

# **SUBMISSION** on the Māori Affairs Inquiry into the Tobacco Industry in Aotearoa and the Consequences of Tobacco Use for Māori



To the Māori Affairs Select Committee

Chair – Tau Henare MP

## **Introduction**

This submission is from the Cancer Society Auckland Division.

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*Thank you for the opportunity to make a submission on this very important issue. We see this inquiry as a positive step towards acknowledging and addressing the impact that tobacco has had and continues to have on Māori.*

*Every day the Cancer Society Auckland Division sees the real life effects of tobacco on our Auckland and Northland communities. These effects are reflected in the comments throughout this document.*

*Some facts as they relate to smoking in New Zealand are as follows:*

- *Approximately 5000 deaths per annum*
- *The largest single cause of death in NZ*
- *The estimated cost to the New Zealand health system for treating tobacco related illnesses is \$1.7billion-this far exceeds the revenue collected from taxes on tobacco estimated to be \$0.96billion.*

*The cost and impact of tobacco use on Māori is disproportionately high and Māori are disproportionately disadvantaged by tobacco consumption.*

*The key question is what, if anything, should Governments do about this situation? Clearly opinions differ across the political spectrum.*

*There are those who favour little new action by government or who consider that enough is being done at the moment. These views tend to evolve from the position that smoking is a matter of personal freedom and choice and further, that business should have few obstacles to market and sell legal products. The health of New Zealanders and the nature of addiction is clearly not the priority of such views and gives way to personal and corporate freedom issues.*

*There are many others, including the Cancer Society that argue for governments to play a pivotal role in improving the health of citizens by creating healthy public policy and a regulatory environment that advances the health of the nation.*

*There is evidence that if NZ increases its efforts in these areas, in line with other countries, the number of young people who start smoking and the number of those that die from tobacco related diseases will decrease. This is of particular importance to our Māori communities.*

*The question is how much does this government want this to happen?*

*The government should prioritise preventing youth initiation of smoking and utilise measures that will support people to stop smoking particularly in Māori communities, through:*

- *Legislation to limit supply*
- *Further investigation into the industry*
- *Taxation increase on tobacco products*
- *Meeting the obligations of the Framework Convention on Tobacco Control*

*John Loof, Chief Executive Officer, Cancer Society Auckland Division*

## **About us:**

The Cancer Society Auckland Division is one of six regional divisions making up the national Cancer Society of New Zealand. We are dedicated to reducing the incidence of cancer and ensuring the best cancer care for everyone in our region, from the Waikato border to Cape Reinga.

We are the largest regional division, serving more than one third of New Zealand's population. There are two Cancer Society centres in the Auckland Division; Domain Lodge in Auckland and Daffodil House in Whangarei.

We are committed to working with our communities by providing leadership and advocacy in cancer control, with core services in Information, Support, Research and Health Promotion.

The Cancer Society of New Zealand is a non-government organisation dependent on donations, bequests and community support.

This submission has been compiled by the Cancer Society Auckland Division and includes regional and national statistics and information. We acknowledge that the Cancer Society of New Zealand National Office have also made a submission to the inquiry.

## **Our mission:**

Improving community well-being by reducing the incidence and impact of cancer.

## **Population demography:**

Auckland and Northland has an ethnically diverse population of 1.54 million which represents 37% of the New Zealand population. The combined population of Auckland and Northland has the highest Māori population in Aotearoa. The highest concentration of Māori in Auckland resides in Counties Manukau. Northland has the highest proportion of Māori (31.5% compared to 14.9% nationally). Counties Manukau and Northland have a higher proportion of children, Māori, and the most deprived populations. <sup>1</sup> For Northland this is particularly the case for Māori and those living in the Far North.

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<sup>1</sup> Northern Cancer Network Draft Strategic Plan (2009-2015)

## **Summary**

### **We wish to make the following comments**

Smoking cigarettes kills nearly 5000 New Zealanders every year. Cancer statistics continually reflect the significant negative impacts of tobacco on Māori. During the period of 2000-2004 lung cancer was responsible for 17% of cancer deaths in non-Māori and over 31% of Māori cancer deaths. The focus should be moved away from individual responsibility of smokers to the tobacco industry that market a product that when used as it is designed, kills.

