



Effects of tobacco retail displays on ex-smokers and lapsed quitters

Report for the Cancer Society of New Zealand and ASH New Zealand

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Acknowledgements

We are grateful to the individuals who agreed to participate in this research and whose detailed responses provided the basis of this report.

“...it’s in your face, isn’t it.... If something is not on display, then it’s sending a clear message: Smoking Kills... People might stop and think.” [05]

Introduction

This section of the report explores and analyses themes that emerged during interviews with a selection of former smokers and lapsed quitters. The interviews were exploratory and represented the first attempt to explore how New Zealand smokers are affected by tobacco retail displays, particularly during a quit attempt.

Several studies have examined the influence of point-of sale promotions on young people’s propensity to experiment with smoking.¹ Thus, there is now a growing body of evidence concluding that retail displays facilitate initiation by suggesting that smoking is more prevalent than is actually the case, enhancing perceptions of smoking, and weakening non-smoking intentions.² Furthermore, evidence from tobacco industry documents reveals the importance of retail promotions, particularly since restrictions on mass media promotions, such as advertising and sponsorship, were introduced. Lavack and Toth (2006), for example, explored carefully planned strategies that would enable particular manufacturers to achieve optimal facings and “*permanent homes*” (p. 382) for their brands in retail outlets.³ They concluded that removal of tobacco retail displays would remove temptation from both youth and would-be quitters.

However, despite Lavack and Toth’s suggestion that tobacco retail displays tempt smokers who are trying to quit, we were unable to identify earlier work that explored this question by examining how retail displays affect cessation attempts. This gap is important, since recent research indicates that, on average, smokers make up to fourteen cessation attempts before becoming Smokefree.⁴ If environmental factors, such as retail displays, militate against the success of cessation attempts, the case for regulatory intervention would be strengthened.

This report explores the relationship between tobacco point of sale displays and cessation attempts and documents findings from a preliminary study that investigated former smokers’ and lapsed quitters’ perceptions of tobacco retail displays.

Aims

The overall research objective was to:

- Investigate in-depth the degree to which recent quitters report that their quit attempts are influenced by point of sale tobacco advertising.

More specifically, the research also examined:

- The main difficulties participants faced in maintaining smokefree behaviour.
- The main factors that led to relapse among those who had relapsed.
- The perceived influence of POS displays and ease of access to cigarettes during quit attempts.
- Support for a proposal that the government remove tobacco retail displays.

Methods

Potential research participants were primarily selected from Quitline records. All participants had made an attempt to quit smoking during the last six to eight months, some were Smokefree, others were in the midst of a further quit attempt and others had lapsed. Records of smokers living in the MidCentral DHB and Whanganui DHB catchment areas who had called for cessation advice and support, and who had agreed to participate in further research were provided to the researchers. Telephone contact was attempted with each individual whose details had been provided. However, because some contact details were no longer valid, additional recruitment measures using existing networks and snowball sampling were also employed.

Initially, the researchers attempted to contact each potential participant sourced from Quitline records by phone; repeated contacts involving up to ten call-backs were made to reach each person whose details had been provided. Of the individuals able to be contacted, two refused to participate and two did not keep pre-arranged meetings. A total of 8 interviews were conducted with non-Māori Quitline callers. The remaining non-Māori participant was sourced using local networks.

A Māori health provider gave Whakauae Research Services details of four potential participants; all agreed to participate although one could not be interviewed in the research time frame. Local networks provided details of a further 9 potential Māori participants (one of whom was interviewed by JH); all but one responded to an email seeking their involvement and were interviewed during the research time frame.

In total, 20 interviews were undertaken in participants' homes or workplaces (participants chose the interview setting); the sample comprised 11 Māori and 9 non-Māori participants. These individuals came from a variety of socio-economic backgrounds, represented a wide age range and smoking history, and included both genders. Purposive sampling was used to ensure approximately equal numbers of Māori and non-Māori participants were included.

All interviews were tape recorded and subsequently transcribed. Participants were provided with a detailed information sheet that set out the purpose of the interview, their rights as participants, and a request to tape record their comments. All participants signed consent forms allowing their comments to be recorded. Participants were assured anonymity and encouraged to speak freely about their experiences when making cessation attempts. The research was approved through the University of Otago ethics review process.

Following detailed consultation among the research team, an interview schedule was developed and subsequently piloted by GP (a copy of this is provided in Appendix A). The interview protocol involved a series of open and closed questions and encouraged participants to reflect on their experiences when making a quit attempt, the factors that influenced their attempts, and the outcome of their attempts.

Three researchers (Heather Gifford [HG] & Gill Pirikahu [GP]) from Whakauae Research Services and Janet Hoek [JH] from Massey University conducted in-depth semi-structured face-to-face interviews. Each interview took an average of 20-40 minutes, and these were carried out between 15 August 2007 and 10 October 2007. Although the interviewers used an interview schedule, which listed the main themes to be addressed to structure the interview, probing questions were widely used to clarify and extend the answers participants provided. Where the questions examined retail displays, a series of photographs taken from local dairies and service stations were used as visual stimuli (these are reproduced in Appendix A). Each interview was recorded and subsequently transcribed verbatim.

The transcripts and recordings were analysed independently by HG and GP, and by JH, to identify the themes that emerged in response to each of the topics explored during the interview. Following agreement on these themes, the data were then re-examined by JH using a template analysis approach based on themes identified in the earlier thematic review. Quotations from the transcripts are used to illustrate themes identified from the raw data. The final report was prepared by JH in consultation with HG and GP.

Results

Participants

Of the 26 potential participants from the MidCentral DHB, one declined (on the grounds that he would have nothing to contribute), one broke an appointment (she did not return calls to make a new time and so was treated as a refusal), six numbers were no longer active or the individual could not be reached, seven lived outside the immediate DHB vicinity, and three were members of the same household. Interviews were conducted with the remaining 8 individuals. Two participants were sourced using networks and referrals.

Of the 33 potential Māori participants from Whanganui and Mid-Central DHB, two declined (one originally agreed to be interviewed but failed to turn up and on further contact advised she did not want to participate) two could not confirm interview times within the research time frame, 16 lived outside of the immediate DHB vicinity of the interviewer and three could not be reached (phones were either disconnected or they had moved out of the area).

