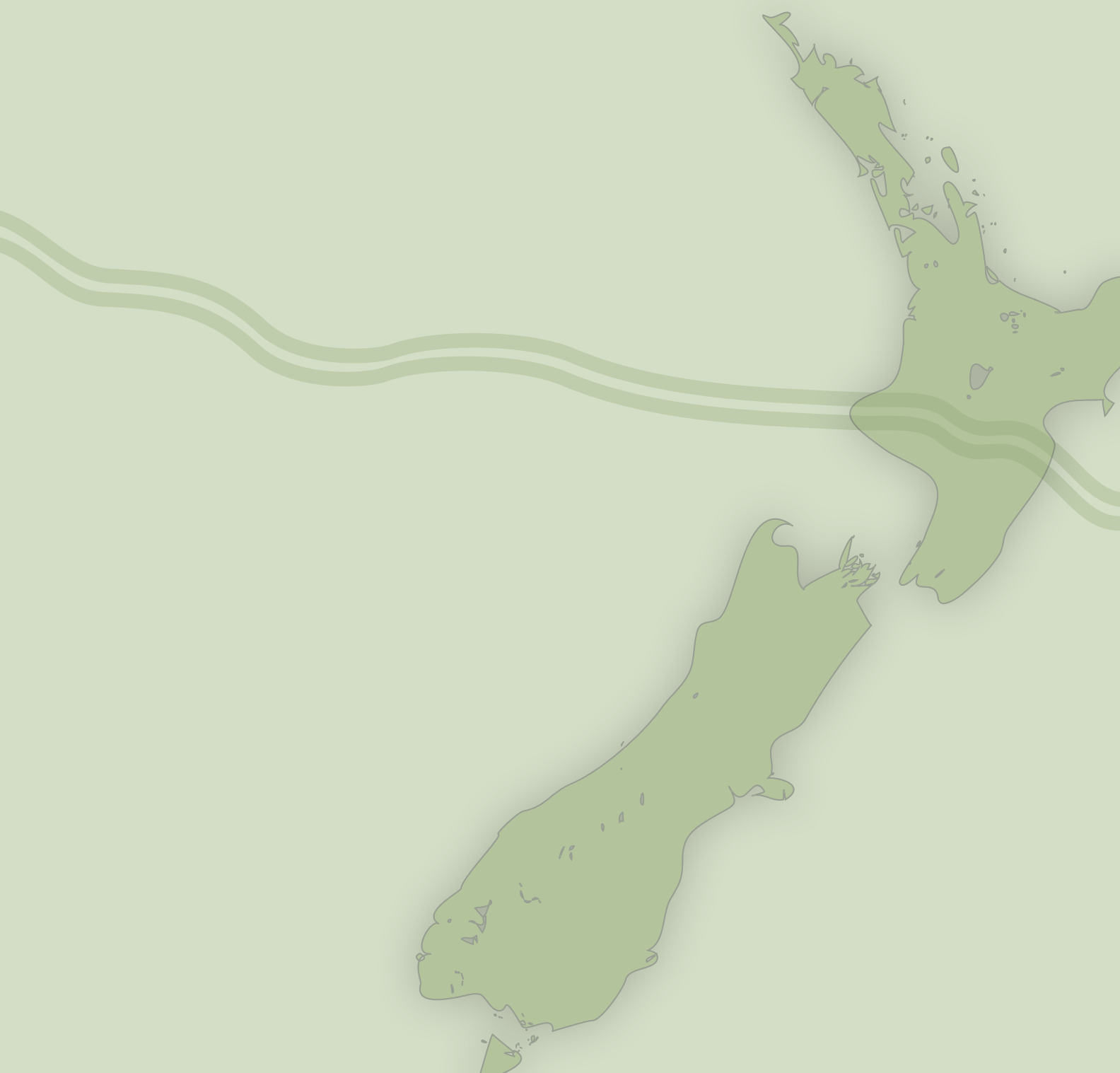


NEW ZEALAND TOBACCO CONTROL RESEARCH STRATEGY 2009-2012

Tobacco Control Research Steering Group

August 2009



New Zealand Tobacco Control Research Strategy

2009-2012

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The cover design combines an image of New Zealand with a line representing in stylised form the decline in smoking prevalence in New Zealand over recent years. The use of green as a theme colour reflects the colour scheme of the cover of the 2003 *Tobacco Control Research Strategy for New Zealand*.

CONTENTS

Foreword	5
Executive summary	6
Definition and role of tobacco control research	9
The need for tobacco control research.....	10
A strategic framework for tobacco control research in New Zealand.....	11
About the 2009 Strategy	16
Tobacco control research in New Zealand	19
Tobacco control research and Māori.....	21
Tobacco control research and Pacific peoples.....	23
Tobacco control research and other population groups	25
Tobacco control research toolkit:	27
• Research Tool 1: Criteria for prioritising tobacco control research	28
• Research Tool 2: Identified tobacco control research priorities	32
• Research Tool 3: Recommendations for improving access to information about tobacco control research	36
• Research Tool 4: Recommendations for improving New Zealand’s tobacco control research capacity and capability.....	37
• Research Tool 5: Recommendations for improving collaboration and coordination in tobacco control research in New Zealand	38
Summary of recommendations	40
Next steps	41
Appendix 1: About the Tobacco Control Research Steering Group.....	42
Appendix 2: The WHO Framework Convention on Tobacco Control.....	43
Appendix 3: Key documents and websites related to tobacco control research.....	44
Appendix 4: A guide to possible sources of funding for tobacco control research in New Zealand	47
Appendix 5: New Zealand hubs of tobacco control research	52
Appendix 6: Bibliography.....	53

Disclaimer

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Although Ministry of Health representatives attended meetings of the Steering Group, the views and recommendations contained in the Strategy are not necessarily those of either the Ministry or the New Zealand Government.

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Tobacco control research website

An electronic version of this document, together with periodic updates and other additional information, will be available from a tobacco control research website: www.tobaccoresearch.org.nz. The Tobacco Control Research Steering Group aims to have the website operating by the end of 2009.

Your feedback on this Strategy is welcomed

If you have any comments or suggestions regarding this Strategy, including corrections to the text, please send them to the address for enquiries provided above. The tobacco control research website will also include a facility for receiving feedback on the Strategy.

FOREWORD

On behalf of the Tobacco Control Research Steering Group, I am delighted to present the *New Zealand Tobacco Control Research Strategy 2009-2012* (the 2009 Strategy).

The 2009 Strategy provides a longer-term focus for New Zealand tobacco control research. The intention is to ensure that resources dedicated to tobacco control research are used as effectively as possible, and will ultimately contribute to a reduction in tobacco-related illness and deaths.

Development of the 2009 Strategy was led by the Tobacco Control Research Steering Group (the Steering Group), an advisory body established by the Ministry of Health in 2007. Its members include researchers and representatives of non-government organisations active in tobacco control. (See Appendix 1 for more information about the Steering Group.)

The 2009 Strategy updates the original *Tobacco Control Research Strategy for New Zealand* (2003). Much remains to be done if New Zealand is to continue to fulfil the commitments it made when it ratified the *WHO Framework Convention on Tobacco Control* (FCTC) in 2004. The FCTC specifically requires ratifying countries to develop and promote national research in tobacco control. The 2009 Strategy includes a number of tools that aim to advance all areas of tobacco control research in New Zealand. (See Appendix 2 for more information about the FCTC.)

The 2009 Strategy is being released at a time when the overall direction for tobacco control in New Zealand is under review. The Ministry of Health is revising its five-year plan for tobacco control, *Clearing the Smoke*; the tobacco control community has combined to promote a common vision of a tobacco free Aotearoa/New Zealand by 2020; and a Māori Tobacco Intelligence Summit was held in April 2009 to consider a strategic direction for Māori tobacco control. The 2009 Strategy aims to be effective and relevant within this dynamic and shifting environment.

The Tobacco Control Research Steering Group envisages the 2009 Strategy as the key reference point for individuals and agencies working in the tobacco control research field. Ensuring the effectiveness of the Strategy is a challenge for all those who make decisions concerning, and participate in, tobacco control in New Zealand. I and my colleagues on the Steering Group are convinced that this is a challenge well worth taking up, given the contribution the Strategy has to make in an area of public health where the lives and wellbeing of thousands of New Zealanders are at stake.



Michele Grigg
Chair
Tobacco Control Research Steering Group

EXECUTIVE SUMMARY

Tobacco smoking is the single largest cause of preventable morbidity and mortality in New Zealand. Approximately 5000 deaths each year are attributable to smoking or exposure to second-hand smoke¹. Smoking is a major cause of cardiovascular disease, respiratory diseases and cancers, and contributes to socioeconomic and ethnic inequalities in health².

Research plays a vital role in increasing knowledge and understanding of the hazards of tobacco use and the most effective ways of preventing tobacco uptake and reducing tobacco use.

The Tobacco Control Research Strategy for New Zealand 2009-2012 aims to provide a long-term focus for New Zealand tobacco control research, to ensure that resources dedicated to tobacco control research are used as effectively as possible, and, ultimately, to reduce tobacco-related harm.

The vision for the Strategy is: **Contributing to a tobacco free Aotearoa/New Zealand by 2020³.**

The goal of the Strategy is: **Research to inform the New Zealand tobacco control vision.**

The Strategy provides a number of tools that will contribute to this goal. These are:

- Criteria for prioritising tobacco control research proposals
- Identified tobacco control research priorities
- Recommendations for improving access to information about existing tobacco control research
- Recommendations for improving New Zealand's tobacco control research capacity and capability
- Recommendations for improving collaboration and cooperation in tobacco control research in New Zealand.

A list of New Zealand strategic documents related to tobacco control research is also provided.

The Strategy emphasises the importance of ensuring that tobacco control research supports tobacco control for Māori and Pacific peoples.

This document is intended for use by organisations and individuals working in tobacco control and related fields.

¹ Face the Facts website (run by the Health Sponsorship Council): www.facethefacts.org.nz/facts (retrieved July 2009).

² Ministry of Health website: see www.moh.govt.nz/moh.nsf/indexmh/tobacco-nz (retrieved July 2009). In particular, see *Tobacco Trends 2008: A brief update of tobacco use in New Zealand*: www.moh.govt.nz/moh.nsf/indexmh/tobacco-trends-2008 (retrieved July 2009).

³ Māori language version: **Tupeka kore Aotearoa**.

CASE STUDIES

The 2009 Strategy includes a number of case studies. These are intended to demonstrate both the range of recent New Zealand tobacco control research and its relevance to practical issues of tobacco control in New Zealand.

Case study: Smoking cessation support for pregnant women⁴

Smoking in pregnancy is the single most preventable cause of pregnancy complications such as miscarriage, pre-term birth and stillbirth. Health professionals are well placed to offer advice on stopping smoking to pregnant women.

A random national postal survey of general practitioners and midwives, examining their knowledge and practices in the area of smoking cessation, was conducted by a team of researchers led by Dr Marewa Glover of the University of Auckland's Centre for Tobacco Control Research. The study was funded by the Ministry of Health.

