



Opinion

Tobacco smoking and health inequities in New Zealand

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Abstract

Tobacco smoking is the leading cause of preventable disease and death and one of the biggest public health threats worldwide. After taking a leading role in controlling tobacco smoking for many years, New Zealand adopted a more radical tobacco control strategy in 2022. The Smokefree Aotearoa 2025 Action Plan was supposed to be the most comprehensive anti-tobacco policy in history and could make New Zealand the first country in the world to achieve smoke-free status. The new policies restricting the availability of tobacco, reducing the nicotine content of cigarettes, and eventually prohibiting the sale of tobacco may lead to less smoking, less nicotine dependence and improved public health. Moreover, new legislation implementing the policy could reduce health inequities between ethnic and socioeconomic groups. However, the incoming government of New Zealand has decided to repeal the pioneering anti-smoking legislation and to reverse the recent tobacco restrictions. The new ruling coalition wants to use the move to finance tax cuts. Public health experts have criticised the plan to repeal the smoking ban, saying it could cost thousands of lives per year and will be particularly detrimental to indigenous Māori, who have significantly higher smoking rates. Socially vulnerable and poor groups of the population will pay the price of tax cuts, since they will continue to smoke and suffer the consequences of deteriorating health, serious disease and premature death. This is a major setback for public health and a great gain for the tobacco industry.

Keywords: Tobacco smoking; Smoke-free policy; New Zealand; Ethnic inequities; Socioeconomic inequalities; Public health.

Tabakrauchen und gesundheitliche Ungleichheit in Neuseeland

Tabakrauchen ist weltweit die Hauptursache für vermeidbare Krankheiten und Todesfälle und eine der größten Bedrohungen für die öffentliche Gesundheit. Nachdem Neuseeland bereits viele Jahre lang eine führende Rolle bei der Bekämpfung des Tabakkonsums eingenommen hatte, wurde 2022 eine noch radikalere Strategie zur Eindämmung des Tabakkonsums verabschiedet. Der Aktionsplan "Smokefree Aotearoa 2025" war als umfassendste Anti-Tabak-Politik der Geschichte geplant und könnte Neuseeland zum ersten Land der Welt machen, das den Status eines rauchfreien Landes erreicht. Die neue Politik, die die Verfügbarkeit von Tabak einschränkt, den Nikotingehalt von Zigaretten reduziert und schließlich den Verkauf von Tabak verbietet, könnte zu weniger Rauchen, geringerer Nikotinabhängigkeit und einer besseren öffentlichen Gesundheit führen. Darüber hinaus könnte die neue Gesetzgebung die gesundheitlichen Ungleichheiten zwischen ethnischen und sozioökonomischen Gruppen verringern. Die neue neuseeländische Regierung hat nun jedoch beschlossen, die bahnbrechenden Anti-Raucher-Gesetze aufzuheben und die jüngsten Tabakbeschränkungen rückgängig zu machen. Die neue Regierungskoalition will damit in der Zukunft Steuersenkungen finanzieren. Gesundheitsexperten haben den Plan zur Aufhebung des Rauchverbots kritisiert und erklärt, dass dies jährlich Tausende von Menschenleben kosten könnte und sich besonders nachteilig auf die indigenen Māori auswirken werde, die eine deutlich höhere Raucherquote aufweisen. Sozial schwache und arme Bevölkerungsgruppen werden den Preis für die Steuersenkungen zahlen, da sie weiterhin rauchen und unter schlechterer Gesundheit, schweren Krankheiten und vorzeitigem Tod leiden werden. Das ist ein deutlicher Rückschlag für die öffentliche Gesundheit und ein großer Gewinn für die Tabakindustrie.

