

Indigenous and non-indigenous experiences and views of tobacco tax increases:

findings from the ITC New Zealand Survey

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Background



Tobacco taxes are effective for reducing smoking prevalence and in New Zealand (NZ) there have been annual 10% tax increases since 2010, a pack of 20 cigarettes in 2016 cost around NZ \$20-24 (approx. US \$14-17).



There is ongoing debate in NZ about whether increases in tobacco tax continue to be effective in reducing smoking prevalence and concerns have been raised about the potential unequal negative financial impacts and regressive nature of these taxes for Māori (indigenous peoples of NZ).

Research Question/Aim

To explore Māori and non-Māori smokers' experiences of tobacco tax increases and their support for tobacco taxation policies.

Results

Most (75%) of participants thought current tobacco tax was too high. This proportion was higher among Māori (82%) and among smokers (80%) compared to non-Māori (72%) and recent quitters (60%).

Among smokers, around a third supported ongoing tax increases, including by 20% per year until smoking prevalence was reduced to less than 5%. There was much stronger support for 'ear-marked' tobacco tax increases (see Figure 1), and over 90% agreed that Government should use the tax from tobacco to fund programmes that help smokers to quit or reduce young people starting to smoke.

Figure 1 Support (% smokers, 95% CI) for tobacco tax increases and ear-marked taxes

