



ASPIRE 2025

Research for a tobacco-free Aotearoa

Future Directions to Achieve Smokefree 2025?

Stakeholder perceptions of the
smokefree 2025 goal and selected
'game-changer' policies for achieving it.

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About ASPIRE 2025

ASPIRE2025 is a partnership between major New Zealand research groups carrying out tobacco control research to help achieve the Government's goal of a tobacco free Aotearoa by 2025. ASPIRE2025 brings together leading tobacco-control researchers across a range of institutions in New Zealand. ASPIRE2025 was awarded the status of a University of Otago Research Theme in November 2011, and this was renewed in November 2015.



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Executive Summary

Background

Tobacco use in New Zealand has declined in recent years, but Māori and Pacific smoking rates remain high at 38% and 25% respectively. Māori led work that resulted in the Government setting a goal to become a smoke-free nation by 2025, but research suggests that this goal will not be achieved with a 'business as usual' or incremental approach. Radical 'game-changer' policies are needed, but which should be prioritised?

This research explored the strengths and weaknesses of five policy options currently under discussion in New Zealand, from the perspective of policy experts and tobacco control and community leaders. A secondary aim was to explore key informant understandings of the smokefree 2025 goal, and its alignment with Māori and Pacific aspirations.

Methods

In July-November 2015 we interviewed 19 key informants, including politicians from a range of parties, senior public servants, managers/chairs of tobacco control services, researchers, advocates and consultants. To ensure balance across key ethnic groups and identification of any ethnic differences, we conducted data collection and analysis in three strands:

- Māori (7 key informants)
- Pacific (6 key informants)
- New Zealand European/other ethnicities (6 key informants).

Participants were purposively selected based on their seniority, relevant policy and regulatory expertise, and in the case of Māori and Pacific participants, community leadership. We sought key informants' views on the strengths and weaknesses of each policy option, in particular: effectiveness, impact on ethnic inequalities, unintended effects, political feasibility, technical feasibility and acceptability (including level of Māori and Pacific community support).

Findings

The majority of key informants in all three groups viewed dramatic tax increases as the most promising of the five options. Opinions on the other four options were mixed.

Many key informants were critical of the lack of recent government action, and expressed a view that there is currently little political will to introduce further tobacco control measures.

Dramatic tax increases

We defined 'dramatic tax increases' as one or more one-off tax increases of at least 40%, and/or regular large increases of at least 20% per annum.

Many ranked this as their most favoured option, citing political feasibility and demonstrated effectiveness as key strengths, along with its potential to close the gap in smoking prevalence between Māori/Pacific and the general population. However key informants raised concerns about potential negative impacts on low-income families, and emphasised the need to combine taxation with cessation and social support interventions.

Comprehensive retail restrictions

We defined a 'substantial reduction in availability' as a 90% or more reduction in the number of retailers selling tobacco (to less than 600 nationwide), plus a ban on mail-order retailing of tobacco products.

Many key informants (particularly Māori and Pacific) were supportive and thought retail licensing and reduction in retail availability would reduce uptake and consumption, denormalise tobacco, improve enforcement, and provide a platform for community action. However some were sceptical about the effectiveness of this policy, and few saw it as politically feasible, because it would be targeted by opponents as being 'anti-business'.

Denicotinisation

Denicotinisation means mandating a maximum nicotine content for all cigarettes sold in New Zealand to make them minimally addictive (e.g. 2mg/cigarette).

Views were polarised, with some strongly in favour, while others were concerned about unintended negative health consequences due to compensatory smoking, and/or smoking being perceived by the public as 'safer' if nicotine is removed. Some noted that people smoke for social and psychological reasons, as well as addiction, and questioned how effective denicotinisation would be. Challenges from the tobacco industry were seen as a likely barrier to political feasibility, and uncertainty about the impact on behaviour was also a sticking point.

Ban on additives

This option would introduce comprehensive restrictions to ban all additives that plausibly have the effect of a) increasing addictiveness; b) increasing toxicity; c) increasing attractiveness (particularly to young people) and d) increasing palatability of tobacco products. The onus of proof would be on the industry to show that additives were safe, non-addictive, and did not increase attractiveness or palatability.

Some thought this could be framed in public health terms, and could potentially gain public support because the public tends to be wary of additives. However there were mixed views on effectiveness, and some argued that potential tobacco company litigation would have a 'chilling' effect on political support.

Tobacco free generation

The tobacco free generation idea proposes that the age of legal purchase of tobacco is increased by one year every year (from the current 18 years), with the result that people born after a certain date will never be able to legally buy tobacco products.

Many key informants were attracted to this idea, but some expressed uncertainty about how well it would work in practice, particularly in Māori and Pacific communities. There was also uncertainty about whether it would attract public and political support, due to perceptions of 'unfairness' and/or inconsistency with other age restrictions.

Strengths and limitations

This research draws together the knowledge and views of 19 key opinion-leaders, with a focus on Māori and Pacific perspectives. The arguments they raised – for and against the various options – are likely to reflect the arguments that will be raised more widely. The study also highlights commonly-held misconceptions, and evidence and communication gaps that need to be addressed. For example few participants were aware of evidence that little or no compensatory smoking occurs when people change from regular to very low nicotine cigarettes. It is important to note that the views of this relatively small group of key informants may have limited generalisability to other groups of people, and views are likely to change over time as new evidence and thinking emerges.

Conclusion

Our findings suggest that dramatic tax increases may be the most viable immediate policy target for New Zealand's tobacco control sector because this option was seen by key informants as both effective and politically feasible, if coupled with complementary interventions. There was considerable uncertainty about the other game-changer options, suggesting more work is required to collate, and raise awareness about, relevant evidence. Proactive monitoring of local and international research and policy developments is also needed, in order to keep abreast of cutting-edge strategies that may help New Zealand become a smokefree nation by 2025.

1. Introduction

1.1 Context and rationale for the research

Smoking remains the single biggest preventable risk factor for premature death and illness in New Zealand, with Māori and Pacific peoples disproportionately affected.¹ Māori leadership, in response to this public health challenge, has included the development of Tupeka Kore (kaupapa Māori tobacco- free movement) and a Māori Affairs Select Committee inquiry into the tobacco industry² in 2010 that stated:

We recommend to the Government that it aim for tobacco consumption and smoking prevalence to be halved by 2015 across all demographics, followed by a longer-term goal of making New Zealand a smokefree nation by 2025.

In response, the New Zealand Government adopted the world-leading goal of becoming an essentially smokefree nation with 'minimal smoking levels and tobacco availability by 2025'.³

Overall, tobacco use is declining in New Zealand, but Māori and Pacific smoking rates remain high at 38% and 25% respectively.⁴ Modelling⁵ shows that 'business as usual' will not achieve the smokefree 2025 goal, particularly for Māori and Pacific who have much higher smoking rates than the general population. Findings from the New Zealand Health Survey show that there was no statistically significant decline in daily smoking in Māori or Pacific peoples from 2006/07 to 2013/14.⁶ This is in stark contrast to the halving of prevalence by 2015 that was proposed in the quote from the Māori Affairs Select Committee above.

Given this lack of progress since the 2025 goal was set, achieving the goal will require rapid and substantial increases in smoking cessation and reductions in smoking initiation, particularly among Māori and Pacific peoples. Evidence suggests that even if current approaches are intensified (e.g. with continued tax increases and introduction of plain packaging), the smokefree 2025 goal will not be reached.⁷ Therefore many tobacco control researchers and advocates argue that a 'game changer' is needed.

Various potential 'game changer' policy interventions have been explored by tobacco control researchers and advocates in recent years. Our research focuses on interventions that directly address tobacco smoking and/or tobacco products, and explores five key options. While these are not the only possible game-changers, they are the policies which are under most active consideration currently by the National Smokefree Working Group and the wider tobacco control sector in New Zealand.

The combined advocacy efforts of the wider tobacco control sector will be needed to achieve radical policy changes. Because time and resources are limited, the sector needs to focus its efforts on a small number of high priority policies. Identifying target policies requires evidence, debate and input from Māori and Pacific leaders and practitioners, along with policy experts and researchers. This research contributes to the available evidence and aims to inform debate on which policy option(s) the sector should prioritise.

In prioritising possible policy options, Māori and Pacific viewpoints, alignment with Māori and Pacific aspirations, and acceptability to Māori and Pacific key informants (health, tobacco control and community leaders and policy experts) are vital dimensions to explore, yet research in this area has been limited to date. Other policy experts (e.g. government officials, policy consultants) also hold critical information that has not previously been tapped, for example about the political feasibility of each option and their pros and cons from a technical or legal policy perspective.

The movement to end the tobacco epidemic in New Zealand was initially driven by Māori advocates who had a vision for what they wanted to achieve. Since the Government adopted the smokefree 2025 goal in 2011, there has been some debate in the tobacco control sector (and beyond) – notably among Māori and Pacific tobacco control leaders and practitioners – as to what the 2025 goal actually is, or should be, and also about what interventions are required for New Zealand to become smokefree. Debates about the precise nature of the smokefree goal are important, because having a shared understanding is likely to be critical to success, and will determine the strategies required to achieve this outcome. Thus, a secondary focus of our research was to explore stakeholder understandings of the smokefree 2025 goal, and its alignment with Māori and Pacific aspirations.

1.2 Aims

The aims of the project were to:

- Determine the views of Māori and Pacific key informants on what 'Tupeka Kore' and 'smokefree 2025' mean to them.
- Explore how key informants (Māori, Pacific and New Zealand European/other) evaluate the strengths and weaknesses of five 'game changer' policy options for achieving smokefree 2025 that are currently under consideration in New Zealand:
 - dramatic tax increases on tobacco products
 - substantial reduction of tobacco availability through comprehensive retail restrictions
 - denicotinisation of tobacco products
 - bans on additives to tobacco products
 - creating a 'tobacco-free generation' through annual increases in the legal age of purchase of tobacco products
- Determine which of the five 'game changer' options were more or less favoured by key informants
- Stimulate and inform sector prioritisation of 'game changer' policy options currently under discussion to achieve the smokefree 2025 goal.

1.3 Methods

Design

We used a qualitative research design to enable in-depth exploration of key informants' views.

Ethical approval

Category B ethical approval was received from the Department of Public Health, University of Otago, on 8 May 2015.

Research team

Prof Richard Edwards was the Principal Investigator and had oversight of each stage of the project. Co-investigators Jude Ball, Andrew Waa, and Dr El Shadan Tautolo had input into the research design, interview schedule development, and selection of key informants. The co-investigators each conducted fieldwork and completed preliminary analysis of the data. Jude Ball conducted subsequent coding, analysis and report writing, with input from the wider research team, and had responsibility for day-to-day project management.

Participants

We drew on the extensive knowledge and networks of the research team to identify potential key informants. Māori and Pacific key informants were purposively selected based on their current or possible role in achieving smokefree 2025 and their leadership role within Māori and Pacific communities and organisations. We selected other key informants based on their seniority and relevant policy, regulatory and technical expertise. We prioritised inclusion of key informants with the greatest political and sector understanding, and sought broad representation across the above categories. Twenty-one people were invited to participate; 19 agreed, and two declined to be interviewed or could not be contacted.

We interviewed 19 key informants, comprising:

- Politicians from a range of political parties
- Leading tobacco control advocates and researchers
- Chairs and managers of smoking cessation and tobacco control services
- Senior public servants and health sector leaders (not limited to tobacco control specialists)
- Policy and regulatory consultants with expertise in tobacco control.

To ensure balance across key ethnic groups and identification of ethnic differences, data collection and analysis was conducted in three strands:

1. Māori – 7 key informants
2. Pacific – 6 key informants
3. New Zealand European/other (NZEO) -6 key informants.

The composition of the three strands differed slightly; more of the Māori and Pacific key informants worked in 'front line' roles (e.g. chairs or managers of tobacco-related services), whereas the NZEO group generally worked at the national policy level.

Data collection

Andrew Waa led the Māori strand of the research, Dr El-Shadan Tautolo led the Pacific strand, and Jude Ball led the remaining strand. Each researcher conducted the recruitment and interviews for his/her strand. Interviews were conducted either face-to-face or by telephone (depending on the preference of the key informant, and practical constraints) in July, August and November 2015.

Potential interviewees were invited to participate and provided with written information about the project. We circulated a written briefing (outlining the five radical policy options, and the topics to be discussed during the interview – see section 1.4 below) to key informants who agreed to be interviewed. Participants were asked to read the briefing in preparation for the interview.

The research team developed a semi-structured interview schedule. The questions for each key informant group were similar, with two exceptions: Māori and Pacific participants were asked for their understanding of, and views about, the smokefree 2025 goal and the alignment of Māori/Pacific aspirations with the Government's aspirations regarding tobacco and smoking; and NZEO participants were asked, at the end of the interview, whether they had any advice for the tobacco control sector. The interview schedules are provided in Appendix D.

Participants were asked to appraise each policy proposal, using a framework adapted from Canada's National Collaborating Centre for Healthy Public Policy.⁹ The interview questions covered:

- Effectiveness
- Impact on ethnic inequalities
- Unintended effects
- Political feasibility
- Technical feasibility
- Acceptability/Māori & Pacific community support.

Each interview focused on the aspects that the key informant was particularly knowledgeable about.

Interviews were digitally recorded and professionally transcribed by Document Doctor Ltd and Marina Chevalier.

Analysis

We used thematic analysis, following an approach proposed by Braun and Clarke,⁹ to analyse the data. The lead researcher for each strand completed an initial 'top-line' analysis, and the broad themes and coding frame were agreed by the research team. Each strand was then coded and analysed separately, according to the coding frame, which was closely based on the interview schedule. For consistency, this second stage of coding and analysis was conducted by one researcher (JB), who also led the report writing phase. The Māori and Pacific researchers provided input at each stage to ensure that interpretation of the findings was culturally appropriate.

1.4 Outline of policy options appraised

The five policy options that we explored in this research are outlined below. The options are worded in the same way as in the briefing paper for participants.

Dramatic tax increases

The New Zealand government has implemented regular above inflation tobacco tax increases from 2011-2015 and there will be a further annual 10% increase in 2016. More dramatic tax increases have been proposed. For example, the *Smokefree Aotearoa 2025 Next Steps Action Plan 2013-2015* called for a tax increase of 40% followed by 20% per annum. For the purposes of this project 'dramatic tax increases' are defined as one or more one-off tax increase of at least 40% and regular large increases of at least 20% per annum.

Substantial reduction of availability through comprehensive retail restrictions

Reducing the supply of tobacco products is another approach to reducing smoking in New Zealand. There are over 6000 outlets that sell tobacco products, mostly dairies, convenience stores, garages and supermarkets. For this project, a 'substantial reduction in availability' is defined as a 90% or more reduction in the number of retailers selling tobacco (to less than 600), plus a ban in mail-order retailing of tobacco products. One possible approach to achieving this goal is mandatory retail licensing with a 'sinking lid' on the number of licenses available. For example, there could be a 50% reduction in the number of retailers selling tobacco followed by an additional 5% per year decrease until at least 90% reduction is achieved. Another option is the phased elimination of tobacco sales from outlets within 1km or 2km of all schools. This would leave 641 and 260 remaining outlets respectively. A third option is restricting tobacco sales to a small number (600 max) of licensed specialist retailers.