Achieving health outcomes is the responsibility of the government. The government should prioritise preventing youth initiation of smoking and utilising measures that will support people to stop smoking. By focusing on tobacco, there will be substantial health, social, and economic benefits for our at-risk indigenous people.

The key recommendation is that Aotearoa should be Smokefree by 2020.

New Zealand should adopt a four pronged approach to achieving this aim by:

- Introducing regulations and legislative measures to limit the supply of tobacco with the goal of eliminating in New Zealand by 2020.
- Holding the tobacco industry accountable for its actions. There should be further investigation and scrutiny into the industry. This will make it easier to regulate and monitor the industry. It will also lead to greater public awareness and understanding of the industry.
- There should be a significant tax increase on tobacco products. The revenue gained from the tax should be dedicated to programmes that will reduce the number of people who smoke. Within these services priority should be given to Māori who have the highest smoking rates. Every year there should be a 5% increase in tobacco tax as recommended by the World Bank and the World Health Organisation. Also, the tax on loose tobacco should be brought up to be equal to that of manufactured cigarettes.
- The Government meeting its obligations under the Framework Convention on Tobacco Control. This framework requires the government to take active measures to enable the participation of indigenous individuals and communities in the development, implementation and evaluation of tobacco control programmes that are socially and culturally appropriate.

## **Specific comments**

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

The tobacco industry has been and is still actively engaged in promoting tobacco use amongst Māori.

Historically, tobacco was distributed as a gift by William Hobson prior to signing the Te Tiriti o Waitangi. Cigarettes were given out to the Māori Battalion soldiers while away at war.

The tobacco industry has promoted cigarettes to Māori through an array of advertising and marketing – some examples of advertising are represented in the attached document (see Appendix A).

Throughout these images it is clear that the tobacco industry has targeted key audiences with different messages that glorify smoking. Many of these messages were aimed at all New Zealanders. However, it is likely that these messages may have had more impact on Māori because of assimilation and social pressures of being a ‘good New Zealander’. These messages were reinforced through tobacco given to soldiers during the war and as part of Treaty deals.

There have been changes in the social environment since significant evidence of the impact of tobacco smoking on people’s health has become known. Unfortunately one of these changes was not a decision by the industry to stop selling or phase out cigarettes based on the significant health consequences to half of their consumers.

At the time that the ill-effects of tobacco on people’s health became known, it was unfortunate that the government did not force the industry to stop trading or phase out their products in New Zealand. This has been done with other carcinogenic substances such as asbestos and even substances that are not carcinogenic and have not resulted in many (if any) deaths such as party pills and clearly not on the same scale as deaths as a result of tobacco.

The government did decide to start to introduce legislation to minimise the harm tobacco causes to New Zealanders. It was at this point that legislation was brought in to limit some of the marketing and advertising of tobacco products. The government met significant resistance from the tobacco industry as it tried to introduce legislation that aimed to reduce the number of New Zealanders who smoke.

It is clear from these images that some of these forms of marketing and advertising still exist today and New Zealanders still continue to die from tobacco use each year. The current legislation does not limit all forms of tobacco industry marketing, advertising and promotion. Māori and all New Zealanders still have tobacco use promoted to them (see images 10, 12, 53). This is despite clear evidence of the significant negative health impact of tobacco.

Since the government has moved to introduce tobacco control policies there has been much resistance by the tobacco industry. The tobacco industry has fought all prospective policy initiatives for which there is good evidence that they will reduce smoking prevalence. The tobacco industry has done this despite being aware of the evidence of the significant negative health impacts of cigarettes. The tobacco industry has been involved in lobbying against policy with media, submissions and MPs.

An example of this is the actions of the tobacco industry at the time of the drafting of the Smoke-free Environments Amendment Act (2003). Before this was passed the tobacco industry said that New Zealand bars and restaurants would experience extreme financial implications and tourism New Zealand would suffer if they became Smokefree.