Interviews were conducted with the remaining 10.

Table 1. Description of Participants

| Participant Code | Gender | Ethnicity | Age | Years Smoking | Smoking Status |
|------------------|--------|-----------|-----------|---------------|----------------|
| 1 | F | NZE | 49 | 35 | Quit |
| 2 | F | NZE | 58 | 40 | Relapsed |
| 3 | F | NZE | 44 | 23 | Relapsed |
| 4 | M | NZE | 47 | 24 | Quit |
| 5 | F | NZE | 59 | 43 | Relapsed |
| 6 | F | NZE | 49 | 34 | Relapsed |
| 7 | F | NZE | 54 | 40 | Quit |
| 8 | F | Māori | 43 | 27 | Quit |
| 9 | M | NZE | 45 | 35 | Quit |
| 10 | M | NZE | 59 | 40 | Relapsed |
| 11 | F | Māori | 37 | 17 | Quit |
| 12 | M | Māori | 45 | 31 | Quit |
| 13 | F | Māori | 28 | 12 | Quit |
| 14 | F | Māori | 35 | 16 | Quit |
| 15 | M | Māori | 23 | 12 | Relapsed |
| 16 | M | Māori | 57 | 42 | Quit |
| 17 | F | Māori | 51 | 34 | Quit |
| 18 | F | Māori | 33 | 12 | Relapsed |
| 19 | M | Māori | 43 | 27 | Quit |
| 20 | F | Māori | 32 | 21 | Relapsed |
| Mean | | | 45 | 28 | |

Participants' Quitting History

The interview began with some introductory questions that explored participants' smoking history. As Table 1 shows, respondents had smoked, on average, for 28 years. Over that time, most had made multiple quit attempts and some had been smokefree for several years before re-commencing smoking. Table 2, below, summarises aspects of participants' quitting history.

Table 2. Participants' Quitting History

| Participant Code | Gender | Ethnicity | Age | Years Smoking | No. Quit Attempts Last 12 Months ¹ | Longest Period S/F (Ever) |
|------------------|--------|-----------|-----------|---------------|---|---------------------------|
| 1 | F | NZE | 49 | 35 | 1 | 12 months |
| 2 | F | NZE | 58 | 40 | 0 | 2 years |
| 3 | F | NZE | 44 | 23 | 2 | 3 months |
| 4 | M | NZE | 47 | 24 | 0 | 4 years |
| 5 | F | NZE | 59 | 43 | 0 | 2 years |
| 6 | F | NZE | 49 | 34 | 2 | 3 days |
| 7 | F | NZE | 54 | 40 | 0 | 1 day |
| 8 | F | Māori | 43 | 27 | 0 | 9 months |
| 9 | M | NZE | 45 | 35 | 0 | 3 weeks |
| 10 | M | NZE | 59 | 40 | 2 | 0 days |
| 11 | F | Māori | 37 | 17 | 3 | 1 week |
| 12 | M | Māori | 45 | 31 | 1 | 1 year |
| 13 | F | Māori | 28 | 12 | 2 | 4 months |
| 14 | F | Māori | 35 | 16 | 0 | 6 months |
| 15 | M | Māori | 23 | 12 | 2 | 3 weeks |
| 16 | M | Māori | 57 | 42 | 0 | 4 weeks |
| 17 | F | Māori | 51 | 34 | 0 | |
| 18 | F | Māori | 33 | 12 | 2 | 7 days |
| 19 | M | Māori | 43 | 27 | 0 | |
| 20 | F | Māori | 32 | 21 | 3 | 4 months |
| Mean | | | 45 | 28 | | |

¹ Excludes their most recent quit attempt.

Reasons for Most Recent Quit Attempt

As Table 2 shows, ten of the twenty participants had made one or more quit attempts over the last 12 months. Participants were asked to identify the factors that had prompted their most recent quit attempt. They offered several explanations and the remainder of this section explores the motivations that prompted participants' most recent quit attempt.

Re-Asserting Control

Some indicated they were tired of the hold they felt smoking had on them, which they felt controlled their ability to make decisions:

"I was sick of it, I was tired of it, it was everything, it was everything I thought" [01]

"I was sick of the habit... I'm sick of having to do it before I can do anything else." [07]

Others commented that they had grown tired of being addicted and had lost any enjoyment they had once gained from smoking; this feeling appeared to come as a growing realisation and eventually reached the point where they no longer wanted to smoke:

"Well, I knew for a long time that I really didn't enjoy it. I just did it." [08]

"I didn't kind of like have a lightning bolt come out of the sky, I think over the previous year when I've been smoking, um, I had kind of been getting quite tired of smoking." [09]

Some felt that they had reached a point in their life where smoking no longer fulfilled a need, and they began to see it as a negative influence on themselves and others:

"I started caring for myself and there were a number of things that happened in my life, in the last two or three years, that warmed me up to the idea that I wasn't, that my ways of coping with life in some ways weren't working out for me or my family." [09]

Health Concerns

Others were concerned about their health and had experienced symptoms that made them feel anxious or had seen other family members affected by tobacco-related illnesses:

"For me personally, I rang up because I was really worried that I was going to get lung cancer and I was having the pain in the back and my chest was sore..." [03]

"It's just, like, seeing your family die of cancer and stuff." [14]

A number of participants had other health conditions that were aggravated by smoking and, in some cases, these conditions, or another illness, had provided the impetus to quit:

“I had a chest infection... But then dumb me had a smoke and made it worse, and it made me want to give up smoking” [19]

Others had become increasingly aware that smoking would reduce their life expectancy and so prevent them from enjoying their children and family, and other parts of their lives that were important to them:

“I love my grandkids, I love my life, I love my job, I’d like to be here for a bit longer and I could just feel, I just knew in my heart I think that if I gave up, that if I kept smoking, I was going to keep getting sick.” [07]

“...I kind of like got the idea that I wanted to be around for my children as long as I could be.” [09]

As well as wanting to be around for their children and families, some participants were concerned about the effect their smoking had on their children and wanted to set a good example by quitting:

“I’ve got three kids, I was getting tired of having to hide it away from them... I didn’t do it in front of them [but] they could smell it on me.” [09]

“My son is coming in March and I thought, and I had been trying to get him to stop smoking because he is 25... and I think, yeah,. I was trying to be off them by the time he came.” [10]

Financial Concerns

For some respondents, finding the money to support their addiction was often a struggle and helped motivate their attempts to give up smoking:

“I would say that’s the major issue, the financial issue.” [06]

Even where other issues, such as health and family were mentioned, financial considerations were clearly an important factor in many participants’ decision to quit.

