

**SUBMISSION TO THE MAORI AFFAIRS INQUIRY INTO THE TOBACCO INDUSTRY
IN AOTEAROA AND THE CONSEQUENCES OF TOBACCO USE FOR MAORI**

**TO THE MAORI AFFAIRS SELECT COMMITTEE
Chair: Tau Henare MP**

**This submission is from the Smokefree Coalition,
PO Box 12 084 Wellington New Zealand,
(04) 472 0157**

Summary:

- The Smokefree Coalition, with over 30 member organisations, is New Zealand's largest collective voice on tobacco control. Members of the Smokefree Coalition ask the government to adopt its **Vision for Tupeka Kore Aotearoa: a tobacco free New Zealand by 2020: *That future generations of New Zealand will be free from exposure to tobacco and will enjoy smokefree lives.***
- The Smokefree Coalition supports the efforts made by Government to encourage and support quitting attempts; however, these efforts do not make a comprehensive policy and will not achieve a tobacco free New Zealand
- This submission will speak primarily to the fifth term of reference. We present to the Maori Affairs Select Committee a cohesive strategy and timeline for a vision for Tupeka Kore Aotearoa, tobacco free New Zealand by 2020. The Smokefree Coalition urges the Maori Affairs Select Committee to include this vision in its recommendations to government.
- The Vision will be achieved by: i) Protecting children from exposure to tobacco, ii) Reducing the demand and supply of tobacco products, and iii) Increasing successful quitting.
- There are two urgent and immediate legislative measures Government must take to reduce smoking prevalence and uptake rates at the fastest rate : a) Introduce an annual schedule of **substantial excise tax increases on tobacco of 20%**, and equalise the price of Roll Your Own tobacco and b) **Ban tobacco's retail displays at the point of sale.**

The Smokefree Coalition includes: Asthma & Respiratory Foundation of NZ (Inc), ASH NZ, Barnardos NZ, Cancer Society of NZ, Cardiac Society of Aust and NZ, Consumer NZ, Diabetes NZ, Doctors for Smokefree NZ, Education for Change, Foundation for Alcohol and Drug Education, Health Action (Nelson), Health Promotion Forum, National Heart Foundation of NZ, Dentists & Hygienists for a Smokefree NZ, NZ Dental Association, NZ Drug Foundation, NZ Medical Association, NZ Aotearoa Adolescent Health and Development, Nurses for a Smokefree NZ, Pacific Island Heartbeat, Phocus on Health, Public Health Assoc of NZ, Paediatric Society of NZ, Quit Group, Royal NZ Plunket Society, Royal NZ College of General Practitioners, Royal Australasian College of Physicians, Smokechange, Smokefree Pacific Action Network, Stroke Foundation of NZ, Te Hotu Manawa Maori, Thoracic Society of Australia & NZ (NZ Branch)

- The Government must explore and develop means to **reduce and regulate the supply of tobacco in New Zealand**, for example, through reducing import quotas of tobacco. The Smokefree Coalition offers its help to government in developing the best model of supply-side regulation for New Zealand, with the aim of dramatically reducing the supply of tobacco in accordance with reduced demand to 2020.
- The Smokefree Coalition Board Chair, Professor Robert Beaglehole, and Director, Dr Prudence Stone, request the opportunity to speak to this submission at an Inquiry hearing.

The Smokefree Coalition

The Smokefree Coalition is a charitable trust and nationwide network, with 31 members comprised of New Zealand key health agencies and foundations. The Coalition uses the best available evidence to develop and promote tobacco control policy recommendations.

