Tobacco Control Facts

at a Glance

August 2009

Contents

This resource is produced by the Health Sponsorship Council (HSC), with the support of The Quit Group, Smokefree Coalition and Te Reo Marama, and is intended to be a snapshot of tobacco control facts. More detailed information can be sourced from the references listed. All reasonable measures have been taken to ensure that the information and references listed are factual and accurate at the time of publication. However, the contents should not be construed as legal advice and before acting on any information specific advice from a qualified professional should be sought. August 2009.

Health effects of smoking

- *Tobacco use is the leading cause of preventable death in New Zealand, accounting for around 4,300 to 4,700 deaths per year.* [1, 2, 3] *When the deaths caused from exposure to second-hand smoke are included, this estimate increases to around 5,000 deaths per year.*[4,5]

- *Half of the people who smoke today and continue smoking will eventually be killed by tobacco.*[6] *They will die an average of 15 years early.*[7, 8, 9]

- *Globally, 1.3 billion people smoke. Each year tobacco causes 5 million premature deaths.*[10]

- *Tobacco use is currently responsible for the death of 1 in 10 adults worldwide. If current smoking patterns continue, it will cause some 10 million deaths each year by 2020.*[11]

- *Smoking increases the risk of developing diseases of the respiratory and circulatory systems. These include cancers of the lung, oral cavity, pharynx, larynx, oesophagus and pancreas.*[12] *Smoking also increases the risk of developing diseases of the urinary tract, pelvis, bladder and digestive tract.*[13]

- *Smoking causes one in four of all cancer deaths in New Zealand.*[14]

- *Tobacco is the only consumer product that kills half its users when used as the manufacturer intends.*

- *Inhaled smoke contains more than 4,000 chemicals including acetone (paint stripper), ammonia (toilet cleaner), cyanide (rat killer), DDT (insecticide) and carbon monoxide (car exhaust fumes).* [15, 16]

- *Smoking is a major cause of blindness, with about 1,300 people in New Zealand having untreatable blindness due to current and past smoking.*[17]

- *Tobacco plays a significant role in health inequalities within New Zealand for both youth*[18] *and adults.*[19] *Higher smoking prevalence is seen among low-income groups, Māori and Pacific peoples.* [20, 21]

Smoking rates in New Zealand

- *Rates of smoking prevalence (the percentage of the population that smokes), and of consumption of cigarettes per head (the number of cigarettes or amount of loose tobacco smoked per person), have dropped substantially in New Zealand in recent decades.*[22]
- *However, more than 700,000 New Zealanders smoke on a regular basis* [23] *and people generally begin smoking as teenagers (14.5 years is the average).*[24]
- *In 2008 the prevalence of daily smoking in adults aged 15 years and over was estimated at 20.7%. This was up from 18.7% in 2006/7.*[25]
- *Annual consumption has remained steady since 2006 at just over 1,000 cigarettes per adult (smoking and non-smoking), including both factory-made and roll-your-own cigarettes. This compares with annual per adult consumption of about 3,200 in 1975, and 1,900 in 1990.* [26]
- *In 2008, 45.4% of Māori adults smoked, compared to 21.3% of Europeans, 31.4% of Pacific peoples and 12.4% of Asian people.*[27]
- *In 2008, 7% of year 10 and 12 students smoked daily. Within this group 22% of Māori girls and 12.4% of Māori boys smoked, compared to 10% of European/other girls and 8% of European/other boys.*[28]