These accusations caused much debate in New Zealand and could have prohibited the Act being passed. However these accusations were not based in any evidence and were scare tactics to stop legislation that would and has helped to impact on the number of Māori who smoke and thus purchase their product.

Another example of the tobacco industry's actions was over the recent legislation to put tobacco out of sight in stores. Recently the tobacco industry lobbied against a government policy to move tobacco under the counter in stores. The tobacco industry lobbied as an industry and as individual companies as well as via other strategic partnerships with organisations who could lobby on their behalf. As a result the legislation was not passed. This means that Māori and all New Zealanders will continue to see the prominent cigarette displays in stores used to promote tobacco. It also means that more young Māori are more likely to start smoking and Māori who already smoke will find it harder to quit.

A key question to be asked is: why would the industry be involved with lobbying unless they also believe that removing tobacco displays will inhibit their sales?

Since traditional forms of marketing that are depicted in many of the images in the attached document have been banned by government legislation the tobacco industry have engaged in other ways to continue to promote cigarettes to New Zealanders.

Their recent involvement at Rhythm and Vines is an example of this. Rhythm and Vines is a music festival which takes place over the New Year that is mainly attended by youth who come from all of New Zealand. Phillip Morris Tobacco was involved with 'sponsoring' the event. The industry is aware that they are not allowed to 'sponsor events' so they did so calling it a 'supply arrangement' or something similar to avoid the requirements of the legislation.

The industry has continued to do what it can to make smoking appear normal to the youth of New Zealand. An example of this was being involved with Keeping New Zealand Beautiful and strategically placing expensive cigarette butt bins all through town centres such as Auckland's Newmarket. This strategy is touted as 'corporate responsibility' but what it actually does is continue to make smoking appear to be more prevalent than it is and a normal activity to expect to see while out shopping.

Another example of how the industry is continuing to normalise smoking is during the Mt Smart Management Plan review process. Recently British American Tobacco (BAT) made a submission for the current Mt Smart Management plan review. BAT's submission raised issues with the intention to introduce a Smokefree policy at the stadium.

The issues the industry raised were not based in any evidence. The strategy BAT used in their submission was similar to the argument that was used before smokefree bars and restaurants were introduced, i.e., a totally smokefree stadium would drive a lot of users away. However, surveys conducted with stadium users directly refute this argument and the greatest majority of patrons in support of a totally smokefree venue.

### The future

Currently tobacco advertising is still being promoted to New Zealanders. It was a simple task to Google search/images to find the images included in this submission. There were also a plethora of cigarette images and advertisements on YouTube and other social media websites.

It is likely that the industry is already exploring the potential use of social media to continue to make smoking seem normal to New Zealand youth. There are websites and Face book groups that are designed around the image of people having a good time which are linked with tobacco industry and include positive images related to people smoking.

If the tobacco industry is left unregulated, promotion of tobacco use will not only continue but will increase as more avenues become available. Due to the nature of social media and the difficulty in its regulation, once this avenue is exploited it would be almost impossible to stop. Therefore, it's important that positive actions are made.

The tobacco industry uses many advocacy strategies so that they can continue to promote cigarettes to New Zealanders. There are clear examples of when the tobacco industry has lobbied against Smokefree policies. It is likely that as the tobacco industry become more are more limited with advertising and marketing opportunities; they will become more engaged at an advocacy level to promote tobacco use.

## **2. The impact of tobacco use on the health, economic, social and cultural well-being of Māori.**

*A study of indigenous populations of New Zealand, Australia, Canada and America(1) indicated Māori have the highest mortality rates among these populations for Ischaemic heart disease, COPD, total malignant neoplasms and malignant neoplasms of the lung, female breast, prostate and cervix.*

*The incidence of lung cancer in New Zealand Māori is stated as being without exception, the highest in the world (2) and smoking is said to be responsible for approximately 90% of lung cancers in countries where smoking is common. New Zealand studies indicate that smoking is the leading cause of premature death in this country and in 2008 the smoking rate among Māori is 46% while it is 21% in non-Māori (3).*

*Northland is a predominantly rural community with a population of approximately 152,650. Just over 48,000 of these people are Māori (31.5%).*

