doi: 10.1111/1753-6405.13313

'Dispelling the smoke to reflect the mirror': the time is now to eliminate tobacco related harms

Raglan Maddox,[1,2] Michelle Kennedy,[3,4] Ali Drummond,[5,6] Andrew Waa,[7,8] Shane Bradbrook,[9,10] El-Shadan Tautolo,[11,12] Tom Calma,[13–16] Lisa J. Whop[2,17]

1. Bagumani (Modewa) Clan, Papua New Guinea
2. National Centre for Epidemiology and Population Health, The Australian National University, Canberra, Australian Capital Territory
3. Wiradjuri
4. College of Health, Medicine and Wellbeing, University of Newcastle, Callaghan, New South Wales; Hunter Medical Research Institute, Newcastle, New South Wales
5. Meriam and Wuthathi
6. Congress of Aboriginal and Torres Strait Islander Nurses and Midwives. Canberra, Australian Capital Territory
7. Ngāti Hine/Ngāpuhi.
8. Eru Pomare Māori Health Research Unit and ASPIRE2025 Research Centre, University of Otago. Wellington, Aotearoa (New Zealand)
9. Ngāi Tāmanuhiri, Rongowhakaata,
10. Ngāti Kahungunu. Wellington, Aotearoa (New Zealand)
11. Samoa/Ngāti Tapuniu.
12. AUT Pacific Health Research Centre, Auckland University of Technology, Auckland, New Zealand
13. Elder from the Kungarakan tribal group and a member of the Iwaidja tribal group
14. Office of the National Coordinator, Tackling Indigenous Smoking. Canberra, Australian Capital Territory
15. Poche Indigenous Health Network. Sydney, New South Wales
16. Ninti One. Adelaide, South Australia
17. Wagadagam

We have known for more than 70 years about the harms of commercial tobacco use, as and when used as directed: commercial tobacco use kills.[1,2] Commercial tobacco has been used as a weapon of colonisation, embedded and exploited by colonisers in first encounters as a gesture of goodwill, and soon becoming a valued commodity; resulting in dangerous implications for Indigenous peoples. In Australia, commercial tobacco provided a link to trade and economic engagement,[3-5] used in lieu of wages to elicit manual labour and to adopt European ways of living.[4-7] Fuelled by the Tobacco Industry,[8] the tobacco epidemic is still thriving today and results in smoking being the single largest cause of preventable death and disease in Australia[9] and New Zealand, and a key driver of racialised health inequities.[10] Still, there has been remarkable progress in tobacco control including significant declines in tobacco use, despite the ever present colonial presence, showing the 'art of the possible'.[11,12,p.1]

The Smokefree Aotearoa 2025 Action Plan - what is it and what does it offer?

Aotearoa New Zealand are building on Māori (Indigenous) leadership that paved the way to implement comprehensive systematic tobacco supply and tobacco demand reduction measures through the recent launch of The Smokefree Aotearoa 2025 Action Plan - Auahi Kore Aotearoa Mahere Rautaki 2025 (The Plan) on Thursday, 9 December 2021.[13] The Plan provides a valuable blueprint for key endgame strategies, but also the context in which they should be developed and implemented. The commercial tobacco endgame aims to rapidly and permanently reduce smoking to minimal levels (i.e. <5% smoking prevalence).[14] Context-specific actions for The Plan include embedding Māori governance and accountability to Māori communities. Key endgame strategies commonly make a significant contribution to eliminating racialised inequities and essentially smoking prevalence, consequently eradicating tobacco-related death and disease within a short timeframe.[14] These include: (1) massively reducing the number of tobacco selling outlets; (2) having a smokefree generation (prohibiting sales of tobacco products to new cohorts from a specified date, i.e. prohibiting sales of tobacco products to those aged ≤14 year in 2021); (3) only having very low-level nicotine products making it easier to quit and harder to become addicted; and supported by (4) providing wrap-around cessation supports and (5) increasing health promotion and community mobilisation.[13] Importantly, this model recognises the importance of comprehensive, multifaceted, systems-based approaches. The Plan is committed to protecting the health of Māori and acknowledging the role of the Tobacco Industry in supplying and marketing harmful, addictive and ultimately deadly products. This is an important shift of focus from the behavioural blaming of individuals and communities to quit smoking or never take up smoking. Further, this highlights the important role of health promotion and community mobilisation, including public education and targeting programing. The Smokefree Aotearoa 2025 Action Plan was launched and the respective Bill tabled in a context where alternative nicotine devices are widely available and to this end, the Plan only addresses smoked tobacco. It recognises that some people may 'switch' or 'replace' smoking with e-cigarette use and not necessarily address nicotine dependence.[13,15] Australia has been aiming to regulate e-cigarette use to help ensure they are used if appropriate to support smoking cessation, as well as to minimise uptake, and ultimately eliminate e-cigarette related harms.[15-18]

