

# 'Getting Rid of Tobacco...that's the Key': Strong Feelings of Pacific Policymakers in New Zealand about Tobacco, and Smoking Around Children

*Ms Salote Austin, Department of Public Health, University of Otago, Wellington, New Zealand, salote.austin@otago.ac.nz*

*Dr George Thomson,\* Department of Public Health, University of Otago, Wellington, New Zealand Box 7343 Wellington, New Zealand. Email: george.thomson@otago.ac.nz*

*Ph. 64 4 918 6054*

*\* Corresponding author*

## **Abstract**

***Aim:** To further explore the views of New Zealand-based Pacific policymakers on smoking in general, smoking in public and private spaces, and smoking around children.*

***Methods:** Key informants (n=18) were recruited and interviewed by Pacific interviewers during May-October 2008, in person or by phone.*

***Results:** The interviews revealed a great depth of feeling about smoking in general, smoking in public places, and smoking around children. There was considerable variance of opinion on the extent to which smokefree areas should be extended, with some informants reluctant to interfere with smokers' 'choices'. There was a general consensus that adults' right to smoke should be limited by social and ethical responsibilities to children.*

***Conclusions:** The strong feelings found in favour of tobacco control by some of the interviewees is notable. Mobilising such feelings may help facilitate further progress for advancing tobacco control for Pacific communities in New Zealand and for assisting tobacco control in other South Pacific island nations*

## **Introduction**

The overall rate of smoking prevalence for Pacific Peoples in New Zealand has shown a slight decrease since 2000 (31.4 percent in 2008 compared with 33.9 in 2000), although it remains significantly higher than the national average of 23.9 percent in 2008.<sup>1,2</sup> In this context "Pacific Peoples" refers to different groups of people of Pacific Island descent (for instance, Cook Island Maori, Fijian, Niuean, Samoan, Tongan, and Tokelauan), including all people of Pacific Island descent born in New Zealand and abroad. Smoking in Pacific men smoking has dropped by five percent in the eight years 2000-2008 (35.0 in 2008 compared with 40.5 in 2000) but remains higher than the rate for females. The smoking prevalence for women in 2008 was



approximately the same level as in 2000 (28.1 percent in 2008 compared with 28.5 in 2000).<sup>1,2</sup>

In 2008, a national survey found 59.7 percent of Pacific Peoples agreed that cigarettes and tobacco should not be sold in New Zealand in 10 years' time, compared to 49.8 percent of the total survey.<sup>3</sup> Other survey work on the views Pacific smokers also indicates majority levels of support for some major aspects of tobacco control.<sup>4</sup>

However, limited information is available on the attitudes of Pacific policymakers in New Zealand to smoking, smoking in public places, and smoking around children. A review of the documentary material,<sup>5</sup> and an article focused on Pacific solutions to smoking around Pacific children,<sup>6</sup> have been published, but much is unclear about the background attitudes to those solutions. This article seeks to further explore the range of views of Pacific policymakers on smoking in general, smoking in public places, and smoking around children, particularly in homes and cars and other places deemed to be private spaces.

## Method

A semi-structured interview schedule was developed. This included questions on the interviewee's general views on smoking, smoking in public places, and on smoking around children.

A purposeful sample of key informants was identified, using Pacific tobacco control and health networks, and by examining the Pacific membership of health decision-making structures in New Zealand. The criteria for selection included all of: Pacific ethnicity; closeness to, or a detailed understand of, health policy decision-making; and a minimum of 10 years experience within health policy. The sample was augmented by snowballing – asking those interviewed who they thought should be included in the research. The latter process resulted in an additional 6 interviewees that were included in the final sample interviewed.

An information sheet, consent form and proposed questions were provided by email prior to the interview. Interviews (on the basis of anonymity) were conducted by Pacific interviewers during May-October 2008, in person or by phone, and were taped and transcribed. Ethics approval was obtained through the University of Otago ethics review process. The interview data were analysed for themes. Some of the themes emerged from the questions asked. Themes identified in a preliminary analysis were adapted and changed, as further themes emerged through discussions.

