ACHIEVING SMOKEFREE AOTEAROA BY 2025

MIHI

Kia mahi kōtahi ai te wāhanga Tūpeka Kore me ngā hāpori e hiahia ana kia ārai atu mai i tēnei rīpoata ahu noa atu.

Mā te hono ai tātou ka tāea te whakaruruhau tō tātou ara tūhono anga whakamua mai i ngā tūkino o te tūpeka. Mā tēnei honotanga ki te ārai atu i te Tūpeka me ōna tūtohutanga ki te taha o ngā tūtohutanga mai i ngā hāpori kia tāea te Māori me ngā iwi Pasifika kia eke ki runga i te Auahi Kore 2025, whai atu i ngā iwi roopū, tā te mea he rautaki e whaia nei e tātou, arā, ko te Auahi Kore 2025.

Ko te wawata ka tāea tēnei rīpoata te whakamahi hei tauira mā ngā kai hāpai kia awhi me te tautoko te whakahaere o ā rātou mahi me ā rātou piripono kia eke ki te whāinga o te Auahi Kore Aotearoa.

Rangi McLean, Hāpai te Hauora

It is with the combined effort of a sector and communities wanting change that this report was developed.

Together we need to protect our future from the harms of tobacco. Sharing the tobacco control sector's recommendations, alongside our communities' recommendations to get Māori and Pacific to Smokefree 2025 alongside all others, is key to achieving our shared goal of a Smokefree 2025.

We hope that this report will be used as a guide by all decision-makers to support their ongoing work to reach the goal of a Smokefree Aotearoa.

Published in Wellington, Aotearoa New Zealand, August 2017.

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Te Whare Wānanga o Otāgo
NEW ZEALAND
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HĀPAI TE HAUORA
MĀORI PUBLIC HEALTH

CONTENTS

Supporting documents
This report is supported by four documents, available online at aspire2025.org.nz/smokefree-action-plan

1. Smokefree Aotearoa 2025 Progress Report 2017
2. Stakeholder Engagement Summary Report
3. Evidence and Feasibility Review Summary Report
4. Monitoring and Evaluation Plan

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Authors and project team

Louise Thornley, Professor Richard Edwards, Andrew Waa and Associate Professor George Thomson, with administrative support provided by Beck O'Shaughnessy, all from the Department of Public Health, University of Otago, Wellington, Aotearoa New Zealand.

Hāpai te Hauora team

Zoe Hawke, Stephanie Erick, Rangi McLean, Edward Cowley, Arnia Appleby, Mason Ngawhika, Selah Hart and Felicia Mesui.

Expert advisory group

Emeritus Professor Robert Beaglehole, Auckland University

Professor Chris Bullen, Auckland University

Professor Chris Cunningham, Massey University and The Quit Group Trust

Stephanie Erick, Hāpai te Hauora

Zoe Hawke, Hāpai te Hauora

Kate Matthews, Canterbury District Health Board

Shayne Nahu, Cancer Society of New Zealand

Dr Jan Pearson, The Quit Group Trust

Louisa Ryan, New Zealand Heart Foundation

Dr El-Shadan Tautolo, Auckland University of Technology

Professor Nick Wilson, University of Otago, Wellington

Martin Witt, Canterbury-West Coast Division of the Cancer Society of New Zealand

Intervention experts

Professor Frank Chaloupka, University of Illinois at Chicago School of Public Health, Illinois, United States

Professor Melanie Wakefield, University of Melbourne, Victoria, Australia

Professor Janet Hoek, University of Otago, Dunedin, Aotearoa New Zealand

Dr Lindsay Robertson, University of Otago, Dunedin, Aotearoa New Zealand

Professor Joseph DiFranza, MD, University of Massachusetts Medical School, Worcester, Massachusetts, United States

Associate Professor George Thomson, University of Otago, Wellington, Aotearoa New Zealand

Professor Christopher Bullen, University of Auckland, Auckland, Aotearoa New Zealand

Associate Professor Natalie Walker, University of Auckland, Auckland, Aotearoa New Zealand

Professor Ron Borland, Cancer Council Victoria, Victoria, Australia

Professor Eric Donny, University of Pittsburgh, Pennsylvania, United States

Professor Jon Berrick, National University of Singapore, Singapore.

FOREWORD

Adopting the Smokefree Aotearoa 2025 goal was one of the most important public health developments in Aotearoa.

It emerged out of new thinking on tobacco control by Māori leaders appalled by the unnecessary and wholly preventable loss of life and illness that afflicted Māori due to tobacco smoking.

Reducing tobacco smoking was one of my main priorities when I was appointed Associate Minister of Health in 2008, and I was privileged to work with a highly committed workforce of advocates, policy experts and researchers as we together sought to turn Smokefree 2025 into a reality. In 2010 I announced Cabinet decisions prohibiting any visible display of tobacco products for sale, tighter legislation around the display of trading names, and a range of consequential amendments to the Smokefree Environments Act.

Yet legislation alone is not enough. I have always advocated for a 'Coalition of the Willing': a collective commitment to plain packaging, taxation, smokefree cars, cessation initiatives, removal of displays at point-of-sale, research, cross-government campaigns and so much more. It will require vision, expertise, dedication, determination, leadership and compassion from government, NGOs, health practitioners, communities and whānau.

This report sets out clearly that we are not yet on track to achieve the Smokefree Aotearoa 2025 goal – as we must – for all peoples and population groups. Unless there is a change of approach we will not achieve the goal, and future generations of New Zealanders, particularly Māori and Pasifika peoples, will continue to suffer the disastrous effects of tobacco smoking.

We need to create a clear pathway of actions to achieve the Smokefree 2025 vision. We need the political will to implement that pathway, as well as mobilising actions to support Smokefree Aotearoa 2025 at the local level by whānau, hapū, iwi, councils, marae, community groups and others.

This report sets out just such a pathway to Smokefree Aotearoa in the form of a comprehensive action plan, including a focus on interventions in areas that have not been addressed previously, such as reducing the retail availability and the appeal and addictiveness of smoked tobacco products.

Every life lost to tobacco harm is one life too many. A bold and comprehensive strategy must be put in place for current and future generations of New Zealanders.

Mauri Ora!

HON DAME TARIANA TURIA

Hon Dame Tariana Turia was the Associate Minister of Health from 2008-2014. She was awarded the World Health Organization Western Pacific Region award for work on tobacco control in 2014, and in 2015 was awarded the Luther L. Terry Award for Exemplary Leadership in Tobacco Control by the American Cancer Society.

SUMMARY

Smokefree Aotearoa 2025 is a world-leading, bold 'endgame' goal, which evolved from Māori-led advocacy and the work of the 2010 Māori Affairs Select Committee. The Government adopted the goal in 2011.

Achieving the goal will represent one of New Zealand's greatest public health achievements – particularly for Māori, who are worst affected by unjust ethnic and social disparities in smoking. Reaching the goal will be an event of national and international significance.

Every day on average, 13 New Zealanders die from smoking-caused disease (based on New Zealand Health Survey data). This represents a loss of up to 5000 people every year - one in six of all deaths. Smoking has a high cost to Aotearoa New Zealand in preventable illness and suffering, effects on families/whānau, health system spending, and lost productivity.

This report is the product of the Achieving Smokefree Aotearoa Project (ASAP). The project reviewed progress towards the Smokefree Aotearoa 2025 goal and developed this comprehensive action plan, featuring evidence-based actions needed to get our country on track to achieve the Smokefree Aotearoa 2025 goal.

Current status of Smokefree Aotearoa 2025

The ASAP was initiated in response to widespread concern over insufficient progress — and insufficient political priority — given to achieving the Smokefree Aotearoa 2025 goal. Our evaluation of the current status of the goal confirms these concerns are valid.

Despite some excellent interventions implemented locally and nationally since 2011, and others planned for 2018, we are not on track to achieve Smokefree Aotearoa 2025. The evidence suggests that the 2018 mid-term targets and the 2025 goal of minimal smoking prevalence (<5%) will be missed — and missed by a wide margin for Māori and Pacific peoples.

We believe the Smokefree Aotearoa 2025 goal is achievable - provided the right actions are implemented without delay. We conclude that new, ambitious measures, together with an intensification of existing measures, need to be put in place urgently if the goal is to be achieved for all people in Aotearoa New Zealand. These actions and measures will need strong political and policy leadership, and some will need significant new funding.

KEY MESSAGES

1. SMOKING IS KILLING OUR PEOPLE AND COSTING OUR COUNTRY
2. MASSIVE DISPARITIES IN SMOKING RESULT IN MUCH WORSE HEALTH FOR MĀORI AND PACIFIC PEOPLES – THIS UNJUST SITUATION HAS PERSISTED FOR DECADES WITH INSUFFICIENT ACTION
3. A SMOKEFREE AOTEAROA CAN BE ACHIEVED BY 2025. BUT CURRENT ACTIONS AREN'T ENOUGH TO GET US THERE, AND NO GOVERNMENT STRATEGY OR PLAN EXISTS TO MAKE IT HAPPEN
4. WE'VE CREATED A PLAN FOR THE NEXT FIVE YEARS (2018-2022), BACKED BY EVIDENCE AND CONSULTATION
5. URGENT ACTION IS REQUIRED. ELIMINATING TOBACCO WILL DRAMATICALLY IMPROVE NEW ZEALANDERS' HEALTH AND WELLBEING.

Action plan for Smokefree Aotearoa 2025

We have designed a comprehensive action plan to reach the Smokefree Aotearoa 2025 goal, using a thorough appraisal and engagement process. This process comprised:

- a review of evidence and feasibility, including the likely impact of various interventions on ethnic and social disparities in smoking
- wide consultation with key tobacco control experts and practitioners, particularly Māori and Pacific experts and community leaders.

The action plan comprises a number of new measures to be introduced over the next five years to greatly reduce the affordability, availability, appeal and addictiveness of smoked tobacco products. These will complement planned measures to introduce standardised packaging and increase the availability of nicotine-containing e-cigarettes and e-liquids, combined with enhanced existing measures such as mass media campaigns and smoking cessation support.

Smokefree Aotearoa 2025 goal

Our recommended goal is: to reduce the prevalence of daily smoked tobacco use to less than 5%, and as close as possible to 0%, by December 2025.

The Government has defined the goal as "reducing smoking prevalence and tobacco availability to minimal levels, thereby making New Zealand essentially a smokefree nation by 2025"[1]. We have defined "minimal levels" to be less than 5% (and as close as possible to 0%) daily smoking prevalence — and included a key objective to massively reduce tobacco availability in the action plan.

The goal applies to all population groups in Aotearoa New Zealand. Specifically, it is crucial that the goal is achieved for Māori and Pacific peoples. This is needed to meet the obligations of Te Tiriti o Waitangi and to eliminate the marked inequalities in health caused by ethnic and social disparities in smoking prevalence.

The goal is a first step in a more comprehensive vision of ultimately eliminating tobacco-caused illness and death in Aotearoa New Zealand.

Three objectives, seven new actions and more of what we're doing already

We recommend setting **three objectives** and implementing **seven linked actions** to reach the Smokefree Aotearoa 2025 goal (see diagram on page 6).

In addition, we recommend several **complementary measures** to help reduce the affordability and accessibility of tobacco products.

We also recommend **proceeding with planned actions** to enhance access to safe alternative nicotine-delivery products (such as electronic cigarettes) and introduce standardised packaging and enhanced pictorial health warnings.

Finally, we recommend **consolidating, enhancing or extending four areas of existing tobacco control activity**:

1. Mass media campaigns
2. Smoking cessation advice and support
3. Smokefree environments, and
4. Funding for local Smokefree Aotearoa 2025 initiatives and innovation.

The objectives and actions are set out on the next page.

1. Ministry of Health website, http://www.health.govt.nz/our-work/preventative-health-wellness/tobacco-control/smokefree-2025, accessed 11/7/17.