The Smokefree Coalition supports all members' efforts to promote tobacco control by uniting them with a **Vision for Tupeka Kore Aotearoa: a tobacco free New Zealand by 2020: *That future generations of New Zealanders will be protected from exposure to tobacco products and will enjoy smokefree lives.***

The background document *Achieving the Vision* (available on request) provides details on the impact of tobacco in New Zealand and the solutions needed in New Zealand to dramatically reduce addiction to tobacco, in line with the WHO Framework Convention on Tobacco Control. The measures recommended in this document provide a comprehensive approach to tobacco control which will ensure that with full implementation, New Zealand can be tobacco free in ten years. The Smokefree Coalition urges the Maori Affairs Select Committee to recommend the key elements of this document as a strategic tobacco control policy to government.

The Smokefree Coalition includes: Asthma & Respiratory Foundation of NZ (Inc), ASH NZ, Barnardos NZ, Cancer Society of NZ, Cardiac Society of Aust and NZ, Consumer NZ, Diabetes NZ, Doctors for Smokefree NZ, Education for Change, Foundation for Alcohol and Drug Education, Health Action (Nelson), Health Promotion Forum, National Heart Foundation of NZ, Dentists & Hygienists for a Smokefree NZ, NZ Dental Association, NZ Drug Foundation, NZ Medical Association, NZ Aotearoa Adolescent Health and Development, Nurses for a Smokefree NZ, Pacific Island Heartbeat, Phocus on Health, Public Health Assoc of NZ, Paediatric Society of NZ, Quit Group, Royal NZ Plunket Society, Royal NZ College of General Practitioners, Royal Australasian College of Physicians, Smokechange, Smokefree Pacific Action Network, Stroke Foundation of NZ, Te Hotu Manawa Maori, Thoracic Society of Australia & NZ (NZ Branch)

The Vision's Objectives and three Key Strategy Outlines are as follows:

- The Vision's Objectives***
- By 2020 children's exposure to tobacco will be eliminated by achieving the following goals:
- Children will be protected from exposure to tobacco and the marketing and promotion of tobacco products;
 - There will be no supply of, or demand for, tobacco as normal consumer products in Aotearoa/New Zealand;
 - All smokers will be empowered to quit and supported by effective quit-smoking support services and products.

Achieving the vision will require a social movement through the widespread support and empowerment of health professionals, communities, whanau, hapu and iwi, businesses and local and national policy makers. The following key strategies are starting points, to be built on over time as knowledge improves and support builds. The three key strategies include:

- Protecting children from exposure to tobacco***
- Children will be protected from exposure to smoking and the promotion of tobacco products. This will be achieved using the following policies:
- Tobacco retail displays will be banned;
 - Plain packaging and graphic warnings will replace brand imagery;
 - All locations where young people are present will be smokefree; and
 - Parents and caregivers will be empowered to be smokefree in order to protect their children from becoming smokers.
 - The tactics and activities of the tobacco industry will be exposed
-

- Reducing the demand and supply of tobacco products***
- Tobacco products will be restricted and controlled in line with the harm they cause. This will be achieved using the following policies:
- Tobacco retail prices will increase systematically and significantly; prices will be harmonised for 'roll your own' tobacco;
 - Misleading product labelling will be banned;
 - The supply and sale of tobacco products will be controlled;
 - The range and constituents of tobacco products will be controlled.
-

The Smokefree Coalition includes: Asthma & Respiratory Foundation of NZ (Inc), ASH NZ, Barnardos NZ, Cancer Society of NZ, Cardiac Society of Aust and NZ, Consumer NZ, Diabetes NZ, Doctors for Smokefree NZ, Education for Change, Foundation for Alcohol and Drug Education, Health Action (Nelson), Health Promotion Forum, National Heart Foundation of NZ, Dentists & Hygienists for a Smokefree NZ, NZ Dental Association, NZ Drug Foundation, NZ Medical Association, NZ Aotearoa Adolescent Health and Development, Nurses for a Smokefree NZ, Pacific Island Heartbeat, Phocus on Health, Public Health Assoc of NZ, Paediatric Society of NZ, Quit Group, Royal NZ Plunket Society, Royal NZ College of General Practitioners, Royal Australasian College of Physicians, Smokechange, Smokefree Pacific Action Network, Stroke Foundation of NZ, Te Hotu Manawa Maori, Thoracic Society of Australia & NZ (NZ Branch)

