



## Submission

### *Inquiry into the social determinants of well-being for Maori children*

#### **Submission name: Smokefree Coalition Te Ohu Auahi Kore**

Thank you for this opportunity to submit evidence on the social determinants of well-being for tamariki whenua. The Smokefree Coalition acknowledges the powerful impact this select committee made the last time it held an Inquiry, on the tobacco industry and the consequences of tobacco use for Maori. All members of the Smokefree Coalition made submissions to that Inquiry and the national office's submission, signed by Professor Robert Beaglehole, has been appended to this submission.

The outcome of that last Inquiry made history: it gained commitment from our government to reduce smoking prevalence and uptake beneath 5% by 2025. Government also agreed to set goals and measures in place to ensure we could measure a halving of prevalence and uptake by 2015. We thank the Maori Affairs select committee for hosting an outstanding Inquiry process that delivered a profound political outcome not only for Maori, but our nation of peoples. We sincerely hope that in this next Inquiry process the select committee can continue with the momentum started back then, and ensure even more profound outcomes for future generations of people growing up in Aotearoa New Zealand.

This submission will speak to the second, third, fourth and sixth terms of reference.

**TOR 2. The extent of public investment in Maori children across the health, education, social services, and justice sectors - and whether this investment is adequate and equitable.**

There is no government funding for nationwide advocacy in New Zealand specifically for Maori children<sup>1</sup>. Therefore the Smokefree Coalition has been asked to be active in

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<sup>1</sup> Charities Commission Advanced Search (open data)

<http://www.register.charities.govt.nz/charitiesregister/advancedsearch.aspx> search criteria: nationwide area of

mobilising submissions from its member organisations, from its wider network within the tobacco control sector, and also as part of the children's advocacy network. This network is not funded and relies heavily on the good will of public health workforce members who see the opportunity for this Inquiry to bring historical outcomes for Maori children as it did for tobacco control. All of these workforce members have portfolios in public health that may specifically involve one or some social determinants of well-being for Maori children, like those in the Smokefree Coalition, but ensuring the social determinants necessary for healthy growth and development for Maori children is not their primary work focus and can therefore be lost inside a broader portfolio of public health work. This is particularly true in the current fiscal climate as public health organisations face cuts in their expenditure.

An advanced search of nationwide advocacy organisations whose main beneficiaries were children and whose main source of income was government funding returned 23 results on the Charities Commission Open Data search engine. Government funding to these organisations totalled \$2,513,872<sup>2</sup>. A wider advanced search of nationwide advocacy organisations whose main beneficiaries were either children, family/whanau, or ethnic group (not specific to Maori) and who received government funding (not as their main source of income) returned 70 results (including the former 23).

The Smokefree Coalition does not deem this to be an adequate or equitable public investment. Without national advocacy on the well being of Maori children, the public health workforce does not receive enough support to place priority upon this population within their varied and often overloaded portfolio of performance indicators.

### **TOR 3. How public investment in the health, education, social services, and justice can be used to ensure the well-being of Maori children.**

A nationwide advocacy body focused upon the well-being of Maori children is a primary public investment to ensure the well-being of Maori children. As an advocacy organisation, its focal strategy would be one of building the coalition of children's organisations, health and education providers, social and community services willing to partner with iwi and whanau in raising Maori children's well-being as a national priority. This is what the Smokefree Coalition's function is for tobacco control.

The Smokefree Coalition is a publicly funded network with the purpose of building the range and momentum of voices supporting and informing government's commitment to making Aotearoa New Zealand essentially Smokefree by 2025. The premise of publicly funding such an advocacy organisation is that without coalition and a centralised office to coordinate and mobilise the voice of all vested in tobacco

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operation, main activity advocacy, main beneficiary children, other beneficiary ethnic, sources of funding includes government

<sup>2</sup> Ibid. Same search criteria, financial period July 1 2010 to June 30 2011.

control, that voice would remain plural and discursive, and its impact would therefore be weakened.