The study found that there were clearly opportunities for health professionals to improve the delivery of advice and support on stopping smoking to pregnant women who smoke. For example, participants needed to improve their knowledge of the risks and benefits of smoking versus using nicotine replacement therapy when pregnant.

This study used a classic research method to identify evidence-based, practical opportunities to help an important group of smokers quit smoking. The findings of the study have contributed to the development of smoking cessation guidelines and training.

Citation

Glover M, Paynter J, Bullen C, Kristensen K. Supporting pregnant women to quit smoking: postal survey of New Zealand general practitioners and midwives' smoking cessation knowledge and practices. *New Zealand Medical Journal*. 2008;121:93-4.

⁴ The Ministry of Health identifies Māori, Pacific peoples and pregnant women as target groups in the general population of smokers for whom increasing the rate of smoking cessation is crucial. (Ministry of Health. *Implementing the ABC Approach for Smoking Cessation – Framework and work programme*. Ministry of Health, 2009. See paragraphs 59-63 for a discussion of target groups.)

Case study: Surface and underlying messages in two tobacco industry public relations reports

British American Tobacco New Zealand (BATNZ) is the leading tobacco company in New Zealand. It has produced a number of 'corporate social responsibility' reports since 2003, publications that were aimed at improving its image for shareholders, the public and policymakers.

Action on Smoking and Health (ASH) funded a report by Dr George Thomson of the Department of Public Health at the University of Otago on two BATNZ publications, *Social Report 2002-2003* and *Scorecard 2004*. Dr Thomson compared their contents with publicly available information about the hazards of smoking and about the public relations techniques used by tobacco companies. He found that the publications manipulated the facts to create a positive impression of BATNZ as a socially responsible company and to understate the dangers of smoking.

Dr Thomson's report uses formal evaluative frameworks to critically examine the role of the tobacco industry in the continuing debate about tobacco control policy.

Citation

Thomson G. *Trust us, we're socially responsible*. ASH New Zealand, 2005.

DEFINITION AND ROLE OF TOBACCO CONTROL RESEARCH

Definitions⁵

Tobacco control: any measures aimed at improving health by enhancing smokefree lifestyles and environments and reducing the harms caused by tobacco.

Tobacco control research: research that has as its focus the investigation of the distribution, determinants and causes, prevention and treatment of tobacco smoking and tobacco-related harms at individual, population, health care system and policy levels.

Tobacco control research in New Zealand includes a wide range of activities, including:

- Evaluating interventions, programmes and policies
- Monitoring tobacco use-related trends, both in the general population and within specific groups
- Investigating the socioeconomic and cultural determinants of uptake and maintenance of tobacco smoking, smoking cessation and exposure to second-hand smoke among particular population groups
- Investigating smoking-related harms and costs
- Investigating the practices and influence of the tobacco industry
- Investigating the constituents and design of tobacco products
- Investigating the effectiveness and safety of nicotine delivery products, and their possible role in harm reduction
- Trialling evidence-based frameworks or models
- Disseminating research findings
- Assisting with community and health service policy development based on research results.

⁵ These definitions were developed by the Tobacco Control Research Steering Group and are based on existing standard definitions including the definition of tobacco control in the FCTC.

THE NEED FOR TOBACCO CONTROL RESEARCH

Tobacco smoking is the single biggest cause of preventable morbidity and mortality in New Zealand. Approximately 5000 deaths each year are attributable to smoking or exposure to second-hand smoke. Many more people suffer acute or chronic ill health from tobacco smoke exposure, direct or indirect. Tobacco-use related costs for households and the wider economy are substantial and include loss of income, family upheaval and the direct costs of health care.

Tobacco control aims to reduce the harm and costs from tobacco smoking. It involves a comprehensive range of strategies aiming at personal, community and national policy levels, best expressed in the FCTC.

To be effective, tobacco control needs to be founded on accurate and reliable evidence. The role of tobacco control research is to provide such evidence.

Case study: Using evaluation to refine He Arorangi Whakamua, an iwi-based rangatahi tobacco uptake prevention initiative

Dr Heather Gifford, of Ngāti Hauiti, led a research intervention to curb the small Rangitikei based iwi's rangatahi tobacco uptake. This focused on implementing the conceptual framework developed with iwi during her doctoral research (2003) and on using process and impact qualitative evaluation to fine-tune the approach. The intervention involved integrated hapū workers delivering health promotion, strengthening whanaungatanga with the goal of collective health action, auahi kore marae, social marketing, a parenting programme to strengthen responses to youth, partnership and policy practice strategies. Evaluation of these strategies fed into a constant cycle of improvement.

Evaluation highlighted a number of successes including strengthened connectedness to iwi; strengthened iwi capacity; employment and skill building for some iwi members; raised awareness of tobacco control issues for participants at all levels; two marae implementing smokefree policies and a third marae commencing development of an auahi kore policy, participants engaging with quit programmes, changing their attitudes to social supply of tobacco to children and reinforcing homes as smokefree environments; effective contribution to local territorial adoption of a smokefree parks and reserves policy; and strengthened tobacco uptake prevention and enhanced access to smoking cessation support among rangatahi in schools.

Citation

Whakauae Research Services. *He Arorangi Whakamua Tobacco Control Project Evaluation Summary Report*. Unpublished: Whanganui, 2009.

A STRATEGIC FRAMEWORK FOR TOBACCO CONTROL RESEARCH IN NEW ZEALAND

The elements of the proposed strategic framework for tobacco control research in New Zealand are discussed below.

VISION: CONTRIBUTING TO A TOBACCO FREE NEW ZEALAND BY 2020

The 2009 Strategy supports the vision of a tobacco free Aotearoa/New Zealand by 2020 that was initially developed by the Smokefree Coalition, ASH and Te Reo Marama. The vision has received wide support from the smokefree community and is overseen by a steering group and four expert panels responsible for developing and implementing the vision. Panels include representatives from most of the New Zealand non-government organisations and universities involved in tobacco control and tobacco control research, as well as representatives from private organisations active in tobacco control research.

GOAL: RESEARCH TO INFORM THE NEW ZEALAND TOBACCO CONTROL VISION

The goal chosen for the 2009 Strategy is intended to reflect the role of tobacco control research as a key contributor to effective tobacco control.

OBJECTIVES

The Strategy's objectives were developed by the Steering Group and refined through consultation. The objectives are intended to achieve the Strategy's goal.

The objectives were informed by a needs assessment for New Zealand tobacco control conducted for the 2003 Strategy and a similar assessment carried out by the Steering Group in 2008.

RESEARCH TOOLS

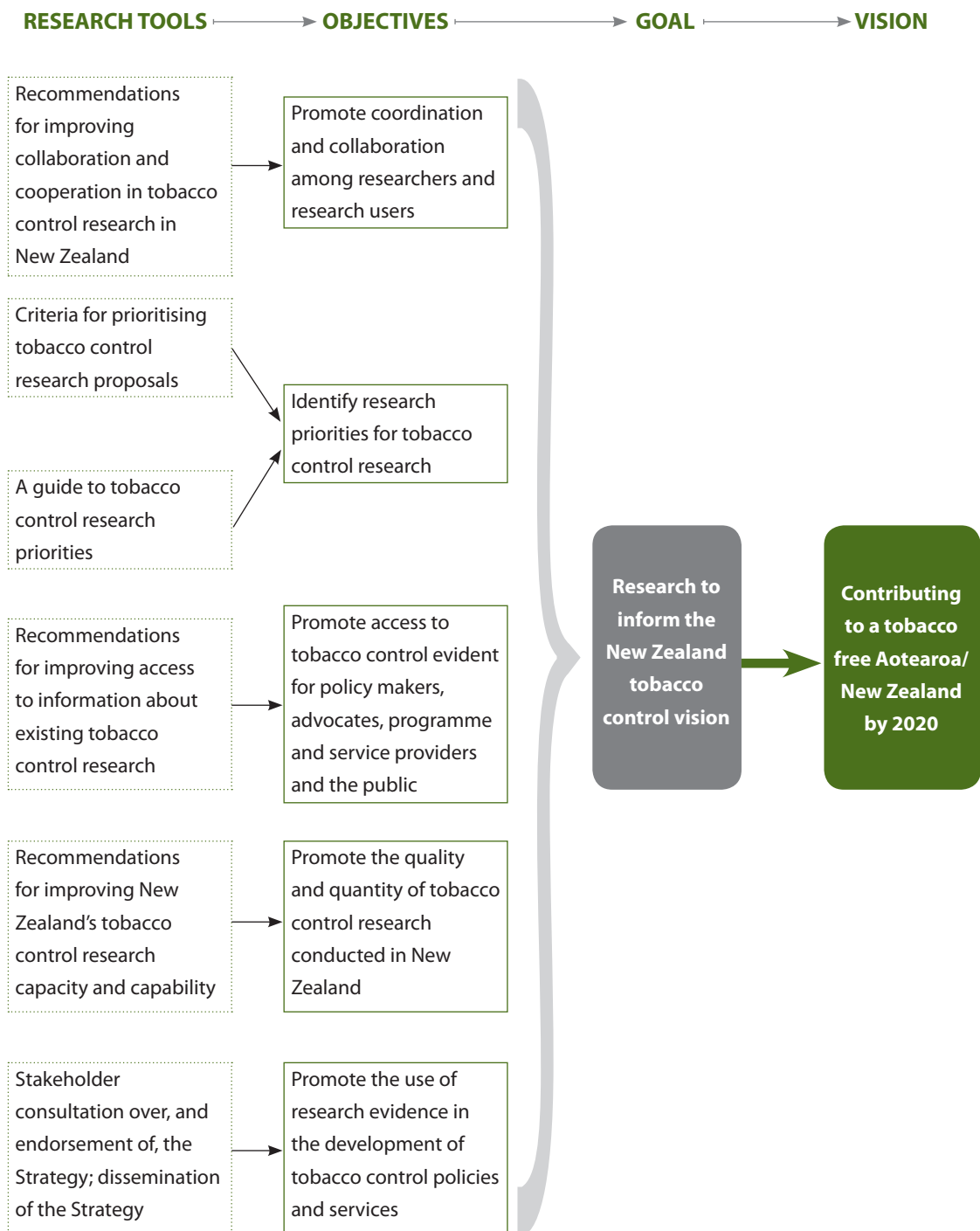
The Steering Group developed research tools to support the tobacco control research objectives that were refined through consultation.

These tools are outlined in the flowchart on the following page and described in detail in the section "A tobacco control research toolkit" (page 27).

TOBACCO CONTROL RESEARCH BY AND FOR MĀORI AND PACIFIC PEOPLES IN THE STRATEGIC FRAMEWORK

The strategic framework is intended to apply to all New Zealanders living in New Zealand. Tobacco control research issues specific to Māori and Pacific peoples are also addressed below in sections on "Tobacco control research and Māori" (page 21) and "Tobacco control research and Pacific peoples" (page 23).