Increasing successful quitting

All smokers will be encouraged to quit and will have full access to state of the art quit smoking support services and products through the following policies:

- A full range of effective quit smoking options will be widely and conveniently available to all smokers at minimal costs;
- All health care professionals will understand and implement quit smoking interventions and referrals;
- Education will change misconceptions about nicotine that currently act as a barrier to the use of quit smoking products;
- Product innovation for effective and safe ways to manage nicotine addiction will take place;
- Cigarettes will be phased out as a consumer product.

The Rationale for Tupeka Kore Aotearoa: a Tobacco free New Zealand:

- Tobacco use today causes the deaths of up to 5000 New Zealanders every year – 600 of them Maoriⁱ. They die because of direct smoking, or exposure to second-hand smoke.
- Countless more suffer years of smoking related illness and disability. Most smokers want to quit and support tobacco control measures that support their quit attempts, such as raising the price of tobacco and banning tobacco retail display.
- Severely reducing smoking in New Zealand is the single most important and attainable policy action to reduce inequalities in mortality for Māori and Pacific peoples
- **The current** decline in smoking prevalence in New Zealand is too slow. At the present rate it will take 70 years to bring smoking prevalence close to zero. This is because the tobacco industry strategically markets and promotes its products successfully enough to counter existing cessation rates,
- About half of all tobacco users will die a death attributable to their tobacco useⁱⁱ. Smoking is the single most important cause of premature and preventable deaths in New Zealand. About half of all who die are still in their middle age, losing around 20 to 25 years of life expectancyⁱⁱⁱ
- Almost all smokers start before the age of 18 and the average age of smoking uptake in New Zealand is 14; two thirds later regret starting and want to quit.
- Due to nicotine's addictive qualities, and the industry's successful marketing and promotion, it takes on average 14 quit attempts before a smoker is successful.
- In relation to the harm it causes, the tobacco industry is seriously unregulated. Tobacco is still widely promoted, distributed and sold by overseas owned multi-national tobacco companies who aggressively market their deadly products, including to children.

The Smokefree Coalition includes: Asthma & Respiratory Foundation of NZ (Inc), ASH NZ, Barnardos NZ, Cancer Society of NZ, Cardiac Society of Aust and NZ, Consumer NZ, Diabetes NZ, Doctors for Smokefree NZ, Education for Change, Foundation for Alcohol and Drug Education, Health Action (Nelson), Health Promotion Forum, National Heart Foundation of NZ, Dentists & Hygienists for a Smokefree NZ, NZ Dental Association, NZ Drug Foundation, NZ Medical Association, NZ Aotearoa Adolescent Health and Development, Nurses for a Smokefree NZ, Pacific Island Heartbeat, Phocus on Health, Public Health Assoc of NZ, Paediatric Society of NZ, Quit Group, Royal NZ Plunket Society, Royal NZ College of General Practitioners, Royal Australasian College of Physicians, Smokechange, Smokefree Pacific Action Network, Stroke Foundation of NZ, Te Hotu Manawa Maori, Thoracic Society of Australia & NZ (NZ Branch)

TOR 5: What policy and legislative measures would be necessary to address the findings of the Inquiry?

The Smokefree Coalition recommends that the Vision for Tupeka Kore Aotearoa: a Tobacco Free New Zealand by 2020 be accepted and adopted by the Maori Affairs Select Committee, and recommended to the government as a viable national policy position. With the Smokefree Coalition's comprehensively researched methodology, the Maori Affairs Select Committee can confidently show government a cohesive and time-lined strategy for tobacco control implementation over the next ten years. The timeline is summarised below, with its three most important measures given greater discussion:

In 2010 the priority actions are:

- A substantial tobacco excise tax increase (20%) in the 2010 budget
- Tobacco tax will be equalised for roll your own and factory made cigarettes
- Tobacco retail displays will be banned

