In Fact
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Public opinion about tobacco control regulation
Health and Lifestyles Surveys 2008-2010

Background

Smoking is a complex issue that requires comprehensive approaches to help change behaviours. These approaches include legislation and policy changes, enforcement, health promotion and cessation support. To regularly monitor public opinion about various ways to reduce the number of smokers in this country and aid the development of appropriate health promotion strategies, respondents were asked a series of questions in the Health Sponsorship Council's (HSC's) 2008 and 2010 Health and Lifestyles Surveys (HLS).

Overview of key findings

- In 2010, around two-thirds of respondents agreed that the government should do more in tobacco control.
- In 2010, around two-thirds of respondents agreed with the following regulation measures:
    - Implementing plain packaging.
    - Reducing the number of retail outlets that sell tobacco.
    - Removing tobacco displays from shops.
    - Increasing dedicated tax on tobacco products for cessation support.
- People were more likely to 'strongly agree' that the government should do more in tobacco control, and that the four specific tobacco control interventions be implemented in 2010 than in 2008.

Methodology

In 2008 and 2010, all respondents were asked for their levels of agreement or disagreement ('strongly agree, 'agree', 'neither agree nor disagree', 'disagree', or 'strongly disagree') with a series of statements:

- The government should do more to reduce the harm done by smoking.
- Tobacco companies should not be allowed to promote cigarettes and tobacco by having different brand names and packaging.
- The number of places allowed to sell cigarettes and tobacco should be reduced to make them less easily available.
- There should be a complete ban on displays of cigarettes and tobacco inside shops.
- Tax on cigarettes and tobacco should be increased and all the extra money used to help smokers wanting to quit.

Mean (average) agreement scores (ranging from 1 = strongly disagree to 5 = strongly agree) from the 2010 HLS were calculated to compare responses by:

- Smoking status (current smokers: those who smoked at least monthly, and past smokers: those who had ever smoked but did not smoke at the time of the survey, compared with never smokers).

- Ethnicity (Māori, Pacific, and Asian people, compared with people of European/Other ethnicity).
- Neighbourhood deprivation status (high: NZDep2006 8-10 and medium: NZDep2006 4-7, compared with low: NZDep2006 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).
- Parent/caregiver status (parents/caregivers of up to 16-year-olds, compared with those who were not parents/caregivers of up to 16-year-olds).

Differences in levels of agreement from the 2008 and 2010 HLS were also compared.

Statistically significant differences ($p < .05$) are reported.

Detailed Findings

Government involvement

In 2010, around two-thirds (65%) of respondents 'agreed' (39%) or 'strongly agreed' (26%) that the **government should do more to reduce the harm done by smoking** (see Figure 1).

The overall mean agreement score ($\bar{x}$) was 3.77 (out of 5). Respondents who were more likely to agree with this statement were:

- Never smokers ($\bar{x}$=3.96), compared with current smokers ($\bar{x}$=3.33) and past smokers ($\bar{x}$=3.79).
- Māori ($\bar{x}$=3.88), Pacific ($\bar{x}$=4.17) and Asian ($\bar{x}$=4.27) people, compared with those of European/Other ethnicity ($\bar{x}$=3.67).
- People living in neighbourhoods of low deprivation status ($\bar{x}$=3.89), compared with those living in neighbourhoods of high deprivation status ($\bar{x}$=3.67).
- There were no differences by age, gender, educational level, or parent/caregiver status.

Respondents were more likely to 'strongly agree' that the government should do more to reduce the harm done by smoking in 2010 (26%) than in 2008 (18%). Respondents were less likely to 'disagree' or 'strongly disagree' in 2010 than in 2008 (see Figure 1 and Table 1).

Plain packaging

In 2010, six in 10 (60%) respondents 'agreed' (29%) or 'strongly agreed' (31%) that **tobacco companies should not be allowed to promote tobacco products by having different brand names and packaging** (see Figure 1).