The Smokefree Aotearoa 2025 Action Plan contributes to decolonising tobacco and proactively eliminate the harms tobacco products cause communities by transforming and (re)turning Aotearoa New Zealand to a smokefree nation by 2025[13]: Decolonisation privileges the futurity of Indigenous peoples[19] and this Action Plan is the culmination of years of hard work, as we take the next step with our ancestors to accelerate towards a smokefree future. Further, Māori in Aotearoa New Zealand were amongst the first advocates for a Tupeka Kore (tobacco free) country[20] and emphasised the need to shift attention away from 'individual

The authors have stated they have no conflicts of interest.
This is an open access article under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

© 2022 The Authors

blame' and 'personal responsibility', to the true source of the problem: commercial tobacco and the Tobacco Industry that promote, market and sell their products to actively undermine people's agency, self-determination and sovereignty, ultimately to be free from nicotine dependence. This raises important questions moving beyond nicotine dependence, and focusing on what our futures look like including the (re)vitalisation of our cultures as well as our agency, self-determination and sovereignty over our health and wellbeing.

Smoke and mirrors: dispelling the smoke to reflect on important steps from Aotearoa

Structural and social pressures to use commercial tobacco have been manufactured through colonisation, and actively perpetuated by the Tobacco Industry, including selling and promoting products. A substantial shift is required.[21] Structural barriers have and continue to impact power imbalances and erode peoples' agency, self-determination and sovereignty with the potential to exacerbate health harms;[22,23] fostering distrust and maintaining the ongoing colonial legacy that introduced and embedded commercial tobacco use in the first place.[23] We also know that the vast majority of Indigenous peoples who smoke, *want* to quit (70% Aboriginal and Torres Strait Islander peoples that smoke), or wish they *never* took up smoking (78% of Aboriginal and Torres Strait Islander peoples that smoke).[24] We know that the stigma and discrimination experienced by peoples who smoke can further isolate them from the very communities from which they draw support, solidarity, and a shared sense of identity and belonging.[20,22,23] This highlights the need for structural changes and systemic support, fostering an environment to be free from nicotine dependence and importantly, a future free from the Tobacco Industry.

To Australia and beyond: what is the landscape, what can we learn, and what should it look like?

There have been ongoing declines in tobacco prevalence in Australia. Among the Aboriginal and Torres Strait Islander population, we witnessed a significant absolute decline from 1994-2004 (55% to 52%),[25] and a 9% absolute decline (52% to 43%) from 2004-2018.[11] This reflects Aboriginal and Torres Strait Islander communities' focus, efforts, leadership and successes in prioritising smoke free norms; this has been assisted by investment in Indigenous tobacco control since 2008 with substantial program and policy shifts in Indigenous tobacco control that require ongoing, long-term investment. Despite such significant changes, including the implementation of the Tackling Indigenous Smoking Program and the weight of expectations placed on tobacco control programs, smoking prevalence is *too* high. The Consultation Draft National Tobacco Strategy 2022-2030 and the launch of Australia's National Preventive Health Strategy provides an opportunity for change.[15,26] The National Preventive Health Strategy[15] has synergies with the Smokefree Aotearoa 2025 Action Plan,[13] including the comprehensive, systems-based approaches to help address and mitigate structural barriers that inhibit equitable access to public health, healthcare and health promoting behaviours.[15] The National Preventive Health Strategy[15] and the Action Plan[13] both recognise that *no one single intervention* will achieve and sustain the respective smoking prevalence targets or eliminate disparities in smoking prevalence and consequently smoking related death and disease.[13,15]

An ongoing history of government control over Indigenous peoples has manifested in access and supply of harmful 'goods' and the resulting mortality and morbidity.[27-30] The Smokefree Aotearoa 2025 Action Plan[13] and the World Health Organization's Framework Convention on Tobacco Control (including Article 5.3) provides valuable insights for Australia to reflect, highlighting the lack of Indigenous governance in tobacco control.[31] Indigenous governance and leadership is vital; embedding Indigenous Data Sovereignty Principles is required in the development of Indigenous commercial tobacco related targets and systematic measures. Of critical importance is the understanding and recognition that control and power play in the ongoing systematic tobacco supply and culturally safe demand reduction measures. These are logical, but game-changing, evidence-based *structural* measures to: (1) reduce the number of retail outlets, (2) regulate tobacco products to make them less attractive and addictive, in particular, very low-level nicotine content and (3) phasing out the legal sale of cigarettes by kick-starting the nicotine free generation will help level the nicotine dependence playing field. After all, what could be more important than the health and wellbeing of our children and future generations? As Indigenous peoples, harnessing our sovereignty, we are not pleading with colonisers and coloniality to see us as human.[32] Until there are mechanisms where different Mobs can have their own self-determining recognised voice (self-determining mechanisms should be conceptualised and/or reconceptualised, including but not limited to treaties, constitutional reform, voice to parliament, etc.), we are calling for accountability for tobacco related harms as we continue to play a critical role to protect our peoples and future generations.[32] What is also clear, is that more of the same is not enough and that multifaceted and systemic approaches are needed. For far too long the premise has been on the individual or community not to smoke. We need to imagine and realise a world free from a Tobacco Industry manufacturing death and disease, relinquishing their power and privilege,[33] as our futurity may depend on such radical change. By holding the Tobacco Industry accountable to the harms inflicted upon our communities is a critical strategy in caring and supporting our communities to be smoke free.

