Is the NZ Government responding adequately to the Māori Affairs Select Committee’s 2010 recommendations on tobacco control? A brief review

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In October 2010, the Māori Affairs Select Committee (MASC) reported on its Inquiry into the tobacco industry in Aotearoa and the consequences of tobacco use for Māori in 2010. The Inquiry was prompted by Māori, over concerns about the shocking toll of tobacco use, and drew on input from multiple stakeholders including communities, iwi, researchers and clinicians. The Committee’s report made 42 recommendations to the Government; the first of these called for a goal of making New Zealand a smokefree nation by 2025. The Government endorsed this recommendation, making New Zealand the first country in the world to set a national goal of achieving minimal levels of tobacco use.

Five years on, in July 2015, the Ministry of Health (MoH) gave a ‘report back’ on progress to the MASC. The MoH update provided a welcome opportunity to review the Government’s and Ministry’s actions for each of the Committee’s recommendations, and assess those that have been completed, are underway but incomplete, or where progress has been inadequate.

We analysed progress on the Committee’s recommendations, using the Government’s 2011 response, a previous commentary on the MASC report, recommendations from a MoH commissioned review of tobacco control services, national non-government tobacco control strategy documents and the Ministry’s 2015 report to the MASC.

According to the MoH 2015 report, eight of the 42 MASC recommendations have been completed or are largely complete; 18 are in progress or ongoing; 11 are low priority; and six have not been progressed as they are not Government policy. (Note that the total number of recommendations is 43 because recommendation 32—“that the Government legislate for further incremental tax increases over and above the annual adjustment for inflation”—was listed as both completed and ongoing.)

Our analysis supports the MoH’s classification as ‘completed’ (or largely so) for recommendations including:

• adoption by the Government of the
smokefree nation goal, and clear mid-term targets (recommendation 1)

• introduction of a point-of-sale display ban (11)
• increased penalties for tobacco sales to minors (13) (although evidence suggests inadequate enforcement5)
• annual above-inflation tobacco taxation increases (32) (at least to January 2016 when the current series of annual increases finishes)
• marked reductions in duty-free tobacco allowances (42).

However, we believe failure to complete or adequately advance the remaining 34 recommendations is hindering progress towards the Smokefree 2025 goal, particularly for Māori. Key missed opportunities include a lack of progress on the following measures after five years (MoH designation of status in parentheses for each):

• implementation of a comprehensive Government strategy and action plan to achieve SF2025 (recommendation 33—designated ‘in progress’ by MoH)
• reduced availability and supply of tobacco (5 and 6—‘low priority’)
• introduction of standardised packaging for tobacco products (7—‘in progress’)
• further disclosure of product additives, and the regulation of nicotine and additives (8 and 9—‘low priority’) 
• comprehensive and effective use of mass media (4, 19-22—mix of ‘low priority’ and ‘in progress’) including targeted mass media campaigns, in particular for Māori and pregnant women (21—‘in progress’)
• extension of smokefree environments, in particular smokefree cars carrying children (24—‘low priority’).

A key MASC recommendation was for the Government to establish a tobacco control strategy and action plan with a strong emphasis on Māori-focused outcomes. This recommendation has since been reiterated by others on numerous occasions,4,9 including by the Te Ara Hā Ora (TAHO) Advisory Group,1 the National Smokefree Working Group (NSFWG)7,8 and in the SHORE Report5 on tobacco control services commissioned by the MoH. Such a plan should include a rigorous appraisal and prioritisation process to develop a comprehensive set of interventions, interim targets and timelines for implementation. This would set out a clear, logical, and credible roadmap for achieving Smokefree 2025; create a monitoring and accountability framework; provide clear evidence of the Government’s commitment; and provide focus and direction for the wider sector.

This recommendation was initially rejected by the Government, but in August 2015, Associate Minister of Health Peter Dunne announced that the Government was developing a separate tobacco control plan which will sit alongside the National Drug Policy. Ministry of Health officials have confirmed that this plan is underway and will be released for consultation before it is finalised.

The MASC recommendations included measures to reduce the availability and supply of tobacco. In its response to the MASC recommendations, the Government adopted the goal of “reducing smoking prevalence and tobacco availability to minimal levels” by 2025, and in its response to recommendation 5 committed to investigate further options for measures to reduce tobacco supply. The non-governmental tobacco control sector has prioritised supply-side measures, notably retailer registration or licensing as an important first step to introducing restrictions on the currently ubiquitous10 supply of tobacco.7,8 However, the Ministry in its report to the MASC described these recommendations as ‘low priority’ and we can find no evidence of any investigation or implementation of supply-side measures, other than the restriction on duty-free sales introduced in 2014. This is despite innovative regional and local initiatives—such as the ‘Tobacco-free Retailers Toolkit’ developed in Northland—that could be supported for national implementation.

