry must be held to account for the deliberate promotion to Maori of a product proven to be lethal to its users.

2. THE IMPACT OF TOBACCO USE ON THE HEALTH, ECONOMIC, SOCIAL AND CULTURAL WELL BEING OF MAORI

Whanau ora continues to be affected by the actions of the tobacco industry as people fall ill and die of tobacco related diseases. The loss to whanau and iwi is enormous, impacting as it does on every aspect of Maori life - physically, socially, culturally and economically.

The Stroke Foundation points out that no other industry is legally permitted to kill its consumers. We believe tobacco products are best understood as poisons and would be prohibited or restricted from

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7 Action on Smoking and Health (ASH) website: ash.org.nz
public sale if introduced for the first time to the market today. That the Government allows the tobacco industry to operate in this country when the overwhelming evidence shows the harm, misery and death it inflicts on Maori, is an affront to human rights and in direct contravention of the principles of the Treaty of Waitangi.

The Stroke Foundation believes that: the Government has a moral obligation to protect its citizens from harm by shutting down the tobacco industry in this country, as it has done with other harmful industries such as dioxin and asbestos.

3. THE IMPACT OF TOBACCO USE ON MAORI DEVELOPMENT ASPIRATIONS AND OPPORTUNITIES

When Maori leadership is struck down and its movers and shakers rendered ineffective through tobacco-related illnesses, 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 Stroke Foundation believes that: it is time to question why in the 21st Century an industry that kills, maims, exploits and undermines the potential of Maori is allowed to operate.

4. WHAT BENEFITS MAY HAVE ACCRUED TO MAORI FROM TOBACCO USE?

None.

5. WHAT POLICY AND LEGISLATIVE MEASURES WOULD BE NECESSARY TO ADDRESS THE FINDINGS OF THE INQUIRY?

The Stroke Foundation makes the following recommendations:

- **RECOMMENDATION 1. REMOVAL OF TOBACCO FOR SUPPLY**
  
  **Steps:**
  
  - Restrict tobacco supply through regulation and legislation with the goal of eliminating tobacco by 2020
  
  - More strictly enforce regulation of sales to minors and introduce harsher penalties for breaches
  
  - Remove all tobacco displays from point of sale by the end of 2010
• **RECOMMENDATION 2: TOBACCO TAXATION IS INCREASED**

  **Steps:**

  - Increase tobacco tax each year by 5% as recommended by the World Bank and WHO along with CPI adjusted increases
  - Establish a dedicated tax from the existing tobacco taxation revenue in 2010 to fund an increased range of tobacco control strategies, and which strongly reflects the disproportionate negative impact of tobacco use in Maori
  - Harmonise tax on loose tobacco with that on manufactured cigarettes in 2010

• **RECOMMENDATION 3: THE GOVERNMENT IMPROVES ITS COMPLIANCE WITH WHO’S FRAMEWORK CONVENTION FOR TOBACCO CONTROL (FCTC)**

  **Steps:**

  The Government must:

  - Actively monitor, demonstrate and report on how it meets its FCTC obligations directly with Maori each year, with particular regard to the Preamble and Article 4.2(c)
  - Fully implement the Guidelines in Article 5.3 in 2010
  - Fully implement Article 16 relating to sales to and by minors and the prohibition of vending machines.