Indigenous peoples' interests (and rights) and our public health and commercial tobacco control initiatives to promote health are inherently at odds with the interests of the Tobacco Industry and their directly and indirectly funded affiliates. The Tobacco Industry and its affiliates are required and incentivised to serve the 'best interests' of the company.[34] Embedding structural and social supports to eliminating tobacco related death and disease is the next step to prevent and eliminate tobacco related premature death.

How long can we let commercial tobacco and the Tobacco Industry continue to promote, market and sell their products?[20] We continue to witness Indigenous excellence in public health and beyond.[35] However, we continue to bear witness to the cumulative burden of tobacco related death and disease, foregrounding the success of the Auahi Kore Aotearoa Mahere Rautaki 2025.[13] We need to take the next logical step in tobacco control and urgently place communities in the driver's seat. We need to implement Indigenous-led game-changing, evidence-based structural change to foster a smoke free future. This includes self-determining mechanisms to instil agency, self-determination and sovereignty. The time is *now* to improve our health and wellbeing, for our children, and future generations.

© 2022 The Authors

Funding

LJW is supported by an NHMRC Investigator Grant EL2 2009380 and MK is funded by an NHMRC Early Career Fellowship grant 1158670.

References

1. Doll R, Hill AB. The mortality of doctors in relation to their smoking habits; a preliminary report. *Br Med J*. 1954;1(4877):1451-5.
2. United States Surgeon General. *Smoking and Health: Report of the Advisory Committee to the Surgeon General of the Public Health Service*. Washington (DC): US Department of Health, Education, and Welfare, Public Health Service; 1964.
3. Waa A, Robson B, Gifford H, Smylie J, Reading J, Henderson JA, et al. Foundation for a smoke-free world and healthy Indigenous futures: an oxymoron? *Tob Control*. 2020;29(2):237-40.
4. Brady M. Health Inequalities: Historical and cultural roots of tobacco use among Aboriginal and Torres Strait Islander people. *Aust N Z J Public Health*. 2002;26(2): 120-4.
5. van der Sterren A, Greenhalgh EM, Knoche D, Winstanley MH, Scollo MM, Winstanley MH. Chap 8.2. History of tobacco use among Aboriginal peoples and Torres Strait Islanders. In: Greenhalgh EM, Scollo MM, Winstanley MH, editors. *Tobacco in Australia: Facts and Issues*. Melbourne (AUST): Cancer Council Victoria; 2016.
6. Blyton G. Smoking Kills: The introduction of tobacco smoking into Aboriginal society with a particular focus on the Hunter Region of Central Eastern New South Wales from 1800 to 1850. *Int J Crit Indig Stud*. 2010;3(2):2-10.
7. Briggs D, Lindorff K, Ivers R. Aboriginal and Torres Strait Islander Australians and tobacco. *Tob Control*. 2003;12(Suppl):ii5-ii8.
8. Waa A, Maddox R, Henderson PN. Big tobacco using Trojan horse tactics to exploit Indigenous peoples. *Tob Control*. 2020;29(e1):e132-e3.
9. Australian Institute of Health and Welfare. *Health Expenditure Australia 2018-19*. Canberra (AUST): AIHW; 2020.
10. New Zealand Minister of Health. *The New Zealand Cancer Control Strategy*. Wellington (NZ): Government of New Zealand; 2003.
11. Maddox R, Thurber KA, Calma T, Banks E, Lovett R. Deadly news: The downward trend continues in Aboriginal and Torres Strait Islander smoking 2004–2019. *Aust N Z J Public Health*. 2020;44(6):449-50.
12. Daube M, Maddox R. Impossible until implemented: New Zealand shows the way. *Tob Control*. 2021;tobaccocontrol-2021-056776.
13. New Zealand Ministry of Health. *Smokefree Aotearoa 2025 Action Plan*. Wellington (NZ): Government of New Zealand; 2021.
14. Puljević C, Morphett K, Hefler M, Edwards R, Walker N, Thomas DP, et al. Closing the gaps in tobacco endgame evidence: A scoping review. *Tob Control*. 2022;31(2): 365-75.