Preventing tobacco-related harm

- *To reduce tobacco-related morbidity and mortality, the World Health Organization's goals are to reduce initiation, increase cessation, and reduce second-hand smoke exposure. To achieve this, a mix of taxation, cessation, health promotion, legislation and research strategies are recommended.* [29, 30]
- *It is estimated that many deaths due to various diseases could be prevented if smoking was eliminated, including:*
  - *68% of female deaths and 82% of male deaths due to lung cancer*
  - *65% of female deaths and 79% of male deaths due to Chronic Obstructive Pulmonary Disease*
  - *11% of female deaths and 18% of male deaths due to heart disease*
  - *8% of female deaths and 15% of male deaths due to stroke.*[31]
- *Population-wide policies are the most cost-effective and have a big impact on tobacco consumption. These include bans on tobacco advertising, tobacco tax and price increases, smokefree environments in public places and workplaces, and large graphic health warnings on tobacco packaging.* [32, 33]
- *Countries with the lowest smoking rates use a wide range of tobacco control measures.*[34]
- *Taxation of tobacco products is an especially effective way to reduce tobacco consumption. In May 2000, a 20% price increase in tobacco products in New Zealand was associated with an 18% decrease in tobacco consumption.*[35]
- *The fall in New Zealand's per capita consumption of tobacco has been associated with a three-fold increase from 1985 to 2005 in the price of cigarettes relative to consumer prices in general. These price increases have, to a considerable extent, been driven by tax increases. However, factors other than price – such as changes in social attitudes to smoking, smokefree legislation, etc – have also contributed to the falls in consumption and prevalence.*[36]

Health effects of second-hand smoke

- *Second-hand smoke is a mixture of the smoke given off by the burning end of tobacco products (sidestream smoke) and the mainstream smoke exhaled by smokers.*[37]
- *Second-hand smoke is the leading environmental cause of preventable death in New Zealand.*[38]
- *It is estimated that in New Zealand, 347 deaths per year are caused by past exposure to second-hand smoke.*[39]
- *Second-hand smoke is a risk factor for:*
    - *coronary heart disease*
    - *lung cancer*
    - *acute stroke*
    - *nasal sinus cancer.*[40]
- *Exposure to second-hand smoke increases the risk of stroke, with three times the risk in men compared to women.*[41]
- *Many people exposed to second-hand smoke experience eye irritation, headache, cough, sore throat, dizziness and nausea.*[42]
- *A lit cigarette is like a little toxic waste dump on fire. Second-hand smoke contains acetone (paint stripper), ammonia (toilet cleaner), cyanide (rat killer), DDT (insecticide) and carbon monoxide (car exhaust fumes).*[43]

Health effects of second-hand smoke: children

- *Children exposed to second-hand smoke are more likely to need hospital care, are more susceptible to coughs, colds and wheezes and are off school more often.*[44]
- *In New Zealand each year second-hand smoke causes:*
  - *more than 500 hospital admissions of children under two years suffering from chest infections*
  - *more than 27,000 GP consultations for asthma and other respiratory problems*
  - *1,000 cases of glue ear*
  - *50 cases of meningococcal disease*
  - *20,000 asthma attacks in children*[45]
  - *50 deaths from SIDS (cot death).*[46]
- *Exposure to second-hand smoke affects development and behaviour, leading to reduced language skills, reduced academic achievement, hyperactivity and reduced attention spans.*[47,48]
- *Having a smokefree home is one way of protecting children from second-hand smoke.*[49]

Smoking in homes

- *Adults who have never smoked and who live with smokers have a 15% higher risk of death than those living in a smokefree household.*[50]
- *Smoking in homes decreased between 2003 and 2006. During this period a multimedia campaign aired encouraging parents and caregivers to ban smoking in homes. Smoking was also banned in indoor workplaces.*[51]
- *Those who report smoking indoors tend to be in older age groups and are less likely to have children living in their households.*[52]
- *Teenagers who live in homes with smoking restrictions are less likely to take up smoking.*[53]
- *In 2003, 18.8% of caregivers said that smoking was allowed in their home. By 2006 this had decreased to 12.6%.*[54]