THE STRATEGIC FRAMEWORK



Achieving the vision of a tobacco free New Zealand by 2020

There are two main paths to the endpoint of a tobacco free New Zealand by 2020. One uses established approaches such as smoking cessation support, restrictions on advertising, mass media, smokefree policies and legislation, and tobacco product taxation to build a body of evidence that tests and enhances the effectiveness of these approaches. Tobacco control research has a central part to play in this approach.

The other path is more radical, experimental and innovative. It involves new “endgame” solutions such as structural reforms to the tobacco market, more rigorous product regulation, and supply-focused measures such as restrictions on the retail availability of tobacco products.

Tobacco control research can support this approach by assessing the feasibility of interventions and providing evidence to assist policy choice and formulation, and through monitoring and evaluating of impact and effectiveness.

The 2009 Strategy accommodates both approaches.

Dedicated funding for tobacco control research

Needs assessments carried out for the 2003 and 2009 Strategies emphasised the importance of security of tobacco control research funding. The benefits from security of research funding include timely and relevant research, research continuity and enhanced tobacco control research capacity and capability⁶.

While providing a minimum level of dedicated funding to tobacco research does not conform to the current research funding model used in New Zealand, the Steering Group considers that the evidence regarding the extent of the harms caused by tobacco use is sufficiently strong to justify a case for continuous funding.

An indicator of the minimum level of funding required was provided by a 2003 proposal developed by researchers and representatives from organisations active in tobacco control. Using an international methodology designed to develop tobacco control programmes⁷, this group found that New Zealand should be spending approximately \$10 million⁸ annually on tobacco-related research, surveillance and evaluation.

Further work is required to estimate the minimum funding required and calculate the shortfall between actual and appropriate funding. In addition, the allocation and administration of dedicated tobacco funding needs to be determined.

⁶ Capacity – the resources a group or organisation employs to achieve its aim – e.g. see Horton D. et al. *Evaluating Capacity Development / Experiences from Research and Development Organizations around the World*. ISNAR/IDRC/CTA, 2003.

Capability – an individual’s technical skills and knowledge, attitudes and behaviours – Australian Public Service Commission website, *Building capability: A framework for managing learning and development in the APS*: available from www.apsc.gov.au/publications03/capability.htm (retrieved May 2009).

⁷ Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1999.

⁸ The equivalent figure in 2009 dollars is \$11.7 million.

Case study: Evaluating a programme for supporting New Zealanders to quit smoking

In November 2000, a programme to provide subsidised nicotine patches and gum to members of the public wanting to give up smoking was launched through the New Zealand Quitline. Use of a freephone cessation service combined with providing patches and gum on this scale was unique internationally.

The Ministry of Health commissioned BRC Marketing and Social Research, supported by The Quit Group and Health Sponsorship Council, to carry out the first evaluation of the Quitline programme. A cohort of 2,002 callers was interviewed at set intervals after their first call to Quitline. Findings indicated that Quitline callers were more likely to quit if they redeemed and used more than four weeks of nicotine patches and gum, spoke more often to a Quitline Advisor, and read at least some of the Quitline's quitting resources.

The Quit Group made a number of improvements to the service, based on the findings of the evaluation. Further evaluations have been conducted subsequently.

The Quitline programme is widely regarded as groundbreaking in both approach and scale. Its innovative features and cost are both additional reasons why it is imperative that such a programme be formally evaluated.

Citation

BRC Marketing and Social Research. *Evaluation of the Subsidised NRT Exchange Card Scheme and the Quitline Subsidised NRT Exchange Card Programme*. A report prepared for the Ministry of Health, 2004.

Case study: Using innovative technology-based research to help young smokers quit

The STOMP (STOp smoking by Mobile Phone) trial tested whether mobile phone-based text messaging smoking cessation support was effective in helping younger smokers to quit. STOMP was designed and conducted by the Clinical Trials Research Unit (CTRU), The University of Auckland and funded and supported by the Health Research Council, Heart Foundation, the Cancer Society of New Zealand, Vodafone and Alcatel.

The impact on long-term smoking cessation was disappointing but related in part to high and differential losses to follow-up in the intervention and control groups. Nevertheless, there was evidence that the intervention was effective in the short-term. It also created a high level of participant interest and engaged effectively with Māori. These results were sufficiently positive for text messaging support to be adopted by Quitline as a service. The New Zealand trial was subsequently replicated in the United Kingdom, and enhancements to STOMP using 3G mobile phones and multimedia content has been trialled by the CTRU.

The STOMP trial was a researcher-led initiative that brought about the implementation of a service designed to help a priority group of smokers.

Citations

Rodgers A, Corbett T, Bramley D, Riddell T, Wills M, Lin R-B, Jones M. Do U smoke after txt? Results of a randomised trial of smoking cessation using mobile phone text messaging. *Tobacco Control*. 2005;14:255-61.

Bramley D, Riddell T, Whittaker R, Corbett T, Lin R-Bin, Wills M, Jones M, Rodgers A. (retrieved 30 April 2009). Smoking cessation using mobile phone text messaging is as effective in Māori as non-Māori. *New Zealand Medical Journal*. 2005;118:U1494.

ABOUT THE 2009 STRATEGY

Developing the 2009 Strategy

New Zealand's first national tobacco control research strategy⁹, covering the period 2003-2007, was produced in 2003 as a result of an initiative led by the University of Otago and the Health Sponsorship Council (HSC) that also involved other organisations active in tobacco control.

A Tobacco Control Research Steering Group was established by the Ministry of Health in 2007, and immediately began work on a revised tobacco control research strategy. The Steering Group circulated a consultation draft in early 2009, and feedback was received in writing and at workshops held in Auckland and Wellington.

The input of Māori and Pacific peoples into the development of the 2009 Strategy was actively sought. This was in recognition of the fact that smoking prevalence is disproportionately high among Māori and Pacific peoples, and to acknowledge the unique relationship between the Crown and Māori. Individuals and organisations able to offer a Māori or Pacific peoples' perspective on tobacco control research were asked for feedback, and the Steering Group commissioned advice on appropriate ways to incorporate Māori and Pacific peoples' needs and priorities in the Strategy.

Demographic and geographic coverage of the 2009 Strategy

The 2009 Strategy is primarily intended to address issues of tobacco control research for all New Zealanders living in New Zealand. However, New Zealand influences and is influenced by patterns of tobacco use and control overseas. Feedback received during the consultation process, for example, highlighted the influence New Zealand exercises on tobacco use and control in the Pacific region, including Niue, the Cook Islands and Tokelau, which have close constitutional ties with New Zealand.

New Zealand shares the benefits of international tobacco control research, much of which is applicable in our local context, and contributes to the pool of knowledge available to those working in tobacco control worldwide. Effective tobacco control in New Zealand also requires research designed to understand the elements of tobacco consumption and control that are unique to our physical, economic, cultural and social conditions.

Who are the intended users of the 2009 Strategy?

This document is designed to be used by organisations and individuals working in the field of tobacco control, including students, researchers, research funders, service providers and those involved in developing related policy. It is also intended to provide guidance for those working in related and overlapping fields (e.g. drug addiction).

⁹ Tobacco Control Research Strategy Steering Group. *A Tobacco Control Research Strategy for New Zealand*. Tobacco Control Research Strategy Steering Group, 2003.

Case study: Using impact evaluation to refine the Smoking Not Our Future campaign

The Health Sponsorship Council (HSC) was contracted by the Ministry of Health to deliver Smoking Not *Our Future*, a youth-targeted tobacco control prevention campaign that uses testimonials from high-profile music and media personalities to deliver youth-targeted tobacco control messages.

In 2008, the HSC commissioned Research New Zealand to conduct the first impact evaluation of the Smoking Not *Our Future* campaign. A national sample of 939 young people aged 12 to 24 years was interviewed through a telephone survey. The evaluation focused on awareness, believability, engagement, and impact of the campaign. Findings indicated that awareness of the campaign was high across all groups interviewed. Further, respondents reported that the campaign messages were relevant and appropriate, and that the campaign had put them off smoking. Almost one-half (47%) of respondents who were current smokers (n=178) reported that the campaign made them think they should try to quit smoking.

The HSC is using the findings from the impact evaluation to further develop and adjust the delivery of the Smoking Not *Our Future* campaign and other youth-targeted tobacco control messages.

Citation

Research New Zealand. *Measuring the impact of the Smoking Not Our Future campaign*. Health Sponsorship Council: Wellington, 2008.

Case study: Low-cost research that provided evidence for a public health campaign

Research into the harm caused by second-hand smoke (SHS) provided evidence that showed SHS was a problem big enough to justify legislation to reduce people's exposure to SHS.

The Smoke-free Environments Act 1990 made smoking in offices and shops illegal and implemented controls on smoking in other workplaces. The next step – legislation for smokefree workplaces, including restaurants and bars – was facing industry opposition. There was a lack of robust evidence about the level of harm caused by SHS.

In 2000, the Ministry of Health commissioned Dr Alistair Woodward and Dr Murray Laugesen to carry out research to quantify the deaths and illnesses caused by SHS exposure. These researchers analysed data from a wide range of sources. They estimated that exposure to SHS led directly to approximately 350 deaths per year. They also quantified the risk of disease attributable to SHS.

By quantifying the size of the problem, this research strengthened the case for government action against SHS exposure in workplaces and other settings.

Citations

Woodward A, Laugesen M. How many deaths are caused by second-hand smoke? *Tobacco Control* 2001;10:383-8.

Woodward A, Laugesen M. *Morbidity attributable to secondhand cigarette smoke in New Zealand*. Available from Ministry of Health website at <http://www.moh.govt.nz/moh.nsf/pagesmh/999> (retrieved May 2009).

Case study: Testing a treatment that can help Māori to quit smoking

In studies overseas, bupropion, an antidepressant medication, has been shown to be effective in helping people quit smoking. However, no studies had assessed the efficacy and safety of bupropion for smoking cessation in an indigenous population.

A randomised trial of the effectiveness of bupropion in reducing smoking amongst Māori was instigated by a group of New Zealand researchers led by Dr Shaun Holt of P3 Research Ltd, supported by a research grant from GlaxoSmithKline. Participants in the trial were given either bupropion or a placebo. All received smoking cessation counselling.

The trial found that bupropion was an effective treatment for Māori. Twelve months after the start of the trial, the proportion of those still abstaining from smoking in the bupropion group was twice that of the placebo group (21.6% and 10.9% respectively).

This study has contributed to the debate over how the New Zealand Government should respond to the problem of high smoking rates amongst Māori.

Citation

Holt S, Timu-Parata C, Ryder-Lewis S, et al. Efficacy of bupropion in the indigenous Māori population in New Zealand. *Thorax*. 2005;60:120–3.

TOBACCO CONTROL RESEARCH IN NEW ZEALAND

Who carries out or commissions tobacco control research in New Zealand?

In New Zealand, tobacco control research is carried out or commissioned by universities, non-government agencies, private research agencies and individuals, pharmaceutical companies and the government.

Who funds tobacco control research in New Zealand?

Government agencies that fund tobacco control research in New Zealand include the Health Research Council of New Zealand (HRC) (with funding from Vote Research, Science and Technology), the Ministry of Health, and the HSC.

