

# Awareness and support for New Zealand's Smokefree 2025 goal and key measures to achieve it

INTERNATIONAL TOBACCO CONTROL (ITC) NEW ZEALAND AND  
ITC CROSS-COUNTRY FINDINGS

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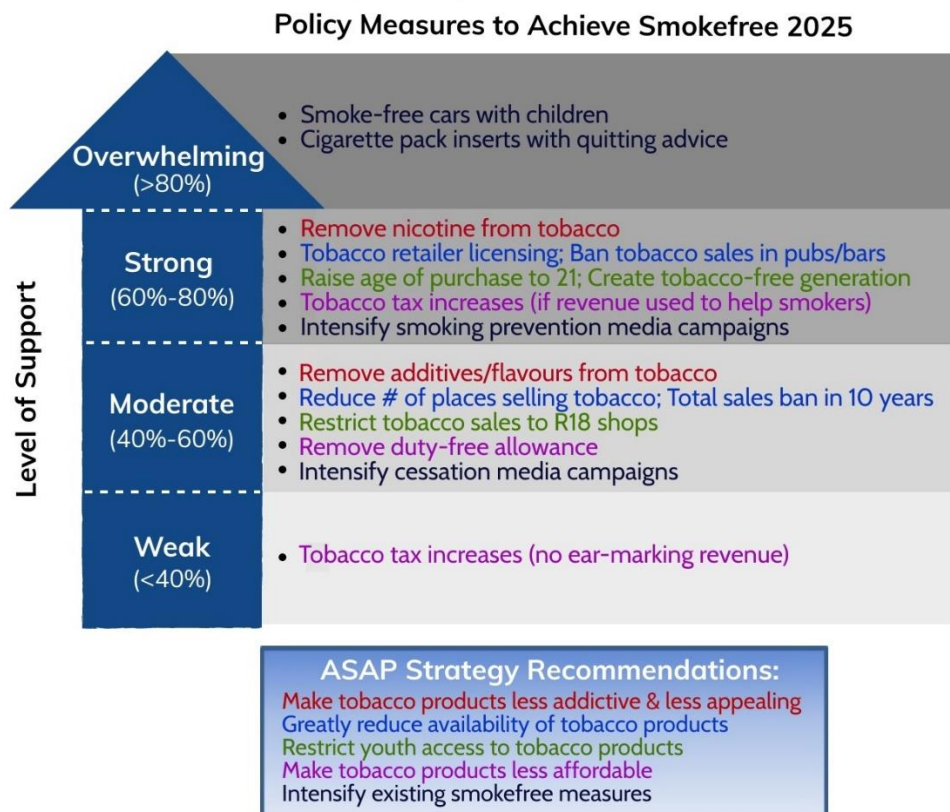
## About this Report

In March 2011, the New Zealand Government became the second in the world to adopt an ‘endgame’ goal for smoking, with a specific target to achieve a smokefree nation by 2025. Since then, however, there has been no organised effort to promote or explain the goal and only limited policy measures have been implemented to support its achievement. Current smoking prevalence trends suggest that the goal will not be achieved, particularly for Māori and Pacific peoples. In response to limited progress, the ‘Achieving Smokefree by 2025’ (ASAP) strategy – which sets out a comprehensive action plan for achieving the Smokefree goal – was developed by the smokefree sector in 2017.

This report summarises evidence from the International Tobacco Control (ITC) Policy Evaluation Project on awareness and understanding of the Smokefree Aotearoa goal, and the degree of support for key measures to accelerate its achievement. Since 2002, the ITC Project has conducted longitudinal cohort surveys in 29 countries to evaluate the impact of key tobacco control policies of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC). Data from smokers and quitters in New Zealand collected from 2016 to 2018 is presented in context with data from smokers in up to 13 other ITC Project countries. The report also compares findings between Māori (the indigenous population of New Zealand) and non-Māori participants.

We found high levels of awareness and support for the Smokefree Aotearoa goal. Figure 1 summarises support for key measures in the ASAP strategy. There was strong support for many ASAP measures, with only one set of measures (further tax increases without using revenue to help smokers) having weak support. The findings suggest that implementing a comprehensive strategy to achieve a Smokefree Aotearoa is feasible and would attract public support.

**Figure 1: Summary of support for key measures in the Achieving Smokefree by 2025 strategy among smokers and quitters**





## Background

### The Smokefree Aotearoa 2025 Goal

In October 2010, the Māori Affairs Select Committee (MASC) reported on its *Inquiry into the tobacco industry in Aotearoa and the consequences of tobacco use for Māori*.<sup>1</sup> The Inquiry was prompted by Māori over concerns about the shocking toll of tobacco use in their communities, and drew on input from multiple stakeholders including communities, iwi, researchers and clinicians.

The MASC report made 42 recommendations to the Government, including proposing the goal of making New Zealand a smokefree nation by 2025. In March 2011, the New Zealand Government responded to this recommendation by adopting the Smokefree Aotearoa 2025 goal:

**“To reduce the number of people smoking and tobacco availability to minimal levels, thereby making New Zealand essentially a smokefree nation by 2025.”<sup>1</sup>**

In doing so, it became only the second Government in the world to adopt a specific ‘endgame’ goal for the use of smoked tobacco products.

### Progress towards the Smokefree Aotearoa 2025 goal

Since the adoption of the Smokefree Aotearoa goal, a number of new measures have been introduced in New Zealand: annual above inflation tobacco tax increases from 2011-2020; a ban on point-of-sale retail displays in 2012; and standardised packaging and enhanced pictorial health warnings in 2018 (see ITC Project, 2020).<sup>2</sup> However, many of the MASC report’s key recommendations were not actioned,<sup>3</sup> including interventions to restrict the availability of smoked tobacco products and to reduce the palatability and addictiveness of cigarettes. Awareness raising efforts through mass media campaigns have been poorly resourced,<sup>4</sup> and there has been no organised effort by the Government to promote or explain the goal to the public.

Smoking prevalence trends and modelling studies suggest that the goal will not be achieved, particularly for Māori and Pacific peoples.<sup>5,6,7</sup> The 2018 mid-term targets for smoking prevalence were missed for the population as a whole, and by a very wide margin for Māori and Pacific peoples. One of the key MASC recommendations was for the Government to establish a comprehensive tobacco control strategy and action plan with a strong emphasis on Māori-focused outcomes. No such government plan has been developed.



## The Achieving Smokefree by 2025 Action Plan

In response to the Government's failure to develop a strategy or action plan, the New Zealand tobacco control sector developed the 'Achieving Smokefree by 2025' (ASAP) strategy. This was launched in August 2017 and set out a comprehensive evidence-based action plan for achieving the Smokefree goal.<sup>8,9</sup>

The **ASAP strategy** calls for key measures to:

- **Make smoked tobacco products less affordable by:**
  - increasing tobacco excise taxes above inflation annually
  - setting a minimum price for tobacco products
- **Restrict the availability of smoked tobacco products by:**
  - requiring current retailers to transition out of selling tobacco by Dec 2021
  - restricting tobacco product sales to about 300 specified outlets from Jan 2022 (5% of current outlets)
  - prohibiting sales of tobacco products in all alcohol on-licensed premises
  - introducing a tobacco-free generation policy making tobacco purchase legal only for people born before 1 Jan 2003
- **Make smoked tobacco products less addictive and less palatable by:**
  - prohibiting all additives and design innovations to tobacco products that may enhance their appeal or addictiveness
  - mandating very-low-nicotine content for all tobacco products
- **Intensify current measures, such as:**
  - ensuring access to less harmful alternative nicotine delivery products
  - introducing standardised packaging and enhanced pictorial health warnings
  - enhancing mass media and social media awareness raising campaigns
  - adopting measures to mitigate adverse impacts of tax increases on disadvantaged smokers
  - expanding targeted smoking cessation advice and support
  - extending smokefree environments legislation to include specific outdoor areas and cars carrying children

Government adoption of the measures recommended in the ASAP strategy has been limited. Only two of these measures are currently in place — standardised packaging with enhanced pictorial health warnings (completed June 2018), and the continuation of annual above inflation tobacco tax increases since 2011 (implemented in January of each year up to 2020).

Two additional measures are still in process: In 2019, legislation was introduced to Parliament to prohibit smoking in cars carrying children, and a Bill was presented to Parliament in 2020 to introduce a legislative and regulatory framework for alternative nicotine delivery products such as e-cigarettes.

This report presents results on levels of awareness and support for the Smokefree Aotearoa 2025 goal and support for recommended measures in the ASAP strategy among New Zealand smokers and quitters as of 2018. At the time of writing this report in May 2020, only standardised packaging and annual above inflation tax increases had been implemented, whilst the other measures recommended in the ASAP strategy had not yet been introduced.

# ITC Evidence on Support for Smokefree Aotearoa 2025 and Key Measures to Achieve it

## Overview of Methods

The data in this report are cross-sectional analyses from the ITC Project Surveys in New Zealand. These surveys were conducted by Computer Assisted Telephone Interview (CATI) with smokers and quitters. The Wave 1 survey was conducted from August 2016 to April 2017 among 910 smokers (of whom 326 were Māori) and 245 quitters (60 Māori). The Wave 2 survey was conducted from June to December 2018 among 726 smokers (308 Māori) and 294 quitters (86 Māori). Participants from Wave 1 were invited to participate in Wave 2, of whom 587 (50.8%) agreed to do so. An additional 433 participants were recruited to the Wave 2 survey as the replenishment sample to replace Wave 1 participants who did not take part in Wave 2 interviews.

All the Wave 1 quitters had quit within the last 18 months at the time of recruitment. Wave 2 included 70 longer term quitters who were quit at Wave 1 and remained quit at the time of their Wave 2 interview, and 224 recent quitters who were either smokers from Wave 1 who had since quit smoking, or were recent quitters recruited in the replenishment sample.