Denicotinisation of tobacco products

Regulation of the composition of tobacco products may also help reduce smoking. Nicotine is believed to be the primary addictive component of tobacco products. Although it is present in tobacco, it is technically possible to remove the majority of the nicotine content (just as coffee can be decaffeinated). That would have the effect of making tobacco products much less addictive. It is thought that removal of most of the nicotine is sufficient to make cigarettes minimally addictive, and we propose that the nicotine content could be mandated to be less than 2mg per cigarette for all cigarettes sold in New Zealand.

Restriction of additives to tobacco products

In New Zealand there are over 350 known additives in cigarettes. These include agents to retain moisture and preservatives to increase shelf-life, and flavourings and other chemicals that modify the properties of tobacco or enhance the experience of smoking. Some additives (e.g. ammonia) make nicotine more 'available' to the smoker and thus increase the addictiveness of tobacco products. International attention has focused on additives that make tobacco products more 'attractive', e.g. flavourings and vitamins. For this project, we propose comprehensive restrictions to ban all additives that plausibly have the effect of a) increasing addictiveness; b) increasing toxicity; c) increasing attractiveness (particularly to young people) and d) increasing palatability of tobacco products. As with the recent Psychoactive Substances legislation, the onus of proof would be on the industry to show that additives were safe, non-addictive, and did not increase attractiveness or palatability.

Tobacco free generation

The tobacco-free generation idea proposes that the age of individuals to whom cigarettes can be legally sold is increased each year (from the current 18 years), possibly starting with the generation born in year 2000. This will mean that for people born in 2000 (and all people born after that date), they will never legally be able to buy tobacco products in New Zealand, and by 2025 the legal age for purchase will have reached 27 years.

1.5 Structure of this report

The following section (Section 2) draws together the overarching findings from all three strands of the research – Māori, Pacific and NZEO – and highlights the commonalities and differences between groups. This is followed by a brief discussion and conclusion in Section 3.

The detailed findings for each strand are provided in Appendices A (Māori), B (Pacific), and C (NZEO). The interview schedules used to guide the interviews are provided in Appendix D.

2. Summary of findings

2.1 Perceptions of the 2025 goal

Almost all key informants described the Government's 2025 goal in terms of dramatically reduced prevalence of tobacco smoking. Most said the goal was to reduce prevalence to 'less than 5%', although a few said that this target was unofficial and the Government had not in fact committed to a particular figure. Interestingly, only one participant noted that the wording of the Government's goal includes *minimal availability* of tobacco by 2025, as well as minimal smoking levels.

Many, particularly Māori and Pacific key informants, assumed that the 5% target applied to each ethnic population, whereas others described it as a target for the New Zealand population as a whole. There was wide agreement that the 2025 prevalence target *should* apply to each ethnic population group (whether or not it was perceived that was currently the case) as well as the overall population, with acknowledgement that this was a more challenging goal for Māori and Pacific populations and achieving it would require greater resources.

Most key informants saw the 2025 goal as an important and achievable goal, however a key theme was the perceived lack of political will to achieve it. Key informants in all three strands questioned the Government's ongoing commitment to the goal, and many expressed frustration at the lack of strategic and policy action to date. Many felt that, due to this lack of Government commitment and action, the goal was unlikely to be achieved.

Many Māori key informants felt there was a lack of alignment between what they perceived to be the Government's smokefree 2025 goal (i.e. reduced prevalence) and the aspirations of Māori communities (focused on 'getting rid of tobacco'). Several felt the Government's commitment was weak compared to that of Māori communities, and said the intentions and recommendations of the Māori Affairs Select Committee were not being sufficiently implemented. In particular, some were concerned that the lack of focus on measures to reduce the availability of tobacco put the blame for tobacco-related harm on smokers themselves, and took the pressure off tobacco companies. Several wanted to see a completely tobacco-free nation where tobacco was not available for sale, and argued that this was the goal that Māori communities had expressed through the Māori Affairs Select Committee process (and, indeed, prior to that process).

Pacific key informants were supportive of the Government's 2025 goal, although some were concerned that setting an unrealistic goal could be discouraging for Pacific communities. Some noted that awareness and understanding about tobacco-related harm, and the 2025 goal, was still low in many Pacific communities. However, to the extent that the 2025 goal was consistent with broader Pacific aims such as wanting a healthy family, Pacific key informants felt there was reasonable alignment between government and community aspirations.

2.2 Views on the policy options appraised

Table 1 (overleaf) summarises key informant views on the policy options appraised. The findings are discussed in more detail below.

Dramatic tax increases

Dramatically increasing excise tax on tobacco was seen as an evidence-based option that would be effective in reducing tobacco consumption and uptake, but several participants also noted it could have significant adverse effects on low-income households. The majority in all three strands supported this measure and many believed that, with appropriate cessation support measures and complementary policies and services in place to protect children/whānau, the health benefits would outweigh any negative impacts. However one key informant noted that measures to mitigate the adverse effects on low-income families were likely to undermine the effectiveness of this policy, as it is largely financial pressure at the household level that forces smokers to quit or cut down their tobacco use.

Key informants noted that a large body of evidence shows that tax increases are effective, and many believed this policy would close the gap in smoking prevalence between the general population and Māori and Pacific populations, because Māori and Pacific are overrepresented in highly price-sensitive low-income groups. However a few key informants argued that Māori and Pacific smokers were less likely to make the decision to quit (or to gain effective support for quitting) in response to tax increases, compared to the general population, due to lower health literacy, self-efficacy, and ability to afford treatment for nicotine addiction, for example.

Increased security risk to businesses was noted as another potential unintended effect, since tobacco would become a high-value item which might increase the targeting of tobacco retailers for robberies. Illicit trade and home grown tobacco were also mentioned, but there was general agreement that these could be relatively easily managed.

Most saw dramatic tax increases as easy to implement from a technical perspective, and relatively politically feasible since excise tax is an established tobacco control measure that is revenue-producing for the Government. Many felt that Māori and Pacific leaders and communities would support dramatic tax increases provided the aim – to reduce tobacco-harm – was well understood. However a few argued that the suffering imposed on low-income families (in particular concerns about food security and child abuse and neglect) would limit the public acceptability and political feasibility of this option.

Substantial reduction of availability through comprehensive retail restrictions

Most Māori and Pacific key informants were supportive of this option and believed comprehensive retail restrictions would be effective in reducing uptake, helping people to quit, reducing consumption and denormalising tobacco. This policy option was also seen as being well aligned with Māori aspirations of removing tobacco from communities. Several argued that the current environment – in which tobacco-outlet density, underage sales and single cigarettes sales are higher in low-income communities – unfairly disadvantages Māori and Pacific people, and leads to higher smoking rates in these groups. Retail restrictions were therefore seen as justified, and an important equity measure.

However key informants in the NZEO group had mixed views on the likely effectiveness of retail restrictions. Some felt that that this policy would have little effect on existing smokers, who would simply travel further to buy tobacco. Others were in agreement with Māori and Pacific key informants, saying this was a logical public health measure, aligned with the treatment of other harmful products, which would protect young people from uptake and reduce consumption.

Māori and Pacific key informants highlighted other advantages of having a smaller number of licenced retailers: for example, it would make monitoring and enforcing retail compliance easier, and a licensing system would give communities a platform for local action against tobacco availability and retail non-compliance. Some also argued that it would send a clear message that the Government was serious about becoming a smokefree nation.

The only negative unintended consequence noted in all three strands was the potential impact on the income and financial viability of retailers. However several key informants, particularly Māori and Pacific, noted that the profit margin on tobacco is reportedly very low, and a number of retailers have voluntarily withdrawn from selling tobacco with little or no financial impact. Therefore, they argued, concerns about the impact on small businesses may be unfounded, particularly if the policy is implemented in a way that maintains a 'level playing field' for retailers. Others argued that the health of communities should be given a higher priority than any negative impacts on profits.

Although the impact on retailers was uncertain, there was wide agreement that the retail sector and tobacco industry (and possibly the business sector more broadly) would oppose this policy, and that this was likely to affect the political feasibility of this option. Key informants in the NZEO strand described this option as 'impossible' under a National government due to philosophical opposition to interference in the market, and there were mixed views about whether it would be politically feasible under a Labour/Green government. Māori and Pacific key informants were also pessimistic or uncertain about the political feasibility of this option, despite agreement that Māori and Pacific leaders and communities would support retail restrictions. Several key informants cited the example of community action against pokie machines and alcohol outlets in South Auckland, and felt that Māori and Pacific leaders would also rally against tobacco availability, given the harm that tobacco is causing in their communities.

There was wide agreement that tobacco retailer licensing would not be technically difficult to implement, because there are existing models (e.g. for alcohol or psychoactive substances) that could be replicated. But it was also noted that the mechanism for gradual reduction from 6000 to 600 retail outlets is not obvious and would need to be fair and transparent. Key informants also commented that the implementation and enforcement of this option would have cost implications for government.

Denicotinisation of tobacco products

Key informant views on denicotinisation were somewhat polarised. Proponents of the policy argued that it would be an effective policy because removing (or dramatically reducing) the nicotine content of tobacco products would make them less addictive, and therefore young people would not become addicted and current smokers would no longer be driven to continue smoking.

However others questioned how effective denicotinisation would be, saying that people smoke for social and psychological reasons, and may continue to smoke even if the physically addictive elements in tobacco were removed. Some also questioned whether nicotine is the only addictive component in tobacco smoke, and/or wondered whether tobacco companies might introduce other addictive additives in response. Several key informants speculated about whether the effectiveness of the policy could potentially be undermined by people adding liquid nicotine (available for use in e-cigarettes) to denicotinised tobacco.

As well as queries about effectiveness, there was also widespread concern about possible unintended consequences, in particular the possibility of 'compensatory smoking' – people smoking more cigarettes or inhaling more intensely to try to get the same nicotine 'hit.' Key informants argued this policy could harm – rather than protect – health if compensatory smoking occurred. Another concern was that this intervention could paradoxically give the message that smoking was 'safer', despite the fact that denicotinised products would remain as health-damaging as regular tobacco products.

Many Pacific key informants felt denicotinisation would not be well understood by Pacific leaders and communities, and therefore believed it was unlikely to receive grassroots support from Pacific communities. In contrast, there appeared to be higher awareness of, and support for, this policy option among Māori leaders and communities.

Key informants from all three strands agreed that this policy was likely to be strongly opposed by the tobacco industry, and many felt the threat of legal action would limit political support for this option. Nonetheless, supporters of this policy argued that denicotinisation was likely to be more politically palatable than an outright ban, and, because it is a technical matter, politicians may be willing to be guided by advice from scientific experts.

Table 1: Key informant views on policy options

	Perceived Effectiveness	Perceived Adverse Effects	Perceived Impact on Equity	Perceived Political and Technical Feasibility, and Acceptability
Dramatic tax increases	High Strong evidence base.	Moderate/high Significant concern about impacts on families of low income smokers – e.g. child abuse, hunger. Possible growth in illicit trade and home grown tobacco. Retailer security concerns.	Positive Likely to reduce ethnic disparities in smoking rates. With complementary measures, benefits may outweigh adverse consequences on low income families.	Moderate Existing mechanisms, established policy measure, quick and easy to implement, revenue producing. However 40% rise seen as 'a step too far'.
Retail restrictions	Mixed Perceived effectiveness higher among Māori & Pacific key informants.	Low/uncertain Uncertain impact on retail sector. If a 'level playing field' maintained, may be minimal. Possible increase in illicit trade.	Positive Will address current inequity caused by higher retail availability and underage sales in Māori, Pacific and low income communities.	Low Strong opposition expected from retail sector. High implementation and political costs for government.
Tobacco-free generation	Moderate Effectiveness (especially for Māori, Pacific) compromised by social supply, and retail non-compliance.	Low Possible growth in illicit trade.	Negative May widen ethnic disparities in tobacco use.	Low/uncertain Public opinion and political feasibility may be limited by perceived age discrimination; inconsistency with other age-based laws. Possible public support if framed appropriately.
Denicotinisation	Mixed Impact on behaviour uncertain. Limited (awareness of) evidence base.	High Significant concern about possible compensatory smoking; doping with liquid nicotine; perverse message that smoking now 'safer'. Possible growth in illicit trade.	Neutral	Low/uncertain Strong opposition expected from tobacco industry. Policy rationale may not be easily understood by the public.
Regulation of additives	Mixed Impact on behaviour uncertain. Limited (awareness of) evidence base.	Low Could make tobacco products appear less harmful and discourage quitting/encourage uptake. Possible growth in illicit trade.	Neutral	Moderate/uncertain Strong opposition expected from tobacco industry. Possible public support if framed appropriately.

Restriction of additives to tobacco products

Key informants had mixed views about the purpose and likely effectiveness of this policy proposal, and the primary rationale behind it did not appear to be well understood by some participants (i.e. to make tobacco less palatable and thereby reduce uptake and promote quitting). Some felt that restriction of permitted additives would be effective in reducing uptake and encouraging smokers to quit, because removing additives would change the taste and make cigarettes very unpleasant to smoke. However others argued this policy would not change behaviour significantly because it would not address the root causes of smoking such as addiction or the desire to rebel or appear cool. One participant was concerned that this policy would make tobacco products *more* attractive to consumers, since they would be perceived as less toxic.

There were also mixed views about how easy the policy would be to introduce and enforce. Some argued that new legislation would not be required, as regulations could be introduced under the existing Smokefree Environments Act. Several key informants noted that existing models (e.g. food safety regulations, the Psychoactive Substances Act) could be easily replicated. A minority view was that developing and enforcing such additive restrictions would be complex and costly for the government, because there are a large number of additives to be regulated and monitored.

Key informants also had differing perspectives on the acceptability and political feasibility of this option. On one hand, some participants said it would be strongly opposed by the tobacco industry on intellectual property grounds, and that the threat of legal action would likely dampen any political support for such regulation. On the other hand, some argued that this policy might receive strong public support, since there is a general public perception that additives are bad and should be minimised. It was felt that the rationale for the policy – whether framed as protecting the public from toxic additives, or making tobacco less appealing to young people – would appeal to people's values, and would be difficult to argue against. For these reasons some key informants thought that this policy might be more politically palatable than some of the other options discussed.

Many Māori key informants thought that Māori leaders would support regulation of additives, and it was noted that this policy was recommended by the Māori Affairs Select Committee. Yet, others commented that regulation of additives hadn't been a priority to date in discussions with Māori leaders, or within the tobacco control sector as a whole. Similarly, Pacific key informants did not see regulation of additives as a high priority policy for Pacific leaders and communities, and noted that understanding of this policy was limited at present.

Tobacco free generation

Most key informants found the tobacco-free generation idea appealing, and believed it could help to protect young people from smoking, particularly if it was implemented alongside a range of complementary policies. There was considerable uncertainty about how effective it would be in practice, though, and whether it would receive public and political support.

Most participants agreed that there would be enforcement challenges with this policy. They noted that the majority of young people start smoking before the age they can legally buy tobacco, and some argued that raising the legal purchase age, on its own, will not necessarily lead to reduced uptake since young people access tobacco through friends and family. Some key informants in all three groups believed that the tobacco-free generation policy might be less effective for Māori and Pacific than the general population, because social supply to minors and retail non-compliance (e.g. under-age sales) was seen as prevalent in Māori and Pacific communities and neighbourhoods. Thus, some thought this policy could widen existing disparities.

Many key informants felt uncertain about how the public would react to this policy. On one hand, the positive framing of the policy and idea of protecting the next generation were seen as appealing, and some participants argued that if the policy was youth-led, it could potentially gain a groundswell of public support. On the other hand, participants envisaged a range of arguments against the tobacco-free generation policy which would also have public appeal, for example participants said it would trigger 'nanny state' arguments, it would be inconsistent with other age-based legislation, and it might be seen as unfair or discriminatory.