Other actions

- There will be increase in targeted support services to pregnant women, especially Māori women
- A media strategy will be developed to promote positive parental influences over youth smoking, including targeted messages to Māori women, especially pregnant women
- Media campaigns will promote the harm of misleading terms such as 'light' and 'mild'
- Best practice for smoking cessation will constantly be monitored and applied
- Media campaigns will promote the benefits of quitting and the support available
- National smoking cessation targets will be met
- Fast-track process for registering new nicotine replacement therapies in New Zealand be developed

In 2011 the priority actions are:

- A schedule of annual tax increase of 20% per annum (or greater) will be agreed, with a view to increasing the price of a packet of 20 cigarettes to \$20 by 2015
- The sale of tobacco will be limited to licensed retailers. There will be a schedule to reduce the number of licenses issued, and a strict public health focused criteria for issuing licenses.

Other actions

- An appropriate supply model for controlling the tobacco market developed
- Internet sales of tobacco products by New Zealand retailers will be banned
- System for registering and selling alternate nicotine products introduced.
- Full implantation of Framework Convention on Tobacco Control article 5.3: Protecting public health from tobacco industry influence

The Smokefree Coalition includes: Asthma & Respiratory Foundation of NZ (Inc), ASH NZ, Barnardos NZ, Cancer Society of NZ, Cardiac Society of Aust and NZ, Consumer NZ, Diabetes NZ, Doctors for Smokefree NZ, Education for Change, Foundation for Alcohol and Drug Education, Health Action (Nelson), Health Promotion Forum, National Heart Foundation of NZ, Dentists & Hygienists for a Smokefree NZ, NZ Dental Association, NZ Drug Foundation, NZ Medical Association, NZ Aotearoa Adolescent Health and Development, Nurses for a Smokefree NZ, Pacific Island Heartbeat, Phocus on Health, Public Health Assoc of NZ, Paediatric Society of NZ, Quit Group, Royal NZ Plunket Society, Royal NZ College of General Practitioners, Royal Australasian College of Physicians, Smokechange, Smokefree Pacific Action Network, Stroke Foundation of NZ, Te Hotu Manawa Maori, Thoracic Society of Australia & NZ (NZ Branch)

In 2012 the priority actions are:

- Introducing supply control policy that mandates a reduction in the volume of tobacco sold
- Reductions in the range/number of locations where tobacco may be purchased
- Legislation will ban smoking in cars carrying children

Other actions

- Duty free cigarettes sale will be banned, including the import of non-duty paid tobacco, and overseas internet sales
- The addition of sugars to tobacco products during manufacture will be banned
- All health professionals qualifying in New Zealand will have received training on smoking cessation as part of their compulsory studies

In 2013 the priority actions are:

- Tobacco products branding will be limited to generic plain text and graphic picture warnings
- The use of terms, packaging and marketing tools that mislead smokers about the relative harm of tobacco products will be banned
- No new smoked tobacco products will be permitted into New Zealand unless they are proved to have a public health benefit
- Introduce a schedule for the mandatory reduction of nicotine content in cigarettes