“I do it for the money side, and the kids.” [18]

“It was health, it was finances, money, and I had had pressure and suggestions from my friends.” [17]

Others noted the choices they had sometimes felt forced to make in order to support their addiction. For some, the very fact that they had to make a choice between smoking and other items prompted them to consider quitting, whereas for others, it highlighted the struggle they faced:

“I got to this place where I only had \$20 left and it was either buy me smokes or use it to do something nice with them. And I just choose what I thought was the most important [to quit].” [14]

“That’s my big problem, is that I can’t afford \$60 and if I don’t have a smoke then, man, I stress out. Yeah, I would rather not eat than not have a smoke.” [18]

Social Engagement

Where smokers were in a minority at their workplace, having to leave their friends and go to a smoking area sometimes proved disruptive (although for others, being in a non-smoking minority provided challenging, see p. 15):

“it doesn’t matter where you work now you have to go outside and it was the thing, oh, you know, you just, you go outside and you can sit on your own and everyone else is sitting inside and no I don’t want to do that...” [02]

Quitline Promotions

Some participants recalled seeing Quitline campaigns and indicated that these had contributed to their decision to quit:

“The ads kept coming on tele. I hadn’t seen a Quitline ad in ages but at that particular time, they were really honing in on me.” [05]

To Support Others

Others wanted to support friends or family who were quitting:

“I had a friend... who, he’s probably been smoking for 35 years, I suppose, without a break, and he just said I’ve rung the Quitline and I’m going to stop. And he had, he needed a bit more support so I says ‘Oh well, I’ll stop with you’”. [04]

“I rang her [sister] and I said ‘I’ve run Quitline and I’m going to get a voucher for the patches’, and she said ‘ohh hoo’, and anyway when she came [to stay] I got her to do it and we found it quite easy together, because we were together 24/7...” [05]

The “Right” Time

Some participants felt their life circumstances had changed and that it was now easier for them to quit:

“...it was the best time to do it because I wasn’t working. Oh, no pressures, the same thing.” [12]

“I was buying this house and I didn’t want to start smoking this house... It was an opportune time to stop and start fresh.” [17]

Overall, participants’ motivations for quitting came from many sources; yet, despite the diversity in their reasons for quitting, or attempting to quit, each wanted to be free of the addiction that had been part of their lives for many years. However, participants faced a number of difficulties during their attempts; the following section explores the challenges they faced and their responses to these.

Impediments to Quitting

Participants were asked to identify challenges they had encountered when making a quit attempt and to explain how they had dealt with these. Although participants varied in the extent to which they identified challenges that had affected them when quitting, all faced some difficulty that they needed to confront and address.

Other Smokers

For some participants, external factors, such as the continued smoking of friends and family, were challenging since this meant they were still exposed to tobacco smoke and knew they could easily obtain tobacco from these sources.

“Because my husband smokes and so they were here... But they were here and I was always aware that they were, there were cigarettes here.” [02]

“the thing is, that there’s a lot of people smoking around me too at times, and then the smoke gets in the house or wherever I go, and that’s why [I started again].” [16]

Many noted that going to social events or simply out with friends had become difficult once they gave up (or tried to give up) smoking because it reinforced the sense of loss they felt:

“That’s the biggest problem, socializing... The hardest part was just watching them smoke and I couldn’t” [11]

Although not all found others’ smoking tempting or difficult:

“I guess that a couple of the people that I go and visit still smoke full time, I guess, in their garages [where the group gathers to drink], so that’s fine, yeah.” [04]

Some mentioned that friends and colleagues tried to entice them to commence smoking again, or noted that they could easily obtain cigarettes from workmates if they felt desperate.

“Well, I went out one night, yeah it was hard... They [friends] offer you a smoke, ‘here go on’, you know. But I put it down to jealousy. A lot down to ‘hey, you’ve done it, I haven’t. I don’t really like it. You’ve proved that you can do it but no we’re not going to let you do that’.” [01]

“If I was at work and really needed one... I would buy a smoke off someone for a dollar... how did it make me feel? That they were always there if I needed them. Basically, if I ever needed them, like a long lost friend, you know.” [03]

Problems with Cessation Aids

Some participants found that the patches did not address their nicotine cravings adequately:

“I actually went back down to the chemist and said are there stronger patches because these don’t appear to be doing anything and he said no, they are the strongest ones.” [03]

While others suffered skin reactions that made it difficult for them to continue using the patches:

“Oh, it drove me mad... these big welts that just itched and itched and itched... so, in the end, it was just, I just thought ‘I can’t be doing this’”. [02]

Some were concerned about using other cessation treatments because they knew people who had suffered adverse reactions to these:

“It [pills] worked with my father, but after a while he got quite sick with it, he couldn’t sleep...” [20]

The Gap

Some participants felt their lives had a gap when they stopped smoking, or indicated that smoking provided them with something they could not obtain elsewhere:

“I think, emotionally, I just felt like I was missing out on something if I gave up, I felt bored... there’s this deep[craving that I’m just missing out on something if I’m not sucking on the end of a fag.” [03]

“It’s my time out.. “ [18]

Ironically, for some, smoking was something they felt they controlled, but still wanted in their lives at this stage:

“I can give up smoking, it’s just that I don’t want to, because it’s the only thing that I really have, actually.” [15]

Problem Times

Participants were asked if there were particular times of the day or situations when they had traditionally smoked and where they needed to develop new habits. Nearly all indicated that they had associated smoking with specific points in their day or social contexts. For some, it was the camaraderie of break times at work:

“Everyone goes pile out for their breaks and you are always going with the same lot of people, then you are stuck and then you can’t go out.” [20]

For others, smoking helped define the end of the working day and the point at which they could begin to relax:

“So it was always that time when you walk out of the factory at the end of the day, the job is done, you are going home to relax and do something and generally just light a cigarette when you leave work, you know, and it was like some sort of closure to the day.” [04]

“yes, the time, you know, when you come, at the end of your day, you’re done, had your dinner, the dishes are all dried, put away, everything is tidied up, you make a cup of coffee and you sit down and that one.” [02]

While others saw the first cigarette as a ritual that marked the beginning of another day:

“I always had,,, like as soon as I woke up in the morning, light up a smoke.” [17]

Others saw smoking as an adjunct to activities they enjoyed, to the extent that smoking became an intrinsic part of those activities and something they missed, even though the activities themselves still remained:

“It was more habitual around eating times. Having something, a cigarette after a meal, I was sort of looking forward to that and I wasn’t going to have that.” [11]

“In the afternoon... and when I sit down at TV and [want to] have a smoke.” [16]

“First thing in the morning... yeah, make a coffee, make my coffee, find me a smoke while I am waiting for the water to boil.” [19]

While patches or other cessation aids had helped some participants deal with physical withdrawal symptoms, they nevertheless found it difficult to wean themselves off the associations they had with smoking and the pairings they had developed, in some cases, over many years.

“... the patches stopped the actual craving, but the habit was there, cause you know, you would still see somebody and you would go ‘jeez, we usually have a cigarette when we walk’”. [12]

Staying Smokefree

As well as examining the difficulties they had faced in their attempts to become smokefree, participants were also asked about strategies that had assisted them while they stopped smoking. Many participants, particularly those who had quit successfully, reported using strategies that enabled them to deal with occasions or situations when they felt they could be tempted to begin smoking again. For some, this involved creating new routines:

“I would just do something else. I would either go and get a book to read, I would not just sit and watch, look at TV. Um... go and have a shower, ...things that I wouldn’t normally do.” [02]

“I just find that I need to have strategies in place when I come home from work. Maybe take the dog straight out for a walk.” [03]

“Usually after tea, I’d have a smoke, but... I had a cup of tea, which is something I don’t drink a lot of, so I would have a cup of tea, which totally changed things.” [05]

Some replaced their smoking habit with a new habit, particularly one that they thought would be healthy:

“A lot of water, a lot of fruit juice, ummm, lots of walks.” [05]

“I went to the gym” [18]

While others tried to replace the feeling that they were missing out on something by not smoking:

“I tried to substitute that [having a cigarette] with something that I would enjoy.” [11]

“I’m trying to keep busy, I’m organising my time more so I’m making sure that I’m busy, I’ve got things to do” [07]

Others deliberately removed themselves from situations where they thought they could be tempted to begin smoking again, or where their awareness of others’ smoking was likely to be heightened:

“On my breaks... if I stayed upstairs I was fine, it was only 15 minutes, so, yes, I was able to get through my break times.” [03]

“I didn’t put myself in the same situation as I would have, had I been smoking... obviously I wouldn’t go to a pub, or anything like that.” [06]

However, while many participants had adopted this approach, some noted its limitations:

“I was able to go and talk to some [other] guys, I didn’t have to go outside and smoke.... But then, I felt that I was missing out on something.” [20]

Several participants noted that the Amendment to the Smokefree Environments Act that introduced smokefree bars and restaurants had assisted their cessation attempts:

“certainly with the laws as they are now, with smoking outside of pubs, it certainly made it easier.” [11]

“I just stayed in the pub. It’s not so bad now, cause you have to go outside to smoke. So you just stay in the pub.” [12]

Interestingly, other participants found exposure to smokers and tobacco smoke less tempting than reinforcing. In particular, the fact that they could smell smoke on others strengthened their decision to quit:

“You can smell them and you can sit there next door to them... oh god, the smell, you know, if only they realised, but they don’t realise.” [01]

“They all came in [from smoking outside] and just the smell, you know... it was just disgusting and... I sat there thinking ‘why would I want to be there?’... and you know it just seemed as though it didn’t fit anymore.”[09]

Some participants mentioned that they had removed cigarettes from places where they would normally smoke:

“I stopped smoking in the car... just left them out of the car ... getting away from the problem, you know, not having them there.” [06]

Others tried to focus on the benefits they were achieving so that they were less conscious that they missed smoking:

“My view was that I’d gained something by stopping smoking, not that I’d given something up, or had to give something away, and that made it a lot easier.” [09]

Some focused on specific benefits, such as being able to achieve financial goals or reassert their independence:

“The biggest thing was, yeah, I couldn’t afford to start doing work on my house again and smoke cigarettes so from a financial point of view, they [Quitline staff] suggested I keep a record. I didn’t follow it, but it was a thought that I had in mind if I needed to be reminded.” [04]

“I love not buying smokes, I love not having to go into a shop and buy smokes, I love that. And it’s not even about the money, it’s a freedom thing. I really like that.” [07]

While others relied on will power to see them through situations where they could be tempted to smoke again:

“I just put a blanket on my mind.” [07]

“I just put it in my mind and said that I have got to do it [quit] that’s all.” [16]

Reliance on inner strength, personal determination and high levels of self-motivation were mentioned by several participants who had successfully become, and stayed, Smokefree. They described having made a commitment to themselves and being determined not to think of the process as difficult:

“I just feel that, you know, once you make a commitment to something like that, if it’s really what you want to do, then it’s not very difficult. So... I prefer not to think that it was difficult, because otherwise then it would become difficult.” [04]

“It’s more of a mindset.... Finally, I really wanted it bad enough that it’s happening.” [07]

“I dealt with it just by staying firm in my mind, you know. Just telling myself before I went out that this is what was going to happen [people around me would smoke].” [11]

For others, the time to quit felt right and some also expressed a sense of relief that they had entered the quitting process:

“That was it, I was ready to do it and that was it... I’d just had enough and I didn’t want to do it anymore.” [08]

“I found it [quitting] quite liberating to be honest.” [09]

“When I made that thought to change... you know, that was something I felt in my heart so it really didn’t bother me too much. I got over that [missing smoking] but what I did notice was that I had lots of free time... and the days were much longer.” [14]