## Results

Seventeen interviews with 18 interviewees were conducted (one interview was of two people together). The 18 interviewees included two national level politicians, 12 senior officials from central government or District Health Boards (DHBs), and four senior officials from non-government organisations (two had been government officials) with knowledge of, and interest in, Pacific tobacco control.

### *Views on smoking*

The interviews revealed a great depth of feeling about smoking in general, smoking in public places, and smoking around children.



Some interviewees expressed their strong opposition to smoking per se:

*"[I'm] totally against [smoking]!" (interviewee code = K116)*

*"I don't think we can afford to associate cigarette smoking with anything pleasant or nice." (A030)*

*"I hate walking around seeing people smoke like that." (K114)*

Others expressed an unequivocal view about banning cigarettes completely:

*"Eliminate cigarettes completely!...Getting rid of tobacco...sold in New Zealand, completely. ... that's the key [to eliminating smoking around Pacific children]... So that includes retail, that includes growing your own...and other forms of tobacco that we...use here in New Zealand..." (A008)*

*"Our... [Pacific Health Advisory Committee] and others are saying, why are we focussing on liquor when you know one of the biggest killers is smok[ing]. We should be legislating against smoking outlets. We should be legislating against selling cigarettes... [A]ctually, what we want is a big thing, ... we want a focus on tobacco control, we want to focus on living smokefree, we want to focus on the issues of outlets selling cigarettes." (A017)*

*"If the government is really serious about the ...effect[s] of smoking, then don't bring tobacco into the country! ...So if the government is serious about the health effect[s] (of smoking), then ban the whole...tobacco thing. We spend millions of dollars treating cancers, heart diseases and yet they still sell tobacco." (K115)*

*"But altogether, that is the only way, regardless of how much they keep putting up the price of cigarette, people will still buy them because they are there. But if they take it away – ban tobacco – then no one will buy it." (K115)*

This support for banning smoking was coupled with the realisation that other factors may be at play:

*"I don't know how they [government] on one hand say smoking is not good for you, but on the other hand they hold on to the tobacco industry? Because they get money from the tobacco tax!" (K115)*

However, the strong backing for change contrasted with equally strong beliefs about 'freedom of choice' (see also Lanumata et al)<sup>6</sup>:

*"I continually promote in my school visits, that smoking is dumb, that smoking is stupid...[I]n terms of my views, [I'm] strongly against [smoking], but recognis[e] that people will make their own choices." (A016)*

*"Well, I think there ought to be more effort to educate and inform people about, particularly cars and homes, but of course it's difficult, because...people's homes are their castle...and we have to wonder where do you ...draw the line." (A012)*

*"I would like to think that they shouldn't smoke in any of those areas but their car is their own property,*



*their house is their own property. If they want to smoke in those things, it's up to the individual." (K114)*

Others felt that forcing people to adapt their behaviour may bring unintentional adverse consequences:

*"And forcing people, trying to force people to change a behaviour, is often not the best way of getting the result. Because people find ways around restrictions. And if you haven't got their hearts and minds, I'm not sure that you are going to get the answer." (A015)*

### **Views on adults' right to smoke**

The majority of interviewees accepted that adults' right to smoke should be limited by responsibilities and the need to set a good example to children; and by the need to protect children's rights to good health.

#### *Children's rights versus adults' rights*

*"...if you're weighing up the rights of the adult to choose, versus the obligations and the responsibilities of adults, and society more collectively, to protect children, the need to protect children should come first every time...I don't really care much about people complaining about their rights, because rights come with responsibilities, and children and young people need to be protected." (A012)*

*"My personal view is that, by the adult having a right, it takes away the child's right to fresh air." (K114)*

*"I know that adults have a right to smoke. But if you are a health conscious, or welfare conscious society, like we say we are, so where do the rights of our child to be in a smoke free environment come in?" (A010)*

*"It's alright having your right to smoke if you want[ed] to, but it shouldn't...have negative impact on children." (A028)*

#### *Adults' responsibilities to children:*

*"There is a responsibility there [to give children good examples by limiting the adult's right to smoke]... You are responsible for bringing up children. So I think [smoking] is an irresponsible thing to do." (A030)*

