

Progress, setbacks and changing perception of the possible: reflections on Aotearoa/New Zealand's changed political landscape and tobacco policy plans

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In November 2023, the global public health community was shocked to learn the incoming Aotearoa/New Zealand government intends to repeal the country's world-leading Smokefree Environments and Regulated Products Amendment Act (SERPA).¹ Twenty years after the adoption of the WHO Framework Convention on Tobacco Control (FCTC) propelled widespread adoption and acceleration of effective tobacco control measures,^{2,3} and approaching 60 years since the landmark US Surgeon General's Report on Smoking and Health, Aotearoa/New Zealand stood at the vanguard of a new era of policy innovation towards the tobacco endgame.

There are a growing number of bold tobacco endgame initiatives enacted or planned in various countries by local, state and national governments⁴; however, SERPA was the first comprehensive national approach with an explicit goal to rapidly end smoking. Drawing on years of research on various policy options, public attitudes, policy perspectives and modelling studies,⁵⁻¹² its key measures were reducing nicotine in cigarettes to non-addictive levels, reducing tobacco retailers by more than 90% and introducing a Smoke-Free Generation policy for people born after 2008.¹ The act aligned with FCTC Article 2.1 which urges parties to go beyond the measures outlined in the treaty. Modelling shows that the synergistic impact of the measures could be expected to achieve its intended impact of a dramatic, rapid and equitable reduction in smoking prevalence,¹³ as well as being cost-effective.¹⁴

The three components above may have had the greatest salience for global tobacco control, but there were other crucial elements of the approach. In particular, it was driven by Māori leadership and

decision-making, appropriately reflecting its origins in early advocacy by Māori for a Tupeka Kore (tobacco-free) goal and the 2010 Māori Select Affairs Committee inquiry into the tobacco industry.¹⁵ It also included health promotion, community engagement and smoking cessation services to support Māori smoking prevalence to reduce more steeply than, and thereby reach parity with, other New Zealanders.

While tobacco use prevalence disparities are typically acknowledged in tobacco control plans, this is not always reflected in targets. New Zealand's endgame smoking prevalence target was for *all* population groups. By contrast, in neighbouring Australia—where a new National Tobacco Strategy was launched in 2023—inequality is baked in, with an overall national smoking prevalence target of 5% or less by 2030, but 27% or less for First Nations peoples.¹⁶ The new Aotearoa/New Zealand government's intention to repeal SERPA will do more than prolong the smoking epidemic in the country and exacerbate health-related inequity and inequality. Together with the intention to roll back other Māori health governance structures and initiatives, it is a slap in the face to Māori sovereignty, and a reminder to the global tobacco control community that our field does not exist in isolation from other public health and social policies.

SERPA was an exemplar of fundamental change in addressing commercial determinants of health and resisting the shift in power away public government bodies to private economic organisations.^{17,18} By placing the people most affected by the tobacco industry's activities at the centre of decision-making, and providing resourcing for community-driven engagement, it promised to invert the dynamic of increasing commercial sector wealth and power at the expense of costs externalised to increasingly impoverished and disempowered individuals, governments

and civil society organisations.¹⁹ Commercial determinants of health governance models can be conceptualised as a spectrum from self-regulation at one end, to co-regulation and public-private partnerships in the centre, with regulation of the private sector by the public sector at the other end.¹⁸ SERPA firmly reasserted the primacy of the state in regulating the private sector, and was a rare example of centring equity and social justice, putting people above commercial interests.²⁰ Its repeal looks set to move tobacco control policymaking closer to the centre of the model.

If SERPA had proceeded, a significant challenge the government would have faced was how to address the rapid increase in youth e-cigarette use in recent years.²¹ Aotearoa/New Zealand has treated e-cigarettes as consumer products, in part justified by the focus on very rapid reductions in smoking prevalence requiring availability of alternative products. Nonetheless, it had been suggested that the country could adopt some of the much more stringent e-cigarette measures announced by Australia in 2023.²¹ Since the announcement of the repeal, vaping has been promoted as a central tobacco control strategy, rather than a small part of the overall package of measures (and therefore acceptable trade-off) it was as part of SERPA.²² This fits with a concept of commercial determinants where the private sector can have a health enhancing role,¹⁷ a development likely to be warmly received by the tobacco industry.

Urgently curtailing the emerging global youth e-cigarette epidemic is appropriate and justified, particularly given the ever-expanding array of products^{23,24} and equivocal evidence for their effectiveness to support smoking cessation.²⁵ However, the reverse argument applies to the many countries which have tighter regulations on e-cigarettes than combustible tobacco, including complete sales bans.²⁶ The same boldness with which countries are acting against the e-cigarette epidemic could be equally applied to consigning other tobacco use to history.²⁷

The Aotearoa/New Zealand plan showed that a courageous government can set public health policy on the premise that the tobacco industry will not be ever-present, and provides a model that can be adapted by other countries and tailored to their circumstances. While the change of government has set the timeline back, the foresight that informed the plan has moved global tobacco control forward and redefined what is considered possible. SERPA may be on ice for as long as the current

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New Zealand government lasts, but its influence and legacy will be far-reaching.

SERPA provides an important reminder that the end of the tobacco epidemic will be brought about by leadership and action by both civil society and governments, not the tobacco industry touting a narrow focus on its expanding range of products hyped as the solutions to the problems it causes, nor by industry-funded foundations and front groups whose mandates align with tobacco industry interests. The act has high levels of public support¹; when the planned repeal was announced, it was ordinary people who took to the streets, supported by health and social services groups in Aotearoa/New Zealand and globally. Change comes about because of demands by inspirational and steadfast leaders, civil society and ordinary citizens who see the tobacco industry for what it is, researchers who produce robust evidence on which to base decisions and governments with the courage to make policy that serves the needs of its citizens above corporate interests.

