

## Article

# An analysis of submissions on regulations to implement Aotearoa New Zealand's tobacco endgame policies

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## Abstract

In late 2022, Aotearoa New Zealand passed legislation to introduce three commercial 'tobacco endgame' policies designed to reduce smoking prevalence rapidly and equitably; however, a newly elected coalition government repealed these measures in early 2024. Although Aotearoa is a Party to the Framework Convention on Tobacco Control, tobacco companies could participate in policy consultation processes and lobbied strongly against the endgame policies. Using an Official Information Act request, we obtained submissions made during the final consultation phase (on regulations that would have implemented the policies). We focused on 13 submissions made by tobacco companies, groups or individuals understood to have received industry funding (directly or indirectly), and groups that have roles within the nicotine product supply chain. We analysed arguments opposing the retail outlet reduction measure, which aimed to make smoked tobacco products substantially less accessible. Using the Policy Dystopia Model as a framework, we identified arguments that mapped to the PDM's economic, legal and political domains. Submitters stated the policy would impose serious costs, particularly on retailers; they anticipated illicit tobacco trade escalating, a consequence they predicted would harm communities and reduce public safety. We identified two over-arching themes: unfairness and promoting self-interest. Tobacco companies' ability to participate in consultation processes questions whether Aotearoa's implementation of Article 5.3 of the World Health Organization Framework Convention on Tobacco Control adequately protects public health policy-making from tobacco companies' influence. Stronger regulation of lobbying should set greater transparency requirements, monitor and critique industry activity, and implement a robust code of conduct.

**Keywords:** tobacco endgames; tobacco industry; lobbying; commercial determinants of health; tobacco retail regulation

### Contribution to Health Promotion

- Earlier studies have documented tobacco companies' use of multiple strategies, including participation in public consultation processes, to influence public policy; however, little is currently known about how they resist 'tobacco endgame' policies.
- Using the Policy Dystopia Model, we analysed submissions from tobacco companies, groups or individuals understood to have received industry funding directly or indirectly, and groups that have roles within the nicotine product supply chain.
- Arguments mapped particularly to the economic and law domains of the PDM, although we also identified new arguments relating to fairness and self-interest.
- Aotearoa urgently needs to regulate lobbying by introducing and rigorously implementing a code of conduct that requires high levels of transparency and regulates who may make submissions to public consultations on tobacco control policy.

## INTRODUCTION

In 2022, Aotearoa New Zealand's (Aotearoa) Parliament passed the Smokefree Environments Regulated Products (Smoked Tobacco) Amendment Act (SERPA), which aimed to reduce tobacco availability and addictiveness, and lower

smoking prevalence to minimal levels (NZ Government 2023). This legislation recognised that achieving the Government's goal of becoming a smokefree nation by 2025, defined as prevalence below 5% (and as close to 0% as possible) for both Māori and non-Māori, required systemic

change and more intensive community cessation support (Malone 2013, Maddox *et al.* 2024).

The SERPA introduced three measures designed to reduce the number of outlets selling tobacco products, set a new low nicotine standard for smoked tobacco products, and end tobacco sales to anyone born after 2008 (NZ Government 2023). Interest in these measures, which challenge perceptions of tobacco as a ‘normal’ consumer item and aim to end its profoundly harmful effects on population health and wellbeing, has grown internationally (Hoek *et al.* 2022, World Health Organization 2023a). Local authorities and governments have adopted the tobacco-free generation policy, with the Maldives recently becoming the first nation to end the sale of tobacco products to young people (ASH US 2024, 2025, Silbaugh *et al.* 2024).

In a widely condemned move (Hoek *et al.* 2023, 2025, Towns *et al.* 2024), a coalition Government formed in 2023 repealed the three commercial tobacco ‘endgame’ measures (NZ Government 2024). Past connections between ministers and tobacco industry staff (Hoek *et al.* 2024), including admissions from one minister that he had taken ‘soundings’ on tobacco policy from an industry representative (Newton 2024), raise questions about tobacco companies’ possible influence on public health policy (Hoek *et al.* 2024). Despite previously scoring well on the Tobacco Industry Interference Index (Cancer Society of New Zealand 2023), events in Aotearoa suggest monitoring and analysing industry rhetoric and examining potential interference with policy, have become more important (Gilmore *et al.* 2023, van Schalkwyk *et al.* 2024).

The World Health Organization defines the commercial determinants of health as ‘the conditions, actions, and omissions of corporate actors that affect health’ (World Health Organization 2023b). Researchers have identified lobbying as a key strategy that presents industry interests as the public interest (Kickbusch *et al.* 2016, McKee and Stuckler 2018, Mialon 2020, Maani *et al.* 2022, Gilmore *et al.* 2023, Aravena-Rivas *et al.* 2024, van Schalkwyk *et al.* 2024). Concerns over how these strategies legitimise discourse favourable to the industry’s interests have stimulated development of analytical frameworks (Friel *et al.* 2023, Gilmore *et al.* 2023). One of these frameworks, the Policy Dystopia Model (PDM), outlines how tobacco companies use discursive (argument-based) and instrumental (alliance-based) strategies to oppose policies (Ulucanlar *et al.* 2016). It explains how, if efforts to move a proposal off the policy agenda do not succeed, tobacco companies may try to weaken or delay policies, or identify potential loopholes that will enable non-compliance (Ulucanlar *et al.* 2016).

Instrumental strategies, including the alliances tobacco companies form with groups that promote and magnify their arguments, offer the tobacco industry’s assertions a veneer of credibility. For example, they use astroturfing (creating ostensible grassroots groups to voice their arguments) (Ozarka and Hoek 2023), support third parties that oppose the policies (e.g. right wing ‘think tanks’ and trade associations), and fund research that produces results supporting industry positions (Bero 2005, Smith *et al.* 2017).

These connections amplify tobacco companies’ potential influence on policy and thus run counter to Article 5.3 of the World Health Organization Framework Convention on Tobacco Control. This article requires Parties to ‘act to protect ... policies from commercial and other vested interests of the tobacco industry in accordance with national law’, on

the grounds the tobacco industry’s goals are antithetical to public health (World Health Organization 2013). Despite being an FCTC Party, Aotearoa allows tobacco companies and groups that receive industry funding (directly or indirectly) to make submissions when consulting publicly on proposed smokefree policies. The endgame measures Aotearoa’s Government enacted in late 2022 went through several consultation processes (NZ Government 2023); tobacco companies provided feedback on the draft Smokefree Aotearoa 2025 Action Plan that proposed endgame measures, the Bill designed to enact these measures, and regulations that would implement the legislation (British American Tobacco 2021, Imperial Brands Australasia 2022).

