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Shaping the end of the Australian commercial tobacco epidemic: insights from Indigenous and non-Indigenous tobacco control policy actor interviews

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ABSTRACT

Background Smoking is the leading preventable cause of death in Australia, with disproportionate harms experienced by Aboriginal and Torres Strait Islander peoples. Recognising Indigenous perspectives provided impetus for a commercial tobacco endgame in Aotearoa/New Zealand, and Indigenous perspectives may assist policy adoption in Australia.

Purpose The study aimed to identify the necessary conditions for the adoption of endgame policies in Australia, with an emphasis on Indigenous perspectives.

Methods Semi-structured interviews with Australian tobacco control policy actors were conducted between November 2023 and April 2024. We analysed data from 28 people (26 interviews, two written responses), including 6 Indigenous people. Template analysis was guided by endgame goals and policies, the Multiple Streams Framework and the Decolonising Framework. Indigenous perspectives were prioritised in the interpretation.

Results Policy failures, particularly the vaping epidemic, were a key theme. There was broad consensus among Indigenous peoples and non-Indigenous members of the dominant policy community for stronger tobacco and vape supply restrictions, and varied views on other endgame policies. Political barriers included tobacco tax revenue and resistance from the commercial sector. Facilitators included the tobacco control playbook, a favourable political environment, the popularity of tobacco-free generation policy and opportunities to broaden the lobby base.

Conclusion The tobacco control playbook will remain important in promoting policy innovation, as will resisting the influence of the commercial sector. Indigenous leadership is essential for all Australians and may open additional policy windows and drive reforms that are equitable, effective, community-driven and commensurate with the scale of harms.

BACKGROUND

Annually, commercial tobacco use causes over 8 million deaths globally,¹ and over 20 000 in Australia.² Further, some populations bear a larger burden of these costs.³ In Australia, smoking prevalence is decreasing among Aboriginal and Torres Strait Islander peoples,⁴ but remains a substantial contributor to preventable disease burden for this population, accounting for 37% of all deaths, rising to 50% for those aged 45 and over.⁵ Commercial tobacco use among Aboriginal and Torres Strait Islander peoples is a consequence of colonisation.

WHAT IS ALREADY KNOWN ON THIS TOPIC

- ⇒ Incremental implementation of demand reduction tobacco control policies is associated with gradual reductions in smoking prevalence. Australia, and other countries in the late stages of the tobacco epidemic, continue to experience large commercially driven tobacco-related health and social costs. These burdens fall disproportionately on Indigenous peoples and other racialised or structurally marginalised populations.
- ⇒ Policy actors contribute diverse views and framings in tobacco control and endgame policy discourse. Commercial interests are a major impediment to the adoption of tobacco industry eradication policies.

WHAT THIS STUDY ADDS

- ⇒ This study privileges the voices of Aboriginal and Torres Strait Islander policy actors. Using theories of the policy process and the Decolonising Framework, the study identifies necessary conditions for the adoption of endgame policies in Australia. Findings are pertinent to others seeking to minimise and eradicate commercial tobacco-related harms.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

- ⇒ To enhance opportunities for policy windows for endgame measures, endgame proponents should actively work to broaden the coalition of public health actors by including Aboriginal and Torres Strait Islander peoples, organisations and others committed to health and equity.

Respecting Aboriginal and Torres Strait Islander peoples' position as the traditional owners of Australia's lands and waters and the world's oldest living cultures, and centring the leadership and knowledges of Indigenous tobacco control and resistance policy actors on current and future approaches to the commercial tobacco epidemic, in addition to non-Indigenous policy actors, is critical to developing appropriate policy approaches for Australia.