2013 onwards

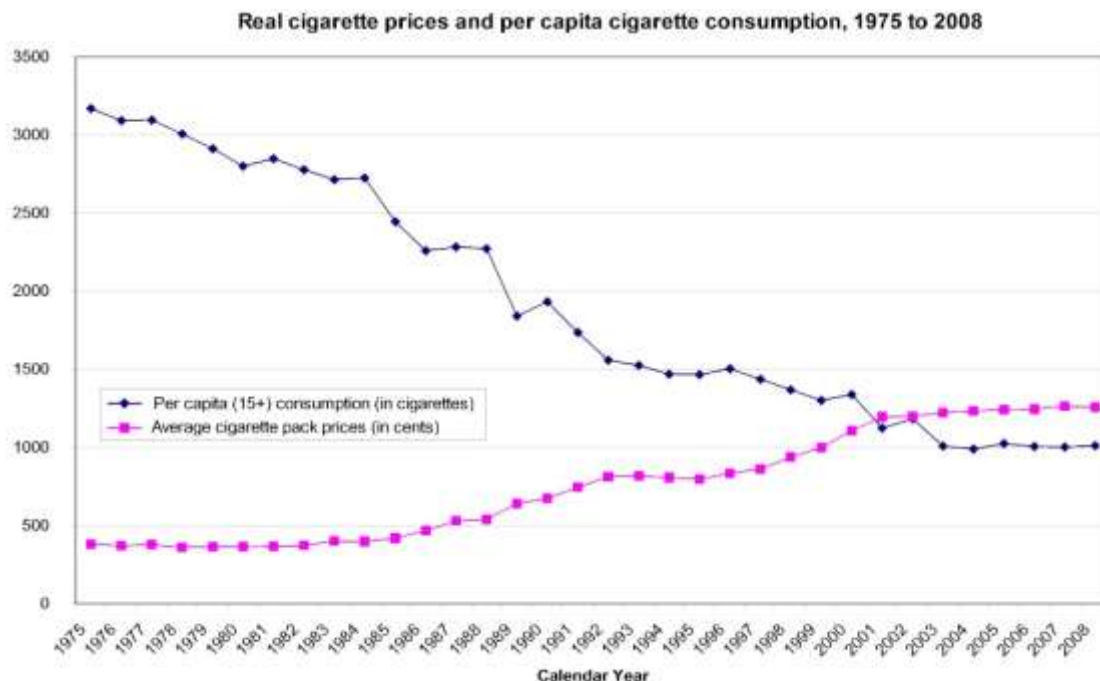
- Regulation and control on the supply and sale of tobacco products will set a mandatory annual decrease in the tobacco available for sale in New Zealand, and the location at which it can be sold.
- The addition of flavourings designed to improve the palatability of tobacco products will be banned

A timeline in greater detail forms part of the *Achieving the Vision* document (available on request). Based on extensive collaborative research and evaluation of international best-practice, the Smokefree Coalition reached broad consensus on these measures as the best and most relevant for New Zealand to take to reduce tobacco supply and demand to close to zero by 2020.

The Smokefree Coalition includes: Asthma & Respiratory Foundation of NZ (Inc), ASH NZ, Barnardos NZ, Cancer Society of NZ, Cardiac Society of Aust and NZ, Consumer NZ, Diabetes NZ, Doctors for Smokefree NZ, Education for Change, Foundation for Alcohol and Drug Education, Health Action (Nelson), Health Promotion Forum, National Heart Foundation of NZ, Dentists & Hygienists for a Smokefree NZ, NZ Dental Association, NZ Drug Foundation, NZ Medical Association, NZ Aotearoa Adolescent Health and Development, Nurses for a Smokefree NZ, Pacific Island Heartbeat, Phocus on Health, Public Health Assoc of NZ, Paediatric Society of NZ, Quit Group, Royal NZ Plunket Society, Royal NZ College of General Practitioners, Royal Australasian College of Physicians, Smokechange, Smokefree Pacific Action Network, Stroke Foundation of NZ, Te Hotu Manawa Maori, Thoracic Society of Australia & NZ (NZ Branch)

Raise Tobacco's Excise Tax

There is a clear inverse relationship between tobacco taxes and tobacco consumption. For every 10% increase in excise tax, there is up to 5% reduction in consumption^{iv}. What's more, youth, minorities and low-income smokers have been seen to respond more than other groups of smokers to this tobacco control measure, making it one government policy that would address the socio-economic inequalities attributed to tobacco use. Youth, minorities and low income smokers are two to three times more likely to quit or smoke less than other smokers in response to the inherent price increase^v.