*The key objective of health care in New Zealand is to improve health outcomes with a focus on reducing inequalities for vulnerable people of which Māori is the largest and most significant subgroup. A very high proportion of Māori in Northland live in areas classified decile 9 – 10 thus putting them at a significant disadvantage in all areas of pre-determinants for health. Māori are disproportionately represented in all key chronic diseases as well addictions and other mental health conditions in Northland where the rates of lung cancer as well as CVD, COPD, Diabetes and its complications and other smoking related conditions are high. The impact of tobacco and high smoking rates is also seen in Northland with young pregnant women who have a high incidence of preterm babies of significantly lower than average birth weight.*

*Māori youth generally are disproportionately represented in early initiation figures with informal surveys heavy smoking in children as young as 8years. In 2008 22% of Māori girls and 13% of Māori boys were daily smokers compared to 8% of non Māori girls and 6% of non Māori boys. In the 15 – 19 year age group these figures were higher at 39% and 34% against 18% for both non Māori girls and boys. (3) Youth are particularly vulnerable to tobacco marketing, peer pressure and parental role modelling as they are at a stage in life where they are not yet able to link today's actions with tomorrows consequences. It is for this reason that every effort must be taken to remove cigarettes from easy access at retail outlets, assist parents and other adults to Quit and continue to promote smoking an action that is socially unacceptable.*

*Margaret Curry, Manager of Northland office of the Cancer Society Auckland*

1. Bramely D, Jackson P, Chassion M. (2004). Indigenous disparities in disease-specific mortality, a cross country comparison: New Zealand, Australia, Canada and the United States of America. New Zealand Medical Journal. Vol 117 No 1207.
2. Harwood M, Aldington S, Beasley R. (2005). Lung cancer in Maori: a neglected priority. New Zealand Medical Journal. Vol 118 No 1213.
3. The Quit Group and the Ministry of Health. 2009. Māori smoking and Tobacco Use 2009. Wellington: Ministry of Health

## **The impact of tobacco use on the health of Māori.**

- The leading cause of preventable death in New Zealand is tobacco smoking.<sup>2</sup>
- Tobacco smoking is linked directly to the death of almost 5000 New Zealanders every year. This means that approximately 13 New Zealanders die every day from smoking related diseases.<sup>3</sup>
- In New Zealand, approximately 4300 children and young people start smoking every year.<sup>4</sup>
- Non-smokers live on average 15 years longer than long term smokers.<sup>5</sup>
- The rate of tobacco death is particularly high among Māori whose smoking rate is more than double that of the non-Māori population.<sup>6</sup>
- Cancer statistics also reflect the significant impact of tobacco on Māori. During the period of 2000-2004 lung cancer was responsible for 17% of cancer deaths in non-Māori and over 31% of Māori cancer deaths.<sup>7</sup>
- Smoking rates are highest for Māori at 46%. This is double the rate of smoking for the non-Māori population (21%).<sup>8</sup>
- In 2003-2006, in the Northern region, lung cancer is the leading cancer for Māori (21%). This is much higher than for European and other (8%).<sup>9</sup>
- In 2003-2006, lung cancer was the leading cause of cancer deaths of Māori women and Māori men, in the Northern region.<sup>10</sup>
- In 2003-2006, Northern region Māori women made up 34% of all female cancer deaths on a national level.<sup>11</sup>

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<sup>1</sup>The Quit Group and the Ministry of Health. 2009. Māori smoking and Tobacco Use 2009. Wellington: Ministry of Health.

<sup>3</sup>The Quit Group and the Ministry of Health. 2009. Māori smoking and Tobacco Use 2009. Wellington: Ministry of Health.

<sup>4</sup>Paynter J. (2008). National Year 10 ASH Snapshot Survey. 1999-2008: Trends in tobacco use by students aged 14-15 years.

<sup>5</sup>The Quit Group and the Ministry of Health. 2009. Māori smoking and Tobacco Use 2009. Wellington: Ministry of Health.

<sup>6</sup>The Quit Group and the Ministry of Health. 2009. Māori smoking and Tobacco Use 2009. Wellington: Ministry of Health.