In Australia, adult daily smoking reduced steadily from 23.8% in 1995 to 10.6% in 2022.^{6,7} While the national smoking prevalence target of ≤5% adult daily smoking by 2030 aligns with a commercial tobacco endgame (endgame) goal,⁸ the target for

Aboriginal and Torres Strait Islander peoples is 27%.⁹ Furthermore, Australia has no firm commitment to implementing endgame policies.¹⁰ Some Indigenous leaders have advocated for more ambitious targets, including structural reforms to eradicate the commercial tobacco industry.¹¹

The implementation of the WHO Framework Convention on Tobacco Control (FCTC) has primarily focused on demand reduction. However, Article 2.1 encourages parties to the FCTC to exceed minimum standards,¹² presenting opportunities for tobacco endgame measures that focus on structural change to rapidly, equitably and permanently reduce commercial tobacco use.^{13–15} Examples include reducing tobacco retailer density, phasing out tobacco sales based on birth year (tobacco-free generation (TFG)) or only allowing the sale of very low nicotine cigarettes (VLNC).¹⁶

While modelling indicates that endgame policies would rapidly reduce smoking prevalence, including greater equity across populations,¹⁴ theories of the policy process (TPP) highlight that progress on these goals is equally shaped by political processes and dynamics within a society. Hence, this study applies TPP to understand Australian tobacco control policy actor views on (1) the successes and failures of tobacco control policies; (2) views on endgame policies; and (3) what factors might help or hinder adoption of endgame policies, including among Aboriginal and Torres Strait Islander peoples and communities.

This study prioritised Aboriginal and Torres Strait Islander voices and perspectives in its conduct, analysis and reporting. This recognises the significant role that Māori peoples played in spearheading the adoption of endgame policies in Aotearoa/New Zealand, and that Māori governance featured in the Smoke-Free Aotearoa Plan. Aboriginal and Torres Strait Islander peoples represent approximately 3.2% of the Australian population,¹⁷ and Indigenous Affairs (IA) is a key feature of the policy backdrop. This is reflected in tobacco control, with Indigenous-specific policies funded since 2010.^{18–19} Australia's IA policies recognise the ongoing harms of colonialism, including entrenched power imbalances and structural inequities, and that sharing power, decision-making and control is essential to advancing equity and enabling meaningful reform.²⁰

To date, there have been minimal systematic policy analyses of tobacco control in Australia using TPP, and none that examine endgame policy adoption in Australia or internationally. This study also represents one of the first academic applications of the Decolonising Framework (DF) in tobacco control.²¹

METHODOLOGIES

Relationality and reflexivity

Relationality, a foundational principle of Indigenous social research, underpins knowledge generation within specific contexts of time, space and place, and assists in elevating Indigenous authority in the conduct of this study.^{22–23} A number of mechanisms were used to privilege the voices and perspectives of Aboriginal and Torres Strait Islander policy actors in this research. First, researchers with Indigenous lived experience and expertise in Indigenous research and policy governed this research (MK: Aboriginal Wiradjuri, Australia; RM: Bagumani (Modewa) Clan, Papua New Guinea). Second, a critical lens was applied in the design of this research to support analysis of health inequities and the structural determinants of health and well-being. Third, Aboriginal and Torres Strait Islander peoples were prioritised for recruitment to interviews. Fourth, question prompts on equity for Aboriginal and Torres Strait Islander peoples were asked in all interviews. Fifth, the DF was used to support the analysis of

Box 1 Analytical frameworks employed in the analysis

The Multiple Streams Framework is often used to understand dynamics in policy agenda setting. It is also widely used as a heuristic to understand factors that influence changes within public policies. It posits that policy change can occur when conditions within problem (an issue in which a policy state is viewed as not ideal, and these perceptions can change over time), policy (where policy alternatives are generated, discussed and advocated for by a policy community) and political (where bargaining and power dominate the policy arguments) streams align to create a policy window (points in time when the streams align and change or policy innovation becomes more likely). This window is then exploited by policy and political entrepreneurs (motivated policy advocates/reformers) who are integral to the coupling of streams and steering reform.

The authors of the Decolonising Framework (DF) developed indicators (power sharing, transparency and accountability, defensible policy basis, legitimate policy content and logic, advancing decolonisation, responsible policy implementation, and monitoring and evaluation) to support analysis of policies designed for Aboriginal and Torres Strait Islander peoples and to assist in privileging Aboriginal and Torres Strait Islander worldviews. The DF is important to this study as none of the mainstream theories of the policy process explicitly support the critical structural analysis provided by the DF.

transcripts. Finally, Indigenous perspectives were emphasised in the interpretation of the findings.

