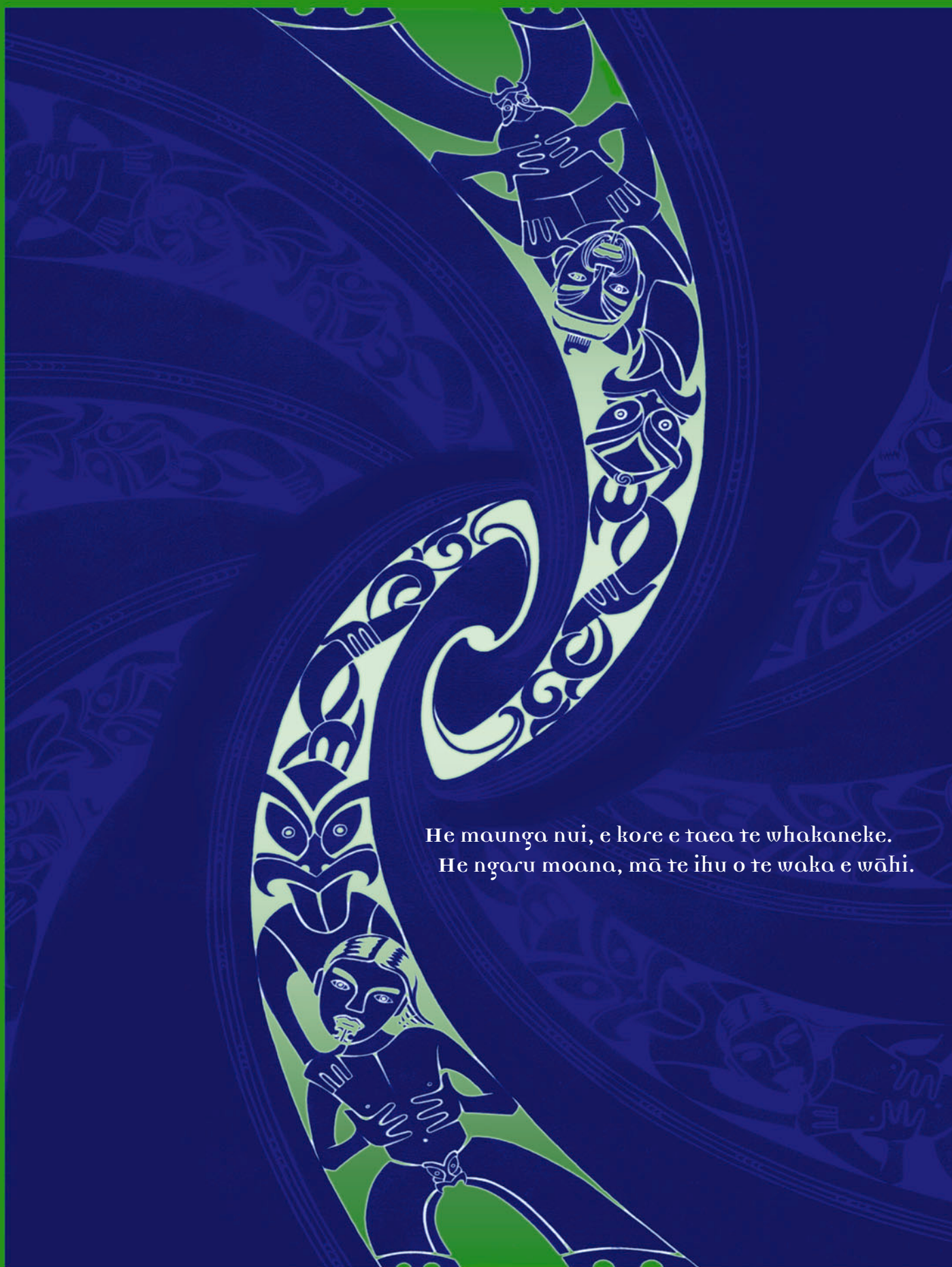


NATIONAL MĀORI TOBACCO CONTROL STRATEGY 2003 - 2007



He maunga nui, e kore e taea te whakaneke.
He ngaru moana, mā te ihu o te waka e wāhi.

National Māori Tobacco Control Strategy
2003 to 2007

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He ngaru moana, mā te ihu o te waka e wāhi.

Published by Apārangī Tautoko Auahi Kore (ATAK) – Māori Smokefree Coalition
PO Box 12084
Thorndon, Wellington
Aotearoa, New Zealand

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ISBN 0-473-09431-2

Foreword

Ka tangi te manu tuia ki runga, tuia ki raro. Tui, tui, tuia. Ka pō, ka ao, ka awatea. Tihei mauri ora!

He tuhinga tēnei mō ngā āhuratanga kino o te momi hikareti e pā kaha ana ki te hauora o te iwi Māori. Ānō hoki te whakaaro kia whakakotahi mai tātou ki te tautoko i ngā take a Auahi Kore.

The development of this strategic document is a positive sign that the Auahi Kore community is ready for another phase in the journey towards the overarching ideal of Māori being an Auahi Kore culture once again.

Over a number of years, numerous public health reports and research have documented the ways and extent to which tobacco use has impacted on Māori. The significance of this problem has not only been detrimental to health but also to Māori culture and language. A third of Māori deaths each year to smoking cannot and should not be quantified in simple numerical terms.

At present there are a number of tobacco control activities that span health promotion, legislation (advocacy), cessation and research. They range from by Māori for Māori programmes such as Aukati Kai Paipa to those within Pākehā settings, such as the Quitline – Me Mutu. It has only been in recent times that all the components that make up a comprehensive Māori tobacco control programme have existed.