SMOKEFREE AOTEAROA 2025 PLAN

GOAL: Daily smoked tobacco use is less than 5% and as close as possible to 0% by December 2025 – for all population groups

OBJECTIVE 1: AFFORDABILITY

Make tobacco products less affordable

Action 1.1

Increase tobacco excise tax by 20% (above inflation) annually in 2019, 2020 and 2021

Action 1.2

Establish a minimum retail price that must be charged for tobacco products, with effect from December 2020

Complementary measures

enhanced cessation support, 15% one-off increase in RYO tobacco tax

OBJECTIVE 2: ACCESS

Make tobacco products less available

Action 2.1

Require all existing tobacco retailers to transition out of selling tobacco products by December 2021. Tobacco products will be sold only by a small number of specified tobacco retail outlets from 2022

Action 2.2

Disallow sales of tobacco products in all alcohol on-licenced premises by December 2018

Action 2.3

Introduce a 'tobacco-free generation' policy to restrict access to tobacco products for future generations, with an annual increase in minimum purchase age, starting in December 2020

Complementary measures

engagement process, support and incentives for retailers to transition away from tobacco sales

OBJECTIVE 3: APPEAL

Make tobacco products less appealing and less addictive

Action 3.1

Remove all additives and innovations from tobacco products that may enhance their appeal or addictiveness by December 2020

Action 3.2

Introduce a mandated nicotine-reduction policy to restrict the sale of tobacco to very-low-nicotine-content tobacco products, with effect from December 2022

DOING MORE OF WHAT WE ALREADY DO

Proceed with planned actions

1. Ensure access to safe alternative nicotine-delivery products, along with complementary information and smoking cessation support
2. Introduce standardised packaging and enhanced pictorial health warnings

Enhance or extend existing tobacco-control activity

1. Enhance mass media and social media campaigns, including about smoking cessation support and the Smokefree Aotearoa 2025 goal
2. Enhance targeted smoking cessation advice and support
3. Extend smokefree environment legislation to include specific outdoor areas and vehicles carrying children
4. Review and consider reinstating the Pathway to Smokefree New Zealand 2025 Innovation Fund to support new local and community-based initiatives

Putting the Smokefree Aotearoa 2025 plan into action

The plan will require a coordinated, multi-sectoral approach. To succeed it needs:

- new legislation to introduce key measures
- public information and campaigns about the Smokefree Aotearoa 2025 goal and measures to support its achievement
- more funding and resources for tobacco control to support new measures and to intensify existing measures, such as mass media campaigns and targeted support to quit smoking for priority populations
- support for local and community-based activity for Smokefree Aotearoa 2025
- monitoring and evaluation to ensure progress is assessed, improvements made and additional actions designed.

We call on politicians and decision-makers to implement this action plan to reach Smokefree Aotearoa 2025 — and to realise the huge benefits from eliminating tobacco smoking for current and future generations of New Zealanders.

A sound basis for the action plan

We selected the actions based on a review of evidence and engagement with stakeholders on possible actions. The rationale for the measures in the action plan is set out in pages 38-48, and further detail is provided in the summary reports on the stakeholder engagement and evidence and feasibility review (see aspire2025.org.nz/smokefree-action-plan).

WE CALL ON POLITICIANS AND DECISION-MAKERS TO IMPLEMENT THIS ACTION PLAN TO REACH SMOKEFREE AOTEAROA 2025 — AND TO REALISE THE HUGE BENEFITS FROM ELIMINATING TOBACCO SMOKING FOR CURRENT AND FUTURE GENERATIONS OF NEW ZEALANDERS.

SETTING THE SCENE

INTRODUCTION

In March 2011, the New Zealand Government adopted the goal of making Aotearoa New Zealand a smokefree nation by 2025. In doing so it became one of the first governments in the world to set a specific 'endgame' goal to eliminate or massively reduce the use of smoked tobacco products. Achieving this goal would be one of Aotearoa New Zealand's greatest public health achievements. It would be an event of international significance.

Eliminating tobacco smoking would avert thousands of premature deaths, massively reduce suffering, and hugely improve health and well-being. Notably, these positive health impacts would benefit Māori and Pacific peoples, who are worst affected by tobacco smoking. Ending smoking would address the requirements of Te Tiriti o Waitangi for the protection of Māori health.

Current actions are insufficient to achieve a smokefree Aotearoa New Zealand by 2025. The goal won't be reached without major new action and scaling-up present activities. Ethnic disparities in smoking (and smoking-related deaths and ill health) have persisted for decades without sufficient action to reduce this injustice. Achievement of the goal is particularly out of reach for Māori and Pacific peoples of Aotearoa New Zealand under current policy settings and trends in smoking prevalence. Moreover, no government-endorsed strategy or plan exists to set out how Smokefree Aotearoa 2025 will be achieved.

This report is a response to those concerns. It presents a comprehensive, research-backed action plan setting out how the goal can be achieved. In doing so, it also aims to provide direction and focus for the tobacco control sector in Aotearoa New Zealand.

610,000

610,000 NEW ZEALANDERS ARE TOBACCO SMOKERS — AROUND THE SAME NUMBER AS THE CANTERBURY REGION'S POPULATION

5,000

EVERY DAY ON AVERAGE, 13 NEW ZEALANDERS DIE FROM SMOKING-CAUSED DISEASE (ONE IN SIX OF ALL DEATHS, UP TO 5000 DIE EACH YEAR)

106,000

ONE IN FOUR (106,000) YOUNG ADULTS SMOKE

186,000

TWO IN FIVE (186,000) MĀORI ADULTS SMOKE

57,000

ONE IN FOUR (57,000) PACIFIC ADULTS SMOKE

AND

SMOKING IS THREE TIMES MORE PREVALENT IN THE MOST DEPRIVED NEIGHBOURHOODS

SOURCE: NEW ZEALAND HEALTH SURVEY

Supporting documents

Online supporting documents contain more detailed information on the rationale and inputs to the project. These are available at: aspire2025.org.nz/smokefree-action-plan.

1. Smokefree Aotearoa 2025 Progress Report 2017 – this presents background about the Smokefree Aotearoa 2025 goal and a detailed rationale for taking urgent action to achieve the goal, including:
    - a description of the origins of Smokefree Aotearoa 2025
    - a review of progress towards the goal
    - evidence of government and broader commitment to achieving the goal
    - a description of recent trends in smoking patterns and other key indicators
    - comparison with other examples of 'endgame' initiatives in Aotearoa New Zealand and overseas.
2. Stakeholder Engagement Summary Report – this summarises the engagement process with stakeholders, led by Hāpai te Hauora
3. Evidence and Feasibility Review Summary Report - this summarises the evidence and feasibility review for the actions in the report, including more detail on the rationale for selecting the actions
4. Monitoring and Evaluation Plan – this includes more detail of the proposed monitoring and evaluation framework.

Contributors to the report

Funded by the Quit Group Trust, the project was led by researchers from ASPIRE 2025 based at the University of Otago, Wellington. The project team was supported by an advisory group. This included experts, practitioners, community organisations and researchers from most of the key organisations involved in tobacco control in Aotearoa New Zealand, including leading Māori and Pacific tobacco control experts, practitioners and researchers.

Also, this report's content is informed by consultation with a wide range of tobacco control experts and practitioners. These included representatives from NGOs, universities, regional coalitions, and Māori and Pacific smoking cessation groups.

THE 2025 GOAL AND WHY THIS REVIEW WAS NEEDED

Conversations with the public, media or politicians sometimes reveal a view that the problem of smoking is 'done' — they think smoking is in rapid decline, enough is being done to tackle smoking and so it is no longer a priority. This is not the case. Tobacco smoking continues to have immense adverse impacts on the health of the people of Aotearoa New Zealand, causing thousands of preventable deaths every year, with Māori and Pacific peoples disproportionately affected. The need to reduce smoking remains urgent and important.

Aotearoa New Zealand has a notable record of leadership in progressive social and political actions, such as becoming the first country to grant the vote to women in 1893 and adopting a nuclear-free stance since 1985.

The origins of Smokefree Aotearoa 2025 were through Māori leaders who developed Tupeka Kore (tobacco-free), a kaupapa Māori response to the tobacco epidemic and its damaging effects on Māori.[1] Tupeka Kore set out the intention and kaupapa to eliminate tobacco from Māori communities and whānau, with a focus on getting rid of tobacco products entirely. This work culminated in the 2010 Māori Affairs Select Committee (MASC) "Inquiry into the tobacco industry in Aotearoa and the consequences of tobacco use for Māori". The MASC report recommended that the Government set a goal to make Aotearoa smokefree by 2025.[2]

In accepting this recommendation and establishing the Smokefree Aotearoa 2025 goal in 2011, the New Zealand Government set a world-leading 'endgame' goal for tobacco smoking and the resulting epidemic of preventable suffering and premature death.[3] The Smokefree Aotearoa 2025 goal continued Aotearoa New Zealand's proud history of being one of the leaders in tobacco control globally, as exemplified by the ground-breaking Smokefree Environments Act 1990 (substantially amended in 2003).

Unfortunately, adoption of the goal has not been followed by sufficient actions to achieve Smokefree Aotearoa 2025, and so progress towards the goal has been inadequate.

Trends in smoking prevalence since the goal's adoption, and recent modelling work, clearly indicate that with the current (and planned) tobacco control interventions Aotearoa New Zealand is not on track to achieve the Smokefree Aotearoa 2025 goal. What's more, it will be missed by a substantial margin for some population groups, particularly Māori and Pacific peoples. New Zealand modelling predicts that continuation of the current 10% annual increases in tobacco excise tax would mean Māori, for example, wouldn't reach less than 5% prevalence (the Smokefree Aotearoa 2025 goal) until 2060 or later.[4]

The need for an action plan is urgent, as there are only eight years remaining before 2025. More detail on evidence of current progress towards Smokefree Aotearoa 2025 is provided online in the Smokefree Aotearoa 2025 Progress Report 2017 (see aspire2025.org.nz/smokefree-action-plan).

Some important progress has been made since adopting the goal, such as regular increases in tobacco tax, smokefree prisons and removal of point-of-sale tobacco displays in shops. But many of the recommendations of the MASC have not been implemented, including interventions in vital areas such as restricting the retail availability of tobacco, introducing product modifications to make tobacco products less appealing and addictive, and more effectively using mass media.

A key recommendation of the MASC report was that the Government should develop and implement a comprehensive action plan to achieve the Smokefree Aotearoa 2025 goal. This recommendation has since been reiterated by the tobacco control sector and in an independent report commissioned by the Ministry of Health.[5] It has not yet been addressed, despite a promise by an Associate Minister of Health (Hon Peter Dunne) to do so in July 2015.

The Government's Smokefree Aotearoa 2025 goal, set in 2011, aimed to reduce smoking prevalence and availability of tobacco to "minimal levels". This wasn't defined, but the

tobacco control sector has tended to assume a smoking prevalence of 5% (or less) as the goal. In this report, we define the Smokefree Aotearoa 2025 goal as being to reduce the prevalence of daily smoked tobacco use to less than 5%, and as close as possible to 0%, by December 2025. The goal applies to all population groups in Aotearoa New Zealand. This interpretation of the goal is endorsed by many tobacco control experts and practitioners, who were consulted in our engagement and advisory group processes. After achieving this goal, further work will be needed to realise Māori leaders' vision of a Tupeka Kore Aotearoa.

We strongly believe Smokefree Aotearoa 2025 is achievable. But it is clear that the goal will not be met with the current level of tobacco control activity and policy changes must be made. A major increase in the intensity and scope of interventions is required — to discourage young people from starting to smoke and to support existing smokers to quit — for Smokefree Aotearoa 2025 to become a reality. In particular, these interventions must be much more effective for Māori and Pacific populations than at present.

In the absence of a government strategy, this report fills that gap by setting out how Smokefree Aotearoa 2025 can be achieved through a succinct, evidence-based action plan comprising innovative and bold new measures, as well as intensification of existing approaches.

Properly implemented, this action plan will ensure that Smokefree Aotearoa 2025 is reached. Most importantly, actions to end the smoking epidemic in Aotearoa New Zealand will result in massive improvements in health and wellbeing.

SMOKING IS NOT 'DONE'

BY ONE ESTIMATE, IF WE CONTINUE WITH THE CURRENT APPROACH, MĀORI WON'T REACH THE GOAL UNTIL 2060 OR LATER.

ACTION PLAN

ACTION PLAN FOR SMOKEFREE AOTEAROA 2025: 2018 TO 2022

This comprehensive action plan to achieve a smokefree Aotearoa New Zealand by 2025 is based on extensive evidence gathered from our evidence and feasibility review, and informed by consultation with Aotearoa New Zealand tobacco control stakeholders (particularly Māori and Pacific stakeholders).