The overall mean agreement score ($\bar{x}$) was 3.70 (out of 5). Respondents who were more likely to agree with this statement were:

Public opinion about tobacco control regulation

Health and Lifestyles Surveys 2008-2010 (continued)

- Never smokers ($\bar{x}$=3.94), compared with current smokers ($\bar{x}$=2.99).
- People aged 55+ years ($\bar{x}$=3.85), compared with those aged 15-24 years ($\bar{x}$=3.48).
- Females ($\bar{x}$=3.82), compared with males ($\bar{x}$=3.58).
- People with university qualifications ($\bar{x}$=4.00), compared with those with no formal qualifications ($\bar{x}$=3.65), School Certificate/NCEA level 1 ($\bar{x}$=3.65), and UE/NCEA levels 2-3/trade certificates ($\bar{x}$=3.56).
- There were no differences by ethnicity, neighbourhood deprivation status, or parent/caregiver status.

Respondents were more likely to 'strongly agree' that tobacco companies should not be allowed to promote tobacco products by having different brand names and packaging in 2010 (31%) than in 2008 (17%). Respondents were less likely to 'agree' and less likely to 'disagree' in 2010 than in 2008 (see Figure 1 and Table 1).

Reducing the number of retail outlets

In 2010, two-thirds (67%) of respondents 'agreed' (38%) or 'strongly agreed' (29%) that **the number of retail outlets that sell tobacco products should be reduced to make them less available** (see Figure 1).

The overall mean agreement score ($\bar{x}$) was 3.77 (out of 5). Respondents who were more likely to agree with this statement were:

- Never smokers ($\bar{x}$=4.08), compared with current smokers ($\bar{x}$=2.98) and past smokers ($\bar{x}$=3.84).
- People living in neighbourhoods of low deprivation status ($\bar{x}$=3.92), compared with those living in neighbourhoods of high deprivation status ($\bar{x}$=3.58).
- Females ($\bar{x}$=3.88), compared with males ($\bar{x}$=3.65).
- People with university qualifications ($\bar{x}$=4.04), compared with those with no formal qualifications ($\bar{x}$=3.72), School Certificate/NCEA level 1 ($\bar{x}$=3.77), and UE/NCEA levels 2-3/trade certificates ($\bar{x}$=3.59).
- There were no differences by ethnicity, age, or parent/caregiver status.

Respondents were more likely to 'strongly agree' that the number of retail outlets that sell tobacco products should be reduced to make them less available in 2010 (29%) than in 2008 (23%). Respondents were also more likely to 'neither agree nor disagree', while they were less likely to 'agree' or 'disagree' (see Figure 1 and Table 1).

Display ban in shops

In 2010, over two-thirds (67%) of respondents 'agreed' (34%) or 'strongly agreed' (33%) that **there should be a complete ban on displays of cigarettes and tobacco in shops** (see Figure 1).

The overall mean agreement score ($\bar{x}$) was 3.81 (out of 5). Respondents who were more likely to agree with this statement were:

Public opinion about tobacco control regulation
Health & Lifestyles Surveys 2008-2010 (continued)

- Never smokers ($\bar{x}$=4.09), compared with current smokers ($\bar{x}$=3.14) and past smokers ($\bar{x}$=3.85).
- Females ($\bar{x}$=3.90), compared with males ($\bar{x}$=3.71).
- People with university qualifications ($\bar{x}$=4.15), compared with those with no formal qualifications ($\bar{x}$=3.71), School Certificate/NCEA level 1 ($\bar{x}$=3.74), and UE/NCEA levels 2-3/ trade certificates ($\bar{x}$=3.70).
- There were no differences by ethnicity, neighbourhood deprivation status, age, or parent/caregiver status.

Respondents were more likely to ‘strongly agree’ that there should be complete bans on displays of cigarettes and tobacco inside shops in 2010 (33%) than in 2008 (25%). Respondents were also more likely to ‘neither agree nor disagree’ but less likely to ‘agree’ (see Figure 1 and Table 1).