#### *Health considerations:*

*"There's the accusation of being a nanny state and...entering into people's private lives. The fact of the matter is, if you look at the cost of money that's going into the health sector, combating lung cancer and a whole range of other stuff, asthma, and so on, there probably is merit in exploring [limiting adults' right to smoke by the need to give good examples to children]." (A016)*

### **Views on smoking in public and private spaces, and having smokefree areas for children**

In relation to smoking in areas where children are present, many interviewees strongly supported having smokefree environments for children, whether it is in the home, in cars, or at public places such as parks, swimming pools, churches, hospitals, town centres, malls, sports clubs and social events (see also Lanumata et al).<sup>6</sup> In addition, some of the interviewees felt that some Pacific cultural norms (such as not talking back to adults, and not speaking in the presence of adults unless asked for their opinion), hindered children from



speaking out against those who smoke around them. Some also highlighted the largely communal nature of Pacific cultures and their love for social gatherings, and argued that such gatherings should be made smokefree, principally for health reasons, but also to set good examples for Pacific children:

Inside homes:

*"We have to [get rid of smoking] within the home – home is the big one, get rid of [it in] the home." (A018)*

*"And when we talk about, ... taking alcohol out of the home, and ... same thing with cigarettes. Take it out of the home! At the end of the day, everyone in there is affected. And that's where the kids come into play." (A027)*

Inside cars:

*"Pacific people are always in ... their cars...you know, it just exposes people to the chemicals. So I'm definitely against [smoking in private vehicles]." KII1*

*"With your car .... Your child is sitting there. You think you're blowing out the window, you think, oh, it's not going to come in. It'll be on your clothes. With the window wound up, your child's inhaling that." (A030)*

Outdoor play areas:

*"So, playgrounds are...where our children play. It's a playground, not a smoking ground." (A010)*

*"I strongly agree that we should ban smoking from anywhere near where children are, whether it's indoor or outdoor....I strongly agree with the smokefree grounds." (KII3)*

*"Yeah, [playgrounds and church grounds] are populated with children and people should not smoke around there because, again, that's role modelling behaviour and that is unacceptable. Playgrounds are [a] place where families enjoy being in the outdoors and having family time and if you've got people smoking, it just ruins that time." (KII1)*

Indoor and outdoor areas:

*"Those kinds of [indoor] areas should be non-smoking...I think they should stop – they shouldn't allow people to smoke there." (A030)*

*"I totally, fully support [smokefree grounds and indoor spaces]...[T]he less time we expose our young people to role models like that, the better." (KII6)*

Working with children:

*"It would be really good if there was some kind of policy, if you were ever to work with children, that you were preferably smokefree." (A010)*



## Discussion

### *Major findings and interpretations*

The previous article on Pacific solutions to reducing smoking around children (based on the same interview material), identified an anomaly between high support from Pacific Peoples for banning of smoking in cars and homes,<sup>7</sup> and a general reluctance of Pacific policymakers to legislate against smoking inside what are deemed to be people's private property, such as, their homes and their cars.<sup>6</sup> However, the evidence here indicates that underneath this reluctance, there are very strong feelings about tobacco and smoking among Pacific policymakers.

Pacific policymakers acknowledged that adults generally have a choice in what they do in their private spaces, but also recognised the serious adverse health effects of smoking on those in the vicinity of smokers, including children. Some even went to the extent of proposing a total ban on smoking and the sale of cigarettes – both for health reasons, and to avoid people smoking around children altogether. Some were more focused on what they saw as 'policy inertia', in targeting high rates of smoking-related diseases among Pacific Peoples. Others were more cautious of what they saw as 'nanny-state' interference in private choices.

Besides these complex strands, there appeared to be some acceptance/resignation by Pacific policymakers that other factors are at play when considering any major changes to New Zealand's tobacco control policy. Some highlighted the sizeable revenue earned by Government from tax on cigarette sales, as a potential stumbling block that could lead to a government reluctance to introduce any major changes. Others pointed to the fact that even if Government tried to limit smoking/ access to cigarettes, people could still find ways to bypass any such restrictions.