Lapsing

Although all participants had embarked on a cessation attempt within the last six months, not all had remained Smokefree. Those who had lapsed were asked about the factors that had led them to re-commence smoking. In some cases, unexpected and serious events had diverted their energy and attention from quitting:

“I know why I started again was my son-in-law was killed and it was just so stressful, they had a two month old baby, it was a stressful ugly time and I guess its like an old

friend, you know, your smokes become, you know and in a time like that and I sort of thought, oh its alright because I can do that again and never did. It was never as easy, you know, it was never going to be that easy again...” [02]

On reflection, other participants indicated that they had not been committed to quitting when they made their last cessation attempt:

“If you are not ready here, it’s not going to happen.” [05]

“Maybe I just wasn’t mentally ready to give it up even though I was going through the planning stage.” [06]

“Well, part of it was that I wasn’t doing it for me, I was doing it for other people.” [17]

“My brain won’t allow me to quit. I am thinking ‘quit, quit, quit’, but then in the same sense I am saying ‘oh god, I can’t quit, what am I thinking?’” [18]

Although the interview protocol did not explicitly examine whether tobacco products should continue to be available, two lapsed quitters made unprompted comments about the availability of tobacco products. These comments reveal how difficult they have found the easy accessibility of tobacco products in their quit attempts.

“I don’t know what the secret is, I think perhaps I have to go away, somewhere where you can’t even buy smokes.” [05]

“If I couldn’t access the cigarettes or the marketing I reckon... that if Helen would take them away, I would be so happy.. Not being able to access them would be the biggest thing.” [06]

While both a lapsed and a successful quitter suggested it would be easier if the government intervened to ban smoking.

“Yeah, if the government banned all smoking. Then that’s it, you can’t smoke any more so nobody will be smoking.” [15]

“I mean the sooner that it’s [smoking] made illegal the better for everybody.” [09]

Overall, participants who had lapsed attributed their resumption of smoking to both internal (motivation) and external factors. While some felt they were insufficiently committed to quitting, others found the knowledge that they could obtain cigarettes from colleagues, acquaintances or retail stores an impediment.

Effects of Tobacco Retail Displays on Quit Attempts

To examine the visibility and accessibility of tobacco products in more detail, respondents were asked about retail outlets and how tobacco products were displayed within these. As some unprompted comments revealed, knowing that tobacco was easily available proved a challenge for some participants, since most could obtain tobacco from friends, family or workmates, or, as one participant noted, some carried their own emergency supplies:

“Cigarettes are always behind the counter aren’t they? [but] I don’t think the fact that they are there as the issue because I, even when I gave up, I made sure I had cigarettes in my bag just in case I got too unbearable.” [06]

Thus when considering availability, social supply was a key source of tobacco; many participants mentioned that they had had to resist the temptation to rejoin other smokers, since this was arguably the easiest route to accessing tobacco. However, because participants were potentially exposed to tobacco products in retail outlets, subsequent questions explored the effect retail promotions, such as displays, had on participants as they were quitting.

Visibility of Retail Displays

Participants who could obtain cigarettes from family members or workmates were less likely to feel tempted by tobacco retail displays. In total, fifteen of the twenty participants did not consider that tobacco retail displays had affected their attempts to quit smoking as they either had not noticed tobacco product displays:

“I’ve never ever taken any notice anyway.” [01]

“I don’t think seeing the cigarettes there... doesn’t really tempt me or anything.” [10]

Or reported that the stores they typically visited did not have tobacco product displays:

“Um.. the dairy that we go to has no cigarettes on display... if I’m behind the counter, they are up there.” [02]

Or indicated that other products caught their attention, even though this had not always been the case:

“It’s not the cigarettes... Even though I might be going in there to buy them, I know I always look at the newspapers and chocolate bars.” [05]

“Lollies, yeah, it used to be the smokes.” [14]

However, even some who felt the displays did not command their attention noted that they were nevertheless aware that tobacco products were on view:

“I don’t consciously look at it, but yeah, I’m aware of it [the tobacco display]” [04]

Similarly, even if other items caught their eye first, the tobacco displays still captured their attention:

“chocolates... [then] it would be the cigarettes.” [13]

Five participants felt their efforts to quit had been affected by the obvious presence of tobacco displays. Even those who stated they had not been affected by tobacco displays commented on the size and prominence of these:

“Straight in front of me... yeah you do notice...” [12]

“Oh yeah, they are right smack bang in front of you, so you can’t miss them.” [15]

“... at the garage over there, they’ve got a cigarette display about as big as that [gestures to large space].” [05].

Participants were asked about the first items they noticed when entering an outlet such as a dairy or service station. Irrespective of whether they felt influenced by tobacco displays, nine participants stated that these were the first thing they noticed when entering a retail store and a further four mentioned noticing these.

“I know that cigarettes are often the first thing that you do see. I know that they are the first thing inside the door at Woolworths...If I go to a service station, and go to pay for my petrol, the cigarettes are always usually behind them [staff]” [07]

“when I go up to the counter, the first thing that catches your eyes, at the back of them [staff] is the cigarette counter... it’s the cigarettes that are in your face... because they are right there in front of you and they are in full view and in a big huge cabinet.” [08]

“Even in some dairies, you will find them straight in front of you again, like I said, it’s straight in front of you, you can’t miss it, it’s not as if it’s hidden away, like they used to have it up top, above you, but now it’s right in front of you.” [08]

Because some retail outlets locate tobacco products within containers, photos of retail displays within Palmerston North were presented to participants, who were asked to comment

on them.² All photos were taken from the store entrance, facing the cash registers; copies are provided in Appendix A.