All New Zealand data presented is from the Wave 2 (2018) survey unless otherwise stated. All analyses were adjusted using inflation sample weights so that the reported results represent estimates for relevant populations of smokers and quitters in New Zealand. Weighted prevalence estimates were calculated using survey logistic regression models incorporating survey design information, including strata and the primary sampling units (small geographic areas) to adjust for potential design effects. For all analyses 'don't know' responses have been excluded. All graphs in the report present percentages of participants as weighted point estimates with error bars representing 95% confidence intervals.

We present data from all participants in the ITC New Zealand Survey and also comparisons between sub-groups (smokers vs. quitters and Māori vs. non-Māori respondents). Percentage estimates were adjusted for age, sex, time-in-sample (number of waves completed by participants), and smoking status (smoker/quitter) for the Māori and non-Māori subgroups, and ethnicity (Māori/non-Māori) for the smoker and quitter subgroups. Significance testing for differences in prevalence between sub-groups was conducted using the same adjusted models. All analyses were conducted with the *rlogist* procedure in SAS-callable SUDAAN (Version 11).

The report also presents cross-country comparisons of support for selected policy measures in New Zealand and up to 13 high-income ITC countries, using data from the latest survey wave available in each country.<sup>i</sup> These comparisons are restricted to NZ smokers as not all ITC countries include quitters in their samples, and were adjusted for demographic variables (age and sex), smoking frequency (daily vs. non-daily), and time-in-sample.

More information about the ITC New Zealand Project is available at:

<https://www.otago.ac.nz/wellington/departments/publichealth/research/otago577201.html>

Full details of sampling, weighting, and methods for each survey wave are provided in Technical Reports available at: <https://itcproject.org/countries/new-zealand/><sup>10 11</sup> For further information about the ITC Project including copies of individual country surveys see: <https://www.itcproject.org>

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<sup>i</sup> Note that the 2018 results for New Zealand presented in the cross-country figures may vary slightly from the 2018 results in the New Zealand-only analyses due to differences in adjustment methods.

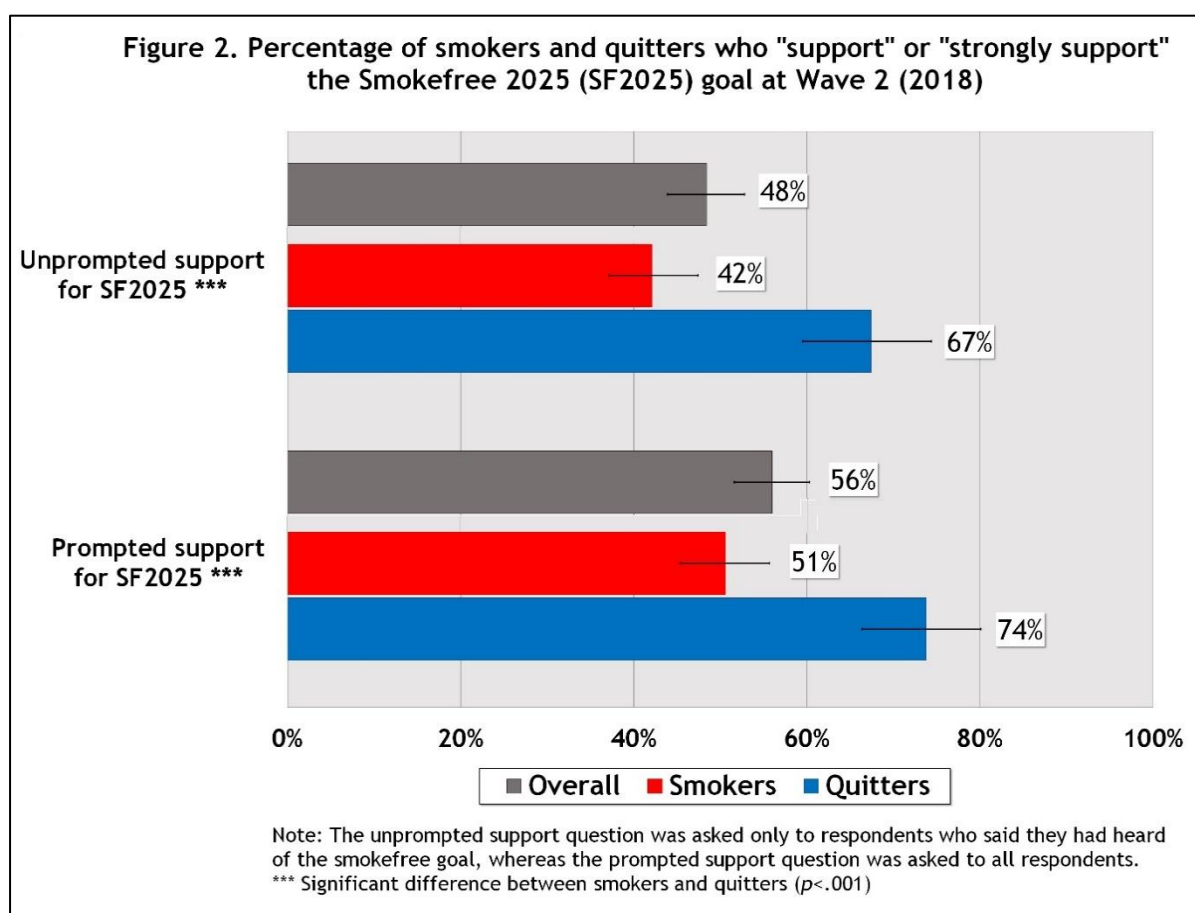
## Awareness and Support for Smokefree Aotearoa 2025

Awareness of the Smokefree 2025 goal was high, with 95% of participants reporting that they had heard of the goal. However, most respondents who were aware of the Smokefree goal (56%) stated that they had “rarely” or “never” seen advertising or information referring to the goal in the last six months.

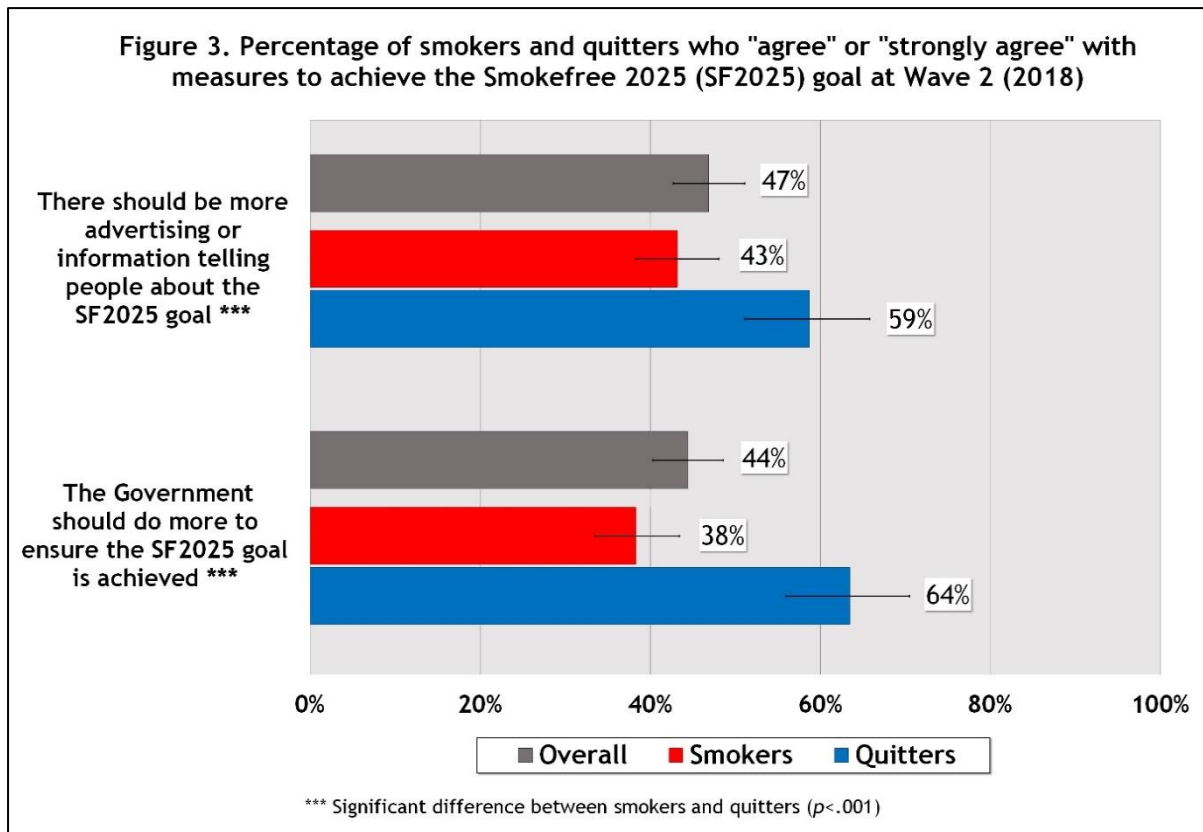
Among participants who were aware of the Smokefree goal, about half (48%) expressed support for the goal unprompted. Support increased to 56% of all respondents when prompted with the following text explaining the exact nature of the goal:

*“The goal aims to reduce the number of people smoking and tobacco availability to minimal levels, thereby making New Zealand essentially a smokefree nation by 2025. ‘Minimal numbers of people smoking’ is often interpreted as less than 5% of people in all population groups will smoke.”*

Support for the goal was higher among quitters than smokers (see Figure 2).