<sup>7</sup>Robson B, Harris R (Eds). 2007. Hauora: Māori Standards of Health IV: A study of the years 2000-2005. Wellington: Te Ropu Rangahau Hauora a Eru Pomare

<sup>8</sup>The Quit Group and the Ministry of Health. 2009. Māori smoking and Tobacco Use 2009. Wellington: Ministry of Health.

<sup>9</sup>Northern Cancer Network. Cancer in the Northern Region of New Zealand Health Needs Assessment-2009

<sup>10</sup>Northern Cancer Network. Cancer in the Northern Region of New Zealand. Health Needs Assessment-2009.

<sup>11</sup>Northern Cancer Network. Cancer in the Northern Region of New Zealand. Health Needs Assessment-2009.

*The Cancer Society Community Liaison Nursing Service visits people in their homes who have an active cancer diagnosis and need assistance with support, information and care coordination. These patients are usually undergoing some form of cancer treatment, such as surgery, radiation treatment or chemotherapy. Having worked as a cancer nurse in the community since 1996 I have seen the effects tobacco smoking has on a patient's health status, and how smoking has attributed to their cancer diagnosis.*

*In my role as a Liaison nurse I see many patients with Lung and Head & Neck Cancers which is usually a direct result of tobacco smoking. Many of these patients are aware that their diagnosis is due to their smoking and often say "I would not have started smoking had I known it was going to give me cancer." By this stage it is very difficult for these patients to quit. As well as being carcinogenic, smoking tobacco also causes other health problems such as emphysema, smokers cough and poor circulation to name a few.*

*Leisa Neumann, Manager Liaison Nursing Service, Support Services, Cancer Society*

- The Ministry of Health has stated that smoking is a contributing factor to health inequalities between Māori and non-Māori.<sup>12</sup>
- Socioeconomic deprivation and ethnicity are both linked to tobacco use. People who live in higher levels of deprivation are more likely to smoke. Māori have higher rates of smoking even of people of the same level of deprivation.<sup>13</sup>
- There are significant differences in population deprivation in the Northland region. Counties Manukau (34%) and Northland (33%) have the largest proportion of people living in the most deprived areas.<sup>14</sup>
- Higher proportions of Māori live in areas that have the most deprived NZDep scores; that is, the Māori population is highly skewed towards the most deprived deciles. In 2001, 23 percent of Māori lived in decile 10 (highest level of deprivation) areas (compared with 7 percent of non-Māori), while only 3 percent of Māori lived in decile 1 areas (lowest level of deprivation) compared with 11 percent of non-Māori.<sup>15</sup>
- Inequalities in lung cancer incidence were three times higher between Māori non-Māori in Northland and Counties Manukau DHBs.<sup>16</sup>
- Reducing inequalities that are influenced by tobacco will improve the health and wellbeing of all New Zealanders<sup>17</sup>

<sup>12</sup> Ministry of Health. 2005. Tobacco Facts 2005. Wellington: Ministry of Health

<sup>13</sup> Peter Crampton. 2000. Socioeconomic Deprivation and Ethnicity are both Important for Anti-tobacco Health Promotion. Health Education and Behavior. Vol. 27: No.3 pp 317-327).

<sup>14</sup> Northern Cancer Network. Cancer in the Northern Region of New Zealand Health Needs Assessment-2009

<sup>15</sup> Ministry of Health: Māori Health. <http://www.Māori.health.govt.nz/moh.nsf/indexma/deprivation> (accessed January, 2010)

<sup>16</sup> Northern Cancer Network. Cancer in the Northern Region of New Zealand Health Needs Assessment-2009

<sup>17</sup> Ministry of Health. 2002. Reducing Inequalities in Health

## The impact of tobacco use on the economic well-being of Māori.

- In 2005, the tangible costs of smoking were 1.7billion or about 1.1% of GDP.<sup>18</sup>
- Long- term smokers die on average 15 years before non- smokers. <sup>19</sup>This is a significant amount of lost productivity for our country. People who smoke also tend to have more breaks and take more sick leave than non smokers. <sup>20</sup>
- A ‘pack a day’ smoker spends over \$4000 a year on cigarettes. <sup>21</sup>
- Given that Māori have higher rates of deprivation, and higher rates of smoking, the economic impact of smoking for Māori is more significant than for non-Maori.

