

ACHIEVING SMOKEFREE AOTEAROA BY 2025

Monitoring and evaluation plan

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ACKNOWLEDGEMENTS

The Quit Group Trust commissioned a project to review the current status of the Smokefree Aotearoa 2025 goal and present a comprehensive action plan to set out how the goal can be achieved. This report accompanies the main report, *Achieving Smokefree Aotearoa by 2025*, and should be read in conjunction with that report ([see \[aspire2025.org.nz/smokefree-actionplan\]\(https://aspire2025.org.nz/smokefree-actionplan\)](https://aspire2025.org.nz/smokefree-actionplan)).

INTRODUCTION

This report was prepared as a complementary document to the action plan to achieve Smokefree Aotearoa 2025. The report was written by the Achieving a Smokefree Aotearoa (ASAP) project team (Andrew Waa, Professor Richard Edwards, Louise Thornley and Associate Professor George Thomson).

The goal, objectives and actions outlined in the *Achieving a Smokefree Aotearoa by 2025* report constitute a plan of action to achieve a Smokefree Aotearoa by 2025. This plan can and should be evaluated to provide the best chance of achieving the goal.

Comprehensive monitoring and evaluation activities will help ensure that the recommended interventions are well designed, implemented as intended and achieve sufficient impact to help reach the Smokefree Aotearoa 2025 goal. It will be important to understand how they individually and collectively contribute to the goal, and the impact of any external influences – such as tobacco control precedents set in other countries. Specific actions, in particular those that will require significant resource or are innovative, should receive particular attention so that resources are used effectively and we are able to learn from any innovations.

This report sets out guidance and a proposed plan for monitoring and evaluating the action plan. It provides an overview of monitoring and evaluation activities based on the goals, objectives and actions outlined in the action plan and expressed in the logic model below.

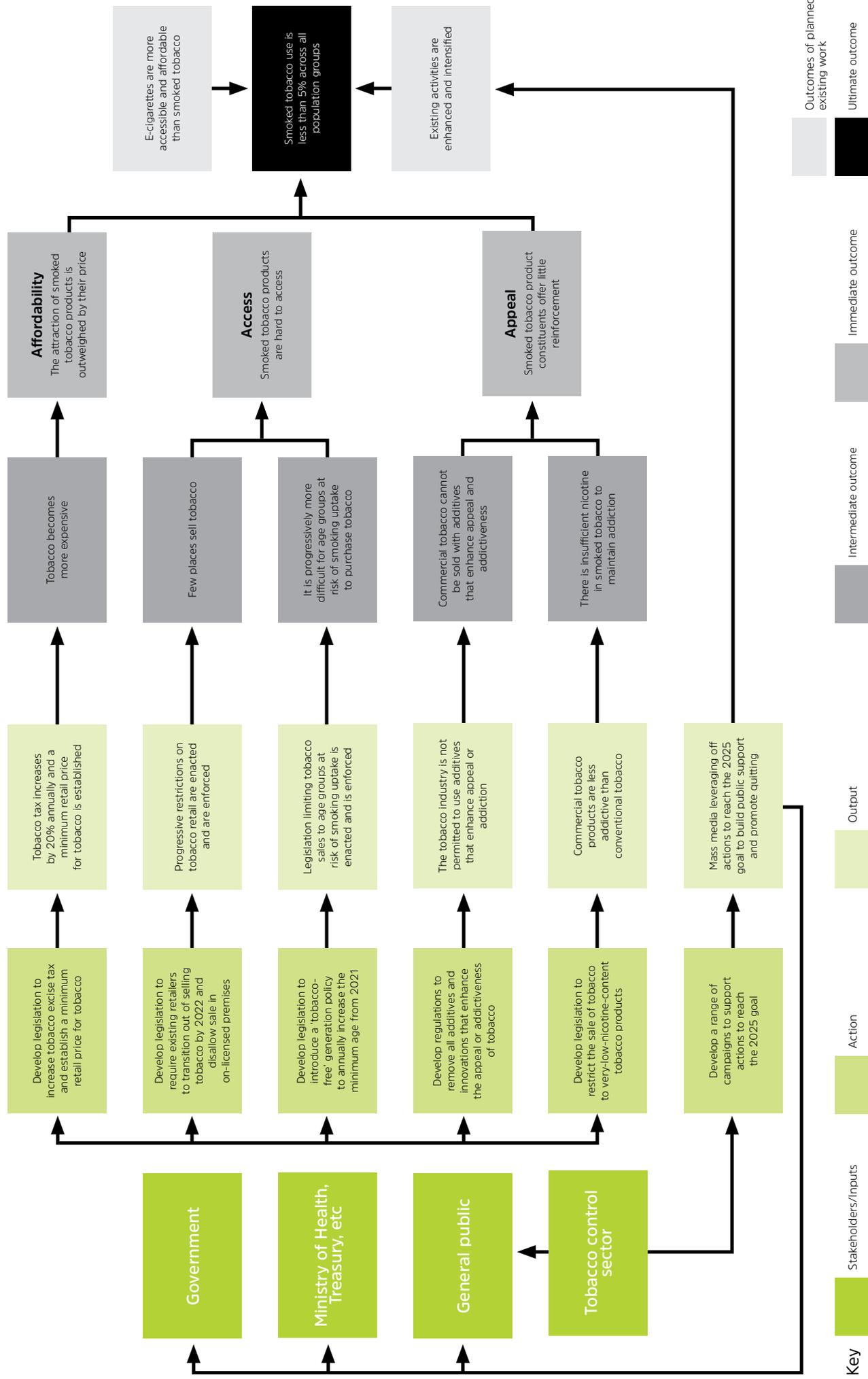
Since it is unlikely that any one of the recommended interventions will by itself achieve the 2025 goal, we suggest more detailed research to understand how interventions contribute to the goal and whether there are synergistic effects through the delivery of multiple interventions.