With that in mind, the whole Auahi Kore community requires greater coordination and cohesiveness if a monumental difference can be made to the devastating effects of tobacco consumption on Māori.

An important acknowledgement must be made to the Auahi Kore community in regards to the development of this document. Without community direction, support, commitment and passion to make a difference within their respective communities this document would not be a reality.

The vision is for Māori to reclaim our former traditional status as an Auahi Kore community and it is our collective hope that this document will make a contribution to achieving such an objective.

He maunga nui, e kore e taea te whakaneke;

He ngaru moana, mā te ihu o te waka e wāhi.

*Some problems are considered to be
as hard as moving a big mountain.*

*But others can be solved as easily as
the prow of a canoe parts the sea.*

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Introduction

The National Māori Tobacco Control Strategy: 2003-2007 was developed and coordinated by Apārangi Tautoko Auahi Kore (ATAK) the Māori Smokefree Coalition in consultation with the wider Auahi Kore community.

The development of this document was in direct response to kōrero and feedback from past hui and the consultation process from Māori within the Auahi Kore community for an overarching comprehensive strategy that would provide a more focused approach to Māori aspirations within tobacco control matters.

How to use this document

This document can be used as a policy guideline for Māori health workers, educationalists and community workers:

- To guide policy development at local, regional and central government level;
- To guide programme planning at the local, regional and national level;
- To guide prioritisation of research topics;
- To support proposals and bids for funding;
- To support lobbying of MPs, provider CEO, iwi/hapū and;
- As a reference for students gathering information on tobacco control issues.

Te Tiriti o Waitangi¹

Te Tiriti o Waitangi is the central document that acknowledges the unique relationship that Māori have with the Crown. The following discourse underpins this relationship within the context of Māori public health needs and Auahi Kore:

Background

In developing any Auahi Kore strategy it is important to acknowledge that Māori do not just have specific health *needs* but more fundamentally a *right to be healthy*.

The right to good health encompasses wellness in its fullest sense and includes the physical, spiritual and cultural well-being of Māori as individuals and as a collective. Indeed the two are interlinked – a well collective ensures a healthy individual, and an individual capable of exercising rights and fully participating in the life of society strengthens the collective.

The right was of course fundamental to the way of Māori life prior to 1840 simply because it ensured the survival of *whakapapa* and thus the uniqueness and well-being of the *iwi* and *hapū*.

In that sense the right and ability to ensure the health of the *mokopuna* of the *iwi* was an inherent responsibility of those entrusted to exercise the independent and sovereign authority of *tino rangatiratanga*. There was no greater *taonga* than the wellness of the people of the land and those expected to care for them had no greater obligation than to ensure its maintenance.

Te Tiriti o Waitangi sought to reaffirm the exercise of *tino rangatiratanga* and thus the ability of Māori to define and sustain what being healthy means in a Māori context.

¹ Jackson, M, *Treaty Analysis for National Maori Tobacco Strategy – Paper for the National Māori Tobacco Control Strategy 2003 to 2007*, (2003)

Indeed to give away (or cede) that responsibility was unthinkable in cultural terms and impossible in political tradition because no leader, no matter how powerful, could ever abdicate the authority to care for the people.

Yet colonisation has never recognised any authority but its own and so Te Tiriti has been consistently redefined not to preserve Māori authority but to deny it. The taking of Māori lands; lives and power effectively usurped the authority of rangatiratanga and thus the ability of Māori to ensure Māori wellness in Māori terms.

Te Tiriti was breached by the Crown and the Māori right to be healthy was infringed. The denial of that right has led to the specific health needs that Māori have today.

A Māori Auahi Kore strategy needs to meet those needs but must do so by reclaiming and reasserting the rights that were reaffirmed in Te Tiriti but subsequently denied by the Crown.

Strategy Implications

Most Māori health strategies subordinate the inherency of Māori rights in favour of the current Crown reading of Te Tiriti “principles” which establish a Treaty partnership and thus a Crown obligation to “actively protect” Māori interests and ensure Māori participation in health decisions.

However, even though this approach is an improvement upon earlier Crown assumptions that Te Tiriti was a “simple nullity” it still subsumes *rangatiratanga* into a Crown controlled framework. It focuses inevitably on the health *needs* and “Māori disparities” rather than the Māori *right* to wellness.

A relationship with the Crown is of course fundamental to Te Tiriti relationship but a Māori Auahi Kore strategy must proceed not from that relationship but from the *mana* of being Māori and the rights that flow accordingly.

On that basis it is submitted that any Tiriti-based strategy framework must cover the following points:

- 1. Current trends indicate distinct and discrete Māori health needs caused by smoking.**
- 2. Māori health needs may be met by proactive and meaningful relationships between Māori and the Crown and between Māori and other health organisations or appropriate international bodies and Indigenous Peoples.**
- 3. Te Tiriti o Waitangi reaffirmed the right of Māori to be healthy and the needs may only be fully and finally met when that right is recognised.**
- 4. Fundamental to that recognition is the ability of Māori to exercise tino rangatiratanga in its fullest Māori sense as indicated in the 1835 Declaration of Independence and as reaffirmed in Article Two of the Māori text of Te Tiriti.**
- 5. The Strategy seeks to meet current Māori health needs by pursuing the right of Māori to be healthy in accordance with the exercise of tino rangatiratanga as reaffirmed in Te Tiriti.**
- 6. At the very least the Strategy seeks to encourage a full and effective Tiriti-based decision-making process by and for Māori in all matters related to the development, governance, and implementation of Māori Auahi Kore strategies.**

The Ministry of Health (MOH) also acknowledges that under Te Tiriti there is an obligation by the Crown and its health agencies to address the impact of tobacco use on Māori.²

Why Do We Need The National Māori Tobacco Control Strategy?

