

Rolling back nicotine addiction

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New Zealand smokers need help and they need a voice. Reduction in smoking in this country has largely stalled since the early 1990s, despite mass media campaigns, significant price hikes from tax increases, and legislation for smokefree bars and restaurants. Nearly a quarter (23 per cent) of adult New Zealanders still smoke. Māori and Pacific people suffer from nicotine addiction at even greater rates, with nearly 50 per cent of Māori still smoking.

This all adds up to a major challenge, costing billions of dollars, for the country and the health sector, which is trying to reduce the 4,700 people who die from smoking-related diseases every year. More hard information on effective policies is needed. And in all of this, little research attention has been given to the views of smokers.

To help get this information, and to provide a voice for what smokers say about what would help them quit, a team lead by Dr Nick Wilson, of the Wellington School of Medicine and Health Sciences, has recently won a Health Research Council grant. The study will investigate the knowledge, attitudes and behaviours of more than 2,000 smokers during the next three years.

The team includes Associate Professor Tony Blakely, Drs Richard Edwards and George Thomson, also of the Wellington School; Dr Heather Gifford of Whakauae Research Services; Drs Chris Bullen and Hayden McRobbie of the University of Auckland; and Professor Ron Borland of the VicHealth Centre for Tobacco Control, Melbourne. The team also collaborates closely with the Public Health Intelligence group at the Ministry of Health.

The study will apply the same methods as used in the 12 other countries in the International Tobacco Control (ITC) Policy Evaluation Survey. This international survey has been tracking the effectiveness of tobacco control policies over the last five years, and participation will enable New Zealand to make useful cross-country comparisons about which policies work or not.

“Compared to some other countries, New Zealanders haven’t been quitting as much in recent years, although we have followed similar policies, and in some areas have led the way,” says Wilson. “New Zealanders may not have had the right pattern of price increases, as we’ve cut back on amounts smoked, but not stopped. Also, unusually for similar countries, we have a very high rate of roll-your-own usage.

“This study will go back to the same people every year and ask them similar questions about

their attitudes and habits in relation to smoking and quitting. This will allow us to make before and after comparisons around tobacco control measures, to see what works and what doesn’t in New Zealand and internationally. It will also look at such things as income and ethnicity, and how these relate to attitudes. We will be able to compare the answers to those for 12 other countries.”

The smokers will be recruited from the New Zealand Health Survey – being run by the Ministry of Health. This will provide very useful additional material on the health status and on the use of health services by the participants as it relates to nicotine addiction.

One of the co-investigators, Thomson, says that some jurisdictions, such as British Columbia and California, have been far more successful in reducing smoking, currently to around 16 per cent of adults. “This highlights the value of making comparisons with other countries, so that we can identify what might work best for New Zealand.

“For instance, the use of graphic images on packets has been shown to be really effective in Canada. In California the level of funding for tobacco control is tied to the tax-take from tobacco. This ensures steady, predictable funding. Hundreds of millions of dollars are funnelled into tobacco prevention year on year.”

Wilson says there are also other special cultural factors in New Zealand. “Māori smokers will comprise almost 50 per cent of the survey sample, and this will provide a great deal of data for Māori researchers and others that are at present missing.”

He also suggests that there needs to be more effective help for all those groups in society which take up smoking more readily and have lower quit rates. He says the research will investigate how successful price, pictorial warnings, targeted mass-media campaigns and subsidies for nicotine replacement therapies are likely to be for lower socio-economic groups.

“It’s a bold vision, but I think we can reduce the 23 per cent of the population who still smoke in this country to under two per cent. Australia has already got it down to 18 per cent. For politicians, it helps to have New Zealand evidence on what works. Our research will help provide that.”

FUNDING

Health Research Council