Another area of research to ensure success of this action plan will be investigating the system of tobacco control in Aotearoa New Zealand to assess whether it has sufficient capacity and capability to implement the recommended interventions. We recommend this is carried out promptly and actions taken to enhance the delivery of the plan.

Logic model

Our logic model (rationale) sets out the key inputs, actions, outputs and outcomes of this action plan. The model, on page 3 below, shows all relationships from inputs to outcomes. This model can be used to help evaluate the effectiveness of the action plan. It specifies various outputs and outcomes that could be adopted as indicators of progress towards the goal.

LOGIC MODEL TO ACHIEVE **SMOKEFREE** AOTEAROA 2025



Sources of information

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

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

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

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

Monitoring progress towards the SFA 2025 goal

Overall monitoring of smoking prevalence will help to keep the 2025 goal on 'the agenda' as well as indicating how we are progressing towards the goal. If the actions are carried out as recommended in the accompanying action plan (*Achieving Smokefree Aotearoa by 2025*), it is possible that changes in smoking prevalence may not occur in small increments. Changes could be marked and irregular as each action comes into effect.

Much of the data needed to monitor progress is already available (see Table 1 on page 5), but in some cases may require more frequent data collection, resourcing beyond what is current available, or new studies to be developed. The New Zealand Health Survey (NZHS) will provide an important source of overall monitoring data for smoking prevalence among daily and current smokers, and prevalence by gender, ethnicity, age group and socioeconomic status.

More detailed periodic data from the NZHS Tobacco Module, HPA Health and Lifestyles Survey (HLS) and NZ ITC should be used to monitor other key indicators such as quitting-related behaviours, use of cessation services and aids (including e-cigarettes), the relative prevalence of roll-your-own tobacco and factory-made cigarettes, and any unintended adverse consequences of tobacco control interventions. Study #16 "Understanding smoking behaviours and attitudes among older youth" would also provide important monitoring information.