As this Maori Affairs select committee can verify, the capacity to channel the discourse of a sector via coalition enables singularity of vision, which can be communicated succinctly then to government at times (such as an Inquiry) when it calls for evidence and advice on best practice.

Currently, without a national advocacy organisation focused upon Maori children in the way that the Smokefree Coalition is focused upon tobacco control, the voice on this population's behalf remains discursive. The social determinants of well-being for Maori children remain to appear complex and dis-oriented, without a vision. Therefore it is the Smokefree Coalition's position that the first step towards building a vision for Maori children's equity of well-being is through the establishment of a national advocacy body focused upon Maori children.

#### **TOR 4. The social determinants necessary for health growth and development for Maori children.**

There are many social determinants of well-being for children, but the Smokefree Coalition will focus upon three that are missing from many Maori children's lifestyles currently in New Zealand. They are:

- A smokefree home
- A smokefree car to ride in
- Protection from exposure to tobacco products, so that they can enjoy smokefree lives

While smoking prevalence in Aotearoa New Zealand has reduced to 21%, for Maori the rate remains much higher (around 45%). Maori children are exposed to whanau members smoking inside the home at double the rate of non-Maori children<sup>3</sup>, and therefore have a much higher risk of uptake of smoking.

Similarly, Maori children are more likely to be exposed to second-hand smoke in the car than other children in New Zealand's population<sup>4</sup>.

As is given greater detail in the Smokefree Coalition's submission to the Maori Affairs Select committee's previous Inquiry on tobacco use (appendixed to this submission), a Smokefree lifestyle is associated with longer life expectancy, and less likelihood of a raft of non-communicable diseases and their related morbidity that reduce quality of life for years prior to an early death.

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<sup>3</sup> New Zealand Tobacco Use Survey 2009 (November 2010)

<sup>4</sup> Ibid.

Tobacco uptake and second-hand smoke exposure is a social determinant, then, of potential *lack* of well-being later in life. But due to the persistent inequality of prevalence and uptake of tobacco use in New Zealand between Maori and non-Maori, tobacco use is also a social determinant of inequity between these populations.

Prevention of uptake and protection from second-hand smoke is a critical social determinant, then, in raising the current status of Maori children's well-being.

#### **TOR 6. Policy and legislative pathways to address the findings of this inquiry.**

Interventions that change behaviour and reduce demand for tobacco among Maori adults is necessary in order to protect Maori children currently at risk from uptake of smoking. The Smokefree Coalition recommends these ten priority actions to be taken immediately by government, if it is to make good on its commitment to making Aotearoa New Zealand essentially Smokefree by 2025:

- Smokefree car legislation that bans smoking when children are passengers
- Local government made accountable to develop tobacco free zones around schools and playgrounds. Iwi challenged to do the same for marae and wananga.
- Greater and consistent cessation support and training for providers in our communities
- Immediate legislation for plain packaging of manufactured and loose tobacco products, in coincidence with Australia
- Urgent and regular review and updating of health warnings on tobacco products, prioritising the increase of their impact upon young Maori
- Legislation in the New Year for further substantial (20% or higher) tax increases for tobacco excise
- Increased mass media funding to:
  - drive demand for our cessation services when tax increases are introduced
  - encourage whanau to keep homes Smokefree through comprehensive targeted education programmes
- Nationalise a database and register the 10,000 tobacco retailers with a reductive strategy based on non-compliance
- Greater control of tobacco industry monitoring and product modification<sup>5</sup>
- Tie tobacco's excise tax, or create a tobacco levy, to protect smokefree health promotion, cessation services and tobacco control advocacy until 2025

Further to these policy and legislative measures, the Smokefree Coalition believes the Maori Affairs Select Committee should include in its report to government the following:

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<sup>5</sup> Government's response to the Maori Affairs select committee report committed to strengthening guidelines for disclosure on additives and the regulation of nicotine content.

