



**Submission on the Maori Affairs Select Committee's Inquiry on the
Tobacco Industry and the Consequences of Tobacco Use for Maori**

JANUARY 2010

Submission to:

Maori Affairs Select Committee

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This submission is on behalf of the College of Nurses, Aotearoa (NZ) Inc. The College is a professional body of New Zealand nurses from all regions and specialities. It provides a voice for the nursing profession and professional commentary on issues which affect nurses, and also the health of the whole community. Its aim is to support excellence in clinical practice, research and education and to work with consumers to influence health policy. The College is committed to the Treaty of Waitangi and the improvement of Maori health. This commitment is reflected in the bicultural structure of the organisation.

Thank you for the opportunity to make a submission to the Maori Affairs Select Committee's Inquiry into the Tobacco Industry and the Consequences of Tobacco Use for Maori.

We wish to make the following comments under the term of reference:

2. The impact of tobacco use on the health, economic, social and cultural wellbeing of Maori

There are some 45,000 nurses in Aotearoa/New Zealand. Most are registered nurses. They "utilise nursing knowledge and complex nursing judgement to assess health needs and provide care, and to advise and support people to manage their health". Professional responsibility, the first domain of competence for the registered nurse scope of practice, includes "Demonstrates the ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice." Here, nurses must "demonstrate knowledge of the differing health and socioeconomic status of Maori and non-Maori" (The Nursing Council of New Zealand, 2007). Thus nursing knowledge encompasses understanding the disastrous impact of tobacco use on morbidity and mortality among Maori and all New Zealanders, and the health, social and economic inequities visited on Maori by tobacco use and the activity of the tobacco industry to promote smoking in Aotearoa (Blakeley, Tobias, Atkinson, Yeh, & Huang, 2007; Robson & Harris, 2007). In addition, many nurses work daily with Maori patients who suffer from smoking related diseases and their whanau.

Currently all nurses are urged to undertake smoking cessation intervention education so they will deliver effective interventions with smokers to help them quit. The goal is to meet the government health target:

[Better help for smokers to quit](#)

80 percent of hospitalised smokers will be provided with advice and help to quit by July 2010; 90 percent by July 2011; and 95 percent by July 2012. Similar target for primary care will be introduced from July 2010 or earlier, through the PHO Performance Programme.

<http://www.moh.govt.nz/moh.nsf/indexmh/healthtarget-s-targets>



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The College appreciates that nurse work delivering smoking cessation interventions is essential but recognises it is a small part of what is required to achieve the vision of a healthy tobacco-free Aotearoa for Maori and non-Maori. Smoking cessation interventions do not reduce youth uptake of smoking or deter ex-smokers from starting smoking again. They do not address the source of the problem, that is, the multiple actions of the tobacco industry to perpetuate smoking among Maori and others. This includes retail displays of tobacco products which are known to have a significant effect on youth susceptibility to smoking (Paynter, Edwards, Schluter, & McDuff, 2009).

Under their “professional responsibility” scope of practice nurses are charged with “promoting an environment that enables client safety, independence, quality of life, and health”. An environment in which the supply of tobacco is stringently regulated and a dedicated tobacco tax used for tobacco control work is essential to advancing Maori health, achieving the vision of a tobacco free Aotearoa/New Zealand by 2020 and to complementing the important smoking cessation work of nurses.

Nurse practice is evidence based. The College notes the evidence of the efficacy of population based measures (such as controls on marketing and increasing the price of cigarettes) to reduce tobacco use in New Zealand (Wilson, 2007). Increasing the price of cigarettes through taxation is effective (O’Dea, 2007; Wilson & Thomson, 2005). The College also notes evidence of the acceptability of increased tobacco regulation among Maori and non-Maori (Edwards R, N., Thomson G, Weerasekera D, & T., 2009).

For the reasons above, the College urges the government to action policy and legislative measures as follows:

Recommendations

- Increase tobacco tax each year from 2010 by 5% as recommended by the World Bank and the World Health Organisation (WHO)
- Increase tax on loose tobacco to match that of manufactured cigarettes
- Use existing tobacco revenue for a dedicated tobacco tax for more kaupapa Maori smoking cessation and tobacco control activity and to support nurses and other health professionals with smoking cessation interventions.
- Strictly enforce sales to minors with particularly emphasis in areas with educational facilities -Primary/Secondary Schools
- Remove all tobacco displays from points of sale by 2010.



- Fully implement the Framework Convention on Tobacco Control (FCTC) Article 16 (Sales to and by minors) provisions including the prohibition of vending machines
- Hold further enquiries on the Tobacco Industry practices in New Zealand via a Ministerial appointed Taskforce on Tobacco or a Royal Commission of Inquiry.
- Develop and implement a sustainable industry denormalisation programme and counter marketing campaign in 2010.
- **Actively implement FCTC Guidelines on Article 5.3 guidelines on the protection of public health policies with respect to tobacco control from commercial and other vested interests in 2010.**

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