System of tobacco control

An effective system of tobacco control is an essential part of our recommended plan and is represented as an input in our logic model (see above). In recent years there have been marked changes in the organisation of the Ministry of Health, crown entities such as the Health Promotion Agency, health promotion providers and smoking cessation support providers. There have also been changes to the types and amount of funding available for tobacco control research. It is important to consider whether the capability, capacity and relationships between stakeholders is sufficient to enable the action plan to be implemented effectively.

As part of an overall evaluation framework, we recommend a systems evaluation carried out promptly at the outset of the action plan in parallel with the formative evaluation activities discussed below. Systems evaluation should include assessment of:

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

The tobacco control system should be strengthened as suggested by the findings of the review to ensure that the action plan is implemented effectively.

Evaluating progress towards the SFA 2025 goal

Our recommended evaluation activities are structured by three overarching questions:

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

Each of these questions relate to a different type of evaluation. Question 1 relates to what is typically called *formative evaluation*, those activities undertaken to understand an issue, what causes it and how it can best be addressed.

Question 2 highlights the need for *process evaluation* that reviews whether actions are being implemented as intended, as this will have direct impacts on our progress towards the goal.

Finally, Question 3 is about *outcome evaluation* activity that will explore whether key outcomes are being achieved on our pathway to the goal. Carrying out high quality evaluations will ensure that the actions recommended in the *Achieving a Smokefree Aotearoa by 2025* action plan will have the best chance of making significant contributions to the plan's goal.

In many cases information for evaluation activities can be drawn from existing data sources and literature. Table 1 describes existing data sources that would make important contributions to evaluation activities.

Table 1. Existing data sources for evaluations

Title	Acronym	Agency	Description
Health Lifestyle Survey	HLS	Health Promotion Agency	This is a biennial survey of adult smoking-related attitudes and behaviours, and includes assessment of awareness of tobacco control campaigns
International Tobacco Control Survey (New Zealand)	ITC NZ	University of Otago	The University of Otago runs the NZ arm of the International Tobacco Control project. This collects detailed data on smoking-related attitudes and behaviours from a cohort of around 1100 smokers and recent quitters every 12-18 months. The ITC is an international study that is designed to evaluate and monitor progress towards the World Health Organization's Framework Convention on Tobacco Control aims.
New Zealand Health Survey	NZHS	Ministry of Health	This is a continuous national survey that includes core smoking-related questions and is the source of information on smoking prevalence at national level. A tobacco module (NZHS TM) is an additional set of questions added to the core NZHS and collects detailed smoking information. The NZHS TM is conducted approximately every 3 years.
New Zealand Youth Tobacco Monitor	NZYTM	Health Promotion Agency and ASH New Zealand	The Health Promotion Agency manages the NZ Youth Tobacco Monitor. This monitor includes biennial in-depth and annual brief surveys of youth (age 14-15 years) smoking and associated attitudes and behaviours.

In some cases the innovative nature or specific targeting of interventions means that no existing literature or data sources are available. In these cases new studies may need to be commissioned. The following sections provide an overview of formative, process and outcome evaluation activities and the associated existing data sources or recommended new studies they should draw upon.

Question 1: How can interventions be best designed to achieve desired outcomes?

We recommend a *formative evaluation* that will:

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

Existing data sources that would contribute are the NZ ITC, HPA adult smoking monitor, New Zealand Youth Tobacco Monitor (NZYTM), and the New Zealand Health Survey Tobacco Module (NZHS-TM). We also identified new studies that would provide important evaluation information.

Themes that the studies would explore might include:

- understanding smoker and public perceptions of each action
- options for models and frameworks for implementing each action, such as reductions in retail supply and tobacco tax increases
- assessing retailer compliance to age-restricting legislation
- understanding the role that tobacco product additives play in starting and maintaining smoking in Aotearoa New Zealand.