Smoking and Māori

- *Tobacco kills more than 800 Māori prematurely every year.*[55] *Cigarette smoking accounted for 31 percent of all annual Māori deaths during 1989-93 as compared to 17 percent of all deaths in the total population.*[56] *This is a significant loss of cultural knowledge and language.*
- *The life expectancy for Māori men is 70.4 years, compared to 78 years for non-Māori. For Māori women life expectancy is 75.1 years, compared to 82.2 years for non-Māori.*[57]
- *In 2008, 45.4% of Māori adults smoked, compared to 21.3% of European/others, 31.4% of Pacific peoples and 12.4% of Asian people.*[58]
- *The prevalence of smoking among Māori youth remains high compared to non-Māori – particularly in females. In 2008 the prevalence of year 10 female Māori who smoked daily was 22% compared to 13% for male Māori.*[59]
- *Of students aged 14 to 17 who smoked daily, 30% of Māori males reported first trying a cigarette at seven years old or younger, and 31% of Māori females first experimented at eight to nine years of age.*[60]
- *Māori women are more than twice as likely to be current smokers than women in the total population. Māori men are 1.5 times more likely to be current smokers than men in the total population.*[61]
- *In 2005 a total of 5,147 Māori registered with the Quitline to quit smoking, 18% of all registered Quitline registrations.*[62] *By 2008 this number had increased to 11,713, roughly 22% of Quitline registrations.*[63]

Smoking and Pacific peoples

- *Pacific peoples' smoking rates have remained at around 30% of the Pacific population in New Zealand for the past 10 to 15 years.*[64]
- *In 2007, 26.9% of Pacific peoples smoked, compared to 18.7% of the adult New Zealand population.*[65]
- *Smoking is linked to a number of high priority areas in Pacific peoples' health including diabetes and heart disease. Second-hand smoke is linked to glue ear, asthma and meningococcal disease in children.*[66]
- *Thirteen percent of Pacific boys and 16% of Pacific girls smoked regularly in 2008, compared to 8% of European/other boys and 10% of European/other girls.*[67]
- *In 2005 a total of 834 Pacific peoples registered with the Quitline to quit smoking, 3.2% of all registered Quitline registrations.*[68] *By 2008 this number had increased to 2,855, roughly 5.3% of Quitline registrations.*[69]

Smoking and young people

- *In 2008, 12% of New Zealand 14-15 year olds smoked regularly (daily, weekly or monthly) and 7% smoked daily. Daily smoking prevalence was 6% for boys and 8% for girls.*[70]

- *Higher smoking prevalence has been observed among students attending lower decile schools. Girls attending low decile schools are three times more likely to be regular smokers than those attending higher decile schools. Boys at low decile schools are four times more likely to smoke regularly.*[71]

- *The prevalence of daily smoking in year 10 boys and girls has steadily decreased since 1999, but during the period 2006-2008 the decline slowed.*[72]

- *The risk of a student smoking if both parents smoke is almost seven times greater compared to the risk of a student whose parents don't smoke. Even having just one parent who smokes triples the risk of a student being a daily smoker.*[73]

- *Quit rates for young people are generally lower than adult quit rates. There are few smoking cessation services available to young people in New Zealand. This is largely because of a lack of knowledge internationally about what works for young people. Few youth cessation initiatives have been fully developed or formally evaluated using good quality, large scale randomised controlled trials.*[74,75]

- *In 2006, more than half of year 10 and 12 students who reported smoking daily wanted to stop smoking,*[76] *and 72.3% of youth reported that they would not smoke if they had their lives over.*[77]

- *In 1994, when asked how many people their age they thought smoked, 55% of girls and 39% of boys said about half or three-quarters. In fact, 11.4% of year 10 and 12 students smoked daily.*[78]

- *Young people with friends who smoke are more likely to be smokers themselves.*[79]

- *Adolescents who begin smoking at a younger age are more likely to become regular smokers and less likely to quit smoking.* [80, 81]

- *Common social sources of cigarettes for young people are parents – who either buy cigarettes for their children or have their cigarettes stolen, friends, and strangers who buy on behalf of the adolescent.*[82]

- *Increased exposure to smoking in movies is associated with increased rates of social*

experimentation with smoking by young people.[83]