*Domain Lodge is the Cancer Society’s accommodation facility for the Auckland Division. We host many people from all across provincial Northland while they and their loved ones are receiving cancer treatment at Auckland Hospital. Our guests are as diverse as the communities they come from, are of all ages and live in a wide range of environments. They pursue many different lifestyles and have varied interests and commitments. In the midst of all of this diversity, one of the few recurrent themes in the stories that our guests tell about their illnesses is the role that tobacco has played. Tobacco is frequently cited as a cause for the cancers our guests suffer.*

*Outside of disproportionate rates of illness and problems of unequal access to resources and treatment, the reality of cancer places Māori patients under unique pressures that are all too obvious to the staff at Domain Lodge. Many of our Māori guests have specific cultural needs during periods of ill-health. Most striking amongst these is the desire for large numbers of friends and whānau to be able to support their relatives while they are sick. This fundamental aspect of the healing process incurs costs that other guests do not have to cover. Providing travel for large groups of people over large distances and then arranging for their accommodation is stressful, taxing and time-consuming, and is an expense that is generally felt by entire Māori communities.*

*Michael Cole, Domain Lodge Receptionist, Domain Lodge, Cancer Society Auckland Division*

<sup>18</sup> O’Dea D. Thomson G Report on tobacco taxation in New Zealand. Report commissioned by The Smokefree Coalition and ASH New Zealand

<sup>19</sup> The Quit Group and the Ministry of Health. 2009. Māori smoking and Tobacco Use 2009. Wellington: Ministry of Health

<sup>20</sup> McGuire Alister. 2010. An Economic Analysis of the Cost of Employee Smoking borne by Employers. London School of Economics.

<sup>21</sup> Quit calculator. [www.quit.org.nz-based](http://www.quit.org.nz-based) on 20 cigarettes per day at a cost of \$11 per pack

## The impact of tobacco use on the social and cultural well-being of Māori.

*The Cancer Society Counselling and Psychology Service assists people in adjusting and coping throughout their experience of cancer. Registered Psychologists who have specialised experience and skills in psycho-oncology help people with cancer and their families to understand what is happening to them and assist in developing new skills and ways of coping.*

*In our experience, the individual responsibility that a diagnosis of lung cancer places on smokers is significant in terms of their overall coping and support. It is often voiced by the client that it was never their intention when smoking to 'get cancer' and that even though they understood the risks to their health; they "never thought this would happen to me". Following a diagnosis of lung cancer, the burden of a history of smoking often conjures feelings of guilt and hopelessness that can lead to depression, as well as reduced motivation to seek support from health professionals and external agencies such as the Cancer Society due to a perceived (or real) social stigma. Family and friends can also struggle to sympathise or recognise that although smokers may have understood the risks of their behaviour, this doesn't lessen the emotional, spiritual and physical impact of a cancer diagnosis. Once a client seeks support from our service, it is essential that their feelings and thoughts about the role of smoking are not minimised, but equally that they are not burdened too heavily with the individual responsibility of a diagnosis of cancer. As society begins to recognise the role of advertising and addiction on the uptake and maintenance of smoking behaviour, it may become easier for smokers to seek and gain support and empathetic care in what is always an extremely difficult time.*

*Rebecca Lee, Psychologist/Manager Counselling and Psychology Service, Support Services, Cancer Society Auckland Division*

- Smoking is addictive.<sup>22</sup> The average age that New Zealanders start smoking is 14.6 years old.<sup>23</sup> Almost all New Zealanders who smoke, start smoking and become addicted before they are 18 years old. This is before the legal age they are allowed to purchase cigarettes in New Zealand. Very few people start smoking as a mature adult.<sup>24</sup>
- Both smoking and non-smoking parents do not want their children to start smoking<sup>25</sup>. Second-hand smoke harms non-smokers, including children.<sup>26</sup>

<sup>22</sup> Richard Edwards. 2009.

