

Most Smokers Support a Dedicated Tobacco Tax Increase (ITC Project – New Zealand)

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Background

Tobacco tax is one of the most important tobacco control interventions and it has a strong evidence base for effectiveness [1, 2], and ethical justification [3]. A recent systematic review reports evidence for it contributing to reducing health inequalities [4]. While there are some US studies on public support for tobacco tax (current or increased), the literature concerning attitudes to *dedicated* tobacco taxes is fairly sparse. New Zealand (NZ) is a good country to study this issue as it has relatively high tobacco prices (ie, second highest in a comparison with 22 other OECD countries in 2005) and the tax revenue is not dedicated for any special purposes.

Aims

To determine smoker support for tobacco tax and for increased dedicated tobacco taxes, along with associations for any such support.

Methods

Subjects were participants in the first wave of the New Zealand arm of the International Tobacco Control Policy Evaluation Survey (ITC Project). The NZ ITC cohort is derived from a nationally representative Health Survey, which included booster sampling of Māori (indigenous New Zealanders) and people of Pacific Island and Asian ethnic groups. For wave one, 1376 smokers aged 18+ took part in phone interviews between March 2007 to February 2008. Results were weighted to reflect the national population of smokers and the complex sample design. Further details on the survey methods are available elsewhere [5].

Results

Support for tobacco tax: Most respondents considered that the current level of tobacco tax was “too high” (68%), with 20% saying it was “just right” and 6% saying it was “too low”.

Support for dedicated tobacco tax increase: A majority (59%) would support an increase in tobacco tax if the extra revenue was used to promote healthy lifestyles and support quitting.

Variables associated with support for a dedicated tax increase: There was majority support for a dedicated increase among all socio-demographic groups of smokers. Support was greatest among non-European ethnicities (Figure 1) and among the most deprived quintile (using an area-based deprivation index – “NZ Dep”) of the population (Figure 2). In multivariate models, support for a dedicated tax increase was associated with: being Māori compared to all other ethnic groups (adjusted odds ratio [aOR]=1.60, 95%CI=1.13–2.25); and among smokers suffering “smoking-induced deprivation” (aOR=1.68, 95%CI=1.10–2.55).

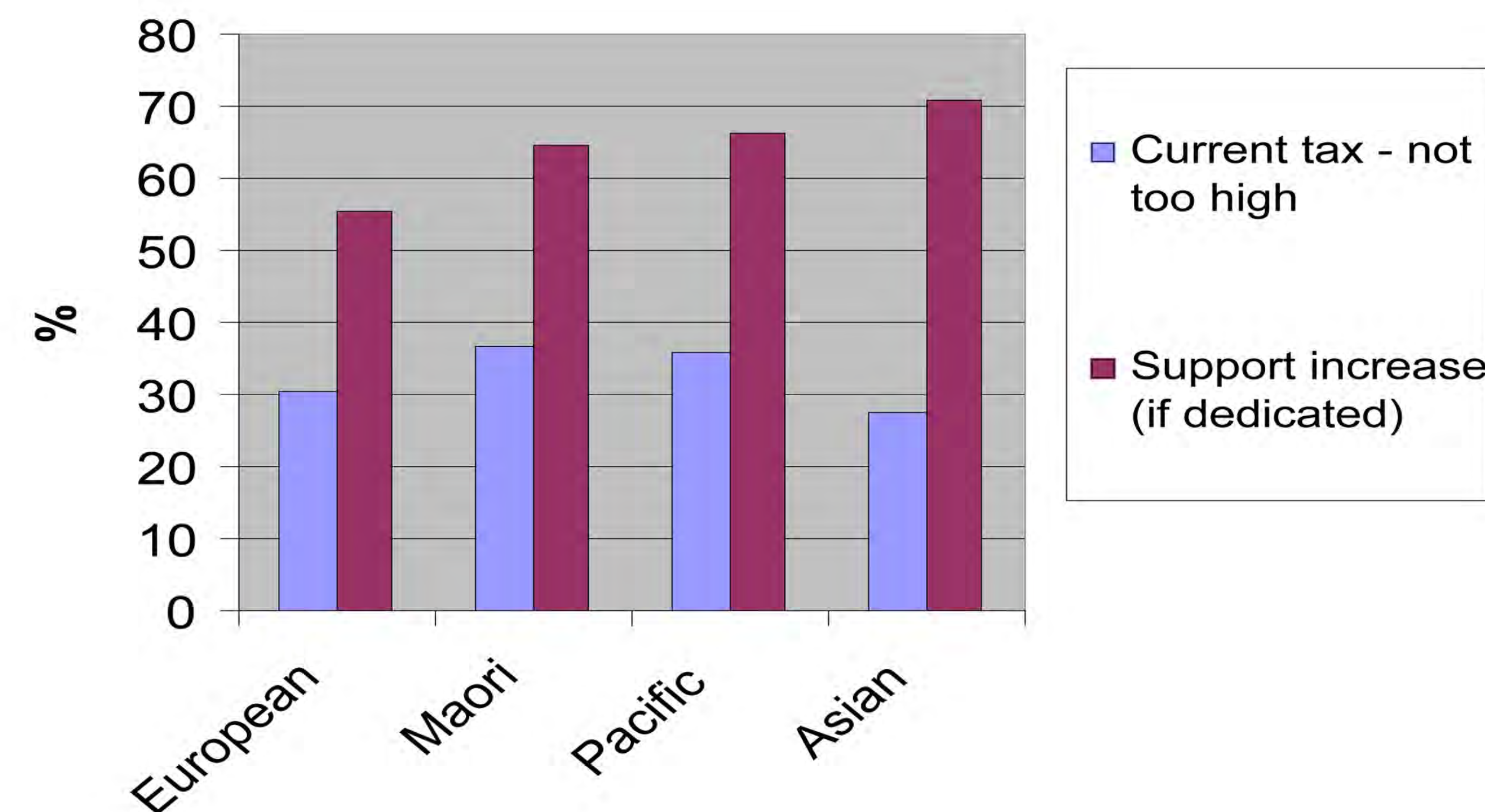


Figure 1: Support for current tobacco tax levels and dedicated tax rises by ethnic group

Other variables significantly associated with support for a tax increase (if dedicated) were:

- strength of intention to quit (aOR=1.35, 95%CI=1.12–1.63);
- concern about the smoking impacts on health and quality of life; and
- those expressing support for tobacco control regulation.