Increasing dedicated tax for cessation support

In 2010, over two-thirds (68%) respondents ‘agreed’ (36%) or ‘strongly agreed’ (32%) that **tax on tobacco products should be increased and all the extra money should be used to help smokers to quit** (see Figure 1).

The overall mean agreement score ($\bar{x}$) was 3.75 (out of 5). Respondents who were more likely to agree with this statement were:

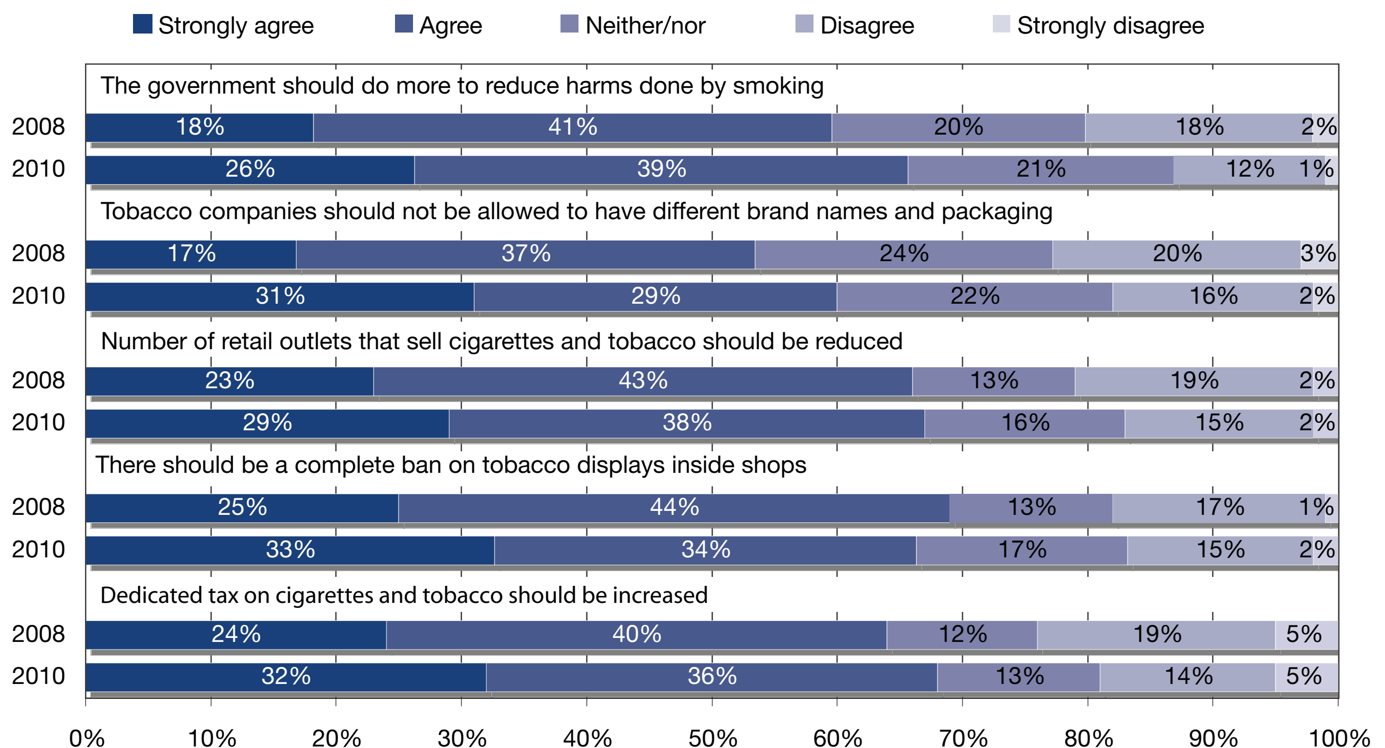
- Never smokers ($\bar{x}$=4.09), compared with current smokers ($\bar{x}$=2.83) and past smokers ($\bar{x}$=3.84).
- Asian people ($\bar{x}$=4.23), compared with those of European/Other ethnicity ($\bar{x}$=3.74).
- People of European/Other ethnicity ($\bar{x}$=3.74), compared with those of Māori ethnicity ($\bar{x}$=3.46).
- People living in neighbourhoods of low deprivation status ($\bar{x}$=3.93), compared with those living in neighbourhoods of high deprivation status ($\bar{x}$=3.55).
- Females ($\bar{x}$=3.85), compared with males ($\bar{x}$=3.63).
- There were no differences by age, educational level, or parent/ caregiver status.

