

Awareness of 'Smokefree 2025' and opinions about government's role

Background

In 2010, the Māori Affairs Committee held an inquiry into the tobacco industry in New Zealand and the consequences of tobacco use for Māori. In response to the recommendations offered by the committee, the government announced the goal of making New Zealand a smokefree nation by 2025 (often referred to as 'Smokefree 2025'), and agreed to investigate further options to reduce smoking harms and the availability of tobacco.¹ This is a significant milestone in New Zealand tobacco control.

Methodology

To regularly monitor public opinions 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 awareness of 'Smokefree 2025', and their opinions about the government's role in reducing smoking harm and the availability of tobacco. 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.

Awareness of the 'Smokefree 2025' goal

All participants were asked 'Are you aware that the government wants New Zealand smoking rates reduced to less than 5% by 2025?' Around four in 10 (43%, 41-46%) reported that 'yes', they were aware of the 'Smokefree 2025' goal, while 57% (54-60%) of the respondents were not.

Respondents who were more likely to be aware of the goal were:

- Those aged 35-54 years (44%) or 55+ years (50%), compared with those aged 15-24 years (31%).

- Those with university qualifications (52%), compared with those with no formal qualification (39%).

Opinions about government's role in reducing smoking harm

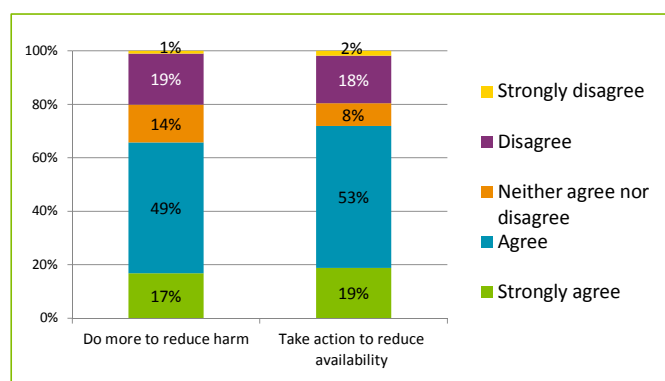
All respondents were asked about their level of agreement with the statement that 'the government should do more to reduce the harm done by smoking'. Responses were collected on a five-point scale ranging from 'strongly agree' to 'strongly disagree'.

Around two-thirds of respondents either 'agreed' (49%, 46-52%) or 'strongly agreed' (17%, 14-19%) with this statement. Around one-sixth (14%, 12-16%) 'neither agreed nor disagreed' (See Figure 1).

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

- Never smokers (73%), compared with current smokers (52%) and ex-smokers (65%)
- Pacific peoples (76%) and Asians (88%), compared with European/other (64%).

Figure 1: Level of agreement with statements around the government's role in tobacco control.



Opinions about government's role in reducing the availability of tobacco

All respondents were asked about their level of agreement with the statement that 'the government should take action to reduce the availability of cigarettes and tobacco'. Responses were again collected on a five-point scale ranging from 'strongly agree' to 'strongly disagree'.

Around seven in 10 respondents 'agreed' (53%, 50-56%) or 'strongly agreed' (19%, 16-21%) with this statement. About one in 10 (8%, 7-10%) 'neither agreed nor disagreed' (see Figure 1).

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

- Never smokers (80%), compared with current smokers (49%)
- Pacific peoples (82%), compared with European/Other (71%).

Key points

- Around four in 10 New Zealand adults were aware of the government's 'Smokefree 2025' goal.
- Younger people or those who did not have a formal qualification were less likely to be aware of this goal.
- A majority of New Zealand adults showed agreement that the government should do more in reducing smoking harm (66%) or to take action to reduce the availability of cigarettes and tobacco (72%). Different response patterns by smoking status and ethnicity were found. (see Figures 2 and 3)

Figure 2: Agreement that the government should do more to reduce smoking harm/take action to reduce the availability of cigarettes and tobacco, by smoking status

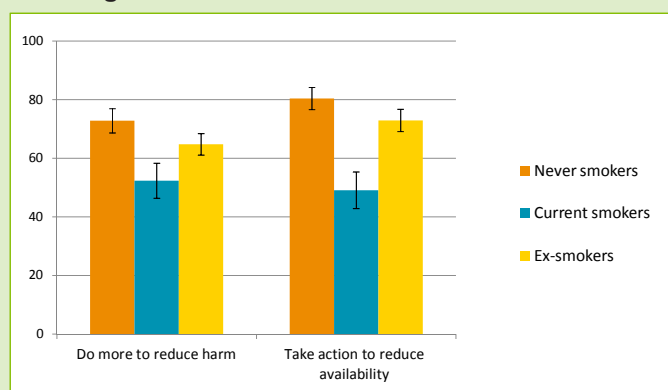
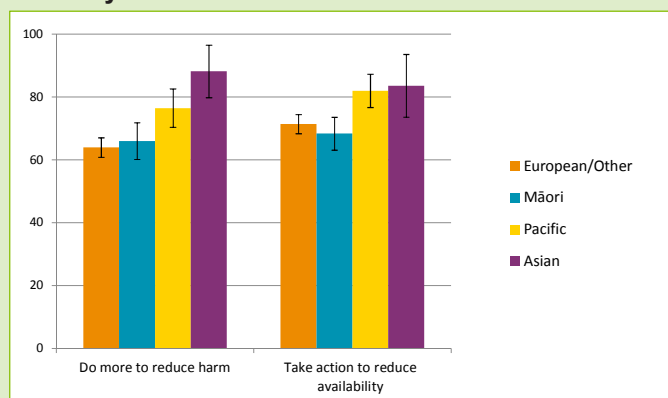


Figure 3: Agreement that the government should do more to reduce smoking harm/take action to reduce the availability of cigarettes and tobacco, by ethnicity



About the Health and Lifestyles Survey

- The HLS is a nationwide in-home face-to-face survey conducted every two years, starting 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, secondary school qualifications and trade certificates or diplomas, compared with university qualifications).

About the HPA

The HPA is a Crown entity that leads and delivers innovative, high quality and cost-effective programmes and activities that promote health, wellbeing and healthy lifestyles, prevent disease, illness and injury, enable environments that support health and wellbeing and healthy lifestyles, and reduce personal, social and economic harm.

Reference

1. The New Zealand Government (2011). Government Response to the Report of the Māori Affairs Committee on its Inquiry into the tobacco industry in Aotearoa and the consequences of tobacco use for Māori. Final Response. Presented to the House of Representatives in accordance with Standing Order 248. Wellington: the New Zealand Government.

Citation

- Li, J., & Newcombe, R. (2013). Awareness of 'Smokefree 2025' and opinions about government's role. [In Fact]. Wellington: Health Promotion Agency Research and Evaluation Unit.

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May 2013