Other sources of funding include universities, the Heart Foundation, the Cancer Society, The Quit Group and the Royal Society of New Zealand, which administers the Marsden Fund. In addition, the Smokefree Coalition, ASH, private companies and the Lottery Grants Board fund tobacco research on an ad hoc basis.

Funding contracts and terms vary between agencies and programmes. The Health Research Council of New Zealand funds a mixture of investigator-initiated research and targeted Requests for Proposals in partnership with other agencies. Other organisations purchase research on a more ad hoc basis, often based around their specific needs, such as programme or product evaluation.

A guide to the key sources of funding for tobacco control research for New Zealand researchers is found in Appendix 4.

Developments in tobacco control research since 2003

Developments in New Zealand tobacco control research outputs, collaborations, capacity and infrastructure since 2003 are outlined below.

- The quantity of tobacco control research projects undertaken has increased significantly. One measure of this is that in the 10 years between 1993 and 2003, 27 research articles on tobacco control topics with a significant New Zealand content were published, whereas in the five years between 2004 and 2008, 96 such articles were published¹⁰.
- The New Zealand Tobacco Control Action Network (NZTAN), an online discussion and networking forum for those with an interest in tobacco control, was established in 2004 by ASH.
- The ASH tobacco control research log was developed in 2004 and updated in 2007. The log is a publicly available annotated bibliography of New Zealand tobacco control research for researchers, policy makers and providers of tobacco control research funding.
- New Zealand began participating in the International Tobacco Control (ITC) Policy Evaluation Survey, a long-term survey that explores smokers' views over time. New Zealand collaborators in the Survey are the Ministry of Health, the University of Otago and the University of Auckland. Nineteen other countries (as at July 2009) are also participating in the survey.

¹⁰ Source: unpublished survey carried out for the Steering Group by the Centre for Tobacco Control Research.

- Dedicated tobacco control research groups (the Centre for Tobacco Control Research and groups within the Clinical Trials Research Unit, the University of Otago Wellington, The Quit Group and the HSC) have been formed and expanded (see also the following dot point).
- The Centre for Tobacco Control Research, based within the University of Auckland's School of Population Health, was established in March 2006 and The Health Promotion and Public Health Policy Research Unit (HePPRU) was established at the University of Otago, Wellington in 2007.
- Collaboration among New Zealand researchers has increased, e.g. the ITC Project, New Zealand Youth Tobacco Monitor and the Keeping Kids Smokefree project.
- International collaborations have increased, including visits by distinguished international researchers, the ITC survey with other international tobacco control centres, and a greater presence of New Zealand researchers at international conferences.

Case study: Evaluation of smokefree legislation

The New Zealand Smoke-free Environments Amendment Act 2003 introduced new, wide-reaching bans on smoking in indoor public places and workplaces. The Ministry of Health commissioned an evaluation of the implementation of the Act and its impacts. This drew primarily on existing data from a range of sources such as surveys of public and stakeholder attitudes and behaviour, observational studies, studies that measured air quality and second-hand smoke (SHS) exposure, and an assessment of potential health impacts.

The evaluation found growing majority support for the Act, high levels of compliance and significant improvements in the air quality in hospitality venues. The main objective of the Act – to reduce workplace SHS exposure – was achieved.

The Act represented an important step in tobacco control policy. This evaluation enabled the debate about the impact of the policy to be conducted on an informed basis.

Citations

Edwards R, Thomson G, Wilson N, Waa A, Bullen C, O'Dea D, Gifford H, Glover M, Laugesen M, Woodward A. (retrieved 30 April 2009). After the smoke has cleared: evaluation of the impact of new national smokefree law in New Zealand. *Tobacco Control*. 2008; 17:e2 (<http://tobaccocontrol.bmj.com/cgi/content/full/17/1/e2>). Doi:10.1136/tc.2007/020347

Edwards R, Gifford H, Waa A, Glover M, Thomson G, Wilson N. Beneficial impacts of a national smokefree environments law on an indigenous population: a multifaceted evaluation. *International Journal of Equity & Health*. 2009;8:12.

TOBACCO CONTROL RESEARCH AND MĀORI

Background

Tobacco smoking and exposure to second-hand smoke are major contributors to Māori deaths and illnesses. Tobacco use also harms Māori economic status and social structures (in particular, cultural identity)¹¹. Māori have the highest rates of smoking prevalence in New Zealand, and associated disproportionate harm is an additional burden – a legacy of Treaty of Waitangi breaches and ongoing inequities in access to health care and outcomes. Research has a major role to play in identifying ways of reducing and eventually eliminating the harms caused by tobacco use for Māori.

Tobacco control research and the Treaty of Waitangi

Research into tobacco control-related concerns for Māori must be based on principles that give effect to the Treaty of Waitangi. The 2009 Strategy uses widely accepted Treaty-based principles developed by Dr Mason Durie¹² for application in the wider context of Māori health development. Applied to tobacco control research, these principles can be expressed as follows:

- Partnership: ensuring that the overall tobacco control research strategy, and tobacco control research projects of relevance to Māori, are developed and conducted by or in partnership with Māori
- Protection: ensuring that tobacco control research respects matauranga Māori (Māori knowledge), tikanga (protocols) and beliefs, and is conducted in ways that support Māori tino rangatiratanga aspirations, for example, to protect and build Māori language use
- Participation: ensuring that tobacco control research provides equitable opportunities for Māori to participate as researchers and research participants and that at least equitable benefits result from tobacco control research.

Māori involvement in the development of the Strategy

Māori participation in the process of developing the 2009 Strategy has included:

- Input throughout the process from Dr Marewa Glover (Ngā Puhi), who is currently Director of the Centre for Tobacco Control Research at the University of Auckland and is a member of the Steering Group. Dr Glover's main research interests include Māori health and tobacco control
- Commissioning an experienced tobacco control researcher, Anaru Waa (Ngā Puhi / Ngati Wai) of Waimihi Solutions, to investigate and recommend an approach to incorporating a Māori dimension in the 2009 Strategy
- Actively seeking the feedback of individuals and organisations with an interest in tobacco control research from a Māori perspective during consultation on the draft of the Strategy.

¹¹ Public Health Group. *Toward a Tobacco Free New Zealand: A five year plan for HFA funding for tobacco control (1999-2003)*. Health Funding Authority: Wellington, 1999.

¹² Durie M. *Whaiora: Māori Health Development*. Oxford University Press: Auckland, 1994.

Improving Māori responsiveness in tobacco control research

Goals for the improvement of health research by, for and with Māori have already been developed for the Health Research Council. These are described in *Ngā Pou Rangahau Hauora Kia Whakapiki Ake Te Hauora Māori: The Health Research Strategy to Improve Māori Health and Well-being 2004 – 2008*¹³. They define Māori responsiveness and how researchers can respond to, and incorporate, Māori concerns. These goals are incorporated as criteria for prioritising tobacco control research in Research Tool 1 below.

Alignment with the Māori Tobacco Control Strategy

The National Māori Tobacco Control Strategy 2003-2007¹⁴ is due for revision.

At the Matariki 2009 Māori Tobacco Intelligence Summit held in Wellington on 29 May 2009, it was confirmed that research is a very important tool for Māori. The most urgent need, however, is to build capacity as there are insufficient numbers of Māori researchers working on research that will contribute to a New Zealand national tobacco control strategy¹⁵.

Since workforce issues such as high staff turnover are a concern across the whole of Māori tobacco control, there is a need to investigate the factors that cause turnover and to identify strategies to retain kaimahi tupeka kore (tobacco control workers).

Previously, Māori have called for more kaupapa Māori research that addresses the research priorities determined by Māori, develops Māori knowledge in relation to tobacco control, and uses frameworks and theories that are grounded in a Māori worldview and are compatible with tikanga Māori. Consistent with this, Māori workers want information that can be used with and that is relevant to the hāpu and marae that they serve. Research of a participatory nature could serve the dual purpose of building research capacity and capability.

There is scope for tobacco control sector networks such as NZTAN to do more to increase kaimahi tupeka kore membership so that Māori benefit further from the research information and training opportunities that are disseminated through such forums.

¹³ Health Research Council of New Zealand. *Ngā Pou Rangahau Hauora Kia Whakapiki Ake Te Hauora Māori: The Health Research Strategy to Improve Māori Health and Well-being 2004 – 2008*. Health Research Council of New Zealand, 2004.

¹⁴ Apārangi Tautoko Auahi Kore. *National Māori Tobacco Control Strategy 2003-2007*. Apārangi Tautoko Auahi Kore – Māori Smokefree Coalition, 2003.

¹⁵ The Ministry of Health five-year plan for tobacco control, "Clearing the Smoke" is currently being revised.

TOBACCO CONTROL RESEARCH AND PACIFIC PEOPLES

How this section was developed

In recognition of the importance of incorporating a Pacific peoples' perspective in the 2009 Strategy, the following steps were taken during the development of the Strategy.

- An independent tobacco control researcher, Linda Tasi Multalo, was commissioned to investigate and recommend an approach to incorporating a Pacific peoples-related dimension in the 2009 Strategy.
- The feedback of individuals and organisations with an interest in tobacco control research from a Pacific peoples' perspective was actively sought during consultation on the draft of the Strategy.

Discussion

Rates of tobacco smoking for Pacific peoples resident in New Zealand are high. Thirty-one percent of the adult Pacific population are currently smokers, compared with 21 percent of the total adult New Zealand population¹⁶. Thirty-five percent of Pacific men are currently smokers compared with a rate of 26 percent for the general male population¹⁷; 28.5 percent of Pacific women are currently smokers compared with a rate of 22 percent for the general female population¹⁸.

Prevalence rates for different Pacific peoples vary. For example, national census figures show that in 2006, 38 percent of Cook Island Maori living in New Zealand reported that they were regular smokers¹⁹, compared with 33 percent of Nuieans living in New Zealand and 30 percent of the total population of Pacific peoples living in New Zealand²⁰.

Relatively little research-based information is currently available about the factors underlying these patterns of smoking, about patterns of tobacco use between people from different Pacific nations or how the problems of tobacco use among Pacific peoples can most effectively be addressed²¹.

However, there are some indications of progress in tobacco control for Pacific peoples. For example, the Centre for Tobacco Control Research has as one of its objectives to build Pacific Island tobacco control research capacity. This is currently being achieved through Keeping Kids Smokefree²² and WhyKwit²³, a Health Research Council/Ministry of Health initiated study in what motivates Māori and Pacific peoples to stop smoking. In 2009, over half of the University of Auckland's postgraduate Tobacco Control course students were Pacific.

¹⁶ Ministry of Health. *Tobacco Trends 2008: A brief update of tobacco use in New Zealand*. Wellington: Ministry of Health, 2009.

¹⁷ Quit Group website: www.quit.org.nz/file/research/factsAndFigures/Smoking-PacificPeoples.pdf (retrieved 30 April 2009)

¹⁸ Ibid.

¹⁹ Statistics New Zealand. *Cook Island Māori People in New Zealand*. Statistics New Zealand, 2007.