There has been some progress on the introduction of standardised packaging of tobacco products, with the completion of the first reading and Health Select Committee report of the Smoke-free Environments (Tobacco Plain Packaging) Amendment
Bill by August 2014. However, despite this being identified by the sector as a priority for immediate action, there is currently no proposed date for a second reading, and the Bill is on hold while the Government awaits the outcome of Investor Dispute and WTO cases pending for Australian plain packaging legislation. In the meantime other countries (eg, UK, Ireland, Norway and France), undeterred by the threat of litigation, have taken robust steps toward immediate implementation.

The MASC recommended requiring tobacco companies to publicly report the constituents of their tobacco products and emissions by class of product, brand, and brand variant (rather than reporting in aggregate, as currently occurs), and regulating to reduce the additives and nicotine content of tobacco products. Despite very clear statements in the Government’s response to the Committee about reviewing the current information disclosure regime and investigating implementing more robust regulations to control additives and constituents in tobacco products (and the tobacco control sector’s consistent support for such an approach), there appears to have been no progress, and the MoH report back to the MASC described these measures as low priorities.

Similarly, the lack of progress and MoH’s low prioritisation of the recommendation to extend smokefree environments (particularly smokefree cars for children) contrasts with NSFWG and SHORE Report recommendations, and strong public support for such measures. Local Government New Zealand passed a remit on 19 July at its AGM requesting that central government develop and implement legislation that would prohibit smoking outside cafés, restaurants and bars. This provides further support for Government action to extend smokefree environments.

Finally, the MASC report included several recommendations for the maximisation of smokefree campaigns and use of mass media. The NSFWG and SHORE Report have since reiterated calls for additional resources to be allocated to this intervention. In response to the MASC report, the Government committed to determining and implementing the best ongoing mix of smokefree public information, education, community initiatives and marketing campaigns. The MoH reported to the MASC that progress on these measures was ‘ongoing’; however, we can find no evidence that an overall social marketing and mass media strategy for tobacco control has been developed in response to the MASC recommendation, as has been recommended.

Indeed, a 2014 review found mass media expenditure reduced after the Government adopted the Smokefree 2025 goal and its use did not align with best practice. More recently, spending on national smokefree campaigns has reduced even further with the change in the national Quitline provider from The Quit Group Trust to Homecare Medical on 1 November 2015. As a result, since approximately June 2015, cessation advertising by Quitline (which was about half of the total national tobacco control mass media expenditure up to 2010/11 and about 80% of the total from 2011/12 to 2012/13) has been significantly reduced. Ministry of Health officials state that mass media campaigns to promote the Quitline service provided by Homecare Medical are planned to start in January 2016.

The aim of the MASC recommendations was to reduce the unacceptable health disparities and harm suffered by Māori as a result of tobacco use. In its recent report back, the MoH acknowledged the reality that Māori daily smoking prevalence, at 37.1% (95%CI: 34.8 – 39.6), remains almost three times that of the European/other population (13.6%, 95%CI: 12.7 – 14.6) in 2013/14. Regrettably, however, the MoH did not explain how this gap between Māori and non-Māori is being (or will be) addressed, an omission that was noted at the hearing by the MASC Chair. The apparent absence of a coherent, evidence-based approach to improving Māori outcomes (relative to non-Māori) suggests a disconnect between the aims and vision of the MASC, and the approach taken by the Government and MoH since 2011.

Adoption of the Smokefree 2025 goal put New Zealand at the forefront of tobacco control internationally. With a robust evidence-based and comprehensive approach it can and should be achieved.
However, there is now clear evidence that the current ‘business as usual’ approach is insufficient to achieve the 2025 goal, particularly for Māori. Modelling studies suggest that, unless radical steps are taken, the interim target of halving Māori and Pacific daily smoking prevalence to 19% and 12% respectively by 2018 will be missed by a substantial margin, as will the 2025 goal (commonly interpreted as daily smoking prevalence of under 5%).15,16

In conclusion, five years after the MASC report and with only 10 years until the 2025 deadline, it is apparent that progress towards Smokefree 2025 is inadequate and key interventions have not been implemented sufficiently as recommended by the MASC. There are a variety of means to try and accelerate progress and hold the Government to account. These include greater efforts to promote evidence-based interventions by the tobacco control sector, building on the energy and innovation to achieve Smokefree 2025 that is being shown by local coalitions across New Zealand, and through research which documents progress, the impact of current approaches and generates new evidence to inform future interventions and strategies. In addition, we suggest that the MASC should consult widely, particularly with Māori groups and stakeholders, on the current status of the Smokefree 2025 goal and should hold the Government to account on its original response to the Committee’s recommendations and demand that its action plan to achieve the Smokefree 2025 goal includes credible strategies to reduce disparities and protect Māori from tobacco-related harm, and ensure full Māori participation in that process.
REFERENCES:


