

## Public opinion on Tobacco Taxation

### Background

A comprehensive set of measures is needed to reduce smoking prevalence and meet the Government's goal of making New Zealand a smokefree nation by 2025. One of the most effective tools to reduce tobacco consumption and prevalence is to increase the price of tobacco<sup>1</sup>. This is often achieved through targeted increases of the excise tax on tobacco products.

### Methodology

To regularly monitor public opinion about tobacco control and aid the development of appropriate health promotion strategies, respondents in the 2012 Health and Lifestyles Survey (HLS) answered a few questions on their opinion on tobacco taxation. Responses to these questions were compared by smoking status (current smokers: those who smoked at least monthly, ex-smokers, and never smokers), ethnicity, neighbourhood deprivation status, age, gender, and educational background. Statistically significant differences by group ( $p < .05$ ) are reported.

### Opinion about taxation

All respondents were asked about their level of agreement with the statement that 'tax on cigarettes and tobacco should be increased every year'. Responses were collected on a five-point scale ranging from 'strongly agree' to 'strongly disagree'. Around two-thirds (64%, 62-67%) of respondents either 'agreed' (45%, 42-48%) or 'strongly agreed' (19%, 16-21%) with this statement. Around one in 10 (9%, 8-11%) 'neither agreed nor disagreed'.

Respondents who were more likely to 'agree' or 'strongly agree' with the statement were:

- Never smokers (78%), compared with current smokers (52%) and ex-smokers (66%).
- European/Other (66%), compared with Māori (48%).
- People living in areas of low deprivation status (71%), compared with people living in areas of high deprivation status (58%).
- People aged 55+ years (71%), compared with those aged 15-24 years (57%).
- People with university qualifications (70%), compared with those with no formal qualifications (57%).

All respondents were asked about their level of agreement with the statement that 'the extra money from tobacco tax increases should be used to help smokers wanting to quit'. Responses were again collected on a five-point scale ranging from 'strongly agree' to 'strongly disagree'. Around three-quarters (78%, 76-81%) of respondents either 'agreed' (59%, 56-62%) or 'strongly agreed' (19%, 16-22%) with this statement. Less than one in 10 (6%, 5-8%) 'neither agreed nor disagreed'.

Respondents who were more likely to 'agree' or 'strongly agree' with the statement were:

- Asian people (90%), compared with European/Other (78%).

### Key Points

- The majority of New Zealand adults agreed with potential tobacco taxation measures.
- Around two-thirds of New Zealand adults agreed that tax on cigarettes and tobacco should be increased every year and around three-quarters agreed that the tobacco tax should be used to help those who want to quit smoking.
- Different patterns in response were seen by smoking status for annual tax increases, with current and ex-smokers showing lower levels of agreement. However, current smokers were equally likely to agree that the extra money gained through taxation should be used to help smokers who want to quit.

## References

1. World Health Organization (2008). *WHO Report on the Global Tobacco Epidemic, 2008: The MPOWER package*. Geneva, World Health Organization, 2008.

## Citation

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## About the Health and Lifestyles Survey

- The HLS is a nationwide in-home face-to-face survey conducted every two years, which started in 2008. The 2012 HLS consisted of a sample of 2,672 New Zealanders aged 15 years and over, who provided information about their health behaviours and attitudes relating to tobacco, sun safety, healthy eating, gambling, and alcohol.
- In 2012, the main sample, with a response rate of 86.3%, included 1,539 people of European/Other ethnicity, 619 Māori, 387 Pacific peoples and 127 Asian people (prioritised ethnicity).
- The data have been adjusted (weighted) to ensure they are representative of the New Zealand population.
- For this analysis, proportions and 95% confidence intervals were produced. The significance level used for statistical analyses was set to  $\alpha=0.05$ .
- Comparison groups for these analyses were as follows:
  - Smoking status (current smokers and ex-smokers, compared with never smokers).
  - Ethnicity (Māori, Pacific and Asian compared with European/Other ethnicity).

- Neighbourhood deprivation status (NZDep 8-10 and NZDep 4-7, compared with NZDep 1-3).
- Age (25-34 years, 35-54 years, and 55+ years, compared with 15-24 years).
- Gender.
- Educational background (no formal qualifications, School Certificate/NCEA level 1, and UE/NCEA levels 2-3/trade certificates, compared with university qualifications).

## About the HPA

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