15. Australian Government Department of Health. *National Preventive Health Strategy 2021–2030*. Canberra (AUST): Government of Australia; 2021.
16. Baenziger ON, Ford L, Yazidjoglou A, Joshy G, Banks E. E-cigarette use and combustible tobacco cigarette smoking uptake among non-smokers, including relapse in former smokers: Umbrella review, systematic review and meta-analysis. *BMJ Open*. 2021;11(3):e045603.
17. Banks E, Beckwith K, Joshy G. *Summary Report on Use of E-cigarettes and Relation to Tobacco Smoking Uptake and Cessation, Relevant to the Australian Context*. Canberra (AUST): Australian National University; 2020.
18. Banks E, Yazidjoglou A, Brown S, Nguyen M, Martin M, Beckwith K, et al. *Electronic Cigarettes and Health Outcomes: Systematic Review of Global Evidence*. Canberra (AUST): Australian National University;2022.
19. Tuck E, Yang K. Decolonization is not a metaphor. *Decolonization*: Indigeneity, Education & Society. 2012;1(1):1–40.
20. Gifford H, Bradbrook S. *Recent Actions by Māori Politicians and Health Advocates for a Tobacco-free Aotearoa/New Zealand, A Brief Review* [Occasional Paper 2009/1]. Wellington (NZ): University of Otago Health Promotion and Public Health Policy Research Unit (HePPRU); 2009.
21. Waa A, Gifford H, Bradbrook S. A Smokefree Aotearoa Action Plan: Why This Could Eliminate Smoking Disparities for Māori 2021. In: *Public Health Expert Blog*. Wellington (NZ): University of Otago; 28may 2021.
22. Gifford H, Waa A, Cvitanovic L, Potaka-Osborne G, Kerehoma-Cook A. Exploring indigenous perspectives on tobacco tax: How some Māori families are responding in Aotearoa New Zealand. *Tob Control*. 2021;30(e2):e144-e9.
23. Bond C, Brough M, Spurling G, Hayman N. 'It had to be my choice' Indigenous smoking cessation and negotiations of risk, resistance and resilience. *Health, Risk Soc*. 2012;14(6):565-81.
24. Thomas DP, Davey M, Briggs VL, Borland R. Talking about the smokes: Summary and key findings. *Med J Aust*. 2015;10(202):S3-S4.
25. Thomas DP. Smoking prevalence trends in Indigenous Australians, 1994-2004: A typical rather than an exceptional epidemic. *Int J Equity Health*. 2009;8(37):1-21.
26. Australian Government Department of Health. *The Consultation Draft National Tobacco Strategy 2022-2030*. Canberra (AUST): Government of Australia; 2022.
27. Chesterman J, Galligan B. *Citizens Without Rights: Aborigines and Australian Citizenship*. Melbourne (AUST): Cambridge University Press; 1997.
28. Clough AR, Bird K. The implementation and development of complex alcohol control policies in indigenous communities in Queensland (Australia). *Int J Drug Policy*. 2015;26(4):345-51.
29. Mundine G. *A Decision To Discriminate: Aboriginal Disempowerment in the Northern Territory The Launch Speech*. East Melbourne (AUST): Concerned Australians; 2012.
30. Shaw B, Paterson J, Farmer G, Scrymgour M, Martin-Jard J, Stanislaus C, et al. *An Open Letter to the Chair of Woolworths*. Canberra (AUST): Foundation for Alcohol Research and Education; 2020.
31. World Health Organization. *World Health Organization Framework Convention on Tobacco Control*. Geneva (CHE): WHO; 2003.
32. Bond CJ, Singh D. More than a refresh required for closing the gap of Indigenous health inequality. *Med J Aust*. 2020;212(5):198-9.e1.
33. Moreton-Robinson A. *The White Possessive: Property, Power, and Indigenous Sovereignty*. Minneapolis (MN): Univesity of Minnesota Press; 2015.
34. Maddox R, Kennedy M, Waa A, Drummond A, Hardy B-J, Soto C, et al. Clearing the air: Conflicts of interest and the tobacco industry's impact on indigenous peoples. *Nicotine Tob Res*. 2022;24(6):933-6.
35. Calma T. Basil Hetzel Oration: The COVID-19, racism, mental health and smoking crises. *Aust N Z J Public Health*. 2022;46(3):249-51.

Correspondence to: Raglan Maddox, 54 Mills Road, National Centre for Epidemiology and Population Health, The Australian National University, Acton ACT 2601;
e-mail: Raglan.Maddox@anu.edu.au

© 2022 The Authors