AP, CEG and ASB are non-Indigenous researchers. AP and CEG have European heritage, and ASB has subcontinent heritage. Authors AP, RM and CEG bring experience in the public sector. RM, MK, CEG and AP have expertise in public health and tobacco control policy and research, and ASB brings experience in public policy and public sector research (ASB). All authors recognise the large body of empirical evidence highlighting the structural determinants of smoking and various health risks and are consequently influenced by determinist perspectives, including perspectives which value social justice and the rights of Indigenous peoples to health.

Theoretical frameworks

TPP offer valuable insights into the constraints faced by policymakers and how actors navigate these challenges.^{24–25} Box 1 outlines the TPPs used for analysis in this study. The Multiple Streams Framework (MSF) originates from a Euro-Western, rationalist policy tradition and is not inherently designed to recognise or respond to Indigenous knowledges, sovereignties or epistemologies. The DF is applied as it addresses the limitations of the MSF. Together, these theoretical perspectives anchor the analysis presented in this paper.

Methods

Sampling

We used purposive sampling to identify candidates who have engaged in tobacco control policy discourse in Australia. National affiliates of non-government organisations (NGOs) were invited to participate if they were identified in relevant media discourse in Australia,²⁶ or had participated in the development of the National Tobacco Strategy 2023–2030.^{27–28} Invitations were also sent through the Coalition of the Peaks and to tobacco control researchers in Australia with an interest in policy,²⁹ including

Table 1 Policy actors invited to participate

Category of policy actor	Number
Aboriginal or Torres Strait Islander policy stakeholder	8
Aboriginal or Torres Strait Islander academic	3
Public health academic	7
Non-government	11
Public sector	7
Policy institute/think tank	3
Business sector representative organisation	5
Union/professional association/health sector organisation	3
Former politician	1
Total	48

both opponents and supporters of ‘tobacco harm reduction’ (THR). An invitation to relevant Commonwealth Government agencies was sent to the Department of Health, Disability and Ageing, the lead agency for tobacco control policy. Prominent public policy institutes/think tanks (those with no known links to the tobacco sector), business sector representative bodies, and union and professional societies were also invited. Snowball sampling was used when participants recommended candidates for an interview. Follow-up of non-responsive participants and snowball recruitment ceased when no substantive new themes were identified in the data.

Table 1 summarises the range of policy actors invited to participate.

Interviews

The semi-structured interviews were conducted via Microsoft Teams between November 2023 and April 2024, with interviews recorded (with consent) and the automated transcript reviewed and corrected by AP before being validated by participants and deidentified. Those who declined an interview were offered the option to email a response.

Online supplemental appendix 1 includes the semi-structured interview questions.

Analysis

Coding

Transcripts of 26 interviews and two email responses were coded using NVivo 12 and template analysis.³⁰ The initial template of codes was based on: (1) endgame goals and policy approaches (supply, user-focused, product and governance);¹³ (2) elements of the MSF;³¹ and (3) indicators from the DF.²¹

AP reviewed all data, identified additional unique themes and amended the template. AP conducted the coding, while RM and MK independently coded three interviews each, providing feedback on the framework and coding. The summary emphasised different patterns by policy actor (eg, Indigenous and non-Indigenous actors).

RESULTS

Sample

Participants represented a diverse cross-section of policy actors in Australia who have previously engaged in tobacco control policy discourse (table 2). There was equal representation by sex (50% male, 50% female) and six were Aboriginal or Torres Strait Islander peoples. All participants declared no conflict of interest related to commercial tobacco or vaping product industries.