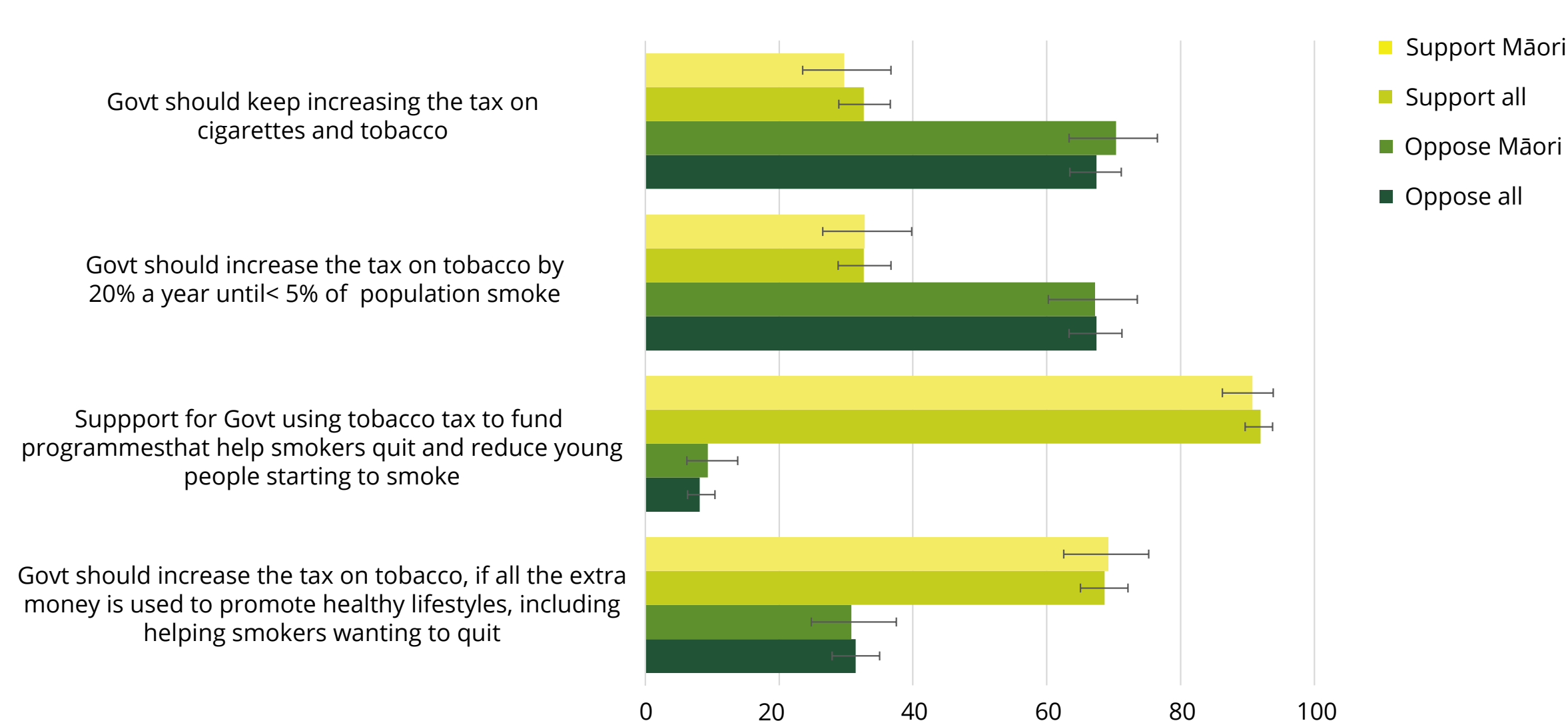
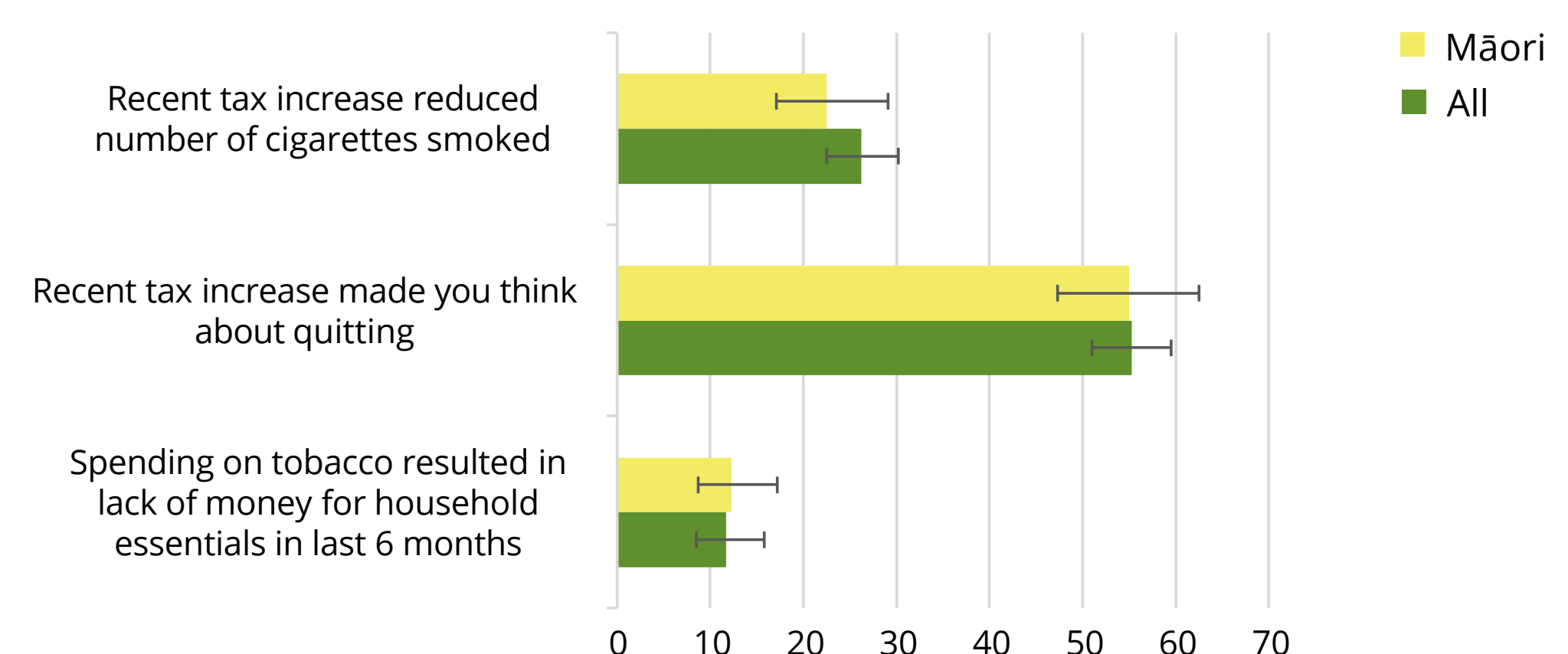
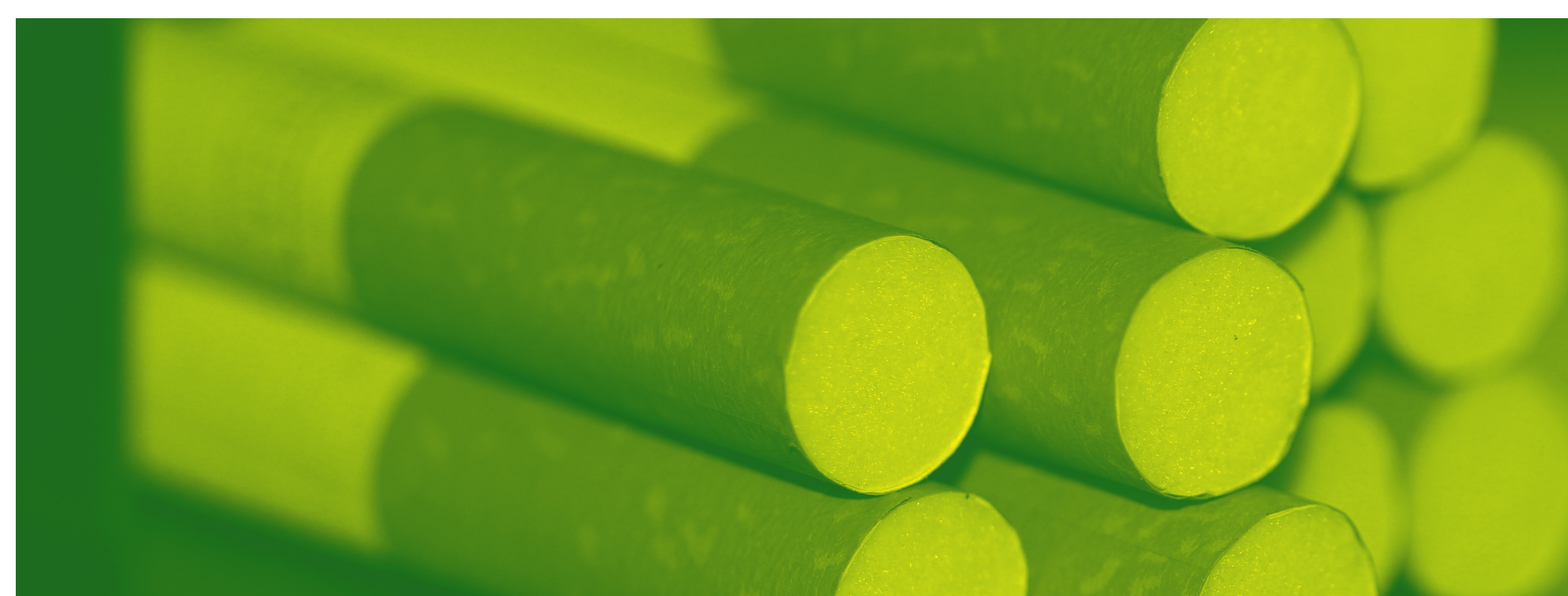