²⁰ Statistics New Zealand. *Nuiean People in New Zealand*. Statistics New Zealand, 2007.

²¹ Various sources, including analysis of the ASH tobacco control research log, which also shows that tobacco control research related to Pacific peoples is concentrated in the period after 2004.

²² Keeping Kids Smokefree website: www.keepingkidssmokefree.org.nz (accessed August 2009).

²³ Centre for Tobacco Control Research website: www.fmhs.auckland.ac.nz/soph/depts/sch/atc/default.aspx (accessed August 2009).

Both the available information and the lack of good information strongly indicate the need for more Pacific peoples-related tobacco control research.

Goals for tobacco control research by and for Pacific peoples

Goals for tobacco control research by and for Pacific peoples for inclusion in the 2009 Strategy were adapted from the *Strategic Plan for Pacific Health Research 2006-2010*²⁴. The goals are to:

- Fund and promote research that improves Pacific health outcomes
- Develop Pacific tobacco control research capacity and capability
- Improve the quality of tobacco control research that is by and/or for Pacific peoples
- Demonstrate responsiveness to Pacific communities
- Build and encourage relationships to advance Pacific tobacco control research
- Promote the uptake of research findings.

These goals are incorporated as criteria for prioritising tobacco control research in Research Tool 1 (page 28).

²⁴ Health Research Council of New Zealand. *Strategic Plan for Pacific Health Research 2006-2010*. Health Research Council of New Zealand, 2006.

TOBACCO CONTROL RESEARCH AND OTHER POPULATION GROUPS

The importance of focusing tobacco control research on the population groups discussed in this section is acknowledged.

The Ministry of Health has identified Māori, Pacific peoples and pregnant women as target groups for whom increasing the rate of smoking cessation is crucial²⁵. It identifies schoolchildren and young adults and people with mental health conditions as being at particular risk from tobacco-related harm.

The Ministry also recognises the important role played by parents and caregivers in affecting the attitudes of others towards tobacco use.

The Health Research Council of New Zealand identifies Māori, Pacific peoples, children and youth, older adults, and people with disabilities as priority groups for research into determinants of health such as smoking²⁶.

Another population group of particular concern from a tobacco control viewpoint is Asian peoples living in New Zealand. Asian peoples constitute a rapidly growing proportion of the population²⁷. The rate of smoking amongst some subgroups of Asian men is high²⁸. Women of Asian ethnicities have the lowest rates of smoking prevalence, but acculturation places them at risk²⁹.

Target groups for tobacco control research other than Māori, Pacific peoples and pregnant women are generally addressed through the 2009 Strategy's mainstream provisions. This approach is taken in recognition of the practical limits to the Strategy's capacity to deal with specific population groups individually. Good research practice should take account of the distinctive needs, capacity, capabilities and challenges for each group.

²⁵ Ministry of Health. *Implementing the ABC Approach for Smoking Cessation – Framework and work programme*. Ministry of Health, 2009. See paragraphs 59-63.

²⁶ Health Research Council: www.hrc.govt.nz/assets/pdfs/policy/Nov07Determinants%20of%20Health.pdf (retrieved July 2009).

²⁷ Statistics New Zealand website: www.stats.govt.nz/people/population/population+projections/projections-overview/asian-national.htm (retrieved 30 April 2009).

²⁸ *New Zealand Census of Population and Dwellings, 2006*. Data supplied to ASH, NZ. Reference Number: TRM17108. Statistics New Zealand, 2007.

²⁹ Kim S, Ziedonis D, and Chen K W. Tobacco use and dependence in Asian Americans: A review of the literature. *Nicotine & Tobacco Research*. 2007;9:169-84.

Case study: Learning about young people who want to quit smoking

A recent New Zealand study that focused on young smokers who want to quit was led by Dr Maria Poynter, whose Masters of Public Health dissertation analysed under-18 callers to Quitline.

Poynter et al used the demographic and basic smoking data collected by Quitline from all registered callers. Data was analysed for all under-18 callers contacting Quitline for the first time in 2004 and 2005 – a total population of 2371 individuals, whose ages ranged from 10 to 17 years. This was compared with a control group of adult (18-and-over) callers.

The study found that young smokers are less likely to call Quitline than their adult counterparts, with an estimated 1.5 percent of adolescent smokers calling Quitline in 2004 and 2005 compared to 4.1 percent of adult smokers. The study concluded that adolescent tobacco cessation should be accorded greater priority in tobacco control policy, practice and research. It supported the use of initiatives involving mobile phone technology for improving access to information and treatment for under-18s.

The study improved the understanding of the smoking cessation behaviour of a key target group for tobacco control policies and drew conclusions about the direction of future policies.

Citation

Poynter M, Bullen C, Whittaker R, Grigg M. Under-18 year old callers to New Zealand's Quitline. *New Zealand Medical Journal*. 2008;121:24-32.

A TOBACCO CONTROL RESEARCH TOOLKIT

This section contains practical tools to assist stakeholders to achieve the goal of *Research to inform the New Zealand tobacco control vision*.

These tools are:

1. Criteria for prioritising tobacco control research proposals
2. Identified tobacco control research priorities
3. Recommendations for improving access to information about existing tobacco control research
4. Recommendations for improving New Zealand's tobacco control research capacity and capability
5. Recommendations for improving collaboration and cooperation in tobacco control research in New Zealand.

Sources for the toolkit

The toolkit section incorporates recommendations developed through a series of “brainstorming” sessions involving a wide range of individuals from the tobacco control research community. Some recommendations were originally developed for the 2003 Strategy, reviewed and, where necessary, revised before being included in the 2009 Strategy.

RESEARCH TOOL 1: CRITERIA FOR PRIORITISING TOBACCO CONTROL RESEARCH

Purpose

These criteria are offered for consideration by researchers, funders and research users. New Zealand research funders have their own criteria for prioritising research, and the research community is accustomed to working with these. The relevance and potential influence of the criteria proposed in the 2009 Strategy lie in the fact that they have been developed and tested through a process of consultation with tobacco control researchers and research users.

The criteria do not address issues of research quality, such as the scientific merit of proposals and the track record of the research team, and assume that quality would routinely be assessed as part of any funding decision process. The criteria also assume that research proposals would demonstrate an awareness of relevant New Zealand and international research.

THE CRITERIA

1. The proposed research advances knowledge relevant to tobacco control.
 2. The proposed research addresses tobacco control objectives.
 3. The proposed research contributes to tobacco control outcomes.
 4. The proposed research addresses tobacco control objectives for Māori.
 5. The proposed research addresses tobacco control objectives for Pacific peoples.
 6. The proposed research addresses tobacco control objectives for other priority groups.
 7. The proposed research develops and retains the tobacco control research workforce.
-

DETAILED GUIDANCE ON INDIVIDUAL CRITERIA

1. The proposed research advances knowledge relevant to tobacco control.

The proposed research can be tested under this heading using the questions:

- Does the project address a topic that currently lacks sufficient focus and commitment and/or specific gaps in knowledge relevant to tobacco control in New Zealand?
- Does the project anticipate a need for knowledge in the future?

2. The proposed research addresses tobacco control objectives.

The major tobacco control objectives are to:

- Reduce morbidity and mortality from tobacco use and exposure to second-hand smoke
- Prevent smoking initiation
- Promote smoking cessation
- Prevent harm to non-smokers from second-hand smoke
- Improve support for monitoring, surveillance and evaluation
- Improve infrastructural support and coordination of tobacco control activities³⁰.

3. The proposed research contributes to tobacco control outcomes.

The proposed research can be tested under this heading using the questions:

- Does the project explicitly link research with policy and inform the wider policy debate?
- Does the project recognise the wider political and social context?
- Does the research align with national and local priorities, as set out in current strategic documents (see note below)?
- Does the project link with wider issues around inequalities in health status?
- Does the project support the development of tools or technologies that enable smoking cessation and or smoking prevention programmes?
- Will project findings be disseminated in an accessible form?

Note: *What are the current target outcomes relevant to tobacco control research?* End outcomes for tobacco control are found in high level strategic documents produced by organisations or ad hoc groups that have an authoritative voice in tobacco control research or related fields. Current high level strategic documents are listed in Appendix 3.

³⁰ Ministry of Health. *Clearing the Smoke: A five-year plan for tobacco control in New Zealand (2004–2009)*. Ministry of Health, 2004.

4. The proposed research addresses tobacco control goals for Māori.

Tobacco control research that is relevant for Māori should:

- Be conducted in partnership with tangata whenua wherever appropriate
- Be responsive to Māori concerns in relation to tobacco control
- Incorporate Māori criteria in the design and implementation of tobacco control research wherever appropriate
- Develop the capacity and capability of the Māori tobacco control research workforce
- Promulgate research findings in ways that are effective for Māori
- Use Māori research technologies wherever appropriate
- Incorporate Māori ethical issues in the research design wherever appropriate
- Where relevant, be conducted in collaboration with other indigenous peoples.

5. The proposed research addresses tobacco control goals for Pacific peoples.

The following questions should guide how tobacco control research that is relevant for Pacific peoples is undertaken.

Does the project:

- Fund and promote research that improves Pacific health outcomes?
- Develop Pacific tobacco control research capacity and capability?
- Improve the quality of tobacco control research that is by and/or for Pacific peoples?
- Demonstrate responsiveness to Pacific communities?
- Build and encourage relationships to advance Pacific tobacco control research?
- Promote the uptake of research findings?

6. The proposed research addresses tobacco control objectives for other priority population groups.

Other priority groups for tobacco control research are:

- Pregnant women
- Parents and caregivers
- Schoolchildren and young adults
- People with mental health conditions
- Older adults
- People with disabilities
- Other ethnic groups.

7. The proposed research develops and retains the tobacco control research workforce.

The proposed research can be tested under this heading using the questions:

- Does the research support collaboration among existing tobacco control researchers?
- Does the project develop tobacco control research capability among researchers and academics from other fields and tobacco control end-users and practitioners?
- Does the research attract new researchers into the field?

RESEARCH TOOL 2: IDENTIFIED TOBACCO CONTROL RESEARCH PRIORITIES

The Steering Group is required to provide strategic advice to the Ministry of Health and the wider sector on current and long-term tobacco research priorities for New Zealand.

The research priorities identified below are provided as a guide to policy makers, funders and researchers.

It is intended to review the priorities identified in the 2009 Strategy annually and disseminate the results of reviews, primarily via appropriate Web-based outlets.

The approach taken has been to develop, through “brainstorming” and consultation, priority subjects for tobacco control research. Each box below outlines an individual priority subject. Examples of more specific research topics are provided for each priority subject; some examples have been taken from papers on different aspects of tobacco control developed to support the Tobacco Free New Zealand 2020 Vision³¹.

Priority subjects are considered to be of equal importance i.e. the order in which they are listed below is not intended to indicate relative ranking.

Tobacco product price

Research the impact of changes in the price of tobacco products, including the impact of changes in the tax structure, on smoking behaviour. Examples of research topics in this area follow.