No participants self-identified as an influential policy actor, but were classified as influential if others recognised them as

Table 2 Participants

Participant No.	Sector	Form of participation	Aboriginal or Torres Strait Islander
1	Academia	Interview	
2	Academia	Interview	
3	Non-government	Interview	
4	Academia	Interview	
5	Non-government	Interview	Yes
6	Public sector*	Interview	
7	Academia	Interview	
8	Academia	Interview	
9	Non-government	Interview	
10	Academia	Interview	Yes
11	Non-government	Interview	Yes
12	Non-government	Interview	Yes
13	Non-government*	Interview	
14	Public sector	Interview	
15	Academia	Interview	Yes
16	Non-government	Interview	
17	Public sector*	Interview	
18	Academia	Interview	
19	Non-government	Interview	
20	Policy institute	Interview	
21	Non-government*	Interview	
22	Public sector	Interview	
23	Health sector organisation	Email	
24	Public sector	Interview	Yes
25	Public sector	Email	
26	Academia	Interview	
27	Non-government	Interview	
28	Non-government*	Interview	
Total	Academia: 9 Non-government: 12 Public sector: 6 Policy institute: 1 Health sector organisation: 1	Interview: 26 Email: 2	Indigenous: 6 Non-Indigenous: 22

*Identified via snowballing.

such (dominant policy community (DPC)). Those advocating for THR policies perceived themselves as outside the sphere of influence on tobacco policy, and some other participants also identified these actors as non-influential.

MSF analysis

Problem stream

Quotes relevant to the problem stream are presented in online supplemental table 1.

Aboriginal and Torres Strait Islander peoples and non-Indigenous people from the DPC raised concerns about the vaping epidemic and supported calls for stronger action. Vaping was viewed as a growing public health crisis, and until recent reforms viewed Australia’s policies as inadequate to address vaping-generated harms, with one Aboriginal participant stating,

... the other major impact of that is that people who don’t smoke who take up vaping, about a third of them will progress onto smoking cigarettes. (S1.1)

Participants also raised concerns that vape products had distracted from effective tobacco control efforts—the tobacco

industry has a long history of misleading the public by promoting ‘safer’ products. One former regulator stated that vaping innovations had outpaced government action and proposed reversing,

... the onus of proof, back on the industry, before anything new comes to market ... (S1.5)

Another former regulator argued the vaping epidemic platformed recent reforms in Australia and could assist for endgame policies;

So that the sort of thing I’d be thinking about those arguments, what can you launch off the situation with vapes to continue efforts on tobacco control ... (S1.8)

THR advocates and a libertarian advocate were less concerned about potential vaping-related harms, arguing liberalising access could reduce smoking, lessen harms and contribute to equitable outcomes. A THR advocate stated,

... where regular vaping is growing, regular smoking is declining, with a substitution model the only plausible explanation in my view. (S1.9)

Tobacco control policies predominantly benefit advantaged populations, perpetuating disparities in smoking rates, such as among Aboriginal and Torres Strait Islander peoples, individuals with mental health challenges, those on low incomes and people in rural and remote areas. One Aboriginal person stated,

... public health always focuses on the majority of people, and it’s often those on the fringes that are, that really need to be prioritised ... (S1.11)

For Aboriginal and Torres Strait Islander communities, smoking prevalence remains high, largely due to colonial legacies, commercial determinants and inadequate government responses.

DPC participants noted a lack of comprehensive policies, overreliance on tax increases, fragmented policy implementation and insufficient investment in public education campaigns and cessation support have hindered progress, particularly for disproportionately affected populations. One Aboriginal person stated,

They’ve got us blaming ourselves for the decisions we make around product use. Yeah, it’s [*tobacco smoking*] not the emergency that it is because there’s too many people, powerful people invested in the profits being made [*from tobacco sales*]. (S1.21)

Policy stream

Quotes relevant to the policy stream are presented in online supplemental table 2.

Many people from the DPC argued that additional investment and new policies are required (eg, introducing supply and access restrictions, regulating social media marketing and online sales of tobacco) and greater investment in quit support for priority populations. There was reluctant acceptance of incremental progress among many in the DPC, and some concerns that major reforms could be counterproductive, with one person stating,

So that sort of thing of balancing your restrictions and your actions in line with what you think the public will take at any point in time and evolving it over time is probably a better approach than going too hard too quickly and having to retreat ... (S2.5)

However, many Indigenous and non-Indigenous peoples in the DPC believed that incremental progress is entirely insufficient, with one Indigenous person stating,

I’m not approving of the incremental approach anymore. It’s really saying ‘yes’ we’ll allow more people to die and suffer while we sort this stuff out. Whereas you’ve got a range of answers there. (S2.11)

Aboriginal or Torres Strait Islander peoples and many from the DPC supported greater restrictions on tobacco and vaping products. One Aboriginal person stated,

I feel really strongly about this, as I know a lot of our Aboriginal and Torres Strait Islander leaders do because of those bigger, broader health impacts that they see happening as a result of smoking and vaping and just that availability of tobacco and vapes. So, yeah, I think we need to start. We’ve gotta start doing things much more differently and enabling that to happen ... (S2.15)

THR advocates and a libertarian advocate viewed alternative nicotine products as central to progressing tobacco control or a tobacco endgame.

