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Winds of change: a stocktake on progressing the Framework Convention on Tobacco Control in Indigenous contexts

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► Additional supplemental material is published online only. To view, please visit the journal online (<https://doi.org/10.1136/tc-2025-059350>).

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Received 10 February 2025
Accepted 17 September 2025

ABSTRACT

Background The WHO's Framework Convention on Tobacco Control (FCTC) obligates Parties to reduce tobacco use among Indigenous populations, who suffer disproportionate harm from historical and ongoing colonisation. These obligations must be upheld despite challenges like COVID and the tobacco industry's influence.

Aim and objectives This review updates an earlier analysis of the FCTC reports from Australia, Canada and Aotearoa New Zealand, evaluating their progress in fulfilling obligations to Indigenous peoples between 2018 and 2023.

Data sources This study employed a qualitative content analysis to review the FCTC progress reports from Australia, Canada and New Zealand, covering the period from 2018 to 2023. The analysis was based on three Global progress reports and nine country-specific reports.

Study selection and data extraction Using consistent search terms aligned with a previous review, we systematically identified relevant activities, achievements and practices reported in the FCTC documents. Two independent reviewers conducted the coding and analysis, and after initial coding, the findings were cross-checked by the research team.

Results Across the three countries, there was a focus on increasing Indigenous leadership in the development and implementation of tobacco control programmes. For example, in Australia, the Tackling Indigenous Smoking programme focuses on codesigning culturally tailored interventions to address high smoking rates and overcome challenges, particularly in remote communities, while addressing gaps in providing culturally safe supports. Indigenous leadership in tobacco control was also indicated in New Zealand's Smokefree Aotearoa 2025 Action Plan and in Canada's Tobacco Strategy. However, despite the encouraging progress, absence of Indigenous-specific data and inconsistent reporting is challenging, and more work is required.

INTRODUCTION

The WHO Framework Convention for Tobacco Control (FCTC) recognises the right to health. It establishes tobacco control as a global public health imperative, with direct intersections with human rights obligations, including those enshrined in the Universal Declaration of Human Rights and the United Nations Declaration on the Rights of

WHAT IS ALREADY KNOWN ON THIS TOPIC

⇒ The Framework Convention on Tobacco Control (FCTC) has led to greater recognition of the health challenges faced by Indigenous populations, encouraging the collection of Indigenous-specific tobacco data and the development of targeted interventions. The previous review noted that efforts to reduce Indigenous tobacco use through targeted initiatives are making progress, although there are still gaps and inconsistencies in reporting.

WHAT THIS STUDY ADDS

⇒ This study reviews Australia's, New Zealand's and Canada's Indigenous populations-specific FCTC reports, highlighting their progress and challenges in meeting commitments. This review highlights an increasing acknowledgment of the significance of Indigenous-led tobacco control strategies in the three countries. We also identify that Indigenous-specific tobacco prevalence reporting is inconsistent, highlighting the need for tailored, community-driven approaches and better data collection to guide effective policies and interventions.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

⇒ The study underscores the importance of increasing Indigenous-led initiatives and sustainable funding. By integrating culturally relevant approaches and addressing systemic barriers, this research could influence future tobacco control policies and practices, ensuring that they better align with the unique needs of Indigenous communities.

Indigenous Peoples (UNDRIP).¹ Aligning with global goals such as the United Nations Sustainable Development Goals, the FCTC calls on governments to prioritise tobacco control, reduce exposure to harms and collaborate internationally to safeguard health, social equity and environmental well-being.^{1,2}

This review is an update of the previous review that evaluated reporting on the FCTC progress related to Indigenous peoples by Australia, Canada and Aotearoa New Zealand as Parties.³ That review offered a detailed examination of FCTC reports