We used the PDM to analyse submissions made on the SERPA regulations by different submitters, including tobacco companies; groups that receive industry funding (directly or indirectly, e.g. ‘pressure groups’ or beneficiaries of grants from industry-funded groups), or that benefit economically from widespread commercial supply of tobacco companies’ products (e.g. retailers and trade channel members or associations). We focussed on the retailer reduction strategy, about which the Ministry of Health’s consultation document posed several questions (the questions regarding denicotinization were largely technical and the consultation questions did not address the smokefree generation measure). We addressed the following research questions:

- (i) What arguments did submitters use to expand the costs and reduce the benefits of a comprehensive retailer-reduction strategy?
- (ii) Did the arguments advanced vary across submitter categories?

## MATERIALS AND METHODS

### Consultation context and data acquisition

Following enactment of the SERPA legislation, the Ministry of Health invited feedback on five regulatory proposals, including the retailer reduction strategy (distribution, minimum security and other requirements, approval processes, and application fees), on which we focus. The remaining proposals considered technical questions, e.g. testing procedures to assess compliance with the new nicotine standard, retailer fees, notification requirements, and vaping regulations, and thus fell outside our research questions.

Using the Official Information Act 1982, we requested several submissions on the SERPA regulations. Eligible submissions analysed in this MS were made by tobacco companies and submitters understood to have received industry funding [e.g. from the Philip Morris International funded Foundation for a Smoke-Free World (now Global Action to End Smoking) or via membership dues]. We also reviewed submissions from groups that had financial or other connections with industry-funded groups, and groups that operate within the nicotine product supply chain (e.g. retailer or industry trade associations). Our approach followed that used in other recent analyses of submissions made by health-harming industries (Hamilton *et al.* 2024, Matthes *et al.* 2025).

Of the 16 potentially eligible submissions, we excluded three after review as they did not contain comments relating to the retailer reduction strategy (Japan Tobacco International; 22nd Century Group and the Vaping Industry Association of New Zealand). Table 1 contains details of

Table 1. Summary of submission documents analysed.

Submitter	Category	Comments
British American Tobacco (New Zealand) (BATNZ)	Tobacco company	<b>Included</b> <b>Submission statement (response to Ministry of Health template not provided and no separate disclosure statement in materials obtained):</b> 'BATNZ's purpose is to reduce the health impact of our business by offering adult consumers who would otherwise smoke a wide range of less risky, smokefree alternatives to combustible cigarettes. We acknowledge the Government's objective of achieving a 5% smoking prevalence as set out in the Smokefree Aotearoa New Zealand 2025 Action Plan. We believe that to achieve this objective, an approach that better embraces harm reduction would be more effective than prohibition's negative consequences under the most recent regulatory amendments'.
Imperial Brands Australasia (IBA)	Tobacco company	<b>Included</b> <b>Submission statement</b> Ticked box 'Tobacco manufacturer, importer, or distributor'. Commercial interests noted as 'I have commercial interests in both smoked tobacco and other regulated products (vaping products, other notifiable products)'. No further information provided in response to questions regarding 'Protection from commercial and other vested interests of the tobacco industry'.
Japan Tobacco International (JTI)	Tobacco company	Not included (no comments on retail reduction policy).
22nd Century Tobacco	Tobacco company	Not included (no comments on retail reduction policy).
NZ Taxpayers Union (NZTPU)	'Pressure group'	<b>Included.</b> Previously reported as having received tobacco industry funding. (Sachdeva 2019) <b>Submission statement:</b> The New Zealand Taxpayers' Union is predominantly (80.4%) funded by small dollar donations. 2.1% of our funding comes from industry membership and donations, a subset of which includes the tobacco industry. This submission has not been shared with any of our donors.
Individual	Individual submitter	<b>Included</b> Disclosures redacted. Comments within submission and apparent self-citation suggest the submitter received funding from the Foundation for a Smoke- Free World. As the submitter's name was redacted, we have not identified the person.
Z Energy	Retailer	<b>Included</b> Self-disclosed in application that 'I have commercial interests in both smoked tobacco and other regulated products (vaping products, other notifiable products)'.
Foodstuffs (parent company of the New World and Pak'n'Save supermarkets)	Retailer	<b>Included</b> Self-disclosed in submission that 'I have commercial interests in both smoked tobacco and other regulated products (vaping products, other notifiable products)'.
Super Liquor Holdings	Retailer	<b>Included</b> Self-disclosed in application that 'I have commercial interests in both smoked tobacco and other regulated products (vaping products, other notifiable products)'. Noted 'Tobacco and vape wholesalers supply product to my organisation for resale'.
Night n Day	Retailer	<b>Included</b> Self-disclosed in submission that 'I have commercial interests in both smoked tobacco and other regulated products (vaping products, other notifiable products)'. Noted 'While we hold a commercial relationship with tobacco companies to sell their products, we receive no funding to support legislative change nor collaborate with their views'.
Asia Pacific Travel Retail Association (APTRA)	Trade Association	<b>Included</b> Did not use submission template and submission does not include a statement of interests. Given members sell tobacco and vaping products, we believe the following statement applies to them: 'I have commercial interests in both smoked tobacco and other regulated products (vaping products, other notifiable products)'.
NZ Association of Convenience Stores (NZACS)	Trade Association	<b>Included</b> Self-disclosed in application that 'I have commercial interests in both smoked tobacco and other regulated products (vaping products, other notifiable products)'. <b>Submission statement:</b> Our supplier membership does include both BAT New Zealand and Imperial Tobacco. However, we are a retail convenience association as opposed to a supplier association and focus our energy on the interests of our retailers.
Retail NZ	Trade Association	<b>Included</b> <b>Disclosure statement:</b> I do not have any commercial interests in smoked tobacco or other regulated products (vaping products, other notifiable products). <b>Covering letter states:</b> Retail NZ represents a very broad range of retailers that sell both smoked tobacco and vape products across New Zealand, as well as some suppliers.

Table 1. Continued

Submitter	Category	Comments
Dairy and Business Owners Group (DBOG)	Trade Association	<b>Included</b> Did not use submission template and submission does not include a statement of interests. Given members sell tobacco and vaping products, we believe the following statement applies to them: 'I have commercial interests in both smoked tobacco and other regulated products (vaping products, other notifiable products)'.
Vaping Industry Association of New Zealand (VIANZ)	Trade Association	Not included (no comments on retail reduction policy).
Motor Trade Association (MTA)	Trade Association	<b>Included</b> Did not use submission template and submission does not include a statement of interests. Given MTA members sell tobacco and vaping products, we believe the following statement applies to them: 'I have commercial interests in both smoked tobacco and other regulated products (vaping products, other notifiable products)'.

submitters and the 13 submissions included in this analysis. Although the Ministry of Health provided a submission template that asked submitters to disclose their commercial interests and details of any tobacco company links or vested interests, not all submitters used this form. Several provided additional text in covering letters or statements adduced alongside, or instead of, the template. All submissions included in this analysis may be obtained on reasonable request from the corresponding author.