- Examine the factors determining government decisions on tobacco tax increases.
- Examine ways to remove/reduce barriers to tobacco taxes increases.
- Explore options for addressing the impact of the current tax structure on the use of roll-your-own tobacco.

Mass communications

Research factors determining the effectiveness of mass media campaigns promoting anti-tobacco use messages, including new opportunities for the promotion of smokefree messages. An example is to:

- Research the effectiveness of population-wide and targeted smokefree publicity campaigns for Māori and Pacific peoples, pregnant women and young people.

³¹ Various authors. *Tobacco Free New Zealand 2020/Tupeka Kore Aotearoa 2020: Achieving the Vision*. Unpublished, 2009.

Smokefree environments

Research factors determining the creation of effective smokefree environments, including role-modelling of the use or non-use of tobacco as a factor and research into new smokefree environment opportunities. Two topic examples follow.

- Research the impacts of reducing exposure to particular smoking role models: e.g. family environments, parents.
- Research opportunities and impacts of additional smokefree policies, such as smokefree cars.

Cessation support

Research factors determining the elements of effective cessation support and identifying effective cessation support approaches, including support for unassisted quit attempts and promoting quit attempts. Topic examples follow.

- Research the effectiveness of the “ABC” approach to cessation³², particularly in the primary and secondary care settings.
- Research the development and evaluation of cessation support, new technologies, and new methods of cessation support for priority population groups (Māori, Pacific peoples, pregnant women) and other target groups (young adults/youth, people with mental health conditions, people with high cardiovascular risk).
- Research how best to promote quitting, including unassisted quit attempts.
- Apply best practice for smoking cessation needs to New Zealand’s cessation guidelines, and incorporate international and national evidence into strategies to support and improve long-term quit rates.
- Examine barriers to prescribing nicotine replacement therapy (NRT) among New Zealand health professionals.
- Investigate regulatory options for more innovative nicotine replacements.

³² Ministry of Health. *Implementing the ABC Approach for Smoking Cessation – Framework and work programme*. Ministry of Health, 2009.

Regulation of the industry/product modification

Research the feasibility and impact of new regulations and regulatory models, including using regulation to place a cap on trade, licence tobacco sale and/or outlets for tobacco sale, increase taxes on the tobacco industry, introduce “fire safe” cigarettes, reduce the visibility of tobacco imagery at point-of-sale or other locations and reduce controls on NRT. Topic examples follow.

- Research the effectiveness and evaluation of plain packaging, particularly among children, youth and smokers who have quit.
- Assess acceptability to smokers of alternative nicotine delivery.
- Research the effects of replacing tobacco branding with larger graphic health warning labels (i.e. packs dominated by graphic health warnings that are tested in various sizes – 50%, 75%, 100% of pack front).

With regard to tobacco industry relationships, investigate:

- How to replace tobacco displays with healthier products
- Whether the health sector can work with tobacco industry stakeholders (such as retailers) so that these groups become public health allies
- The deception practised by the tobacco company “social report” process.

Initiation of smoking

Research patterns of and changing influences on smoking initiation, including social, cultural, environmental, economic and physiological factors. Topic examples follow.

- Research patterns of, and influences supporting, smoking initiation and addiction, particularly among Māori girls and older youth/school leavers in the 16-19 age group.
- Investigate the role of parents, caregivers, whānau and other important influences on smoking initiation, by subpopulations.
- Identify the emotional factors that promote and maintain smoking uptake and interventions that could reduce the influence of these factors (or introduce new, smokefree, influences).

Monitoring and evaluation

Research priorities in the area of monitoring and evaluation include:

- Ensuring basic rigorous monitoring of smoking prevalence, use of other nicotine/tobacco products, quitting services, and access to services and supports used
- Enabling better use of existing datasets – e.g. the population census, Health Behaviours Survey, Year 10 In-depth and snapshot surveys, Quit Group data
- Ensuring that adequate analysis can be undertaken for priority groups and other target groups.

Research topic examples follow.

- Develop a coordinated monitoring system that captures all tobacco control-related data collected through monitoring and evaluation.
- Research whether particular groups of smokers (e.g. survey-shy smokers) are being missed by current surveying and monitoring approaches.
- Monitor shifts in behaviour in response to smokefree campaigns.

RESEARCH TOOL 3: RECOMMENDATIONS FOR IMPROVING ACCESS TO INFORMATION ABOUT TOBACCO CONTROL RESEARCH

Background

In 2007, the Tobacco Control Research Steering Group commissioned ASH to review the New Zealand tobacco control research log³³. The review found that a repository of New Zealand tobacco control research should be an integral component of the infrastructure of tobacco control in New Zealand. However, the log is not readily accessible in its present form. A comprehensive, up-to-date, widely promoted, user-friendly tobacco control research information service is needed.

The Steering Group notes the following characteristics of an ideal tobacco control research information service.

Accessibility

- Searchable by appropriate key words and subject terms from the home page and the Web
- Different levels of reporting (summaries, key findings, full reports)
- Full copies of research material available instantly or supplied quickly
- Alerts and monthly updates
- Basic quality assessments
- Two clicks to relevant research from home page
- Links to other sites, related resources and information
- Pod casts
- RSS feeds
- Widely promoted

Adequate resources and support

- The services of an information specialist
- A database with adequate flexibility and capacity
- A standard thesaurus for all information in the log and its host website
- Access to electronic databases so material can be shared
- Multiple methods to keep records up-to-date

Other

- Up-to-date credible research, with tobacco industry-sponsored research clearly identified
- Information about researchers or links to researchers, research groups and funders on the Tobacco Control Workforce Map³⁴
- Links to a database of New Zealand tobacco control data sets
- Links to New Zealand tobacco industry document archive

³³ Wong G, U E. *Review of the New Zealand Tobacco Control Log*. ASH New Zealand, 2008.

³⁴ Smokefree Contacts map: www.smokefreecontacts.org.nz (retrieved May 2009).

RESEARCH TOOL 4: RECOMMENDATIONS FOR IMPROVING NEW ZEALAND'S TOBACCO CONTROL RESEARCH CAPACITY AND CAPABILITY

A consistent message from all sources contributing to the development of the 2009 Strategy is that increasing New Zealand's tobacco control research capacity and capability is a top priority.

The following measures are intended to provide a starting point for achieving this aim. The order of listing does not indicate relative priority.

Measures to increase tobacco control research capacity

- Promote tobacco control research as a career via school and/or university open days.
- Earmark funding specifically for tobacco control research. Such funding could include financial support for PhD/Masters thesis students working on tobacco control projects.
- Ensure that structures and funding streams encourage Māori, Pacific and Asian researchers into tobacco control research.

Measures to increase tobacco control research capability

- Establish an easily-accessible "clearing-house" for New Zealand tobacco control research and associated resources.
- Enable secondments between agencies and academic institutions.
- Support training to develop the competency of non-Māori researchers to work with Māori.
- Establish an infrastructure for developing and mentoring new tobacco control researchers or those working in isolation.
- Strengthen links between existing researchers and practitioners working in primary care and inpatient clinical settings.
- Strengthen engagement with researchers in other closely related fields e.g. paediatrics, obstetrics, respiratory medicine, cardiovascular disease, diabetes, cancer, addictions and mental health.
- Support inter-disciplinary and inter-organisational collaboration on research projects.
- Make the list of research priorities in the 2009 Strategy available to students studying public health and other relevant disciplines.
- Support conferences, symposia and workshops that foster partnerships between researchers, research agencies and information users (see also Research Tool 5).
- Improve access to courses in tobacco control at undergraduate and postgraduate level.
- Support international collaborations with tobacco control research groups for joint projects, training and teaching.

Measures to increase tobacco control research capacity and capability

- All tobacco control research funding proposals should be required to include workforce capacity and capability building (specifically workforce development) elements.

RESEARCH TOOL 5: RECOMMENDATIONS FOR IMPROVING COLLABORATION AND COORDINATION IN TOBACCO CONTROL RESEARCH IN NEW ZEALAND

The 2009 Strategy recommends the following measures to improve collaboration and coordination between individuals and organisations working in tobacco control research in New Zealand.

- A formal programme of activities, including workshops, conferences, symposia, seminars and think tanks, designed to bring together researchers, policy makers and service designers and deliverers in New Zealand and overseas would:
 - Facilitate the sharing of current/recent work and ideas, provide opportunities to update skills and bring together potential collaborators
 - Build links between local, national and international groups and networks.
- A New Zealand Tobacco Control Research website could give access to key documents, provide links to organisations working in tobacco control, act as a bulletin board for events (e.g. training, conferences) and link the “hubs” of tobacco control research activity/ groupings of researchers with information on opportunities for students/emerging researchers³⁵.
- Establish a New Zealand Tobacco Control Authority (see box on the following page – A Governance Structure for Tobacco Control in New Zealand).

³⁵ The Tobacco Control Research Steering Group is planning the development of the website. The domain name www.tobaccoresearch.org.nz has been secured.

A Governance Structure for Tobacco Control In New Zealand

A theme that came up repeatedly in the course of the development of both the 2003 and 2009 Strategies is the need for a governance structure for tobacco control – and, by extension, tobacco control research – in New Zealand that defines roles, relationships and accountabilities³⁶.

This structure would:

- Define the relationship between stakeholders, including the National Tobacco Control Working Group, kaimahi tupeka kore, non-government organisations, the Ministry of Health, District Health Boards, primary health organisations and universities, and including stakeholders outside the health sector e.g. those with a primarily economic, social welfare or science perspective
- Acknowledge the unique relationship that Māori have with the Crown
- Enable individual groups of the population with particular issues and perspectives in relation to tobacco control, including Pacific peoples and those of Asian origins, to address those issues
- Enable collective understanding of tobacco control priorities and enable research to inform action, measure impact, re-evaluate and set future priorities.

One suggestion was that a Tobacco Control Authority should be established. It is proposed that the Government, in consultation with the tobacco control community, consider the available options with a view to establishing a formal governance structure for tobacco control in New Zealand.

³⁶ As discussed in, for example, Thomson G, Wilson N, Crane J. Rethinking the regulatory framework for tobacco control in New Zealand. *New Zealand Medical Journal*. 2005;118:U1405. www.nzma.org.nz/journal/118-1213/1405.

SUMMARY OF RECOMMENDATIONS

The following recommendations are proposed by the Steering Group as guidance and for implementation by tobacco control researchers, funders and users.

The Steering Group will seek responses to these recommendations from government agencies that have responsibilities for tobacco control research.

Recommendation one: that tobacco control research in New Zealand be guided by the vision, goal and objectives in the 2009 strategy.

Recommendation two: that Māori and Pacific peoples be invited (and, if necessary, assisted) to develop their own tobacco control research strategies, using their own resources and processes.

Recommendation three: that the Government guarantee a minimum level of dedicated funding for tobacco control research, given the high value and contribution of such research to positive health outcomes.

Recommendation four: that the Government, in consultation with the tobacco control community, consider the available options for establishing a formal governance structure for tobacco control in New Zealand.