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To cite: Odo DB, Reading J, Lee K, *et al.* *Tob Control* Epub ahead of print: [please include Day Month Year]. doi:10.1136/tc-2025-059350

submitted between 2007 and 2016, outlining key findings, trends and gaps in relation to Indigenous data while providing recommendations for improvement. Since then, there have been notable events that have overwhelmed public health efforts, most notably challenges posed by the COVID-19 pandemic which led to changing resourcing, funding and activity on tobacco control. Further, the tobacco industry's actions during global crises, such as donations of money or medical supplies^{4,5} and the promotion of their addictive products via COVID-19 pandemic-related themes, highlight their exploitative tactics.⁶ Despite these challenges, under the FCTC, Parties have an obligation to reduce the prevalence of commercial tobacco use among Indigenous peoples.⁷ Tracing Indigenous-specific developments in the FCTC reporting remains crucial to eradicating commercial tobacco-related disease and death.⁸

Indigenous peoples represent a rich diversity of nations, languages, practices, knowledge systems and knowledges, contributing to the world's vibrant diversity.⁹ Across the world, Indigenous peoples commonly have unique connections to the natural environment, including plants such as the tobacco plant.^{10,11} It is important to recognise this diversity, especially when it comes to tobacco use. The word 'tobacco' originally comes from the Taíno language of the Arawakan people in the Caribbean, but then appropriated by the Spanish in the 1550s as part of colonisation.¹² European settlers further colonised the sacred tobacco plant by turning it into a mass-produced, highly profitable crop, eventually making it affordable, more addictive and widely available.¹¹ This transformation, driven by the commercial interests of tobacco companies, was in direct conflict with Indigenous relationships with the sacred tobacco plant.¹³

The local, national and international promotion and distribution of commercial tobacco, causing addiction among Indigenous peoples and communities, has been described as a form of modern colonisation.¹⁴ Indigenous practices, such as ceremonial tobacco use, were suppressed through colonial processes. For example, in Turtle Island (North America), laws in the 1800s banned ceremonial practices involving tobacco yet allowed commercial tobacco use.¹⁰ This suppression led to commercial tobacco disrupting sacred tobacco use in ceremonies, disrupting local protocols and practices, including connections with the sacred tobacco plant among many Indigenous peoples and communities.

Racism and colonisation have been major structural causes of social and economic inequities and inequalities, which in turn drive commercial tobacco use.¹⁴ In addition to experiences of racism and discrimination, factors like forced relocation, exclusion from educational and employment opportunities and the cash economy have disproportionately affected Indigenous peoples.¹⁵ In Australia, commercial tobacco was used as payment in lieu of wages until the late 1960s,¹⁶ systemically embedding tobacco use at an early age and across an entire population. As a result of ongoing racism and colonisation, many Indigenous communities report lower socioeconomic status, associated with higher rates of commercial tobacco use. While the reasons for using commercial tobacco are generally similar for Indigenous and non-Indigenous peoples, Indigenous peoples are disproportionately exposed to such contributing factors due to ongoing colonisation.¹⁴

Since entering into force in 2005, the FCTC has supported tobacco control efforts by developing comprehensive programmes and policy reforms worldwide. This includes the development of a comprehensive set of core tobacco control measures, such as those outlined in the WHO MPOWER package, the formulation of implementation guidelines and the reinforcement of existing

legislation to ensure alignment with international standards.¹⁷ It continues to influence the global commercial tobacco control and resistance agenda by guiding the adoption of legislative and policy supports, informing actions and supporting the monitoring of implementation.¹⁸ These measures and guidelines have resulted in an increase in smoking cessation, a decline in tobacco use and a decrease in cigarette consumption in high-income, middle-income and low-income countries.^{19–21} Some recent advancements of the FCTC include development of the Protocol to eliminate the illicit trade in tobacco products in 2018,²² and launch of the FCTC 2030 Program in 2017 to speed up the implementation of the Convention in low- and middle-income countries (LMICs).²³