It covers the period from January 2018 to December 2022. The plan recommends a full review of the actions to date is completed by July 2022, to assess progress and consider options for further actions for 2023 to 2025.

Priority groups

Marked disparities are apparent in smoking statistics, with far higher smoking prevalence among Māori than other ethnic groups. Māori leaders developed the Tupeka Kore framework that was the origin of the Smokefree Aotearoa 2025 goal, and there are obligations under Te Tiriti o Waitangi to protect the health and well-being of Māori. It follows that a top priority for achieving Smokefree Aotearoa 2025 is reducing smoking and its devastating health effects among Māori.

Various other population groups are also important, either because of relatively high smoking prevalence or the need to protect children and young people. These include: Pacific peoples, children and youth, low-income populations, pregnant women, people with mental health conditions, and those who hazardously use alcohol and/or other substances.

A multi-faceted package of interventions

Research endorses the use of integrated tobacco control programmes. For example, Californian and Australian evaluations have found that a comprehensive tobacco control programme can denormalise smoking and achieve dramatic, rapid reductions in numbers of young people starting smoking.[6] The evaluated programmes were also multi-faceted, which produced positive synergies between the programme components.

Well-integrated approaches are recommended by international experts such as the World Health Organization and the Centers for Disease Control and Prevention, drawing on extensive evidence and implementation experience.[7, 8]

To maximise the positive impact of individual actions, we propose that all of the actions included in the action plan are implemented as part of a well-integrated approach.

The Smokefree Aotearoa 2025 goal

Our recommended goal is: to reduce the prevalence of daily smoked tobacco use to less than 5%, and as close as possible to 0%, by December 2025.

The goal applies to all population groups in Aotearoa New Zealand. Specifically, it is crucial that the goal is achieved for Māori and Pacific populations because of obligations in Te Tiriti o Waitangi to protect Māori health and because of the marked ethnic and social disparities in smoking prevalence and inequalities in health that result for these population groups.

The goal focuses on smoking prevalence - linked with an objective to substantially reduce the retail availability of tobacco (see below). We see reducing the availability of tobacco as a key way to achieve the goal of dramatically reducing smoking prevalence.

The goal is a first step towards achieving the more comprehensive Māori leaders' vision of a Tupeka Kore Aotearoa, and ultimately eliminating tobacco-caused illness and death in Aotearoa New Zealand.

THREE KEY OBJECTIVES, SEVEN NEW ACTIONS AND MORE OF WHAT WE ALREADY DO

IN ORDER TO ACHIEVE SMOKEFREE AOTEAROA 2025, WE RECOMMEND SETTING THREE KEY OBJECTIVES, SEVEN NEW ACTIONS, AND PROCEEDING WITH — OR EXTENDING — EXISTING AND PLANNED TOBACCO CONTROL ACTIVITY.

WE ALSO RECOMMEND SOME COMPLEMENTARY MEASURES TO HELP ACHIEVE THE OBJECTIVES OF REDUCING AFFORDABILITY AND ACCESSIBILITY OF TOBACCO PRODUCTS.

MANY OF THE ACTIONS WILL REQUIRE NEW LEGISLATION. WE RECOMMEND THAT A NEW ACT — THE SMOKEFREE AOTEAROA 2025 ACT — BE ENACTED BY THE END OF DECEMBER 2019 AS A MEANS TO IMPLEMENT MANY OF THE ACTIONS REQUIRING LEGISLATION.

SMOKEFREE AOTEAROA 2025 PLAN

GOAL: Daily smoked tobacco use is less than 5% and as close as possible to 0% by December 2025 – for all population groups

OBJECTIVE 1: AFFORDABILITY

Make tobacco products less affordable

Action 1.1

Increase tobacco excise tax by 20% (above inflation) annually in 2019, 2020 and 2021

Action 1.2

Establish a minimum retail price that must be charged for tobacco products, with effect from December 2020

Complementary measures

enhanced cessation support, 15% one-off increase in RYO tobacco tax

OBJECTIVE 2: ACCESS

Make tobacco products less available

Action 2.1

Require all existing tobacco retailers to transition out of selling tobacco products by December 2021. Tobacco products will be sold only by a small number of specified tobacco retail outlets from 2022

Action 2.2

Disallow sales of tobacco products in all alcohol on-licenced premises by December 2018

Action 2.3

Introduce a 'tobacco-free generation' policy to restrict access to tobacco products for future generations, with an annual increase in minimum purchase age, starting in December 2020

Complementary measures

engagement process, support and incentives for retailers to transition away from tobacco sales

OBJECTIVE 3: APPEAL

Make tobacco products less appealing and less addictive

Action 3.1

Remove all additives and innovations from tobacco products that may enhance their appeal or addictiveness by December 2020

Action 3.2

Introduce a mandated nicotine-reduction policy to restrict the sale of tobacco to very-low-nicotine-content tobacco products, with effect from December 2022

DOING MORE OF WHAT WE ALREADY DO

Proceed with planned actions

1. Ensure access to safe alternative nicotine-delivery products, along with complementary information and smoking cessation support
2. Introduce standardised packaging and enhanced pictorial health warnings

Enhance or extend existing tobacco-control activity

1. Enhance mass media and social media campaigns, including about smoking cessation support and the Smokefree Aotearoa 2025 goal
2. Enhance targeted smoking cessation advice and support
3. Extend smokefree environment legislation to include specific outdoor areas and vehicles carrying children
4. Review and consider reinstating the Pathway to Smokefree New Zealand 2025 Innovation Fund to support new local and community-based initiatives

OBJECTIVE 1: AFFORDABILITY
Make tobacco products less affordable

Action 1.1

Increase tobacco excise tax by 20% annually in 2019, 2020 and 2021

We recommend that measures to reduce the affordability of tobacco products should continue and be enhanced with three years of annual tax increases. The increases should be inflation-adjusted – a 20% increase above the normal indexation for Consumer Price Index changes.

This is likely to help reduce smoking uptake and increase cessation. The evidence suggests this will have the greatest impact on reducing smoking among Māori, people on low incomes and young people.[9-12]

We acknowledge the potential adverse effects on smokers on low incomes and recommend measures are taken to mitigate these impacts, such as increasing smoking cessation support for smokers on low incomes.

Action 1.1 will produce an increase in tobacco tax revenue. This is a potential source of funding for enhanced smoking cessation support and other measures recommended in this action plan. Available evidence and monitoring tells us the increases should be timed to maximise impact in prompting people to quit smoking.

This action would require new finance legislation. We recommend this be enacted as part of the Budget 2018, with the first tax increase occurring in January 2019 (or as soon as possible).

We also recommend ongoing monitoring and review of the impact of tax increases and responses of the tobacco industry. A full three-year review should be completed by July 2021. This will inform decisions about the requirement for further actions to reduce tobacco product affordability in order to reach the 2025 goal.

Action 1.2

Establish a minimum retail price that must be charged for tobacco products, with effect from December 2020

Tobacco tax rises do not automatically translate to tobacco retail price rises or equivalent increases for different tobacco products. Minimum price regulation is a way to ensure the impacts of the tobacco tax increases aren't undermined by tobacco industry actions designed to minimise their effect. This is a potential source of funding for enhanced smoking cessation support and other measures recommended in this action plan. An example of industry response in the face of tobacco tax increases is differential price increases so that the price of 'budget' brands is kept low while 'premium' brand prices increase. This has the effect of shielding many smokers from the tax increases and encourages brand switching as a way to reduce the impact of tobacco tax increases.

This action should also include restrictions on price promotions.

This action will require new legislation and could be included in the new Smokefree Aotearoa 2025 Act. The new legislation for this action should be in force by December 2020.

Complementary measures to support actions to make tobacco less affordable

The positive impact of the tobacco tax increases should be maximised, and potential adverse effects minimised, using the following complementary measures.

1. **Implement concurrent enhanced smoking cessation support and marketing by December 2018.** Support for cessation should include targeted support for Māori, Pacific and low-income smokers and increased capacity for the Quitline. Marketing needs to include Quitline advertising and integrated stop-smoking mass media campaigns. This will maximise the positive impact of the tax increases and minimise adverse economic effects on people on low incomes.

   Mass media campaigns should include specific marketing of the tax increases and addressing the potential unintended consequences – to make it clear to the public that the measure is effective, the benefits outweigh the costs and that, if the retailing of tobacco products is causing security problems, then the industry should take responsibility for security measures (as happens with other high-value products, such as money in banks or jewellery retail).

2. **Implement an additional one-off 15% increase in tobacco tax on roll-your-own (RYO) tobacco**, in addition to the recommended base increase of 20%. This action aims to stop RYO cigarettes from being a cheaper alternative to factory-manufactured cigarettes, which can undermine the beneficial impact of tax increases. We recommend this measure is introduced with finance legislation as part of the Budget 2018, and is started to coincide with the tobacco tax increases in January 2019.

3. **End duty-free concessions for tobacco products by 2018**. Aotearoa New Zealand still allows duty-free tobacco products to be brought into the country. In 2014 the duty-free personal concession was lowered from 200 cigarettes to 50 cigarettes (or 50 grams of tobacco or cigars or a mixture of all three weighing not more than 50 grams). It is an anomaly to provide any tax incentive for the purchase and consumption of tobacco products, and such a concession undermines the impact of tobacco tax increases. We recommend this concession is ended by introducing legislation as part of the 2018 Budget.

THE EVIDENCE SUGGESTS TAX INCREASES HELP PEOPLE ON LOW INCOMES, MĀORI AND PACIFIC PEOPLES, AND YOUNG PEOPLE TO QUIT SMOKING.

IT WILL BE VITAL TO SUPPORT SMOKERS ON LOW INCOMES TO QUIT – THROUGH ENHANCED CESSATION SUPPORT, REDUCED RETAIL AVAILABILITY AND PRODUCT CHANGES.

OBJECTIVE 2: ACCESS
Make tobacco products less available

Action 2.1

Require all existing tobacco retailers to transition out of selling tobacco products by December 2021. Tobacco products will be sold only by a small number of specified tobacco retail outlets from 2022

At present in Aotearoa New Zealand, tobacco may be sold widely by retailers, with few restrictions aside from the minimum purchase age of 18 years and disallowing sales of loose cigarettes. We believe that greatly reducing tobacco retail availability is likely to be an effective intervention to reduce smoking prevalence — and may help reduce ethnic and social disparities in smoking.

We recommend a two-stage process:

1. During the first stage, from December 2018 to December 2021, existing tobacco product retailers will be required to transition out of selling tobacco products before the specified deadline of December 2021. In the lead-up to this date, retailers could choose the timing and staging of their transition away from tobacco sales. Retailers would be encouraged and supported to transition earlier. Their decisions would be informed by knowing that the second stage (a requirement to cease selling tobacco) would be implemented in 2022, and they would receive early notice of the deadline (at least three years before).
2. From 1 January 2022, a second stage will be implemented whereby sales will only be permitted by a small number of specified tobacco retail outlets. We propose 5% or fewer of the current estimated total of 6,000 outlets — around 300 in total. The figure of 5% is based on the scale of reductions used in Aotearoa New Zealand studies that have modelled the impact of retail supply reduction.[13, 14] The number of outlets selling tobacco products is based on a 2013 estimate.[15]

We recommend the Government fund research and carry out scoping work to decide which tobacco retail outlets would be permitted to sell tobacco from January 2022. The options for restricting tobacco retail sale to one (or more) type of retail outlet would be reviewed by December 2020 and the policy work required to implement a restriction to the selected certain outlet/s completed by July 2021. The new system should be in place by January 2022.

The policy work on the options will need to include a review of the feasibility and advantages and disadvantages of the types of retail outlet that will be allowed to sell tobacco products from 2022. Options could include:

- specialist R18 tobacco retail outlets
- not-for-profit retail outlets
- vape shops
- pharmacies
- supermarkets.

We envisage there would need to be a locality-based licensing or permit system, related to population, size and proximity, for the selected retail outlets.

This action will require legislation and could be implemented as part of the proposed new Smokefree Aotearoa 2025 Act.