1. Introduction

Tobacco smoking is a major contributor to the large and increasing global burden of noncommunicable diseases, such as chronic respiratory diseases, cancers and cardiovascular disease. Smoking is globally the leading cause of preventable disease and death and claims the lives of 8 million people worldwide annually (World Health Organisation, 2023). Although tobacco is by far the drug with the highest number of victims, governments have so far done comparatively little to combat it. New Zealand has long been a pioneer in fighting the epidemic of tobacco smoking, with a decades-long, well-developed tobacco control policy (Te Whatu Ora, 2020). A combination of taxation, public health warnings, bans on the advertising of tobacco products, education as well as restrictions on public smoking have drastically reduced the number of smokers in New Zealand (Lange, 2023a).

The previous Labour government of New Zealand intended to permanently end the use of tobacco and adopted a radical tobacco control strategy (“Smokefree Aotearoa 2025 Action Plan”), which was supposed to be the most comprehensive anti-tobacco policy in history (Lange, 2023a). In 2022, New Zealand passed a groundbreaking law making it illegal for people born after 2008 to buy cigarettes or other combustible tobacco products. This should create an ever-growing cohort that never adopts the smoking habit. The law also includes a reduction in the nicotine content of cigarettes and a significant reduction in the number of tobacco sales outlets. The Action Plan could have made New Zealand the first country in the world to achieve smoke-free status, defined as an adult smoking rate of no more than 5%. The policies restricting the availability of tobacco, reducing the nicotine content of cigarettes, and eventually prohibiting the sale of tobacco (“tobacco-free generation strategy”) may have led to less smoking, less nicotine dependence and improved public health. The new legislation has been acclaimed internationally as a potential model that other countries might follow, with research models backing the key reforms. In addition, the new policies could reduce health inequities between ethnic and socioeconomic groups (Lange, 2023a).

However, at the end of November 2023, New Zealand's new conservative prime minister announced his intention to repeal the drastic anti-tobacco laws passed by the previous government, including removing requirements for denicotinisation and reduction in retail outlets as well as the generational smoking ban (Dyer, 2023). The new ruling coalition wants to use the move to finance tax cuts. This decision will favour economic interests and benefit the cigarette industry. It will also cost many lives, since smoking in New Zealand has been estimated to result in the deaths of 4,500–5,000 individuals per year (Ministry of Health, 2009). In addition, the move of the incoming government suggests a disregard for the communities most affected by tobacco harm and could have far-reaching consequences especially for the Māori, New Zealand's indigenous population.

2. Socioeconomic and ethnic inequalities in smoking

In consequence of observations of a relationship between socioeconomic status and individual behaviour patterns regarding smoking, nutrition and exercise, public health and social medicine experts have urged that greater attention be paid to inequalities (Lange, 2022; Lange, 2023b). “Health in all policies” has emerged as a concept with the goal of promoting political action addressing the social determinants of health. This concept concerns prevention of disease, promotion of a healthy lifestyle and improvement of factors potentially harmful to the health of entire populations (Lange, 2021). The approach of health in all policies requires legislative backing to provide continuity and sustainability. Government-led tobacco endgame interventions could dramatically reduce health inequities between ethnic and socioeconomic groups and would therefore contribute to the implementation of health-for-all policies.

In New Zealand, ample evidence indicates that tobacco smoking is an important preventable risk factor contributing to health inequities in life expectancy for Māori men and women (Walsh and Wright, 2020). Māori have the highest prevalence of smoking among New Zealand's main ethnic groups: 19.9% of adult Māori smoked daily in 2021–2022, compared to 7.2% of people of European descent (Ministry of Health, 2022). Māori are also the most severely affected by tobacco-related health issues, with lung cancer being one of the most common causes of death among Māori women (Blakely et al., 2010; Blakely et al., 2018). This reflects an unfair and unjust distribution of social, economic and environmental determinants of health. Māori are still considered to be significantly disadvantaged compared to other New Zealanders, with underachievement in education, higher unemployment levels, lower income and life expectancy as well as stigmatisation within health care (Hobbs et al., 2019).