Pacific key informants were the most optimistic about this policy receiving community support; most agreed that Pacific parents and community leaders were likely to support it. Māori key informants had mixed views, with one arguing that this policy was inconsistent with the Māori value of kotahitanga (solidarity), since it applies different rules to people born after a certain year.

Political support was seen as being largely dependent on public support for the policy. The majority of those in the NZEO strand were pessimistic about this policy receiving public or political support, despite their personal support for it. However it was noted that if Tasmania or Singapore successfully introduced a tobacco-free generation policy, this would make it easier for New Zealand to follow.

Themes relevant to all options

Several themes emerged in the interviews that related to all five policy options. One of these has already been mentioned – a perceived lack of political will to progress any new tobacco control measures. This was a strong and recurring theme, particularly in the Māori and NZEO strands. One participant felt that the tobacco control actions taken by the government in the previous parliamentary term (e.g. commitment to the 2025 goal) were due to the National Party needing Māori Party support to govern, and the Māori Party using that political leverage to push tobacco control as their number one priority. In the current term, it was argued, the National Party is no longer under such political pressure, and this makes it unlikely that *any* new tobacco control policy would gain government support. Key informants noted that in this context, advocates should focus on building public support and pressure for policy action, and on gaining concrete promises from opposition parties, so they can be held to these should they be elected.

Another theme, particularly strong among Māori key informants, was a preference for policies that put pressure on tobacco companies over those that ‘hammer’ smokers and their families. There was concern that many of the policies discussed (in particular dramatic tax increases, denicotinisation and regulation of additives) would make life ‘even more miserable’ for people who are already poor and marginalised. There was concern that such policies may lead to feelings of anger or powerlessness, and may exacerbate existing social problems such as domestic violence, child abuse and drug use.

A strong theme among Pacific key informants, but also mentioned by those in other groups, was the need to communicate the purpose of any new policy to communities, and to support community leaders to be advocates for the policy. Key informants noted that the support of communities and community leaders is largely determined by how that policy is framed and explained to them. Community mobilisation was seen as essential by some key informants, who argued that politicians will not act unless there is public pressure to do so.

Finally, participants noted that evidence of effectiveness was key to the political feasibility of any option. With the exception of tax increases, it was perceived that evidence base was limited for the policy options discussed, making these options politically risky. Several key informants who were sceptical or negative about a particular option said they would happily revise their opinions if new evidence came to light.

Prioritisation of options

A cross-cutting theme was the perceived need for a comprehensive package of tobacco control policies, rather than a single ‘silver bullet’, to achieve the 2025 goal. Participants pointed out the synergistic effects that policies could have if introduced as a package. For example, participants argued that the effectiveness of the tobacco free generation policy is less likely to be undermined by social supply or underage retail sales in the context of large tax increases and dramatically reduced retail availability.

Key informants were asked to rank the five options from most to least favoured. The majority viewed dramatic increases in tax as their most favoured option – and this stood out as the highest ranking option in each group. However a small number of Māori and Pacific participants opposed this option due to potential adverse effects on children/whānau.

Views on the remaining four options were mixed, and it is not possible to rank them in any meaningful way. Retail restrictions were strongly supported by many participants, but tended to attract low rankings due to the perceived lack of political support for this option. A small number of participants ranked denicotinisation as their most favoured option, whereas others gave this option a low ranking due to uncertainty about effectiveness, unintended effects and political feasibility. Views were similarly polarised on the proposal to ban tobacco additives. Many key informants were supportive of the tobacco-free generation policy, but most gave it a mid-to-low ranking because of uncertainty about public support and political feasibility.

Other radical options

Key informants were keen to see plain packaging brought in without further delay, and some favoured other radical options. For example, several Māori and Pacific key informants wanted a complete ban on retail sale of tobacco in New Zealand. One key informant saw a ban as a more viable option now that alternative nicotine delivery devices (such as e-cigarettes) are available as a low-harm alternative to tobacco, and argued that many of the perceived risks of e-cigarettes (e.g. that they may act as a gateway to tobacco smoking) would be less salient in an environment where tobacco was very difficult to access.

Key informants had a range of other ideas for achieving smokefree 2025, for example several Māori participants wanted to see iwi, hapū, marae and whanau playing a stronger role in furthering the Tupeka Kore kaupapa and protecting their people from tobacco harm. Other policy options discussed by participants included:

- 'Ring-fencing' of tobacco tax revenue to be spent on cessation support and alleviating the suffering of whānau harmed by tobacco
- Clear policy on e-cigarettes
- A 'sinking lid' on the volume of tobacco sales
- Bringing marae under the Smokefree Environments Act
- Extending smokefree laws e.g. to cars carrying children
- Raising the age of legal purchase to 21 or 25
- Requiring tobacco companies to pay the national bill for cessation products and services;
- Taking criminal liability action against the Boards of tobacco companies;
- Banning duty-free tobacco sales
- Compulsory disclosure to consumers of additives by brand, accompanied by social marketing campaign about toxic additives in tobacco products
- Integrated policy framework for tobacco, alcohol, psychoactive substances and drugs currently dealt with under the Misuse of Drugs Act
- Tobacco/nicotine available by prescription only, at a later stage when very low prevalence rates have been achieved.

3. Discussion and conclusion

There was wide agreement, across all three groups of key informants, that bold policies are needed to address inequalities and reduce smoking prevalence in priority groups, and that a suite of interventions is needed to achieve the 2025 goal. The findings add further weight to calls for urgent government action, which have been consistently made by tobacco researchers and advocates in recent years.

None of the five radical options discussed had universal support. However there was majority support for **dramatic tax increases** in all three strands, and this stood out as the option perceived as most likely to be both effective and politically feasible. Of the options discussed, tax is the only one with a strong evidence base, which clearly shows that increases in tax lead to reduced smoking prevalence and uptake.¹⁰ Whether large increases impact proportionately has not been empirically established, however (e.g. we don't know if a 40% increase leads to four times as many people quitting compared to a 10% increase; it could be higher or lower).

Key informants had apparently conflicting views on how large tax increases would impact on ethnic differences in smoking prevalence; some said low-income populations (in which Māori and Pacific are over-represented) were more price sensitive and therefore high taxes would reduce existing gaps, while others argued that Māori and Pacific and low-income groups would find it harder to quit than better-off populations.

Most studies show that lower-income groups are indeed more responsive to tax and price increases than higher-income groups,¹⁰ and 'tax increases are generally considered to be the most effective form of tobacco control policy for reducing rather than increasing SES (socio-economic status) differences in smoking'.¹¹ Key informants were also correct that people in lower SES groups find it harder to quit than those in high SES groups.¹¹ But despite this, tax still generally decreases SES differences in smoking because it prompts *substantially* more quit attempts in low-income groups. Key informants emphasised the critical importance, for equity and effectiveness, of coupling tax increases with culturally-appropriate cessation support and other complementary measures. Use of tobacco tax revenue to fund comprehensive tobacco control programmes and other health promotion activities is supported by the literature and recommended by the WHO's International Agency for Research on Cancer.¹²

Most Māori and Pacific key informants were strongly supportive of **restricted retail availability** and retailer licensing, and presented a range of advantages to this policy. In contrast, key informants in the NZEO strand had mixed views about the likely effectiveness of this option, and most saw it as politically 'impossible', at least under the current government. Because such a radical reduction in retail availability has not yet been implemented in any jurisdiction, empirical evidence is not available to resolve questions about effectiveness.

Although the **tobacco free generation** policy was appealing to key informants, there was widespread uncertainty about how effective it would be in practice, particularly for Māori and Pacific communities, where social supply and underage sales of tobacco are prevalent. Key informants were also uncertain about whether this policy would receive support from the general public or politicians. Like the retail intervention above, this policy has not yet been implemented so evidence is limited, but theoretical literature describes how this policy would eliminate the 'right of passage' effect whereby smoking is perceived as a marker of being grown up, and would instead allow smoking to be positioned as a thing of the past.¹³

Understanding of the **denicotinisation** and **regulation of additives** policy options was limited, suggesting that more work is required to explain these options to stakeholders – within and beyond the tobacco control sector – and to collate relevant evidence. It is important to note that some of the expressed views appear to be based on misinformation. For example, in relation to denicotinisation there was widespread concern about compensatory smoking, but a number of studies have shown there is little or no compensation effect when switching from regular cigarettes to very-low-nicotine cigarettes.¹⁴

Radical options that could contribute to the achievement of New Zealand's 2025 goal are not limited to these five appraised policy options. Several Māori and Pacific key informants stated a preference for a complete ban on commercial sales of tobacco, and participants in all three groups highlighted other policies that may warrant further discussion and exploration. Plain packaging was seen as a high priority, for example, and some participants viewed e-cigarettes as a potential 'game changer' that could dramatically reduce smoking-related harm.

The field of tobacco endgame research and policy implementation is dynamic and rapidly evolving, and it is too early to draw firm conclusions about which policies offer the best opportunities for ending the tobacco epidemic. Proactive surveillance and monitoring of international and local developments is needed to ensure that New Zealand is well positioned to respond rapidly as new evidence and practice emerges. Given our smokefree 2025 goal, and interim 2018 targets, identifying effective tobacco control innovations is a matter of some urgency.

Strengths and limitations of this study

This research draws together the knowledge and views of 19 key opinion-leaders on tobacco control and wider health issues, with a particular focus on the viewpoints of Māori and Pacific leaders. As such, their perceptions of the five policy options are important and likely to be influential. Furthermore, the types of issues and arguments they raised - for and against the various options - are likely to reflect the kinds of issues and arguments that will be raised more widely. The study also highlights commonly-held misconceptions about these policies, and evidence and communication gaps that need to be addressed.

It is important to note that perceptions of key informants were not necessarily correct, and opinions are likely to change when new evidence emerges. Furthermore, the views of this relatively small group of key informants may have limited generalisability to other groups of people and may not hold over time. Our findings must be viewed as the perceptions of a particular group of people at a point in time. It is also important to note that some of the differences between groups may partially reflect group composition rather than ethnic difference per se (i.e. more Māori and Pacific key informants had roles close to the community, whereas NZEO key informants were generally in national-level roles). Despite these caveats, we believe the findings contribute constructively to ongoing debates about New Zealand's smokefree 2025 goal, and how to achieve it.

Conclusion

The findings of this study suggest there is widespread support for dramatic tax increases among influential tobacco control and community leaders, if coupled with complementary measures, and monitoring of the impact on low-income groups to determine any unintended impacts. The current evidence base to support tobacco taxation is strong. Our findings suggest that dramatic tax increases might, therefore, be the most viable immediate policy target for New Zealand's tobacco control sector.

The remaining four game-changer options all received some support from key informants and could potentially contribute to the achievement of the smokefree 2025 goal in the future. More work needs to be done to explore the case for these policies, and to address existing evidence and communication gaps. Similarly, further evidence and debate is needed on the likely impacts of other policy options raised, such as e-cigarettes or a complete ban on tobacco sales.

Finally, proactive monitoring of local and international research and policy progress is essential in order to keep abreast of cutting-edge strategies that may help New Zealand become a smokefree nation by 2025.

References

1. Ministry of Health. *Health Loss in New Zealand: A report from the New Zealand Burden of Diseases, Injuries and Risk Factors Study, 2006–2016*. Wellington: Ministry of Health; 2013.
2. New Zealand Parliament. *Inquiry into the tobacco industry in Aotearoa and the consequences of tobacco use for Māori. Report of the Māori Affairs Select Committee*. Wellington: New Zealand Parliament; 2010.
3. NZ Parliament. *Government 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 (Final Response)*. Wellington: New Zealand (NZ) Parliament.; 2011.
4. Ministry of Health. Annual Update of Key Results 2014/15: New Zealand Health Survey. Accessed March 2016 from <http://www.health.govt.nz/publication/annual-update-key-results-2014-15-new-zealand-health-survey>
5. van der Deen FS, Ikeda T, Cobiac L, et al. Projecting future smoking prevalence to 2025 and beyond in New Zealand using smoking prevalence data from the 2013 Census. *N Z Med J*. 2014;127:71-79.
6. Ministry of Health. New Zealand Health Survey 2014-15. Adult data tables: Health status, health behaviours, and risk factors. Accessed March 2016 from <http://www.health.govt.nz/publication/annual-update-key-results-2014-15-new-zealand-health-survey>
7. Cobiac LJ, Ikeda T, Nghiem N, Blakely T, Wilson N. Modelling the implications of regular increases in tobacco taxation in the tobacco endgame. *Tob. Control*. 2014;tobaccocontrol-2014-051543.
8. Morestin M. *A framework for analyzing public policies: Practical Guide*. Quebec , Canada: National Collaborating Centre for Healthy Public Policy; 2012.
9. Braun, V. and Clarke, V. Using thematic analysis in psychology. *Qualitative Research in Psychology*, 2006; 3(2): 77-101. ISSN 1478-0887
10. Chaloupka F, Straif K & Leon M. Effectiveness of tax and price policies in tobacco control. *Tobacco Control*, 2010 doi:10.1136/tc.2010.039982.
11. Over E, Feenstra T, Hoogenveen R et al. Tobacco control policies specified according to socioeconomic status: Health disparities and cost-effectiveness. *Nicotine & Tobacco Research*, 2014;16(6):725-732.
12. IARC Handbooks of Cancer Prevention, Tobacco Control, Vol 14: Effectiveness of tax and price policies for tobacco control. Lyon, France: International Agency for Cancer Control; 2011.
13. Berrick A. The tobacco-free generation proposal. *Tobacco Control*, 2013(22)i22-i26.
14. Benowitz N & Henningfield J. Reducing the nicotine content to make cigarettes less addictive. *Tobacco Control*, 2013(22);i14-i17.

Appendix A: Māori key informant perspectives

This Appendix presents the findings of the Māori strand in full. Seven Māori participants were interviewed, including politicians, staff of NGO health services and DHBs, and board members of health sector organisations. They were selected based on their current or potential role in achieving smokefree 2025 (SF2025) and their leadership role within Māori communities and organisations. The interviews were conducted in August and November 2015. To protect the identity of participants, names of native trees have been used to identify quotes.

Perceptions about the SF2025 goal

A key theme in the Māori interviews was the perceived lack of alignment between the Government's smokefree 2025 goal, and the aspirations of Māori communities. Several participants stated that the Tupeka Kore vision is about removing tobacco from this country entirely, for example:

Tupeka Kore for me, is a tobacco-free Aotearoa. It's about reclaiming what we once were. You know, tobacco's not, I think, traditionally part of our culture, so for us it's reclaiming that space. And that doesn't mean this whole 5% goal, it's actually bigger than that, and it's ensuring that tobacco's not present in Aotearoa (Kōwhai).

Others also described Tupeka Kore as being broader than the Auahi Kore/Smokefree kaupapa, since it implies reducing or removing access to tobacco, rather than just persuading individuals not to smoke. Several participants articulated a general sense that, although the Government's smokefree goal had come out of the Māori Affairs Select Committee (MASC) inquiry and the Tupeka Kore movement, the vision and spirit had not been carried through.

For example, most participants understood the Government's Smokefree 2025 goal to mean 'less than 5%' prevalence, and several argued that this was not the goal Māori had expressed; 'You know people were very very clear, particularly from community, that they wanted it gone' (Kahikatea). Some participants commented that the 5% prevalence goal frames smokers as the problem, rather than focusing on the product or the tobacco industry. One participant commented:

It lifts the attention off actually the tobacco industry and puts it firmly, puts the blame firmly on services, for not achieving or not getting so many people quit, or individuals who fail. It's like it's their problem and not the tobacco industry's and not our Government's (Kōwhai).