Reducing Māori prevalence rates is dependent on a comprehensive Māori tobacco control programme being sustained and strengthened over a number of years. A comprehensive tobacco control programme means that we are promoting an Auahi Kore lifestyle through **health promotion**, while trying to make tobacco less accessible through changing **legislation**, whilst providing smoking **cessation** services, all the while monitoring our progress and trying to improve our efficacy through evaluation and **research**. As recent as 1999, that all the basic requirements of a comprehensive tobacco control strategy have been introduced.

This success has resulted from persistent advocacy over the last eight years, but there is still much more to be achieved. As yet we have not seen a decline in Māori smoking prevalence rates that show that 44% of all Māori adults (over 15 years) still smoke.³

This Strategy has been developed to:

- Highlight the need to dramatically reduce smoking prevalence rates among Māori;
- Promote smokefree environments significant to Māori;
- Promote improved co-ordination of the Auahi Kore community's response to the tobacco epidemic;
- Ensure the workforce development potential of the Auahi Kore community is maximised and;
- Provide the Auahi Kore community with a national framework to assist service planning and intervention design.

1. Increased prioritisation of Māori tobacco control needs by Government

Numerous MOH reports, research papers and health plans have, over many years, clearly identified that tobacco use adversely affects Māori at disproportionately and unacceptable levels. With a third of Māori deaths (600-650 people) attributed to smoking⁴ the Government needs to place greater priority on necessary resources, funding and policy changes.

The MOH has acknowledged that arguments for Māori tobacco control were extremely relevant and a priority because of the impact of smoking on Māori. This was further reflected in the following MOH position⁵:

- **Health status**
Tobacco use is a significant contributing factor to poorer health outcomes in Māori compared to non- Māori. This is reflected in the higher Māori rates of lung cancer, heart disease, SIDS, respiratory infections, glue ear, meningococcal disease and diabetes.
- **Economic status**
The cost burden on Māori from purchasing tobacco and the cost of tobacco-related absenteeism, premature death and illness is likely to be particularly severe for Māori.

² *Toward a Tobacco-Free New Zealand – A Five-Year Plan for HFA Funding for Tobacco Control 1999-2000*, (HFA, 1999)

³ *Māori Smoking Patterns - Fact Sheet 5*, (Te Puni Kōkiri, 1999)

⁴ Reid P & Pouwhare R, *Te Taonga-mai-Tawhiti (The Gift from a Distant Place)*, (1991)

⁵ *Toward a Tobacco-Free New Zealand – A Five-Year Plan for HFA Funding for Tobacco Control 1999-2003*, (HFA, 1999)

- **Cultural identity**

Tobacco use was not a traditional part of Māori culture. Tobacco can be considered a particularly burdensome cultural imposition given its highly addictive properties.

If Government health policy and resourcing was to truly reflect past documents, then current policy and resourcing levels require adjustment to reflect Māori tobacco control as the key MOH priority.

RECOMMENDATIONS

1. The MOH engage with the Māori community to gain support for Auahi Kore/tobacco control issues as being the main health priority.
2. The MOH reviews its current prioritisation process for health expenditure (public and personal) & policy to reflect tobacco control as the number one priority for Māori and non-Māori health.
3. MOH seek Ministerial & Ministry support for tobacco control prioritisation changes.
4. Prioritisation of Māori tobacco control is reflected in increased tobacco control funding, policy change and resourcing by the MOH.
5. Non-Māori organisations are encouraged by the MOH to participate in any strategic direction for Māori.

2. Lack of funding for a Māori tobacco control programme

Current levels of funding for a comprehensive tobacco control programme for both Māori and non-Māori is not commensurate with the mortality and morbidity rates associated with tobacco use. The current public health budget for tobacco control is approximately \$28M per annum whilst the total revenue gained from taxation of tobacco is \$800M to \$1B. Māori currently contribute approximately \$260M from tobacco use and directly receive about \$5-6M per annum for Māori tobacco control efforts.

Tobacco control advocates have been arguing for an increase in funding for a number of years. Despite the recognition by the Government that Māori tobacco related illness and death is a major public health issue the actual funds provided for a comprehensive tobacco control programme are inadequate. If genuine health gains are to be made then current funding levels and options that will have a major impact on the current levels of smoking need to be explored.

RECOMMENDATIONS

1. Specific funding is allocated for Māori tobacco control efforts. These funds should be:
 - Commensurate to the extent of the problem that disproportionately effects Māori: Within the context of the Treaty relationship (refer Te Tiriti o Waitangi section) and;
 - As a long-term commitment to Māori wellness.
2. A tied or hypothecated tax is gained directly from tobacco sales to fund a comprehensive tobacco control programme.

Relationship with key Government strategies

It is important to recognise that a number of related Government strategies exist that have bearing upon the National Māori Tobacco Control Strategy:

- **He Korowai Oranga – Māori Health Strategy (April 2001)**
He Korowai Oranga is the Māori strategy that is a strand of the New Zealand Health Strategy. The overall aim of this strategy is whānau ora: healthy Māori families supported to achieve their maximum health and wellbeing.

Tobacco usage amongst Māori clearly contradicts the concept and intentions of the He Korowai Oranga strategy.