“[after seeing photo] ...it’s like you are getting hit in the face with it.” [10]

[First thing seen on entering store] smokes.” [18]

“It’s just like it’s there. It’s staring straight at you when you walk up to the counter.” [19]

Responses to Tobacco Retail Displays

Participants were asked to comment on how they felt when they saw tobacco displays in retail stores. Some noted that these reminded them of what they had given up:

“Right behind the flaming counter, because when I gave up, that’s all I’d look at when I’d go to a diary or petrol station for smokes, right behind the counter, right behind them... Yeah, it did make me long for a smoke when I saw them... It made me think, gosh, look what I’m missing out on.” [03]

“It was in your face... when I stopped before, it would be like I could see a smoker and I would be, like, I would be kind of drawn to it in a sense.” [09]

“You are just thinking, ‘hmmm, I wish I could have some of those’, cause they are right there.” [15]

“It’s the temptation of seeing them there” [19]

Some participants noted that the displays maintained the salience of tobacco products and even prompted them to purchase these:

“[seeing displays] that wouldn’t make me buy them though. It would remind me that I need them though.” [18]

“Yeah, normally I see the smokes and then that’ll trigger me to buy a packet.” [20]

Although others found that it confirmed their decision to become smokefree:

² All respondents except one, who was part-way through a quit attempt, were shown the retail photos. The interviewer (JH) decided not to use the photos in one interview as the participant had only been smokefree for 3 days and had mentioned she had, at times, felt tempted to resume smoking.

“I guess going into the shop there was a temptation there... I knew what I was buying and my eyes would flash across to the display where the cigarettes were. But... that just made me more determined to carry on in the path that I was [quitting]” [11]

Twelve participants agreed that removing tobacco displays would make it easier for smokers who were trying to quit their addiction and only three opposed this idea (the remainders thought it would make no difference to demand from existing smokers):

“I think I would agree with people that say...that having them in your face, for those who are trying to give up, [that] ... it is harder for them. ...I know from past experience that... when I do walk in somewhere and I see a packet of cigarettes I toss and turn, what shall I spend my money on? Cigarettes or milk and bread, you know, what’s more important to me. And you know, most of the time, I would go to the cigarettes more than the milk and bread.” [08]

In an echo of earlier comments that supported a ban on tobacco products *per se*, one respondent noted:

“...you could say it [displays] was a lifeline, um, and on the other hand I was annoyed that if I give up, everybody should give up, so they should just take them off the market.” [06]

Participants who had retailing experience commented on the effects of eye level displays, which attracted consumers’ attention and increased purchase:

“And the more stuff that people buy, we stick it on a lower shelf because it goes anyway, so if we want to get rid of something, we stick it in eye view... That’s what they’re doing, is putting things in eye view for customers.” [08]

However, others suggested that display bans would not deter addicted smokers, who would obtain cigarettes irrespective of whether these were on display or not:

“If you are trying to quit it might help, but if you wanted a cigarette, it doesn’t matter where they are. You know; if they are there, you’ll find one.” [07]

“They [smokers] know that they [cigarettes] are there, so they would buy them anyway.” [15]

“I don’t think, people my age, that sort of stuff matters, you know it’s there anyway and you know that you can go to the next shop and get them anyway. And if you are a smoker, you travel to the end of the earth to buy you a cigarette.” [18]

Dealing with Temptation

When asked how tobacco retail displays had affected them personally, participants outlined several strategies. Some noted that they had deliberately put themselves in a position where they could not afford to purchase tobacco products:

“I still went and did my groceries. What I did consciously do was spend the money. I would shout myself stuff and then not have the money to buy the smokes.” [17]

Those who had successfully quit attributed their on-going smokefree status to their will power, which had been sufficient to withstand temptation:

“Nah, I think I can go there [dairy] now. I won’t buy them... You always want a smoke, but I just said, nah, I gotta go without.” [16]

“You know, I just thought what was the point of buying a packet, if I’m going to start again? Like an alcoholic, I guess... I just didn’t want to break what I had started, you know.” [03]

[displays did not affect me] because at the end of the day, this is my decision” [14]

Others used retail displays in a positive sense, to serve as a reminder that they were smokefree:

“but for me, once you’ve made a commitment to stop smoking then, ummm, you know, if you are really committed to it, then it’s [displays] irrelevant... it served as a reminder to me that I don’t smoke cigarettes” [04]

“I thought it was... like a habit that I’ve actually kicked.” [13]

Views on Proposals to Ban Tobacco Retail Displays

As well as asking respondents to comment on how displays had affected them personally, the interviews also explored whether they would support a government imposed ban on tobacco retail displays. Even respondents who had felt personally unaffected by retail displays and tobacco merchandising supported proposals that would ban these, since they thought this initiative might stop others from beginning to smoke and, to a lesser extent, would assist those who were trying to quit. Overall, sixteen participants indicated that they would support a government led ban on retail tobacco displays in outlets such as dairies and service stations. Respondents identified three main reasons why they would support this initiative: it would remove temptation, protect children and communicate an unambiguous message about the harmful effects of smoking.

Removing Temptation

Some specifically noted the temptation that displays presented:

“I mean, they are big displays aren’t they. They take up a lot of room... Tempt people, that’s what it is, it’s temptation” [02]

“I would actually say, if I was to give up today, I’d be quite happy if they were all to go, under the counter, or in a back room, or something like that... I felt very tempted. Very tempted. And it brought back to me what I was missing out on again, just that emptiness.” [03]

“Even as a smoker I would say yes, I would like to see them gone... Because one day I might give up and then I won’t need to see them.” [03]

“I think it would be a hell of a lot easier if they, if it wasn’t there... because you know, the temptation’s not there.” [10]

“I would support a ban... if it’s in your face and if someone is really struggling... just removing that from your sight... I think would make it easier.” [11]

One participant explained exactly how retail displays worked and had once affected him:

“...it’s been so easy to get cigarettes and it’s you know, you look at them and you build associations with them. I was a Benson & Hedges filter smoker for most of my life or Marlboro Light, you know, and I can go into a shop and see that and it does something. There’s a connection made, you know, between observing, seeing the packet, and then knowing what the packet feels like, and then you can start by getting warmed up about opening the packet and smelling the cigarettes and lighting one up and what that means for you and you know there’s whole number of connections that are made... I mean that is, it’s advertising.” [09]

Protecting Young People

Others noted that removing displays may not help addicted smokers, but could reduce the attractiveness and salience of smoking to young people. The need to protect children from an addiction that some participants were still struggling to control, was a powerful theme evident in many of the comments:

“I probably don’t want my children smoking cigarettes and I think while everybody should have a free choice to smoke cigarettes if they wish to, ummm, maybe the promotion of it for younger people is probably something that I would really oppose... I guess presenting it like that, it’s possibly encouraging for younger people who are more easily tempted, I suppose, by displays.” [04]