Other participants did not have a problem with the 5% prevalence goal, but felt that the Government's commitment to it was weak compared to that of Māori communities and the tobacco control sector.

We had faith that they would adhere to the recommendations that were suggested by the MASC report...We haven't seen that happen, even the plain packaging of course, and many recommendations there. So no... [The Government has] no commitment (Mamaku).

Some participants also commented that people had different interpretations of the Smokefree 2025 goal, both within the sector and within communities more widely. One commented:

I don't know if communities are yet aware of the 2025 goal. I think they're just aware of...where they're at and what they want (Tōwai).

Others talked about fragmentation within the tobacco control sector, due to lack of a national plan, and evidenced by a wide range of ad hoc projects happening in an uncoordinated manner, and divergent views on issues such as e-cigarettes.

I think there's a huge discussion around smoke-less tobaccos so e-cigs and so forth so even the discussion around harm minimisation in that tobacco space is a huge one, so I think, yeah [we've] got different ideas or maybe we're just forming our opinion on actually what that is to us, as a workforce (Tōwai).

For example, some participants expressed concern about any product that 'mimics' tobacco smoking, whereas others saw e-cigarettes as a safer alternative for those addicted to nicotine, and/or a technology that makes a complete ban on tobacco a viable option. There was general agreement, however, that the Smokefree 2025 goal refers to smoked tobacco (as opposed to other products containing nicotine).

In summary, participants had diverse views on the smokefree 2025 goal and what its achievement would look like. However most perceived a lack of alignment between the Government's approach and the aspirations of Māori communities, either because the goal itself was seen as not embodying the spirit of Tupeka Kore and the desire to remove tobacco supply from communities, or because the Government's commitment to achieving the goal was weak compared to that of Māori.

Dramatic tax increases

Participants agreed that dramatic tax increases would have a major impact on tobacco use, and would reduce consumption, prevalence and uptake among Māori. A perceived advantage of this policy was its demonstrated effectiveness, and its potential for reducing inequalities between Māori and non-Māori.

Because really at the end of the day, we're the ones who are pōhara [impoverished], we're the ones who are...highly price sensitive. In that regard I think you will see a remarkable change and so the consumption rates change, you know, a decrease as well in prevalence. I think it's just one of those tools that will just play quite heavily (Kahikatea).

Some participants commented that most smokers want to quit, and this policy would support and encourage them to do that, as well as preventing young people from starting. One said: 'If you... price it out of reach of those who start, then that's a huge win for us' (Tōwai). Others noted that the recent annual 10% tax increases are having a diminishing effect, because whānau have come to expect it and 'just absorb it', and therefore larger tax increases are necessary. Participants felt large tax increases would force a decision, especially for low-income people.

However, not all participants agreed that large tax increases would be effective in reducing smoking amongst Māori relative to non-Māori, arguing that financially well-off populations with good health literacy are in a better position to quit than those with limited resources and confidence, since they have better access to a range of supports, including medical support.

Māori and Pacific Island people who struggle to get by anyway, won't even have the capacity to look and find what those options might be (Kauri).

Some participants were concerned that high taxes 'hammer' people who smoke (rather than the tobacco industry), and most expressed concerns about adverse effects on low-income whānau, for example, saying that this policy falls hardest on people with the least money. Participants said heavily addicted smokers would not be able to give up, and that other necessities such as food would be forgone in order to finance their addiction. Some thought the added strain on whānau could also exacerbate other social problems, including domestic violence.

In those poor families where the addicted parents can't stop, it means kids will get less access to food. Those are the obvious consequences, and, you know, the scariest consequences. It'll mean those children will come under more pressure for daring to whine about not getting more kai and 'how come you're still smoking, dad?' and somebody's gonna get a thwack...and we can call them 'unintended consequences' but they're hardly unintended if they're obvious (Kauri).

For some participants, these concerns tempered their support for tax increases. Others felt that the potential long term health benefits outweighed the costs. For example, one participant said:

There's always that fear [of families going without food or other essentials], but the impacts of tobacco smoking on our whānau are too great to ignore and if we have other support systems in place for our whānau, we believe that tax increases will be far more beneficial and need to happen (Kōwhai).

With regard to mitigating adverse effects, participants emphasised that taxation should be implemented as just one of a suite of measures that encourage and support cessation. Participants also argued that additional tax revenue should be channelled back into the communities it came from.

I want to make sure that the tax take, that 80%, 90% of the tax take is actually being targeted where it should be targeted: at helping people to stop smoking and helping people who suffer because of smoking (Kauri).

For example, some suggested that if large tax increases were introduced, community-based services (e.g. Whānau ora providers and Māori health and social service providers) would need to be prepared and resourced to provide wrap-around support for whānau – not only smoking cessation support, but also support to ensure children are well nourished and safe, for example.

Participants had mixed views about the acceptability of large tax increases to Māori communities and Māori leaders. On one hand, people commented that Māori leaders and communities would support any policy that reduces smoking and enhances the long-term wellbeing of their people, particularly if appropriate supports are implemented alongside. On the other hand, some felt the concerns raised above would limit support for this policy. For example, two participants described presenting the 40% tax option to the DHB's Māori Partnership Board, in the hope that the Board would become advocates for the policy. But support from the Board was not forthcoming.

They were really alarmed by it, and talked about, you know, poverty in particular as an issue that families were facing (Tōwai).

One questioned whether such high tax rises would be acceptable to society as a whole, due the hardship they would cause:

The more extreme the taxes are, the more extreme the effect becomes, albeit it on a smaller group of people and so I'm sure there are many of us who will see people identifiably suffering...And so I think...there probably is a limit to what society will tolerate (Nīkau).

Regarding political support, the general view was that the primary concern of politicians would be whether the policy was likely to win or lose votes, and therefore public opinion about the policy would determine its political feasibility. Most participants agreed that smokers would oppose the policy, but noted that smokers are now a relatively small group in society with little sway. However, as noted above, some thought a tax rise of 40% would be unpopular among the whole population. One questioned whether the government would have the courage to bring in such a dramatic tax rise, particularly before an election.

I doubt that they would actually have the kaha to actually do something...I don't think a Government would make something dramatic like that near an election, maybe after, post an election, they may slam that in there, but I think close to election, I think that they, Government are looking for votes (Karaka).

Another participant said their organisation has been advocating for annual 20-25% tax increases, because they see 40% as politically unfeasible.

We believe that a 40% one probably wouldn't be swallowed by government. I don't think they would be willing to go that far, so we need to think about what would be realistic (Kōwhai).

Other points in favour of large tax increases, according to participants, included the fact that excise tax on tobacco is not a new idea, the mechanisms are already in place, and it is an option that increases the government's revenue. It is also a policy that would be quick and easy to introduce, and would have an immediate effect.

The Government, if they say the next tax increase is gonna be 40%, they can sign that off tomorrow and it'll happen the day after, if they wanted to (Kauri).

On the downside, participants said it could raise security concerns for retailers, as tobacco would increasingly become a target for robberies as its value rose. However, one noted that this could in fact be a positive, if it meant that retailers chose not to stock tobacco due to security risks. One participant also mentioned the black market argument that is often raised by the tobacco industry, but said this was not a significant concern for New Zealand, as an island nation.

Retail restrictions

Māori participants were all supportive of this policy, and agreed it would be effective in reducing uptake and consumption of tobacco by making it harder to access. They also agreed it would help quitters to stay quit. One participant commented:

If you ask the majority of smokers, they say they wouldn't want their children to smoke, they want to quit themselves, so I think what we're doing is providing an additional service...an environment that's supportive for them to quit or not to start (Tōwai).

This perspective was supported by another participant, who said she was aware of smokers who were trying (unsuccessfully) to give up, and wanted tobacco to be less accessible:

They just wish that they couldn't walk up the road from their whare or drive to their dairy to get cigarettes, they wish there was a bigger distance to – or was harder to access. I think that's part of the issue for them. They know it's just around the corner (Kōwhai).

Several participants noted that ubiquity of access is a particular issue for Māori, since the density of tobacco outlets is greater in low socio-economic communities. Several participants also commented that sales to minors and sales of single cigarettes were also more common in such communities, leading to greater uptake of smoking in rangatahi Māori. Participants saw this as unfair, and a strong justification for retail restrictions.

If they [retailers] can't be trusted to not sell single cigarettes, then stop selling them around our high-schools and have some strict rules on where you can sell them and in what communities and how many you have in these communities. And if there's Māori living in a particular community and there's more retailers selling cigarettes then that's not fair, let's do something about it (Kōwhai).

An advantage of retailer licensing, mentioned by a few participants, was that (if a model similar to alcohol licensing was used) it would give communities a mechanism to voice their views about the location and density of outlets, and to oppose the granting of licenses. Participants commented that communities have used such mechanisms to successfully 'band together in terms of alcohol-related harm' and reduce the density of liquor outlets in vulnerable communities. They felt communities would also rally against tobacco, if they had the platform to do so. One participant said:

It's obvious that there's more cigarettes in low dep areas, and pokies as well, and alcohol, it's...at least with alcohol and gambling we have platforms to change that, and we desperately need that for tobacco (Kōwhai).

There was general agreement that licensing of tobacco retailers and restriction of outlets would also make enforcement easier. For example, participants working in the tobacco control sector commented that they don't currently know all of the retailers in their region, and 'it actually does consume a lot of FTEs...especially with over 600 retailers' (Tōwai). Participants agreed that monitoring and enforcing retail compliance would be a more manageable task if there were fewer tobacco retailers, and the ability to revoke a licence would enable redress in the case of a breach.

Some participants also saw reduction in availability as important for continuing the process of denormalising tobacco, and bringing Aotearoa 'a step closer to that Tupeka Kore vision' (Kōwhai). One participant argued that this policy would send a strong message that the Government is 'actually serious about the product, and serious about getting to the aspirational goal' (Karakā).

Most participants were confident that Māori leaders would support this policy, although some commented that their support would depend on how the policy is explained and 'who of us in the community could influence them' (Karakā). One commented:

I think they'd get it, because they already get it in regards to pokies, they already get it in regards to alcohol...And they know the history of tobacco and alcohol and what it's done to our whānau, so...in fact, they would probably be the ones standing up there calling for it. If there was a submission process around this they would be there in force (Kōwhai).

However most were pessimistic about whether the Government would support retail restrictions, saying politicians would be swayed by tobacco industry threats and retail sector opposition. One participant commented:

Politically [it's] a lot harder [than tax] because, as long as it remains socially acceptable to poison your customer, the grocers' lobby is probably the second most powerful lobby in New Zealand after the dairy industry...they're extremely powerful...once you knock the turnover of businesses, that's when politicians feel quite sensitive (Nikau).

Although there was general agreement that the political feasibility of this option was doubtful, one participant noted that retail restrictions would be much more politically palatable now than 20 or even 10 years ago, because public attitudes towards tobacco have changed. Another argued that community mobilisation might shift government thinking around supply-side options:

If we can show them what's happening in our communities more at a local level... and we get that local voice happening, then maybe - maybe it'll happen. At the moment it feels, often, that they're more interested in cessation [services], but that's not to say that we can't change that scene and change their minds and win their hearts (Kōwhai).

From a practical point of view, participants pointed out that there are precedents for retail restrictions (e.g. for sale of alcohol, pharmaceuticals and psychoactive substances), and that existing models could be replicated for tobacco.

You've already got enforcement in place, you'll have enabling legislation/regulation, if required, local government will probably be involved, particularly if it's licensing... You've got all these mechanisms that are already there... I don't think it's that hard to do (Kahikatea).

There was general agreement that from a technical perspective, there were few impediments.

Denicotinisation

Participants had mixed views about whether denicotinisation of tobacco would be effective. Many argued that people smoke because they are addicted, so reducing the nicotine content to minimal levels would make it easier to quit and harder to get hooked. One participant said 'Well...nicotine's the addiction; why would they continue to do it?' Those that supported this option thought it could lead to a 'massive shift' in behaviour for Māori.

However one participant argued that many people smoke out of habit rather than addiction, and that removing the nicotine would not necessarily reduce smoking. They thought that uptake might in fact increase, since young people would not be concerned about becoming addicted.

Someone that, maybe you know, had never thought about smoking [might be] thinking 'oh well I'll try that 'cause I'm not gonna get addicted to it' (Karaka).

There were also concerns expressed about the continuing normalisation of the product, and the fact that the health-damaging substances in tobacco would remain. For example, one participant pointed out that denicotinisation would create 'a less appealing cigarette product but an equally dangerous one' (Nikau), and another questioned whether people would smoke more intensely to try and get a 'hit', leading to more severe health consequences. Another countered this concern by saying that if compensatory smoking occurred, it would only be a short term effect: 'maybe there'll be a period of that, but that thirst for nicotine, as it dies, maybe not' (Kōwhai).

Some participants also queried whether the addictiveness of smoking was due to nicotine alone. One commented:

I suspect that nicotine on its own is not quite as addictive as we thought because I'm quite persuaded by research about addictive properties of smoke independent of nicotine with monoamine oxidase inhibitors inside tobacco smoke (Nīkau).

Several questioned whether addicted smokers might seek an alternative 'hit', such as cannabis, or continue to smoke regular tobacco by purchasing illicit tobacco, growing their own, or adding liquid nicotine to denicotinised tobacco.

It wouldn't surprise me if they'll try to, people will try and do something to get that extra kick I suppose. Dunno what, but they'll try something (Mamaku).

Most thought that Māori communities and Māori leaders would support this policy because there were no impediments in terms of tikanga, and they would understand the rationale: to lessen the addictive properties of tobacco. One participant said their organisation had canvassed Māori leaders about a range of tobacco control options, and denicotinisation was their favoured policy. However another participant was concerned that the support of Māori for this policy might be based on the misapprehension that denicotinised tobacco was less health-damaging.

There were also mixed views about the political feasibility of denicotinisation. The majority view was that politicians were unlikely to support this option, due to opposition from the tobacco industry and concerns about legal action, as one participant explained:

Our Government will be wary that they'll be sued by tobacco companies for interfering with their – they call it intellectual property, the chemical make-up of their products...They'll say 'look this isn't about substances, it's about our right to make a legal product in the way that we always have done, and that our customers want, and you can tell by the number of buyers that they want it like this' (Kauri).

Others, however, argued that denicotinisation was more politically palatable than some other radical options. For politicians ideologically wedded to the idea of 'consumer choice', for example, denicotinisation could be seen as much less challenging than an outright ban:

This is a little bit more palatable I guess for politicians who think like that, because it doesn't take away the whole product. There's still something out there for smokers, so I think there's... we can tailor the argument for denics in a manner that the buy-in would be easier (Kōwhai).

Another thought that, because of the technical nature of the policy, politicians would have little interest and would be willing to take advice.

Politically I would just look at it as: this is a technical area and most politicians quite frankly don't care, don't know, wouldn't even, I don't even think it'll raise a heartbeat for them, quite frankly (Kahikatea).

The fact that reducing the nicotine content of tobacco was recommended by the Māori Affairs Select Committee was seen as advantageous by one participant. None of the participants raised any technical impediments to introducing this policy.

Restriction of additives

The majority view was that regulating the permitted additives in tobacco products would reduce uptake and promote quitting by making tobacco less palatable.