Because all data are available on request from the Ministry of Health and no primary data collection was undertaken, formal ethics approval was not required. We discussed questions regarding participant confidentiality as a team and with colleagues, and disclose the names of companies and groups, but not of individuals.

### Submitters and submissions

We grouped submissions into four categories: Tobacco companies; 'pressure groups'; retailers, and trade associations (one person submitted as an individual and was not classified into a category).

### Data analysis

We undertook a document analysis where we systematically reviewed the submissions and synthesized arguments using the Policy Dystopia Model (PDM) as a framework (Ulucanlar *et al.* 2016). The PDM outlines strategies tobacco companies use to influence public health policy, such as exaggerating a policy's likely costs while minimizing its potential benefits. These discursive strategies typically segue into meta-narratives that outline existential threats to society and allege government incompetence.

We managed the data using NVIVO 1.6.1, coding the submissions deductively using the discursive strategy taxonomy, which we expanded inductively, to accommodate new arguments and domains. We also developed detailed submission summaries, which we used to identify arguments and supporting quotations, and develop inductive themes.

### Reflexivity statement

We are all public health researchers with a particular interest in policies that will lead to rapid and equitable reductions in smoking prevalence. Our experiences have led us to feel sceptical about tobacco companies' arguments and we support

Article 5.3 of the FCTC (quoted above). We have previously analysed tobacco industry rhetoric and our MS draws on this collective expertise.

## RESULTS

We present our findings using the PDM's framings and summarize submitters' arguments in Table 2. Our descriptive analysis first considers arguments that reducing retailer numbers would expand or create costs, and then reviews claims that public health benefits would be limited, if realized at all. Within each domain, we present core arguments ('RQ1') before outlining the submitters advancing these ('RQ2'). Finally, we propose two inductive themes (unfairness and self-interest) that connect several domains.

### Costs to the economy

This domain considers arguments about costs that the policy would inflict on society. Submitters claimed the retailer reduction policy would impose costs on the economy, including job losses. British American Tobacco (BAT) commented that 'thousands of retailers [would] be dramatically and critically affected' by the policy and called on the Government to provide economic relief by supporting alternative revenue streams 'including [allowing] additional vaping flavours and oral nicotine products to assist their economic viability' (BAT). The Dairy and Business Owners' Group stated: 'Never, have thousands of small businesses that communities depend upon been put at mortal risk, for so little consultation [sic]'.

An individual submitter commented that local town centres lacking a tobacco retailer would lose shoppers, thus allegedly harming local economies and reducing community cohesion. Other submitters (a 'pressure group' and trade association) raised concerns that illicit trade would reduce government revenue, with the loss of 'over \$2bil in... excise revenue and other taxes' (NZ Association of Convenience Stores). Overall, submitters from varied groups claimed the policy would impose specific and general economic costs, including projected job losses, community decline, and lost government revenue. Submissions also proposed causal links between economic costs and declining public safety.

### Law enforcement

Submitters argued that reducing retail outlet numbers would lead to a substantial illicit market run by 'gangs and organized

Table 2. Classification of arguments using the policy dystopia model.

Discursive strategy	Domain	Argument	'Voice'	Examples from text
Unanticipated costs to economy and society	Economy	Policy will lead to lost sales or jobs	British American Tobacco (BAT)	'Alternatively, the implementation should be delayed, aligning with the 1 April 2025 implementation of the prohibition on traditional tobacco products, given the adverse business effects and safety risks posed to retailers under the current settings.'
	Law enforcement	Policy will lead to lost or unreliable tax revenue	NZ Taxpayers' Union (NZTPU)	'Not only will this lead to worse health outcomes, it will also mean non-smoking taxpayers bear the cost of healthcare for those who smoke illicit tobacco.'
		Policy will increase illicit trade	NZ Association of Convenience Stores (NZACS)	'As currently enacted, these two proposals [retailer reduction, VLNCs] create a perfect storm of extreme displacement of a legal market, pushing the entire supply underground to criminal supply—who do not check ID.'
		Violent crime will increase	NZTPU	'We also fear that having fewer stores will create significant targets for criminals. We have heard of estimations that some retailers would hold up to \$300 000 worth of tobacco at one time.'
Unintended benefits to underserving groups	The law	Policy will criminalize the public	BAT	'These consequences will challenge law enforcement and risks public disregard for the law.'
		Public body going beyond its jurisdiction	Imperial Brands Australasia (IBA)	'The regulations give the Director-General of Health ultimate authority to determine who receives a licence to sell tobacco and who doesn't. Ordinary principles of free market competition should apply to businesses who sell legitimate tobacco products to adult consumers.'
		Nanny state/slippery slope	Dairy and Business Owners' Group (DBOG)	'This is why this prohibitionist policy will fail at great cost to our sector and public health objectives.'
		Policy unfair to people who smoke	NZTPU	'We strongly recommend that there are a significant number of approved online retailers to help limit risks of monopolistic pricing driving up costs for those living far enough away from traditional retailers.'
Unintended costs to public health	–	Big business will profit	IBA	'There is currently no provision of support to help retailers develop these systems, so the issuing of licenses is inequitable as it favours larger, better resourced operators.'
		Policy will be counter-productive	BAT	'There will be a proliferation of unregulated "homegrown" operations and illegal cigarettes and tobacco sold by organised criminal groups.'
		There is not good evidence	NZTPU	'We are concerned that the proposed allocation is based on the 2018 census data. We recommend waiting for the results of this year's census. Smoking in 2018 was significantly higher than it is now so the geographic distribution of smokers may have changed.'
			Z energy (fossil fuel)	'This allocation seems grossly disproportionate to the overall distribution of smokers across New Zealand. Z urges the Ministry to reconsider its distribution methodology.'
Intended public health benefits will not be realized			Super Liquor NZACS	'We see significant issues in the retailer allocations proposed.'
				'Minister Verrall [Minister of Health] has confirmed that the proposed store allocation is based on 2018 census data. The daily smoking rate at this time was almost 40% higher at 13.3% vs 8.0% in 2022. New, more accurate, census data may be available later this year following the 2023 census, and any final proposals should be delayed to at least incorporate this more up to date information.'
		Policy will not work	BAT	'We do not believe this retail regime is required to support the Smokefree 2025 goal. ... It remains to be seen if a viable 'approved smoked tobacco product' will be brought to market by the 1 April 2025 effective date of the very low nicotine policy.'
		Policy is not needed	Foodstuffs (parent company of the New World and Pak'n Save supermarkets)	'Establishing of statutory minimum criteria for smoked tobacco retailers would raise standards for the right to retail tobacco products and lead to sub-standard operators leaving this market, naturally reducing the number of retailers selling these products. Then at a later date, once the new approval process had bedded in and the government had a clearer understanding of demand and supply at a local level, it could assess whether a reduction in retail availability was warranted. We note that the prevalence of smoking continues to steadily reduce, and New Zealand may be close to the Smokefree status (less than 5% of the population smoking) by 2025 without the intervention of the ASTR [Approved Smoked Tobacco Retailers] regime.'