Action 2.2

Disallow sales of tobacco products in all alcohol on-licensed premises by December 2018

Alcohol on-licensed premises include bars, pubs, taverns and nightclubs.

There is a strong link between drinking alcohol and smoking, particularly among young people.[16, 17] Alcohol use also appears to play a role in relapses to smoking.[18, 19] This action is likely to help break those connections and initiate the process of restricting retail sales of tobacco products.

Legislation will be needed. New legislation should be introduced by December 2018, to come into force from January 2019.

Action 2.3

Introduce a 'tobacco-free generation' policy to restrict access to tobacco products for future generations, with an annual increase in minimum purchase age, starting in December 2020

There is evidence of continuing significant uptake of smoking, particularly for 16 to 20 year olds, and especially among young Māori.[20] Increasing the minimum age of purchase would help restrict availability and reduce numbers of people among this age group taking up smoking and continuing to smoke.[6, 21]

A tobacco-free generation policy would introduce an annual increase in the minimum age of purchase each year, and would effectively phase out the legal sale of tobacco products over a prolonged period of time. This would involve the minimum age of purchase increasing by one year each year from December 2020. Tobacco would only be available for purchase by anyone born before the specified date of 1 January 2003 (though tobacco smoking by these people would not be prohibited).

This policy would send a clear message that tobacco is unsafe at any age — and avoid the 'coming of age' or 'rite of passage' implication of minimum age laws. Existing adult smokers would not be affected by this policy.

We recommend that before introducing the policy, a public debate is initiated about it, with strong youth engagement. This would help to establish the rationale for the policy and to build support — especially from young people.[22] Previous studies have shown high levels of support in Singapore and Tasmania, including among youth.[23, 24]

Recent modelling work from Aotearoa New Zealand suggests that the tobacco-free generation policy is likely to massively reduce smoking prevalence, and contribute substantially to ending smoking disparities for Māori.[25] If well-enforced, the policy is predicted to halve smoking rates within 10-15 years of implementation – and would result in 5 times' larger health gains per capita for Māori compared to non-Māori. The cited modelling research ranked it as the most effective endgame measure from an equity perspective.

New legislation will be needed for this action. Such legislation could be introduced as part of the recommended Smokefree Aotearoa 2025 Act.

Complementary measures to support actions to make tobacco less available

The potential effects on retailers of restrictions on retail sales of tobacco products need to be considered and addressed.

We recommend that alongside setting a specified deadline for ceasing tobacco retail sales, an engagement process is established for retailers to:

- discuss the rationale and potential advantages, and
- receive advice during the transition.

This engagement would prepare retailers for the impact of the restrictions on sales, and help increase support among the public and retailers.

Support and incentives for retailers will be important, particularly for small retailers such as dairy owners.

Note that we do not propose any changes to the current legal situation for tobacco grown for personal use. This would continue to be permitted for personal use only, with growing tobacco for sale to others disallowed. However, there may be a case for reducing the allowed amount that can be manufactured (currently up to 15kg of home-grown tobacco per adult per year for personal use, which is sufficient for between 50 and 100 cigarettes per person per day).

WE RECOMMEND THAT ALONGSIDE SETTING A SPECIFIED DEADLINE FOR RETAILERS TO CEASE SALES, AN ENGAGEMENT PROCESS IS ESTABLISHED FOR RETAILERS.

OBJECTIVE 3: APPEAL
Make tobacco products less appealing

Action 3.1

Remove all additives and innovations in tobacco products that may enhance their appeal or addictiveness by December 2020.

Tobacco products, including cigarettes and loose tobacco for roll-your-own (RYO) cigarettes, contain numerous additives other than tobacco leaf, such as menthol, flavours, sugar and ammonia. Some of these additives have the effect of enhancing the appeal and addictiveness of tobacco products. This increases the likelihood of young people experimenting and persisting with tobacco use, reduces the likelihood of smokers quitting and increases relapse among quitters.[26-29]

A notable example is menthol, which may enhance the appeal of tobacco products through its flavour and by reducing the harshness of tobacco smoke. It may also increase addictiveness by facilitating deeper inhalation.[28] As a result, many jurisdictions around the world are banning the use of additives, particularly menthol, in cigarettes and other tobacco products.

Measures to remove the use of additives and product innovations with a proven or potential effect to increase addictiveness or enhance appeal should be introduced. The onus must be on the industry to demonstrate that an additive has no such effects.

This could be done by amending the recently-passed standardised packaging amendments to the Smokefree Environments Act 1990.

Action 3.2

Introduce a mandated nicotine-reduction policy to restrict the sale of tobacco to very-low-nicotine-content tobacco products with effect from December 2022

The composition of tobacco products can be regulated as a way to reduce addictiveness — to help current smokers to cut down or quit, and prevent new smokers from becoming addicted.

Nicotine is the main addictive component of tobacco products. It is possible to remove most of the nicotine content, similar to the way that coffee can be decaffeinated, to make cigarettes only minimally addictive.[36] Reduced-nicotine cigarettes are already available in the US, known as very-low-nicotine-content (VLNC) cigarettes. The nicotine content of VLNC cigarettes is generally less than 0.4mg per gram of tobacco, compared with around 10-15mg per gram in conventional cigarettes.[31]

Growing evidence indicates that VLNC cigarettes promote cessation and reduce consumption among smokers.[31] Evidence suggests that potential adverse impacts of this measure — such as compensatory increases in smoking — do not eventuate provided cigarettes have very low nicotine content.[32, 33]

Combining a mandated VLNC cigarette policy with other interventions, particularly expanding access to alternative nicotine-delivery products such as e-cigarettes, is likely to enhance the effectiveness of each of these measures, and to make a mandated VLNC policy more acceptable by ensuring alternative nicotine-delivery products are available for those who can't, or don't want to, quit nicotine use.

We recommend that by December 2020, an enabling clause is added to the Smokefree Environments Act 1990 to allow for the reduction of nicotine content in tobacco products and sole provision of very-low-nicotine-content (VLNC) cigarettes.

To enhance the feasibility of this measure, we recommend it is introduced in late 2022, when we anticipate the prevalence of smoking will be greatly reduced.

DOING MORE OF WHAT WE ALREADY DO

Implementing and enhancing existing and planned activities

In addition to the seven new proposed actions, we recommend **proceeding with actions already planned**.

1. Ensure access to safe alternative nicotine-delivery products (such as e-cigarettes), accompanied by complementary information and smoking cessation support
2. Introduce standardised packaging and enhanced pictorial health warnings.

The measures in our action plan, which reduce the relative affordability, availability and appeal of smoked tobacco products compared to alternatives (such as e-cigarettes), will help to encourage smokers to quit smoking altogether, or to switch from smoked tobacco to e-cigarettes as a way to quit smoking.

We also recommend **enhancing or extending four areas of existing tobacco control activity**.

1. Enhance mass media and social media campaigns, including campaigns about smoking cessation support and the Smokefree Aotearoa 2025 goal.
2. Enhance and better target smoking cessation advice and support.
3. Extend smokefree environment legislation to include specific outdoor areas and vehicles carrying children.
4. Review and consider reinstating the Pathway to Smokefree New Zealand 2025 Innovation Fund to support new local and community-based initiatives.

Specific recommendations on enhancing existing activities:

Mass media

We recommend implementing well-funded, best-practice mass media campaigns (possibly funded from using additional revenue from tobacco tax increases) to:

a) maintain or increase public awareness of the harm and addictiveness of tobacco products

b) increase successful long-term quitting by current smokers

c) publicise and increase awareness, understanding and support for the Smokefree Aotearoa 2025 goal and necessary actions to achieve the goal.

Mass media campaigns should be appropriately targeted to — and achieve sufficient reach and impact with — priority groups, especially Māori.

Smoking cessation

We anticipate that measures to reduce the affordability, availability, appeal and addictiveness of tobacco products will increase the number of smokers who try to quit. We therefore recommend:

a) continued access to appropriate smoking cessation advice and support for all smokers who want support to quit, including advice and support for using e-cigarettes to quit smoking. This support should be provided in response to evidence of need and gaps in current support – for example, in various settings, such as workplaces, primary health care, pharmacies and community-based services, and through the national Quitline. Capacity should be increased as required (e.g. Quitline capacity) to meet demand for cessation support.

b) better targeting of smoking cessation advice and support to achieve sufficient reach and impact with priority groups, particularly Māori and Pacific smokers. Other groups that should receive targeted cessation support include post-release prisoners, pregnant women, and occupational groups with high smoking prevalence or ‘role model’ status, such as teachers.

c) more integrated smoking cessation advice and support. For example, the smoking cessation advice that is provided to hospital patients (current health target of 95%) needs to be integrated with community-based services, primary health care and Quitline.

d) a new requirement that all tobacco product packets contain new pack inserts, which give advice on quitting smoking and Quitline information.

Smokefree environments

We recommend continued measures to reduce children's exposure to smoking to protect them from secondhand smoke and to reduce the risk that children view smoking as a desirable or aspirational behaviour. We also recommend making outdoor hospitality areas smokefree to reduce exposure to secondhand smoke, remove exposure to smoking while eating and drinking, and to reduce the link between smoking and alcohol use. This should include extending smokefree environment legislation to disallow smoking in:

a) specific outdoor areas by December 2018 (to be in force from January 2019). This should include all outdoor hospitality areas, building entrances and outdoor recreation areas, parks, playgrounds and all sporting and recreational facilities with outdoor stands, including racecourses.

b) vehicles carrying children and adolescents aged under 18 years by December 2018 (to be in force from January 2019).

Pathway to Smokefree New Zealand Innovation Fund

We recommend that the Pathway to Smokefree New Zealand 2025 Innovation Fund be reviewed to assess its effectiveness and impact. If the review is favourable, we propose reinstating the Fund, with a focus on community-based action and interventions aiming to promote and support the achievement of Smokefree Aotearoa 2025 at the local level.

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More information on these planned and existing actions can be read on pages 38-48.

IMPLEMENTING AND MONITORING THE PLAN

IMPLEMENTING THE ACTION PLAN

Multi-faceted, integrated and coordinated approach

The recommendations must be implemented as part of a multi-faceted, integrated national tobacco control programme.

We recommend that a coordinated approach is taken to successfully implement this action plan. This will include inter-agency collaboration across government, coordination between local and national initiatives, iwi involvement and strong leadership at national and community levels. The necessary coordination and leadership will require sufficient resourcing and capacity, including in the Ministry of Health, tobacco control sector and at the local level.

Communication and engagement

We recommend that a comprehensive communication and engagement strategy is developed and implemented to mobilise the public, communities, stakeholders and decision-makers. This should be developed as part of our recommended enhanced mass media action.

This strategy should include consistent messaging from political leaders and decision-makers to draw attention to — and emphasise the priority attached to — achieving the Smokefree Aotearoa 2025 goal. This should be supported by integrating promotion of the Smokefree Aotearoa 2025 goal into all smoking cessation and tobacco control activities, and a specific mass media strategy providing information about the goal, the new Smokefree Aotearoa 2025 Act and specific measures for achieving the goal.

We recommend implementing initiatives to promote wide engagement with the goal, such as establishing a Smokefree Aotearoa 2025 Charter to publicise the goal and mobilise wide support from organisations and leaders across Aotearoa New Zealand, including iwi, Pacific and youth organisations, businesses and the social sector. Scotland's Charter for a Tobacco-free Generation, where over 140 organisations have pledged action to help create a tobacco-free Scotland, is an example. The Scottish Charter aims to:

- inspire organisations to take action to reduce the harm caused by tobacco
- raise awareness of the goal of creating a tobacco-free generation of Scots by 2034
- support organisations whose work impacts on children, young people and families to address tobacco issues.

PROPOSED NEW LEGISLATION

A new, overarching Smokefree Aotearoa 2025 Act is our recommended vehicle for introducing many of the necessary interventions to achieve the 2025 goal. We recommend that this is introduced to Parliament by December 2018 and passed by December 2019. The measures requiring new legislation would then be progressively implemented.

Several measures could be introduced earlier than the new Smokefree Aotearoa 2025 Act, as they can be introduced without legislation or as part of Budget measures.

Proposed timeframes for key actions are identified on page 29.