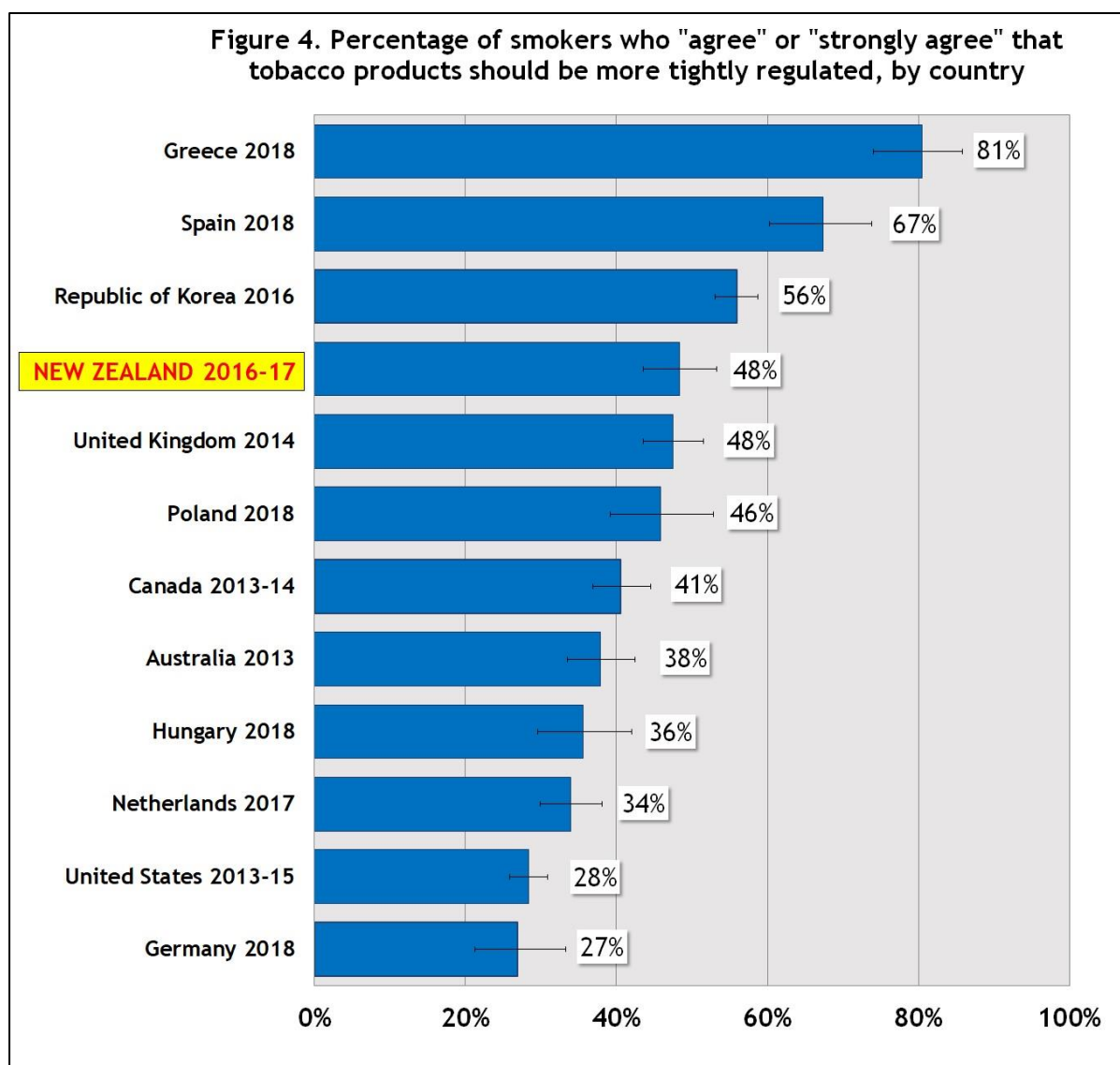
There was strong support for greater promotion and efforts to achieve the Smokefree 2025 goal. Almost half of participants agreed that there should be more advertising and information about the Smokefree Aotearoa goal (agree 47% vs. disagree 29%) and that the Government should do more to achieve Smokefree 2025 (agree 44% vs. disagree 46%). Support for both of these statements was higher among quitters than smokers (see Figure 3).



## General support for greater regulation of tobacco products

Over half (53%) of smokers and quitters agreed that tobacco products should be more tightly regulated.<sup>ii</sup>

The proportion of smokers who support greater regulation of tobacco products ranged from 27% to 81% across 12 high income ITC countries (see Figure 4). Support among smokers in New Zealand (48%) was just above the median (44%) across these countries.



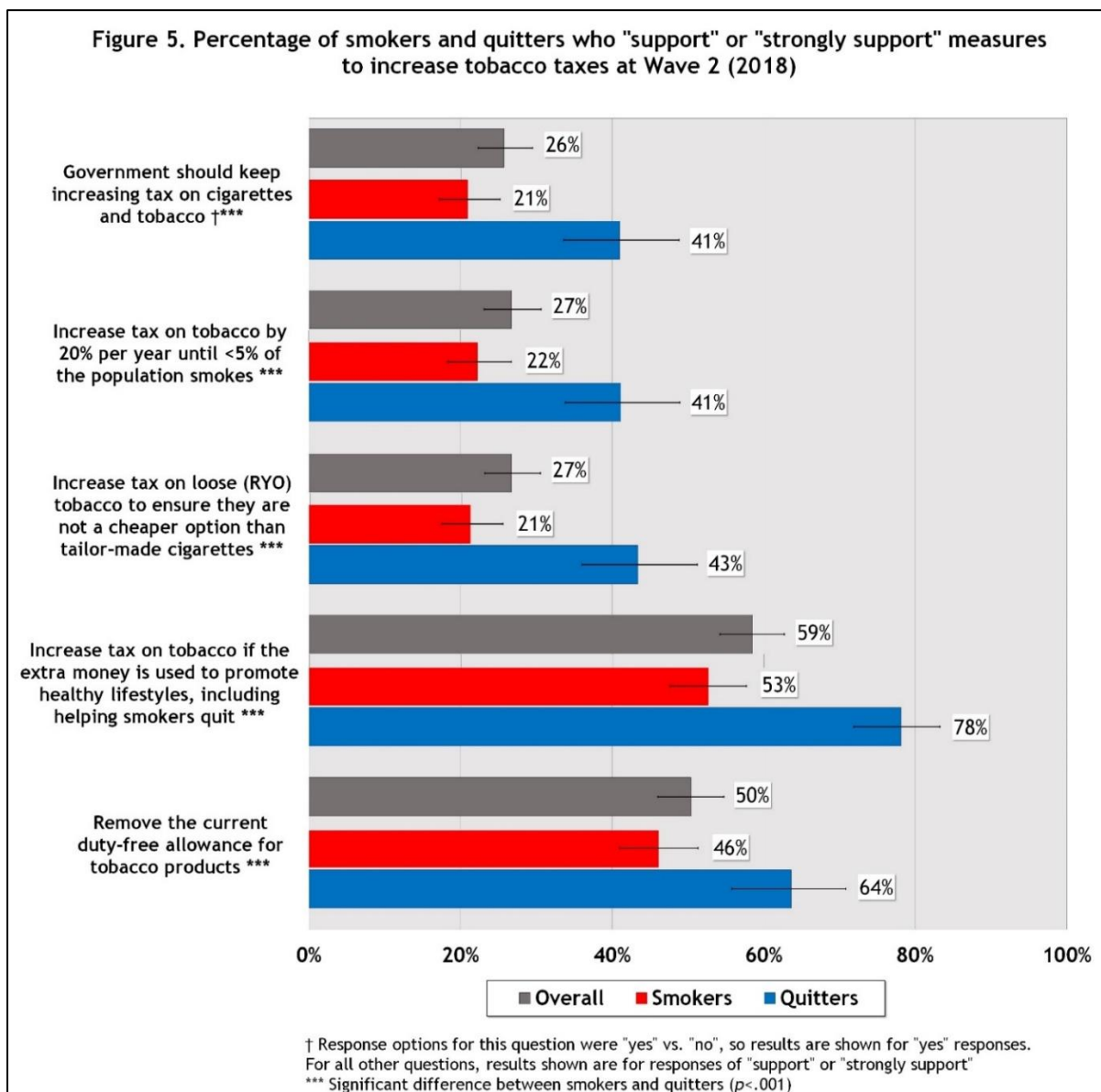
<sup>ii</sup> Note: this question was not asked in the Wave 2 (2018) Survey, so results are from the Wave 1 (2016-17) Survey.



## Support for measures to make smoked tobacco products less affordable

Participants were asked about five potential measures to make smoked tobacco products less affordable. Three questions assessed support for simple increases in tobacco excise tax. A minority of participants supported these measures: less than one-third of smokers and quitters thought the government should continue to increase tobacco tax on cigarettes in general (26%), increase tax on loose (RYO) tobacco (27%), or implement substantial annual tobacco tax increases to achieve <5% smoking prevalence (27%). Support for these measures was greater among quitters than among smokers (see Figure 5).

However, support was higher for two other tax-related measures. There was majority support (59% overall, 53% among smokers, 78% among quitters) for increasing tax on tobacco products when it was stated that extra money raised from taxation would be used for health promotion and to support smokers to quit smoking ('hypothecated' or 'ear-marked' funding). Also, half (50%) of all participants supported removing the current duty-free allowance for tobacco products.