- *Young people with parents who disapprove of smoking are less likely to become established smokers.*[84]
- *Increasing the price of cigarettes (for example, through tobacco taxation) is an effective way of reducing the number of young people who start to smoke.*[85]
- *The Framework for Reducing Smoking Initiation proposes a comprehensive suite of interventions to reduce smoking initiation in Aotearoa-New Zealand. Its four primary objectives are:*
    - *denormalisation of smoking*
    - *increasing personal skills to refuse tobacco*
    - *building positive identity and social connections*
    - *reducing access to tobacco.*[86]

Smokefree legislation

- *Indoor workplaces in New Zealand were required to be smokefree from 10 December 2004, following the passage of the Smoke-free Environments Amendment Act 12 months earlier.*[87]
- *The smokefree provisions apply to all indoor workplaces including bars, restaurants, clubs, casinos, offices, factories, warehouses and work canteens.*[88]
- *Schools and early childhood centres are required to be smokefree in buildings and grounds 24 hours a day, seven days a week.*[89]
- *Findings from studies carried out 12 months after the ban on smoking in indoor workplaces include the following:*
    - *There were increased calls to the Quitline in December 2004 and January 2005, suggesting many people were prompted to quit smoking as a result of the legislation. In December 2004 and January 2005 calls increased by nearly 50%.*[90]
    - *There was strong public support for smokefree bars and restaurants, with 67% supporting a complete ban on smoking in bars and pubs compared to only 38% in 2001, and 80% supporting a complete ban in restaurants.*[91]
    - *Contrary to concerns expressed by opponents to the legislation, smokefree hospitality venues have not resulted in an overall loss of profits in bars, clubs, cafes or restaurants, and do not appear to have affected employment or overseas visitor numbers.*[92]
    - *Compliance with the legislation was high, with 97% of bars and taverns smokefree in a survey carried out in April 2005.*[93]
    - *Non-smokers had significantly increased their patronage of bars since they went smokefree, with reported visits rising from 33% in 2003, to 49% in 2005. Non-smokers had also increased patronage of smokefree cafes, increasing from 65% to 73%. These figures suggest non-smokers were attracted to these venues by the smokefree environment.*[94]
    - *Socially-cued smoking in nightclubs, bars, casinos and cafes had decreased markedly between 2003 and 2005, suggesting that smokers smoked less when they were not able to smoke indoors in a social setting. Before the passage of the legislation, 65% of smokers reported smoking 'more than normal' in bars. This reduced to 29% post-legislation.*[95]
- *The quantity of tobacco and cigarettes released for sale showed no decline following the*

enactment of the legislation. However, the amount of tobacco and cigarettes sold by supermarkets decreased in the first three-quarters of 2005.[96]

- *Exposure to second-hand smoke in indoor workplaces appeared to have halved following the passage of the smokefree legislation.*[97]

- *Forty-four percent of bar managers approved or strongly approved of smokefree bars prior to them coming into effect. This increased to 60% following the introduction of smokefree bars.*[98]

Quitting smoking

- *Helping smokers quit is a cost-effective use of health resources.*[99]
- *Around 65% of smokers in New Zealand have made a quit attempt in the last five years.*[100]
- *New Zealand has a mixture of smoking cessation programmes including Aukati Kai Paipa, the Quitline and Quit multimedia campaign, Quit Cards, cessation services for pregnant women, and cessation services offered by health providers including Māori providers, GPs and GP groups.*
- *Subsidised nicotine patches and gum are available through the Quitline – 0800 778 778 or www.quit.org.nz, and through a number of cessation providers throughout the country.*
- *The use of nicotine patches and gum can double a person's chance of quitting successfully.*[101]
- *The Guidelines for Smoking Cessation,*[102] *available from the Ministry of Health, summarise the effectiveness of a range of smoking cessation interventions. The Guidelines are designed for smoking cessation providers to assist all clients with cessation.*
- *It is beneficial to stop smoking at any age. The earlier smoking is stopped, the greater the health gain.*[103]
- *Within two hours of quitting smoking the nicotine is out of a smoker's system. Within 24 hours the carbon monoxide is out of their system and their lungs work more effectively. After 12 months, risk of sudden death from heart attack is almost half that of a smoker's.*[104]