Timeframes and legislation for key actions: 2018 to 2022

Our proposed timetable for key actions, in chronological order, is set out here. The enabling legislation — a recommended new Smokefree Aotearoa 2025 Act — needs to be enacted by December 2019 to ensure the subsequent actions can be implemented in time to meet the 2025 goal.

Progress with implementing the actions should be monitored and reported each year. Evaluation will occur at different times as appropriate — before the actions occur, during implementation and after actions have 'bedded in' — depending on whether the evaluation is formative, process or outcome oriented (see pages 31-35).

DATE LEGISLATION/ POLICY IN PLACE	KEY ACTION	LEGISLATION/ MECHANISM	DATE IN FORCE
2018			
May 2018	1.1 Increase tobacco excise tax by 20%	2018 Budget	January 2019 January 2020 January 2021
May 2018	One-off 15% excise tax on RYO tobacco	2018 Budget	January 2019
May 2018	End duty-free concessions on tobacco	2018 Budget	January 2019
July 2018	Enhanced mass media and social media campaigns underway	Policy and planning	From July 2018
July 2018	Enhanced targeted smoking cessation advice and support underway	Policy and planning	From July 2018
December 2018	2.2 Disallow sales of tobacco in alcohol on-licensed premises	New legislation	January 2019
December 2018	Introduce specific smokefree outdoor areas and smokefree vehicles	SF Environments Act 1990 (amendment)	January 2019
December 2018	Review and consider reinstating the Pathway to Smokefree New Zealand 2025 Innovation Fund	Policy review	July 2019
2019			
December 2019	1.2 Introduce minimum price	SFA 2025 Act	December 2020
December 2019	2.1 Encourage and support all existing tobacco retailers to transition out of selling tobacco products	Policy and planning	December 2021
December 2019	2.1 Restrict sale of tobacco products to a limited number of specified retail outlets	SFA 2025 Act (Regulations to be in place by July 2021)	January 2022
December 2019	2.3 Introduce the 'tobacco-free generation' policy	SFA 2025 Act	December 2020
December 2019	3.1 Remove all additives from tobacco products that may enhance their appeal or addictiveness	SF Environments Act 1990 (amendment)	December 2020
2020			
December 2020	3.2 Restrict sale of tobacco to VLNC products	SF Environments Act 1990 (amendment)	December 2022
2021			
July 2021	2.1 Restrict sale of tobacco products to certain retail outlets	Regulations under SFA 2025 Act	January 2022
2022			
July 2022	Complete review of action plan to date		

2023 TO 2025: WHAT NEXT?

IN THE FIRST FIVE YEARS, WE SUGGEST THE ACTION PLAN IS CLOSELY MONITORED AND EVALUATED TO ASSESS ITS IMPLEMENTATION AND IMPACT (SEE NEXT SECTION).

DURING 2022, AFTER A FULL REVIEW OF THE ACTION PLAN, WE RECOMMEND EXPLORING OPTIONS FOR FURTHER ACTION NEEDED TO ACHIEVE A SMOKEFREE AOTEAROA BY 2025.

INITIAL OPTIONS FOR CONSIDERATION COULD INCLUDE:

- EXPLORING THE POTENTIAL FOR MANDATED 'DISSUASIVE STICKS' (SUCH AS REQUIRING UNAPPEALING COLOURS AND/OR STANDARDISING DESIGN OF FACTORY-MADE CIGARETTES, PRINTING DISSUASIVE MESSAGING ONTO CIGARETTE STICKS).
- BANNING ROLL-YOUR-OWN (RYO) TOBACCO (SINCE AOTEAROA NEW ZEALAND HAS A RELATIVELY HIGH RATE OF RYO TOBACCO USERS, AND RYOS ARE DISPROPORTIONATELY USED BY MĀORI AND YOUNG SMOKERS).
- REDUCING THE NUMBER OF COMMERCIAL TOBACCO RETAIL OUTLETS TO 0% BY DECEMBER 2025 WITH A SINKING LID REDUCTION OF THE REMAINING RETAIL OUTLETS IN ACTION 2.1, AND MOVE TOBACCO SUPPLY TO A HEALTH-BASED NON-PROFIT SYSTEM.
- INTRODUCING A SINKING LID ON COMMERCIAL TOBACCO IMPORTS. A NEW LAW COULD REQUIRE TOBACCO COMPANIES, FROM A SPECIFIED DATE ONWARDS, TO ANNUALLY REDUCE THE AMOUNT OF TOBACCO IMPORTED INTO THE COUNTRY UNTIL COMMERCIAL SUPPLY ENDS. A HEALTH-BASED NON-PROFIT SYSTEM WOULD REMAIN.

MONITORING AND EVALUATING THE ACTION PLAN

Comprehensive monitoring and evaluation activities will help ensure that interventions recommended in this action plan are well designed, implemented as intended and achieve sufficient impact to help reach the Smokefree Aotearoa 2025 goal. It will be important to understand how they individually and collectively contribute to the goal. It will also be important to take into account the impact of any external influences and information, such as tobacco control precedents and results in other countries.

THREE OVERARCHING EVALUATION QUESTIONS SHOULD BE ASKED:

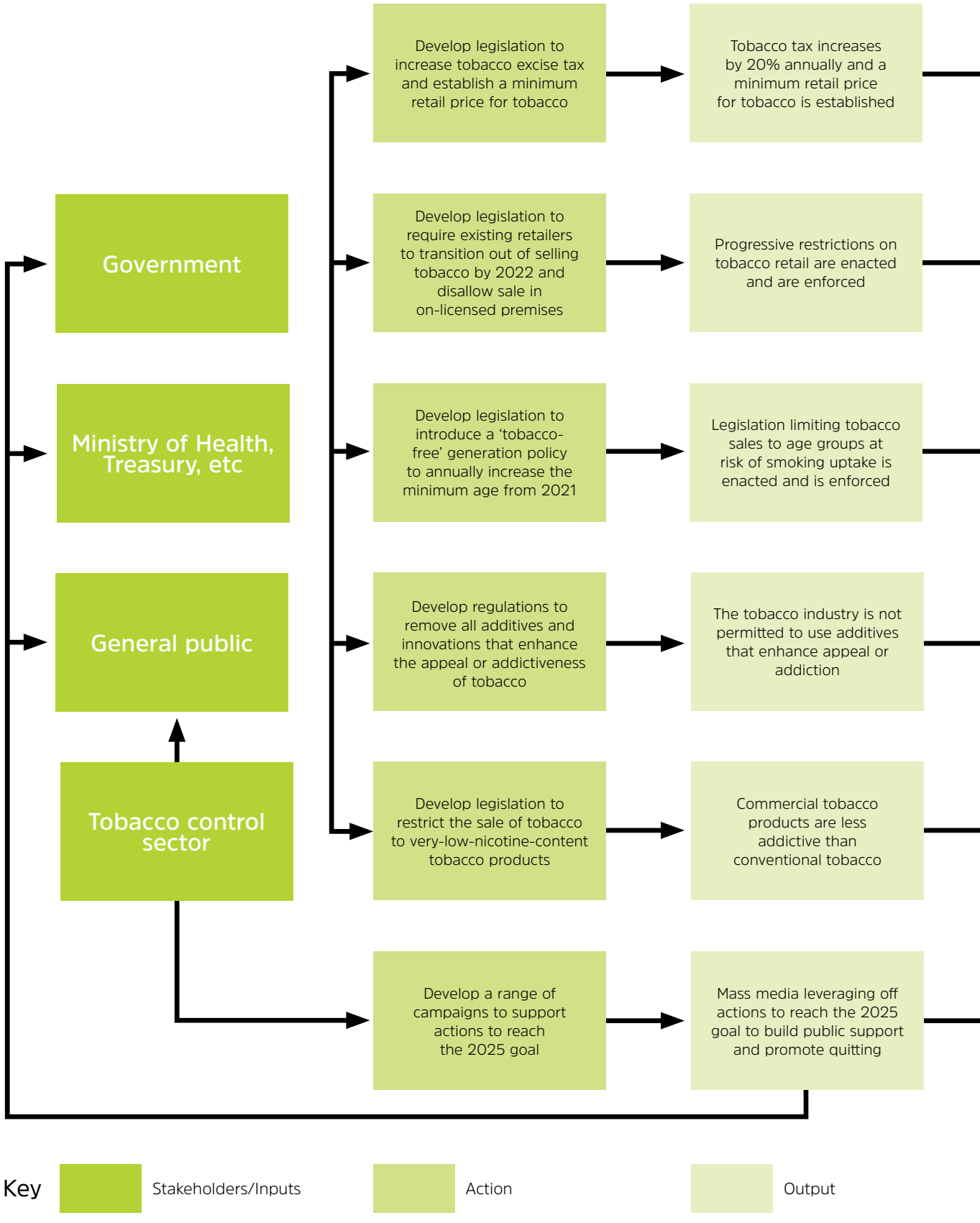
1. How can intervention designs be optimised to better achieve desired outcomes?
2. Are the interventions being implemented as intended?
3. What are the outcomes of the interventions?

Since it is unlikely that any one of the recommended interventions will by itself achieve the 2025 goal, we suggest more detailed research to understand how interventions contribute to the goal and whether there are synergistic effects through the delivery of multiple interventions. Another area of research to ensure success of this action plan will be investigating the system of tobacco control in Aotearoa New Zealand to assess whether it has sufficient capacity and capability to implement the recommended interventions. We recommend this is carried out promptly and actions taken to enhance the delivery of the plan.

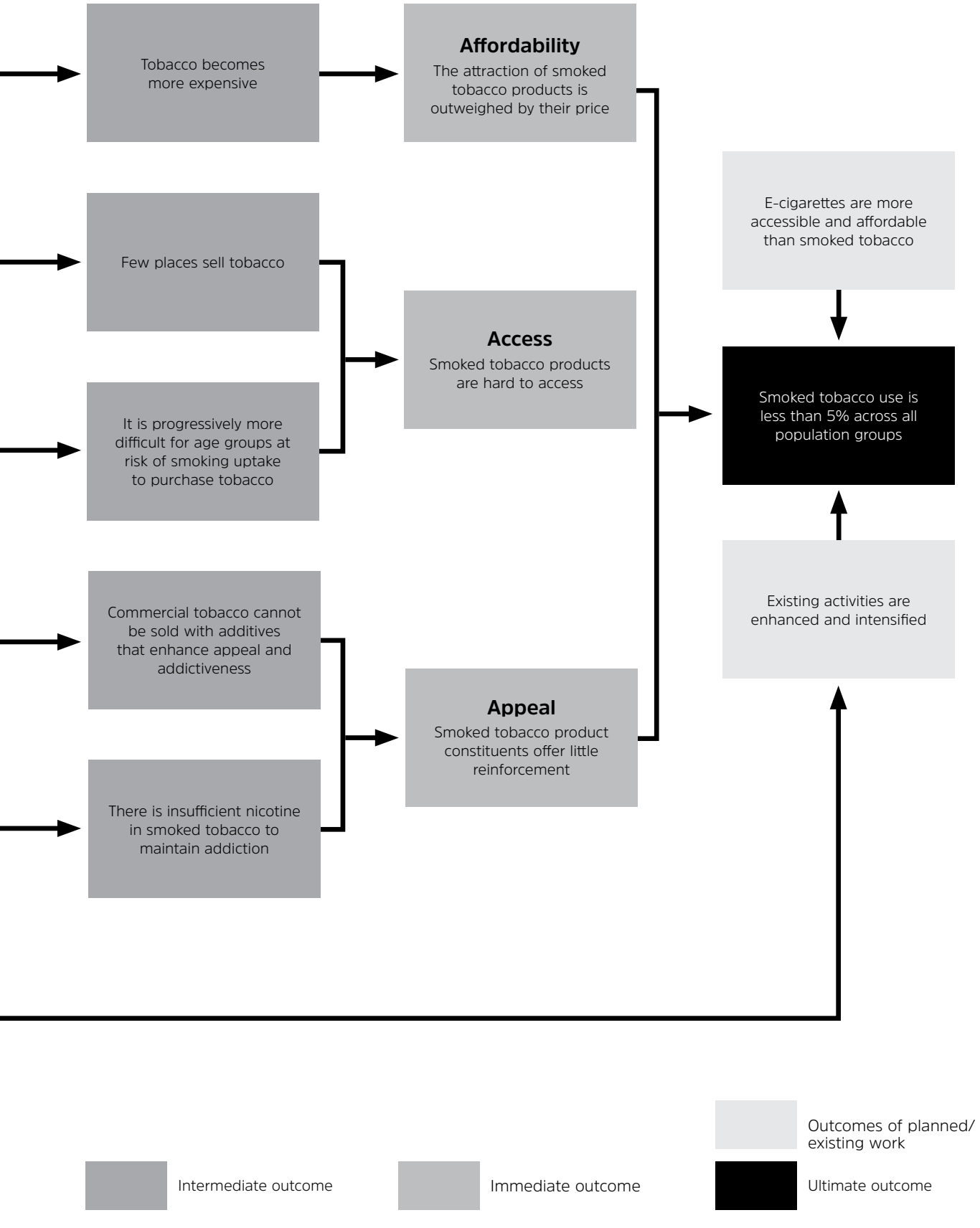
Logic model

Our logic model (rationale) sets out the key inputs, actions, outputs and outcomes of this action plan. The model, below, shows all relationships from inputs to outcomes. This model can be used to help evaluate the effectiveness of the action plan. It specifies various outputs and outcomes that could be adopted as indicators of progress towards the goal.