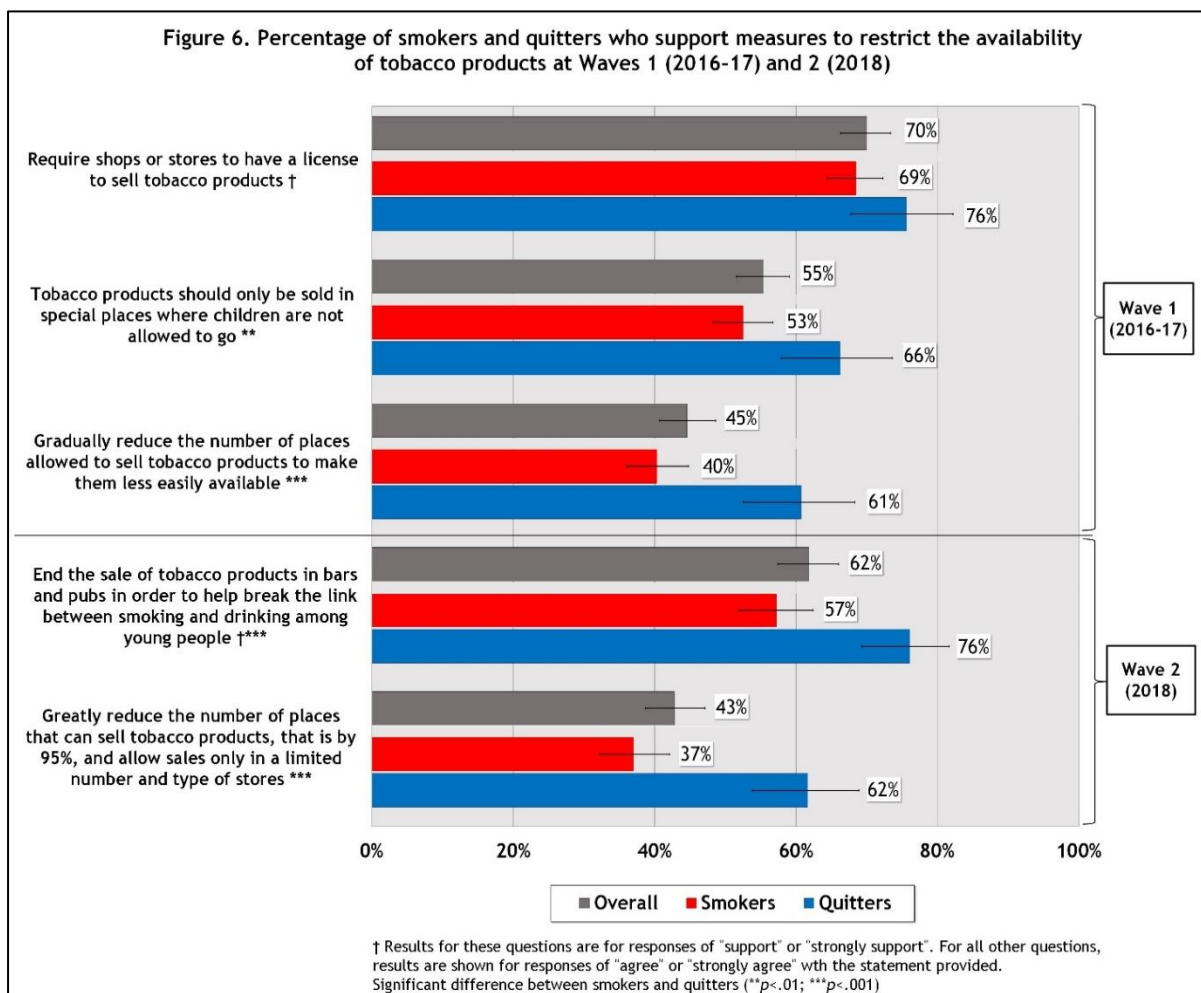
## Support for measures to restrict the availability of smoked tobacco

### Support for greater restrictions on retail availability of smoked tobacco

There was substantial support for laws to make smoked tobacco products less available and for increased restrictions over the sale of these products in retail settings (see Figure 6). Note that questions about some measures were only included in the Wave 1 survey (top part of Figure 6).

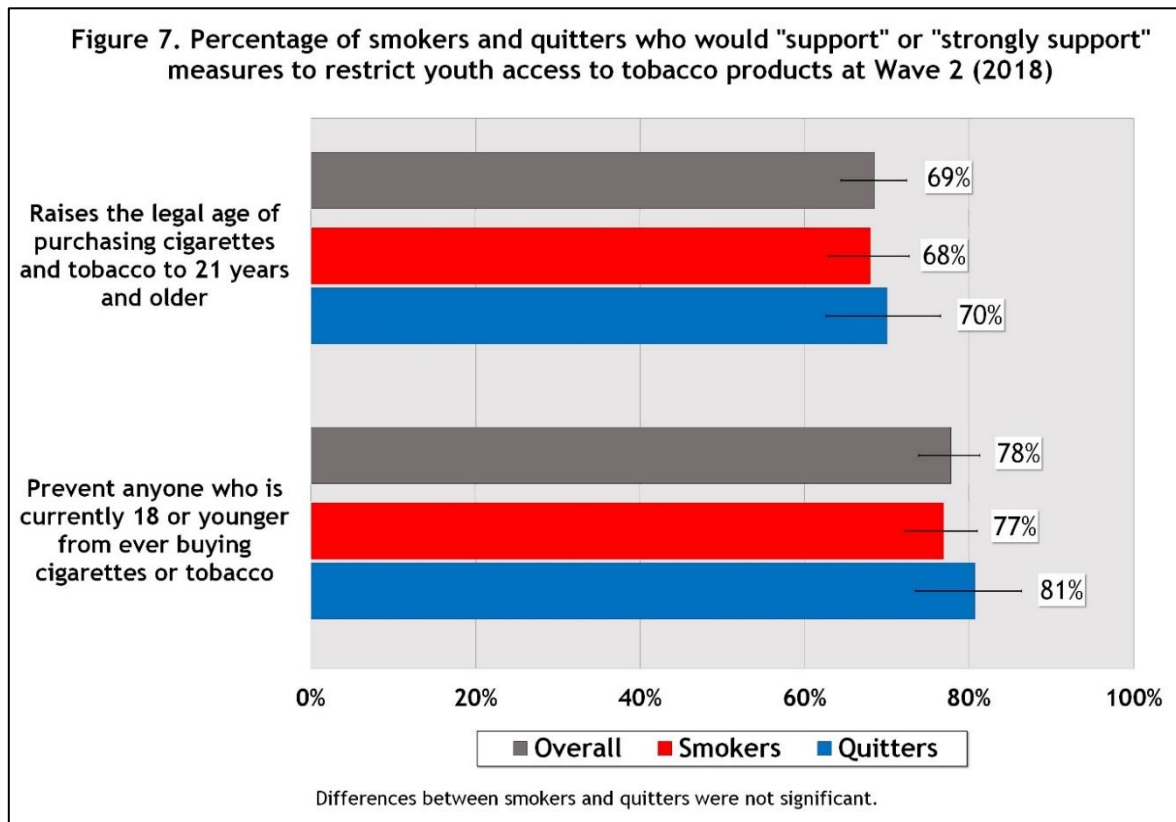
Support was strongest (70% overall) for requiring retailers selling tobacco to have a license, and there was also majority support for prohibiting the sale of tobacco products in bars and pubs (62%) and for restricting access to places where tobacco is sold to adults only (55%). Just under half of respondents agreed with reducing the number of places where tobacco products can be sold either gradually (45%) or greatly (43%).

For each of these proposed laws or interventions, support was greater among quitters compared to smokers.

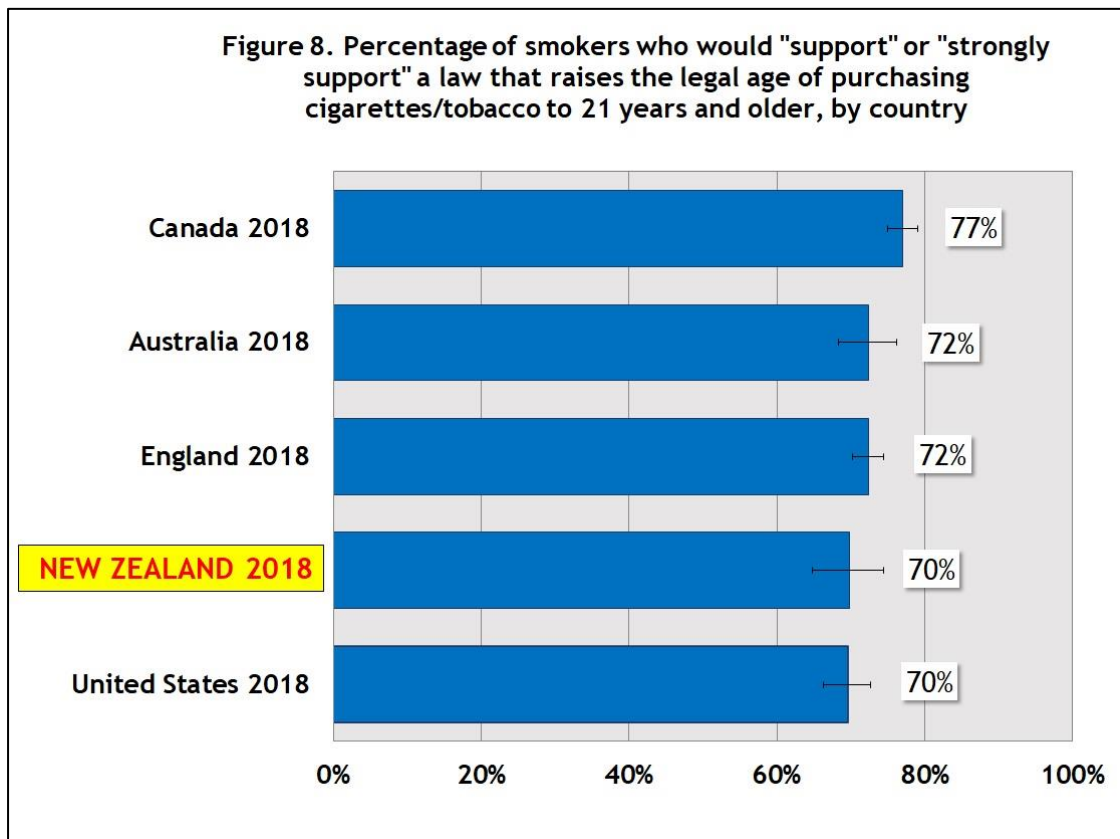


## Support for reduced youth access to smoked tobacco

There was very strong support for proposed measures to reduce access to tobacco products among young people. Over two-thirds (69%) of participants supported raising the minimum legal age of purchasing tobacco products to 21 years. An even higher proportion (78%) supported the more radical proposal included in the ASAP strategy of introducing a law that prevents anyone born after a certain date from ever buying cigarettes or tobacco (the 'Tobacco-free Generation' strategy). There was no difference in support for these two proposals between smokers and quitters (see Figure 7).



ITC cross-country comparisons show that support for raising the legal age of sale to 21 years in New Zealand is similar to other high-income countries (70% or greater in all countries) (see Figure 8).