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

Specific evaluation questions

Table 2 presents formative evaluation questions for each of the actions recommended in the accompanying report, *Achieving a Smokefree Aotearoa by 2025*.

As well as the existing sources of information, we have identified eight new studies. Each new study is briefly described below and identified by their respective numbers in Table 2.

The new studies are needed where existing data is either not available or could be supplemented with a new study to help answer the formative evaluation question. In a number of cases, the same study could answer multiple evaluation questions, in particular where the same type of question appears across a number of action areas.

Many of these new studies could be relatively small scale and in some cases are only discussion documents informed by the literature.

Study #1: Smoker and general public perceptions

Many of the actions recommended in the action plan report are dependent on smoker and general public support that would be expected to influence political decision making. A qualitative study designed to understand current public and smoker perceptions of actions will help inform strategies designed to build support. In particular, it would be important to understand any indirect or unintended impacts of actions (e.g. potential hardship from tobacco price increases) and how they could be mitigated.

Study #2: What is the best tobacco tax framework?

This could be a discussion document to summarise other evidence that explores responses to various tax regimes. The aim would be to identify what taxation framework would be best suited to promoting large increases in smoking cessation and deterring uptake. This study would include exploration of the best method of making tax on roll-your-own and factory-made cigarettes comparable.

Study #3: What is the best framework for tobacco retail reduction?

In principle, reducing access to tobacco retailers is likely to have a marked impact on smoking prevalence. However, there are a number of models through which such an action could be implemented. This study could draw on existing data and literature to explore the most practical, viable, and effective model for reducing retail access.

Study #4: How should a tobacco-free generation be created

This study would explore the best method of creating a tobacco-free generation through legislation. It would include exploration of provisions that should be included in the legislation, how it could be promoted and how it could be enforced.

Study #5: Retail compliance to minimum purchase age legislation

An important baseline measure for any legislation restricting sales of tobacco to specific age groups (the tobacco-free generation) is the degree to which retailers are complying with current minimum purchase age legislation. This would help to inform retailer compliance clauses in any legislation and how this would be followed up once the legislation comes into force.

Study #6: Understanding the role of additives in NZ tobacco

This could be a discussion document summarising other evidence that explores substances added to commercial tobacco to enhance appeal for new smokers and maintain addiction in existing smokers. Understanding the role of specific additives used to enhance tobacco appeal will help to identify which specific additives should be removed, and general categories of additives designed to exploit specific 'appealing' qualities (e.g. flavourings).

Study #7: What is the best regulatory framework for removal of tobacco additives

This study could be a discussion document and follow on from study 6. It would describe how categories of additives should be excluded from tobacco. It could also identify specific additives known to cause harm or to be particularly effective in enhancing appeal (e.g. menthol). This study could explore the potential responses of the tobacco industry to any legislation that regulates tobacco constituents, including the mandatory introduction of 'very-low-nicotine-content' cigarettes.

Study #8: Media to build public support for and leverage of key actions

This could also be a discussion document based on existing information that explores the roles that paid and unpaid media can play in building public and political support to implement actions recommended in the action plan report. The document could also discuss how media can leverage off these actions to promote smoking cessation.