- **The Primary Health Care Strategy (February 2001)**
This strategy places a greater emphasis on population health and the role of the community, health promotion and preventive care, and the need to involve professionals so as to reduce health inequalities between different groups.

This strategy is particularly pertinent to Māori health providers that are working in the cessation and health promotion fields.

- **The New Zealand Health Strategy – NZHS (December 2000)**
This is the Government's overall framework for the health sector that aims to direct health services to areas that will ensure the greatest benefits for the overall population but particularly focuses on inequalities in health.

Of the thirteen population health objectives within the NZHS, four of the objectives have links with tobacco use to reduce smoking and the incidence and impact of cancer, cardiovascular disease and diabetes.

- **National Drug Policy – Tobacco and Alcohol (June 1996)**
This is the national policy document that encompasses a range of strategies and interventions that form the basis for policy development across a wide range of settings and agencies. Two of the national priorities relevant to tobacco are:
 - To enable New Zealanders to increase control over and improve their health by limiting the harms and hazards of tobacco and alcohol use and;
 - To reduce the prevalence of tobacco smoking and exposure to environmental tobacco smoke (secondhand smoke).
- **Māori Smokefree – Report on the Hui for Māori Smokefree Programme Development (October 1993)**
The original strategy that looked at the need to have national co-ordination of Māori smokefree efforts in reducing tobacco use and exposure to secondhand smoke.

Relationship with other kaupapa

A number of key health promotion and Māori health models may impact upon the way in which Māori tobacco control efforts are implemented. Some of these include:

- **Te Wheke⁶**
Te Wheke, a Māori health model, “describes the eight tentacles which collectively contribute to waiora (total well-being). These were: wairuatanga

⁶ Pōmare E et al., Hauora: Māori Standards of Health III - A Study of the Years 1970 – 1991, (Wellington, New Zealand: Eru Pōmare Māori Health Research Centre, 1995)

(spirituality); hinengaro (mental); taha tinana (physical); whanaungatanga (the extended family); whatumanawa (emotional); mauri (life principle in people and objects); mana ake (unique identity), and hā a koro mā a kui mā (inherited strengths)".

- **Te Whare Tapa Whā⁷**

Te Whare Tapa Whā, or the four cornerstones of Māori health, "describes four dimensions which contribute to wellbeing: te taha wairua (spiritual); te taha hinengaro (mental and emotional); te taha whānau (family and community); and te taha tinana (physical)".

- **Te Pae Mahutonga⁸**

Te Pae Mahutonga is the name of the constellation of stars referred to as the Southern Cross. The four central stars can be used to represent the four key tasks of health promotion and might be named to reflect particular goals of health promotion: Mauriora (Access to te ao Māori), Waiora (Environmental protection), Toiora (Healthy lifestyles), Te Oranga (Participation in society). The two pointers are Ngā Manukura – Leadership and Te Mana Whakahaere - Autonomy.

- **TUHA-NZ, A Treaty Understanding of Hauora in Aotearoa-New Zealand⁹**

TUHA-NZ aims to help people and organisations working in health promotion to further understand and apply the Treaty in their everyday work. TUHA-NZ assists health promoters to understand the relevance and relationship of the Treaty to health promotion and how they can undertake effective Treaty-based practice.

- **The Ottawa Charter¹⁰**

The Ottawa Charter is a charter for action to achieve Health for all by the Year 2000 and beyond was developed at the first International Conference on Health Promotion held in Ottawa, Canada in 1986 under the auspices of the WHO. Thirty-eight countries including New Zealand were represented at the conference. The Ottawa Charter defined health in positive terms as a resource for everyday life, established a number of pre-requisites for health, and outlined five key action guidelines for health promotion.

- **Framework Convention on Tobacco Control (FCTC)**

In May 1999, the World Health Organization (WHO), unanimously approved a resolution calling for negotiations to begin on the world's first international treaty on tobacco - the Framework Convention on Tobacco Control.

The FCTC is currently being developed by the 192 member states and aims to be completed in 2003. The FCTC will be a very important step in tobacco control, both globally and within New Zealand.

Specific clauses, within in the FCTC, are related to indigenous peoples and acknowledge the concern about tobacco consumption and the need to take measures to promote the participation of indigenous peoples in the development, implementation and evaluation of tobacco control programmes that are socially and culturally appropriate to indigenous peoples needs and perspectives.

⁷ Durie M H, *A Māori Perspective of Health, Social Science and Medicine* 20(5): 483-6, (1985)

⁸ Durie M H, *Te Pae Mahutonga*, (Health Promotion Forum, 1999)

⁹ TUHA-NZ: *A Treaty Understanding of Hauora in Aotearoa-New Zealand*, (Health Promotion Forum 2002)

¹⁰ *Ottawa Charter - First International Conference on Health Promotion Ottawa*, (WHO/HPR/HEP 95.1, 1986)

The National Māori Tobacco Control Strategy

Vision

Te Ao Māori, Te Ao Auahi Kore – Traditionally Māori, Traditionally Auahi Kore

The Underlying Principle / Kaupapa

The National Māori Tobacco Control Strategy (NMTCS) is based on a key principle that:

- Māori have a fundamental human right to a state of complete health and wellness.

Goal

To improve Māori wellness by reducing then eliminating smoking related morbidity and mortality.

The Objectives

In order to achieve the overall goal this strategy aims to:

- Encourage and facilitate smoking cessation using both traditional and contemporary methods;
- Reduce exposure to secondhand smoke among Māori non-smokers;
- Reduce the uptake of tobacco use by Māori.