Many Indigenous and non-Indigenous members of the DPC believed restricting tobacco retailer density would improve equity outcomes. However, they also strongly supported steps toward a phase-out of tobacco retailing. One DPC participant stated,

I think the ultimate goal is to no longer have a commercial supply of tobacco products and that they should just not be sold in shops like bread, milk and cheese. (S2.16)

Aboriginal and Torres Strait Islander peoples noted that existing mechanisms for alcohol control in remote communities could also support tobacco retailing restrictions, but past mistakes, such as imposing policy from outside, should be avoided. One stated,

We don’t wanna have a kind of repeat of the NT [*Northern Territory*] intervention where you can drink if you’re a white Australian, but you can’t drink if you’re an Aboriginal person living in the same region ... (S2.26)

There was some support for TFG policy to promote smoke-free norms, with one former regulator stating,

... you would never find a politician that would say, or a policymaker or even a tobacco company executive that would be willing to say ‘I’m fine with my kid being a smoker’. (S2.28)

However, DPC participants were concerned the policy would not rapidly reduce prevalence without additional policies to promote cessation among current adults. An Aboriginal person was concerned that TFG policies might not work well for Indigenous families, saying it would be,

... less likely to be effective, because we have very, very big families and community networks and our houses are always full with loads of people and family that someone else would just purchase it. (S2.32)

There was no support for a tobacco user licence, except if smoking prevalence were at very low levels.

There were diverse views about VLNCs, but some acknowledged they were not across the evidence for this policy. One related concern was that Australia failed to control nicotine vapes while non-nicotine vapes were allowed on the market due to difficulties in establishing the nicotine content of products—this raised concern that similar regulatory compliance/enforcement issues could arise from setting a nicotine standard. There was some support for other product regulation measures beyond the new reforms in Australia that will ban menthol additives and flavoured ‘crush balls’, and other measures (eg, mass media

campaigns) that could support the transition to other supply reduction measures.

Market governance options were considered unrealistic or not essential to the implementation of other policy options. One Aboriginal person stated,

Why would we invest our energy in structure focuses like that, rather than a human rights approach or support for tobacco cessation. (S2.46)

The term ‘endgame’ was not universally understood or agreed among the policy community and the term ‘game’ was considered frivolous by some Aboriginal and Torres Strait Islander peoples with one stating,

We don't want people suffering from this anymore, so the power is in the fact that you're using that word 'end' ... you know the game part's a bit weird for me because it's not a game ... (S2.55)

DPC participants and THR advocates hoped that international policy innovation could influence domestic policy. Aboriginal and Torres Strait Islander peoples were impressed with the benefits estimated for Māori people in Aotearoa if the key provisions of the *Smokefree Environments and Regulated Products (Smoked Tobacco) Amendment Act* were not repealed. Some noted differences between Māori and Aboriginal and Torres Strait Islander peoples, including diversity of languages.

A libertarian advocate questioned the validity of smoking-related harm estimates and dismissed the need for government tobacco control policy.

Political stream

Quotes relevant to the political stream are presented in online supplemental table 3.