Table 2. Continued

Discursive strategy	Domain	Argument	'Voice'	Examples from text
Expected tobacco industry costs		Policy will lead to reduced sales Cost of compliance will be high	IBA	'If the Ministry proceeds with the proposed regulations, then it should give retailers more time and capacity to transition to other revenue sources.'
			NZACS	'The implications of this scheme as proposed on the enormous stock weight volumes (and dollar value) that individual stores in these regions would be needing to order and carry in store is highly concerning. In some regions an ability to meet consumer demand may require a store to be ordering more than \$100 000 of stock per week.... This will likely put obtaining a license out of reach for many smaller retailers and would expose the stores who can afford to continue supplying tobacco (seemingly to be identified by the Ministry of Health) as easy targets for criminals.'
New discursive strategy: Fairness		Unfair	BAT	'Consideration should also be given to security, safety and policing support required for those retailers who lose access to traditional tobacco products, that may face an escalated risk of aggravated crime and assault from aggrieved customers, as demonstrated in recent media reports.'
			IBA	'The heavy compliance burden to force retailers to invest in these systems will unfairly penalise smaller operators that cannot afford them.... In addition, the proposed regulations will disadvantage an entire retail channel (small retailers and dairies) and redistribute these volumes and profits to other channels, such as larger retailers that can meet the heavy compliance costs and obligations.... The criteria do not give any weighting to the foreseeable and unwanted consequences of drastically reducing the number of retailers licensed to sell tobacco. It will create local monopolies on tobacco sales, force many retailers to close, concentrate the risk of crime, and force smokers to buy illegal tobacco outside of a well-functioning and well-regulated market.'
			Individual	'Iconic New Zealand dairies on the other hand, which are predominantly now owned and run by Indian and Asian New Zealanders; often family-run businesses, will be at high risk of business failure.'
			Night n Day (small retail chain)	'Ability to dissolve leases within two years of losing the ability to retail. A very large proportion of retailers are reliant on tobacco for the viability of their business. Losing the ability to retail tobacco due to changing legislation will leave them in a position where leases have been entered into that they can no longer sustain.'
			Retail NZ	'Businesses take great pains to operate within the law and are making large financial investments to do so. It is fair that they are given a level of certainty about the conditions under which they trade. The constantly changing rules in this area and the one year time frame currently proposed for successful applications to sell tobacco products, does not allow any such certainty.'
New discursive strategy: Self-interest		Promoting own interests	Dairy and Business Owners' Group	'Many retailers have long leases and with little prospect of selling as a going concern, or someone taking the lease, without this provision people will be ruined. We don't write this lightly as we have landlords among us. We are not blagging about the cataclysm the loss of smoked tobacco represents [sic].'
			Foodstuffs	'Grocery retailers and alcohol stores applying to be an ASTR (approved smoked tobacco retailer) should not rank lower: Foodstuffs strongly rejects the proposition that stores selling groceries or alcohol should rank lower on the evaluation of this criterion.'
			DBOG	'We heavily suggest to the Ministry that criteria should be skewed to outlets that are not destination stores; which supermarkets and large company owned petrol stations are. Giving licenses to the supermarkets and Caltex is like allowing them to use plastic bags again. It normalises smoked tobacco sales because these are frequented by families; a policy own goal.'

Table 2. Continued

Discursive strategy	Domain	Argument	'Voice'	Examples from text
			Night n Day	'A number of existing tobacco retailers are large internationals, of whom send large profits offshore each year. Extending the requirement for Directors and Shareholders to be New Zealand residents aligns those retailing tobacco with the social interests of New Zealand as they are vested in the local communities.'
			Super Liquor	'Liquor stores already have experience in age-restricted retailing and therefore provide a logical option for the controlled sale of tobacco products.'

crime' (BAT), which they claimed would reduce public safety and tobacco product quality, and even increase smoking prevalence. BAT commented that the policy would stimulate 'illegal tobacco' as 'organized criminal networks' filled the 'supply gaps' created and pressured remaining retailers to sell illicit tobacco. Imperial Brands Australasia (IBA) noted that the policy would 'potentially force smokers to turn to illicit sources' that were 'ready to serve them'.

Beneficiaries of tobacco industry funding [whether via membership dues, donations, or the Foundation for a Smoke-Free World (now Global Action to End Smoking)] raised similar concerns. The New Zealand Taxpayers' Union stated that the policy would make people who smoke 'more likely to consume illicit tobacco purchased from the growing black market... with sellers unlikely to comply with harmful constituent limits'. This submission predicted smoking prevalence would increase as illegally supplied tobacco 'becomes more prevalent and lower cost in comparison to the legal market' (New Zealand Taxpayers' Union).

Trade associations, one of which includes tobacco companies as members (and all of which represent retailers who sell tobacco products), also strongly criticized the retail reduction measure. The NZ Association of Convenience Stores commented that, alongside the reduced nicotine levels required for legally supplied smoked tobacco products, lowering retailer numbers would 'create a perfect storm of extreme displacement of a legal market, pushing the entire supply underground to criminal supply' thus 'turbo-charg[ing]' the illicit market. Like its member, BAT, this group claimed retailers would face pressure from 'gang stand over tactics' to supply illegal tobacco.

Submitters from all groups highlighted illicit trade as a serious threat imposing costs that ranged from increased crime to the use of more harmful products. Their claims presented people who smoke as victims, 'forced' to turn to illicit suppliers.

### The law

The PDM separates legal costs relating to public safety, such as those posed by illicit trade, from activities that allegedly transgress existing laws. Few submitters commented that reducing retailer numbers would breach existing laws or agreements, such as free trade treaties. However, an individual submitter suggested the measure represented an 'unfair trading practice' that breached fair trading legislation. The same submission claimed people who smoke would have to drive further to obtain tobacco, an outcome the submitter claimed was inconsistent with the Government's Low Emissions Plan.