Table 2. Formative evaluation questions and data sources

Action	Formative evaluation questions	Data sources
Marked tax increases	<ul style="list-style-type: none"> What is the threshold where tobacco price outweighs benefits? 	<ul style="list-style-type: none"> Existing literature NZ ITC HPA NZHS TM
	<ul style="list-style-type: none"> How can indirect impacts (e.g. hardship, theft, illicit trade) best be managed? 	<ul style="list-style-type: none"> Existing literature Study #1
	<ul style="list-style-type: none"> How can the tax value of roll-your-own (RYO) and factory made cigarettes be made more equivalent? 	<ul style="list-style-type: none"> Existing literature Study #2
	<ul style="list-style-type: none"> What are the baseline measures for key outcomes? 	<ul style="list-style-type: none"> NZ ITC NZHS TM
	<ul style="list-style-type: none"> How can public and political support be built for this action? 	<ul style="list-style-type: none"> Existing literature Study #1
Reduction in retail availability	<ul style="list-style-type: none"> What are the specific desired outcomes from reducing the number of tobacco retailers? 	<ul style="list-style-type: none"> Existing literature Study #3
	<ul style="list-style-type: none"> What is the best framework for which outlets can sell tobacco? 	<ul style="list-style-type: none"> Existing literature Study #3
	<ul style="list-style-type: none"> What are the baseline measures for key outcomes? 	<ul style="list-style-type: none"> Study #3
	<ul style="list-style-type: none"> How can public and political support be built for this action? 	<ul style="list-style-type: none"> Existing literature Study #1
Increasing age of purchase with tobacco-free generation policy	<ul style="list-style-type: none"> Identifying the best policy (or policies) for limiting access to tobacco to specific age groups 	<ul style="list-style-type: none"> Existing literature Study #4
	<ul style="list-style-type: none"> What are the baseline measures for key outcomes? 	<ul style="list-style-type: none"> NZYTM NZHS TM Existing literature Study #5
	<ul style="list-style-type: none"> How can public and political support be built for this action? 	<ul style="list-style-type: none"> Existing literature Study #1
Removing additives	<ul style="list-style-type: none"> What are the key additives that increase the appeal of tobacco? 	<ul style="list-style-type: none"> Existing literature Study #6
	<ul style="list-style-type: none"> How can regulations be developed that remove appeal-enhancing additives 	<ul style="list-style-type: none"> Existing literature Study #7
	<ul style="list-style-type: none"> How can the potential for the tobacco industry to exploit loopholes in additive regulations be minimised? 	<ul style="list-style-type: none"> Existing literature Study #7
	<ul style="list-style-type: none"> What are the baseline measures for key outcomes? 	<ul style="list-style-type: none"> NZ ITC NZHS TM NZYTM
	<ul style="list-style-type: none"> How can public and political support be built for this action? 	<ul style="list-style-type: none"> Existing literature Study #1
Reducing nicotine in all smoked tobacco	<ul style="list-style-type: none"> What would be the likely responses of the tobacco industry (e.g. legal challenges, exiting the smoked tobacco market)? 	<ul style="list-style-type: none"> Existing literature Study #7
	<ul style="list-style-type: none"> What are the baseline measures for key outcomes? 	<ul style="list-style-type: none"> NZ ITC NZHS TM NZYTM
	<ul style="list-style-type: none"> How can public and political support be built for this action? 	<ul style="list-style-type: none"> Existing literature Study #1
Supporting media	<ul style="list-style-type: none"> What is the best mix of media to build public support for 2025-enabling strategies and for leveraging off these strategies to enhance 'business as usual' activities (e.g. promoting quitting) 	<ul style="list-style-type: none"> Study #8
	<ul style="list-style-type: none"> What are the political enablers and barriers for this action? 	<ul style="list-style-type: none"> Existing literature

Question 2: Are the interventions being implemented as intended?

We recommend a *process evaluation* that will:

1. Determine whether actions are being implemented as intended
2. Assess whether external factors are affecting the way actions are being implemented
3. Explore how actions are being experienced and perceived by smokers and non-smokers
4. Assess the degree to which actions are being implemented in a coordinated manner.

This process evaluation should be done once each action (in the Achieving a Smokefree Aotearoa plan) has been embedded.

Specific evaluation questions

Table 3 presents process evaluation questions for each of the actions recommended in this report.

Similar to the formative evaluation activity, existing literature and data sources will provide useful information for process evaluation activities. Particularly useful sources will include ongoing HPA surveys and the NZ ITC study. New studies would also be needed to understand whether actions are being implemented as intended, stakeholder experiences and perceptions of these actions, and whether any actions will require modification to ensure they are able to achieve their intended outcomes.

