



Will the Government's new Smokefree Plan achieve Aotearoa's smokefree goal?

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Summary

In early 2024 the coalition Government repealed key measures in the Smokefree Environments and Regulated Products Act (SERPA) 2022¹; these measures could have ended the tobacco epidemic and were hailed internationally as world-leading. The repeal was widely condemned^{2,3} and the coalition government criticised for failing to offer an alternative plan. Now, less than two months before the government's own target for a Smokefree 2025 becomes due, it has released an "action plan". In this commentary we review the new plan's potential to achieve the Smokefree goal.

What is the Smokefree Goal?

The Smokefree Goal 2025 goal has its origins in the mid-2000s when Māori leaders concerned about large and persisting smoking inequities first advocated for a Tupeka Kore (tobacco free) Aotearoa.⁴ Since the 1980s, Aotearoa's action on tobacco control had involved a mix of mostly demand-reduction focused population level interventions (taxes, mass media, smokefree areas and marketing restrictions) and individual level interventions such as targeted cessation support. While these approaches had reduced smoking prevalence, they had done so relatively slowly and with insufficient impact on smoking inequities,⁵ particularly for Māori. Nonetheless, our tobacco control programme was aligned with international best practice⁶ and many had come to accept this was the best we could do.

A common analogy for how we can place limits on our expectations references an experiment where fleas are taught to lower how high they can jump by placing them in a glass jar. Tupeka kore challenged us to remove the glass lid that some in the tobacco control sector had unwittingly placed upon themselves and reject the status quo. Tupeka Kore called for a shift in focus from individually focused and business-as-usual population interventions to address the nature and supply of tobacco products. This change was seen as vital to bring a rapid end to the tobacco epidemic for all peoples. Advocacy from the tobacco control sector, communities and champions within government led to a pivotal Māori Affairs Select Committee report.⁷ The Government's response to the report in 2011 committed to achieving a Smokefree Aotearoa by 2025.⁸

Despite the Smokefree goal, subsequent governments continued with a largely business-as-usual tobacco control programme for the next decade. It was not until 2021 that the 'glass lid' was lifted with the 2021 Smokefree Aotearoa 2025 Action Plan⁹ followed by passing the SERPA legislation in 2022. Supported by evidence,¹⁰⁻¹³ SERPA aimed to render cigarettes non-addictive, harder to access and inaccessible to future generations.

What is in the current Government's new plan?

The [new plan](#) has two action areas. The first aims to reduce smoking uptake among young people and includes targeted messaging and campaigns to prevent uptake; providing health promotion resources to communities; increasing retail compliance and preventing illicit trade. The second action area aims to increase the number of people who stop smoking, with proposed actions including: increasing quit attempts (e.g. 'reinvigorating' stop smoking messages), improving referral rates to stop smoking support (e.g. through brief interventions in primary health services) and supporting people to stay 'smokefree' (e.g. providing more options to quit smoking).

Can the plan achieve the goal?

The new plan is a marked departure from the 2021 Smokefree Aotearoa Action Plan that addressed the nature and supply of tobacco. Instead, it signals a return to measures focusing on individual behaviours and bears similarities to smokefree plans published 20 years ago.¹⁴ We see three key flaws with this plan.

1) Lack of evidence and vision

There is very limited evidence the approach outlined in the plan will achieve the Smokefree 2025 goal. For example, the plan cites two Cochrane reviews^{15 16} to support its claims that

mass media campaigns are highly effective for smoking prevention and cessation. However, the cited reviews conclude that evidence for the effectiveness of these campaigns is limited and uncertain. For example, the smoking prevention review concluded: *“there is some evidence that some media campaigns can be effective in preventing the uptake of smoking in young people; however the evidence is not strong and contains a number of methodological flaws, and most of the studies did not detect an effect.”*

The plan also relies heavily on smoking cessation services. While an important element of tobacco control, studies such as Wilson et al.¹⁷ demonstrate that cessation services are not very effective at reducing smoking prevalence at the population level. This is because, only a small portion of people who smoke access cessation services during quit attempts and, of these, only a minority (12% is cited in the plan) successfully quit long term. The plan does little to make it easier for people who smoke to quit. For example, it misses the opportunity to make cigarettes non-addictive and less appealing, and less widely available.

2) Lack of resourcing

The [government has ruled out increased funding for mass media or cessation services](#) and the plan was released the in the same week that [sweeping cuts to public health staff were announced](#). In the absence of appropriate funding or personnel it is difficult to see how the plan will be effectively implemented.

3) Lack of sector engagement or government accountability

Unlike previous plans, there was little public or tobacco control sector engagement in the development of the plan. This means the plan may not reflect community expectations or be supported by communities.

The new plan also places an expectation that: people who smoke will make the ‘right choice’ and access cessation support; young people will make the ‘right choice’ not to smoke; communities will take action to resist tobacco; and that cessation services will work harder and provide more effective support. The plan therefore shifts responsibility for ending the tobacco epidemic away from government and the tobacco industry and back to communities, health professionals and individuals who smoke.

Conclusion

The new Smokefree Plan lacks a credible pathway for achieving the Smokefree Aotearoa goal. It relies on measures that have limited impact and fail to address inequities. It seems designed to absolve the government of responsibility for ending the tobacco epidemic in Aotearoa and instead apports blame to people who smoke, health professionals and communities. It distracts from the role the industry plays in perpetuating the epidemic and causing thousands of preventable deaths. It does not reflect the aspirations of communities, in particular those of Māori communities. The plan effectively reinstates the ‘glass lid’ on our aspirations for what can be and must be achieved for current and future generations.

What this Briefing adds

- The Government's "Action Plan" to realise the Smokefree 2025 goal does not withstand close scrutiny and relies on measures known to have limited impact on smoking prevalence and inequities.
- The "Action Plan" has at least three critical flaws, including its lack of evidence and vision, resourcing, and sector engagement and Government and industry accountability.
- The consequence of this "Action Plan" is that Aotearoa's Smokefree 2025 goal will very likely not be realised.

Implications for policy and practice

- It is not too late for the Government to return to an evidence-based policy approach and reintroduce the measures it misguidedly repealed; doing so would allow a return to the Tupeka Kore vision and the profound health and wellbeing benefits for all peoples it envisaged.

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