The FCTC recognises the harmful role that transnational tobacco companies play, perpetuating inequities and inequalities.⁷ This includes among Indigenous peoples and communities who have been disproportionately impacted by the tobacco industry.²⁴ The Convention highlights the importance of involving Indigenous peoples in the development, implementation and evaluation of tobacco control measures.⁷ It also includes guidelines for monitoring and evaluation.²⁵ Australia, Canada and Aotearoa New Zealand are often compared when examining Indigenous health and well-being. These countries have comparable, ongoing colonial histories and sociopolitical structures, which have contributed to persistent health inequities, including disproportionate commercial tobacco use among Indigenous peoples, which can allow for a comparative analysis. On this basis, we reviewed FCTC reporting from 2018 to 2023 to see how these countries are fulfilling their obligations to Indigenous peoples. This updated review will help assess the progress made in addressing Indigenous issues, examine the extent to which past recommendations—improved data collection and reporting—have been followed, identify remaining gaps and emerging opportunities, and provide guidance for policymakers and programme leaders to take further actions and improve outcomes, helping uphold the human right to health.

METHODS

Relationality and self-location

We acknowledge that our worldviews shape how we design, interpret and share research, including our values, biases and approaches to Indigenous ways of knowing, being and doing. Basic principles of Indigenous research paradigms—awareness, respect, responsibility, reciprocity and obligation—are central to this review.^{26,27} This includes critically examining who conducts research, who is engaged, and how and when participation occurs.^{28,29} Our review followed a tailored checklist (online supplemental table S1) to ensure that Indigenous voices, values and research integrity were upheld throughout.³⁰ Guided by Indigenous priorities, rights and ethical standards, including the UN Declaration on the Rights of Indigenous Peoples and the WHO FCTC,³¹ this work reflects the lived experiences of Indigenous authors (RM, MK, AW, JR, GB, PNH) and expertise in public health, epidemiology and decolonising methodologies (all authors).

Search strategy

We searched the WHO FCTC Implementation Database³² to obtain all country-specific progress reports for Australia, Canada and New Zealand from the 2018, 2020 and 2023 reporting rounds. In addition, we searched the WHO website for the Global progress reports compiled from country submissions for those same reporting periods. The WHO database

and accompanying website utilised in this review are publicly accessible without restriction. The WHO FCTC Implementation Database includes a list of all countries that are Parties to the Convention. When a specific country is selected, all submitted reports from most recent to oldest are listed under that country.

Search terms

We used the same search terms and followed a similar process with the previous review, *Commercial tobacco and indigenous peoples—a stock take on Framework Convention on Tobacco Control progress*³ to identify indigenous-reported activities, achievements, innovative approaches and practices. For the country-specific reports, we conducted a page-by-page review to extract information specifically related to Indigenous peoples, as well as content directed at the general population that may also contribute to Indigenous aspirations to eliminate commercial tobacco use. For the Global Progress Reports, we used the ‘Find’ function to locate references to ‘Australia’, ‘New Zealand’ and ‘Canada’. To identify references to Indigenous peoples in these countries, we also searched for the following terms in the Global Progress Reports: ‘Indigenous’, ‘Indigenous people’, ‘Torres Strait’, ‘Torres Strait Islander’, ‘First Nations’, ‘Māori’, ‘Métis’ and ‘Inuit’. We also used the terms ‘ethnic’ and ‘ethnic minorities’ as a search term because the FCTC reporting template includes an ‘ethnic’ data collection field but does not include an Indigenous-specific data collection field. Any references to ‘ethnic’ in the results are where it is clearly in reference to Indigenous peoples.

Data extraction and synthesis

We conducted a content analysis of the extracted data to systematically examine each content. Two reviewers, one with lived Indigenous experience and expertise in Indigenous commercial tobacco control (RM) and one with experience in Indigenous tobacco research (DO), independently reviewed the FCTC Global and country specific reports. Authors identified where search terms appeared and independently coded all mentions in the included FCTC reports. We familiarised ourselves with the data by reading through the transcribed text from the reports to learn what Indigenous-specific information has been reported previously, breaking down this data into subcategories. We used existing coding lists from our previous review before starting the analysing process. However, we also extensively read the reports for any additional Indigenous-specific information since our previous review. After extracting the data under each preidentified coding list (eg, prevalence, programme or policy, targets, aims or objectives, priorities, activities and strategies), we checked whether all aspects of the content had been addressed under each theme. Preliminary themes were shared with all authors to assist in the validation process, and no substantive changes were recommended.