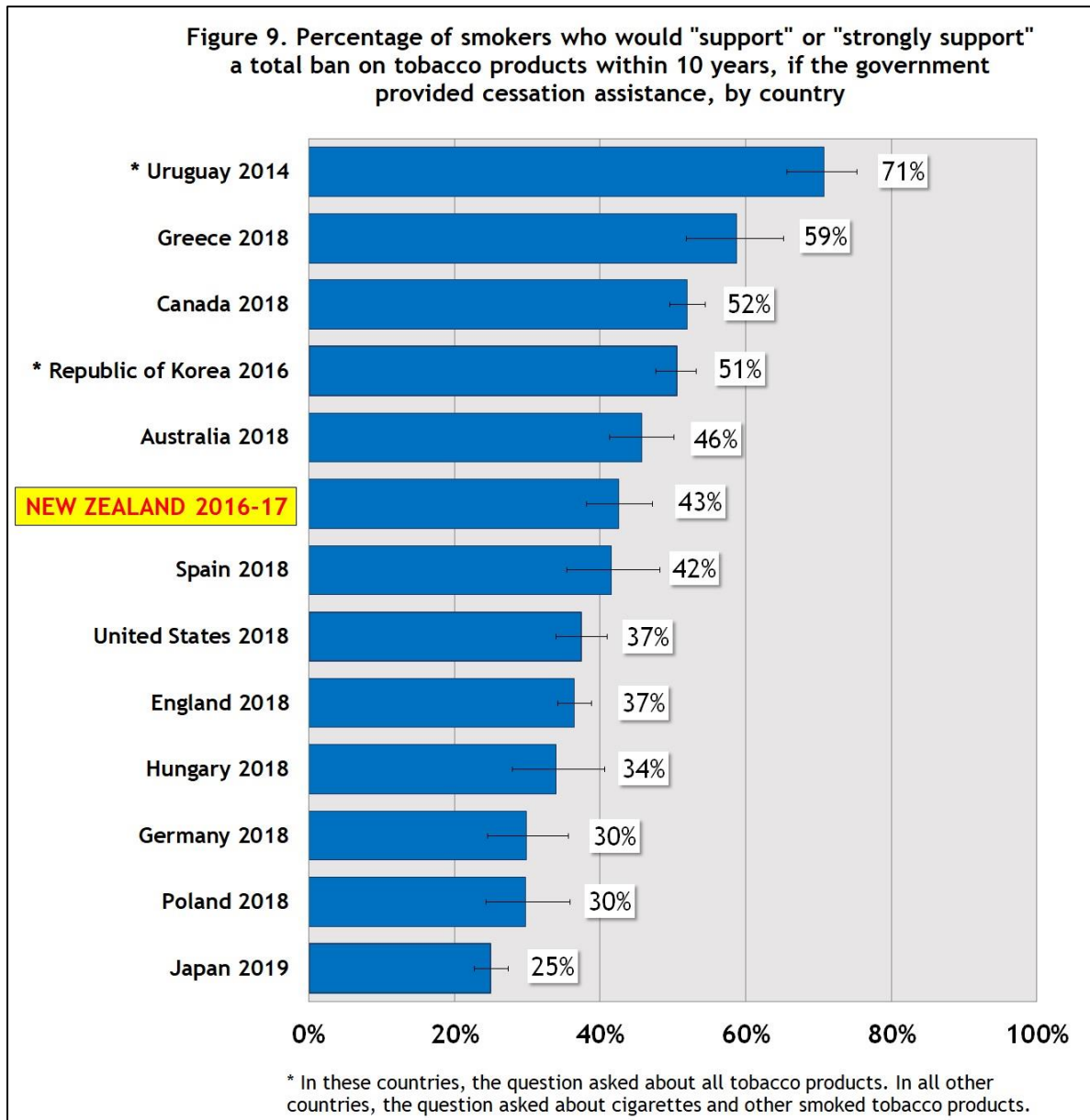




## Support for a ban on smoked tobacco sales

Almost half of participants (48% overall) said they would “support” or “strongly support” a total ban on cigarettes and other smoked tobacco within 10 years if the government provided assistance such as clinics to help smokers quit, with greater support among quitters (60%) than smokers (45%) (data not shown).<sup>iii</sup>

The percentage of current smokers in New Zealand (43%) who support such a ban falls in the middle of 12 other high-income ITC countries, where support ranged from 25% to 71% with a median of 42% (see Figure 9).

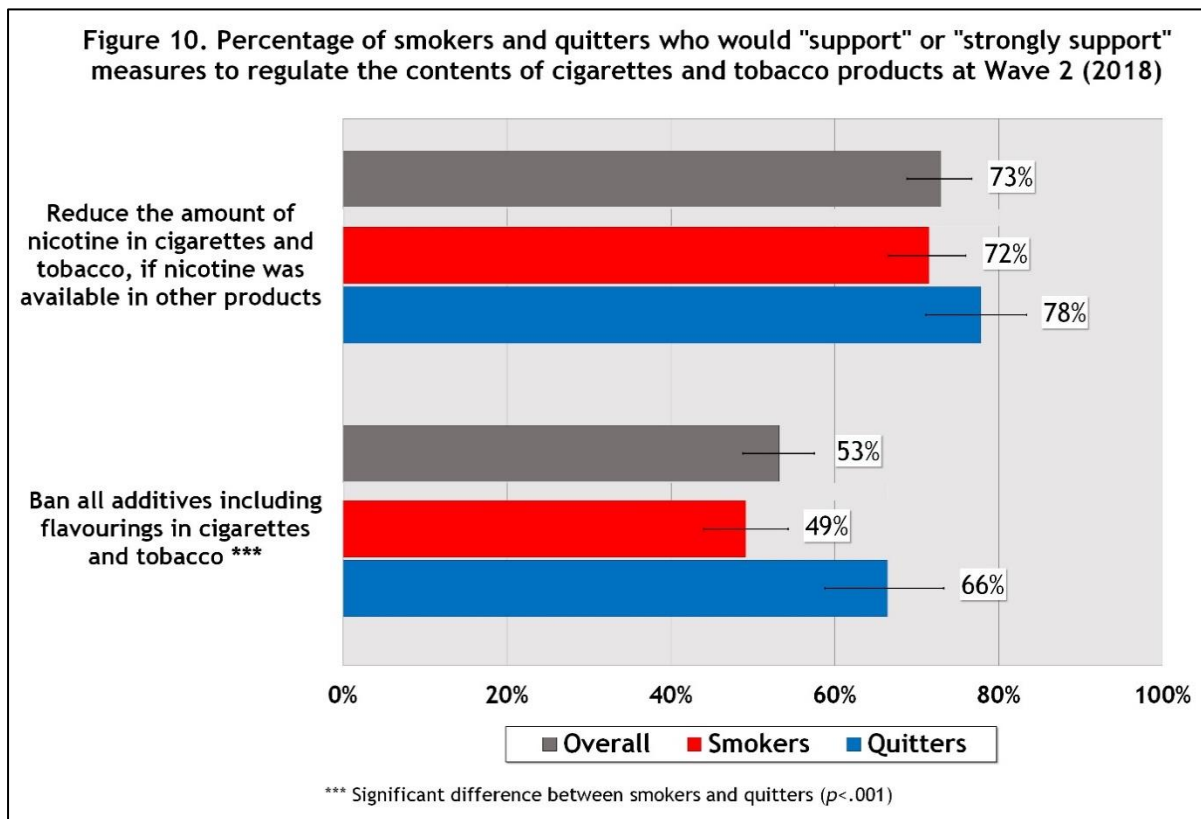


<sup>iii</sup> Note: this question was not asked in the Wave 2 (2018) Survey, so results are from the Wave 1 (2016-17) Survey.

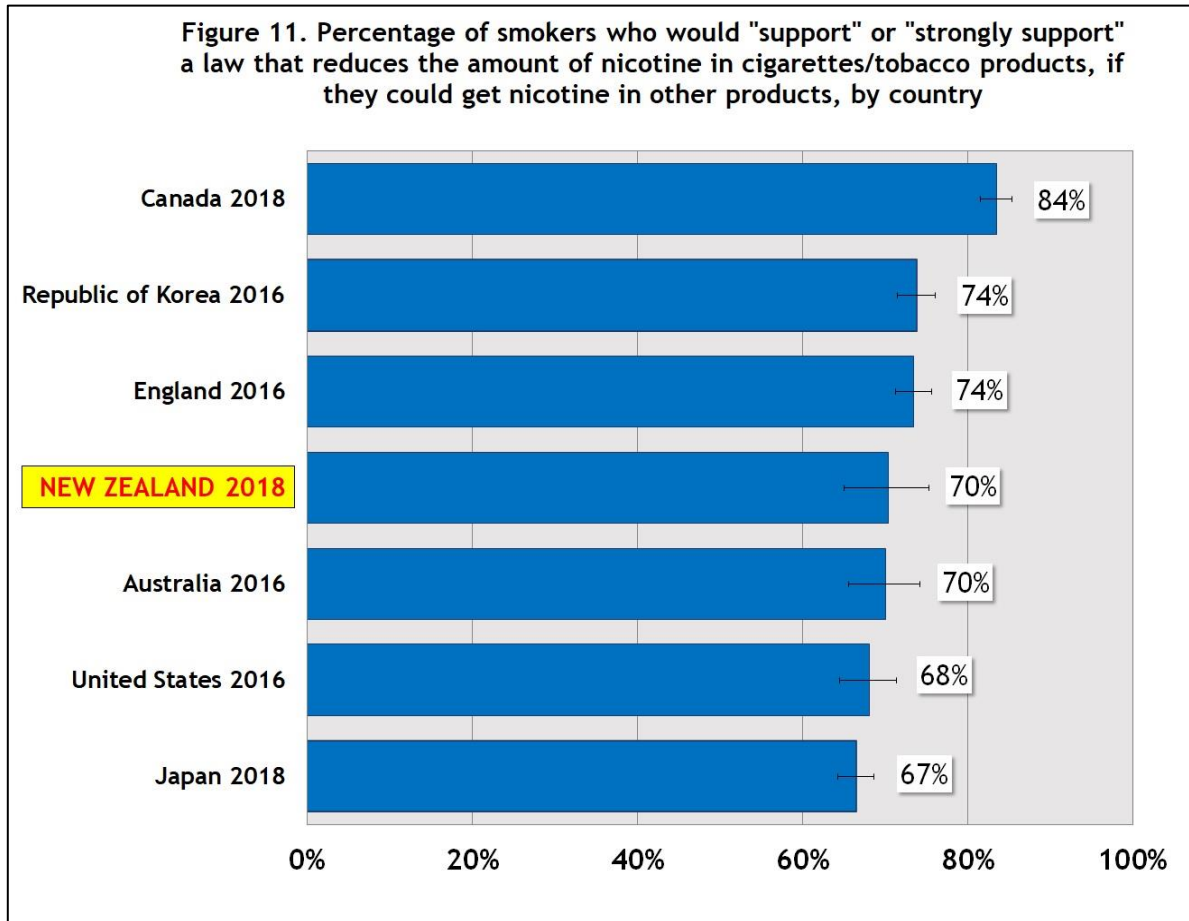
## Support for measures to make smoked tobacco products less addictive and less palatable

There was strong support for measures to regulate the contents of smoked tobacco products to make them less addictive and less palatable, as recommended in the ASAP strategy.