Additional studies should also be carried to explore themes as required. These themes could include:

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

Each new process evaluation study is briefly described below.

Study #9: Implementation of tobacco tax policy

This study would investigate whether tobacco tax policy is being implemented as intended (e.g. impact on prices by market segments such as budget vs premium) and if other factors are affecting the impact of taxes (e.g. tobacco industry activity, illicit trade). Much of the data for this study could be sourced from administrative data and reports.

Study 10(a-e): Smoker and general public perceptions and experiences of actions

This would be a series of qualitative studies exploring smoker and general public reactions to the recommended actions as they are implemented. This would help identify any barriers or enablers that might affect the impact of these actions. Depending on when actions are introduced, some of these studies could be merged into a single study.

Study #11: Implementation of the tobacco-free generation policy

This study would assess whether the tobacco-free generation legislation is being implemented as intended (e.g. retail enforcement activity). Much of the data for this study could be sourced from administrative data and reports.

Study #12: Tobacco retailer compliance

It would be important to assess whether tobacco retailers understand their responsibilities under the tobacco-free generation legislation and whether they are complying with it. This study could combine two smaller studies, the first qualitative interviews with retailers to explore their understanding and experiences of the legislation, and the second a survey of compliance.

Study #13: Implementation of removal of additives regulations

This study would investigate whether any regulations for removing additives are being implemented as intended. This would include whether key additives have been removed and whether the industry is exploiting 'loopholes' (e.g. introducing other additives, or modifying cigarette stick design). Data for this study could be sourced from administrative data as well as testing and investigation of actual tobacco products.

Study #14: Implementation of VLNC regulation/legislation

This study would assess whether the VLNC regulations are being implemented as intended (e.g. nicotine content is very low, alternative smoked tobacco is not available). Much of the data for this study could be sourced from administrative data and reports, as well as testing and investigation of actual tobacco products.

Study #15: A review of mass media campaigns

The purpose of this study would be to determine whether a comprehensive and coordinated mass media campaign is being implemented according to best practice and evidence. Much of the data for this study could be sourced from administrative data and reports.

Table 3. Process evaluation questions and data sources

Intervention	Process evaluation questions	Data sources
Marked tax increases	<ul style="list-style-type: none"> Has the tax been implemented as intended? <ul style="list-style-type: none"> Annual increase? Keeping pace with inflation? 	<ul style="list-style-type: none"> Study #9
	<ul style="list-style-type: none"> What other interventions and events may be affecting implementation and outcomes (e.g. standardised packaging, natural disasters, access to alternative nicotine-delivery products)? 	<ul style="list-style-type: none"> Study #9
	<ul style="list-style-type: none"> Is tax on roll-your-own (RYO) tobacco equivalent to tax on factory-made tobacco? 	<ul style="list-style-type: none"> Study #9
	<ul style="list-style-type: none"> What are smoker and general public perceptions of the intervention? 	<ul style="list-style-type: none"> Study #10 HPA NZ ITC
Reduction in retail availability	<ul style="list-style-type: none"> Are reductions in retail outlets being implemented as intended? <ul style="list-style-type: none"> Systematically reducing retail outlets Enforcement 	<ul style="list-style-type: none"> Study #10a
	<ul style="list-style-type: none"> What are smoker and general public perceptions of the intervention? 	<ul style="list-style-type: none"> Study #10b HPA NZ ITC
Increasing age of purchase with tobacco-free generation policy	<ul style="list-style-type: none"> Are age-of-purchase restrictions being implemented as intended? <ul style="list-style-type: none"> Are restrictions being enforced? 	<ul style="list-style-type: none"> Study #11
	<ul style="list-style-type: none"> Do tobacco retailers understand their responsibilities? 	<ul style="list-style-type: none"> Study #12
	<ul style="list-style-type: none"> What are smoker and general public perceptions of the intervention? 	<ul style="list-style-type: none"> Study #10c
Removing additives	<ul style="list-style-type: none"> Are the regulations being implemented as intended? <ul style="list-style-type: none"> Are key additives restricted? Are additives being monitored? 	<ul style="list-style-type: none"> Study #13
	<ul style="list-style-type: none"> Is the tobacco industry exploiting any loopholes in the regulations? 	<ul style="list-style-type: none"> Existing (international) literature Study #13
	<ul style="list-style-type: none"> What are smoker and general public perceptions of the intervention? 	<ul style="list-style-type: none"> Study #10d HPA NZ ITC
Reducing nicotine in all smoked tobacco	<ul style="list-style-type: none"> Is the legislation being implemented as intended? <ul style="list-style-type: none"> Do its provisions actually reduce nicotine content? 	<ul style="list-style-type: none"> Study #14
	<ul style="list-style-type: none"> What are smoker and general public perceptions of the intervention? 	<ul style="list-style-type: none"> Study #10e HPA NZ ITC
	<ul style="list-style-type: none"> Tobacco industry reactions 	<ul style="list-style-type: none"> Study #14
Supporting media	<ul style="list-style-type: none"> Are mass media campaigns being delivered as part of a comprehensive strategy? 	<ul style="list-style-type: none"> Study #15
	<ul style="list-style-type: none"> Are campaigns developed according to best evidence, to a high standard, and in partnership with relevant stakeholders 	<ul style="list-style-type: none"> Study #15