The advantages are obvious – you take out the sweeteners and all of that sort of stuff and people who smoke, they'll go 'holy shit, this tastes like shit', you know, and if that can help to turn them off tobacco, great (Kauri).

Most participants therefore saw this as a policy that was likely to be effective in contributing to the achievement of the 2025 goal. One participant noted that another advantage of the policy would be to address concerns about substances (other than nicotine) with addictive properties, and another commented that it would remove some of the toxic substances like formaldehyde that are currently damaging smokers' health.

In contrast, a minority view was that this policy would do little to make the product safer, would be easy for the industry to circumvent, and would not necessarily discourage people from smoking.

If I just look within our immediate whānau...they would still continue to smoke because that's just how, you know...I'm talking about my grand nieces and nephews, you know, and they are of that mind-set that it wouldn't matter, they would just continue to smoke these products (Karaka).

From a technical perspective, several participants noted that this policy could be enacted within current legislation, making it easier to introduce than policies that would require a law change. Most thought that it would not be difficult for the industry to make the necessary manufacturing changes, with one recalling the testimony to that effect from a former tobacco industry chemist to the Māori Affairs Select Committee. One participant noted that there would need to be significant oversight of the manufacturing process by government, but others argued that, if the regulations were modelled on those for psychoactive substances, the onus of proof (and therefore the cost of compliance/enforcement) would fall mainly on the industry.

There were mixed views about the acceptability and political feasibility of this option. Many commented that the tobacco industry would vehemently oppose regulation of additives, making political support for this option unlikely.

The biggest lobbying will come from the tobacco industry to stop denicotisation and to stop the removal of additives...Whatever power they have left up in Parliament, they'll be using every single avenue to slow that down (Kahikatea).

It was noted that this policy was recommended by the Māori Affairs Select Committee five years ago, and yet there has been no apparent action to date. This was put down to lack of leadership on this issue, and the Ministry of Health being unwilling to 'rock the boat' (Nikau):

They know that if they go [at] the industry on nicotine levels and additives, that they will have a hell of a fight on their hands...I really believe they're too scared to engage with the industry; they're too scared to take them head on (Kahikatea).

Many thought that Māori leaders would support regulation of additives, but others noted that this policy 'hasn't been a priority' in discussions with Māori leaders to date. Others questioned whether this policy was a high priority within the tobacco control sector. One favoured denicotinisation over regulation of additives and commented:

Even within the sector some people aren't fully convinced about how... which one should we prioritise – denics or identifying the ingredients in the cigarette? There's no real – people are quite mixed about it (Kōwhai).

Another saw a total ban on tobacco as preferable to both denicotinisation and restriction of additives, and questioned use of sector resources on such policies:

I think that we could put a lot of energy into the restriction of additives and you know, denicotinising the cigarettes when basically we just want them gone, we actually don't want them at all (Karaka).

However the same participant saw this as an option that might be more acceptable to politicians than other radical policies:

I think this would be more acceptable for them to actually start reducing some of the additives as opposed to taking the nicotine out and you know, restricting access to cigarettes, I think this would probably be something that they would actually feel more comfortable with going with than the other options (Karaka).

Others noted that this policy would be difficult for the industry to oppose in the public arena, as it is difficult to defend the use of toxic additives. One participant thought this was a policy that could potentially receive strong public support, because it aligns with general public perceptions that additives are best avoided.

I think if – in general if you tell people that there's a product that they consume that contains a whole lot of additives, [they respond] 'what the heck are those things, what's the safety of those things?' I think the additives can be pretty off-putting, so I think there's a really good target there actually (Nīkau).

The same participant argued that the main impediment to action on this policy has been a lack of pressure on the Government from the tobacco control sector.

Most participants did not see any adverse effects associated with this policy, although one noted that, as with other radical options, the families of highly addicted smokers were likely to suffer, particularly those at the lower end of the socio-economic spectrum.

The obvious effects of anything that's going to impact on a person's choices when you're at the bottom end of the scale and you don't have a lot of choices, and if one of them was smoking, you would just be angry at the people who had made you stop smoking. And what poor people do is they don't generally take it out on the people who make it harder for them to make that choice, i.e. the Government, they take it out on those closest to them: the missus, the kids, the cat and the dog, so that's where, that's the unfortunate but obvious consequence (Kauri).

Participants argued that such adverse effects need to be planned for, and mitigated.

Tobacco Free Generation

Most participants were supportive of the Tobacco Free Generation concept, and believed it would help to delay or prevent smoking uptake, and to protect the next generation from tobacco harm.

Well, effectively you're protecting your mokopuna. You know your mokopuna are protected from there on in, once you've set that date, it's done. No more product (Kahikatea).

Another perceived advantage was its alignment with the Tupeka Kore vision, with some seeing it as a pathway policy towards an outright ban.

However several participants expressed uncertainty about how effective the policy would be in practice, due to social supply and non-compliance of retailers – problems that some argued the sector is failing to adequately address at present.

They can't even enforce blimmin' age restrictions and single cigarette selling at the moment (Kōwhai).

Most agreed that there would still be some level of uptake and that young people would find ways to access tobacco. Participants noted that most Māori currently take up smoking before they are old enough to legally purchase cigarettes, and said 'Māori don't just get their smokes from dairies, they get them from their whānau, unfortunately' (Kōwhai). For this reason, one participant did not think this policy would close the gap between Māori and non-Māori smoking rates.

It would probably work better for non-Māori, because they're less likely to be supplied tobacco from their families (Kōwhai).

However, this was countered by another participant who argued that if other policies, such as large tax increases, were put in place alongside this policy, then social supply would cease to be such an issue.

If there was a massive change in taxation, then those cigarettes, even for Māori, become so expensive that you know, if you're looking at \$4 or \$5 a stick, then, man, you wouldn't want your moko or you know, your tamariki to be bloody smoking those things; you'll be throwing them in the safe (Kahikatea).

As well as uncertainty about the likely effectiveness of the tobacco free generation policy, there was also uncertainty about the acceptability and political feasibility of this option. Some felt there was growing awareness and support for the idea of a tobacco-free country, and believed that smokers, the general public, and Māori leaders, would support the idea of protecting the next generation. The positive framing of the policy was seen as an advantage, in terms of achieving public and political support.

Participants gave a range of reasons why politicians might support the policy, for example: it is innovative, it embodies a positive and appealing message, and it provides a mechanism for phasing out tobacco gradually. And if the policy was popular with the general public, then politicians would be influenced by public sentiment. One participant had also observed that some politicians are concerned about high uptake in Māori youth, and this is a policy that might address those concerns.

However, the idea of having an age limit that rises above the legal age of adulthood was seen as problematic:

So the argument is, I guess, that once a person is 18, well they are 18 and so they're supposed to be able to do things by themselves and that's a pretty strong principle across the board in society (Nīkau).

You'll get the arguments 'oh well I can drive when I'm 16, I can go to war when I'm 18 and I can get into the pub when I'm 18' and all the rest of it (Karaka).

Some felt that that the policy would be unpopular with the general public, who would say it was unfair and an affront to civil liberties. One participant also questioned whether Māori leaders would support the policy, saying that it was not fully consistent with Māori values such as kotahitanga (solidarity):

It would seem a bit hypocritical for the older generation to be allowed to continue this while the younger generation didn't, and so I don't see it as fully consistent with a Māori approach, you know...Kotahitanga as well. I don't really see a lot of that in there (Nīkau).

Participants argued that politicians would be concerned about inconsistency with other age limits, and, if the policy was unpopular with the public, would be swayed by public opinion.

Although participants raised issues about enforcement (as discussed above), it was noted that the mechanisms for enforcement are already in place. Therefore, it was not seen as technically difficult to enact this policy.

Other policy options

Participants discussed a wide range of alternative policy options that they thought would contribute to the achievement of Smokefree 2025 and/or Tupeka Kore. The most widely supported was a complete ban on tobacco sales. Several saw this as an obvious solution to the problem of tobacco-related harm.

Kōwhai: I often ask myself this, you know, [we put] so much time and energy into the different policies when there's actually one simple solution that just seems so — we're just running around doing all this busy work and not really dealing or putting into place something that really is gonna make a difference.

Interviewer: Which is?

Kōwhai: Just getting rid of them.

Some participants also noted that the advent of e-cigarettes had made an outright ban a more viable option, since there is now genuine alternative for heavily addicted smokers. One participant argued that the concerns expressed about e-cigarettes (e.g. about dual use, or e-cigarettes acting as a 'gateway' to tobacco use for young people) could be dealt with by banning or heavily restricting tobacco products.

Those disadvantages [of e-cigs] are particularly acute in a regulatory environment where tobacco is easy to get hold of. It's less acute in an environment where it's very hard to get hold of tobacco (Nīkau).

Not all participants were supportive of e-cigarettes however; some were concerned that they normalised smoking-type behaviour, and were simply another addictive product supplied by the tobacco-industry. Participants on both sides of the debate agreed that a regulatory framework for e-cigarettes was necessary.

Another idea raised by several participants was for iwi to play a stronger role in furthering the Tupeka Kore kaupapa and protecting their people from tobacco harm. Participants talked about the need for a 'mind shift' within Māori communities, underpinned by tikanga Māori, starting with the recognition that 'smoking is a form of colonisation' (Karaka). Participants wanted to see iwi, hapū, marae and whānau taking responsibility for improving the health of their own people.

For Māori and P.I...you place it within context of tikanga frameworks, so that it's not just left out there, that the tikanga around smoking is disgust. It's set by iwi or Māori organisations...or whānau - that people just, we start placing those strictures on our own people (Kahikatea).

One participant also wanted to see a harder line taken with tobacco companies:

That's the best way, call them up...if they have the guts to say that to them, as the Government of the country, that's the only way, just call them up and say 'in this hand, in my left hand, I have legislation banning the production, manufacture and distribution of Rothman's products from next year. Between now and next year Mr Rothmans, these are the things I want you to do, if you don't comply, you're banned from January the 1st' (Kauri).

Other potential policies raised by participants were:

- 'Ring-fencing' of tobacco tax revenue to be spent on cessation support and alleviating the suffering of whānau harmed by tobacco
- A sinking lid on volume of tobacco sales
- Bringing marae under the Smokefree Environments Act
- Extending Smokefree laws to cars carrying children
- Raising the age of legal purchase to 21 or 25
- Requiring tobacco companies to pay the national bill for cessation products and services
- Taking criminal liability action against the Boards of tobacco companies
- Campaigns devised by well-known artists, to arouse controversy and challenge people's perceptions about tobacco
- Requiring smokers to return the butts from the previous pack before another pack can be sold to them
- Shutting down the Imperial Tobacco plant in Petone.

Wider issues affecting all policy options

There were a number of themes raised in the interviews with Māori key informants that cut across all policy options put forward. For example, there was general agreement that a multi-pronged approach was needed, and that no single policy, on its own, would be effective in dramatically reducing tobacco-related harm suffered by Māori. Participants often talked about the synergies between options, for example one commented that retail restrictions go 'hand in hand' with tax increases, and several felt that denicotinisation and regulation of additives should be implemented in tandem. In particular, participants did not want to see tax increases introduced without a range of other measures in place to support cessation and mitigate adverse effects on whānau. One participant said:

People tell me tax is a winner but...it's never just one thing; it's a number of things being done positively and intelligently together that help make the difference (Kauri).

Another commented:

It's – again this whole theme of having a range of measures rather than one big bludgeon thing, like taxation, to kind of spread the regulatory thumb-screws across a range of things (Nikau).

Another theme was the need to prioritise, and focus the energies of the sector in a co-ordinated manner, as illustrated in the following quotes:

Where's the best bang for your buck? So considering a lot of us are quite under-resourced and we don't have much time left and people are dying, where are you more likely to – where should you put your energy in regards to what's gonna really make a difference for Māori? (Kōwhai)

Look it's ridiculous that we sit here and we don't even have a national plan you know, you need a national plan to bring national cohesion and at the moment, I would see a sector, if that's what we are, with quite varying approaches you know, that if you have a certain hobby horse and you have the money or time, then you can do that (Nikau).

It seems a bit disjointed, you know, with relation to working on different projects, I suppose, or areas on working towards that 2025 goal, it needs to be more co-ordinated I suppose (Mamaku).

Participants were wary of policies that 'punished' or 'blamed' smokers, and generally preferred policies that directly held the tobacco industry accountable for the harm that smoking causes in society.

Another theme in the interviews was frustration at government inaction, and an apparent lack of political will to progress any tobacco control initiatives.

There's no leadership in current government to reduce any of the tobacco related issues, or any policies, the MASC report, I think we saw that in the feedback from the Ministry on what we've achieved, it's pretty much nothing (Tōwai).

Apparently, they don't seem to want to do anything, not even plain packaging (Kōwhai).

Lack of political will was seen as the main impediment to the implementation of the policies discussed. However, some participants noted that the tobacco control sector has a key role to play in influencing leaders and applying pressure. They argued that the level of support for a policy by Māori political leaders or politicians would be significantly determined by how that policy was framed and 'who of us in the community could influence them' (Karaka). One argued that discussions with politicians must address political risk:

Now this comes down to good political advocacy, good evidence base. For a politician, you're trying to quell any anxiety around you know, the possibility that they could be out on their ear (Kahikatea).

Another participant suggested that greater support needed to be offered to Māori leaders willing to stand up as champions for the cause.

I think as kaimahi out there in the communities and as health promoters, we'd actually need to get behind... and you know, basically recognise those political leaders or leaders for standing up and doing things like this, not just thinking 'well they should do', we actually should be getting behind them as well and supporting them (Karaka).

Prioritisation of options

Dramatic tax increases was the most favoured option amongst Māori participants, with many ranking it number 1 or 2. The retail restrictions policy was the next most favoured option overall, with the majority ranking it 2 or 3. The lowest ranking option was tobacco free generation, which did not receive any 1 or 2 rankings. Views on the remaining options – denicotinisation and regulation of additives – were more polarised, with some participants strongly favouring these options while others gave them the lowest rankings.

Several participants favoured other options over or alongside the five policies explored in the current project. For example, one participant ranked tobacco free generation third, but noted a preference for a straight increase of the legal purchase age to 21 or 25 years; another wanted to see access to e-cigarettes maintained alongside the introduction of the policies discussed; and a third favoured direct pressure on tobacco companies (e.g. requiring them to pay the national bill for nicotine replacement therapy and cessation services) above any of the five options.

Appendix B: Pacific key informant perspectives

Six Pacific participants were interviewed, including politicians, staff of NGO health services and DHBs, and board members of health sector organisations. Four Pacific ethnicities were represented: Samoan, Tongan, Niuean, and Cook Islands. Pacific participants were selected based on their current or potential role in achieving Smokefree 2025 and their leadership role within Pacific communities and organisations. The interviews were conducted in July and early August 2015. To protect the identity of participants, names of native trees have been used to identify quotes.

Perceptions about the SF2025 goal

Most participants understood the Smokefree 2025 goal to mean 'less than 5%' prevalence, and most interpreted this as the goal for the Pacific population as well as the New Zealand population as a whole. Many acknowledged that the goal would be harder to achieve for Pacific peoples than for the general New Zealand population.

While it's 5% for the country...what it means to me is that the Pacific Island community should also be below the 5% mark but now, on the figures today and looking at what we've been able to achieve so far, it's looking as though it's going to be more and more difficult for us than it is for New Zealand in general (Tītōki).