RESULTS

Australia, New Zealand and Canada submitted their implementation progress reports for all rounds of reporting (2018, 2020 and 2023). Accordingly, our review included nine country-specific reports—three each from Australia, Canada and New Zealand, covering the same periods. In addition, we reviewed three Global progress reports corresponding to each of these reporting cycles.

The contents included in the country-specific reports were relatively consistent across the reporting cycles. Like the contents identified in the previous review, smoking prevalence, priorities,

targets, strategies and descriptions of programmes focused on Indigenous population were identified. Under these themes, some degree of Indigenous representatives’ and/or organisations’ participation in the development and implementation of tobacco control activities was mentioned.

Most Indigenous-population-specific contents in the Australian reports focused on the Tackling Indigenous Smoking (TIS) programme, while New Zealand focused on the Smoke-free Aotearoa 2025 Action Plan and Māori rights. Canada’s reports mentioned working with First Nations and Inuit in its Tobacco Strategy (CTS) but excluded Métis (table 1). Additional Indigenous-related information obtained from the three Global progress reports is in online supplemental table S2.

Tobacco smoking prevalence

Australia reported prevalence of smoking among Aboriginal and Torres Strait Islander people only for the 2018 reporting cycle. New Zealand reported prevalence of smoking by Māori, Pacific, Asian and European/Other for the reporting periods of 2018 and 2020, while no Indigenous-specific smoking prevalence was reported for the most recent reporting period (2023). Canada included prevalence of exposure to cigarette smoke at home and in a vehicle for Indigenous youth (grades 6–12) in the 2023 report (table 2).

Policies, programmes, priorities and activities related to Indigenous peoples

The TIS programme in Australia, with continuous iterations, has been in operation since 2010 (2018). Australia integrated tobacco dependence treatment training, Quitskills, into health professional curricula for Aboriginal and Torres Strait Islander Health Workers, Tobacco Action Workers and Regional Tobacco Coordinators (2018). Regional Tobacco Control Grants funded evidence-based, locally tailored tobacco control activities (2018) (table 3). Additional Indigenous-related tobacco control activities from Australian States and Territories are in online supplemental table S3.

Aotearoa New Zealand’s 2025 Action Plans emphasised Māori leadership at all levels and established a taskforce to ensure progress towards the smokefree goal for Māori (2023). New Zealand prioritised reducing inequities for Māori, Pacific people and low-socioeconomic groups, and redesigning stop-smoking services for young Māori women (2018) (table 3).

CTS aimed to work with Indigenous groups to develop tailored plans for Indigenous peoples and others disproportionately affected by smoking (2020). As part of CTS, Canada committed to co-developing strategies with national and regional Indigenous groups to meet Indigenous peoples’ needs (2023). In its Federal Tobacco Control Strategy, Canada prioritised on-Reserve First Nations and Inuit tobacco control initiatives and supporting the pan-Canadian quitline (2018) and Indigenous communities and populations in remote/rural communities (2020) (table 3).

We summarised tobacco control initiatives in each country based on findings from country-specific and global progress reports (table 4) and highlighted key insights derived from these findings.

Key insights

1. Leadership: Across all countries, there is a focus on increasing Indigenous leadership in the development and implementation of smoking cessation programmes.
2. Tailored interventions: Programmes that are codesigned with Indigenous communities and reflect local cultural values are seen as essential to reducing tobacco use.