LOGIC MODEL TO ACHIEVE



SMOKEFREE AOTEAROA 2025



Sources of information

In many cases information for the evaluation can be drawn from existing data sources and literature.

Existing studies and data sources that would make important contributions to evaluation activities include:

- the regular Health Promotion Agency (HPA) adult smoking surveys
- the Tobacco Module of the Ministry of Health's New Zealand Health Survey (NZHS-TM), and
- the Year 10 In-depth and Action on Smoking and Health (ASH) Snapshot surveys that make up the New Zealand Youth Tobacco Monitor (NZYTM), managed by the HPA.
- the New Zealand arm of the International Tobacco Control Project (NZ ITC) led by the University of Otago

In some cases the innovative nature of interventions or their specific targeting means that no existing literature or data sources are available. In these cases we recommend new studies. In general these studies could be relatively small scale.

A more detailed evaluation plan is available online (see aspire2025.org.nz/smokefree-action-plan). Here we summarise evaluation activity that will support the implementation of the proposed actions, under each of the three questions.

Monitoring

Overall monitoring of smoking prevalence will help to keep the 2025 goal on 'the agenda' as well as indicating how we are progressing towards the goal. If the actions are carried out as recommended in this report, it is possible that changes in smoking prevalence may not occur in small increments, but could be marked and irregular as each action comes into effect.

The NZHS will provide an important source of overall monitoring data for smoking prevalence among daily and current smokers, and prevalence by gender, ethnicity, age group and socio-economic status.

More detailed periodic data from the NZHS Tobacco Module, HPA HLS and NZ ITC should be used to monitor other key indicators such as quitting-related behaviours, use of cessation services and aids (including e-cigarettes), the relative prevalence of roll-your-own tobacco and tailor-made cigarettes, and any unintended adverse consequences of tobacco control interventions. This data can also be used to inform the evaluation activities discussed in this section.

System of tobacco control

In recent years there have been marked changes in the organisation of the Ministry of Health, crown entities such as the Health Promotion Agency, health promotion providers and smoking cessation support providers. There have also been changes to the types and amount of funding available for tobacco control research. It is important to consider whether the capability, capacity and relationships between stakeholders are sufficient to enable the action plan to be implemented effectively.

As part of an overall evaluation framework, we recommend a systems evaluation is carried out promptly at the outset of this action plan in parallel with the initial actions. This evaluation should include assessment of:

- Capability: Expertise in health promotion and protection, smoking cessation support, legislation, monitoring, evaluation and research
- Capacity: Resources that are — or that should be — available within the system to carry out recommended actions
- The degree to which different stakeholders in the system are able to communicate and work together
- External factors affecting the Aotearoa New Zealand tobacco control system, such as international trade agreements.

The tobacco control system should be strengthened in response to the systems evaluation to ensure that the action plan is implemented effectively.

1. How can actions be best designed to achieve desired outcomes?

We recommend a *formative evaluation* that will:

1. Identify potential indirect or unintended impacts and solutions to mitigate them
2. Identify the best frameworks for implementing actions
3. Establish baselines to measure any change in the outcomes linked to each action
4. Explore how public and political support can be built for actions.

Existing data sources that would contribute are the NZ ITC, HPA adult smoking monitor, NZYTM, and the NZHS-TM. We also identified new studies that would provide important evaluation information. Themes that the studies would explore might include:

- Understanding smoker and public perceptions of each action
- Options for models and frameworks for implementing each action, such as reductions in retail supply and tobacco tax increases
- Assessing retailer compliance with age-restricting legislation
- Understanding the role that tobacco product additives play in starting and maintaining smoking in Aotearoa NZ.

This formative evaluation should be done as part of refining and implementing actions, and be used to inform how actions are carried out.

2. Are the actions being implemented as intended?

We recommend a *process evaluation*, which would ask:

1. Have actions been implemented as intended?
2. Are there external factors impacting on the way actions are being implemented?
3. How are actions being experienced and perceived by smokers and non-smokers?
4. Are the actions being implemented as a comprehensive and coordinated strategy?

Existing data sources that would contribute are the NZ ITC and the HPA adult smoking monitor. Additional studies should also be carried out to explore themes as required. These themes could include:

- Whether actions are being implemented as intended
- Smoker and non-smoker experiences and perceptions of each action
- Reviews of paid and unpaid media used to promote and leverage off actions.

This process evaluation should be done once each action has been embedded.

3. What are the outcomes of the actions?

We recommend an *outcome evaluation* to:

1. Ask whether we are making progress towards intended outcomes for each action
2. Assess any negative indirect or unintended outcomes
3. Identify how progress towards outcomes can be improved.

Existing quantitative data sources would make important contributions, in particular the NZ ITC, NZHS-TM, NZYTM and HPA adult smoking monitor. It is important to consider that funding for the current NZ ITC will conclude in 2019 and ongoing funding for this study would need to be secured.

New studies would explore the following themes:

- Understanding smoking behaviours and attitudes among older youth
- Assessing the addictive potential of tobacco
- Determining whether paid and unpaid media has impacted on the progress of Smokefree Aotearoa 2025 actions.

This outcome evaluation should be completed by July 2022, at the end of the first five years.

RATIONALE

RATIONALE FOR ACTIONS INCLUDED IN THE PLAN

How we selected the priorities in the action plan

To help select and prioritise potential interventions to achieve the Smokefree 2025 goal, we carried out:

1. an evidence and feasibility review, and
2. stakeholder consultation on potential interventions to include in the Smokefree 2025 action plan.

1. Evidence and feasibility review

The evidence and feasibility review focused on the findings from recent systematic reviews and key studies, in Aotearoa New Zealand and overseas. The following 23 tobacco control interventions were identified and covered in the evidence and feasibility review.

Full list of 23 reviewed interventions

1. Incremental tobacco tax increases
2. Enhanced mass media and social media campaigns
3. Packaging and product-related smokefree communications and other interventions, such as information on contents/additives, enhanced pictorial health warnings, dissuasive sticks, pack inserts
4. Incremental controls to reduce retail availability and supply, such as licensing, limited proximity or density restrictions
5. Reduced youth access/increased age of purchase
6. Incremental increases in smokefree place policies, such as bars and outdoor dining, national level restrictions for smokefree cars, playgrounds, sports fields and other children's areas
7. Smoking cessation support
8. Increased accessibility and promotion of use by smokers of electronic cigarettes and other harm-reduction products/approaches (population impact on smoking prevalence and quitting)
9. Product modifications and removal of menthol and other additives
10. Interventions to reduce uptake among adolescents and young adults
11. Major tobacco tax increases (along with complementary measures, such as minimum price controls, allocating tobacco tax revenue to tobacco control and smoking cessation services
12. Major reductions in tobacco imports and release to market, such as a 'sinking lid' policy
13. Comprehensive controls and reductions in retail availability and supply, such as sales restricted to pharmacies or specialist shops
14. Nicotine reduction – mandated very-low-nicotine-content tobacco products
15. Market restructuring, such as regulated market model, state-run distribution and sale of tobacco products, industry-focused interventions
16. Controls on accessibility of tobacco, such as smoker's licence, prescription-only sale of tobacco products
17. Tobacco-free generation proposal
18. Removing all additives and ending roll-your-own tobacco sales
19. Comprehensive restrictions on smoking in outdoor public places, such as smokefree business areas for cities (including disallowing smoking in all public places)
20. Mass media and social media campaigns using more radical, anti-industry smokefree messages, such as using court findings of industry malpractice, exposing industry statements
21. Stringent measures to control alcohol, such as large tax increases on alcohol, major reductions in availability
22. Management and structures for tobacco control, such as increased capacity for tobacco control sector and Ministry of Health, separate tobacco control authority, equitable funding formulas
23. Total ban on supply of tobacco.

We used an explicit, transparent process and pre-defined selection criteria to identify relevant literature. This was then summarised and appraised, for each of the 23 interventions. Next, the project team appraised the 23 interventions against a framework adapted from an established policy review framework.[34] The following components were considered:

- Effectiveness
- Equity/impact on Māori and Pacific ethnic and social disparities in smoking
- Unintended impacts
- Cost-effectiveness
- Technical and political (short- and long-term) feasibility
- Acceptability
- Whether there are precedents in other settings.

Additional input was sought from an internationally-recognised expert for each intervention. We compared the interventions across all components, and prioritised the interventions.

2. Stakeholder consultation

Hāpai te Hauora led a three-phase process of stakeholder engagement to provide expert and community input into the development of the action plan. Tobacco control sector experts and practitioners, and iwi and community leaders — with a focus on Māori and Pacific participants — were consulted. Hui (meetings) with about 100 people were held across the three phases of consultation.

In particular, we sought input on:

- the statement of the 2025 goal
- the priority of potential interventions, and
- the content of an initial draft action plan.

Phase 1 involved consultation about the nature and wording of the Smokefree Aotearoa 2025 goal.

For Phase 2, we selected a subset of six intervention areas from the evidence review where stakeholder feedback was judged the highest priority.

1. Increase the price of tobacco products through tax increases and other strategies
2. Reduce retail availability of tobacco products
3. Increase the legal minimum purchase age for tobacco products
4. Expand controls on packaging and regulation of tobacco products
5. Reduce the nicotine content of tobacco products
6. Remove additives from tobacco products.

Stakeholder views were considered especially important for areas where there was evidence of debate or uncertainty about their likely effectiveness, feasibility and acceptability in New Zealand. We did not include interventions in the stakeholder consultation which were judged as almost certain to be included (or excluded) from the action plan. We also did not consult about interventions whose introduction was already planned, such as standardised packaging and increased access to e-cigarettes.

Stakeholders were asked to rank these six potential interventions to achieve the Smokefree 2025 goal, prioritising them according to what was considered most effective and feasible. Stakeholders rated the priority intervention areas in the following order:

1. Reduce retail availability of tobacco products
2. Increase the price of tobacco products through tax increases and other strategies
3. Expand controls on packaging and regulation of tobacco products
4. Increase the legal minimum purchase age for tobacco products
5. Remove additives from tobacco products
6. Reduce the nicotine content of tobacco products.

Stakeholders' views from the consultation informed the development of the draft action plan and selection of a final set of priority actions.

See aspire2025.org.nz/smokefree-action-plan for the two supporting reports, on the stakeholder consultation and evidence review

In Phase 3, stakeholders discussed the draft action plan and their feedback was taken into account in the formulation of the final plan.

Each phase of the engagement process provided crucial information from across the broader tobacco control sector that informed the format and content of the final action plan. The participants were highly engaged with the process and saw the urgent need for an action plan setting out how to achieve Smokefree Aotearoa 2025. The need to focus on achieving the goal for all population groups, including Māori and Pacific peoples, was viewed as extremely important. Participants agreed the interventions in the action plan needed to reflect those priorities.

There was general agreement that actions to reduce the availability of tobacco products and further reduce affordability are a high priority. Opinions were more diverse about the relative importance of other intervention areas. However, there was a lack of detailed knowledge and understanding about some of the proposed policy interventions, and this may have been reflected in how participants appraised and ranked some options.