<sup>23</sup> Paynter J. (2008). National Year 10 ASH Snapshot Survey. 1999-2008: Trends in tobacco use by students aged 14-15 years.

<sup>24</sup> Richard Edwards. 2009.

<sup>25</sup> Richard Edwards. 2009.

<sup>26</sup> Richard Edwards. 2009.

- Almost all smokers regret starting and want to quit.<sup>27</sup> However quitting is very difficult.<sup>28</sup> It takes the average person 14 quit attempts before they can successfully quit. The focus is on the individual responsibility of the smoker to quit, rather than the actions of the tobacco industry, and developing appropriate legislation that will place responsibility on our decision-makers and society as a whole.
- An Auckland study showed that about two thirds of dairies violate at least one of the current points of sale restrictions set out in the Smokefree Environments Act. These restrictions were brought in to minimise the exposure of tobacco to the public.<sup>29</sup>

*The Cancer Society Volunteer Service provides a number of volunteer services for people from Auckland and Northland undergoing treatments for cancer in the Auckland area. The Volunteer Driving Service has a pool of approximately 350 volunteer drivers who provide transport assistance to people living with cancer to enable them to successfully attend medical appointments and treatments at hospitals throughout the Auckland region. A team of Oncology Support Volunteers work in the Auckland Hospital Oncology Department providing support for patients who are undergoing treatment. Volunteers cook and prepare meals for patients and their families/whanau which are delivered to patients who are undergoing treatment. Volunteers also host morning teas and shared meals for patients from Northland staying at Domain Lodge. Many volunteers want to become involved in our work because of their own experiences with people close to them having had cancer.*

*My father, a chronic chain smoker, died of lung cancer 38 years ago. The devastating effect his illness and death had on our family remained with me, along with an ongoing abhorrence of smoking, and I eventually offered my services as a volunteer to an organisation involved with all aspects of cancer, namely the Cancer Society Auckland Division. That was 25 years ago.*

*Anne Sinclair, Volunteer, Volunteer Services, Cancer Society Auckland Division*

<sup>27</sup> Geoffrey T. Fong; David Hammond; Fritz L. Laux; Mark P. Zanna; K. Michael Cummings; Ron Borland; Hana Ross. 'The near-universal experience of regret among smokers in four countries: Findings from the International Tobacco Control Policy Evaluation Survey' Nicotine and Tobacco Research, Volume 6, Issue S3 December 2004, pages S341 – S351.

<sup>28</sup> Richard Edwards. 2009.

<sup>29</sup> ASH. 2008. Point of Sale Observational Survey.

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

Tobacco has had and continues to have a significant impact on the health of New Zealanders and particularly Māori. With such high smoking rates amongst Māori it can be assumed that tobacco has led to a loss of Māori development, aspirations and opportunities. For example:

- A loss of cultural heritage through the loss of influential community figures especially Māori elders. As well as this is the knowledge and tradition that is not passed on to future generations.
- Tobacco is an expensive addiction. It leaves people with less income for basic human needs such as housing, food, and education.
- The social, mental and spiritual impact on whanau of losing loved ones in middle age.
- The financial impact to whanau of a loss of income as long-term smokers die on average 15 years before non smokers.

*Health isn't just the absence of disease or not being sick. It's about people being well, their families being strong and their neighbours looking out for and supporting each other. It's when people are confident in their future and the future of their children. On a daily level, health is when people can get good healthy food at a good price near their homes. It's when they can go to a Warriors league match and not be surrounded by tobacco smoke or attend a community music event that's held in the late afternoon so they don't get sunburnt.*

*Beth Jenkinson, Manager Health Promotion, Cancer Society Auckland Division*

#### **4. What benefits might have accrued?**

Tobacco kills approximately 5000 New Zealanders every year and affects individuals, families, and communities. There is no conceivable way that tobacco could have benefited any Māori or other New Zealanders.

The only beneficiaries of tobacco are the tobacco industry who profit from peoples' addiction.