Table 1 Reference to Indigenous peoples or ethnicity in the FCTC Global progress reports specific to the three countries

Year	Country	Key activities, progress and comments
2018	Australia	Highlighted its leadership through the Tackling Indigenous Smoking (TIS) programme in the Global Progress Report (p.42), with several activities tailored to local needs, including: <ul style="list-style-type: none"> ▶ National Tobacco Campaign—'Don't Make Smokes Your Story': Launched in 2016, targeting Aboriginal and Torres Strait Islander people aged 18–40 to encourage quitting. ▶ Indigenous Quitline Enhancement Grants: Improved capacity of Quitline services to better serve Aboriginal and Torres Strait Islander communities. ▶ Quitskills Training Programme: Aimed at increasing the number of trained professionals working with Aboriginal and Torres Strait Islander people who smoke, with special focus on youth, pregnant women and new mothers. ▶ Targeted Interventions for Priority Groups: Enhanced activities for pregnant women and those in remote areas, showcasing promising approaches for high-risk groups.
2020	Australia	Cited as one of the eight countries referenced to higher smoking in specific ethnic groups. Continued implementation and evaluation of 'Don't Make Smokes Your Story', focused on Indigenous smokers and their families.
	New Zealand	Cited as one of the eight countries referenced to higher smoking in specific ethnic groups. Acknowledged higher smoking prevalence among Māori women compared with men. Developed guidance to enhance smoking cessation services for young Māori women.
	Canada	Renewed Tobacco Strategy addressed high-use subgroups including Indigenous populations, aiming to reduce tobacco use and address health inequalities.
2023	New Zealand	Introduced significant legislative and strategic updates aimed at Indigenous tobacco control: <ul style="list-style-type: none"> ▶ Smokefree Environments and Regulated Products (Smoked Tobacco) Amendment Act 2022 supported the Smokefree Aotearoa 2025 Action Plan (p.13), focusing on three key outcomes: <ol style="list-style-type: none"> 1. Eliminating smoking-related inequities. 2. Creating a smoke-free generation. 3. Enhancing quit smoking success rates. ▶ Indigenous-specific focus areas in the Action Plan included: <ol style="list-style-type: none"> 1. Māori Leadership and Decision-Making at all levels of implementation. 2. Tailored Stop Smoking Services for Pacific Communities through targeted investment.

FCTC, Framework Convention on Tobacco Control.

3. Challenges: High smoking rates persist, particularly in remote Indigenous communities, and there are ongoing gaps in providing culturally safe support.

General population interventions that also contributed to obligations to Indigenous peoples

Australian Department of Health developed 'Guidance for Public Officials on Interacting with the Tobacco Industry', and this guidance outlines the obligations placed on public agencies and officials. The guidance has been shared with all Australian Members of Parliament and Senators, as well as with those based at Australia's High Commissions and Embassies (2023). Public health officials leading tobacco control efforts, including tobacco control policy development, do not meet or engage with representatives from the tobacco industry in Canada, but this is not a formal code of conduct (2023).

Table 2 Reported smoking and exposure to tobacco smoke prevalence among Indigenous populations in Australia, Canada and New Zealand

Country	Population group	Progress report round		
		2018	2020	2023
Australia	Aboriginal and Torres Strait Islander peoples	Currently smoke %: 27.4	Not reported	Not reported
New Zealand	Māori	Currently smoke (%): 35.5 (M: 32.2, F: 38.2)	Currently smoke (%): 34.0 (M: 31.5, F: 36.3)	Not reported
Canada	First Nations Inuit Métis	Not reported Not reported Not reported	Not reported Not reported Not reported	Exposure (youth grades 6–12) (%): At home: 23.5; in vehicle: 32

M, male; F: female

Canada set a new Tobacco Products Regulations (Plain and Standardised Appearance) for tobacco packages and products (came into force in November 2019), a new Vaping Products Labelling and Packaging Regulations and regulations that prohibit the promotion and advertising of vaping products anywhere they can be seen or heard by youth (published in December 2019) (2020). Additionally, Canada proposed regulations to introduce written health warnings on certain individual tobacco products, such as cigarettes (2020 and 2023). New Zealand, in its smoking cessation guidelines, set separate targets for patients enrolled in health facilities and for pregnant women to provide brief advice and support to quit smoking (2018) (table 5).