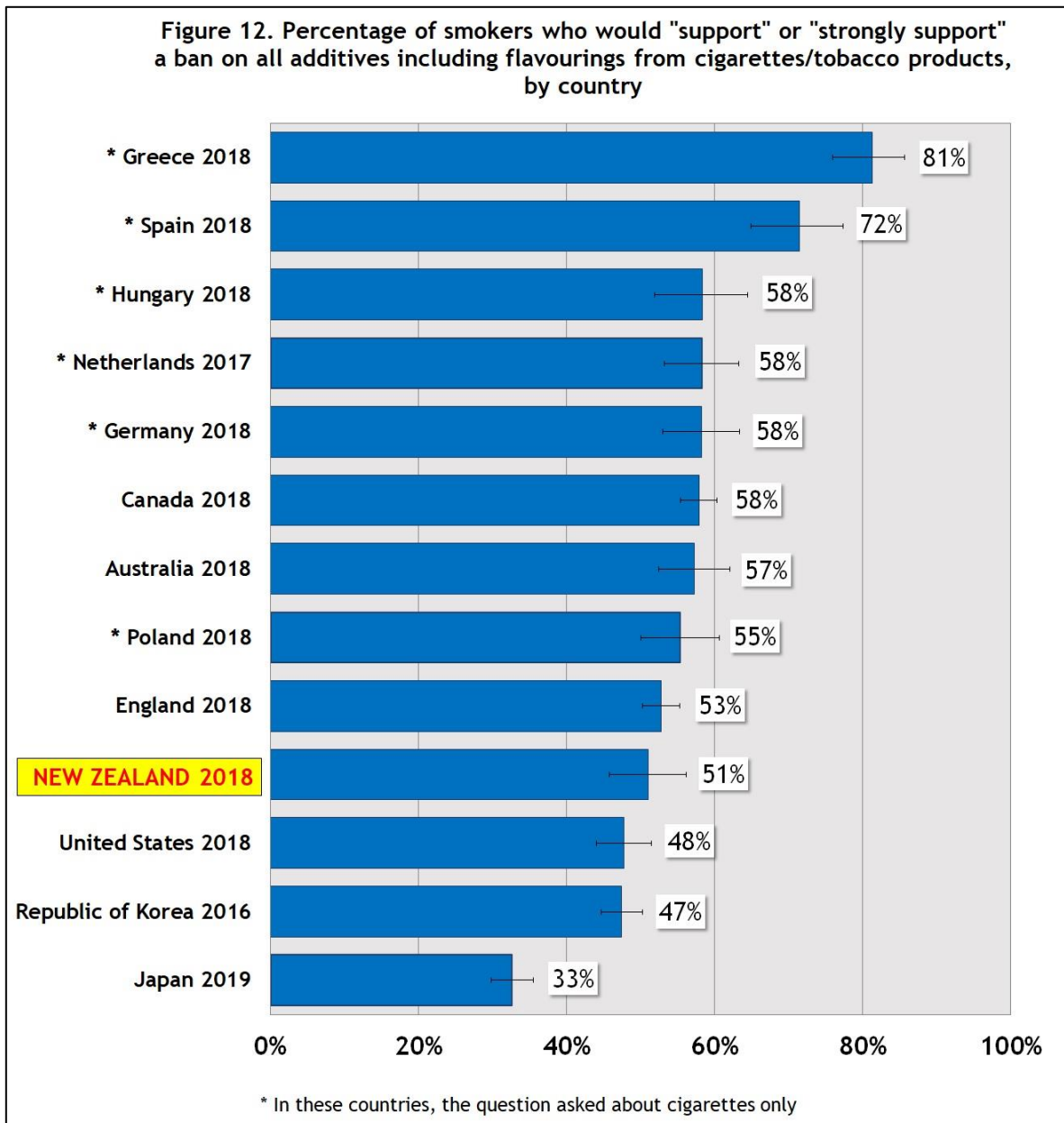
About three-quarters of respondents (73%) said they would “support” or “strongly support” a law reducing the amount of nicotine in cigarettes provided that other nicotine products were available, and a majority (53%) supported a law banning all additives, including flavourings, in cigarettes and tobacco (see Figure 10). Support for both measures was higher among quitters than smokers.



ITC cross-country comparisons show that support among current smokers for reducing the nicotine content of cigarettes and tobacco was high (range 67%-84%, median 70%) across seven high income countries, with support among New Zealand smokers ranked in the middle (70%) (see Figure 11).



There was greater variation across ITC high-income countries in support among smokers for banning all additives from cigarettes (range 33% to 81%, median 57%). Support for this measure was slightly lower in New Zealand than in most other countries (see Figure 12).