Respondents were more likely to ‘strongly agree’ that tax on tobacco products should be increased and all the extra money should be used to help smokers to quit in 2010 (32%) than in 2008 (24%). They were less likely to ‘agree’ and less likely to ‘disagree’ (see Table 1 and Figure 1).

Public opinion about tobacco control regulation

Health and Lifestyles Surveys 2008-2010 (continued)

Figure 1. Public opinion about tobacco control regulation, 2008 and 2010



**percentages may not add to 100 due to rounding*

Table 1. Comparison of public opinion about tobacco control regulation, 2008 versus 2010 (odds ratios and confidence intervals at 95% level)

	Strongly agree	Agree	Neither nor	Disagree	Strongly disagree
The goverment should do more to reduce harms done by smoking	OR=1.61* (1.36-1.90)	OR=.92 (.80-1.05)	OR=1.07 (.90-1.26)	OR=.61* (.50-.74)	OR=.58* (.35-.97)
Tobacco companies should not be allowed to have different brand names and packaging	OR=2.18* (1.85-2.57)	OR=.69* (.60-.80)	OR=.92 (.78-1.08)	OR=.80* (.67-.95)	OR=.66 (.42-1.03)
Number of retail outlets that sell cigarettes and tobacco should be reduced	OR=1.37* (1.17-1.60)	OR=.83* (.72-.95)	OR=1.28* (1.06-1.55)	OR=.71* (.59-.85)	OR=1.12 (.70-1.79)
There should be a compete ban on tobacco displays inside shops	OR=1.45* (1.25-1.69)	OR=.64* (.56-.74)	OR=1.37* (1.13-1.66)	OR=.86 (.71-1.03)	OR=1.60 (.93-2.75)
Dedicated tax on cigarettes and tobacco should be increased	OR=1.46* (1.25-1.70)	OR=.83* (.72-.96)	OR=1.13 (.92-1.39)	OR=.72* (.60-.86)	OR=.99 (.73-1.35)

**denotes significant differences at .05 level*

Public opinion about tobacco control regulation
Health and Lifestyles Surveys 2008-2010 (continued)

About the Survey

- The HLS is a nationwide in-home face-to-face survey conducted every two years, starting in 2008. The 2010 HLS consisted of a sample of 1,740 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 2010, the main sample, with a response rate of 57%, included 866 people of European/Other ethnicity, 460 Māori, 301 Pacific peoples and 113 Asian people (prioritised ethnicity).
- The data have been adjusted (weighted) to ensure they are representative of the New Zealand population.
- For this analysis, t-tests and analyses of variance (ANOVAs) were undertaken to compare mean agreement scores collected by the 2010 HLS. Response distribution from the 2008 and 2010 HLS were compared using chi-square tests, and differences between responses to statements in the two surveys were compared using odds ratios. The significance level used for statistical analyses was set to α =0.05.
- Data presented here from the 2008 HLS have been re-analysed to be comparable with the 2010 HLS. This may mean results differ slightly from those published previously.
- A full description of the 2008 and 2010 HLS surveys methodology and further HLS publications can be found online at www.hsc.org.nz/researchpublications.html.

About the HSC
The HSC is a crown entity that uses health promotion initiatives to promote health and encourage healthy lifestyles, with a long-term focus on reducing the social, financial and health costs of a number of health behaviours.

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