Rationale for the objectives

Summary of rationale for Objective 1: Affordability — Make tobacco less affordable

We have prioritised an increase to tobacco excise tax, based on the compelling evidence of effectiveness and the impact on reducing socioeconomic and ethnic disparities in smoking (and resulting health inequalities). Modelling evidence predicts greater health gains for Māori compared to non-Māori from ongoing annual tax increases.[25]

In addition, New Zealand stakeholders strongly supported this policy option. Tax increases are an established measure that attract high public support. There are precedents in other countries for higher tax increases, for example Australia has legislated annual tobacco tax increases that are higher than 10% until the year 2020.[35] In 2010 Australia increased tax by 25%.

Potential adverse effects need to be considered – particularly the impact on low-income smokers and retailers. However, we believe these impacts can be mitigated.

Minimum price regulation is a relatively new policy measure internationally. The measure is considered promising in the research literature and is used in many American states. In Aotearoa New Zealand, there have been recent increases in the availability and sales of budget brands,[50] and survey evidence indicates that smokers switch to budget brands in response to tobacco tax increases.[51] This suggests minimum price regulation is needed.

KEY ADVANTAGES	KEY DISADVANTAGES
1.1 Increase annual tobacco excise tax by 20%	
Likely to help achieve 2025 goal as tax increases are supported by strong evidence of effectiveness and may help reduce disparities in smoking.	Potential for hardship among those who don't quit. This needs to be mitigated, for example, by intensifying and better targeting support for smoking cessation to reduce the impact on Māori, Pacific and low-income smokers.
Higher tax increases are recommended by international expert bodies (such as IARC).	Potential opposition from Treasury to higher tax increases
Incremental extension of an established measure is relatively feasible and could be introduced fairly rapidly as a Budget measure in 2018.	The tobacco industry will oppose tax rises.
Larger tax increases are acceptable to NZ tobacco control stakeholders[36] and the public (particularly if some of the additional revenue is used for helping smokers quit).	Possible increased risk to retailers of tobacco-related crime. This should be mitigated by rapid reductions in smoking prevalence and demand for tobacco with the implementation of the action plan and specifically by Action 2.1 (reducing the number of retailers selling tobacco products — these could have enhanced storage and security in place). Risk of illicit tobacco trade — not a large problem in NZ but requires continued vigilance and robust enforcement.
1.2 Minimum price regulation	
Recommended in the recent literature as a way to counter industry efforts to keep prices low, particularly for budget brands.	Only limited evidence is available to base decisions on, as it is an emerging area of tobacco control.
May raise prices, reduce price dispersion and complement increased excise taxes.	
Already implemented in many US states and jurisdictions.	

Summary of rationale for Objective 2:
Availability — Make tobacco less available

A substantial reduction of tobacco retail outlets is likely to make an important contribution to achieving the Smokefree Aotearoa 2025 goal. Work in Aotearoa New Zealand suggests potential beneficial effects from retail reduction in reducing ethnic and social disparities in smoking and health outcomes.[13, 25] Stakeholders in our engagement process overwhelmingly rated reducing retail availability and supply as an urgent priority. The public, including smokers, also view this intervention as likely to be effective.[56, 57] The proposed two-stage mechanism of a transitional phase-out period, followed by mandated restrictions to a very limited number of tobacco retailers, seems a feasible approach. There are strong precedents for restrictions on retail availability in other jurisdictions.

Our main rationale for disallowing the sale of tobacco in all alcohol on-licensed premises is to help weaken the link between smoking and drinking — to make it easier for people to quit smoking and reduce the risk of young adults starting smoking while drinking. The evidence shows a close association between smoking and drinking behaviours.[52] This is particularly the case for young adults – and also Māori and Pacific smokers. This policy measure would help to reduce initiation by young adults and to reduce relapse by people trying to quit, as it would remove the option of purchasing tobacco in a licensed venue at the same time as alcohol.

The tobacco-free generation proposal is an innovative idea which hasn't yet been implemented in any jurisdiction, although several places are considering the proposal (including Tasmania, Singapore and Russia). New Zealand could be a world leader by adopting this measure.

Our key reasons for supporting this measure are that preventing youth from starting to smoke is critical to achieving the Smokefree Aotearoa 2025 goal. New Zealand modelling studies predict that this policy would be highly effective, cost-saving, and have a substantial positive impact on reducing smoking-related ethnic and social disparities.[25] It would be relatively easy to implement, both for government and retailers, and there is a low risk of adverse effects.

KEY ADVANTAGES	KEY DISADVANTAGES
2.1 Transition retailers out of selling/restricting sales to limited specified outlets	
Likely to help achieve 2025 goal as emerging evidence, NZ modelling and precedents in other countries support potential effectiveness.	Potential opposition from retailers and smokers.
Specifying the timeframe for the initial phase-out period is transparent and gives retailers and smokers time to adjust.	Details of process for phased reduction in number of retailers to be determined, and retailer response uncertain.
Establishes a pathway to the second phase where sale is restricted to a limited number of specialist outlets.	The evidence base for this approach in other jurisdictions is still emerging.
This approach avoids the need to set up a new licensing scheme and may be more acceptable to some stakeholders than licensing (for example, retailers, politicians, smokers).	The reduction in retailers could promote illicit trade, though this risk could be mitigated by appropriate enforcement measures (for example, increasing the security of outlets) and other aspects of the action plan working to reduce smoking prevalence and demand for tobacco products.
This would decrease thefts and so reduce illegal sales of stolen tobacco, because there would be fewer outlets and the remaining outlets could have enhanced storage and security.	

KEY ADVANTAGES	KEY DISADVANTAGES
2.2 Disallow sales in alcohol on-licensed premises	
Would help reduce impulse purchases due to alcohol use, and help reduce smoking initiation and increase the ability to quit (relapse while drinking is a major risk).	Likely to have only minimal impact on the overall availability of tobacco products on its own (but positive impact from 'decoupling' smoking and drinking).
There is evidence that smoking behaviours and relapse are associated with alcohol intake, particularly in social environments such as bars.[17]	Opposition from parts of hospitality industry, some of whom see smokers as an essential market.
NZ tobacco control stakeholders have expressed support for this idea.[53]	
2.3 Tobacco-free generation	
Strong potential to reduce youth uptake — and to reduce ethnic and social disparities in smoking, as suggested by modelling evidence and because Māori and Pacific populations are younger than others.	Concern about age discrimination and opposition from young people – this can be addressed by engaging with youth and young adults about the policy.
Would be a way to address the problems and limited effects of minimum age laws (rite-of-passage effect, adverse signalling).	Some see this as 'denial of choice' — removes the opportunity for adults to take 'informed risks' (but there are arguments against this, for example, it is justifiable to constrain choices over toxic products).
Emphasis is on welfare of future generations, while also not impacting on current smokers (politically attractive message).	Potential demand for illegal sales (but less likely if smoking is branded as 'last century', and as youth uptake reduces).
Potential to use media to portray smoking as 'last century'.	The proposal doesn't address current adult smokers (so will need to be introduced alongside other policies).
Clear message that smoking is no longer a rite of passage for young people.	
Strong signal of shifting to a tobacco-free context may influence adult smokers' decisions to quit.	

Summary of rationale for Objective 3:
Appeal — Make tobacco less appealing and less addictive

Little evidence exists on the effects of removing additives in tobacco, but that is unsurprising as this is a newly-emerging area of tobacco control. However, there are increasing precedents internationally, particularly for removing menthol and other flavourings in tobacco products. Stakeholders in our engagement process did not prioritise this option highly overall, but when asked to rank more detailed options in this area, they favoured removing all additives rather than a more incremental approach.

We believe, however, that there is a strong rationale for this option. It is highly plausible that additives act to enhance the appeal and palatability of cigarettes, particularly to young people and to people trying to quit smoking. They may also enhance addictiveness. Intervening to reduce the appeal and palatability of smoking may help prevent youth in particular from taking up smoking or becoming addicted.

Further, precedents are available in other countries (e.g. EU, Canada, Brazil) and evidence from their implementation will emerge in future.

Despite the lack of precedent and absence of evidence for the impact of a mandated nicotine-reduction strategy, there is strong emerging supporting evidence and theoretical reasons to believe that implementation of mandated VLNC tobacco products would have a major impact on reducing smoking prevalence.[54, 58, 59] Some research suggests that nicotine levels are particularly high in New Zealand tobacco.[37] This is another reason to implement this action.

Feasibility issues around lack of precedents and probable opposition from the tobacco industry and politicians would need to be addressed. Robust monitoring and evaluation mechanisms must be put in place to assess the impacts and, if necessary, reappraise the intervention.

KEY ADVANTAGES	KEY DISADVANTAGES
3.1 Remove additives that enhance appeal or addiction	
Likely to help achieve 2025 goal by dramatically reducing the appeal of tobacco products, potentially helping current smokers to quit and preventing youth from taking up smoking.	Evidence base is still emerging.
Some overseas precedents are in place and evidence will increase rapidly in future based on other countries' experience, particularly with removal of menthol.	Possible legal and international trade challenges.
May be possible to implement this policy with regulations rather than requiring new legislation.	Tobacco industry opposition and potential for manufacturers to take action to counter the effects of additive removal.
	Possible increases in illicit trade which may undermine the intervention effectiveness.
3.2 Restrict sales to VLNC	
Likely to help achieve 2025 goal by greatly reducing the addictiveness of tobacco products, potentially helping current smokers to quit and reducing risk of youth taking up smoking.	Evidence base is still emerging and there is no evidence yet from a mandated nicotine reduction policy.
Active areas of research with strong supportive evidence and substantial evidence likely to emerge in the next few years.	New Zealand research indicates mixed views from smokers on this policy.[38, 39]
May be possible to implement this policy with regulations rather than requiring new legislation.	Possible legal and international trade challenges.
Some research suggests public support may be high[39] (but other studies suggest support from smokers may reduce over time).[38]	Feasibility may be limited by lack of precedents and probable tobacco industry and political opposition.
	Possible increases in illicit trade that may undermine the intervention's effectiveness.
	May be logistical challenges in implementation.

Comparative summary table of actions

We appraised each action against a range of criteria. Further detail is provided online in the summary of the evidence and feasibility review (see aspire2025.org.nz/smokefree-action-plan). The appraisal criteria were:

- Effectiveness
- Equity/impact on Māori and Pacific ethnic and social disparities in smoking
- Unintended impacts
- Cost-effectiveness
- Technical and political (short- and long-term) feasibility
- Acceptability
- Whether there are precedents in other settings.

The results are summarised below.

Action		Effectiveness	Likely impact on equity	Cost-effectiveness	Feasibility	Acceptability	Precedent
1.1	Increase annual tobacco excise tax by 20%	High	Positive	High	Moderate or high	High or moderate	Yes
1.2	Minimum price regulation	Emerging area Potentially high	Unknown	Likely high	Moderate	Moderate	Yes
2.1	Transition retailers out of selling/restricting sales to limited specified outlets	Emerging area Potentially moderate to high	Unknown Potentially positive	Likely high	Moderate	Likely moderate to high	Yes
2.2	Disallow tobacco sales in alcohol on-licensed premises	Emerging area Potentially moderate	Unknown Potentially positive	Likely high	High	Likely high	Yes
2.3	Tobacco-free generation	Emerging area Modelling suggests it is likely to be highly effective	Modelling suggests it is likely to be highly positive	Modelling suggests it is likely to be cost-saving	Moderate	Moderate	No
3.1	Remove additives that enhance appeal or addiction	Emerging area Potentially moderate to high	Unknown Some US research suggests effective for ethnic minority groups	Likely high if costs fall on tobacco industry	Moderate	Uncertain	Yes
3.2	Restrict sales to VLNC tobacco products	Emerging area Potentially high	Unknown (but early NZ research suggests no ethnic differences)	Likely high if costs fall on tobacco industry	Moderate	Moderate	No

Rationale for 'doing more of what we already do' (planned and existing actions)

The final part of this section presents reasoning and background information on the two already planned actions and four enhanced existing actions. The first action, on access to safe alternative nicotine-delivery products (e-cigarettes), is a longer section because e-cigarettes are an important topic with diverse views.