Costs of smoking

- *The amount of money saved by reducing the number of people who smoke is far greater than the money collected from smokers in tobacco tax. Besides non-smokers living longer and better quality lives, tangible economic gains come from increased productivity, reduced absenteeism and an increased workforce with consequent increased tax revenue and incomes and reduced health, fire, insurance and other costs.*[105]

- *Current tobacco excise revenues amount to approximately $1 billion per year and have been at that level for some years. This is just under 2% of total tax revenues.*[106]

- *Of the approximate $1.6 billion per year retail spending on tobacco products, approximately 70% is accounted for by taxation, including GST as well as tobacco taxes.*[107]

- *In 2006, someone on an average hourly wage would take half an hour to earn enough to purchase 20 cigarettes.*

- *In 2009, a packet of 20 cigarettes costs around $11. Someone smoking a pack a day would spend more than $4,000 a year on cigarettes.*

- *The average amount spent by New Zealand's 750,000 smokers in 2007 was approximately $2,135 each per year, of which approximately $1,500 was tax revenue.*[108]

- *The New Zealand government collected a total of $842 million in tobacco excise tax in 2005.*[109]

- *The tangible costs of smoking to New Zealand in 2005 were around NZ$1.7 billion, or about 1.1 percent of Gross Domestic Product. This includes costs incurred because of lost production due to early death, lost production due to smoking-caused illness, and smoking caused health-care costs.*[110]

Tobacco Industry

- *No tobacco is grown commercially in New Zealand – it is all supplied from overseas, most of it by one of the three multinational companies that dominate the New Zealand market: British American Tobacco, Philip Morris, and Imperial Tobacco. These three tobacco companies account for 97% of the total cigarette market in New Zealand.[111] The other 3% comes from smaller companies or specialty import products.*

- *The most popular brand of cigarettes in New Zealand is British American Tobacco NZ's Holiday brand. The Holiday brand accounts for 31 percent of all cigarette sales.[112]*

- *All of the major tobacco companies in New Zealand are part of large multi-national companies. BATNZ is part of British American Tobacco and ITNZ is part of Imperial Tobacco, both of which are based in the United Kingdom. PMNZ is part of Philip Morris International which belongs to the Altria group of companies, and is based in the United States. Altria Group is the parent company of Kraft Foods, Philip Morris International, Philip Morris USA and Philip Morris Capital Corporation.*

- *Annual financial reports of the three parent tobacco companies are filed in the country where they are based. Copies of the annual reports, including financial information, can be found on the parent company websites.*

- *Altria Group reported net revenue of $149.4 billion (NZ) for 2005. As a comparison, the real Gross Domestic Product for New Zealand in 2005 was $125.9 billion.[113]*

- *Approximately 10,000 outlets sell tobacco products across New Zealand. AC Nielsen service station consumer data (2005) showed that tobacco products were the number one product category, in terms of dollar sales, for service stations.[114] Tobacco products make up more than 35% of service station business. The same survey showed a 14% growth in sales of roll-your-own tobacco in 2005.*

- *The New Zealand and world tobacco industry has, until recently, denied all or most of the health effects from active smoking and second-hand smoke. As late as 1994 chief executives of the major tobacco firms in the USA were denying that nicotine was addictive.[115]*

- *Court action in the United States has produced millions of internal tobacco industry documents that are available on websites and in archives in the United States.[116] They show that the industry has been aware of the harm its product caused for a long time.*

- *The tobacco industry has deceptively marketed 'light' and 'mild' cigarettes as safer. In fact these cigarettes carry the same risk of lung cancer, heart attacks and other tobacco-*

caused disease as 'regular' cigarettes.[117]

- *The tobacco industry found out that tobacco killed people more than 50 years ago. Instead of ordering an immediate product recall, it hired a PR company to counteract scientific findings and increase the promotion of tobacco and cigarettes.*[118]

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