More broadly, several submissions criticized the Ministry of Health, alleging it had gone beyond its jurisdiction and failed to follow a proper process. Tobacco companies, a retailer group, and trade associations claimed the Ministry's approach, which saw the policy placed within primary legislation rather than in regulations, had precluded consultation. That is, the SERPA Act outlined the retailer reduction measure rather than using regulations, delegated legislation made to implement an Act's provisions, to set out these details. Acts establish broad legal frameworks and principles, while regulations provide more detailed rules and implementation mechanisms. BAT stated this action had 'prevented appropriate consultation and flexibility to adapt with future market dynamics', thus preventing market regulation. Foodstuffs (parent company of two major supermarket chains) predicted



process failures that had left ‘no opportunity for retailers to have any input or to express a view on the practicality of it [the legislation]’, and would therefore lead to sub-optimal implementation. Other submitters also raised process concerns, and called for ‘decision-making [that] is fair and transparent’ (NZ Association of Convenience Stores) alongside ‘an even playing field for all applicants’ (Retail NZ).

The Dairy and Business Owners’ Group, representing small convenience stores, went further, alleging racism. They complained the Ministry favoured ‘“anti” groups and mostly Pakeha [sic] academics’, queried why the ‘statutory obligation to consult with Māori’ did not also apply to ‘directly affected retailers or smokers themselves’, and claimed this approach was ‘inequitable and defies any form of good consultation practice’. [Pākehā are New Zealanders of European descent (Te Aka Māori Dictionary 2025).]

Trade associations, retailers, and a ‘pressure group’ suggested retailers allocated a licence would face an ‘increased security risk’ (Z Energy) and become ‘significant targets for criminals’ (NZ Taxpayers’ Union) or ‘sitting ducks’ (Retail NZ) who faced ‘aggravated robbery’ (Foodstuffs) as their stock value increased.

Concerns about the law focussed on process (lack of consultation) and predicted costs (increased risk to retailers). These arguments overlap with some of the PDM’s political and governance domain arguments, which include unreasonableness and poor accountability by government, and inform an overarching theme—unfairness—that we outline later.

### Political and governance

Submitters did not explicitly argue that the Government was anti-free enterprise; relatively few referred to prohibitionism or evoked the ‘nanny state’ spectre. However, an individual submitter raised social justice concerns, claiming the policy was ‘unethical and completely lacking in compassion for people who smoke’ who could be further ‘stigmatise[d] and criminalise[d]’ (name redacted).

### Unintended benefits (to underserving groups) and costs (to public health)

Most comments discussing perverse costs and benefits referred to illicit trade, which submitters commented would benefit gangs and exacerbate tobacco’s harmfulness, thus increasing public health costs.

### Containment of public health benefits

Submitters challenged evidence informing the retail reduction policy, questioned the measure’s logic and design, alleged the process was impractical, and called for a delay until new Census data could be used. IBA commented the policy lacked an empirical or logical foundation: ‘There is no credible evidence to support the view that limiting the number of retail outlets would reduce the consumption of tobacco products or smoking initiation’. Other submitters questioned the methodology adopted and stated the proposed outlet allocation plan relied on outdated data; for example, BAT claimed the proposed locations map was ‘not informed by the most up to date data and census information regarding smoking prevalence’. A retailer and trade association claimed the proposal was likely to ‘result in severe imbalances in smoked tobacco demand and supply’ (Z Energy) and asserted that it was ‘abundantly apparent that neither the limit, nor the timing provided

for retailers to apply, is workable for most New Zealand businesses’ (NZ Association of Convenience Stores). See Table 2 for additional excerpts from submissions.

Many submitters alleged that the policy would not work, although their emphases varied. Tobacco companies commented that the expected benefits would not eventuate; IBA stated: ‘The proposals assume that there will be a reduction in demand for legal tobacco commensurate with the reduction in stores. This is a fallacy.’ Retailers and retailer associations focussed more on perceived anomalies within the allocation plan, which they believed would disrupt their business operations. Super Liquor Holdings anticipated ‘unintended consequences such as significant in-store queuing times and increased traffic volumes and travelling times’ while Foodstuffs predicted ‘increased security issues for approved operators, adverse impacts on customer service, the need to re-configure store layouts, and supply chain issues’.

### A lack of fairness

Alongside these gloomy prognostications, many submitters noted that retailers would face high compliance costs, which they saw as comprehensively unfair. They criticized the strategy as unnecessary, harmful to businesses, communities and society, and claimed it followed a deeply flawed process that would impose new costs without delivering benefits. Submissions framed retailers as victims facing bankruptcy if they did not secure a licence, and at risk of serious security threats if they did. Within this theme, tobacco companies appear to be positioning themselves as protectors of retailers’ livelihoods and community cohesion. IBA claimed ‘The heavy compliance burden to force retailers to invest in these systems will unfairly penalise smaller operators that cannot afford them’, thus potentially causing many to go out of business.

Tobacco companies were more likely to emphasize catastrophic outcomes for retailers than other groups; some retailers and a trade association made pragmatic and helpful suggestions. For example, faced with heavy compliance costs and the probability they would not receive a licence, they suggested varying the process to avoid heavy up-front costs (Foodstuffs). Others suggested compensating businesses that failed to receive a licence, by subsidizing wages or offering tax relief (MTA and Super Liquor Holdings), and extending the licence duration (so costs were amortized over a longer period) (Foodstuffs).

### Promoting their own interests

Although we did not examine comments concerning vaping products, some submissions promoted a ‘harm reduction’ approach, which they suggested would realize the Government’s Smokefree 2025 goal while supporting retailers. BAT suggested ‘embrace[ing] harm reduction rather than incurring the risks of ‘prohibition’, allowing sales of ‘oral nicotine alternatives’, and expanding ‘adult-oriented vaping flavours in general retail [outlets]’ to assist retailers’ ‘economic viability’. The MTA, NZ Association of Convenience Stores and Foodstuffs presented similar arguments. The Dairy and Business Owners’ Group went further, proposing that its members ‘actively sell vapes and smokeless tobacco to smokers’, thus forming a 6000-strong smoking cessation workforce.

Yet, despite their shared view that selling vaping products could compensate for the revenue reduction predicted to affect



retailers who did not obtain a licence, retailers and trade associations appeared to be strongly positioning themselves (or their members) as the most suitable licence holders. For example, Night and Day (a NZ-based retail chain) commented that applicants should be New Zealand residents, to avoid large profits being sent offshore; Super Liquor Holdings also proposed domiciliary conditions, suggested licence holders should have experience operating in an 'age restricted and highly regulated retail environment—such as alcohol or fire-arms', and stated supermarkets should be excluded from consideration as they 'do not provide age restricted areas'. The Dairy and Business Owners' Group stated that: 'criteria should be skewed to outlets that are not destination stores; which supermarkets and large company owned petrol stations are'. The submission continued 'Supermarkets **must not** sell smoked tobacco given this is where most Kiwis do their main family shop.... The big fuel company owned petrol stations **must not** sell smoked tobacco but the independents could' (emphasis in original). Foodstuffs, which owns some supermarket chains, rejected 'the proposition that stores selling groceries or alcohol should rank lower' on the criteria than other stores. The Asia Pacific Travel Retail Association went further, urging the Government to 'to take into account the **unique nature of the duty-free channel**' (emphasis in original), which appears to imply they should be exempt from the retailer cap, given they operate in a duty-free environment.