Planned actions

1. Ensure access to safe alternative nicotine-delivery products, along with complementary information and smoking cessation support

This action plan focuses on e-cigarettes (ECs) as the main non-pharmacological alternative nicotine-delivery product currently used in New Zealand. The market is rapidly developing, with numerous types of ECs and other products emerging. Product diversity is likely to increase in future.

Current evidence about the impact of ECs on encouraging and supporting individual smokers to quit or cut down — and their impact on overall levels of smoking prevalence — is still being debated. However emerging evidence, for example from the United Kingdom where ECs are widely available, is increasingly suggesting that they are making a positive contribution to recent reductions in smoking prevalence.[40-42]

We see ECs as contributing to achieving the Smokefree Aotearoa 2025 goal *if* current smokers transition fully from smoking to 'vaping'. The focus needs to be on shifting from smoking to vaping, and assisting smokers to quit smoking altogether, rather than using both products. Also, the combined effect of measures in our action plan will incentivise smokers to either quit smoking altogether, or switch to ECs as a way to reduce and quit smoking. It is important that ECs are relatively more affordable, available and appealing, compared with smoked tobacco products.

In March 2017, the Associate Health Minister announced the sale of nicotine ECs and e-liquid will be made legal as consumer products, with some controls (such as disallowing sale to young people under 18 years, disallowing vaping in indoor workplaces and restricting advertising). Legislation is expected early in 2018. The Government has therefore committed to implementing greater accessibility of ECs in 2018 and this appears almost certain to go ahead.

The long-term adverse effects of EC use are currently unknown, but are likely to be much less than smoked tobacco products We believe that increasing the potentially positive role of ECs in smoking cessation can be maximised through many of the other interventions in our action plan, for instance making tobacco products less affordable, less available and less appealing and addictive relative to ECs. Such changes would enhance the likelihood that ECs would be attractive alternatives to smoked tobacco products for addicted smokers who at least in the short term continue to require nicotine, and so will encourage quitting and/or switching to ECs.

For example, our recommendation of substantial annual tax increases on smoked tobacco products will make smoked tobacco products relatively less affordable, and alternative nicotine delivery products relatively more affordable. We therefore support a differential tax policy where excise tax is applied to smoked tobacco products but not to alternative products such as ECs. Similarly, mandated very low nicotine cigarettes will ensure that tobacco products are much less effective and attractive as nicotine-delivery devices relative to ECs. This will encourage quitting smoking or switching to ECs.

Nonetheless, there may still be areas of policy debate over ECs. For example, the above logic would suggest that, while retail availability of tobacco products should be greatly restricted, ECs should be made available everywhere. But there could be downsides of making ECs too widely available. Such a policy may promote their use by children and result in ongoing encouragement of new EC users and nicotine addiction. That would be undesirable, given the modest adverse effects of nicotine use (and possible long-term adverse effects of EC use) and possible gateway effect to smoking. The option of restricting sales to specialist shops and pharmacies would be a way to ensure availability, while minimising the risk of purchase by minors and ensuring that smokers get the best possible advice about use of ECs in quitting.

We recommend there should be rigorous discussion and debate about EC-related policy (such as permitted place of sale, packaging and marketing, controls on use of flavours and vaping in places where smokefree polices are in place) with the aim of implementing policy in 2018 which strikes the best balance of positive impacts of ECs on smoking prevalence, while minimising the risk of adverse effects of wider availability and use.

There should also be rigorous monitoring and evaluation by December 2019 of the impact of e-cigarettes (and other alternative nicotine delivery products) on smoking cessation and uptake, and potential adverse impacts. Policies should be reviewed and modified as necessary.

2. Introduce standardised packaging and enhanced pictorial health warnings

While the new pictorial health warnings (to be introduced in 2018) will feature more clearly displayed messages about quitting and the Quitline number, further steps could be taken to ensure that packs have a role in encouraging quitting.

Mandated pack inserts have been used in Canada successfully for many years. Printed inserts offer smokers extra information and tips about quitting. This would be highly cost-effective, as all costs of printing and including the inserts can be made a responsibility of the tobacco industry. A further opportunity to communicate to priority groups would be to have graphic warnings specific to — and appropriate for — those groups.

Existing actions

1. Enhance mass media and social media campaigns from 2018 onwards, including about smoking cessation support and the Smokefree 2025 goal

Mass media campaigns aim to reduce smoking prevalence and smoking-related harm among young people or adults, and may use a variety of media channels, including television, internet, radio, billboards, print media – as well as social media.

Current campaigns include cessation-oriented campaigns to promote use of the Quitline and the 'Stop Before You Start' campaign to prevent young adults from starting smoking. A review of New Zealand mass media campaigns in 2014 revealed several areas that fell short of best practice:

- falling expenditure on mass media campaigns, with current intensity at or below the recommended intensity
- lack of use of emotion-arousing campaign themes
- some campaigns were only of short duration.[43]

We recommend implementing well-funded, best-practice mass media and social media campaigns as part of a comprehensive communications strategy – as originally recommended in the MASC report. Resources for the campaigns could be allocated additional revenue from tobacco tax increases.

The campaigns should seek to maintain or increase public awareness of the harm and addictiveness of tobacco products, encourage and support quitting by current smokers, and discourage youth and young adults from starting smoking. The campaigns must have sufficient reach and impact with priority groups, especially Māori. We recommend campaigns are integrated with other actions in the action plan – for example leveraging off and encouraging quitting in response to increases in tobacco tax, reductions in retail availability and removal of flavours and nicotine.

Also, a comprehensive communication and engagement strategy is needed to increase awareness and understanding about the Smokefree Aotearoa 2025 goal and key actions to achieve it. This will help mobilise the public, communities, stakeholders and decision-makers, and ensure the action plan is implemented as intended.

2. Enhance targeted smoking cessation advice and support

Currently, Aotearoa New Zealand has a strong focus on smoking cessation programmes at the individual level. Individual-level smoking cessation interventions, such as nicotine-replacement therapy (NRT) and Quitlines, enable individuals who engage with the intervention to increase their chance of long-term quitting. However, evidence suggests that only a minority of smokers use these interventions.

In contrast, population-level interventions enable whole populations to increase their quit rate (and usually to lower their smoking prevalence), such as by providing a whole population with cues to quit or increased chance of avoiding relapse. Examples of population-level interventions include the measures included in our action plan to reduce affordability, availability, appeal and addictiveness of tobacco products, as well as enhanced mass media and smokefree policies.

We believe that individual smoking cessation support will be insufficient to achieve the Smokefree Aotearoa 2025 goal, and that enhancements in this support will only make a small contribution to reducing overall smoking. Broad-based population-level interventions will also be vital.

We base this on several lines of argument, described in more detail in the Smokefree Aotearoa 2025 Progress Report (see aspire2025.org.nz/smokefree-action-plan). For example:

(i) The overall numbers of people quitting through face-to-face and other cessation services and the Quitline are currently well below the numbers required to achieve the Smokefree Aotearoa goal, particularly for Māori and Pacific people. Substantial increases seem unlikely to be possible within feasible resource allocations

(ii) Most quit attempts occur without the use of formal smoking cessation support services (only 12% of smokers had used Quitline or formal smoking cessation services during their last quit attempt in the 2012/13 New Zealand Health Survey)[55]

(iii) The emergence of ECs may encourage quitting without formal support. In the United Kingdom, as EC use has increased, the use of NHS smoking cessation services has declined (though this may also have been due to cuts in funding).

However, smoking cessation support may enhance the impact of population-based interventions like increases in tax. Furthermore there is a moral imperative to make such support available to those who want it — particularly among smokers on low incomes — to mitigate possible adverse economic impacts of tobacco tax increases.

Targeted efforts to promote and support cessation among priority and high prevalence groups would seem the best approach to take. For example, workplace-based smoking cessation support and broader workplace smokefree interventions have been relatively little used in Aotearoa New Zealand, despite good evidence of the impact of smoking cessation support in this setting.[44] The recent announcement of a Smokefree Defence Force is a good example of such an initiative.

Workplace interventions could focus particularly on occupational groups with high smoking prevalence or 'role model' status, such as teachers and nurses.

Exploration of smoking cessation support in a greater variety of settings may also be a promising approach, such as through community-based outreach, pharmacies and WINZ offices. Ensuring cessation information and support is available wherever cigarettes and e-cigarettes are sold (including advice on use of ECs for quitting) is likely to maximise uptake and impact of cessation services.

Better targeting of smoking cessation advice and support to achieve sufficient reach and impact with priority groups, particularly Māori and Pacific smokers, is important to ensure that these groups have appropriate cessation support available. Other groups that should receive targeted cessation support include post-release prisoners and pregnant women.

There should also be steps taken to ensure greater integration of smoking cessation advice and support. For example, the smoking cessation advice that is provided to hospital patients (current health target of 95%) needs to be integrated with community-based services, primary health care and Quitline.

3. Extend smokefree environment legislation to include specific outdoor areas and vehicles carrying children

New Zealand has been a world leader in legislating for smokefree indoor environments and workplaces, and for smokefree school grounds. National-level action in this area has not occurred since 2004, and in 2017 the Government rejected a Health Select Committee recommendation to enact smokefree cars legislation. Smokefree policies enable and promote quitting, help denormalise smoking and reduce second-hand smoke exposure in many settings.[45-48] People quitting may find offers of cigarettes at bars and cafés hard to resist,[49] promoting uptake among young adults and relapse among quitters.[52]

At a local level though, smokefree action by councils, iwi and NGOs is underway in many parts of New Zealand (see the Smokefree Aotearoa 2025 Progress Report – aspire2025.org.nz/smokefree-action-plan). In the absence of central government action on smokefree outdoor dining, local authorities and partners in cities and regions, including Palmerston North, Hawkes Bay, Wellington, Christchurch and Westland have been moving towards voluntary smokefree policies and bylaws.

In 2015, a remit was approved by the Local Government New Zealand conference to ask central government to develop and implement 'legislation to prohibit smoking outside cafés, restaurants and bars.' This has not eventuated. Without further national-level action by central government, there will be inconsistent approaches around the country.

Accordingly, we recommend new national measures to extend smokefree legislation to reduce the exposure of children to secondhand smoke and reduce the risk that children view smoking as a desirable or aspirational behaviour. Measures should include extending smokefree environment legislation to make cars carrying children smokefree as well as outdoor recreation areas, parks and playgrounds.

Other new smokefree outdoor areas should include sporting and recreational spectator facilities, building entrances and outdoor hospitality areas. This will help further reduce children's exposure to smoking as well as decreasing secondhand smoke exposure, the nuisance effect of exposure to tobacco smoke, and in outdoor hospitality settings will help break the link between smoking and alcohol use.

4. Review and consider reinstating Pathway to Smokefree New Zealand 2025 Innovation Fund to support new local and community-based initiatives

In the 2012 Budget, the Government allocated $5 million per annum for the Pathway to Smokefree New Zealand 2025 Innovation Fund. The fund aimed to invest in the design, development, promotion and delivery of innovative efforts to reduce the harm and wider costs of smoking through a comprehensive public health environment approach. Four population groups with high smoking prevalence were targeted: Māori, Pacific people, pregnant women and young people. In Round One of the contestable funding (2013), 14 projects in total were funded.[5]

The innovation funding supported:

- Four projects with a national focus — National Quit Month, WERO group stop smoking competition, Campaign to enhance smoking cessation interventions in general practice, and a project to create a smokefree youth movement
- Ten projects with a regional focus, mostly focused on smoking cessation by the targeted population groups.[5]

We recommend a review of the fund for the following reasons. First, an innovation fund has great potential to stimulate and support the considerable dynamism and initiative for Smokefree Aotearoa 2025 that is apparent at local level. Second, there has been no evaluation of the impact of the fund, so its effectiveness is uncertain. Third, a potential criticism is the lack of a mechanism to ensure timely roll-out and scaling-up of the innovations shown to be effective.[5] Stakeholders reported that the learning from the fund has not been widely disseminated to the tobacco control sector.

It will be important to establish a mechanism for critically evaluating the resulting new initiatives in the fund for relative cost-effectiveness against each other and against existing services, and, where the results justify this, to ensure that the successful initiatives are scaled up and rolled out. Wide dissemination of the learning from the fund and its resulting projects will also be needed.

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