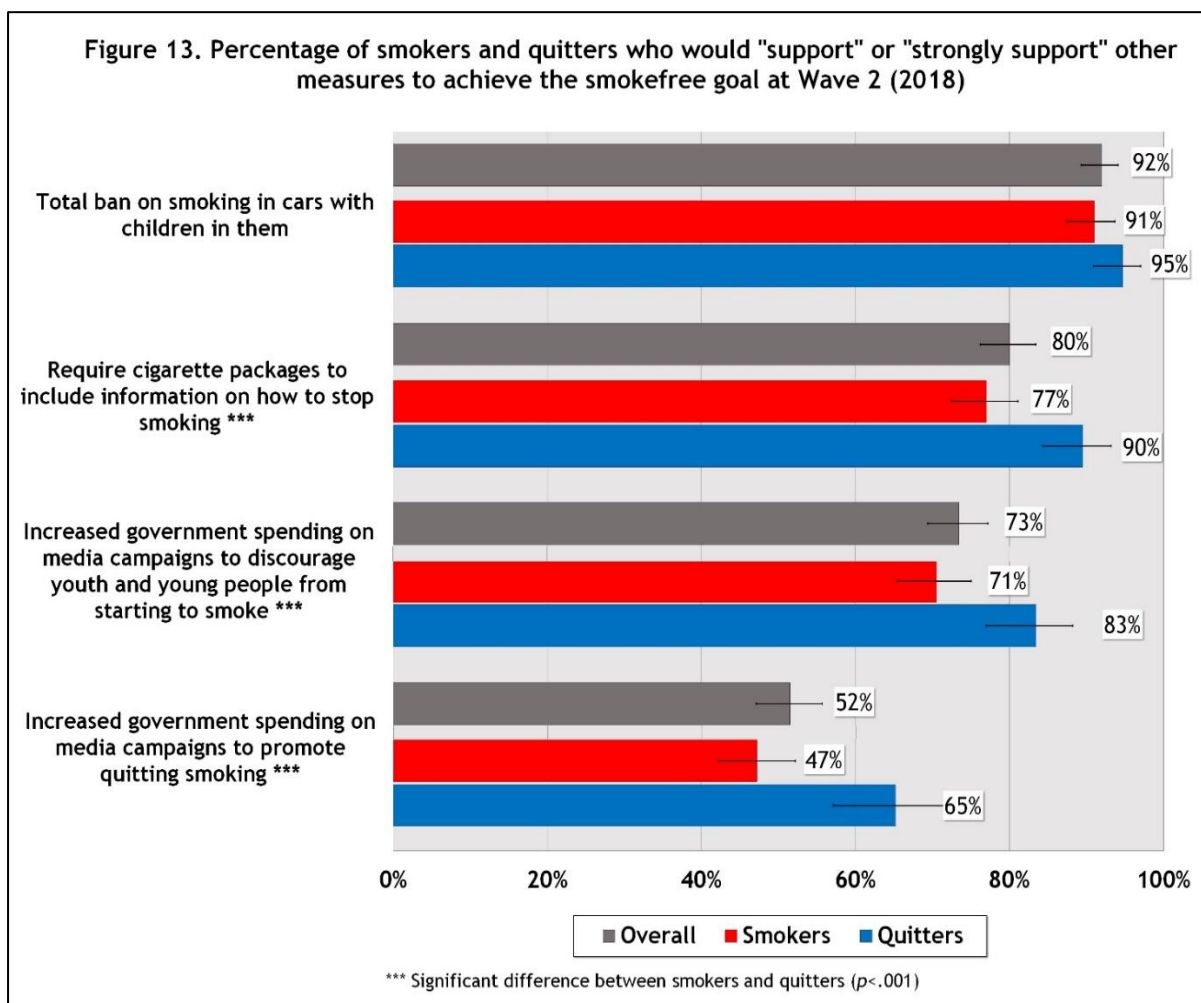




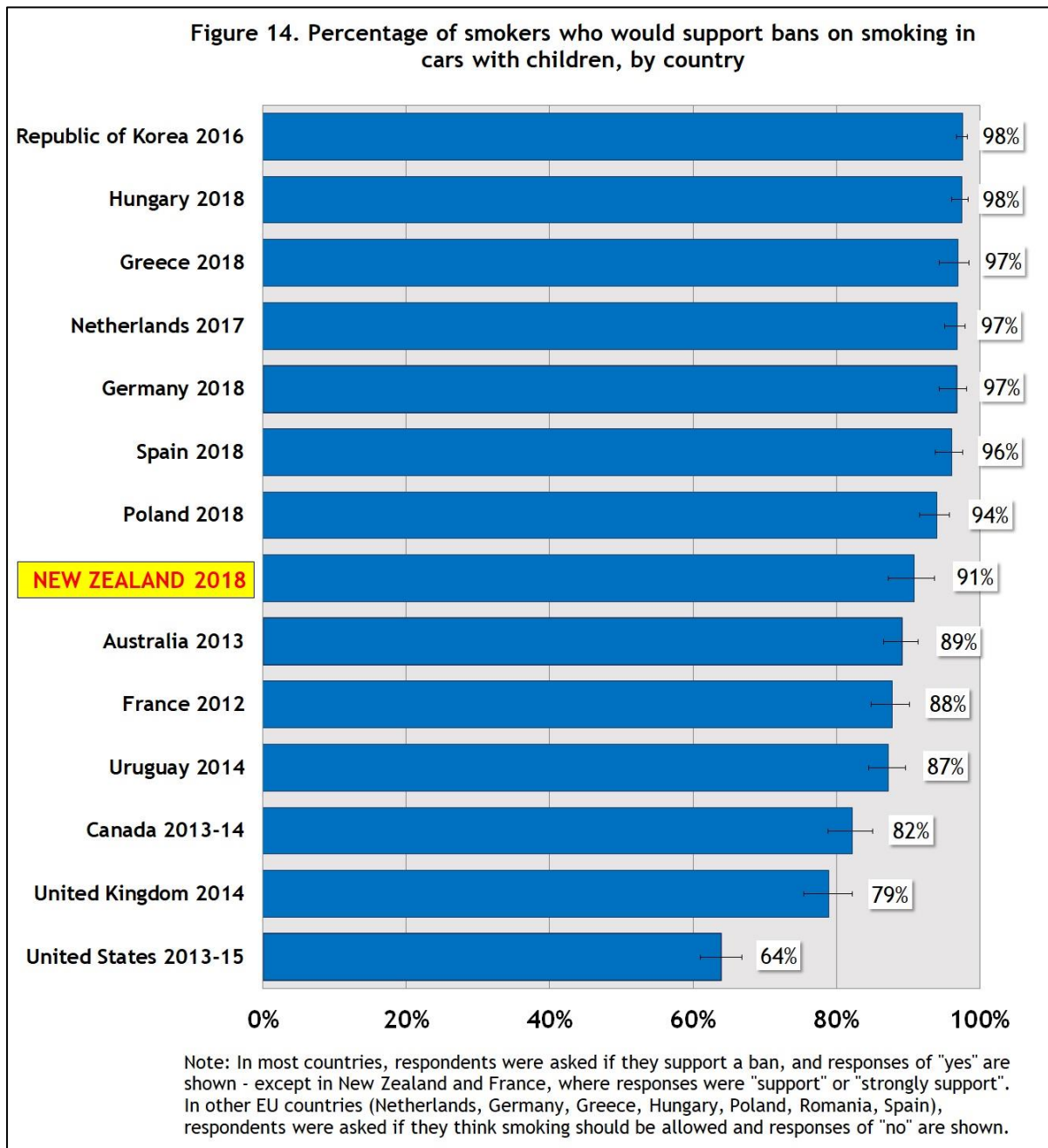
## Support for other measures to help achieve the Smokefree Aotearoa goal

There were high levels of support to scale up existing tobacco control measures to accelerate progress towards the Smokefree Aotearoa goal (see Figure 13).

An overwhelming majority of smokers and quitters supported a ban on smoking in cars with children present (92%) and a law that would require cigarette packs to include inserts with information about how to quit smoking (80%). In addition, about three-quarters of respondents (73%) supported increased Government spending on campaigns to reduce the uptake of smoking among youth and young people, and over half of respondents (52%) supported increased Government spending on stop-smoking campaigns. Support for each of these measures was higher among quitters than smokers, with support for banning smoking in cars with children extremely high in both groups (see Figure 13).



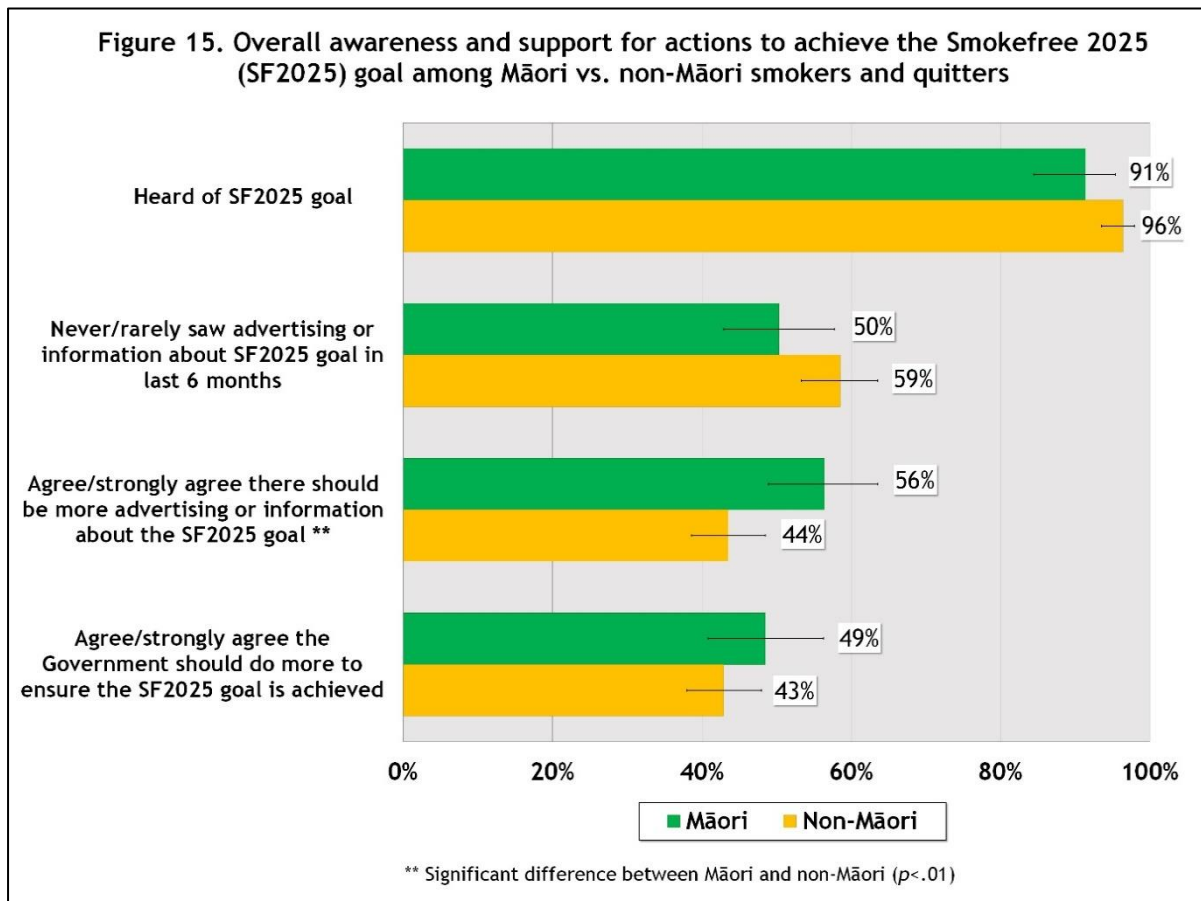
Cross-country comparisons show overwhelming support among smokers for a ban on smoking in cars in all but one of 14 high-income ITC countries (range 64-98%, median 93%), with 91% of current smokers in New Zealand supportive of this measure (see Figure 14).



## Awareness and Support for the Smokefree Aotearoa Goal and Measures to Achieve it Among Māori and Non-Māori Participants

