

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)



Photo credit: CDC,
Atlanta, USA

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)



Photo of a child post-polio. Credit: CDC, Atlanta, USA, Public Domain

Health Goals → Elimination in NZ of:

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

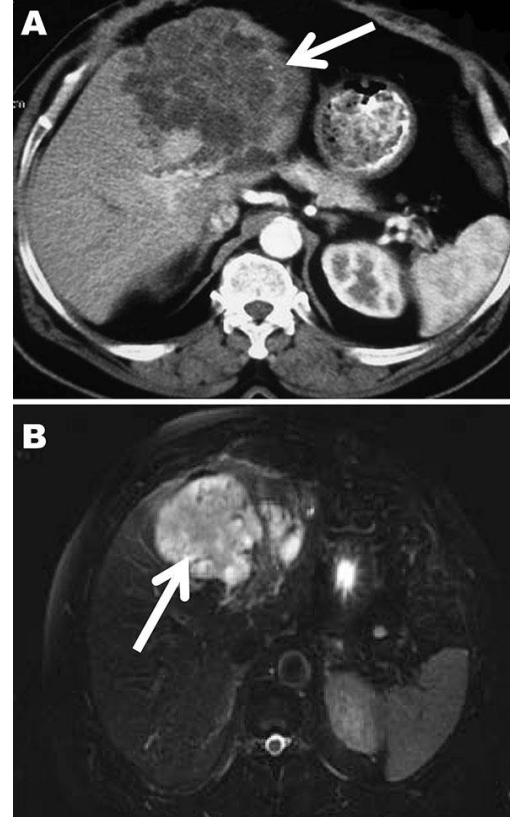


Photo hydatid cysts, Credit: CDC, Public Domain

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

Why a *Top Priority* Health Goal

- Safer & much lower cost substitutes now exist ie, vaping
- A smokefree goal is clear cut and routinely measured (ie, <5% smoking prevalence)



Photo credit: CDC,
Atlanta, USA

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



Photo credit: US
Department of
Agriculture

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

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