Discussion

Although most smokers thought current tax levels too high, a majority of smokers from all socio-demographic groups supported an increase in tobacco tax if it was dedicated to quitting support and health promotion. This support was higher among more deprived smokers and non-European smokers (who mostly have higher levels of disadvantage in New Zealand).

The higher support among smokers with stronger intentions to quit is consistent with other evidence that smokers value tobacco control regulation (such as high tobacco taxes) to help them achieve their long-term quitting goals.

The possible adverse effect from tobacco tax rises on the worst off has been raised as an ethical problem, and these adverse effects and low levels of support for (undedicated) tobacco increases among smokers may also have been a political obstacle to tobacco tax increases. Therefore, these findings may inform advocacy strategies; help improve support for tobacco tax increases among the public, health workers and policy makers; and hence facilitate the introduction of tobacco tax increases.

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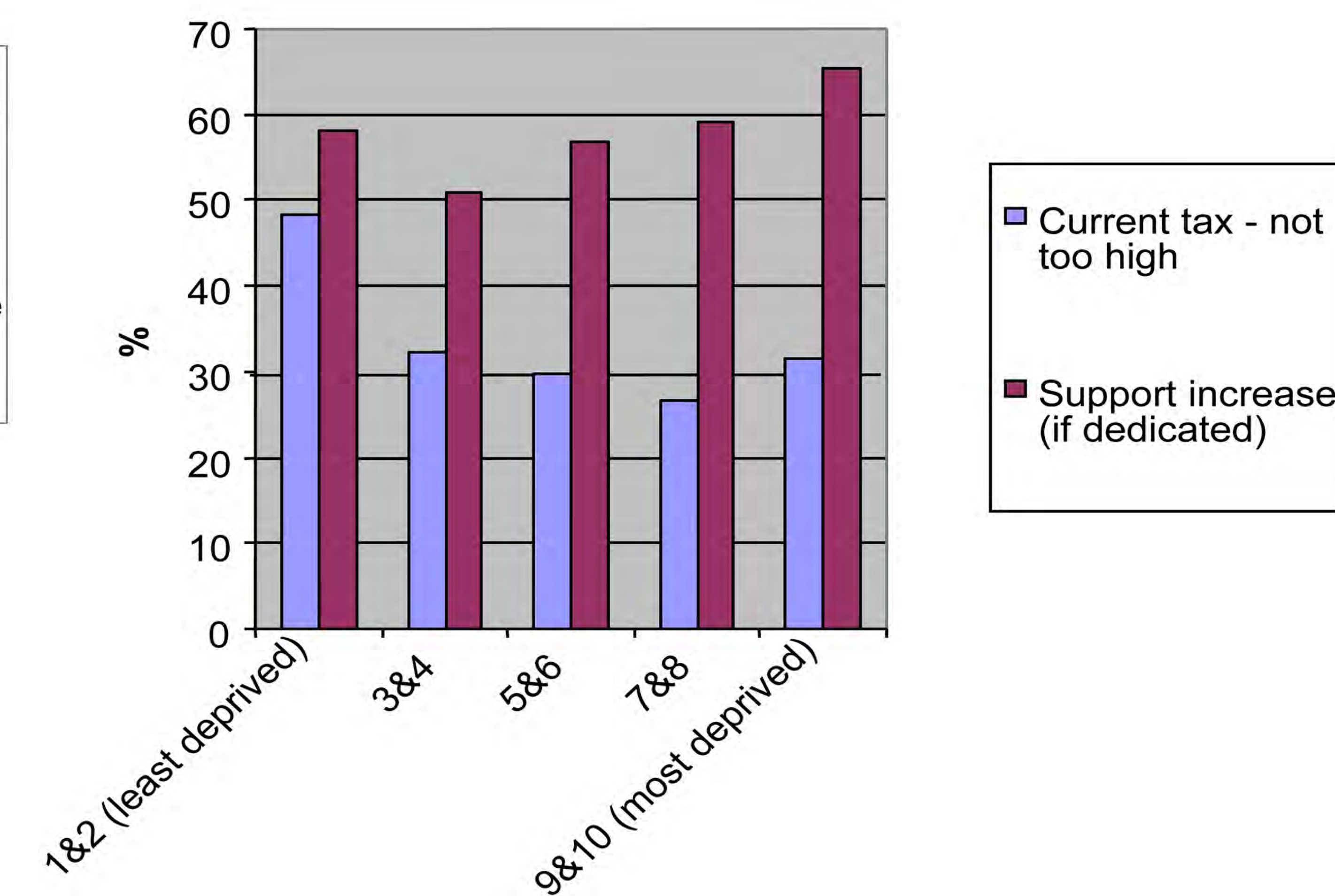


Figure 2: Support for current tobacco tax levels and dedicated tax rises by deprivation level (NZ Dep)



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