- A recommendation to establish a national advocacy organisation devoted to building the range and momentum of voices supporting Maori children's well-being in Aotearoa New Zealand. The rationale for this recommendation can be given in context of the fact that despite many organisations submitting to this Inquiry, not one has advocacy for Maori children as its primary activity
- A recommendation to implement the strategy proposed by Te Ohu Rata Aotearoa, Te Ara Hiringa, and establish a national advocacy organisation devoted to Maori tobacco control service and advocacy

Finally, we request to present this submission in person.

Faithfully,

Dr Prudence Stone  
Executive Director

Dr Jan Pearson  
Chairperson

## Appendix:

# SUBMISSION ON THE MAORI AFFAIRS INQUIRY INTO THE TOBACCO INDUSTRY IN AOTEAROA AND THE CONSEQUENCES OF TOBACCO USE FOR MAORI

### In Summary:

- With over 30 members, the Smokefree Coalition is New Zealand's largest collective voice on tobacco control. Members of the Coalition share a **Vision for 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.***
- This submission will speak primarily to the fifth term of reference, presenting a cohesive strategy and timeline to the Select Committee that can free New Zealand from tobacco by 2020. This strategy is based upon the extensive research of a team of New Zealand's best minds on tobacco control. It is endorsed by all members of the Smokefree Coalition, and it is hoped the Vision and its strategy, in the timeline presented in this submission, will be accepted and embraced by the Inquiry's Select Committee in its recommendations to government.
- The methods for achieving the Vision are threefold: i) Protecting children from exposure to tobacco, ii) Reducing the demand and supply of tobacco products, and iii) Increasing successful quitting. All have been documented in full in a forthcoming publication *Achieving the Vision* which is included in this submission's appendix for further reference.
- While members of the Smokefree Coalition work hard in promoting cessation and educating the public of the vast dangers to health that emerge with smoking tobacco, there are two key legislative measures government must take if smoking prevalence and uptake rates are to fall quickly enough before 2020: a) Introduce a schedule of substantial excise tax increases on tobacco that price it beyond more and more New Zealanders' budgets, and b) Ban tobacco's recourse to advertising its products through retail display across every counter in New Zealand.
- The tobacco industry is structured in such ways that corporate social responsibility and accountability mean very little, while maximum shareholder dividends remain the "best interests" regulating industry practices. New Zealand's government must explore and develop means to regulate and/or transform the way tobacco is supplied here in Aotearoa, so that the health interests of the New Zealand consumer are put before the investment interests of the industry's shareholders.
- The Smokefree Coalition Board Chairman, Professor Robert Beaglehole, and Director, Dr Prudence Stone, both 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 form positions on tobacco control issues, and has a population based, public health focus.

The Smokefree Coalition supports all members' efforts to promote tobacco control by uniting them with a **Vision for a tobacco free Aotearoa 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* provides detailed comprehension of the impact of tobacco in New Zealand and the greatest consensus for the solutions needed in New Zealand to rid its population of addiction to tobacco. The measures recommended in this document, taken together in their entirety, provide a prescribed and conclusive tobacco control solution, and make's the Smokefree Coalition confident in its recommendations that New Zealand can be tobacco free in ten years.

New Zealand's tobacco control network has leading scholars in health, policy, epidemiology and sociology, and the Smokefree Coalition maintains correspondence with all of them. Many were invited to collaborate in the writing of *Achieving the Vision*. This background document and a list of all Smokefree Coalition members are provided as appendices to this submission.

### **Rationale for a Tobacco free New Zealand:**

- Tobacco use today causes the deaths of up to 5000 New Zealanders every year – perhaps 600 of them Maori<sup>i</sup>. They die because of direct smoking, or exposure to second-hand smoke.
- Countless more suffer years of smoking related illness and disability.
- About half of all tobacco users will die a death attributable to their tobacco use<sup>ii</sup>. 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 expectancy<sup>iii</sup>
- Almost all smokers start before the age of 18; two thirds regret starting and want to quit
- Tobacco is still widely promoted, distributed and sold by multi-national tobacco companies who aggressively market their deadly products, including to children
- In relation to the harm it causes, the tobacco industry is seriously unregulated
- Eradicating smoking from New Zealand is the single most important and attainable policy action to reduce inequalities in mortality for Māori and Pacific peoples
- **The** decline in smoking prevalence in New Zealand is too slow. At the present rate it will take 70 years to eliminate smoking from our society

***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.

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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

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***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.

