

# The Very Strong Case for NZ Having a Smokefree Goal

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# Declaration of interests

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# Health Goals → Extraordinary Achievements

- Global smallpox eradication (killed 300-500 million people last century)
- Proposed by WHO: 1959
- Last case: 1977 (in wild)



# Health Goals → Extraordinary Achievements

- Global rinderpest eradication (cattle disease that caused famines)
- Near success with polio (2 countries left) & guinea worm eradication (3 countries left, 28 cases in 2018)



# Health Goals → Elimination in NZ of:

- Polio
- Hydatids
- Brucellosis
- Leaded petrol
- Imported asbestos
- Southern saltmarsh mosquito



# Achieving these goals showed value of:

- 1) A sustained focus – ongoing planning & resourcing over decades
- 2) Sustained commitment over multiple governments & by civil society
- 3) Building supportive infrastructure (eg, establishing surveillance & monitoring systems)
- 4) Spurring investment in R&D

# Why a *Top Priority* Health Goal

- Tobacco: top health burden (similar to all dietary risks) [IHME 2017 data]
- Tobacco: major driver of health inequalities
- High public support:
  - 83% NZ smokers regret smoking [ITC data]
  - 74% NZers support the smokefree goal (when explained) [Gendell et al 2014]

# Why a *Top Priority* Health Goal

Support from:

- National Party
- Labour Party
- Māori & Pacific political leaders
- Civil society support
- Industries: Pharmaceutical & vape sector





# Modelled impact from rapid tobacco elimination [van der Deen et al 2018, *Tob Control*]

- Sinking lid on tobacco sales (ending 2025)
- Generates **405,000 QALYs** (lifetime of NZ population; 282k at DR=3%)
- Equivalent to 5800 healthy lives of 60y each
- Health system savings of **\$5.4 billion** (DR=3%)

# Changes in life expectancy (LE) in 2040 if everyone stopped smoking in NZ by 2020? [Blakely et al 2010 NZ Med J]

If smoking prevalence unchanged, estimated difference in 2040 in LE between Māori & non-Māori:  
~ 3.5 y

*But* if everyone stopped smoking by 2020, estimated:

- an additional 5 y gain in LE for Māori by 2040
- an additional 3 y gain for non-Māori
- and therefore a 2 y closing in ethnic inequalities in life expectancy, to around a 1.5 y gap

# But more benefits than we quantify

- Only 16 tobacco-related diseases modelled (out of 40+)
- Ignores all the environmental/social damage from smoking: forest fires, butt litter, child exploitation/sickness



# Not quantified in modelling: Suffering to others from seeing loved ones die from cancer



**"Look at the power of the cigarette... Remember this face and that smoking killed me."**

**Barb Tarbox died at 42 of lung cancer caused by cigarettes.**

**You can quit. We can help.**  
1-866-366-3667  
[gosmokefree.gc.ca/quit](http://gosmokefree.gc.ca/quit)

The Education Council

Health Canada

# So what if NZ doesn't reach the Smokefree Goal by 2025?

Potentially some **loss of credibility** for the government processes

- But progress in reducing smoking will still have been made (eg, might need a 2030 reset)
- We will be better placed to act on the lessons of other countries with smokefree goals (eg, Canada, Scotland, Ireland, Sweden, Finland)

# Summary

- International and NZ-specific health goals have been extraordinary successes
- Health goals are critical for challenges that may take many years & successive governments to solve
- The Smokefree Goal is clearly a top priority health goal for NZ to have