Strategy: Legislation

Strengthening the Smokefree Environments Act & other related legislation. Decreasing the affordability of tobacco products.

INTRODUCTION

Legislative and regulatory processes influence tobacco use at three levels:

- International - WHO (Framework Convention on Tobacco Control), United Nations Conventions and Indigenous Peoples Charters;
- National – Te Tiriti o Waitangi, Smokefree Environments Act, Taxation legislation, Regulation of tobacco constituents and;
- Regional/local - iwi authorities, runanga, marae trusts, local government and regional authorities.

STRENGTHENING THE SMOKEFREE ENVIRONMENTS ACT & OTHER RELATED LEGISLATION

The Smokefree Environment Act needs strengthening to reduce:

- Tobacco advertising and promotion at national, regional and local levels;
- Availability and supply of tobacco and;
- Ensure appropriate regulation of tobacco products.

DECREASE THE AFFORDABILITY OF TOBACCO PRODUCTS

Support increases in tobacco taxation can reduce the affordability of tobacco.

Strategy: Health Promotion

Supporting and strengthening the Auahi Kore workforce. Associating Auahi Kore lifestyles with Māori well being, culture and traditions. Increasing smokefree environments. Create awareness of tobacco industry tactics that impact on Māori tobacco use.

INTRODUCTION

Health promotion strategies are aimed at improving the overall health and well being of the community and particular groups within it. Effective health promotion often requires a range of interventions operating at different levels working towards a common objective.

SUPPORTING, INCREASING AND STRENGTHENING THE AUAAHI KORE WORKFORCE

One of the most important activities/strategies in health promotion is networking among the Auahi Kore workforce. The need to improve national co-ordination has been an issue that has been discussed at various hui. There is a distinct need to have all sectors of the Auahi Kore community and the wider Māori community (iwi/hapū/whānau) working together to achieve more effective and efficient results from the available resources.

In essence, the development and implementation of a plan that encompasses national, regional and local level inter-relationships is required. This plan would reflect an improved Auahi Kore network, inter-communication relationships, and information pathways that will provide a service that are practical and culturally appropriate.

Recommendations

1. Develop an enhanced national co-ordination plan for the Auahi Kore community that engages with iwi, hapū and whānau.
2. A centralised integrated communication network is developed and maintained.
3. Key responsibilities are identified for national, regional and local organisations in line with the NMTCS are developed and monitored.
4. Māori strategic direction works independently but alongside the non-Māori tobacco control community.

National co-ordination assumes the existence of an Auahi Kore workforce or infrastructure at a regional and local level. Regional co-ordination is not consistently funded to occur across the country. Community action within Māori communities cannot be strengthened without this coordination service.

Networking at an international level can also benefit Māori locally and allows Māori Auahi Kore workers to share information and provide mutual support with indigenous peoples elsewhere.

Training that strategically targets properly identified gaps in knowledge and skill base is a priority. Identified training needs include training in legislative interpretation and analysis, advocacy skills (local and national), media presentation skills (local and national), negotiation training; training in computer/IT use and education in wider areas (e.g. haputanga, mana wahine, mana whānau).

A further area for improvement would be the extension of training in tobacco control issues to allied workforces e.g. dentists, physiotherapists, and sports co-ordinators.

The development of resources by Māori for Māori can support and strengthen the Auahi Kore workforce, e.g. online resources such as a database of Māori health promotion services.

ASSOCIATING AUAAHI KORE LIFESTYLES WITH MĀORI WELLBEING, CULTURE AND TRADITION

The promotion of Auahi Kore lifestyles is a priority. The focus should be on breaking and de-normalising the association between tobacco and Māori culture(s) using social marketing techniques or other relevant health promotion tools.

INCREASING THE NUMBER OF SMOKEFREE ENVIRONMENTS

Smokefree environments need continued promotion to Māori in regards to restaurants, bars, casinos and clubs. However, there is also a particular need to focus on promoting Auahi Kore marae, kura, homes and cars. Key events and festivals such as kapa haka festivals, Matariki celebrations, Ngā Manu Kōrero speech competition, sporting events and award ceremonies should also be used to promote the Auahi Kore kaupapa in a positive manner.

CREATE AWARENESS OF TOBACCO INDUSTRY TACTICS THAT IMPACT ON MĀORI TOBACCO USE.

It should be recognised that the tobacco industry is the primary culprit behind the devastating effects that tobacco has had on the Māori population. This is an industry that has largely stayed in the background while the public health community has focused on countering the negative results of tobacco use.

For over 50 years the tobacco industry has lied and deceived without any accountability during its operation locally and globally. This industry is impeding Māori development with its unacceptable practices that deliver a product that kills approximately 600 Māori each year.¹¹

The release of thousands of tobacco industry internal documents, as a result of litigation, offers an insight into the deceitful practices of this industry. As noted in a recent tobacco control publication:

“The cigarette makers have said one thing to the public and to governments, but in the privacy of their boardrooms, laboratories, and PR company offices they have said quite another. The great public controversy around smoking is not the result of honest people who simply have different views, but a carefully and expensively orchestrated campaign by tobacco companies determined to put profit before life.”¹²

The tobacco industry needs to be looked at within any strategic framework so as to counter the ongoing campaign that this industry wages against basic public health principles that deprive Māori of a valuable human resource.

Strategy: Cessation

Promoting and increasing access to cessation services for Māori smokers at national, regional and local levels. Supporting and strengthening the Māori smoking cessation workforce.