“If anything could take it away from straight out in front of you, it’s got to be a good thing... I don’t think it’s a major issue but, if they decided to put them under the counter well, you know, I would still know they were there but at least then they are not in front of other people that are starting up and things like that, especially kids.” [06]

“They don’t have to be on display, even if you smoke, you know you can get them there... I would probably be thinking more about my grandchildren... and not being able to ...see them so that they’re not so in their face...” [07]

“I don’t think it’s right that those cigarettes are where they are... I don’t think, having had children, that children should be exposed to cigarettes... I don’t think it’s something that should be put in front of them.” [09]

“For ones starting off maybe, but not for ones that are already smoking. I think they would smoke regardless.” [12]

[for young people] I reckon it might be a good chance of them not smoking, cause it’s not there when they walk into a shop.” [13]

“I would [support a ban on displays] for my kids.” [18]

Communicating a Consistent Message

Some participants commented on the contradiction between health messages advocating cessation (or aimed at preventing initiation) and the message that large tobacco displays communicated, namely that smoking was acceptable:

“I think I would support it, even when I was a smoker I would have supported it [a ban on displays]. It’s doing, letting, telling them it’s okay to smoke. So you’ve got it out there for them to have a look at... it’s too much in people’s faces.” [08]

“That you can go into a shop and buy cigarettes and that we, society, thinks that’s an okay thing to do... I don’t think that’s the message [to send]” [09]

“The message is conflicting in the sense that we’ve stopped smoking in a pub, we’ve stopped smoking on a bus, but we still let cigarettes be retailed in just about every shop in New Zealand. That ... seems a paradox.” [09]

“...it’s in your face, isn’t it.... If something is not on display, then it’s sending a clear message: Smoking Kills... People might stop and think.” [05]

In an extension of this theme, some participants also commented on how removal of tobacco displays could gradually extinguish the view of smoking as a “normal” behaviour that some people chose to adopt:

“I think getting rid of this kind of thing [displays] would make it harder for young people to access it. Maybe then, over a longer period of time, if it’s harder to do, less people would take it up and it would be a thing that eventually [would] be maybe like taking snuff or something, that you don’t see that many people doing anymore.” [09]

Similarly, some respondents suggested that anything that made smoking less obvious or acceptable should be supported:

“[in response to proposal to ban displays] I definitely wouldn’t oppose it, because I think smoking is bad for you and everything that will encourage you to stop... if that’s not there, it’s not going to encourage you” [10]

Participants also made suggestions for complementary measures that they thought could help reduce smoking. These included licensing, so that only specific stores that sold only tobacco products could supply smokers:

“It should be just taken away from these places [dairies, service stations] and then may be just having cigarette shops and that’s all they do. If you want cigarettes, that’s where you go.” [09]

Others favoured graphic warnings:

“kids these days don’t understand, I mean, like the long term consequences of, you know, smoking, should be displayed.” [20]

Conclusions

The themes that emerged from the interviews highlight many important issues, including the effect that retail displays have had on participants' cessation attempts and their perceived influence on smoking initiation.

Most participants had smoked for several years, made several quit attempts over that period, and had been smokefree for sustained periods before re-commencing smoking (among those who were not currently smokefree). Decisions to quit were based on several factors, of which health and financial concerns were most frequently mentioned.

Participants commented on the difficulties they encountered during quit attempts; the challenges they faced included coping with social, work and family environments where others smoked, and dealing with physical and psychological withdrawal symptoms. Most coped with these factors by removing themselves from environments where they thought they would be tempted and, where they stayed within the same environment, by developing new and different habits. Many of those who had succeeded in becoming smokefree had relied at least partly on their innate determination to quit.

Although successful quitters typically did not mention tobacco retail displays when asked to comment on factors that had complicated their quit attempts, several relapsed smokers did cite the easy access and availability of cigarettes as causing difficulties in quitting. When asked specifically for their views on these displays, many noted that they had found them tempting. Several participants reported being very aware of tobacco displays (even if they believed they were not affected by these), which were among the first things they noticed when entering a retail store. For some, the displays were a potent reminder of the addiction they had relinquished and the ease with which they could resume it. However, others believed their willpower had made them less vulnerable to environmental stimuli such as displays. Nevertheless, participants strongly supported proposals that would ban retail displays since they thought such an initiative would reduce the likelihood that young people would take up smoking and, to a lesser extent, would eliminate a temptation that former smokers faced.

Many participants expressed the desire that their children or grandchildren would not commence smoking; they saw removal of displays as a measure that would reduce both the salience of smoking and access to tobacco products. Although these findings need to be tested in a wider context, they suggest that policies framed around the protection of young people may be more likely to elicit support from smokers than those that emphasise cessation or prevention of relapse.

It is important to note that the small sample size and the qualitative nature of the research mean the comments reported cannot be generalised to the wider population of smokers or ex-smokers in New Zealand. Nevertheless, this exploratory study suggests that retail tobacco displays do undermine quit attempts and participants believed these displays also attracted young people to develop a smoking addiction. Further work, conducted on a larger scale, could quantify these preliminary findings.

Appendix 1: Interview Protocol and Showcards

Discussion Guide for Interviews with Recently Quit Smokers (or Recently Lapsed Quitters)

Introduction

Kia ora/hello, I'm _____ ; I arranged to call you/ meet with you now to talk about some research we're doing into quitting smoking. Before we start, I'd like to show you some information about the interview and check to see whether you have any questions about our work. Here's an information sheet, please take a few moments to look through this.

- Provide the respondent/informant with the Information Sheet and outline the key points in this (allowing time for respondent to read the IS in full).

You'll see that we're doing this work as part of a wider research project into the factors that influence people trying to give up smoking; I'm part of a research team that includes staff from University of Otago/ Whakauae Research/ Massey University. As a participant in the research, you have the right to ask questions at any time, to decide you would prefer not to answer some questions, to receive a copy of the findings, and to withdraw from the research at any time.

- Check whether respondent has any questions about interview/discussion.
- Explain recording of the interview and respondents' rights in relation to this.
- Further check on questions; if none, begin recording.
- Ask respondent to sign the Consent Form.

Participant Background

Recently you phoned the Quitline to ask about quitting smoking, I'm interested in your smoking before you called the Quitline.

