Māori Smokers Support Major Tobacco Control Interventions: National Survey Data from Aotearoa/New Zealand

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Background

Māori are the indigenous population of Aotearoa/ New Zealand (NZ) and have high prevalences of smoking compared to non-Māori. As a result, Māori suffer from a range of smoking-related diseases at disproportionately high rates (compared to non-Māori). The health, social, cultural and economic burden from smoking has prompted discussion among Māori health workers to advocate for new and radical (endgame) measures in tobacco control [1]. It has also stimulated an Inquiry into tobacco issues by a government Select Committee (recently commenced). Here we describe the attitudes of Māori smokers to a range of tobacco control policy options.

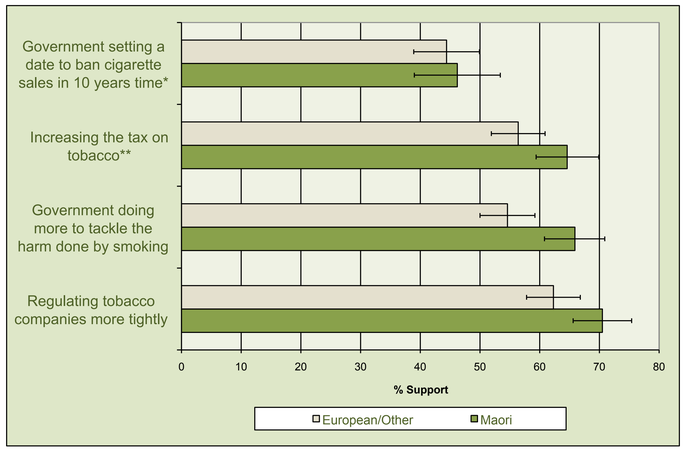
Methods

The NZ arm of the International Tobacco Control Policy Evaluation Project (ITC Project) uses as its sampling frame the NZ Health Survey (a representative national sample with boosted sampling of Māori). From this sample we surveyed adult smokers (n=1376) including 607 Māori respondents in Wave 1 (Wave 2 included 369 Māori). Further details of the methods (including response rates, attrition and weighting processes) are available in online reports [2]. In the analysis presented here we exclude Pacific Peoples (from other South Pacific islands) from the comparison group of "European/ Other" but this comparison group did include people who identified as Asian. All results are for Wave 1 (unless otherwise stated) and were weighted and adjusted for the complex sample design to represent the national population of all Māori (and non-Māori) smokers in NZ.

Results

There was majority support among Māori smokers for key tobacco control interventions (Figure 1). Support was statistically significantly greater than the European/Other ethnic group for: wanting more government action (crude odds ratio (OR) = 1.60, 95% CI: 1.20 – 2.15) and for more regulation of tobacco companies (in a fully adjusted multivariate model the adjusted OR was 1.58, 95% CI: 1.08 – 2.32). There was majority support for higher tobacco tax (if the revenue is used for quitting support) but only minority support for a ban on cigarette sales in 10 years time (with both these being higher in Māori compared to European/Other but not at statistically significant levels in the multivariate analyses).

Figure: Support for key tobacco control interventions by Māori and European/ Other smokers in NZ



* If effective nicotine substitutes that are not smoked became available (Wave 2 data).
** If all the extra money was used to promote healthy lifestyles including helping smokers wanting to quit.
But these differences by ethnicity were not statistically significant in a multivariate analysis.
Error bars are for 95% confidence intervals.

Majority support by Māori smokers was also voiced for:

New product laws: That is for laws covering: reducing the toxins in cigarette smoke (84.8%), reducing the addictiveness of cigarettes (84.4%), and for factory-made cigarettes to be fire-safe (75.8%).

Marketing and supply controls: Banning all promotion of cigarettes by tobacco companies (84.7%), complete bans on displays of cigarettes inside shops and stores (62.5%), and limiting tobacco sales to special places where children are not allowed to go (66.6%).

New smokefree areas: That is only a minority agreed that smoking *should be allowed* in playgrounds (29.3%), within 5 meters of the entrance to public buildings (44.8%), and in cars with children inside (3.4%).

For these interventions Māori usually had higher levels of support than non-Māori but not at statistically significant levels. In contrast to the above list, only minority support was voiced for tobacco companies being required to sell cigarettes in plain packages (42.3%). Further details have now been published on many of these results [3], and some similar results have been found in another national NZ survey (of both smokers and non-smokers) with boosted sampling of Māori [4].

Conclusions

There was majority support by Māori smokers for a wide range of tobacco control interventions – with support often exceeding that for the European/Other population in NZ. Yet at the time of data collection there had been little coverage in the media of these policy options (other than point-of-sale restrictions) and so even higher support levels in the future are quite plausible. Policy makers should take into account this high level of public support when proposing tobacco control to advance Māori health and to reduce health inequalities. But they should also engage in policy development with Māori in accordance with the indigenous clauses of the FCTC and NZ's own Treaty of Waitangi. Use of this type of survey could be considered elsewhere to better understand what indigenous populations want in terms of protection from the tobacco epidemic.

Image: Promotion of the "auahi kore" (smokefree) message by young people

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References

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[2] See an *Online Methods Report* by Wilson and 2 reports by Clark at: http://www.wnmeds.ac.nz/itcproject.html
[3] Edwards et al. *N Z Med J* 2009, 122(1307):115-118.
[4] Thomson et al. *N Z Med J* 2010, 123(1308):106-111.