Question 3: What are the outcomes of the interventions?

We recommend an *outcome evaluation* to:

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

New studies would explore the following themes.

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

Key elements of the outcome evaluation should be completed by July 2022., at the end of the first five years of the proposed action plan.

Specific evaluation questions

Table 4 presents outcome evaluation questions for each of the actions recommended in the action plan.

The outcome evaluation activities would mainly draw from existing quantitative data sources, in particular the NZHS, NZ ITC, NZHS TM, NZYTM and HPA surveys. It is important to consider that funding for the current NZ ITC will conclude in 2019 and ongoing funding for this study would need to be secured for it to contribute to outcome evaluation activities suggested in this report. In addition to the existing data sources, we identified a need to conduct three additional outcome evaluation studies.

Study #16: Understanding smoking behaviours and attitudes among older youth.

While the NZHS surveys older youth, the infrequency of the NZHS Tobacco Module means that significant gaps exist in understanding the drivers of smoking and smoking-related alternative nicotine-delivery product use by this age group. This study would draw a sample from youth aged 16 to 20 years. The study aims would include exploring how difficult it is for this age group to purchase tobacco, the impact of alternative nicotine-delivery products on smoking prevalence, whether non-smoking youth are taking up e-cigarettes and whether regulations on additives and VLNCs affect the appeal of early tobacco use.

Study #17: How addictive is tobacco?

This study would explore the degree to which tobacco is addictive, after the introduction of regulations to remove additives that increase nicotine uptake and requiring tobacco to have very low nicotine content.

Study #18: The impact of media on progressing Smokefree Aotearoa 2025 actions.

This study would explore the impact of any media activity on levels of public support for implementing the Smokefree 2025 actions recommended in the action plan report. This would help to refine any media strategies.