Overall, submissions appeared to align clearly with the PDM's discursive strategies. Nonetheless, the themes of unfairness and self-interest extended the PDM; while both are arguably implicit in several domains, submitters used these arguments in different ways. We identified potential fractures among the tobacco industry's allies; for example, retailer groups used their submissions to advocate for implementation strategies that would benefit their specific sectors, often to the likely detriment of other retailer groups.

## DISCUSSION

Submissions drew on several PDM arguments, notably illicit trade, unreasonableness, lack of evidence, and high compliance costs. Arguments aligned with several PDM discursive strategies and domains, and submissions varied more in length and comprehensiveness than in the assertions made. Submitters offered suggestions for improvement, but some advice offered by industry, 'pressure groups' and trade associations would, if adopted, have arguably weakened the policy, a notable PDM strategy. These groups were also more likely to claim the retail reduction policy lacked a strong evidence base, although none cited comprehensive research the measure would lead to the adverse outcomes they anticipated. By contrast, retailers were more likely to make practical suggestions that may have improved implementation, had the measure not been repealed.

Our analyses illustrate how comments advanced by tobacco companies also appear in submissions from groups that benefit (directly or indirectly) from industry funding, sell tobacco and vaping products, or that include tobacco companies amongst their members. For example, several submissions opposed the retail reduction strategy while supporting more liberal regulation of vaping and oral nicotine products. These proposals align with tobacco companies' goal of diversifying their revenue base by developing wider and more profitable product portfolios (Robertson *et al.* 2020). Interestingly,

submissions did not develop 'prohibition' or 'nanny state' arguments, used to oppose plain packaging and in earlier efforts to undermine the retailer reduction strategy (Waa *et al.* 2017, Ozarka and Hoek 2023). While speculative, after the SERPA legislation passed, submitters may have turned their attention to advocating for more liberal regulation of other nicotine products.

Allowing commercial groups to participate in a consultation process designed to inform implementation of a public health law is concerning for at least two reasons. First, some submissions appear to follow the 'oppose to avoidance' sequence outlined in the PDM; for example, calls to wait for new data and adjust the store allocation formula may be viewed as attempts to weaken and delay the policy. Second, allowing tobacco companies the opportunity to shape public health policy runs counter to Article 5.3 of the FCTC, and poses risks to robust decision-making. We acknowledge that some retailers offered constructive implementation advice, thus a separate consultation process could allow this group to comment on transition to the new model. However, the terms of any such consultation would require careful thought to protect these policies from commercial interests, including those of the tobacco industry.

Research into commercial determinants of health has recognized that industry involvement in policymaking risks 'discursive pollution' (Maani *et al.* 2022, van Schalkwyk *et al.* 2024). We believe our analysis provides evidence of this pollution, notably in the logical contradictions evident in submissions. On the one hand, submitters argued that reducing retailer numbers would harm community cohesion, yet none considered the damage smoking imposes on those communities. Some claimed the policy was unfair to both approved and unapproved retailers: on the one hand, retailers who did not receive a licence would allegedly go out of business as a result, while approved retailers would face threats to their business that could lead to closure. Likewise, claims the policy would victimize people who smoke seemed curiously oblivious to the fact that smoking addicts people, removes their autonomy, and reduces their quality of life and life expectancy. Other contradictions included claims that a large illicit market would supply untaxed full-strength tobacco products, while the high demand for taxed denicotinized tobacco products would place retailers selling these at risk of theft and violence.

Friel *et al.* discussed the 'ideational power' that health-harming industries use to shape 'narratives, norms and ideologies' (Friel *et al.* 2023). Submitters argued 'harm reduction' would solve multiple problems, from realizing the Smokefree 2025 goal to saving retailers' livelihoods and preventing community collapse. Promoting 'harm reduction' supports tobacco companies' profit goals and contrasts sharply with the apocalyptic narrative used to depict the retailer reduction strategy (Robertson *et al.* 2020).

Public health actors could respond to these arguments in at least two ways. First, they could call for more rigorous implementation of Article 5.3, remove the submissions loophole, and expand the definition of 'tobacco industry' to include trade associations and 'pressure groups', and potentially retailers. In addition, they should develop more stringent guidelines defining engagement by policymakers, and politicians and their staff (Hamilton *et al.* 2024). These guidelines should extend to lobbying codes of conduct, transparency policies, and lobbyist registers (Chapple and Anderson 2018, Friel *et al.* 2023). The code should mandate disclosure of every

link with tobacco companies, identify all individuals and organisations involved in lobbying (and any past policy roles in government they have held), note all politicians or policy-makers targeted, including political parties not currently represented in Parliament, and provide details of all communications and all funding received (Lacy-Nichols *et al.* 2023, 2024, Lacy-Nichols and Cullerton 2023). The requirement to provide full transparency should override any provisions to redact material permitted in freedom of information legislation. Furthermore, data should be provided in an accessible format, able to be transferred easily to analytical software (Lacy-Nichols and Cullerton 2023). Yet, while this approach would limit overt industry involvement, it may still leave policymakers vulnerable to potential influence through informal engagement (Hoek *et al.* 2024).

A second response thus becomes necessary. Public health actors must also challenge industry discourse, and point out logical anomalies, failures to provide supporting evidence, and reliance on incorrect assumptions. This approach may make it more difficult for tobacco companies to develop the political constituencies of support on which they rely (McKee and Stuckler 2018, Gilmore *et al.* 2023). Empowering a strong publicly funded watchdog (such as the Ombudsman in Aotearoa) will help ensure researchers can access all interactions between policymakers and industry actors, thus enabling comprehensive evidence reviews.

We acknowledge our study has limitations; we analysed one set of submissions made during the final consultation phase, when industry pressure could have been most intense. However, we note other recent studies have also identified industry influence (Ozarka and Hoek 2023). Furthermore, because submissions on the regulations represented tobacco companies' last opportunity to influence the SERPA measures using formal policy processes, they distilled arguments adduced in earlier consultations (British American Tobacco 2021, Imperial Brands Australasia 2022). We also used a Global North framework that was not designed to address Aotearoa's unique context, including the Government's obligations as a Te Tiriti partner (Te Tiriti is the agreement between the Crown and Māori). However, we note that tobacco companies are multi-national enterprises and utilize the same arguments across multiple jurisdictions. Nevertheless, First Nations researchers may identify arguments we did not consider and future work, led by First Nations researchers, is urgently needed, given the harms and inequities commercial tobacco use has imposed on First Nations peoples.