DISCUSSION

The WHO FCTC has made important advances in addressing commercial tobacco use among Indigenous populations. This includes recognising the unique cultural strengths of Indigenous peoples and the health challenges faced, setting Parties accountable for reporting Indigenous-specific data.⁷ The Convention has encouraged improved data collection on tobacco use specifically among Indigenous peoples, leading to targeted interventions and policies. Our first aim was to explore whether Indigenous peoples and the associated data were being reported, for example, any Indigenous-specific programmes, policies, targets, priorities and activities, and inequities in Australia, Aotearoa New Zealand and Canada.

We identified that the progress under the FCTC by these three Parties has been notable, but specific challenges persist for Indigenous populations. The findings indicated that there is growing recognition of the need for Indigenous-led tailored approaches to commercial tobacco control and resistance by all Parties included in this study. In this regard, the Parties mentioned in their reporting to the FCTC Secretariat that Indigenous-specific commercial tobacco control and resistance initiatives have been incorporated into broader national strategies.

Table 3 Summary of Indigenous-specific contents as indicated in the country reports

Country	Programme/policy	Targets, aims or objectives	Priorities	Activities and strategies
Australia	The Tackling Indigenous Smoking	Reduce smoking among populations with a high prevalence of smoking.	Reinforce and build on existing programmes and partnerships to reduce smoking rates among Aboriginal and Torres Strait Islander people (2018).	Regional Tobacco Control Grants funding to undertake evidence-based tobacco control activities designed to meet local needs (2018).
				States and territories had Indigenous-specific tobacco control priorities as part of closing the gap programme (2018).
				National Tobacco Campaign 'Don't Make Smokes Your Story', to empower audience to quit smoking (2018, 2020).
New Zealand	The Smokefree Aotearoa 2025 Action Plans	Reduce smoking among populations with a high prevalence of smoking.	Reduce the inequalities that are present for Māori, Pacific people and those in lower socioeconomic groups (2018).	States and territories implemented different Indigenous-specific activities as part of closing the gap programme (2018, 2022–2023).
				Establish a taskforce to make sure the action plan is on track to achieve the smokefree goal for Māori (2022–2023).
				Redesign stop-smoking services to better meet the needs of young Māori women (2018).
Canada	Canada's Tobacco Strategy	Reduce smoking among populations with a high prevalence of smoking.	On-Reserve First Nations and Inuit tobacco control initiatives and supporting the pan-Canadian quitline (2018).	Ensure Māori leadership and decision-making across all levels of the Action Plan (2022–2023).
				First Nations communities and organisations engaged in combating the illicit tobacco market (2018, 2020).
				Funding for tobacco programmes that target groups of Canadians disproportionately affected by smoking as a priority (2020).
				Working with national and regional Indigenous groups to co-develop distinct strategies to meet the needs of Indigenous peoples (2022–2023).

For example, in Aotearoa New Zealand, the 2025 Action Plans emphasised the importance of Māori involvement in programme design and implementation and introduced some initiatives targeting Māori communities, including Māori-led health services and culturally relevant tobacco cessation programmes. However, the critical role of Māori leadership, advocacy and community support in shaping and supporting Aotearoa New Zealand's Action Plan legislation—including through the Māori Affairs Select Committee inquiry into the tobacco industry's impact on Māori, right through to the legislation being passed to improve health outcomes and address inequities—was not adequately reflected in official reporting. This was similar for Australia and Canada alike. Australia's reports included that there is potential for more community-driven approaches and increased funding for programmes specifically designed for Indigenous populations. For example, the TIS programme has been reported to contribute to a reduction in smoking rates among Aboriginal and Torres Strait Islander peoples through the provision

of culturally appropriate prevention and cessation support. Canada's reports stated that Indigenous-led initiatives and partnerships, including First Nations communities and organisations engaged in combating illicit tobacco markets.