Radical tobacco control would have the most positive impact for indigenous people, significantly reducing existing health inequities between Māori and non-Māori. For example, by 2040, a programme involving denicotinisation, a decrease in retail outlets by 95% and the tobacco-free generation strategy, in combination with media promotion, was estimated in a modelling study to reduce the gap in the mortality rate between Māori and non-Māori in people aged 45 years and older by 23.4% for females and 9.5% for males, compared to ongoing business-as-usual approaches. No other feasible health intervention would be capable of reducing ethnic inequalities in mortality by as much (Ait Ouakrim et al., 2023).

Many countries have indigenous, ethnic and socioeconomic inequalities in the use of tobacco. Low income and poor educational attainment have been found to be general risk factors for an unhealthier lifestyle, including tobacco smoking. While overall rates of smoking have declined in the United States over the last decades, those who still smoke are markedly more disadvantaged than non-smokers. In a 2008 survey of more than 75,000 adults in the United States, the likelihood of smoking was found to generally increase as annual incomes decrease. The rate of smoking among people with an annual income of less

than \$24,000 was more than double that of those with an income of \$90,000 or more (Goszkowski, 2008).

Vietnam has a very high prevalence of smoking among men, with poorer men being more likely to smoke and smoking more than those better off. In 2015, 47.9% in the poorest wealth quintile smoked every day compared to 29.1% in the richest quintile (Nguyen et al., 2023). In regard to occupational variables, unskilled workers had the closest association with wealth-related inequality in smoking, accounting for 41.4% of income-related inequality (Nguyen et al., 2023). These findings suggest that education and occupation are important factors in wealth-related inequality in smoking. The poor, who tend to have lower education attainment and to be employed in unskilled jobs, are more likely than the wealthy to be smokers. Tobacco prevention efforts should therefore be targeted at poor, less educated people.

A 2018 representative German survey with more than 12,000 participants found that smoking is one of the reasons why Germans with a low level of education and low income live much shorter lives than the better educated and wealthy (Kotz et al., 2018). The smoking rate among Germans over the age of 14 who have not completed school was 42%, while only 20% of people with a school-leaving certificate smoked. While the proportion of smokers among Germans with a high and middle social status has been decreasing for half a century, the rate among people with a low social status has hardly changed.

Furthermore, socioeconomic inequalities in smoking appear to contribute significantly to socioeconomic inequalities for a wide range of health conditions. For example, observational findings of a prospective cohort study from the United Kingdom indicate that smoking increases the risk of later life dementia and that mid-life smoking history can contribute to socioeconomic inequalities in dementia (Raggi et al., 2022).

Inequalities in smoking can arise from various inequalities in the uptake of smoking in adolescence and in cessation of smoking in adulthood (Maralani, 2013). Several indicators of socioeconomic status, such as education, social class, occupation or income, may play a role at different life stages (Galobardes et al., 2006; Green and Popham, 2019). Education, including the development of problem-solving skills that can help with behaviour change, may be important when smoking behaviours are established (Mirowsky and Ross, 1998), while occupation and income are indicative of physical and social environments in adulthood when smoking habits are already established.

The findings above indicate that interventions and policies are needed to alleviate socioeconomic inequalities in smoking. For example, in the United Kingdom, implementation of smoke-free legislation and a change in the legal age for cigarette purchase from 16 to 18 was associated with a decrease in socioeconomic inequalities in smoking uptake among youth (Anyanwu et al., 2020).

3. Conclusion

The bottom line is that smoking ruins your health, while non-smoking ruins the state budget. The cynical calculation of New Zealand's new government is that tax revenues are more important than human lives. This is an admission that states can be as dependent on cigarettes as smokers, with money being the nicotine of those in power. Socially vulnerable and poor groups of the population, including the indigenous Māori, will pay the price of tax cuts, since they will continue to smoke and suffer the consequences of deteriorating health, serious disease and premature death. This is a major setback for public health and a great gain for the tobacco industry, whose profits are increased at the expense of New Zealanders' lives. Big Tobacco has prevailed again.

Conflict of interest

The author declared no conflict of interest.

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