CHiLD POVERTY ACTION GROUP

Child Poverty Action Group

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We thank the Ministry of Health for the opportunity to submit our views on this review. Child Poverty Action Group formed in 1994 because of profound concern that poverty among families is endemic in Aotearoa-New Zealand and becoming increasingly intractable.

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.

The Child Poverty Action Group comprises a group of academics and workers in the field dedicated to achieving better policies for children. We represent a wide network, and our backgrounders and monographs are widely read and distributed. Our reports *Our Children: The priority for policy* 2001, and 2003 can be found with other background material at our web site www.cpag.org.nz.

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[1] 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 smokers. Smoking is a social hazard and must be treated as such by communities and policy-makers.

[2] Harm to the fetus from maternal smoking is well documented and included on cigarette packet warnings. However, despite decades of smoke-free campaigns, few people realize that exposure to second-hand smoke is one of the primary causes of ill health in children (Ministry of Health, 1999; Waldegrave, King, & Stuart, 1999). Children also have to contend with the consequences of smoking-induced sickness and mortality among parents.

[3] Tobacco-related harm is considerable. Smoking causes 5,000 deaths per year in this country (Action on Smoking and Health, 2007), and continues to place a burden on the health system. Every year, 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).

[4] 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, & NZCYES Steering Committee, 2007, p. 33).

[5] While New Zealand has made a 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. The Government collects more than $1 billion from tobacco taxes each year, only a fraction of which is spent on tobacco control programs. There is an urgent need for a substantial increase in funding for smoking cessation programs, especially amongst low-income parents (Thomson, Wilson, O'Dea, Reid, & Howden-Chapman, 2002).

[6] There is now an opportunity to further change the environment in which smoking occurs through banning retail display stands of tobacco. A range of policy options are under consideration.

Option 1: Current restrictions with enhanced education and enforcement

[7] CPAG does not endorse this option. It does not address the fact that the present environment, including prominent retail tobacco displays, normalises smoking. Education alone is not capable of countering pervasive environmental conditions, particularly in low socioeconomic neighbourhoods. Similarly, social marketing campaigns are unlikely to get through to those who need them most – if they did, smoking would no longer exist in this country.

[8] Tobacco displays undermine attempts to quit. Furthermore, current advertising and display regulations undermine public anti-smoking messages and the government's own "quit" advertising.

Option 2: Further restrictions

[9] Restricting the size of tobacco displays does not deal with any of the issues noted above. It is also highly likely that any restrictions will be circumvented as loopholes are found.

[10] For children and low-income families the issue is one of normalisation of tobacco use and easy access. A size restriction on retail displays does not address this.

[11] CPAG cautiously supports other measures such as graphic public health warnings and publishing the Quitline number on cigarette packets, but is concerned these will be used instead of a ban on tobacco stands and displays, whereas they should be used alongside those.

Option 3: Ban on tobacco displays

[12] Smoking disproportionately affects the most disadvantaged groups in society. Families least able to afford cigarettes are the most likely to smoke. While smoking rates

have declined, they are declining much more slowly among low socioeconomic groups. Banning cigarette displays would send a clear message that smoking is not socially acceptable and would reinforce, not detract from, the message that it is bad for people's health and that of their children.

[13] A complete ban is easier to comply with and enforce, hence has fewer compliance costs for businesses.

Which is your prefered option and why?

[14] CPAG's prefered option is a ban on tobacco retail display stands. This will:

- Make it easier for people trying to quit;
- Fundamentally change the environment whereby smoking is normalised and tobacco products are perceived to be readily available;
- Remove the ambiguity surrounding public health messages about the dangers of smoking;
- Be easier to comply with and enforce.

[16] Other measures are required to accompany any ban on retail displays. Tobacco companies and retailers are very adept at circumventing regulations where possible. For this reason CPAG also supports:

- A ban on cigarette vending machines. There is no material difference between a display stand and a vending machine. Moreover, there is no way of enforcing purchasing age restrictions with vending machines. Indeed, the message with vending machines is that smoking presents no greater health threat than eating a packet of crisps.
- One point-of-purchase per retail outlet.
- Large in-store displays of health warnings along with the Quitline phone number.
- Measures to ensure display bans cannot be circumvented by use of cupboards and containers containing tobacco as proxy display stands and/or marketing devices.
- A ban on tobacco industry payments to retailers. These should properly be referred to as bribes and as such should be banned.

- The introduction of legislation requiring the disclosure of tobacco industry practices and planning, to enable government to track industry payments to retailers and planning to circumvent tobacco marketing laws.

[17] Tobacco cannot be considered a “normal” good that deserves to remain unregulated simply because it is not banned. It is addictive and damages the health of those who use it. Passive smoking has also been shown to be dangerous. Children living in environments where adults smoke are particularly susceptible to the effects of passive smoking. Banning retail tobacco displays will help parents get the message that smoking poses an unacceptable risk to themselves and their children.

[18] For this reason CPAG supports banning retail tobacco displays, and legislating for any other measures necessary to ensure that tobacco companies and retailers are not able to circumvent such a ban.