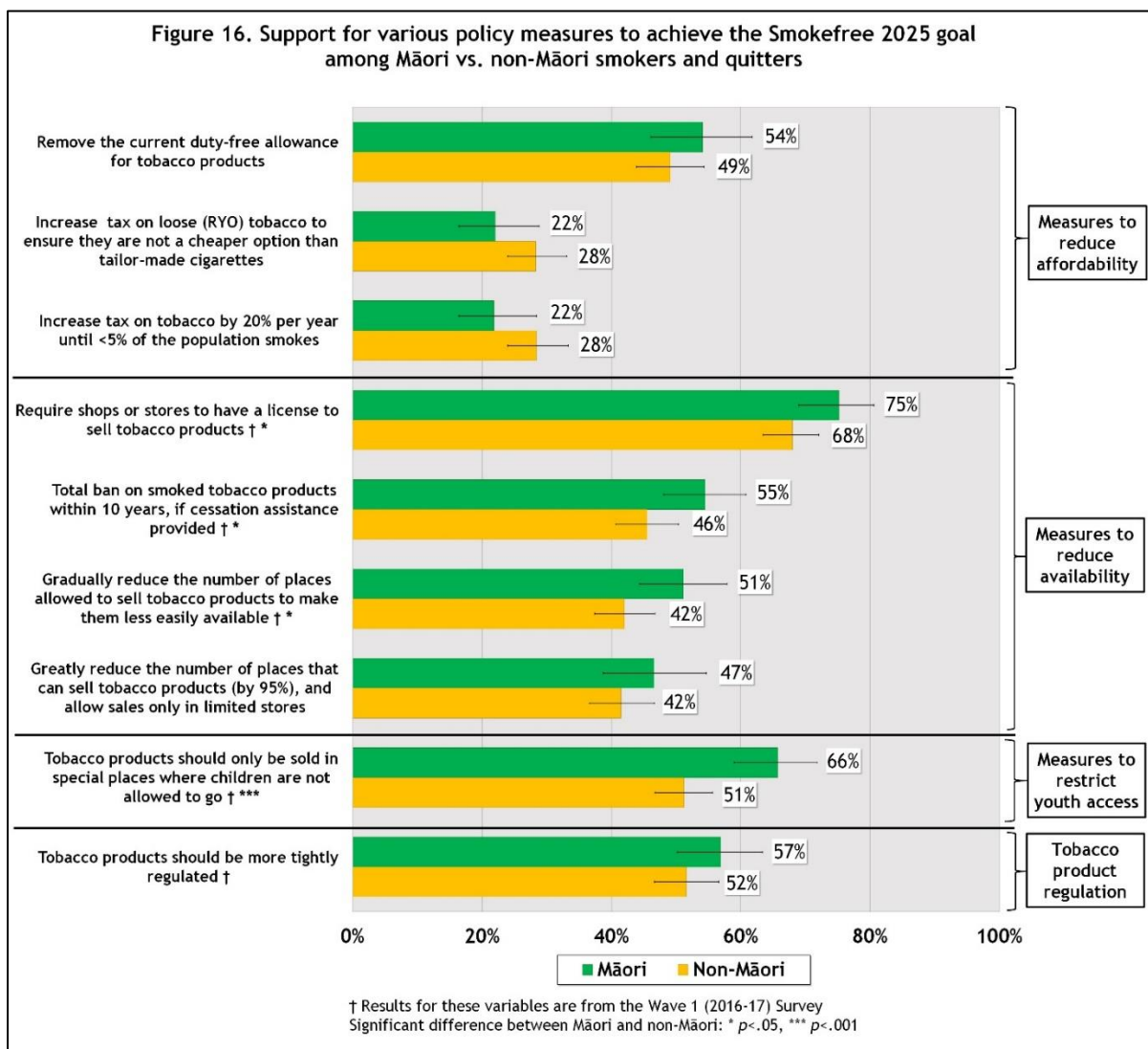
In this section we present a comparison of Māori and non-Māori smokers and quitters in the ITC New Zealand survey. To emphasise questions where responses differed, the figures only display results where the absolute difference in awareness or support was 5% or more between Māori and non-Māori participants (as an indicator of an important size difference).

Overall support for the Smokefree Aotearoa goal was very similar between Māori and non-Māori (e.g. prompted supported 55% Māori, 57% non-Māori). Figure 15 shows that Māori participants were slightly less likely to be aware of the goal and slightly more likely to have seen information about the goal but these differences were not statistically significant. Māori participants were more likely to agree that there should be more information or advertising about the goal and that the Government should do more to achieve it, with the former difference statistically significant (56% Māori, 44% non-Māori).



There was broad support for many of the key policy measures recommended by the ASAP strategy to reach Smokefree Aotearoa. Policy measures with differences of 5% or more in support between Māori and non-Māori smokers and quitters are presented in Figure 16.

Support for the five measures to make tobacco products less affordable was lower among Māori smokers and quitters for two measures, higher for one and similar for the other two (not shown). None of the differences were statistically significant. By contrast, support was greater among Māori for five measures to reduce the availability of smoked tobacco products and restrict youth access to them, with four of the five differences statistically significant. For other proposed measures such as the tobacco-free generation proposal, raising the age of purchase to 21 years, increased expenditure on mass media campaigns, smoke-free cars and removal of nicotine and additives from tobacco products, support was similar and any differences were not statistically significant.





## Summary of Findings

The evidence from the New Zealand ITC surveys shows that there is substantial awareness and support among smokers and quitters for the Smokefree Aotearoa 2025 goal and for greater Government action to promote and achieve the goal. Most participants had not seen information promoting the goal, which is not surprising given that there have been minimal efforts by the New Zealand Government to inform the public about it.

There were high levels of support for most of the proposed measures under the ASAP strategy to help accelerate progress towards achieving the Smokefree Aotearoa goal. The strongest support was for measures aimed at protecting children and youth from smoking such as smoke-free cars, reducing youth access to tobacco products in retail settings, raising the legal age of purchase to 21 years, and intensification of campaigns aiming to prevent youth uptake of smoking. This also included substantial support for the introduction of a bold tobacco-free generation policy to increase the minimum age of purchase each year to phase out the sale of tobacco products in New Zealand over time. This measure would eventually create a 'tobacco-free generation' who would never be able to legally buy tobacco products.

Of the more general policy measures, those aiming to reduce the addictiveness and appeal of tobacco products were most strongly supported, with the greatest support for reducing the amount of nicotine in smoked tobacco products provided that other nicotine products were available. There were mixed levels of support for measures to restrict the availability of tobacco products, with support highest for tobacco retailer licensing, followed by a ban on the sale of tobacco products in bars and pubs. The least strongly supported measures were those aiming to reduce the affordability of tobacco products, such as ongoing tobacco tax increases. However, there was much stronger support for tobacco tax increases provided the extra revenue is used to support health promotion efforts such as helping smokers to quit.

Support for the proposed measures to achieve a Smokefree Aotearoa was generally higher among quitters than current smokers. While support was mostly similar between Māori and non-Māori, there were some differences with the most prominent being greater support among Māori for measures to reduce retail availability of tobacco products compared to non-Māori.

These results concur with previous findings among smokers and quitters and also with studies of support among the general population. For example, an ITC New Zealand study (2007-2009) found similarly high levels of support among smokers for reducing the nicotine content of smoked tobacco products (86%), removing additives (51%), reducing the number of places that could sell tobacco products (55%), and for tax increases with hypothecation of revenue to help smokers quit (59%).<sup>12</sup> A recent survey found very high levels of public (smokers and non-smokers) support for the Smokefree Aotearoa goal (79% support) and for smoke-free cars legislation (91%), retailer licensing (70%), reducing the number of places that can sell cigarettes and tobacco (63%), not allowing stores close to schools to sell tobacco products (67%), and for hypothecating tobacco tax revenues to support smokers to quit (71%).<sup>13</sup>

## Conclusion

There is an urgent need to accelerate the implementation of measures to reduce the affordability, availability, addictiveness and appeal of smoked tobacco products if New Zealand is to achieve its Smokefree Aotearoa 2025 goal for all peoples. Findings from the ITC Project in New Zealand show that smokers and quitters are receptive to key evidence-based measures and innovative population-focused measures recommended within the ASAP strategy. There was support for potential 'game-changing' interventions which could greatly reduce smoking prevalence and eliminate disparities in smoking, particularly for Māori. These interventions include reducing the nicotine content of cigarettes and tobacco to make them less addictive, and greatly reducing the availability and raising the legal age of purchase for these products. There was also support for more incremental measures such as strengthening existing legislation for smoke-free environments and increasing restrictions on youth access to tobacco products.

The findings suggest that implementing a comprehensive strategy to achieve a Smokefree Aotearoa would be feasible and would be widely supported by the public, including by a large proportion of both Māori and non-Māori smokers and quitters.

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### Suggested citation:

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## References

- <sup>1</sup> New Zealand Parliament. *Government Final Response to the Report of the Māori Affairs Committee on its Inquiry into the tobacco industry in Aotearoa and the consequences of tobacco use for Māori*. (New Zealand (NZ) Parliament, 2011).
- <sup>2</sup> ITC Project (February 2020). *Standardised Packaging for Tobacco Products in New Zealand: Evidence of Policy Impact from the International Tobacco Control Policy Evaluation Project*. University of Waterloo, Waterloo, Ontario, Canada and University of Otago, New Zealand.
- <sup>3</sup> Ball, J. *et al.* Is the NZ Government responding adequately to the Māori Affairs Select Committee's 2010 recommendations on tobacco control? A brief review. *The New Zealand Medical Journal* **129**, 1428 (2016).
- <sup>4</sup> Edwards, R., Hoek, J. & van der Deen, F. Smokefree 2025 – use of mass media in New Zealand lacks alignment with evidence and needs. *Aust. N. Z. J. Public Health* **38**, 395-396 (2014).
- <sup>5</sup> Ball, J., Stanley, J., Wilson, N., Blakely, T. & Edwards, R. Smoking prevalence in New Zealand from 1996-2015: a critical review of national data sources to inform progress toward the Smokefree 2025 goal. *The New Zealand Medical Journal* **129**, 11-22 (2016).
- <sup>6</sup> van der Deen, F. S., Wilson, N. & Blakely, T. A continuation of 10% annual tobacco tax increases until 2020: Modelling results for smoking prevalence by sex and ethnicity. *The New Zealand Medical Journal* **129**, 94 (2016).
- <sup>7</sup> Edwards, R., Thornley, L., Thomson, G. & Waa, A. *Smokefree Aotearoa 2025 Progress Report 2017*. (Wellington, 2017).
- <sup>8</sup> Thornley, L., Edwards, R., Waa, A. & Thomson, G. *Achieving Smokefree Aotearoa by 2025 (ASAP)*. (University of Otago (ASPIRE 2025), Wellington, 2017).
- <sup>9</sup> Thornley, L., Edwards, R., Waa, A. & Thomson, G. *Achieving Smokefree Aotearoa 2025: Evidence and feasibility review summary report*. (Wellington, 2017).
- <sup>10</sup> ITC Project (December 2017). *ITC New Zealand Wave 1 Survey (2016-2017) Technical Report*. University of Waterloo, Waterloo, Ontario, Canada and University of Otago, New Zealand.
- <sup>11</sup> ITC Project (September 2019). *ITC New Zealand Wave 2 Survey (2018-2019) Technical Report*. University of Waterloo, Waterloo, Ontario, Canada and University of Otago, New Zealand.
- <sup>12</sup> Edwards R, Wilson N, Weerasekera D, Peace J, Thomson G, Young D, et al. *Occasional Report: Attitudes towards the tobacco industry and support for tobacco regulation in New Zealand: National survey data*. Department of Public Health, University of Otago; Wellington, 2010.
- <sup>13</sup> Gendall P, Hoek J, Maubach N, Edwards R. Public support for more action on smoking. *The New Zealand Medical Journal* **126**, 85-94 (2013).