Recommendation five: that the relevant government and non-government agencies consider implementing recommendations in the 2009 Strategy that improve:

- i. Access to information about existing tobacco control research by establishing a comprehensive research log/information service
- ii. New Zealand's tobacco control and research capacity and capability
- iii. Collaboration and cooperation between individuals and organisations working in the field of tobacco control research in New Zealand.

NEXT STEPS

Note: This section is based on the assumption that the functions of the present Steering Group will continue to be exercised over the period of the 2009 Strategy (i.e. 2009-2012).

Implementing the 2009 Strategy

The Steering Group will promote the use of the Strategy by:

- Disseminating the Strategy using all reasonable means, with a focus on researchers, funders and users of tobacco control research
- Promoting the adoption of the measures proposed in the Strategy.

Reviewing the effectiveness of the 2009 Strategy

It is proposed that the effectiveness of the 2009 Strategy be reviewed by interviewing key stakeholders after the Strategy has been in place for two years.

The review would consider:

- How well the Strategy has been disseminated (i.e. accessibility)
- Whether stakeholders have implemented all or part of the recommendations of the Strategy, and how they have done so
- Any other suggestions about how the Strategy could enhance tobacco control research in New Zealand.

Review findings will be communicated to stakeholders through avenues such as NZTAN and sector newsletters.

The interviews will also provide an opportunity for the Steering Group to enter into dialogue with potential Strategy users about how to best promote the 2009 Strategy as an effective support for tobacco control research.

Revising research priorities

The research priorities identified in the 2009 Strategy will be reviewed periodically. The results of these reviews, and any other updates on the material contained in the 2009 Strategy, will be communicated to stakeholders through avenues such as the NZTAN, sector newsletters and the tobacco control research website.

APPENDIX 1: ABOUT THE TOBACCO CONTROL RESEARCH STEERING GROUP

The Tobacco Control Research Steering Group was formed in 2007 as the result of a joint Ministry of Health/Health Research Council initiative. The Ministry funds the Steering Group and appoints its members. The Steering Group's functions as set out in its terms of reference are to:

- Provide strategic advice annually to the Ministry and wider sector on current and long-term tobacco research priorities for New Zealand, including specifically for the Ministry of Health/Health Research Council Primary Prevention of Cancer and Other Chronic Diseases research partnership. The scope of this advice would cover both researcher-initiated and user-initiated research
- Advise researchers on opportunities and processes for accessing research funding, and act as a conduit for linking researchers to potential funders
- Identify tobacco control research workforce needs and potential opportunities for workforce development
- Help improve the knowledge and skills of the tobacco control sector.

These aims are to be achieved through, inter alia:

- Organising opportunities for networking by tobacco control researchers and interested stakeholders, including research funders and end-users, to share expertise and information (e.g. through strengthening NZTAN)
- Maintaining an up-to-date log of New Zealand's tobacco-related research
- Organising or contributing to the organisation of opportunities to share research findings.

Membership of the Tobacco Control Research Steering Group as at August 2009

Dr Brian Adams	Heart Foundation, National Tobacco Control Working Group
Dr Ashley Bloomfield	Ministry of Health
Dr Chris Bullen	Clinical Trials Research Unit, University of Auckland
Dr Richard Edwards	University of Otago, Wellington
Dr Marewa Glover	Centre for Tobacco Control Research, University of Auckland
Michele Grigg (Chair)	The Quit Group
Dr Janet Hoek	University of Otago, Dunedin
Sharon McCook (ex officio)	Health Research Council
Dr Rhiannon Newcombe	Health Sponsorship Council
John Stribling	Ministry of Health
Ben Youdan	Action on Smoking and Health (ASH), National Tobacco Control Working Group

Secretarial services are currently (as at August 2009) provided by Allen & Clarke Policy and Regulatory Specialists Ltd.

APPENDIX 2: THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

The WHO Framework Convention on Tobacco Control (FCTC) was negotiated under the auspices of the World Health Organization. As at 21 July 2009, 166 WHO member states had ratified or acceded to the FCTC, which came into force in February 2005. The FCTC requires ratifying countries to:

- Develop and promote national research
- Implement comprehensive bans on tobacco advertising, promotion and sponsorship
- Require the placement of rotating health warnings on tobacco packaging that must cover at least 30 percent of the principal display areas and may include pictures or pictograms
- Adopt effective measures to prevent the use of misleading and deceptive packaging and labelling of tobacco products
- Protect people from exposure to tobacco smoke in indoor workplaces, public transport and indoor public places
- Adopt or maintain tax and price policies aimed at reducing tobacco consumption
- Combat illicit trade in tobacco products, including by requiring markings of origin and destination on packs, monitoring, documenting and controlling the movement of products, and enacting legislation with appropriate penalties and remedies
- Coordinate research programmes at the regional and international levels in the field of tobacco control
- Establish programmes for national, regional and global surveillance of all aspects of tobacco consumption and exposure to tobacco smoke
- Exchange information pertaining to tobacco control.

Further details of the FCTC can be found at: www.fctc.org

APPENDIX 3: KEY DOCUMENTS AND WEBSITES RELATED TO TOBACCO CONTROL RESEARCH

Intended users

A list of strategic documents related to tobacco control research in New Zealand is provided for use by those developing research proposals and also for those with a general interest in tobacco control research. It is recommended that research proposals provide evidence that they support the priorities identified in current strategic documents.

Strategic documents of the kind listed in this section are periodically reviewed and updated. An up-to-date list will be maintained by the Tobacco Control Research Steering Group on a dedicated tobacco control research website (www.tobaccoresearch.org.nz).

Strategic documents related to tobacco control research in New Zealand

- Apārangi Tautoko Auahi Kore. *The Māori Tobacco Control Strategy 2003-2007*. Apārangi Tautoko Auahi Kore – Māori Smokefree Coalition, 2003.
- Apārangi Tautoko Auahi Kore. *Action Plans for the Māori Tobacco Control Strategy Action Plan 2003-2007*. Apārangi Tautoko Auahi Kore – Māori Smokefree Coalition, 2003.
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- The Quit Group, Health Sponsorship Council, Pacific Islands Heartbeat. *Pacific Peoples Tobacco Control Fono Proceedings*. Health Sponsorship Council, 2003.
- Research New Zealand. *Measuring the impact of the 'Smoking Not Our Future' campaign*. Health Sponsorship Council, 2008.
- Social Policy and Evaluation and Research Committee. *Research and Evaluation Involving Pacific Peoples*. Social Policy and Evaluation and Research Committee, 2008.
- World Health Organization. 2003. *WHO Framework Convention on Tobacco Control*. Available from WHO website: www.searo.who.int/LinkFiles/WHO_FCTC_FCTC.pdf (accessed May 2009).

New Zealand Tobacco Control Action Network (NZTAN)³⁷

NZTAN is an online discussion and networking forum for those with an interest in tobacco control. NZTAN encourages networking and sharing of information on all aspects of tobacco control research and evaluation.

NZTAN is open to all those with an interest in tobacco control. NZTAN members must be legitimate tobacco control stakeholders. Potential subscribers to the group will be subject to referee checks.

To subscribe, send an email to the network administrator Janine Paynter at jpaynter@ash.org.nz. Include the names and email addresses of two referees, preferably tobacco control stakeholders, who can verify your email address and occupation.

Useful tobacco control research-related website links

Note: The following list is not exhaustive. Readers are encouraged to suggest other website links that could be included in this list. Suggestions should be sent to the contact address on page 4 of this Strategy. An up-dated list will be maintained on the tobacco control research website (www.tobaccoresearch.org.nz).

³⁷ The development of the tobacco control research log and NZTAN discussion database was funded by the New Zealand Tobacco Control Research Strategy Steering Group, and implemented under contract by ASH.

NEW ZEALAND

Action on Smoking and Health (ASH): www.ash.org.nz

Centre for Tobacco Control Research: www.fmhs.auckland.ac.nz/soph/depts/sch/atc

Clinical Trials Research Unit: www.ctr.u.auckland.ac.nz

Health Research Council: www.hrc.govt.nz

Health Sponsorship Council: www.hsc.org.nz

Smokefree websites portal: www.smokefree.org.nz

Keeping Kids Smokefree: www.keepingkidssmokefree.org.nz

Nga Pae o Te Maramatanga: www.maramatanga.co.nz

NZ Research Log: www.ash.org.nz/index.php?pa_id=99&top_parent_id=99&curr_level=0

The Quit Group: www.quit.co.nz

The Smokefree Coalition: www.sfc.org.nz

Smokefree Contacts map: www.smokefreecontacts.org.nz

Te Reo Mārama: www.tereomarama.co.nz

Teachers' Say About Smokefree: www.yoursay.org.nz

Tobacco Control and Smoking page, Ministry of Health: www.moh.govt.nz/tobacco

National Drug Policy New Zealand: www.ndp.govt.nz/moh.nsf/indexcm/ndp-tobacco-home

INTERNATIONAL

GLOBALink Tobacco Control: www.globalink.org

Secretariat of the Pacific Community (Public Health Programme page): www.spc.int/AC/Healthy_Lifestyle/healthylifestyle.html

Society for Research on Nicotine and Tobacco: www.srnt.org

Tobacco Control – An international peer review journal for health professionals and others in tobacco control: www.tobaccocontrol.bmj.com

World Health Organization: www.who.int/en

APPENDIX 4: A GUIDE TO POSSIBLE SOURCES OF FUNDING FOR TOBACCO CONTROL RESEARCH IN NEW ZEALAND

GOVERNMENT ORGANISATIONS

Organisation	Type of funding available	Contact details for further enquiries
Foundation of Research, Science and Technology (FRST)	FRST is one of the three major government-funded purchasers of research. Tobacco control research is most likely to qualify for funding from the HRC (see below). However, researchers may also wish to check the research portfolios operated by FRST.	www.frst.govt.nz
Health Research Council of New Zealand (HRC)	The HRC is the major government-funded purchaser of health research. The different types of assistance available are: <ul style="list-style-type: none"> • Partnership Initiatives • Research Contracts • Career Development Opportunities • Seeding Grants and Grants-in-Aid. 	www.hrc.govt.nz
The Marsden Fund	The Marsden Fund supports qualifying research in any field.	www.rsanz.org/funding
Pacific Development and Conservation Trust (administered by the Department of Internal Affairs)	The Trust provides support for projects that promote sustainable development in the South Pacific, while conserving the natural environment and cultural heritage of its peoples.	www.dia.govt.nz/diawebsite.nsf/wpgg_URL/Services-Trust-&-Fellowship-Grants-The-Pacific-Development-and-Conservation-Trust?OpenDocument

Social Policy Evaluation and Research Committee (SPEaR)	SPEaR oversees the government's purchase of social policy research to ensure that spending is aligned with the government's social policy priorities. SPEaR provides funding under the categories: <ul style="list-style-type: none"> • Social Policy Postgraduate Scholarships • Social Policy Research Awards • Research Methods Workshops • Visiting Research Fellowships • Visiting Speaker Awards. 	www.spear.govt.nz
Other government agencies	Government agencies may purchase research on an ad hoc basis, particularly in relation to their own work projects. Agencies that may consider funding tobacco-control related research include: Ministry of Health, Ministry of Pacific Island Affairs, Ministry of Youth Affairs, Ministry of Social Development, Te Puni Kokiri, Ministry of Education.	Contact individual agencies

NON-GOVERNMENT SOURCES FOR RESEARCH FUNDING

Note: The following list is not exhaustive. In particular, there may be regional organisations not listed below that are a potential source of funding for tobacco control research.