Figure 2 Impact of recent tobacco tax increases on smokers (% reporting, 95% CI)



Over half of smokers reported that recent tax increases had led them to think about quitting and around a quarter reported the increases had resulted in them cutting down in the number they smoked. Around 12% of Māori and non-Māori smokers reported adverse financial impacts of smoking tobacco (see Figure 2).

Among smokers the commonest reasons given for thinking about quitting were setting an example to children (78% of all smokers, 85% of Māori smokers), concerns about personal health (78% of all smokers, 76% of Māori smokers) and the price of cigarettes (76% of all smokers, 73% of Māori smokers).



References

1. Ministry of Health. Annual Update of Key Results 20015/2016: New Zealand Health Survey. Wellington, New Zealand: Ministry of Health, 2017.
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Methods:

We used data collected through computer aided telephone interviews from the first wave (September 2016-April 2017) of the NZ International Tobacco Control survey (ITC-NZ).

The ITC-NZ sample included 1082 smokers and recent quitters (quit in last 12 months) aged ≥ 18 years recruited from New Zealand Health Survey (NZHS) participants who had agreed to be re-contacted for future research. The sample included 825 smokers and 257 recent quitters of whom 296 smokers and 65 recent quitters identified as Māori (indigenous peoples of NZ). The response rate was 28%, 42% among eligible subjects who were successfully contacted.

Analysis accounted for over-sampling of age and ethnicity groups in the NZHS/ITC-NZ sampling stages. Participants who refused to answer key questions or responded "don't know" were excluded from the analyses.

Discussion

Most NZ smokers do not support increases in tobacco tax unless the additional revenue is used to support smokers and promote health. Tobacco taxes continue to encourage smokers to quit or cut down their consumption, but in a minority of smokers spending on tobacco is resulting in hardship. Findings were broadly similar among Māori compared to the overall population of smokers and recent quitters.

Conclusion

There is a strong justification for using tobacco tax increases as part of a strategy to help achieve NZ's tobacco endgame goal provided that additional revenue is used to fund measures to encourage and support disadvantaged smokers to quit and prevent young people from starting to smoke.