Table 4. Outcome evaluation questions and data sources

Intervention	Outcome evaluation questions	Data sources
Marked tax increases	Intended outcomes	
	<ul style="list-style-type: none"> Does cost outweigh any benefits of using tobacco? Are smokers quitting because of tax increases? Is there reduced uptake because of tax increases? Are smokers swapping to (cheaper) alternative nicotine-delivery products among existing smokers Are smokers reducing the amount of tobacco consumed because of taxes? 	<ul style="list-style-type: none"> NZ ITC NZHS TM NZ ITC NZYT M NZ ITC NZ ITC
	Indirect/unintended outcomes	
	<ul style="list-style-type: none"> Are smokers accessing tobacco through illicit trade (e.g. single cigarette sales)? Are smokers swapping from roll-your-own (RYO) to factory-made tobacco? Are smokers swapping to cheaper tobacco brands? Are people using tobacco more efficiently? Is there increased uptake of alternative nicotine-delivery products among non-smokers because they are cheaper than tobacco? 	<ul style="list-style-type: none"> NZ ITC NZ ITC NZ ITC NZ ITC NZHS TM
Reduction in retail availability	Intended outcomes	
	<ul style="list-style-type: none"> How difficult is it for current and ex-smokers to access tobacco? Are people quitting because it is harder to access tobacco? Is there reduced uptake because it is harder to access tobacco? Is there reduced consumption because tobacco is harder to access? Are smokers swapping to (more accessible) alternative nicotine-delivery products among existing smokers? 	<ul style="list-style-type: none"> NZ ITC NZHS TM NZ ITC NZYT M NZ ITC NZ ITC
	Indirect/unintended outcomes	
	<ul style="list-style-type: none"> Are people compensating for increased difficulty in accessing tobacco (e.g. bulk purchasing)? Is increased difficulty in access causing undue hardship (e.g. travel costs)? Is reduced access to tobacco causing uptake of alternative nicotine-delivery products among non-smokers? 	<ul style="list-style-type: none"> NZ ITC NZHS TM NZ ITC NZHS TM NZHS TM
Increasing age of purchase with a tobacco-free generation policy	Intended outcomes	
	<ul style="list-style-type: none"> Has increased age of purchase made it more difficult for younger age groups to access tobacco? Has increased age of purchase reduced uptake? 	<ul style="list-style-type: none"> NZYT M Study #16 NZYT M Study #16
	Indirect/unintended outcomes	
	<ul style="list-style-type: none"> Has increased age of purchase increased uptake of alternative nicotine-delivery products among non-smokers? 	<ul style="list-style-type: none"> NZYT M Study #16

Table 4 continued over page

Table 4 continued

Intervention	Outcome evaluation questions	Data sources
Removing additives	Intended outcomes	
	<ul style="list-style-type: none"> • Has additive removal made tobacco less appealing? • Has additive removal reduced smoking uptake? • Has additive removal increased quitting? • Has additive removal led to smokers switching to alternative nicotine-delivery products? 	<ul style="list-style-type: none"> • NZ ITC • NZHS TM • NZYTM • Study #16 • NZYTM • Study #16 • NZ ITC • NZ ITC
	Indirect/unintended outcomes	
	<ul style="list-style-type: none"> • Has additive removal increased uptake of alternative nicotine-delivery products among non-smokers? 	<ul style="list-style-type: none"> • NZHS TM • NZYTM • Study #16
Reducing nicotine in all smoked tobacco	Intended outcomes	
	<ul style="list-style-type: none"> • In practical terms are smoked tobacco products no longer addictive? • Have very-low-nicotine-content (VLNC) cigarettes led to increased quitting? • Have VLNC cigarettes led to reduced smoking uptake? • Have VLNC cigarettes led to smokers switching to alternative nicotine-delivery products? 	<ul style="list-style-type: none"> • Study #17 • NZ ITC • NZ ITC • NZYTM • Study #16 • NZ ITC
	Indirect/unintended outcomes	
	<ul style="list-style-type: none"> • Have VLNC cigarettes led to uptake of alternative nicotine-delivery products among non-smokers? 	<ul style="list-style-type: none"> • NZYTM • Study #16
Supporting media	Intended outcomes	
	<ul style="list-style-type: none"> • Has (paid) media activity increased public support for SFA 2025 goals and strategies? • Has (paid) media activity increased political support for Smokefree Aotearoa 2025 actions? • Has (paid) media activity increased quitting? • Has (paid) media activity reduced smoking uptake? 	<ul style="list-style-type: none"> • HPA • HPA • Study #18 • HPA • NZ ITC • HPA • NZYTM • Study #16