Organisation	Type of funding available	Contact details for further enquiries
Asthma and Respiratory Foundation of New Zealand	The Foundation funds research to help the future of New Zealand lungs.	www.asthmanz.co.nz/research.php
Cancer Society of New Zealand	The Cancer Society funds cancer research and also awards scholarships to allow students to undertake advanced research in the field of cancer.	www.cancernz.org.nz

Child Cancer Foundation	The Foundation has funds available for research into the causes of childhood cancer.	www.childcancer.org.nz/child-cancer/research.asp
Genesis Oncology Trust	The Trust invites applications for grants to support New Zealand-based initiatives that will lead to improvements in the prevention, detection, diagnosis or treatment of cancer, or improvements and the palliative care of cancer patients.	www.genesisoncology.org.nz/grant.htm
Maurice and Phyllis Paykel Trust	The Trust provides funds for grants-in-aid to support health-related research. A limited number of scholarships are also funded, to encourage training in research methodology.	www.paykeltrust.co.nz
Heart Foundation	The Foundation funds project grants and grants-in-aid, training fellowships to enable researchers to further their studies overseas, research fellowships and postgraduate scholarships which provide an opportunity for people to carry out research in New Zealand.	www.nhf.org.nz
Auckland Medical Research Foundation	Funds a range of project grants, scholarships and fellowships in the area of medical research.	www.medicalresearch.co.nz
Waikato Medical Research Foundation	Funds or part funds medical research in the Waikato region.	www.wmrf.org.nz
Wellington Medical Research Foundation	Funds projects related to cardiovascular disease, diabetic diseases kidney research.	www.wmrf.co.nz
Canterbury Community Trust	The Trust distributes funds for charitable, cultural, philanthropic and recreational benefits in the Canterbury region. Funding sectors include a hospital and medical related grants sector.	www.comtrust.org.nz/Home
Canterbury Medical Research Foundation	Funds medical research in the Canterbury region.	www.cmrf.org.nz
Otago Medical Research Foundation	Funds medical research and scholarships in the Otago region.	hsframework36.otago.ac.nz

RESEARCH FUNDING FOR MĀORI RESEARCHERS

The following sources do not include funding opportunities available to the general population for which Māori may also apply.

Organisation	Type of funding available	Contact details for further enquiries
Health Research Council of New Zealand (HRC)	<p>Māori Health Research Career Development Awards. These aim to foster the Māori health research workforce in New Zealand.</p> <p>Seeding Grants: Up to \$5,000 is available to develop and pilot Māori health research proposals. The cost of consulting with particular communities to develop a research project may be covered. Maximum duration is one year.</p> <p>Grants-in-Aid: Up to \$5,000 is available for dissemination of research results, including health research hui and publications.</p>	<p>www.hrc.govt.nz/root/pages_research_funding/Māori_Health_Research_Career_Development_Awards.html</p> <p>www.hrc.govt.nz/root/Research%20Funding/Funding%20Opportunities/Seeding_Grants.html</p> <p>www.hrc.govt.nz/root/Research%20Funding/Funding%20Opportunities/Seeding_Grants.html</p>
HRC in partnership with the Foundation of Research, Science and Technology	<p>Māori Knowledge and Development Research Fund:</p> <p>Project Grants – available for research projects that influence the achievement of Whānau Ora (health and social wellbeing) outcomes through addressing distinct challenges for Māori in whānau, hāpū, iwi and Māori community-based settings</p> <p>Advisory Grants – aim to provide community based groups with advice and support for research on topics that arise from Māori knowledge, people and resources.</p>	<p>www.hrc.govt.nz/root/pages_Māori_health/HRC_FRST_Joint_Research_Portfolio.html</p>

HRC and the Ministry of Health	<p>Through the Māori Health Joint Venture the HRC and the Ministry of Health seek to establish a flagship portfolio of collaborative research that will:</p> <ul style="list-style-type: none"> • Contribute to the development of Māori research capacity • Underpin key policy decisions • Have the potential to contribute significantly to Māori health outcomes. 	www.hrc.govt.nz/root/pages_policy/Maori_Health_Joint_Venture.html
Nga Pae o Te Maramatanga (Māori Centre of Research Excellence)	<p>Nga Pae o Te Maramatanga operates a research programme that identifies, selects and funds research projects that demonstrate excellence in support of research themes, including healthy communities in healthy environments. Projects are funded through contestable research rounds, which are open to researchers from qualifying research organisations anywhere in New Zealand.</p>	www.maramatanga.co.nz

RESEARCH FUNDING FOR PACIFIC PEOPLES RESEARCHERS

The following sources do not include funding opportunities available to the general population for which Pacific peoples may also apply.

Organisation	Type of funding available	Contact details for further enquiries
Health Research Council of New Zealand (HRC)	<p>Seeding Grants: Up to \$5,000 is provided towards the development of a Pacific health research proposal for the annual HRC contestable funding round. Maximum duration is one year. Seeding funding can be used to undertake consultation with community representatives, or researchers, to pilot specific aspects of the research design or for individuals/groups with no other source of research funding to write a proposal.</p> <p>The HRC funds and administers a variety of awards and scholarships to build the Pacific health provider workforce.</p>	www.hrc.govt.nz/root/Research%20Funding/Funding%20Opportunities/Seeding_Grants.html
		www.hrc.govt.nz/root/Pacific%20Health%20Research/Pacific%20Scholarships/Scholarships.html

APPENDIX 5: NEW ZEALAND HUBS OF TOBACCO CONTROL RESEARCH

KEY TO DIAGRAM: Organisations with a sustained involvement in tobacco control research are listed. The principal (but not sole) focus of each organisation's tobacco control research is summarised in italics.

AUCKLAND

Centre for Tobacco Control Research, Auckland University – *Māori and Pacific Island-focused projects focusing on reducing initiation, reducing smoking during pregnancy, improving cessation services and reducing health disparities due to smoking*

Action on Smoking and Health – *advocacy-led research to inform and advance tobacco control policy*

Centre for Social and Health Outcomes Research and Evaluation, Massey University – *surveys*

School of Public Health & Psychosocial Studies, Auckland University of Technology – *cessation; Asians and smoking*

Clinical Trials Research Unit, School of Population Health, University of Auckland – *conducting trials of cessation interventions, guideline development, tobacco control research*

WHANGANUI

Whakauae Research Services – *tobacco control research with emphasis on policy, health services research, evaluation, and primary prevention*

PALMERSTON NORTH

Te Pumanawa Hauora Māori Health Research Centre, Massey University – *focus on Māori health research, including tobacco smoking*

WELLINGTON

Health Promotion and Public Health Policy Research Unit, Wellington School of Medical Health, University of Otago, Wellington – *policy oriented tobacco control research*

Ministry of Health – *National surveillance and monitoring; commissioning and funding research*

Health Sponsorship Council – *monitoring and formative, process, impact and outcome evaluations*

Environmental Science and Research – *nicotine metabolism and tobacco constituents*

The Quit Group – *cessation research and evaluation*

Department of Medicine, University of Otago, Wellington – *Clinical trials of novel smoking cessation therapies*

CHRISTCHURCH

Health New Zealand – *smokeless tobacco, health impacts of tobacco smoking, e-cigarettes*

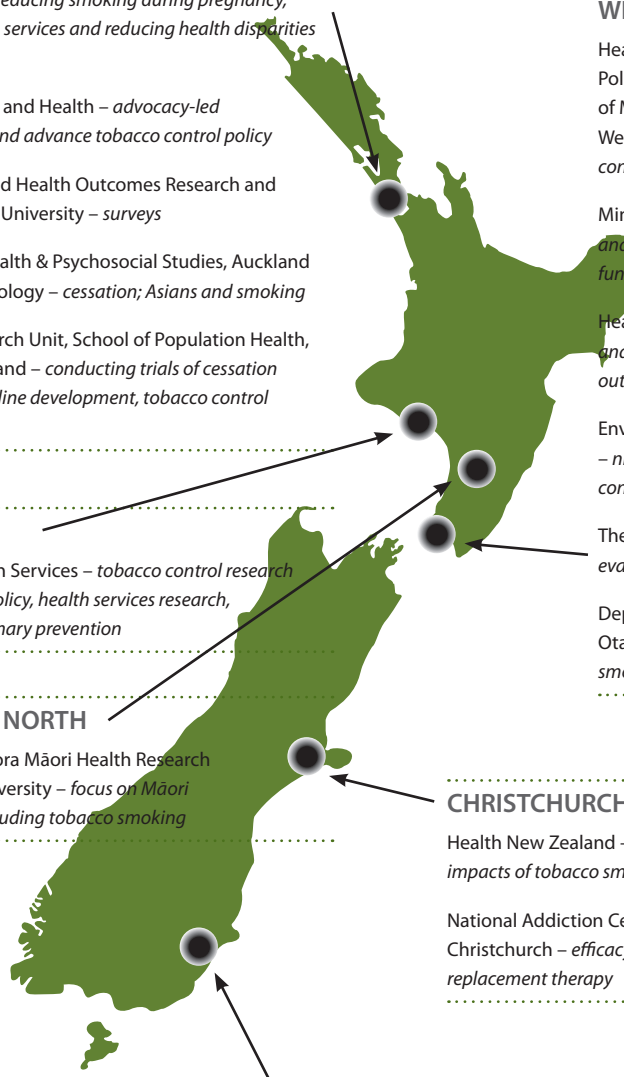
National Addiction Centre, University of Otago, Christchurch – *efficacy of long term nicotine replacement therapy*

DUNEDIN

Cancer Society Social & Behavioural Research Unit, University of Otago – *youth smoking and cancer determinants*

Dunedin Multidisciplinary Health and Development Research Unit, Preventive and Social Medicine, Dunedin School of Medicine – *longitudinal studies*

Department of Marketing, School of Business, University of Otago – *experimental studies and surveys*



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Tobacco smoking is the single largest cause of preventable morbidity and mortality in New Zealand. Approximately 5000 deaths each year are attributable to smoking or exposure to second-hand smoke. Smoking is a major cause of cardiovascular disease, respiratory diseases and cancers, and contributes to socioeconomic and ethnic inequalities in health.

Research plays a vital role in increasing knowledge and understanding of the hazards of tobacco use and the most effective ways of preventing tobacco uptake and reducing tobacco use.

The New Zealand Tobacco Control Research Strategy 2009-2012 provides a longer-term focus for New Zealand tobacco control research that will help to ensure that resources dedicated to tobacco control research are used as effectively as possible. The ultimate goal is the reduction of tobacco-related illness and deaths.

The 2009 Strategy has been produced by the Tobacco Control Research Steering Group, an advisory body established by the Ministry of Health.