Commercial tobacco prevalence reporting was inconsistent and not as detailed compared with previous reports. Canada continues to have no report on commercial tobacco use among Indigenous peoples. Aotearoa New Zealand reported prevalence of current use by ethnic group in its 2018 and 2020 round reports, but not in its most recent report (2023). Australia reported prevalence of current tobacco use among the Indigenous population in the 2018 report, but not in its 2020 and 2023 reports. None of the Parties had Indigenous-specific tobacco prevalence data in their most recent report, likely due to COVID-19 disruptions in data collection. Evidence shows that among the 105 countries identified as having Indigenous populations, five (4.7%) conduct routine monitoring of commercial tobacco use through government agencies.³³ Notably,

Table 4 Summary of Indigenous tobacco control initiatives and identified challenges across the three countries

Country	Key Indigenous Programmes	Focus areas	Challenges identified
Australia	TIS Programme Indigenous Quitline Enhancement Grants	Enhancing Indigenous leadership, training and support for smoking cessation	High smoking prevalence in remote Indigenous communities
Aotearoa New Zealand	Tailored smoking cessation programmes	Redesign of programmes to address high smoking prevalence	Disparities between urban and remote areas
Canada	Indigenous-led tobacco cessation partnerships	Developing culturally appropriate programmes	Lack of tailored interventions for regional Indigenous communities
Overall Findings	Indigenous leadership and culturally relevant strategies are crucial	Targets set to reduce smoking prevalence in Indigenous communities	Limited integration of Indigenous perspectives into broader policies
TIS, Tackling Indigenous Smoking.			

Table 5 Interventions targeted the general population that also have contributions to Indigenous populations' aspirations to eradicate commercial tobacco, reported at least in one of the three country reports

Measures and activities targeted the general population	Australia	Canada	New Zealand
Provision of stop smoking services (including Quitline and smoking cessation medications)	✓	✓	✓
Policies on tobacco prices and taxes	✓	✓	✓
Targeting groups that are disproportionately affected by smoking	✓	✓	✓
Design and implementation of educational and public awareness programmes	✓	✓	✓
Set targets and priorities for tobacco reduction	✓	✓	✓
Prohibition of tobacco advertising, promotion and sponsorship	✓	✓	
Regulations on tobacco product packaging and labelling	✓	✓	
Reduce exceptions to smoke-free workplaces, public places and other settings	✓	✓	✓
Combat the illicit trade in tobacco	✓	✓	
Obligations and transparency of public agencies and officials	✓	✓	

despite Canada being one of these five countries, it does not report commercial tobacco prevalence among Indigenous populations in its FCTC implementation progress reports. The lack of Indigenous-specific commercial tobacco prevalence data in Canadian reports, along with inconsistencies in Australian and New Zealand reports, highlights an area for improving comprehensiveness monitoring efforts.

In general, the reviewed reports demonstrate that progress in tobacco control and resistance in Australia, Aotearoa New Zealand and Canada had been documented. Importantly, an evaluation of the progress made by these Parties since the last review³ highlights a growing recognition of the need for Indigenous-led tailored approaches to commercial tobacco control and resistance, alongside greater investment in community-driven strategies. However, this review also exposed underreporting of commercial tobacco consumption data among Indigenous populations, despite the need for better data to help inform more effective policies and targeted funding for tobacco control and resistance. The current review also found that, despite earlier recommendations, FCTC reporting tools still lack Indigenous-specific data collection points, which is essential for advancing the FCTC's guiding principles for Indigenous peoples, and this remains a persistent challenge. This gradual progress in tobacco control risks becoming a barrier, as it relies on a 'business as usual' approach that fails to align with the urgency required to eliminate inequities and eradicate harms inflicted by the commercial tobacco and nicotine industry. However, this review must be interpreted with caution because it reflects only what is reported by each Party and included in global progress reports, based on what governments choose to share and how they frame their reporting which does not fully capture the realities on the ground.