This diagram^{vi} shows the relationship between raised excise tax on tobacco and a fall in tobacco consumption. It also shows that prevalence rates have remained static since 2003. A substantial tax increase on tobacco has not been introduced in New Zealand since 2000.

In New Zealand tobacco's excise tax is not tied to funding for tobacco control or health-related activities. This is despite examples of the successful use of dedicated taxes within OECD and other jurisdictions (with at least 10 countries and six US states having a dedicated tobacco tax), and the evidence that voters are more likely to support such taxes^{vii}. Also, there is no programme in New Zealand of other measures to maximise the effect of taxation increases as a public health intervention, such as concurrent media campaigns on smoking cessation when tax increases occur.

A further relevant issue in New Zealand is the high prevalence of smoking RYO cigarettes, which appears to be undercutting the impact of high prices for cigarettes. RYO smoking as a proportion of cigarettes consumed has been increasing steadily in recent years. By 2006, 30.5 percent of tobacco released for sale in tonnes was for the RYO market. There was a 38 percent increase in weight of RYO tobacco sold from 1990-2006 (a 12 percent increase from 1999-2006). This compared with a 46 percent decrease for 1990-2006 for tobacco weight sold in the form of factory-made cigarettes (a 22 percent decrease 1999-2006)^{viii}.

The Smokefree Coalition includes: Asthma & Respiratory Foundation of NZ (Inc), ASH NZ, Barnardos NZ, Cancer Society of NZ, Cardiac Society of Aust and NZ, Consumer NZ, Diabetes NZ, Doctors for Smokefree NZ, Education for Change, Foundation for Alcohol and Drug Education, Health Action (Nelson), Health Promotion Forum, National Heart Foundation of NZ, Dentists & Hygienists for a Smokefree NZ, NZ Dental Association, NZ Drug Foundation, NZ Medical Association, NZ Aotearoa Adolescent Health and Development, Nurses for a Smokefree NZ, Pacific Island Heartbeat, Phocus on Health, Public Health Assoc of NZ, Paediatric Society of NZ, Quit Group, Royal NZ Plunket Society, Royal NZ College of General Practitioners, Royal Australasian College of Physicians, Smokechange, Smokefree Pacific Action Network, Stroke Foundation of NZ, Te Hotu Manawa Maori, Thoracic Society of Australia & NZ (NZ Branch)

Ban Tobacco Retail Displays

As other means of promoting brands directly to customers have been banned in New Zealand, retail marketing has become a key communications channel open to the tobacco industry, and it undertakes high-profile marketing at the point of sale. Retail displays directly influence young people. Year ten students who are exposed to retail displays more than three times a week are three times more likely to become smokers^{ix}. Displays also have a negative impact on smokers who are trying to quit. An Australian study showed that one in five smokers trying to quit and one in eight recent quitters avoided stores where they usually bought cigarettes in case they might be tempted to purchase them^x.

Public awareness of tobacco retail displays is high, as is support for a retail display ban. In 2008, 67 percent of New Zealanders supported a ban on tobacco retail displays; 59 percent of all smokers supported this stance^{xi}. Over 80 percent of submissions made during the recent public consultation supported a complete ban on tobacco retail displays^{xii}.

Countries that have imposed a ban on tobacco retail displays report there has been no substantive impact on retailers. In Saskatchewan, Canada, there was no evidence of adverse effect on small retailers and no increase in shoplifting a year after implementation of a display ban^{xiii}. In Ireland, a tobacco retail display ban went into effect in 2009 without a hitch with 97% compliance amongst retailers^{xiv}.

A longitudinal study (before and after) of 13-15 year olds in 4 regions of Ireland found that recall of tobacco brands dropped from over 80% to just over 20%, and there was a 10% drop in confidence in one's ability to purchase cigarettes after the ban^{xv}. New Zealand's average age of smoking uptake is 14, so these findings indicate the impact a tobacco retail display ban would have on smoking uptake in New Zealand.