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REFERENCES

- Edwards R, Bullen C, Hoek J, *et al*. Public health vandalism: new Government scraps world-leading smokefree legislation. *N Z Med J* 2023;136:9–11.
- Craig L, Fong GT, Chung-Hall J, *et al*. Impact of the WHO FCTC on tobacco control: perspectives from stakeholders in 12 countries. *Tob Control* 2019;28:s129–35.
- Chung-Hall J, Craig L, Gravely S, *et al*. Impact of the WHO FCTC over the first decade: a global evidence review prepared for the Impact Assessment Expert Group. *Tob Control* 2019;28(Suppl 2):s119–28.
- Bostic C, Bianco E, Hefler M. Progress, challenges and the need to set concrete goals in the global tobacco endgame. *Rev Panam Salud Publica* 2022;46:e118.
- Edwards R, Russell M, Thomson G, *et al*. Daring to dream: reactions to tobacco endgame ideas among policy-makers, media and public health practitioners. *BMC Public Health* 2011;11:580.
- Maubach N, Hoek JA, Edwards R, *et al*. 'The times are changing': New Zealand smokers' perceptions of the tobacco endgame. *Tob Control* 2013;22:395–400.
- Cobiac LJ, Ikeda T, Nghiem N, *et al*. Modelling the implications of regular increases in tobacco taxation in the tobacco endgame. *Tob Control* 2015;24:e154–60.
- Wilson N, Hoek J, Nghiem N, *et al*. Modelling the impacts of tobacco denicotinisation on achieving the smokefree 2025 goal in Aotearoa New Zealand. *N Z Med J* 2022;135:65–76.
- Hoek J, Lee E, Teddy L, *et al*. How do New Zealand youth perceive the smoke-free generation policy? A qualitative analysis. *Tob Control* 2022;tc-2022.
- Marsh L, Doscher C, Iosua E, *et al*. What impact would tobacco retailer proximity limit have on tobacco availability in New Zealand? *Tob Control* 2024;33:215–20.
- Hoek J, Graham-DeMello A, Wilson N. Perceptions of illicit tobacco sources following a proposed reduction in tobacco availability: a qualitative analysis of New Zealanders who smoke. *Nicotine Tob Res* 2023;25:1348–54.
- Hoek J, Muthumala C, Fenton E, *et al*. New Zealand community pharmacists' perspectives on supplying smoked tobacco as an endgame initiative: a qualitative analysis. *Tob Control* 2023. 10.1136/tc-2023-058126 [Epub ahead of print 8 Nov 2023].
- Ait Ouakrim D, Wilson T, Waa A, *et al*. Tobacco endgame intervention impacts on health gains and māori:non-māori health inequity: a simulation study of the Aotearoa/New Zealand Tobacco Action Plan. *Tob Control* 2023. 10.1136/tc-2022-057655 [Epub ahead of print 10 Jan 2023].
- Ait Ouakrim D, Wilson T, Howe S, *et al*. Economic effects for citizens and the government of a country-level tobacco endgame strategy: a modelling study. *Tob Control* 2023. 10.1136/tc-2023-058131 [Epub ahead of print 29 Nov 2023].
- Waa A, Johnson E, Stanley J, *et al*. Support for and potential impacts of key Smokefree 2025 strategies among Māori who smoke. *N Z Med J* 2023;136:49–61.
- Department of Health and Aged Care. National tobacco strategy 2023–2030. Australian Government; 2023. Available: <https://www.health.gov.au/sites/default/files/2023-05/national-tobaccostrategy-2023-2030.pdf> [Accessed 6 Jan 2024].
- Maani N, Collin J, Friel S, *et al*. Bringing the commercial determinants of health out of the shadows: a review of how the commercial determinants are represented in conceptual frameworks. *Eur J Public Health* 2020;30:660–4.
- Buse K, Tanaka S, Hawkes S. Healthy people and healthy profits? Elaborating a conceptual framework for governing the commercial determinants of non-communicable diseases and identifying options for reducing risk exposure. *Global Health* 2017;13:34.
- Gilmore AB, Fabbri A, Baum F, *et al*. Defining and conceptualising the commercial determinants of health. *Lancet* 2023;401:1194–213.
- The Lancet Public Health. Tackling obesity seriously: the time has come. *Lancet Public Health* 2018;3.
- Hoek J, Ball J, Waa A, *et al*. What can Aotearoa NZ learn from Australia's new Vaping policies? public health communication centre Aotearoa; 2023.
- Health Coalition Aotearoa. Government allies play down smoking harm, back repeal. Available: <https://www.healthcoalition.org.nz/govt-allies-play-down-smoking-harm-back-repeal/> [Accessed 11 Jan 2024].
- Ali FRM, Seaman EL, Diaz MC, *et al*. Trends in unit sales of cooling flavoured e-cigarettes, USA, 2017–2021. *Tob Control* 2024;33:147–53.
- Erinoso OA, Osibogun O, Egbe CO, *et al*. Electronic nicotine delivery systems in Nigeria: product types, flavours and nicotine content labels. *Tob Control* 2024;33:271–2.
- Gallus S, Stival C, McKee M, *et al*. Impact of electronic cigarette and heated tobacco product on conventional smoking: an Italian prospective cohort study conducted during the COVID-19 pandemic. *Tob Control* 2024;33:267–70.
- Klein DE, Chaiton M, Kundu A, *et al*. A literature review on international E-cigarette regulatory policies. *Curr Addict Rep* 2020;7:509–19.
- Howe S, Ouakrim DA, Blakely T, *et al*. The Australian government's new vaping policy should be part of a larger plan towards a tobacco endgame. *Med J Aust* 2023.