COVID-19 is expected to have impacted progress in tobacco control, diverting resources away from tobacco control efforts, disrupting data collection and reporting processes. Among Indigenous populations, the pandemic exacerbated existing health inequities and interrupted essential tobacco cessation services and culturally tailored prevention programmes.³⁴ At the same time, the tobacco and nicotine industry leveraged the pandemic to strengthen its influence, promoting new nicotine products and engaging in corporate social responsibility efforts that obscured its role in perpetuating harms. These developments have challenged the pace and integrity of FCTC implementation, particularly in Indigenous settings where targeted industry tactics and reduced programme visibility have threatened progress.³⁵

Overall, the under-reporting of Indigenous-specific data and the limited acknowledgement of Indigenous leadership and advocacy

efforts undermine the potential for fully informed and effective tobacco control and resistance strategies. Improved data collection is essential to inform targeted policies and funding for tobacco resistance activities. There is a critical opportunity to apply Indigenous Data Sovereignty Principles to ensure that data collection, analysis and reporting are guided by Indigenous governance and priorities. Embedding these principles would enhance the accuracy, relevance and accountability of commercial tobacco control and resistance efforts, supporting Indigenous communities in defining and leading their own health and well-being strategies. As part of their FCTC commitments, these countries must strengthen culturally safe cessation support for Indigenous communities in remote settings by supporting and empowering local leadership and increasing accessibility to quit services. Additionally, continue adapting cessation strategies to reduce smoking disparities between urban and remote communities, emphasising equity and Indigenous self-determination. Scale up culturally safe and appropriate interventions by partnering with Indigenous communities to address regional gaps and ensure local relevance in cessation efforts.

CONCLUSIONS

The implementation of the FCTC and the requirement for Parties to report on progress underscore the complex and enduring settler-colonial landscape of commercial tobacco resistance—marked by progress, persistent inequities and emerging opportunities for tailored interventions to eradicate the disease and death caused by the commercial tobacco industry in Australia, Aotearoa New Zealand and Canada.

Ongoing, comprehensive and data-driven monitoring and evaluation of commercial tobacco use trends among Indigenous populations are essential for assessing the effectiveness of implemented strategies and pinpointing areas for improvement. Strengthening community-led initiatives, including more appropriate resourcing, and addressing systemic challenges present significant opportunities to accelerate efforts toward reducing and ultimately eradicating tobacco-related harms.

Scaling up dedicated resources, including sustained funding and Indigenous-led programmes and policies aimed at resisting commercial tobacco influence, is critical to dismantling existing barriers. Effective commercial tobacco resistance strategies must be grounded in an acknowledgement of historical and ongoing trauma, socioeconomic disparities and the unique contexts shaping Indigenous health and well-being. Such efforts should place Indigenous leadership at the forefront, ensuring culturally safe regulation and policy frameworks

that are reinforced by robust community-driven initiatives. By prioritising Indigenous sovereignty in commercial tobacco resistance, meaningful and sustainable progress can be achieved. Reinforcing Article 5.3 obligations to local, regional and national governments to effectively prevent and protect against tobacco industry interference throughout the entire structure is essential and will help to eradicate commercial tobacco-related addiction, disease and death.

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Acknowledgements The authors would like to thank those who compiled all the reports reviewed by this study.

Contributors All authors contributed to the design of the research, revised and approved the final manuscript. DBO and RM conducted data extraction, analysis and interpretation, wrote original draft and performed reviewing and editing. JR, KL, GB, AW, PNH and MK contributed to data interpretation, writing original draft, reviewing and editing. RM provided guidance and support in all steps of executing the manuscript. The corresponding author attests that all listed authors meet authorship criteria and that no others meeting the criteria have been omitted. DBO is the guarantor.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests No, there are no competing interests.

Patient consent for publication Not applicable.

Ethics approval Not applicable.

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement The data used in this study are publicly available and the authors do not have permission to share data.

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