

CHiLD POVERTY ACTION GROUP

Child Poverty Action Group

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Maori Affairs Select Committee

Parliament Buildings

Wellington

Submission:

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

Child Poverty Action Group thanks this Inquiry for the opportunity to submit on this important topic. Child Poverty Action Group (CPAG) comprises a group of academics and workers in the field dedicated to achieving better policies for children. The aims of our organisation are:

- The development and promotion of better policies for children and young people.
- Sharing information and connecting with other groups with similar concerns.
- Elimination of child poverty in Aotearoa New Zealand by 2020

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We wish to speak to our submission

Introduction

- [1] The effects of smoking on Maori are well-documented, and are significant given the high rates of smoking among Maori, especially Maori women (see The Quit Group and Ministry of Health, 2009).
- [2] For children, harm comes from several sources, including economic hardship due to the cost burden of tobacco, smoking-induced sickness and mortality among parents, and the consequences now or in the future of exposure to second-hand smoke. Exposure to second-hand smoke is one of the primary causes of ill health in children (Ministry of Health, 1999; Waldegrave, King, & Stuart, 1999), and smoking-induced illness also disrupts children's education.
- [3] Smoking cannot be seen merely as a matter of personal choice, given the addictive nature of nicotine and the substantial efforts by the tobacco industry to recruit and retain smokers. Smoking is a social hazard (Child Poverty Action Group, 2008) and must be treated as such by communities and policy-makers.

Smoking

- [4] Tobacco-related harm is a major public health problem. Smoking causing 5,000 deaths per year (Action on Smoking and Health, 2007). Second hand smoke causes more than 500 children under two years old to be admitted to hospital with chest infections. It also results in 27,000 GP consultations for asthma and respiratory conditions, about 15,000 episodes of asthma in children, and glue ear conditions requiring operation in 1,500 children. Prior to the vaccination campaign it also caused fifty children to be afflicted by meningococcal disease. Exposure to second hand smoke also doubles the rate of SIDS (cot death) in babies (Ministry of Health, 2001). As Maori children are over-represented in all these statistics prevention needs to be a policy priority.
- [5] While the tobacco industry continues to argue that it cannot be shown smoking "causes" illness and disease, the weight of medical and scientific opinion says otherwise. Smoking is associated with:
 - Heart disease
 - Stroke
 - Emphysema and chronic bronchitis
 - Lung cancer and other cancers

Research has shown that smoking is more prevalent among Maori women and men than among other population groups in New Zealand (The Quit Group and Ministry of Health, 2009). It follows inevitably that Maori women have the highest mortality rates for cancer, particularly lung cancer. They have the

highest rates of respiratory disease, and Maori men and women have the highest incidence of all ethnicities for cardiovascular and ischaemic heart disease (The Quit Group and Ministry of Health, 2009).

- [6] Children from lower socio-economic groups are significantly more likely to live in smoking households, especially if they are Māori or Pasifika. Year 10 students from poorer households are roughly twice as likely to live in households with smokers, compared to those from affluent backgrounds (Craig, Jackson, Han, & NZCYES Steering Committee, 2007, p. 33).
- [7] Because they have such high rates of smoking, and are over-represented in low socioeconomic groups, the economic burden on Maori of smoking is considerable. The burden is especially high for Maori children as they are at much greater risk of living in restricted circumstances than almost all other ethnic groups, and have a much younger demographic structure than the general population.
- [8] The Quit Group found that of those who attempted to quit smoking, 17% were successful (The Quit Group and Ministry of Health, 2009). This is a low rate, even with people motivated to quit and receiving support. Tobacco is extremely addictive, and while it is probably not feasible to withdraw tobacco from sale, these figures suggest that there needs to be greater restrictions on the sale of tobacco so people do not ever start smoking.
- [9] We note that very early on in its administration, National ruled out banning tobacco displays in shops. We urge the Committee to reconsider this, and recommend that such a ban be instigated.
- [10] Given the high rates of death among Maori linked to smoking, we agree with Di Grennell that “the failure of successive governments to eliminate tobacco from Aotearoa New Zealand is a form of violence against Maori, with tamariki Maori as voiceless victims.” During interviews CPAG has conducted, Maori sometimes say they are “always attending tangi” for family and friends. Moreover, most of these deaths are at a relatively young age. CPAG research suggests that not only is smoking a direct economic burden on families, but the loss of income-earning family members and consequent tangi expenses are compounding to place many families in a precarious financial situation. Clearly, tobacco addiction is not the only factor, but greater efforts to restrict advertising and sales, and to help people quit would be major steps forward for thousands of Maori children living in poverty and hardship.
- [11] CPAG notes Di Grennell’s submission referring to the effects of smoking on her family. We share her concern that the premature death of many Maori is robbing tamariki of a large part of their cultural heritage. We also support her submission that the Committee needs to take account of the UN Convention on the Rights of the Child, which includes the right to life, survival and development; as well as the Committee on the Rights of Indigenous Children’s recommendation that “Indigenous children’s families and their communities (should) receive

information and education relating to health and preventive care, (and this information and health services should be culturally appropriate, with significant attention paid to indigenous workforce development). Adequate resources must be allocated and special measures adopted in a range of areas in order to effectively ensure that indigenous children enjoy their rights on equal level with non-indigenous children.”

[12] We also draw the Committee’s attention to the World Health Organisation Framework Convention on Tobacco Control. The Convention preamble states: “there is clear scientific evidence that prenatal exposure to tobacco smoke causes adverse health and developmental conditions for children.

- CPAG is deeply concerned about the escalation in smoking and other forms of tobacco consumption by children and adolescents worldwide, particularly smoking at increasingly early ages;
- We are deeply concerned about the high levels of smoking and other forms of tobacco consumption by indigenous peoples.

Recommendations:

[13] While New Zealand has made good start towards restoring a smoke-free environment and creating an anti-cigarette culture, there must be continued and sustained government intervention to promote anti-smoking messages. Only a fraction of more than \$1 billion from tobacco taxes collected each year by the Government is spent on tobacco control programs. There is a real and urgent need for a substantial increase in funding smoking cessation programs, especially amongst low-income parents (Thomson, Wilson, O’Dea, Reid, & Howden-Chapman, 2002).

[14] At a recent conference, campaign groups led by ASH NZ, the Smokefree Coalition and Te Reo Marama announced a 10-year countdown to the end of smoking in New Zealand (Action on Smoking and Health, 2007).

Public health policies proposed for dealing with smoking included:

- The complete removal of tobacco retail displays;
- Plain packaging of all cigarettes;
- The staged removal of cigarettes from general sale, to be replaced with a requirement for addicts to have a doctor’s prescription for purchase of tobacco;
- Tobacco tax increases which will double the cost of smoking over the next ten years with the revenue being used to support smokers who want to quit;
- Increased support for smokers who want to quit, especially improved cessation services;

- More alternative and safer forms of nicotine;
- Banning smoking in private vehicles when children are present, and in playgrounds;
- Culturally appropriate action toward tupeka kore (tobacco free).

CPAG endorses these recommendations, and we urge the Committee to do the same. In acknowledgement that tobacco is a highly addictive substance, we also urge the committee to consider making it only available on prescription.

References

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