Participants saw the goal as a good one. Some questioned how realistic it was for Pacific communities, and one noted sector concerns that an unattainable goal could be discouraging. Despite this, they thought we should strive to achieve it:

There's been lots of conversations and discussions...that we're not going to reach it, and this kind of – people get discouraged or – but I still think that, you know, a goal is a goal. You set a goal and then you work towards it. You shouldn't change it because the journey there looks a bit hard (Kānuka).

One participant noted that in Pacific communities (as opposed to the tobacco control workforce), awareness of smokefree 2025 was low, and there was confusion about what the goal means:

I am aware that for the majority of our Pacific people in the community, that 2025 goal doesn't really mean a lot or it is interpreted as no smoking at all or no tobacco, so there is that confusion (Kānuka).

This view was also reflected by other participants who indicated that tobacco was not necessarily a high priority issue in Pacific communities.

One participant described the goal in terms of not having to put up with smoking in communal environments, and understood the goal as making smoking a thing of the past:

You would like to think that the next generation will deem cigarette smoking as something that belongs to a bygone era (Mataī).

Most felt there was alignment between the Government's 2025 goal and the aspirations of Pacific communities. However it was noted that Pacific communities aspire to broader goals, such as wanting a healthy family, so to the extent that the 2025 goal is consistent with such broader goals, then there is alignment between government and community aspirations. Another commented that the challenge of reducing tobacco consumption needed to be understood in relation to all the other challenges that Pacific people were faced with.

Dramatic tax increases

Many key informants supported the option of dramatic tax increases on the basis that: i) the effectiveness of this policy is well established; ii) it provides a strong incentive for people to quit; and iii) it can be implemented quickly and will have an immediate impact. A further advantage, noted by a few participants, was that it is likely to reduce the disparity in smoking prevalence between the Pacific population and the general population, particularly if implemented alongside other complementary measures. One participant did not see any disadvantages with this policy option:

It is the single most effective piece of legislation that can help New Zealand get closer towards the Smokefree 2025 [goal]. I don't actually see any disadvantages with it. I think that it is pro-smoker – it encourages them to quit (Rātā).

Key informants noted that the financial impact of smoking was a topic currently being discussed in Pacific families and communities, and further tax increases will force people to make a choice.

I've heard people in my own family say 'Look if you can't afford to feed your kids and you can't afford to pay for your meal, should you not be smoking?' You know. And I think those discussions are quite positive which means the message is slowly getting there (Matai).

Many, though, felt the financial impact on families of those who continue to smoke was a disadvantage of this policy option, saying that some will still choose to buy tobacco and 'forfeit the necessities' as a result. One noted that those who continued to smoke were often in low-income families or unemployed, and therefore raising tobacco tax further penalises these people who are already financially disadvantaged. Another queried whether this policy might have the opposite of the intended effect in deprived communities:

Because deprivation means a lack of resources, a lack of money, if in fact we're putting more pressure on it, is it likely to be an incentive to give up or does it add to the pressure for these people to continue to look for what they call the 'little pleasures'? (Titoki)

The same key informant queried whether there might be a more ethically-sound way to achieve the same result (e.g. free alternative nicotine delivery on prescription, coupled with an outright ban on tobacco).

We need to make sure that we are not making life more difficult for them simply to get them off the habit. There could well be a much more simple way of getting them off the habit without making their lives overall more miserable than it is now (Titoki).

Many emphasised the importance of coupling tax increases with other initiatives such as targeted cessation services, community communication, and mass media advertising to support and encourage quitting. Most felt that Pacific communities would be supportive of tax increases, particularly if the purpose of the policy was explained clearly and it was part of a comprehensive package. One commented:

I think our people will support it in some part but...if you are taxing the people on this – which mostly will be Pacific and Māori smokers – then we need to find a way for that money to go back to the communities... and see that money, you know, invested back to where it's coming from (Pōhutukawa).

Regarding community support and political feasibility, one noted that there was a general mood in the community that the 'government shouldn't be taxing', and another noted that politicians are often unwilling to introduce measures that may cost votes.

If they have courage and if they are absolutely committed and this is the best thing to do they will do it, but at the moment many other variables inform their decisions, you know. It's like, if you're a politician, you have to think 'Well, is this a priority for me? I'll lose my votes...' (Kānuka).

Another key informant saw tax increases as politically feasible, but commented that a 20% increase would be a more politically palatable option than higher increases (40% or more) that some tobacco control organisations have lobbied for.

Retail restrictions

There was strong support for this option, with key informants agreeing that reducing retail availability would reduce tobacco consumption. They argued that this measure would reduce uptake by reducing the visibility of tobacco and making it harder for young people to access. It would also help to denormalise tobacco, so that 'it's no longer a normal part of your grocery shopping'(Matai). One participant thought this measure would have little impact on current smokers, but others argued that the inconvenience and cost of travelling to buy tobacco would have an impact:

It reduces the availability of the product so people might have to maybe travel to a certain place...so, you know, they probably can't afford the petrol to get there, or they just can't be bothered to go that far to get the product (Māhoe).

There was general agreement that Pacific communities would support this measure, because the policy is about creating a safe and healthy community environment for families. Some drew a parallel with community movements against alcohol over-supply, saying that predominantly Māori and Pacific communities in South Auckland had led campaigns to limit the number of liquor outlets in their own areas. There was general agreement that reducing the number of retail outlets for tobacco is a policy that Pacific communities might get behind, but one noted that in order for that to happen, there was a need to identify and support community champions to raise awareness and mobilise action on restricting tobacco sales.

One participant noted that retail licensing would have significant advantages for the front line health promotion and cessation services:

The main advantage is that we'll be able to focus our health promotion efforts and cessation services to the areas that sell the most cigarettes... it will give us a better picture to be able to tailor our efforts towards (Rātā).

Some thought that this policy would be easy to introduce, noting that the system for licensing alcohol outlets could be replicated. Yet it was also noted that implementing and enforcing retail restrictions would have cost implications for the government.

A more serious impediment, in the minds of many participants, was the likely opposition from the tobacco industry and retail sectors, who 'will not let it happen'. However one participant noted that many retailers in Northland have voluntarily stopped selling tobacco, and this was perceived to have reduced the risk of robbery, and had little (if any) financial impact, as the margin on tobacco is small. This puts into question the argument that this policy would put dairy owners out of business:

[It's] the retailers themselves that says 'We don't actually – it's not a huge profit margin' type stuff (Kānuka).

Overall, there was a feeling of uncertainty about the political feasibility of this option, as politicians would be influenced by retail opposition. One participant felt that retailers' concerns might be outweighed by public acceptance of and support for the smokefree goal:

I think you'll get people pushing back on that who – in the retail sector. But by and large I think most people now in New Zealand have come to accept, you know, that we're moving towards a smokefree New Zealand (Mataī).

Another commented that the responsible Minister has not voiced opposition to a retail licensing regime, but this was not necessarily an indication that Government action would follow:

[The Associate Minister of Health] has not opposed it, he said that he's committed to 2025, he said that he's committed to a raft of measures to achieve it so based on that, I would say that there is some political palatability. The difference is whether they action that. So like everything else, it's very easy to you know, provide lip service to us...but we'll see, yeah I can't really comment on whether they'd actually go ahead with it or when (Rātā).

Denicotinisation

Support for denicotinisation of tobacco products was limited, with most key informants ranging from sceptical to dismissive. On the positive side, some participants thought denicotinisation would reduce the addictiveness of tobacco products and might therefore make it easier to quit. However, most expressed uncertainty about how this policy would impact on smokers, for example:

Well, it's the nicotine that keeps them hooked, so if there's less nicotine, then either they won't get hooked as fast or they'll smoke more or they'll intensify [their smoking] to try and get the same level [of nicotine hit] (Māhoe).

Participants noted that people smoke for a range of reasons – not only physical addiction to nicotine – and said that this option would not address the behavioural and social factors that keep people smoking. Another told the story of a family member who had unsuccessfully tried low-nicotine cigarettes, and concluded 'they didn't work.' Participants also raised questions about other addictive substances in tobacco: would these reduce the effectiveness of this policy, and would tobacco companies add new substances designed to make people addicted?

The most widespread concern about this denicotinisation, however, was that the policy would not make sense to Pacific peoples. There was general agreement that Pacific communities currently have limited understanding about (or interest in) the constituents of tobacco, and this would affect their understanding of and support for this policy. One participant commented that the current focus is still on getting across basic health messages:

Yeah at the moment their understanding – you know, you're still trying to tell our community, 'look, smoking kills for those particular reasons'.... We're a long way away from understanding the makeup of a cigarette and that denicotinisation might help (Mataī).

Participants noted that the concept of addiction is not well understood in Pacific communities, and smokers don't necessarily understand that there are physical changes in the body that make it hard to give up. One participant said that Pacific smokers rarely talk about 'addiction':

They translate it to 'I don't wanna give up. I love it, I enjoy it.' And that's exactly what the addiction does, it gives you a buzz (Kānuka).

There was general agreement that the majority of people in Pacific communities would be indifferent to this policy, but that there may be pockets of support.

I think they will agree with it, but whether they're informed or whether they're going to participate in any kind of policy that's going to advocate for such change, it don't think so [...] People who are engaged and who appreciate that they don't want their families to smoke, they will be engaged with this. But I think the average smoker, especially the older ones, they're not going to care, because they've never thought about what's in the cigarette so why would they even see it as an issue? (Kānuka).

Regulating additives

Key informants had differing interpretations of the rationale for this policy, and differing views on its likely effects. The primary purpose of the policy – to reduce uptake by making the product less attractive and palatable – did not appear to be well understood by key informants. For example, one participant opposed this policy on the basis that removing additives and toxins would make tobacco more attractive to consumers:

This is providing help to the tobacco companies...Why would you go out of your way to make it easier for people to continue to have a habit? (Titoki)

Another focused on the removal of flavourings, and argued that this would make little difference to Pacific smokers who are influenced more by nicotine addiction, availability and price:

If you don't have your strawberry flavoured or whatever flavoured cigarette, that doesn't really matter for a smoker...I don't see that changing flavours and so forth is going to have much of an impact (Rātā).

In contrast, another participant argued that there would be 'mass hysteria' and smokers would resent the policy because the taste of their cigarettes would change:

It's similar to the big hoo-haa we've seen recently with Milo. You know, they changed the formula and people who had not even tasted the new product were commenting on how bad it is. It's like, because their comfort zone is 'This is what I'm familiar with. This is what I've taught myself to like, this particular taste. How dare you go and change it for me?' (Kānuka)

As with the previous policy option, participants commented that Pacific communities might have limited understanding of this option. However one argued that debate about this policy would provide an opportunity to educate Pacific communities about what exactly is in tobacco, and this was seen as a positive in itself:

We need to start having a conversation with our Pacific people about it...When we talk to people about the 4000 chemicals in a cigarette, you know, you should see their face – they're shocked. Because they don't know all this poisonous stuff is in the cigarette (Pōhutukawa).

Few participants commented on the technical or political feasibility of this option, however one thought that removal of additives was likely to gain support from some politicians:

I mean from a political point of view, you'd want to get rid of all that, not only in cigarettes but a whole range of food products. So you know you'll get the politicians who get, you know 'Take that out' (Tītoki).

Another participant focused on implementation, and saw this option as technically challenging:

Who's going to monitor it? ... There's over 4000 chemicals and if you break everything down to different products, part of the – it's quite daunting: which do you include, which do you leave out? How do you know who determines the levels of those chemicals in the product? (Māhoe)

It was also noted that this policy (and the denicotinsation option) would be strongly opposed by the tobacco industry and would take a long time to put into place. 'I'm not sure that these two would help hugely to get to the 2025 timeline' (Kānuka). Overall, support for a ban on additives was limited.

Tobacco free generation

Most Pacific key informants were supportive of the tobacco free generation policy, saying that this was a strong measure that would radically denormalise smoking for the next generation, particularly if implemented alongside other complementary policies. Most saw the use of age restrictions as acceptable and felt that Pacific communities, particularly parents, were likely to support this policy.

If you cut the supply in whatever way, I think as a parent I would appreciate it, that part of getting my child to stop smoking is he can't buy it, or it's too expensive to buy, he can't drive or get it from the retailers, and his age means that even if it's available at the retailers and even if he can afford it, it's still [inaccessible] (Kānuka).

However, some pointed out enforcement challenges, saying that setting an age restriction does not necessarily change people's behaviour. One argued 'the tobacco free generation will only be a reality when nicotine isn't around to be sold' (Tītoki). Another participant noted that there are no age restrictions applied to tobacco purchase in Samoa, and furthermore Pacific people in New Zealand have access to cheap cigarettes from the Islands. The implication was that this policy may be less effective for Pacific populations compared with other populations, due to social supply and cultural norms that do not prohibit smoking on the grounds of age.

One key informant said this policy would be too slow, and would make little contribution to achieving the smokefree 2025 goal. He said:

Gradually, to me, isn't quick enough. And it is quite clear that as long as we do this gradually, the cigarette companies will find some other ways of making sure the addictive product or nicotine continues to be sold in one form or another (Tītoki).

Some key informants were fairly optimistic about the political feasibility of the Tobacco Free Generation policy. For example, one said:

We already have age restrictions for tobacco, so I don't think the idea would be totally so left-field (Kānuka).

Others were uncertain about whether this policy would gain public or political support, saying, as with any change, there would be 'grumbling', and that young people may feel that their rights were being infringed. None of the key informants discussed specific barriers at the political level, however one noted that this option would require new legislation and is 'reliant on whether the government will pass it'.

Other policy options

Other than the five options that this research focused on, other policies that participants raised were an outright ban on tobacco sales, and the introduction of standardised packaging. Each was the preferred option (over any of the five presented) for the participant that discussed it. The key informant who favoured an outright ban expressed frustration at the lack of action by government:

The one most favoured is to send a clear signal to the tobacco companies that their business has to come to an end, right, and our Government is too scared to do it...we can't rely on them to do what needs to be done (Tītoki).

This participant argued that community mobilisation was necessary to achieve the 2025 goal 'and when communities are mobilised, the Government will have to respond.' Other ideas raised by the same key informant were to:

- Identify what it would cost to cure all currently addicted smokers of their addiction, and force tobacco companies to pay for the cost
- Identify smokers, based on health records, and offer support directly
- Form a smokers' lobby, to articulate the voice of smokers and ex-smokers, and influence policy.

The supporter of standardised packaging said this was a priority policy that could be implemented quickly since 'we know it's working in Australia' and it has already had its first reading in parliament. Other ideas raised by the same participant were to:

- expand smokefree areas, for example creating smokefree CBDs and stamping smoking out community by community
- slowly stop tobacco imports into New Zealand.

Wider issues affecting all policy options

A theme in the Pacific interviews, relevant to all options, was the need to help Pacific communities understand the rationale behind any policy initiative, and how it will benefit Pacific communities. This was seen as essential for gaining Pacific community support.

I've never heard any Pacific person that's been against any of these kind of legislations especially when they've been informed about it, so that's probably my blanket answer for all the measures – that Pacific communities would be supportive of them. [It's important] to ensure that they get the information in a way that they understand; once that's there, they're fine, they're very clear (Rātā).

Some participants commented that there is a need to further raise awareness about tobacco harm and addiction in Pacific communities, and to disseminate health messages, for example: 'it's getting out there, but it hasn't saturated our communities as yet, and it needs to' (Matai). Participants implied that this lack of awareness or priority given to tobacco control may limit Pacific community support for any new tobacco control measures. A recurring theme was the need to identify and support champions to discuss these ideas with Pacific communities. Although some church leaders were said to be actively supportive of tobacco control and other health initiatives, some key informants felt they needed to take a stronger role.