Some participants who are long-term members of the DPC noted that mainstream political parties have mostly supported demand-reduction policies. Some Aboriginal and Torres Strait Islander peoples noted the Liberal National Coalition's support for educational approaches diminished over the last decade, and that state and territory governments did not meet their funding commitments for Closing the Gap policies. DPC participants had more confidence that a Labor Government would enact endgame policies, with one stating,

If the Labor Government gets re-elected again and we have similar pedigree of health ministers, then we've got the 2030 deadline of 5% and we have the National Tobacco Strategy, which does say look at supply. And I think that then becomes a window of strategic thinking and working of being like, OK, can we get something in place, at least a plan or something that begins to do something that isn't demand side that is truly supply side. (S3.2)

Some DPC participants saw tax revenue as a barrier, and a THR advocate focused on institutional factors,

We could well see resistance within the Treasury and Finance and other departments to policies that are going to radically reduce revenue from the sale of tobacco, whether that's a consequence of driving the prevalence of smoking down or because of increased demand met by an illicit market which is untaxed. (S3.12)

Despite this, DPC participants noted that the health costs of tobacco products exceed the revenue. A former regulator recommended,

... a very graduated slow burn approach that gives governments plenty of time to address the revenue challenge, which I think increasingly has to be recognised and acknowledged as being a challenge for governments. (S3.15)

A number of people from the DPC noted the large declines in smoking over the past 2–3 decades will increase public support for endgame policies as few people now smoke. One Aboriginal person stated,

There are many more non-smokers than there are smokers. So we're only looking at about 10% of the population. (S3.16)

One libertarian participant argued that there is no public support for endgame policies.

Many participants viewed the tobacco control playbook (consisting of research, development of policy options and consistent messaging from a united coalition of NGOs and academics through media advocacy and political advocacy/lobbying) as the model for advancing endgame policies. However, this playbook produced infrequent innovations.

Many participants noted the tobacco industry remains a formidable barrier, and that attempts to regulate the industry's political influence have failed. The tobacco industry will continue to use tactics to delay policy change, and policy actors should continue to expose the conduct of the industry.

DPC participants noted that opposition will also come from other commercial actors. A THR advocate stated,

There's a whole series of other connected commercial interests. They include retailers, the supermarkets, the corner stores, the service stations and other places that sell these [tobacco] products that derive income from them. They're not to be ignored. (ST3.28)

Some of these actors will purport to represent retailers but are funded by the tobacco industry. People in the DPC argued that the tobacco industry has used vaping products and advocacy for THR to stymie tobacco control, with one participant stating,

I think that we've been distracted by e-cigarettes, which is exactly what industry wanted. 'Let's get them distracted with the e-cigarettes, so they're not thinking too much about the tobacco endgame'. (S3.32)

Some participants noted some fracturing of the policy community over policy responses to vaping products, with some THR advocates feeling censured for expressing a minority view on nicotine alternatives, and one stating,

Those who dissented, we were told at the end of the meeting to keep their opinions to themselves because it was bad for the tobacco control community to express a division of opinion. We should all speak with one voice and hence there shouldn't be any public debate about this policy at all. (S3.33)

Nevertheless, a consensus for endgame policies appears possible, particularly for ending commercial tobacco supply. Broadening the coalition to organisations focused on equity may increase the impact of lobbying efforts, with one participant from the DPC stating,

... talking about equity is a really good selling point. Social service agencies and so forth would likely get behind the policy because of that, and you might recruit a wider group of stakeholders than you otherwise would. (S3.41)

Entrepreneurs

Quotes relevant to *entrepreneurs* are provided in online supplemental table 4.

Policy innovation occurs when a political entrepreneur wants to leave a legacy. Several participants considered the current federal minister a rare political entrepreneur for tobacco control, with one person from the DPC stating,

... having a health minister or another minister who wants to create a legacy like Nicola Roxon with plain packaging, we've certainly seen that with Mark Butler. He wants to be seen to be doing something in tobacco control and I think this new Bill is going to be a really big legacy for him. (S4.1)

Members from the DPC mentioned qualities of the political entrepreneur, including willingness to engage with risk, leadership skills, ambition, media skills, ability to deal with the commercial sector and clout within the government. Entrepreneurial political leaders also need consensus and support from the coalition of public health policy actors. There was an acknowledgement that politicians are people too, so anti-tobacco mass media campaigns also influence policymakers to take more action.