1. How long had you been a smoker when you called the Quitline?

_____ years

2. And about how many cigarettes a day were you smoking when you called the Quitline?

_____ cigarettes per day

3. How old were you when you first started smoking (that is, when you began smoking at least one cigarette a day on most days)?

_____ years

4. Before you rang the Quitline in **[INSERT DETAILS OF WHEN CALL MADE]** had you ever tried to quit smoking before?

| | | | |
|-----|--------------------------|---|------------------|
| YES | <input type="checkbox"/> | ➔ | GO TO QUESTION 5 |
| NO | <input type="checkbox"/> | ➔ | GO TO QUESTION 8 |

5. Just thinking about the **last** year, about how many times had you tried to quit smoking before you rang the Quitline in **[INSERT DETAILS OF WHEN CALL MADE]**?

_____ quit attempts made

6. Just to recap, you tried quitting about **[FILL IN NUMBER OF QUIT ATTEMPTS FROM Q5 HERE]** On average, how long did you stay smokefree when you tried quitting in the last year? What was the longest period you stayed smokefree? And the shortest?

_____ average length of quit attempts

_____ Longest period smokefree

_____ Shortest period smokefree

7. Thinking about **before** you rang the Quitline in **[INSERT DETAILS OF WHEN CALL MADE]**, can you tell me how you went about quitting the **last** time you tried to give up smoking? What did you do? Did you have any help? What help did you have? How did things work out? Why do you think that was? How important was quitting to you?

Most Recent Quit Attempt

8. Why did you decide to call the Quitline in **[INSERT DETAILS OF WHEN CALL MADE]**? Can you tell me about the factors that made you decide to call the Quitline? **[Could prompt here – had your whanau/family asked you to quit? A doctor suggested you quit? Other people you knew were trying to quit? Worried about your health? Thought it would help you play sport? Wanted to save the money? Getting too hard to smoke when you went out?]**
9. Now, please look at this scale; it describes how important something is. When you called the Quitline in **[INSERT DETAILS OF WHEN CALL MADE]**, please use this scale to indicate how confident you felt about quitting? **[SHOW SCALE HERE]**
10. So tell me what happened when you phoned the Quitline? **[Could prompt here – What advice and support did you receive? How did you find this?]**
11. Can you tell me how you found quitting smoking? What made quitting difficult? **[Could prompt here- were family and friends still smoking?]** How did you deal with those issues? **[Need to probe fully]**. What might have made it easier for you when you were quitting?
12. Just thinking about an ordinary day, when were the times that you really missed smoking, were tempted to start smoking, or felt your determination to stay stopped was undermined? Why do you think those times were especially important? How did you deal with those?
13. Were there any places you went to where you really missed smoking, were tempted to start smoking, or felt your determination to stay stopped was undermined? What was it about those places that affected you? How did you deal with this?

Retail Effects

14. I'd like you to imagine that you're going into the service station or dairy you usually use. You're just entering the store, tell me the first thing you notice inside the store, then what do you see next? And after that? **Keep probing until tobacco mentioned or no more ideas elicited**

If tobacco not mentioned, show respondent photos of typical service station or dairy displays by cash register

15. When you were quitting, do you remember noticing displays like these in dairies, service stations or supermarkets? How often would you see these displays in a typical day or week? How did you feel when you saw tobacco displays like this in dairies or service stations? Did you ever feel tempted to buy a pack? How did you deal with this?
16. Thinking about when you were quitting, how easy was it for you to get cigarettes or tobacco? Where would you have got these from? Anywhere else? How did knowing you could get cigarettes or tobacco from these sources affect you when you were quitting?
17. Some people have suggested that it would be easier for people to quit smoking if there were no cigarettes or tobacco on display in stores. Do you agree or do you think in-store displays of cigarettes and tobacco don't really affect people who are trying to quit?
18. Did cigarette and tobacco displays in stores affect you when you were quitting? How? Can you explain how you felt when you saw them?
19. If the government decided to ban in-store displays of cigarettes and tobacco, would you support or oppose this idea? Why? What makes you say that?
20. Are there any other comments you'd like to make about quitting smoking and how this could be made easier for people?

Thank you very much for your time – we really appreciate your help. As a small token of appreciation, we would like to give you this voucher for the time you have given to us.

PLEASE ENSURE RESPONDENT SIGNS FORM TO ACKNOWLEDGE RECEIPT OF VOUCHER





End Notes

¹ Braverman, M.T., and Aarø, L.E. 2004. Adolescent smoking and exposure to tobacco marketing under a tobacco advertising ban: Findings from 2 Norwegian national samples. *American Journal of Public Health*, 94 (7), 1230-1238.

Feighery, E., Henriksen, L., Wang, Y., Schleicher, N. and Fortmann, S. 2006. An evaluation of four measures of adolescents' exposure to cigarette marketing in stores. *Nicotine & Tobacco Research*, 8 (6), 751-759.

Henriksen, L., Feighery, E.C., Wang, Y., Fortmann, S.P. 2004. Association of retail tobacco marketing with adolescent smoking. *American Journal of Public Health*, 94 (12), 2081-2083.

Slater, S. Chaloupka, F., Wakefield, M., Johnston, L., and O'Malley, P. 2007. The impact of retail cigarette marketing practices on youth smoking uptake. *Arch Pediatr Adolesc Med*. 161,440-445.

Weiss, J.W., Cen, S., Schuster, V., et al. 2006. Longitudinal effects of pro-tobacco and anti-tobacco messages on adolescent smoking susceptibility. *Nicotine & Tobacco Research*, 8 (3), 455-465.

² Wakefield, M. Germain, D., Durkin, S. and Henriksen, L. 2006. An experimental study of effects on schoolchildren of exposure to point-of-sale cigarette advertising and pack displays. *Health Education Research*, 21(3), 338-347.

³ Lavack, A. and Toth, G. Tobacco point of purchase promotions: Examining tobacco industry documents. *Tobacco Control*, 15, 377-384.

⁴ Zhu, Shu-Hong 2007. Differential cessation rates across populations: What explains it and how to reduce it. Keynote presentation to Oceania Smokefree Conference, Auckland, New Zealand, September 5-7.