INTRODUCTION

Given the disproportionate impact of tobacco related death and illness of Māori to non-Māori who smoke in New Zealand, cessation is a high priority. The fact that so many Māori smoke makes it difficult to dispel the myth that ‘everyone smokes’. Smoking by other people is a key trigger for relapse among recent quitters. Achieving a critical mass of non-smokers using smoking cessation strategies is a legitimate goal of specific relevance to Māori.

¹¹ Reid P & Pouwhare R, *Te Taonga-mai-Tawhiti (The Gift from a Distant Place)*, (1991)

¹² *Trust us we're the Tobacco Industry*, (Campaign for Tobacco Free Kids/ASH UK, 2001)

Despite huge gains in Government support and funding for smoking cessation, Māori smoking cessation efforts are being undermined by gaps in access to cessation assistance across the country and inconsistent access for Māori health providers to Māori specific cessation training.

PROMOTING AND INCREASING ACCESS TO A RANGE OF CESSATION SERVICES FOR MĀORI SMOKERS AT NATIONAL, REGIONAL AND LOCAL LEVELS

Māori smokers across the country are differentially served in terms of access to smoking cessation assistance. Māori require a full range of services and methods that will allow access to programmes such as Aukati Kai Paipa, noho marae, smoking cessation, rongoa Māori and the National Quitline – Me Mutu. All Māori smokers should have equitable access to an appropriate and effective cessation method. The following have been identified as priority groups:

Pregnant Māori Women and their Whānau

Nearly 60% of Māori women aged between 15-44 years are smokers¹³ whilst 49% of Māori women smoke during pregnancy.¹⁴ There is a disproportionately low demand for cessation support from this group. Given the increased risk of morbidity to the child, as well as the likelihood of the child eventually smoking if the mother does, pregnant women are the highest priority group.

Rangatahi/Tamariki

It is acknowledged that rangatahi/tamariki have low success rates quitting with existing treatment methods, however there is a requirement for programmes specifically designed to cater for the unique needs of this group.

Tangata Whaiora (Māori Mental health clients including polydrug users)

This group have the highest smoking prevalence and tobacco consumption. There is also high demand for cessation support from health workers and clients in this sector. Specialist approaches are required for an innovative cessation programme.

SUPPORTING AND STRENGTHENING THE MĀORI SMOKING CESSATION WORKFORCE

The smoking cessation area benefits from co-ordination of workers specialising in cessation. Resources to support cessation, increasing the workforce and provision of consistent quality training are required. Networking can be supported via regional networks, hui (national, regional and local), the maintenance of directories of Māori cessation providers and the extension of training in Māori smoking cessation to allied workforces, such as, Māori mental health and drug and alcohol services are also required.

Strategy: Research

Improve quality and effectiveness of Māori focused tobacco control interventions. Supporting and strengthening the Māori tobacco control research workforce.

INTRODUCTION

The MOH purchases a range of information and evaluation research to monitor the effects of the overall MOH tobacco control strategy. Much of the information is descriptive and indicative of outcome. Evaluations are rarely scientifically robust enough to prove results. At present the Health Research Council (HRC) purchases researcher-initiated projects.

¹³ *Taking the Pulse – the 1996/97 New Zealand Health Survey*, (Ministry of Health, 1999)

¹⁴ Tuohy P & Griffiths M et al, *SIDS Risk Factor- Final Report*, (Ministry of Health, 1997)

INCREASING AND STRENGTHENING THE MĀORI RESEARCH WORKFORCE

There is an urgent need to increase the current pool of Māori tobacco control researchers. Research needs far outweigh the existing dedicated workforce. If quality research is to be produced on topics and issues that have clearly been identified as a need by the Auahi Kore community then this strategic area requires urgent action.

IMPROVE QUALITY AND EFFECTIVENESS OF MĀORI FOCUSED TOBACCO CONTROL INTERVENTIONS

Monitoring, research and evaluation can help improve the quality and effectiveness of tobacco control interventions. To do this however, the research needs to be occurring. It needs to be focusing in relevant areas. The results need to be disseminated and utilised by policymakers and programme providers.

The development and input into the National Tobacco Control Research Strategy is a first step towards facilitating an environment supportive of research. These strategies will identify research priorities and gaps in the infrastructure that supports tobacco control to occur:

- Sufficient qualified researchers available to undertake the work;
- Sufficient tobacco control research training opportunities for Māori researchers;
- Baseline research on Māori who smoke is maintained and accessible;
- Standard measures for the tobacco control research field are used to ensure quality information is collected and comparable across studies;
- Programmes are evaluated;
- Sufficient funding or Government commitment to funding the required research and;
- Networking and collaboration between researchers, providers and policymakers is facilitated, via hui, publications and other media.

Within each key area of health promotion, cessation, legislation and research there are numerous strategic research and information requirements.

WORKFORCE DEVELOPMENT

Introduction

The Auahi Kore community requires a mixture of workforce skills throughout the four key areas of legislation, health promotion, cessation and research to deliver effective and professional service. An audit of the Auahi Kore workforce will provide an overall picture of the number of workers and their employment status (full/part time) and their location.

Legislation (Advocacy)

Advocacy training for the Auahi Kore workforce is required to ensure that issues are being advocated at a regional and local level. Training needs to include negotiation skills, legislative interpretation and analysis and media training.

Health Promotion

One of the most important activities in health promotion is networking among the Auahi Kore workforce. The workforce now has a sound infrastructure with local, regional and national networking occurring. This activity has seen an increase in the number of workers and organisations who affiliate with these respective networks.