Some participants from the DPC and THR advocates identified influential policy entrepreneurs who had developed their influence over the years as a result of research and media advocacy. Successful policy entrepreneurs assess the appetite for risk in the political environment, and the level of risk acceptable for a political entrepreneur. One Aboriginal public servant highlighted Indigenous policy entrepreneurs are interested in tobacco endgame policies, stating,

... there's [*Indigenous*] leadership in this space, people who worked in this space for a long time, we've been talking about the things that we can do. (S4.7)

Policy window

Quotes relevant to policy windows are presented in online supplemental table 5.

Many participants recognised that factors across the streams need to line up to open a policy window. One long-term member of the DPC noted that advocacy must be persistent, stating,

Well, it's just the continual importance of effective advocacy, and by that, I mean getting all of the legitimate groups that have an interest in public health all singing from the same hymn sheet and all pressing the flesh at the same time. And if you don't succeed the first time, you don't give up, you just keep going in. And as I said before, you'll get some point in the future where all of the ducks line up and you get it through, whether it's a single measure or whether it's a range of measures you've, just got to keep at it. (S5.2)

Another long-term member of the DPC noted some windows are predictable in the political calendar,

There are times within the political calendar [*e.g. elections*] where history shows it's the best time to get things happening. (S5.4)

Some members of the DPC believed that the re-election of the Labor Government would be an opportunity for policies to address supply measures.

Decolonising Framework

Quotes relevant to the DF are presented in online supplemental table 6.

Recognising the colonial roots of the commercial tobacco epidemic is essential for shaping tobacco control programmes and policies to address systemic inequities. One person noted:

Here we are still smoking, using a white man's tool. This isn't ours, it has nothing to do with our people, our identity. And when I came into research, I read all these papers, it would say, oh it's cultural for Aboriginal people to smoke and it's socially acceptable and it's embedded in their ways of living. And I'm like, that's non-Indigenous people writing what they see of us,

has nothing to do with our culture and everything to do with our disadvantage and our removal from cash economy and our control through rationing and missions and reserves. (S6.1)

There was also a recognition that corporations continue this colonial legacy.

Aboriginal and Torres Strait Islander peoples are committed to comprehensive action on tobacco. Indigenous communities and priority populations must lead tobacco control/eradication efforts, ensuring their voices and knowledges are at the forefront to make policies more effective and equitable. Aboriginal people also noted there are structures such as alcohol management plans and other approaches which can be used to support Indigenous leadership for endgame policies. One person stated:

... it's interesting when you say that you haven't had too many people focus on the structure side of things, because I think what's worked for the Tackling Indigenous Smoking programme is that governance ... I think that that has actually worked quite well ... it is very unique in the way that it's set up and monitored and evaluated. (S6.9)

These programmes were also important as they are culturally safe and appropriate, reflecting the unique needs and values of diverse populations to achieve a commercial tobacco and nicotine-free future.

Aboriginal and Torres Strait Islander ways of doing things could benefit all communities. A Torres Strait Islander person stated:

I think from a public health perspective that Aboriginal and Torres Strait Islander ways of doing public health is never like, it's often not seen as a way that could be beneficial for all communities. It's just seen as a very sort of Blackfulla specific way, whereas my experience has been that usually those things are kind of pretty 101 for everyone. (S6.14)

DISCUSSION

This research elicited perspectives on conventional tobacco control policies in Australia, identifying key successes such as the tobacco control playbook to leverage policy windows for incremental policy innovation. In parallel, the DF highlighted how policy approaches, grounded in Aboriginal and Torres Strait Islander leadership, sovereignty and cultural strength, can play a crucial role in the adoption of eradication policies in Australia.

While perspectives on vaping products varied, many participants viewed the Australian response as inadequate until recent reforms. Some viewed the vaping epidemic as a catalyst for recent regulatory reforms in Australia and noted that the unified DPC successfully opposed the commercial sector's push for more liberal access to vapes. However, variation in regulation suggests vaping alone may not consistently serve as a foundation for broader abolitionist reforms internationally.

Concerns about equity and justice were central themes raised by Aboriginal and Torres Strait Islander peoples and the broader DPC as failures of tobacco control, but also as factors that can platform structural reform/endgame policies. As seen in Aotearoa, where the 2010 Māori Affairs Committee Inquiry into the tobacco industry and Māori-led advocacy elevated endgame to national policy, equity framing coupled with Indigenous governance and systemic critique can drive change.