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***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 Smokefree Coalition trusts its members, other partner tobacco control organisations, academics, iwi and PHO representatives to put forward all relevant evidence towards this Inquiry's first four terms of reference, and will focus upon contributing to the fifth term of reference, that which speaks to resolving New Zealand's past with a strategy for the future. This submission will concentrate on presenting The Smokefree Coalition's tobacco control timeline, an extensively researched and comprehensive strategy for the successful elimination of tobacco use over the shortest reasonable timeframe: by 2020.

### **What policy and legislative measures would be necessary to achieve the Vision?**

The Smokefree Coalition recommends that its own Vision for a tobacco free 2020 be accepted and embraced by the Maori Affairs Select Committee, and put to the government as a viable national position. With the Smokefree Coalition's comprehensively researched methodology, the Maori Affairs Select Committee can recommend to government a cohesive and time-lined strategy for tobacco control implementation over the next ten years. The government is obliged to protect New Zealand's future generations from exposure to tobacco products, and so the Smokefree Coalition would welcome the Committee's adoption of our Vision for a tobacco free New Zealand by 2020.

New Zealand's government has reduced funding in tobacco control in recent years, and since 2007 has disseminated no broad policy statement on its tobacco control strategy. New Zealand was once a world leader in tobacco control legislation, 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 strong government-led position to rid their public of tobacco exposure once and for all (Australia, Finland).

New Zealand is a member country of the World Health Organisation 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 position and advocacy. The New Zealand government, however, has a fundamental legal obligation to interpret and implement the Convention, and to do so immediately is the Smokefree Coalition's preliminary advice to this Inquiry's Select Committee. The FCTC Guidelines to Domestic Implementation are attached as Appendix 3 to this submission. Based on FCTC guidelines, the Smokefree Coalition has reached a broad consensus on best and most relevant measures for New Zealand to take to reduce tobacco supply and demand to zero by 2020.

### **In 2010 the Priority actions are as follows**

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

#### **Other actions**

- There will be increase in targeted support services to pregnant women, especially Māori women

- A media strategy will be developed to promote parental influence 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 NRT products in New Zealand developed

### **In 2011 the Priority actions are as follows**

- A schedule of annual tax increase of 10% per annum (or greater) will be agreed, with a view to increasing the price of a packet of 20 cigarettes to \$20 by 2020
- 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**

- Internet sales of tobacco products by New Zealand retailers will be banned
- System for registering and selling alternate nicotine products introduced.
- Full implantation of FCTC article 5.3. Protecting public health from tobacco industry influence

### **In 2012 the Priority actions are as follows**

- Supply model for controlling the tobacco market explored and developed
- introducing supply control policy that mandates a reduction in the volume of tobacco sold,
- and the range/number of locations where it 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**

- 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 can demonstrably be proved to have a public health benefit
- Introduce a schedule for the mandatory reduction of nicotine content in cigarettes