The Smokefree Coalition includes: Asthma & Respiratory Foundation of NZ (Inc), ASH NZ, Barnardos NZ, Cancer Society of NZ, Cardiac Society of Aust and NZ, Consumer NZ, Diabetes NZ, Doctors for Smokefree NZ, Education for Change, Foundation for Alcohol and Drug Education, Health Action (Nelson), Health Promotion Forum, National Heart Foundation of NZ, Dentists & Hygienists for a Smokefree NZ, NZ Dental Association, NZ Drug Foundation, NZ Medical Association, NZ Aotearoa Adolescent Health and Development, Nurses for a Smokefree NZ, Pacific Island Heartbeat, Phocus on Health, Public Health Assoc of NZ, Paediatric Society of NZ, Quit Group, Royal NZ Plunket Society, Royal NZ College of General Practitioners, Royal Australasian College of Physicians, Smokechange, Smokefree Pacific Action Network, Stroke Foundation of NZ, Te Hotu Manawa Maori, Thoracic Society of Australia & NZ (NZ Branch)

Develop and Implement a Supply-Side Interventional Programme that regulates the tobacco industry in keeping with the harm it causes

New Zealand's government has focused its approach to tobacco control by concentrating on cessation via clinical intervention with smokers. This measure is effective in educating all smokers to see their consumption of tobacco as a health issue, which may help to dampen their demand for tobacco products. Outside the healthcare environment, however, any lack of demand created by the health incentive to quit is quickly combated by the overwhelming presence of tobacco at every convenience store counter. A government strategy must be put in place that focuses on controlling and reducing the supply of tobacco within New Zealand.

A supply-intervention strategy could start with licensing existing retailers, and capping the number of licenses available for tobacco supply in New Zealand. This finite number of licenses could be routinely reduced to close to zero by 2020, while criteria for obtaining and keeping a license would be a means to strictly monitor retailer behaviour. Licensing would also rely on location and density of tobacco product retailers, limiting the supply in areas where there is a known risk of exposure to children.

There are various regulatory models that government can explore and the Smokefree Coalition continues to monitor and research all options for the purpose of evaluating their value for New Zealand. The most promising approach would be the systematic reduction of quotas for importation.

The Smokefree Coalition would welcome the chance to work with the government in researching and modelling the best supply-side intervention programme for New Zealand.. Controlling the industry's freedom to supply New Zealanders with tobacco is the ultimate means to make it accountable not to its shareholders but to its consumers in New Zealand.

The Smokefree Coalition includes: Asthma & Respiratory Foundation of NZ (Inc), ASH NZ, Barnardos NZ, Cancer Society of NZ, Cardiac Society of Aust and NZ, Consumer NZ, Diabetes NZ, Doctors for Smokefree NZ, Education for Change, Foundation for Alcohol and Drug Education, Health Action (Nelson), Health Promotion Forum, National Heart Foundation of NZ, Dentists & Hygienists for a Smokefree NZ, NZ Dental Association, NZ Drug Foundation, NZ Medical Association, NZ Aotearoa Adolescent Health and Development, Nurses for a Smokefree NZ, Pacific Island Heartbeat, Phocus on Health, Public Health Assoc of NZ, Paediatric Society of NZ, Quit Group, Royal NZ Plunket Society, Royal NZ College of General Practitioners, Royal Australasian College of Physicians, Smokechange, Smokefree Pacific Action Network, Stroke Foundation of NZ, Te Hotu Manawa Maori, Thoracic Society of Australia & NZ (NZ Branch)

Concluding remarks:

New Zealand was once a world leader in tobacco control, but now falls behind many other nations such as the European Union, Australia, Canada, Ireland, Finland, Greece and Japan, who have recently introduced either excise tax increases (EU, Greece, Japan) or tobacco retail display bans (Canada, Ireland), or a proposed government-led position to remove tobacco exposure once and for all (Australia, Finland).