## CONCLUSIONS

Despite the limitations we have noted, we believe our analysis highlights how tobacco companies, and groups that have financial associations with them, use common arguments to oppose policy. In the case of Aotearoa, these claims outweighed empirical evidence and public opinion, and saw world-leading legislation repealed. Our study extends knowledge of how these arguments are developed and presented, and we reinforce earlier calls for greater transparency so that public health actors can recognize both the arguments and their sources. Contesting the origin and content of industry claims could enable researchers in other countries to pre-empt similar claims, thus helping to safeguard policy making in their nations.

## Author Contributions

J.H. led the study conceptualization, study protocol development (including methodology) and obtained the data; she is responsible for data curation. E.O. and C.G. contributed to the study conceptualization. J.H. supervised E.O. and they led development of the coding framework and data analysis. J.H. led project administration; E.O. supported project administration. J.H. and C.G. provided study resources. J.H. and E.O. led preparation of the original draft; C.G. provided feedback and contributed to several drafts. J.H. is the M.S. guarantor.

## Conflicts of interest

J.H. co-directs the ASPIRE Aotearoa Centre, which undertakes research to support the NZ Government's Smokefree 2025 goal. She is a senior editor of Tobacco Control (honorarium paid) and undertakes unpaid review work for several other journals on an *ad hoc* basis. She currently receives funding from the Health Research Council and has received several past grants from this body and those noted above. J.H. is a named researcher on National Health and Medical Research Council grants (Australia) and National Institute of Health grants. She is an unpaid member of the Health Coalition Aotearoa's Smokefree Expert Advisory Group and she has provided unpaid advice to the NZ and Australian governments on tobacco regulation. She was an expert witness (paid) in litigation taken by the estate of a woman who had died of lung cancer against the tobacco companies whose product killed her. She has received travel funding from the Thoracic Society of Australia and New Zealand and the Australian and New Zealand Society of Respiratory Science and Oceania Tobacco Control conferences to present her work at their meetings. E.O. was a member of the ASPIRE Aotearoa Centre, which undertakes research to support the NZ Government's Smokefree 2025 goal. C.G. holds competitive investigator-led research grants from National Health and Medical Research Council and Australian Research Council, including an ARC Future Fellowship (FT220100186). She has contributed to tobacco control policy consultations in Australia (state and federal) and Aotearoa/New Zealand, and has provided expert advice on analysis of policy submissions to the National Tobacco Strategy 2023–2030 Consultation. She is the chair of the Tobacco Control Editorial Advisory Board and the editor for Australia for Tobacco Prevention and Cessation.

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## Data availability

All data are available on reasonable request from the corresponding author.