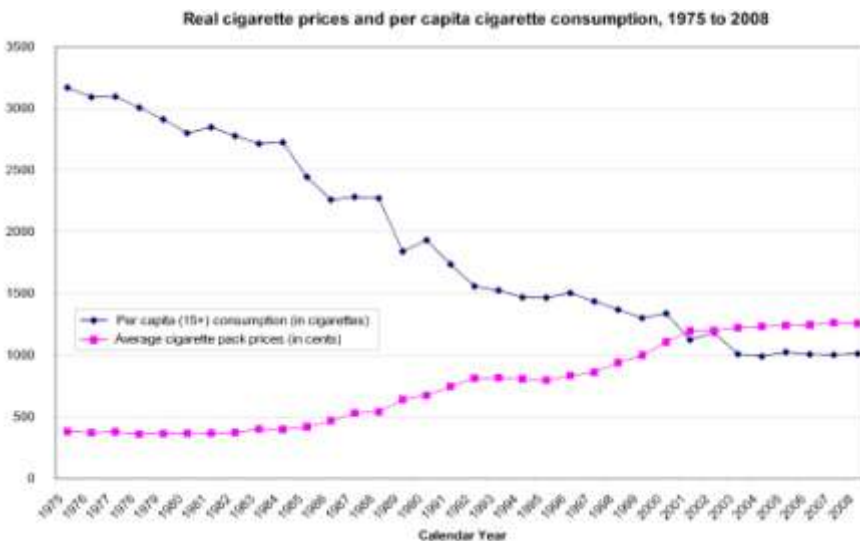
## 2013 onwards

- 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 in this submission's appendix. Further to this timeline, the three most imperative measures for government to take are explained in greater detail below.

### 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<sup>iv</sup>. 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<sup>v</sup>.



This diagram<sup>vi</sup> clearly shows the relationship between raised excise tax on tobacco and a fall in tobacco consumption. It also clearly 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<sup>vii</sup>. Also, there is no evidence 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)<sup>viii</sup>.

### **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.

We know that 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<sup>ix</sup>. 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<sup>x</sup>.

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<sup>xi</sup>. Over 80 percent of submissions made during public consultation supported a complete ban on tobacco retail displays<sup>xii</sup>.

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<sup>xiii</sup>. In Ireland, a tobacco retail display ban went into effect in 2009 without a hitch and 97% compliance amongst retailers<sup>xiv</sup>.

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<sup>xv</sup>. 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.

### **Develop and Implement a Supply-Side Interventional Programme that regulates the Industry while reducing its outreach to New Zealand consumers**

New Zealand's government has focused its approach to tobacco control by concentrating on cessation via clinical intervention with patient smokers. This is a strategy that places the emphasis on the demand for tobacco amongst consumers, and intervening at the interface between patient and healthcare provider. 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 would start with licensing existing retailers, and capping the amount of licenses available for tobacco supply in New Zealand. This finite number of licenses could be routinely reduced 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 worth for New Zealand. Many models can fit into a phased progression of regulatory control by government, either as a monopoly purchaser and supplier of tobacco products itself, with a public health mandate (such as the Vision for 2020), or as an intervention programme based on reducing quotas for importation, banning certain constituents within tobacco products, or enforcing reduced prevalence targets year by year upon the industry itself.

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, in good faith that these measures would be taken as soon as possible in order to limit and systematically reduce tobacco's supply. Without cracking down on the supply of tobacco, no measure by government will adequately address the findings of this Inquiry, because the tobacco industry in New Zealand continues to operate as if tobacco were any other consumer "good". It is not good by any means: it addicts, it stunts the health of users, and it even kills – not some, but half. Controlling the industry's recourses to supply New Zealanders with tobacco is one ultimate means to address industry behaviour and make it finally accountable not to its shareholders but to its consumers in New Zealand.

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

<sup>ii</sup> World Health Organization. *Why is tobacco a public health priority?* Tobacco Free Initiative. [http://www.who.int/tobacco/health\\_priority/en/print.html](http://www.who.int/tobacco/health_priority/en/print.html).

<sup>iii</sup> 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.

<sup>iv</sup> Tobacco Atlas

<sup>v</sup> Ibid

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

<sup>vii</sup> Macduff, I. HSC Year 10 in depth survey. Wellington: Research and Evaluation Unit HSC, 2006.

<sup>viii</sup> Ministry of Health. *Tobacco Trends 2006: Monitoring tobacco use in New Zealand*. Wellington: Ministry of Health, 2006.

<sup>ix</sup> 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

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

<sup>xi</sup> UMR Research Ltd. *Cigarette displays omnibus results: Cancer Society of New Zealand*, 2008.

<sup>xii</sup> Ministry of Health, *Review of Tobacco Displays in New Zealand: Consultation Document and Summary of Results of the Consultation Document*. Wellington, MOH 2007

<sup>xiii</sup> 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

<sup>xiv</sup> Eamonn Rossie, 2009.

<sup>xv</sup> McNeil A and Chen Y. 2009