If we could get Pacific communities leaders to speak out a bit more, support them to do that, I think they'll be excellent advocates in this area (Rātā).

Another theme in the Pacific interviews was the need for communication and education around any policy initiative, and the need for a range of complementary measures to help people quit and to reduce uptake.

[We] need to understand what must go with legislation in terms of trying to achieve a smokefree 2025. You absolutely must have the public's support and you must have effective stop smoking services running alongside...we just need far better efforts around those other two legs (Rātā).

One participant also noted the apparent lack of political will for tobacco control in the current government:

Just the way the current government's going, I don't see many things getting passed through quite quickly (Rātā).

Prioritisation of options

Dramatic tax increases had the strongest support of all the policy options presented, with the majority of Pacific key informants naming this as their most favoured option. Retail restrictions were also strongly supported with most ranking this option either 1 or 2. Tobacco Free Generation was the third most favoured policy, with most ranking it 2 or 3. Denicotinisation ranked fourth, and restrictions on additives was the least favoured of the five presented, ranking at number 5.

One participant favoured an outright ban on tobacco, and declined to rank the five options, saying that none of them will achieve the Smokefree 2025 goal. Another ranked standardised packaging above all of the five options presented.

Appendix C: New Zealand European/other key informant perspectives

This appendix presents the findings of the New Zealand European/other ethnicity strand in full. Six participants were interviewed, including politicians from several political parties, government officials, and consultants. They were selected based on their seniority and relevant political, policy, regulatory and technical expertise. The interviews were conducted in July and early August 2015. To protect the identity of participants, names of native trees have been used to identify quotes.

Perceptions about the SF2025 goal

All participants described the SF2025 goal in terms of greatly reduced smoking prevalence. Most mentioned 'less than 5%' prevalence as the goal, although several noted that the Government had not formally committed to this figure.

I think the Government has informally committed to less than 5%. Tariana Turia did use that formulation and that's the commonly accepted formulation but I don't think there's a formal commitment from the Minister or the Government to that (Pūriri).

Interestingly, none talked about 'minimal availability', even though this phrase was in the wording of the Māori Affairs Select Committee recommendation, and in the Government's response. One described the goal in terms of reducing the harm cause by tobacco.

Some felt that the goal should be expressed as 'less than 5% prevalence in all population subgroups' (e.g. Māori, Pacific, pregnant women, young adults), and one commented, 'I think 5% is too high personally' (Ngaio). Several mentioned the challenge of achieving the goal for Māori and other subgroups.

The overall figures I have seen look really good, and then you de-aggregate them and it – particularly Māori, and Māori women, even young Māori, even pregnant women – the figures are awful, and almost like 50% are smoking, and you go 'Oh my Lord!' So for those very particular groups I think there's going to be a real challenge in ten years to turn that around (Tī kōuka).

Most saw the goal as potentially achievable, but thought it would require significant further government action.

I see it as achievable but I don't see it as realistic because – well, unless the government was willing to do some pretty major things, and I don't see any signs that they are (Miro).

A key theme in the interviews was the perception that the current government has little political will to achieve the 2025 goal. This was expressed by a number of key informants.

I get the impression that the National Government have done what they think they need to do in this area, and I don't think they're particularly committed to doing a whole lot more (Ngaio).

Dramatic tax increases

This was the option most strongly supported by participants in this strand, who cited political feasibility and demonstrated effectiveness as its key advantages, along with ease of implementation. One participant summed up the advantages of the tax option in this way:

There's an existing system, it's administratively efficient, it's shown to be effective, politically the community's already bought into it, and it's not a big step for government (Pūriri).

Tax increases were seen as politically acceptable for a number of reasons: key informants reported that they are inexpensive and easy to implement; they are 'tried and tested' and pose little political risk; most people don't smoke, so public outcry is unlikely; and they can be justified on a 'user pays' basis to cover health care costs of smoking-related illnesses.

Despite making these arguments, some thought that a one-off tax increase of 40% might be pushing the boundaries of political acceptability:

That said, overall, whether government, regardless of its political hue, would want to be leaping to dramatic tax increases on top of what it's already doing – I'm not sure there would be enormous political will (Tī kōuka).

A couple of participants commented that regular increases of 20% might be more politically palatable than a one-off 40% hike. However another noted that tax increases are more likely to prompt quitting if they are large and unexpected.

It was widely agreed that if dramatic tax increases were implemented, there should be accompanying investment in cessation services, social marketing campaigns and community-based support services to help and encourage people to quit.

We need stop smoking services that are user friendly, approachable and easy to find, and there needs to be a whole lot more social marketing, you know, constant (Ngaio).

Alongside [tax increases] there needs to be, you know, the sort of work that comes out of – that's been done on marae and within Māori communities and Pasifika communities. I think you need to have the assistance to go beside it. It's not just punishment for them but there is assistance for them (Tōtara).

The provision of a package of interventions alongside taxation was seen as needed for 'selling' the policy, but more importantly as a way of maximising its effectiveness and addressing equity concerns. Participants noted that tax increases would disproportionately impact low-income households, and that therefore this policy would probably help to close the gap in smoking prevalence between Māori/Pacific and the general population, because Māori and Pacific are overrepresented in low-income households. On the other hand, several participants noted that addicted smokers may continue to smoke no matter how high the price, and expressed concern about the impact on the wider family in this case:

People will still spend the money on their addiction and that will have consequences for everything from kids clothing to food in the home and petrol in the car (Tī kōuka).

What are families missing out on if the income earner is spending X amount on cigarettes? And is that then having a compounded impact on the family violence or alcohol and other drug issues or gambling, or mental health? (Ngaio)

One key informant said that these adverse effects are difficult to mitigate, because any measures to ease the financial pressure on low-income families would also serve to undermine the effectiveness of this policy measure, since it is largely financial pressure at the household level that drives change. Some participants noted that the counter to these concerns was that Māori and Pacific groups and leaders supported tax increases as a way of increasing quit rates in their communities. Another commented: 'why should we allow tobacco companies to kill people because they're on low incomes?' (Tōtara)

The other possible adverse effect, noted by most participants, was a potential increase in illicit trade, though all saw this as an issue that could be easily managed through proactive enforcement and border controls, for example. One participant had heard anecdotal accounts that home grown tobacco is becoming an increasing issue. Again, this was seen as something that could be easily addressed through tweaking of regulations and increased enforcement.

Retail restrictions

Opinions were mixed about the likely effectiveness of this option, but almost all were in agreement that the public acceptability and political feasibility of this option was extremely limited. Government officials described this option as 'impossible, politically' and 'anathema' to the current government, since the National government is philosophically opposed to 'interference in the market'. One participant explained:

They would say that this is a legal consumer good, that the evidence is pretty strong in that the law as it current stands in relation to supplying to underage is, while not universally adhered to, is pretty well adhered to, so that the case for restricting the commercial rights for someone to engage in a legal business is not made (Rimu).

A further strand to this argument noted by another politician is that the visibility of the product is already restricted, and therefore this policy would make little difference.

Keeping the product away from schools – conceptually it's a good idea but I don't see much difference [from] at the moment, when I look past a dairy that can't advertise or display tobacco (Tī kōuka).

There was wide agreement that this policy would be opposed by the business sector, in particular the retailers that would be directly affected:

A lot of businesses rely on that [tobacco sales] ...and that would make it politically very difficult for a government to step in and say to 5000 or so outlets, 'It's all over for you.' If you think of all the dairy owners and so forth, it would be – you'd probably end up with a political fight on your hands which you wouldn't be terribly pleased about (Tī kōuka).

Some key informants considered that industry in general would oppose such a policy on principle, seeing it as 'the thin end of the wedge' that might set a precedent for further government 'interference' in the market. While some thought that retail restrictions would be supported by a Labour/Green government, others felt that it would be difficult for any government to implement this policy because of the likely strength of opposition. They suggested that free market arguments would appeal to people's values, and might 'reinforce public health advocates as anti-business.'

However one key informant thought that the general public would be supportive if it was framed as a policy aimed at protecting children:

I think if you tried to say that you were going to do a huge reduction of those 6,000 [retailers] without some sort of leg to stand on, like children, I think it's much harder. It'd be a step too far. But if you said 'Right we're very worried about tobacco sales near schools, just as we're worried about alcohol sales near schools etc, and then this is what we're going to do, and we're going to phase it in' (Tōtara).

There was wide agreement that this policy would not be difficult to implement since there are existing models that could be replicated (e.g. the current alcohol or psychoactive substances licensing arrangements). But key informants noted that there would be funding and resourcing implications, particularly in the establishment phase, and that an inspection regime and ongoing management of the licensing system would require additional resources. One noted that achieving the desired reduction of retail outlets in a fair and acceptable way would throw up practical challenges, and another cautioned there might be issues in rural communities where all shops are within 1km of schools.

On effectiveness, there were two schools of thought. Many felt that licensing retailers and reducing the number of retail outlets selling tobacco was a logical public health measure, in line with how other harmful products (e.g. alcohol) are treated. They said that this policy would help to denormalise tobacco and to reduce consumption because 'the more places a product can be sold, the more it's sold' (Ngaio). Some noted that it would be effective in reducing uptake, since uptake is influenced by 'ubiquity of supply', and it would also help people to quit:

I've heard countless anecdotal accounts of smokers who had quit saying that the hardest thing was walking past a place where you knew you could actually buy the product (Rimu).

The opposing view was that this policy would have little impact on smoking prevalence because people would simply travel a bit further to buy their tobacco:

I think people would just travel to get the product, possibly even arguably buy a little bit more than usual because they had to travel a couple of kilometres... it's just inconvenient at the start...but they'll do it, and people become conditioned, it becomes the new normal (Tī kōuka).

They argued that inconvenience will not deter existing smokers because of the addictive nature of the product, and that tobacco purchases are seldom opportunistic. One concluded that the cost-benefit ratio was unconvincing for this option:

I'm not a great believer that for the amount of investment of energy, resources, and political capital that it would have a huge impact...There are just so many practical and philosophical issues around it that I just wonder whether it's really worth the energy (Miro).

Key informants were unsure how this policy might impact on existing disparities in smoking prevalence, and this was noted as an evidence gap. One speculated:

I don't know, but I'm just guessing there's more places selling cigarettes in lower socioeconomic neighbourhoods than there would be in Remuera or Khandallah – that's a guess – and so there's more opportunity [to purchase in low SES neighbourhoods]. So if you reduce the opportunity then you might reduce prevalence and consumption [in low SES neighbourhoods], but I don't know that (Ngaio).

Another participant thought that those in low socioeconomic communities might have less ability to travel (e.g. less likely to have access to a car), and therefore this policy might be more effective for reducing smoking in those communities than in financially better-off communities. One participant commented on a related evidence gap, saying that there is good evidence linking retail density to alcohol harm, but he was unaware of any such research looking at tobacco.

Denicotinisation

There was considerable uncertainty about how this policy would impact on smokers' behaviour, and views were mixed about its likely effectiveness. Most key informants had concerns about potential unintended impacts. For example, many queried whether addicted smokers might smoke more cigarettes or inhale more deeply to try to get the same 'hit', resulting in unintended health impacts. Some commented that early research had demonstrated this 'compensation' effect, and that this unintended impact had played out in the past in relation to 'mild' and 'low tar' cigarettes, which were initially thought to be a 'safer' option.

The other potential adverse effect, identified by a couple of key informants, was that denicotinisation might have the perverse effect of increasing uptake and/or reducing quit attempts, since people may perceive the product to be safer or more acceptable.

We've seen it in other areas: when the government regulates something, particularly what's going into a product, there's an inferred message, often, that 'oh, it must be safer now.' ... So we would forget the fact that there's a thousand other substances in there killing you, but 'Oh no the nicotine's down, therefore it's good. The Government's made this product safe' (Tī kōuka).

Some argued that, if there was good evidence that such concerns were unfounded, then the policy had merit since it would reduce the addictiveness of the product and help people to quit. Others, however, were not convinced by this argument, noting that people smoke for social reasons and/or due to psychological addiction, not only for the nicotine hit. A couple also noted that there may be other addictive substances in tobacco, and if so, the policy might not have the intended effect.

Most participants saw this option as politically feasible, provided the scientific case was made:

Politically I wouldn't push it until I'm clear on the evidence, and if I saw evidence that showed that a reduction in nicotine doesn't have the adverse effect of pushing up consumption, then it would be something I'd be prepared to look at. And I think, politically, if you can show that this is going to help reduce consumption, that you could argue it (Tōtara).

It was perceived as politically acceptable because there would be few opponents; the majority of the general public would either not understand or not care about this policy; there are precedents for regulating what goes into products (e.g. food) to protect public health; and it can be framed as a health issue, which is hard to counter.

It's not interfering with – I mean you can frame it as a health intervention rather than an anti-commerce intervention. The previous one [retail restrictions] can be [countered] in a way that appeals to hearts and minds about free trade and commerce and markets. This one's easier I think (Pūriri).

However most noted that the tobacco industry would strongly oppose this intervention, on the basis of intellectual property and trade arguments.

From an industry perspective, if you play around with their brand identity and their recipes, they'd argue no doubt that there are intellectual property issues there, and you've got the WTO and other free trade and investment agreements that you'd have to work through... You'd definitely have trade challenges (Miro).

A few key informants noted that there would be costs associated with reducing the nicotine content of tobacco, and since these would be borne by industry, 'you end up imposing a tax without imposing a tax.' This was seen as a positive unintended consequence.

Restriction of permitted additives

Views were mixed about this option, and again this was largely due to uncertainty about how the policy would impact on behaviour. Some thought that restriction of additives would make cigarettes less appealing to young people and would therefore have the effect of reducing uptake. However many questioned the impact on existing smokers.

I can see the logic that it would make the product less appealing and less palatable – particularly for young people, it could be quite a good intervention...So from a young person's perspective in terms of reducing uptake I can see great value. But from an existing smoker's perspective, would it make a big difference? (Miro)

Knowledge about the impact on Māori and Pacific smokers was also a gap noted by participants, and none could say whether this policy was likely to open or close the prevalence gap between these populations and the general population. Some speculated about whether these ethnic groups might be higher users of flavoured cigarettes (noting that mentholated cigarettes are popular with African American smokers in the USA) and therefore differentially impacted. One noted that 'if all products taste bad then people are going to go to the cheaper one to get their fix', making tobacco more affordable for those that switch to cheaper brands. It was thought that there might be differential impacts on high versus low-income populations as a result.

Several participants argued that this policy would not address the underlying reasons that people smoke, and would therefore be unlikely to influence behaviour markedly:

They're not smoking the cigarette because it's got a particular vitamin or it's got a particular flavour they like...They're doing it because they're addicted or they think they look cool in front of their mates or they're rebelling against their parents (Tī kōuka).

It was generally agreed that, technically, it would not be difficult to put this policy in place. One participant noted that new legislation would not be needed, since the necessary regulations could be introduced under the current Smokefree Environments Act. Another commented that similar regulations are already in place for other products:

I don't see that being difficult at all. Again, we've got mechanisms in place – in the way we do with food safety and in the way that we've done with psychoactive substances – that, I think, can work (Tī kōuka).

The majority thought that this option had potential political feasibility, since it could be argued from a youth protection perspective, and/or in terms of protecting the public from toxic additives. It was thought that both these arguments had public (and therefore political) appeal. However several political barriers were noted, in particular the inevitability of opposition from the tobacco industry.