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

*Two days before Christmas in 2008 I was diagnosed vocal cord cancer. After intensive treatment and surgery to remove my voice box, leaving me unable to speak, I was declared cancer free. Unfortunately that was not to be for long. I have recently been diagnosed with lung cancer and sternum bone cancer. While they are unable to do anything to treat the lung cancer, I am currently having treatment to try and help with the bone cancer.*

*My wife and I were both smokers, myself for the past 42 years. The day I was diagnosed with cancer I quit smoking completely. While this means I am still here now, it can't change the fact I have cancer. I grew up around people who smoked, both my mum and my sister, and sadly both of them have died of cancer also.*

*Having cancer has had a huge impact on our lives. Financially it has been difficult. Both my wife and I have had to stop working-I was too unwell to work and Diana had to look after me. All of the hospital appointments and treatment made it difficult too. Going through treatment and surgery isn't easy emotionally or physically. Living in Northland also means we have to travel frequently to Auckland for treatment often for weeks at a time. We have also had to move to a new house because I could no longer walk up the stairs.*

*Both Diana and I want to see changes made to help current smokers and to protect our children from becoming smokers.*

*Living with cancer isn't easy. We urge you to do anything you can to make sure others don't have to go through what we are now.*

*Bob (62), Domain Lodge Guest*

### 1. Removal of tobacco for supply

Legislative measures should be introduced to reduce the supply of tobacco to New Zealanders.

**Recommendation 1:** *That tobacco supply is restricted using regulations and legislative measures with the goal of eliminating tobacco in New Zealand by 2020.*

**Recommendation 2:** *That sales to minors is strictly enforced with particularly emphasis placed in areas with educational facilities – Primary/Secondary Schools.*

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

**Recommendation 4:** *That the Framework Convention on Tobacco Control (FCTC) Article 16 (Sales to and by minors) provisions, that include the prohibition of vending machines, are fully implemented.*

## 2. Accountability:

Any industry, which is directly linked to the deaths of over 600 Māori and 5000 New Zealanders, needs to be held accountable and responsible.

Further scrutiny would enable greater public awareness and understanding of the industry. Information from investigations will provide the ability to regulate and monitor this industry more effectively.

**Recommendation 1:** *Hold further enquiries on the 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.*

**Recommendation 3:** *That the FCTC Guidelines on Article 5.3 (Protection of public health policies with respect to tobacco control from commercial and other vested interests) are fully implemented in 2010.*

## 3. Taxation:

Taxation is the most effective tool in reducing consumption and youth uptake.

Māori specific services/programmes receive approximately \$8M from the \$40M budget. Māori contribute over \$250M of the \$1B collected in tobacco tax each year. The sector is under-funded for the task. Funding can be sourced by implementing a dedicated tax similar to three health-related dedicated taxes for alcohol, accident and gambling control.

Loose tobacco is taxed lower than 'tailor-made'/ manufactured cigarettes. This provides smokers with a cheaper tobacco product to buy. It also allows easier financial access by rangatahi/youth to loose tobacco.

**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<sup>30</sup> and the World Health Organization (WHO)<sup>31</sup> along with the current annual CPI adjusted increases.*

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<sup>30</sup> World Bank, *Curbing the Epidemic: Governments and the Economics of Tobacco Control*. 1999.

<sup>31</sup> World Health Organization. [http://www.who.int/tobacco/mpower/facts\\_findings/en/index.html](http://www.who.int/tobacco/mpower/facts_findings/en/index.html) 2009.

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

#### **4. Framework Convention on Tobacco Control (FCTC) – Implementation**

The New Zealand Government is party to the FCTC. Part of the obligation is to take measures to promote 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.<sup>32</sup> 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 under the FCTC directly with Māori each year on the Pre-amble and Article 4.2 (c)*

**Recommendation 2:** *That the Government actively implements FCTC Guidelines on Article 5.3 in 2010.*

**Recommendation 3:** *That the Government actively implements FCTC measures in Article 6 (Price and tax measures). (Refer to 'Taxation' recommendations)*

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<sup>32</sup> World Health Organization (2). *Framework Convention on Tobacco Control*. [www.who.int/tobacco](http://www.who.int/tobacco). 2009.

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