Position Statement



TOBACCO CONTROL

Introduction

The following is a position statement on tobacco control prepared by the Public Health Unit for Waikato District Health Board (Waikato DHB).

This position statement is intended to provide a high-level policy position for our organisation and guide local response across our DHB catchment and broader as required.

Waikato District Health Board's position

The Waikato DHB

- 1. Supports the Government's vision of a Smoke-free Aotearoa 2025 where less than 5% of adult population will use tobacco and it will be extremely difficult to manufacture, market, sell and supply tobacco[1]. The Waikato DHB aspires to a Waikato region that is smokefree as soon as possible.
- 2. Supports action at a national level to achieve this vision, including regular increases in tobacco taxation, reduced marketing of tobacco, reduced access to tobacco, plain packaging and ongoing legislative controls on the manufacture and sale of tobacco[2].
- 3. Supports the Midlands Smoke-free 2025 vision statement and action plan[1].
- 4. Supports activities to improve smoking cessation within the adult population, in particular to reduce disparities for Maori and Pacific, and reduce the uptake of smoking by young people.
- 5. Supports measures that protect non smokers from second hand smoke; especially vulnerable population groups (e.g. children and pregnant women including protecting children from tobacco smoke in vehicles).
- 6. Supports and actively encourages current smokers including DHB employees, contractors, patients and carers on all DHB sites to quit smoking and stay quit.
- 7. Will actively work towards achieving the "Better Help for Smokers to Quit" target in secondary and primary care settings.
- 8. Will actively work towards ensuring all DHB property, facilities, buildings and vehicles are Smoke-free environments through policy development, active encouragement, education, advice and enforcement.
- Recognises that e-cigarettes containing nicotine ("vaping") may be an option for nicotine replacement therapy for some people. However, this does not mean ecigarette use should be permitted in Waikato DHB smokefree areas. Thus any DHB

Date 2018	Issued:	December	Review 2021	Date:	December	Version 1.0
Adop 2018	ted by Wa	aikato District	Health	Board: 12	December	Page 1 of 3

policies that refer to the management and or restriction of tobacco products also refer to e-cigarettes and heated tobacco products.

- 10. Supports various sectors to plan for, promote and support Smokefree environments and interventions through partnerships based on shared strategic vision and coordinated investment.
- 11. Supports the role of Smoke-free Officers employed by the DHB and designated by the Director-General of Health to ensure that the Smoke-free Environments Act 1990 is administered through education, advice, enforcement and initiation of prosecutions as necessary.
- 12. Supports the continuation of the making of submissions on tobacco and e-cigarette issues to district and regional councils and government select committees when appropriate; the provision of input into district and regional council tobacco policies and plans, including Smokefree open spaces; and the provision of ongoing promotion of tobacco harm reduction strategies to health care professionals and the public.

Heath links and the wider environment

Wellbeing is a dynamic process across the life-course. This is reflected in the Ministry of Health's (2016) representation of health in the wider context (figure 1) which illustrates the various factors that contribute to health and the way in which health influences people's lives.[3]

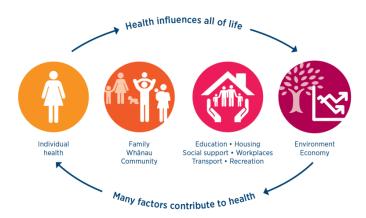


Figure 1: Health links with the wider environment

Radical improvement in Māori Health Outcomes by Eliminating Health Inequities for Māori

Health disparities are significant contributors to the burden of disease. A key strategic priority for the Waikato DHB is to achieve a radical improvement in Māori health outcomes by eliminating health inequities for Māori.[4] Waikato DHB position statements contribute to the DHB's commitment to reducing health inequities to improve health and wellbeing for Māori.

Date 2018	Issued:	December	Review 2021	Date:	December	Version 1.0
Adop 2018	ted by Wa	aikato District	Health	Board: 12	December	Page 2 of 3

Key information

The World Health Organisation (WHO) has estimated that tobacco kills up to half of its users and is responsible for approximately one in 10 deaths worldwide or 7 million deaths per year[5]. It is the leading cause of preventable death in New Zealand killing approximately 4500 people each year, 13 people a day, plus an estimated 400 people a year from second hand smoke[6].

One in four of all New Zealand cancer deaths are caused by smoking and it is a major contributor to cardiovascular disease, chronic pulmonary disease, acute respiratory infections and asthma particularly in children, strokes and the impact of diabetes. These chronic conditions place a major burden on the wellness of the population of Waikato and they contribute a significant cost to the health service[6].

While overall smoking rates are declining, there are significant health inequalities associated with tobacco use nationally and in the Waikato. Almost half of all Maori smoke and just over a third of Pacific compared to a quarter of the overall New Zealand population. This disparity in smoking rates is a significant contributor to observed disparities in related disease burden. Approximately a fifth of all deaths in Maori are attributable to tobacco use[7].

Smoking during pregnancy is a source of considerable and serious negative health outcomes for babies and women in New Zealand. Smoking during pregnancy reduces the growth and health of babies and increases the risk of complications and illnesses to both mother and baby.

Comprehensive tobacco control programmes are effective and should include a mix of health promotion, tobacco taxation, smoking cessation, research, legislation and enforcement.

References

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Date Issued: December 2018	2021	
Adopted by Waikato District 2018	Health Board: 12 December	Page 3 of 3