I think of all the interventions, this is the one where you'd face the biggest challenge from the industry – the whole intellectual property thing. They'd argue that you're destroying their brand. It's probably a challenging one (Miro).

Several key informants noted that the threat of litigation by the tobacco industry was the reason that progress on plain packaging had stalled, and surmised that the same threat would impact on the political palatability of this option. Lack of evidence about the costs and benefits was also seen as a political barrier:

I don't think it would be highly effective, and therefore I wouldn't see it having a lot of political feasibility ... Obviously if some research and papers came in front of me and said 'Look this was tried, you know, in Portugal and Liberia and it's had a huge effect because of X, Y and Z' you'd go 'Oh, OK' (Tī kōuka).

Tobacco Free Generation

Most participants found this policy idea appealing, but there was wide agreement that it would be a 'hard sell' politically, and some queried how effective it would be in practice. Those who supported the policy did so because they believed it would reduce uptake, and 'in the end you would actually be phasing out tobacco altogether', which was seen to be a good thing.

However participants pointed out that social supply and illicit trade could undermine the effectiveness of the policy, and a few thought that this policy might make smoking more attractive to young people due to the 'forbidden fruit' effect. Many thought it would be difficult to enforce:

[There is] that whole thing of people over the threshold age who are supplying to younger people... So that will be an issue of enforcement, and certainly if you look at – like cannabis, you know, which is prohibited; prohibition has not stopped most adult New Zealander's using cannabis (Rimu).

A further concern was that it might be less effective for Māori, Pacific and low socioeconomic populations, based on the perception that the 'rebellion element' was stronger in these groups, or that they would be more exposed to the black market:

I could imagine that the vulnerable people would be those on low incomes who will then be the ones that they'd target to sell illegal cigarettes to... I'd imagine they'd be vulnerable to illegal sales (Tōtara).

Another problem identified, to do with effectiveness, was that this option would have limited impact on the achievement of the smokefree 2025 goal, because the policy would be slow to show results.

The biggest bang for buck is actually getting current smokers to stop, rather than concentrating all your efforts on uptake, so this would have to be done in conjunction with a whole lot of other things (Ngaio).

Politically, and in terms of public acceptability, most saw this option as 'difficult'. One participant thought that, if done well, it could be framed as a policy to support young people:

You could frame this – add to this framing - by saying 'look we've got these results that are saying we've got reducing uptake, it's now time for government to provide more support for the young people who are already turning their back on tobacco'...I think if you could say that this is what young people want, and particularly if you had opinion poll data [it could get political support] (Rimu).

Others, though, saw it more as a law that would be imposed on young adults, and which raised concerns about age discrimination and the Bill of Rights:

You're either an adult or you're not. This product's either legal or it's not. And if it's legal and you're an adult then you should have access to it. And to then just isolate a particular group is effectively a discrimination. So arguably the Human Rights Commission might surprise us and come out and say that it's not right. That it's particularly targeted a particular group of people based on their age (Tī kōuka).

It was widely agreed that gaining public support for the policy might be difficult. This was largely because the arbitrary cut-off based on birth date might be perceived as 'unfair.'

I don't know whether publically this would go down very well, I just think New Zealanders have this perception that things should be fair so... like if your birthday was the 31st of December and mine was the 1st of January, I couldn't but you could [buy tobacco], and I just...I think it would be hard to sell (Ngaio).

The same issue was seen a barrier to getting Cabinet approval for this policy:

You'd have to make a really strong case to get this one through a Cabinet process, because there's a big consideration of Human Rights and the Bill of Rights in that process. You'd have to make a really good case around why someone born of the 31st of December 1999 can smoke and someone born a day later on January the 1st 2000 cannot. That's a really hard sell, I reckon...From a population level you can argue it, but on the individual level it's a lot harder (Miro).

Politicians from both National and Labour parties saw this policy as politically unfeasible, for the reasons outlined above, and most other participants agreed with this perspective. It was pointed out that such a policy would trigger ‘nanny state’ arguments and this would be a barrier to either of the major parties successfully getting this policy through parliament.

I just don't think that, as it's set out here, that you'd get it through a parliament. You'd lose on it. And what you've got to look at, I think, are things that you can get through, and get acceptance for (Tōtara).

Several participants noted that if Tasmania and/or Singapore successfully introduce this policy, it might be easier for New Zealand to follow.

Other policy options

Other than the five options that this research focused on, other policies that several participants thought were important for achieving the Smokefree 2025 goal were:

- the introduction of standardised packaging (also called ‘plain packaging’)
- a clear policy on e-cigarettes that discourages dual use and restricts marketing
- expansion of smokefree areas, e.g. smokefree CBD policies and smokefree cars.

Other policy ideas that participants commented on were:

- Ban on duty free tobacco sales
- Social marketing campaign about what's in tobacco, along with compulsory disclosure to consumers of additives by brand
- Full implementation of the Framework Convention for Tobacco Control
- Integrated policy framework for tobacco, alcohol, psychoactive substances, and drugs currently dealt with under the Misuse of Drugs Act
- Tobacco/nicotine available by prescription only, at a later stage when NZ has reached very low prevalence rates
- Nicotine vaccine that blocks receptors, thus eliminating the nicotine ‘hit’
- Automatic referral of pregnant smokers to cessation services.

Wider issues affecting all policy options

Participants brought up wider issues about the current political environment that are likely to affect the feasibility of any new option. A key theme was that the current government has little (if any) political will to introduce further tobacco control policies, because they are philosophically in favour of ‘small government’, and are under little or no pressure to bring in new measures.

If there's a big popular public push, then politicians generally have to react. But I think there's a sense that we're doing the right things already...a sense that things are being done and therefore a dramatic step is not needed (Tī kōuka).

In the previous parliamentary term, the dynamics were different because National had a ‘confidence and supply’ arrangement with the Māori Party.

To the extent that National has moved on tobacco control at all ... it has done all of those things because it required the [support of the] Māori party to govern. And the Māori Party chose to make tobacco control probably its number one issue. So you had a small party with a lot of political leverage that chose to use that leverage on tobacco control. (Politician)

Since the most recent election, however, National is no longer dependant on minor party support, so they are no longer under pressure to 'do things that are against their free-market ideology'.

Several participants noted that the current Minister responsible for tobacco control is a low ranked Minister, possibly reflecting the low priority given to the issue by the government. His low ranking was seen as a further barrier to the introduction of new tobacco control policies, because, in order to achieve Cabinet support, the Minister will need to convince his senior colleagues of the merit and importance of such measures. Another perceived barrier to achieving changes before the 2017 election was the lack of room in the legislative programme:

I would guess that with the exception of more or less emergency legislation that government's legislative programme is now mapped out through to 2017, so anything requiring new legislation will be post-2017 (Rimu).

A related theme was the perception that the Ministry and Government had been 'gutless' with regard to tobacco control.

I think the Ministry and the Government have been totally remiss in applying any innovative thinking or boldness at all. I think it's just been more of the same, and they keep referring to plain packaging as if that's going to be the panacea, and they don't even have the courage to advance that. And reframing [cessation] services – you know, it's marginal, marginal impacts. They need to be thinking about bold interventions (Miro).

Finally, a current lack of spokespeople getting public 'air time' on the issue of tobacco control was mentioned by several as a barrier to progress. In particular the loss from parliament of Tariana Turia and Hone Harawira (former members of parliament who championed stronger tobacco control) was seen as a major blow to the tobacco control kaupapa.

I don't think there's anyone really speaking strongly on [tobacco control] that's getting through is there? (Pūiri)

A separate theme was the need for a package of mutually-supportive interventions, or a coordinated approach that combines legislation with mass media, cessation support services and public engagement. Participants were clear that no single policy intervention would achieve smokefree 2025 on its own.

Advice to the tobacco control sector

When asked what advice they would give the tobacco control sector, key informants had some interesting suggestions.

One politician suggested getting firm commitments from Labour about what they would do in government on tobacco control, so that Labour can be held to these:

The advice I'd have is to put some pressure on Labour to commit to doing specific things when in government, with a timetable, because otherwise we have the problem of good intentions that in government get tempered by not wanting to alienate anyone...so we sort of need Labour to commit to doing things (Rimu).

Gaining and measuring public support was another theme. One participant talked about the need for champions who are able to appeal to the 'heart and minds' of the general public. This did not have to be an MP, just someone with media profile and public credibility e.g. Dr Lance O'Sullivan, a prominent Northland GP.

Get some advocates, some allies, who can speak to some of the issues, so work out what the values issues are in here and get people to speak to those (Pūriri).

Another government official felt that as a sector, 'we need to start agreeing on e-cigarettes.' This key informant argued that there is some ground that most can agree on, and the focus should be on developing those areas of consensus rather than engaging in polarised debate. Another had some specific advice for the Ministry:

I may be slightly cautious about the practicality of some of the things we've discussed today but they are things that it's worth having a public debate about and doing more work on. If it was me at the Ministry of Health I'd be pushing the barrow on some of these things and saying to the Minister 'Look, let's have a debate about them'. Even if they do have limitations, let's just have the debate, and who knows what might come out of that (Miro).

Others advised the sector to 'keep engaging' on these issues, and to continue the current good work.

Prioritisation of options

Participants in this strand agreed that large tax increases were likely to be both politically feasible and effective - and nearly all ranked this as their most favoured option. There was also broad agreement that the tobacco free generation idea would be a 'hard sell' politically, despite several participants saying that they personally liked the idea. Most gave tobacco free generation a ranking of 4 or 5, making it the lowest ranked overall. Views on retail restrictions, denicotinisation and regulation of additives were more polarised, and no clear aggregate ranking can be given for these options.

Appendix D: Interview Schedules

FINAL Māori and Pacific Key Informant Interview Schedule – 20 June 2015

A. Intro

1. To begin, can you tell me briefly about your role(s) as it relates to tobacco control? (E.g. through your job, or groups you're on).

B. The 2025 goal

2. My next question is about the 2025 goal. New Zealand has a goal related to smoking and tobacco, and there are different views about what that goal actual means. Can you please talk about your interpretation the 2025 goal?
 - a. [If not already covered] What is your understanding of what the government has committed to with Smokefree 2025?
 - b. Do you agree with that goal? If not, what do you think the Smokefree 2025 goal *should* be? What should New Zealand be aiming for?
 - c. Do you think Māori/Pacific aspirations and the government's aspirations around smoking and tobacco are aligned? If not, what are the differences?

C. Now let's talk about some of the policy options for radically reducing smoking and tobacco availability over the next 10 years.

We know from modelling studies that doing more of what we're doing now is not going to achieve the 2025 goal. A new radical policy intervention is needed. The purpose of this project is to inform debate about which out of number of options is the best 'game changer' policy to pursue. We're assuming that these radical options are *in addition* to ongoing incremental tobacco control progress.

Did you have a chance to have a look at the briefing paper that I emailed to you about the options we're researching? [If not, read through each policy option before asking the questions about that option]. Any questions before we get into it?

3. First, let's look at the option of dramatic tax increases on tobacco products.
 - What do you see as the main advantages and disadvantages of this policy?
 - Why do you think that?
 - Do you have any ideas about how the problems/disadvantages you've mentioned could be mitigated or avoided?
 - Do you have anything to add about the pros and cons of this policy, for example about [If not already covered]:
 - **Effectiveness** (e.g. will it close the gap between Māori/Pacific and general smoking rates?)
 - The **political feasibility** of this option
 - The **technical feasibility** of this option
 - **Unintended effects** (positive or negative)
 - [If not already covered] How supportive do you think Māori/Pacific leaders and communities would be of this policy option?
 - [If they think communities would **not** be supportive]: What do you think their concerns would be? Do you have any thoughts about how those concerns could be addressed?
4. The next policy option is substantial reduction of tobacco availability through **comprehensive retail restrictions** (same questions, a-c above).
5. Now let's talk about denicotinisation of tobacco products (same questions, a-c above).
6. The next option is regulation of permitted additives to tobacco products (same questions, a-c).
7. The final policy option is the Smokefree generation idea (same questions a-c above).
8. Are there any other radical policy options you're aware of that might help New Zealand achieve the 2025 goal?

9. Having thought about the pros and cons of each of the five policy options, which are your most favoured options, and which are your least favoured?
10. Can you put the policies in rank order from your most favoured option (number 1), to your least favoured option (number 5).
11. Is there anything else you want to add before we finish?

FINAL New Zealand European/Other Key Informant Interview Schedule - 25 June 2015

A. Intro

1. To begin, can you tell me briefly about your role(s) as it relates to tobacco control? (E.g. through your job, or groups you're on).

B. My first question is about the 2025 goal.

2. New Zealand has a goal related to smoking and tobacco, and there are different views about what that goal actual means.
 - a. What is your understanding of what the government has committed to with Smokefree 2025?
 - b. What is your personal view about the goal? (Do you see it as high priority; realistic?)

C. Now we're going to talk about some possible policy options for radically reducing smoking and tobacco availability over the next 10 years.

We know from modelling studies that doing more of what we're doing now is not going to achieve the Smokefree 2025 goal, and so a new radical policy is needed. The purpose of this project is to inform debate about which out of number of options is the best 'game changer' policy to pursue. We're assuming that these radical options are in addition to ongoing incremental tobacco control progress.

Did you have a chance to have a look at the briefing paper that I emailed to you about the five options we're researching? [If not, give them a chance to read it] Any questions before we get into it?

I'm interested to hear your views on the pros and cons of each, particularly your thoughts about: 1) effectiveness, 2) technical feasibility, 3) political feasibility and 4) unintended effects.

3. First, let's look at the option of **dramatic tax increases** on tobacco products.
 - What do you see as its main advantages and disadvantages?
 - Do you have any thoughts about how the problems/disadvantages with this policy could be mitigated or avoided?
 - Is there anything you'd like to add about **Effectiveness**?
 - Do you think this policy would close the gap in smoking prevalence between Māori/Pacific and the general population]? If yes, how significantly?
 - Is there anything else you'd like to add about **Technical feasibility**?
 - Thinking about the legislative and regulatory side, how easy or difficult would it be to put this policy in place?
 - What would the particular challenges be, if any?
 - What about implementation and enforcement – how complex and resource intensive would this be?
 - Are there other technical or practical challenges you can see in relation to this option?
 - **Political Feasibility**
 - How likely is it that this option would receive political support? Why/why not?
 - Thinking particularly about the general public and other stakeholders, where do you think the main opposition to this policy would come from? How influential is that opposition likely to be?
 - And where would the main support come from?

- **Unintended effects**
 - What are the potential adverse effects of this policy?
 - Do you have any ideas about how adverse effects could be mitigated?
 - Do you think there would be any wider benefits (other than reducing smoking)?
- 4. The next policy option is substantial reduction of tobacco availability through **comprehensive retail restrictions** (same questions, a-e above).
- 5. Now let's talk about **denicotinisation** of tobacco products (same questions, a-e above).
- 6. The next option is **regulation of permitted additives** to tobacco products (same questions, a-e).
- 7. The final policy option is the **tobacco-free generation** idea (same questions a-e above).
- 8. Are there any other innovative policy options you're aware of that might help New Zealand achieve the 2025 goal?
- 9. Having thought about the pros and cons of each of the five policy options, which are your most favoured options, and which are your least favoured?
- 10. Can you put the policies in rank order from your most favoured option (number 1), to your least favoured option (number 5).

That's all the questions I have, but before we close:

- 11. Do you have any further comments to add, or any advice for the tobacco control sector?

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