The acknowledgement of people having 'freedom of choice' is contrasted by the general consensus that children's rights to good health far outweigh adults' right to smoke in their presence, even if it is in the privacy of the adults' own homes and cars. The interviewees strongly felt that Pacific Peoples should be made more accountable for their actions and take greater responsibility for their children's health by not smoking around them. Some of the interviewees pointed out that adults had an ethical and social responsibility to ensure that their children's health is not compromised by their choice to exercise their right to smoke.

### *Implications for policy-making on smoking*

The interviewees' strong support for banning smoking, smoking in public places, and smoking around children, suggests that the New Zealand Government may find considerable support within Pacific policymakers for major changes in tobacco policies. Pacific peoples can also advance tobacco control through expanding smoke free areas under their control (eg, church grounds), enhancing Pacific-controlled quitting services, and using their political power to achieve national tobacco control goals.

There also appeared to be an increasing sense of frustration amongst this group of policymakers that the heavy burden of smoking-related disease among Pacific peoples is not being matched by strategic policies targeted at reducing smoking.



## Research Implications

Pacific policymakers' views, as expressed in the interviews, may reflect similar sentiments expressed to them by their families, friends, and peers. The question then emerges of how congruent these views are, with those of the wider Pacific communities in New Zealand.

There is, thus, scope for further exploration of the wider views of Pacific Islands communities in New Zealand, to further determine and update the extent of support for ending tobacco sales, extending smoke free public places, and reducing smoking around children.

## Conclusion

Although Pacific policymakers expressed a strong support for reducing or ending tobacco sales, and increasing smoke-free areas, they also appeared to recognise that, realistically, it would be a huge challenge – at least in the foreseeable future. At the same time, they appeared sure that robust smoke free policies and ingenious social marketing could both go a long way to help reduce Pacific Peoples' smoking significantly.

If New Zealand policymakers who control health policy wish to see a decline in the prevalence of smoking in Pacific Peoples communities, and to reduce health inequalities in New Zealand society, then the strong feelings recorded here need to be harnessed to achieve further policy change.

## Acknowledgements

This research was funded by the Health Research Council of New Zealand (the Smokefree Kids Policy Project). We thank the very generous interviewees for their time and ideas, Linda Tasi-Mulitalo and Tolotea Lanumata for interviewing work, and our advisory groups. Dr Nick Wilson gave valuable comments on the text.

## References

1. Ministry of Social Development. Social Report 2001. Ministry of Social Development. Wellington. 2001. <http://www.socialreport.msd.govt.nz/2001/downloads/pdf/srhealth.pdf>
2. Ministry of Social Development. Social Report 2009. Ministry of Social Development. Wellington. 2009. <http://www.socialreport.msd.govt.nz/documents/sr09-health.pdf>
3. Thomson G, Wilson N, Edwards R. Kiwi support for the end of tobacco sales: New Zealand governments lag behind public support for advanced tobacco control policies. *N Z Med J.* 2010;123(1308):106-111.
4. Edwards R WN, Weerasekera D, Thomson G. *Pacific peoples' views on major tobacco control interventions: , Pacific peoples' views on major tobacco control interventions: National survey data from New Zealand. [Poster presentation POS3-17], in SRNT, 15th Annual Meeting 24 – 27 February 2010.* 2010: Baltimore, Maryland, USA. <http://www.wnmeds.ac.nz/academic/dph/research/HIRP/Tobacco/posters/Edwards%20et%20al%20-%20Pacific%20views%20on%20smoking.pdf>



5. Lanumata T, Thomson G. Unequal risks, unmet needs: The tobacco burden for Pacific peoples in New Zealand. *NZ Med J.* 2009;122(1300):39-53.
6. Lanumata T, Thomson G, Wilson N. Pacific solutions to reducing smoking around Pacific children in New Zealand: a qualitative study of Pacific policymaker views. *N Z Med J.* 2010;123(1308):54-63.
7. Thomson G, Weerasekera D, Wilson N. New Zealand smokers' attitudes to smokefree cars containing preschool children: very high support across all sociodemographic groups. *N Z Med J.* 2009;122(1300):84-86.

*"No legacy is so rich as honesty."*

*William Shakespeare*