## References

- Aravena-Rivas Y, Heilmann A, Watt RG *et al.* Analysis of public records of lobbying practices of the ultra-processed sugary food and drink industries in Chile: a qualitative study. *Lancet Reg Health Am* 2024;2024:100794. <https://doi.org/10.1016/j.lana.2024.100794>
- ASH US. *Renewed Momentum on Tobacco Endgame. Stoneham and Wakefield become the second and third towns in Massachusetts to pass Nicotine-Free Generation.* 2024. <https://ash.org/renewed-momentum-on-tobacco-endgame/> (25 May 2025, date last accessed).
- ASH US. *The Maldives Passes National Phase Out of Tobacco Products.* 2025. <https://ash.org/the-maldives-passes-national-phase-out-of-tobacco-products/#:~:text=No one born on%20or,the overarching Tobacco Endgame movement> (25 May 2025, date last accessed).
- Bero L. Tobacco industry manipulation of research. *Public Health Rep* 2005;120:200–8. <https://doi.org/10.1177/003335490512000215>
- British American Tobacco. *Proposed smokefree Aotearoa 2025 Action Plan Submission.* 2021. [https://www.parliament.nz/resource/en-NZ/53SCHE\\_EVI\\_125245\\_HE25414/abf1b0ced4ad9093221f13257a0d83f30c0445e5](https://www.parliament.nz/resource/en-NZ/53SCHE_EVI_125245_HE25414/abf1b0ced4ad9093221f13257a0d83f30c0445e5) (12 October 2021, date last accessed).
- Cancer Society of New Zealand. *Tobacco Industry Interference Index 2023. Cancer Society of New Zealand.* Wellington. 2023. [https://www.cancer.org.nz/assets/Uploads/New-Zealand\\_TII-Index-2023-FINAL.pdf](https://www.cancer.org.nz/assets/Uploads/New-Zealand_TII-Index-2023-FINAL.pdf) (17 January 2025, date last accessed).
- Chapple S, Anderson T. Grease or sand in the wheels of democracy? The market for lobbying in New Zealand. *Policy Q* 2018;14:10–7. <https://doi.org/10.26686/pq.v14i2.5089>
- Friel S, Collin J, Daube M, *et al.* Commercial determinants of health: Future directions. *Lancet.* 2023;401:1229–40. [https://doi.org/10.1016/S0140-6736\(23\)00011-9](https://doi.org/10.1016/S0140-6736(23)00011-9).
- Gilmore AB, Fabbri A, Baum F *et al.* Defining and conceptualising the commercial determinants of health. *Lancet* 2023;401:1194–213. [https://doi.org/10.1016/S0140-6736\(23\)00013-2](https://doi.org/10.1016/S0140-6736(23)00013-2)
- Hamilton B, Ponsford R, Hartwell G. A thematic analysis of tobacco industry responses to the Scottish Government's consultation on e-cigarette regulation. *Health Promot Int* 2024;39:daae145. <https://doi.org/10.1093/heapro/daae145>
- Hoek J, Edwards R, Ball J *et al.* *The Smokefree legislation is evidence-based, removing it is not.* Public Health Briefing. 2023. <https://www.phcc.org.nz/briefing/smokefree-legislation-evidence-based-moving-it-not> (30 November 2023, date last accessed).
- Hoek J, Edwards R, Waa A. *Tobacco industry interference: Is the new Government meeting its international obligations?* Public Health Briefing. 2024. <https://www.phcc.org.nz/briefing/tobacco-industry-interference-new-government-meeting-its-international-obligations> (01 February 2024, date last accessed).
- Hoek J, Edwards R, Waa A. From social accessory to societal disapproval: Smoking, social norms and tobacco endgames. *Tob Control.* 2022;31:358–64. <https://doi.org/10.1136/tobaccocontrol-2021-056574>.
- Hoek J, Waa A, Edwards R, *et al.* Looking back and planning ahead: the tobacco endgame and controlling tobacco industry interference in aotearoa New Zealand. *J R Soc N Z.* 2025;55:1–19. <https://doi.org/10.1080/03036758.2025.2455498>.
- Imperial Brands Australasia. *Submission on Smokefree Environments and Regulated Products (Smoked Tobacco) Amendment Bill.* 2022. [https://www.parliament.nz/en/pb/sc/submissions-and-advice/document/53SCHE\\_EVI\\_125245\\_HE25786/imperial-brands-australasia](https://www.parliament.nz/en/pb/sc/submissions-and-advice/document/53SCHE_EVI_125245_HE25786/imperial-brands-australasia) (16 August 2023, date last accessed).
- Kickbusch I, Allen L, Franz C. The commercial determinants of health. *Lancet Glob Health* 2016;4:e895–6. [https://doi.org/10.1016/S2214-109X\(16\)30217-0](https://doi.org/10.1016/S2214-109X(16)30217-0)
- Lacy-Nichols J, Baradar H, Crosbie E, *et al.* Lobbying in the sunlight: A scoping review of frameworks to measure the accessibility of lobbying disclosures. *Int J Health Policy Manag.* 2024;13:8497. <https://doi.org/10.34172/ijhpm.8497>.
- Lacy-Nichols J, Christie S, Cullerton K. Lobbying by omission: What is known and unknown about harmful industry lobbyists in Australia. *Health Promot Int.* 2023;38:daad134. <https://doi.org/10.1093/heapro/daad134>.
- Lacy-Nichols J, Cullerton K. A proposal for systematic monitoring of the commercial determinants of health: A pilot study assessing the feasibility of monitoring lobbying and political donations in Australia. *Global Health.* 2023;19:2. <https://doi.org/10.1186/s12992-022-00900-x>.
- Maani N, van Schalkwyk MC, Petticrew M *et al.* The pollution of health discourse and the need for effective counter-framing. *BMJ* 2022;377:o1128. <https://doi.org/10.1136/bmj.o1128>
- Maddox R, Diaz A, Waa A *et al.* Resisting industry narratives: guidance to avoid tobacco and nicotine industry framing. *Health Promot Int* 2024;39:daae143. <https://doi.org/10.1093/heapro/daae143>
- Malone RE. Tobacco endgames: what they are and are not, issues for tobacco control strategic planning and a possible US scenario. *Tob Control* 2013;22:i42–4. <https://doi.org/10.1136/tobaccocontrol-2012-050820>
- Matthes BK, Legg T, Hiscock R *et al.* The UK tobacco and vapes bill (2023/4): framing strategies used by tobacco and nicotine industry actors faced with an endgame policy (a generational sales ban of tobacco products) and nicotine product restrictions. *Tob Control* 2025;tc-2024-059207. <https://doi.org/10.1136/tc-2024-059207>
- McKee M, Stuckler D. Revisiting the corporate and commercial determinants of health. *Am J Public Health* 2018;108:1167–70. <https://doi.org/10.2105/AJPH.2018.304510>
- Mialon M. An overview of the commercial determinants of health. *Global Health* 2020;16:1–7. <https://doi.org/10.1186/s12992-020-00607-x>
- Newton K. *Shane Jones 'not giving one iota of attention' to tobacco transparency rules.* 2024. <https://www.teaonews.co.nz/2024/03/07/shane-jones-not-giving-one-iota-of-attention-to-tobacco-transparency-rules/> (07 March 2024, date last accessed).
- NZ Government. *Smokefree Environments and Regulated Products (Smoked Tobacco) Amendment Act.* Wellington, NZ Government. 143-1. 2023.
- NZ Government. *Smokefree Environments and Regulated Products Act 1990.* Wellington. 2024.
- Ozarka E, Hoek J. A narrative analysis of a tobacco industry campaign to disrupt Aotearoa New Zealand's endgame policies. *Tob Control.* 2023;tc-2023-058372. <https://doi.org/10.1136/tc-2023-058372>.
- Robertson L, Hoek J, Gilmore A *et al.* *Regulating vaping and new nicotine products: Are tobacco companies' goals aligned with public health objectives.* Public Health Briefing. 2020. <https://www.phcc.org.nz/briefing/regulating-vaping-and-new-nicotine-products-are-tobacco-companies-goals-aligned-public> (26 March 2020, date last accessed).
- Silbaugh K, Valle LD, Robertson C. Toward a tobacco-free generation—a birth date-based phaseout approach. *N Engl J Med* 2024;390:1837–9. <https://doi.org/10.1056/NEJMp2403297>
- Smith J, Thompson S, Lee K. The Atlas network: a “strategic ally” of the tobacco industry. *Int J Health Plann Manage.* 2017;32:433–48. <https://doi.org/10.1002/hpm.2351>.
- Te Aka Māori Dictionary. *Pākehā.* 2025. <https://maoridictionary.co.nz/search?idiom=&phrase=&proverb=&loan=&histLoanWords=&keywords=Pakeha> (02 June 2025, date last accessed).
- Towns C, Brockway B, Jackson C *et al.* Duty of care? Tobacco laws and doctors in parliament. *Tob Control* 2024;33:699–700. <https://doi.org/10.1136/tc-2024-058983>
- Ulucanlar S, Fooks G, Gilmore A. The policy dystopia model: An interpretive analysis of tobacco industry political activity. *PLoS Med.* 2016;13:e1002125. <https://doi.org/10.1371/journal.pmed.1002125>.

- van Schalkwyk MCI, Maani N, Hawkins B, *et al.* Reclaiming the narrative: Countering harmful commercial discourses. *Health Promot Int.* 2024;39:daae182. [10.1093/heapro/daae182](https://doi.org/10.1093/heapro/daae182).
- Waa A, Hoek J, Edwards R *et al.* Analysis of the logic and framing of a tobacco industry campaign opposing standardised packaging legislation in New Zealand. *Tob Control* 2017;26:629–33. <https://doi.org/10.1136/tobaccocontrol-2016-053146>
- World Health Organization. *Tobacco*. 2023a. <https://www.who.int/news-room/fact-sheets/detail/tobacco> (30 November 2024, date last accessed).
- World Health Organization. *Commercial determinants of health*. 2023b. <https://www.who.int/news-room/fact-sheets/detail/commercial-determinants-of-health> (16 February 2025, date last accessed).
- World Health Organization. *Guidelines for Implementation of Article 5.3*. Geneva, Switzerland: World Health Organization, 2013.