New Zealand is a member country of the World Health Organization which in 2003 unanimously endorsed the Framework Convention on Tobacco Control (FCTC), a legal instrument which sets out guidelines for its member nations to counter the spread of the tobacco epidemic. This instrument creates a platform for New Zealand's tobacco control efforts, upon which the Smokefree Coalition and its members have continually framed our recommendations.

Finally, we encourage the Committee to support a Vision for Tupeka Kore Aotearoa: a Tobacco Free New Zealand by 2020.

ⁱ Public Health Intelligence (2002) *Tobacco Facts May 2002* (Public Health Intelligence Occasional Report No 2) Wellington. Ministry of Health

ⁱⁱ World Health Organization. *Why is tobacco a public health priority?* Tobacco Free Initiative. http://www.who.int/tobacco/health_priority/en/print.html.

ⁱⁱⁱ Peto, R., Lopez, A., et al. (2000). *Mortality from Smoking in Developed Countries 1950 – 2000: Indirect estimates from national vital statistics*. New York: Oxford University Press.

^{iv} Thomson G, O'Dea D, Wilson N, Edwards R Government paralysis?: Stable tobacco prices mean preventable deaths and disease, and persisting health inequalities in New Zealand Department of Public Health, University of Otago, Wellington, New Zealand

^v Mackay J, Erikson E, *The Tobacco Atlas*, 2002. Geneva: World Health Organization

^{vi} Laugeson, M. Has Smoking Prevalence markedly decreased despite more cigarettes released for sale? *Nz Medical Journal* 2009; 122 (1290): 76-82

^{vii} Macduff, I. HSC Year 10 in depth survey. Wellington :Research and Evaluation Unit HSC, 2006.

^{viii} Ministry of Health. *Tobacco Trends 2006: Monitoring tobacco use in New Zealand*. Wellington: Ministry of Health, 2006.

^{ix} Paynter, J, Edwards R, Schluter, PJ, Mcduff, I. Point of Sale Tobacco Displays and smoking among 14-15 year olds in New Zealand: a cross-sectional study. *Tobacco Control* 2009; 18(4): 268-274

^x Wakefield, M, Germain D, Henrikson L. The Effect of retail cigarette pack displays on impulse purchase. *Addiction* 2008; 103 (2): 322-8

^{xi} UMR Research Ltd. *Cigarette displays omnibus results: Cancer Society of New Zealand*, 2008.

^{xii} Ministry of Health, *Review of Tobacco Displays in New Zealand: Consultation Document and Summary of Results of the Consultation Document*. Wellington, MOH 2007

^{xiii} Saskatchewan Coalition for Tobacco Reduction. Letter from June Blau and Lynn Greaves to the Ontario Provincial Government Standing Committee on Financial and Economic Affairs. Regina, 2005

^{xiv} Eamonn Rossie, 2009.

^{xv} McNeil A and Chen Y. 2009

The Smokefree Coalition includes: Asthma & Respiratory Foundation of NZ (Inc), ASH NZ, Barnardos NZ, Cancer Society of NZ, Cardiac Society of Aust and NZ, Consumer NZ, Diabetes NZ, Doctors for Smokefree NZ, Education for Change, Foundation for Alcohol and Drug Education, Health Action (Nelson), Health Promotion Forum, National Heart Foundation of NZ, Dentists & Hygienists for a Smokefree NZ, NZ Dental Association, NZ Drug Foundation, NZ Medical Association, NZ Aotearoa Adolescent Health and Development, Nurses for a Smokefree NZ, Pacific Island Heartbeat, Phocus on Health, Public Health Assoc of NZ, Paediatric Society of NZ, Quit Group, Royal NZ Plunket Society, Royal NZ College of General Practitioners, Royal Australasian College of Physicians, Smokechange, Smokefree Pacific Action Network, Stroke Foundation of NZ, Te Hotu Manawa Maori, Thoracic Society of Australia & NZ (NZ Branch)