While some members of the DPC preferred incrementalism, Aboriginal and Torres Strait Islander leaders and others called for systemic, community-led policy solutions. Support for measures, such as retail phase-out and supply restriction, was strongest where initiatives were framed as community-led, rights-based

and grounded in self-determination. There were also warnings against imposed or top-down interventions, calling instead for approaches led by Indigenous peoples and grounded in cultural safety.

A central insight from the MSF analysis is that while convergence exists in the problem and policy streams, significant barriers were identified within the political stream. First, tobacco tax revenue creates a policy tension³²; what was once a hallmark of Australia's tobacco control success now risks becoming a fiscal disincentive to abolition. Modelling of transitional strategies, including alternative revenue streams and social investment offsets, is vital. Taiwan's opium smoking eradication strategy offers a precedent; taxation was one of many tools in a comprehensive package that included treatment, licencing and education.^{33–35} Second, as legislative attempts to curb corporate influence have failed, public denormalisation campaigns, non-legislative approaches to implementation of Article 5.3 of the WHO FCTC, and mobilised community resistance remain essential. Finally, some were concerned there might be a backlash to perceptions of a 'radical' agenda. However, in Aotearoa, there was universal support for endgame policies heading into their 2023 election. These policies did not feature in post-election analysis; rather, COVID-19 lockdowns, cost of living concerns and crime were cited as key political factors.^{36–37} Consequently, there appears to be minimal political risks to political entrepreneurs for supporting endgame or eradication policies.

There are a few factors in the political stream which may facilitate policy innovation, including the favourable political context. The re-election of the Labor Government and retention of a Health Minister known for tobacco control leadership have created a unique policy window for reform. Second, TFG legislation is likely to appeal to policymakers and the public,³⁸ due to its focus on protecting youth. While some raised concerns, TFG's symbolic value can drive political momentum and international examples (UK, Aotearoa), and potentially a domestic one (South Australia), if adopted, are also likely to influence uptake. Finally, equity remains a galvanising force for widening the stakeholder base, building a coalition beyond public health advocates, to increase lobbying power and sustain political will.

Tobacco control has been led by political entrepreneurs from the health portfolio, which will remain vital moving forward. Equity concerns can facilitate broadening of the advocacy coalition, and a broader advocacy base would mean that political entrepreneurs across housing, education, justice, environment and IA could play a role in supporting endgame policy innovation. In this context, there is strong potential for Aboriginal and Torres Strait Islander policy and political entrepreneurs to guide the tobacco eradication movement in Australia, and align with principles of Indigenous sovereignty, truth-telling and reparative justice. Considering the consistent allocation of funding to the Tackling Indigenous Smoking programme,³⁹ Indigenous leadership in policy innovation and maintaining investments should not be underestimated. Aboriginal and Torres Strait Islander peoples described commercial tobacco as a tool of colonial dispossession, and its eradication as a step toward healing, sovereignty and justice. This framing has clear applicability for other Indigenous and structurally oppressed populations.

Strengths and limitations

We interviewed a broad and diverse sample of policy actors, representing a wide range of perspectives. However, this study cannot infer that the findings are generalisable to the broader tobacco control policy community in Australia. The research

team included diversity in backgrounds, but all members were public health researchers with a strong commitment to social justice and health equity, and this lens is brought to the analysis.

A strength of the analysis was the application of TPPs to enhance analytical depth and expand the interpretive frame. The MSF offers value given its alignment with the complexities and fluidity of contemporary policymaking.

CONCLUSION

While there is a range of perspectives on endgame policies, Indigenous peoples and other members of the DPC support greater supply restrictions on commercial tobacco products. The tobacco control playbook will remain important in promoting policy innovation in Australia, and in resisting the influence of the commercial sector. The DF identified that Aboriginal and Torres Strait Islander leadership is essential, not only for Indigenous communities but for all Australians. By embedding Indigenous ways of doing, such leadership may open additional policy windows and drive reforms that address structural factors that drive tobacco use and are equitable, effective, community-driven and commensurate with the scale of harms.

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