Training that strategically targets properly identified gaps in knowledge and skill base is a priority. A further area for improvement would be the extension of training in tobacco control issues to allied workforces e.g. doctors, dentists, physiotherapists, and sports co-ordinators.

Need to increase the number of Auahi Kore regional co-ordinators in full-time positions.

Cessation

Māori health providers are not necessarily accessing Māori cessation training. There is a requirement to co-ordinate and standardise all training that is currently being offered. This could be developed through the MOH contracting process.

Promote Aukati Kai Paipa training for and to non Aukati Kai Paipa cessation staff.

Research

Develop a database of Auahi Kore researchers and their current availability to undertake Māori focused tobacco control research. A specific action plan that looks to developing this particular workforce is required.

LITIGATION

Evidence has shown that the tobacco industry has undertaken activities over a lengthy period of time to undermine public health initiatives. Litigation can be seen as an option that should be placed in the context that the tobacco industry is impeding Māori development.

Litigation can accomplish various tobacco control goals. These include:

- Effectively communicating the dangers of tobacco use through media attention to the plight of individual victims, rather than abstract statistics;
- Forcing manufacturers to raise prices to cover liability costs, thereby discouraging product use;
- De-legitimising the tobacco industry by publicising whistleblowers' testimony and their internal incriminating documents, thereby reducing their political power;

- Compensating individuals, families, and third party payers for their tobacco caused losses and;
- Obtaining judicial orders requiring defendants to change their practices; and forcing manufacturers, retailers, employers, etc, to "voluntarily" change their practices so as to minimise future compensatory and punitive damages.

Litigation is a tool that could be an addition to a comprehensive tobacco control strategic response. A strategic approach is required as information; support and technical assistance will be required for any litigious action against the tobacco industry.

KEY ORGANISATIONAL LINKAGES AND RELATIONSHIPS

A number of linkages and relationships exist within the Auahi Kore community. Stakeholders in this community range from by Māori for Māori organisations to international organisations. All organisations have a stake in eliminating and reducing the exposure to tobacco.

Linkages:

ADVOCACY GROUPS:

ATAK, Action on Smoking & Health Smokefree Coalition, Smokefree Pacific Action Network.

GOVERNMENT:

Members of Parliament, MOH, Ministry of Māori Development, Ministry of Women's Affairs, Ministry of Youth Affairs, Public Health Units – District Health Boards.

INTERNATIONAL BODIES:

Framework Convention Alliance, Indigenous Peoples organisations, United Nations Permanent Forum (Indigenous Peoples), WHO - Tobacco Free Initiative.

MĀORI HEALTH PROVIDERS:

Including Aukati Kai Paipa providers.

NATIONAL BODIES:

Cancer Society of New Zealand, Public Health Association, Te Hotu Manawa Māori, Te Rōpū Whakatairanga Hauora (HSC), National Health Committee, National Heart Foundation, National Quitline - Me Mutu, The Quit Group.

PHARMACEUTICAL COMPANIES

RESEARCH ORGANISATIONS:

Applied Behavioural Science, HRC, Massey University, University of Auckland, Te Pumanawa Hauora, Te Rōpu Rangahau Hauora a Eru Pomare, University of Otago, Whariki – APHRU.

APPENDIX 1

BASIC TOBACCO FACTS

The following fact sheet is presented to inform you of the devastating effect that tobacco is having on Māori health. It is hoped that this serious public health issue is given the necessary support to take positive action in reducing deaths.

The following facts are from these respective reports:

- Ministry of Health, 'Inhaling Inequality: Tobacco's contribution to health inequality in New Zealand', 2001;
- ASH Fourth Form Survey, 2001;
- Health Sponsorship Council (CM Research) Report - 'Auahi Kore', 2001;
- Cancer Society of NZ, 'Tobacco Statistics 2000';
- Ministry of Health Survey 'Taking the Pulse', 1999 and;
- Te Puni Kōkiri fact sheet 'Māori Smoking Patterns', 1999;

Ministry of Health, 'Inhaling Inequality: Tobacco's Contribution to Health Inequality in New Zealand', 2001

The following chart highlights the ethnic disparity in life expectancy at selected ages, 1995-97.

	Ethnicity	Female (Yrs of Age)	Male (Yrs of Age)
Life Expectancy With Smoking	Māori	67.2	71.6
	European	75.6	80.9
	Pacific Peoples	69.8	75.6
Life Expectancy Without Smoking	Māori	70.7	74.0
	European	77.2	81.6
	Pacific Peoples	73.4	76.5

Ministry of Health, 'Inhaling Inequality: Tobacco's contribution to health inequality in New Zealand', 2001

ASH Fourth Form Survey 2001

Smoking Category	1999	2000	2001
Māori - Females			
Daily	36.2%	37.1%	34.3%
Total > monthly	50.9%	51.1%	47.5%
Never smoked	12.4%	11.1%	12.4%
Māori - Male			
Daily	23.6%	24.2%	19.1%
Total > monthly	33.6%	33.8%	28.7%
Never smoked	21.4%	21.9%	24.9%

ASH 4th Form Survey – 2001

Health Sponsorship Council - 'Auahi Kore' Attitudes to Smoking 2001

The attitudinal research findings come from the 'Auahi Kore' research report that was conducted by HSC and CM Research (2001). Respondent's results are as follows:

- 47% were aware of the 'Auahi Kore' brand;
- 92% of those surveyed that were aware of Auahi Kore thought that its messages were good;
- 88% thought that 'Ao Māori, Ao Auahi Kore' strap-line was good;
- The three most commonly agreed messages about Auahi Kore were:
 - It was about being 'positive and healthy';
 - 'Māori having a choice not to smoke' and;
 - 'Supporting those who want to give up'.
- 65% thought that it is not ok to smoke;
- Most people were aware of health dangers associated with secondhand smoke. Very few people (3%) thought it was 'OK to smoke around children' or while someone was pregnant (5%). Most people (92%) thought that people's health could be damaged by other people's tobacco smoke.
- 31% of respondents smoked regularly (at least one cigarette/day);
- Most females (35%) smoked compared to males (28%);
- Māori were more likely to smoke roll-your-owns than non-Māori.

Cancer Society of New Zealand – Tobacco Statistics 2000

Results: Cigarette smoking prevalence rates

Age	Māori Male (%)	Māori Female (%)
15+	46.0	54.0

Cancer Society of New Zealand – Tobacco Statistics 2000

Ministry of Health - 'Taking the Pulse': The 1996/97 New Zealand Health Survey, Ministry of Health 1999: Proportion of Current Māori Smokers

Age	Māori Male (%)	Māori Female (%)
15-24	38.4	56.3
25-44	52.8	58.2
45-64	34.2	41.0
65+	34.6	21.7

'Taking the Pulse' – the 1996/97 New Zealand Health Survey, Ministry of Health 1999

- Nearly 60% of Māori women aged between 15-44 years are smokers
- Nearly 46% of Māori men aged between 15-44 years are smokers

Comparative: Smoking Rates by Ethnicity

There are significant variances in the current smoking rates of adult's 15 years and over when linked with ethnic breakdowns.

Māori (%)	Pacific Islands (%)	Pākehā (%)	Other (%)
45.5	27.7	23.2	10.1

'Taking the Pulse' – the 1996/97 New Zealand Health Survey, Ministry of Health 1999

Te Puni Kōkiri - Māori Smoking Patterns 1999

Smoking Status	Māori (%)	Non-Māori (%)
<i>Smoker</i>	44	21
Never Smoked Regularly	39	56
Ex-Smoker	18	23
Total *	100	100
<i>Total Population +</i>	309,798	2,257,428

Source: 1996 Census of Population and Dwellings, Statistics New Zealand

*Columns may not add up to 100 because of rounding

+Unspecified responses have been excluded from these figures

APPENDIX 2

RECOMMENDATIONS – NATIONAL AUAAHI KORE HUI 2001

Health Promotion

- Links between GP's, Public Health Nurses, Midwives;
- Standardised and high quality training packages and programmes;
- Online resource for all Māori Auahi Kore workers (ability to download resources);
- Development of a quality control mechanism to measure service delivery;
- Database of Māori health promotion services;
- Need for specific resources to support Marae Auahi Kore Marae;
- Training and education in wider areas (haputanga, mana wahine, mana whānau, self-esteem, focus on pregnancy & smoking).

Cessation

- Need for a national Māori cessation hui;
- Better co-ordination of cessation services and training;
- Cessation strategies for rangatahi and tāngata whaiora;
- Standardised cessation training;
- National evaluation of cessation programmes;
- Cessation directory;
- Communication and branding;
- Development of a quality control mechanism and;
- Rangatahi quitting initiatives and resources.

Legislation

- Submissions to legislation;
- Māori specific clauses: smokefree kohanga/kura kaupapa;
- Bilingual signs for point of sale areas;
- Māori support for smokefree restaurants, bars, casinos & clubs;
- Support for banning cigarette vending machines and;
- Te Tiriti o Waitangi – emphasise Māori as partner with Crown.

Research

- Research training for kaimahi (e.g. How to conduct surveys);
- Database of Māori researchers and their work to date;
- Māori management of "Māori" research;
- Māori Tobacco Control Research Centre;
- Funding for research (HRC, MOH);
- Utilising current Māori research networks;
- Research evaluating pilot programs/special areas;
- Centralised "library/website" of Māori tobacco research and;
- Overall co-ordination of Māori research and researchers.

Strategies

- Mainstream monetary commitment (for Māori tobacco control strategies);
- National Māori Advocacy Group (a single health advocacy body that lobbies on multiple health issues e.g. Diabetes, asthma, tobacco etc);
- Community links and networking (develop and maintain);
- Green prescription model (training and workshops with GP's etc);
- Tikanga and kaupapa Māori framework and;
- Prescribing cessation.

Tikanga Māori

- Te Ao Māori – Māori worldview;
- Own way of doing things – guiding principles;
- Ngā Ture - Mai Ra Noa;
- Wananga;
- Matauranga Māori;
- Tino rangatiratanga;
- Whakawhanaungatanga;
- Wairua;
- Tuakana/Teina role model;
- Kaumatua;
- Whakapapa;
- Leadership within.

Rangatahi Strategies

- Rangatahi Quit Advisors;
- Poutama for rangatahi wanting to give up;
- Auahi Kore rangatahi programme;
- Noho marae to include whānau;
- Involvement in schools;
- Resources/incentives for rangatahi contemplating quitting;
- Education and communication programme.

Training

- Basic training for kaimahi to include: personal values & motivation, Auahi Kore as a way of life, what different organisations do, existing effective programs.

APPENDIX 3 ABBREVIATIONS

ASH	Action on Smoking & Health
ATAK	Apārangī Tautoko Auahi Kore
HRC	Health Research Council
HSC	Health Sponsorship Council - Te Rōpū Whakatairanga Hauora
MOH	Ministry of Health

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© 11 February 2003

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