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Framing nico-colonialism and nico-genocide: a critical public health review of the tobacco industry's role as a commercial determinant of health

Raglan Maddox[a], Rohan M. Telford[b], Lani Teddy[c], Andrew Waa[d], Shane Kawenata Bradbrook[e], Juliet P. Lee[f], Sydney A. Martinez[g], Penney Upton[h], Patricia Nez Henderson[i], Michelle Kennedy[j,k], El-Shadan (Dan) Tautolo[l], Christina Heris[b], Robin Quigg[m], Chase Kornacki[n,o], Tom Calma[p] and Abbey Diaz[b]

[a]Bagumani (Modewa) Clan, Yardhura Walani, National Centre for Epidemiology and Population Health, Australian National University (ANU), Canberra, Australia; [b]Non-Indigenous, Yardhura Walani, National Centre for Epidemiology and Population Health, Australian National University (ANU), Canberra, Australia; [c]Ngāti Ranginui, Ngāi Te Rangi, Eru Pōmare Māori Health Research Unit, University of Otago, Wellington, Aotearoa, New Zealand; [d]Ngāti Hine, Ngāpuhi, Eru Pōmare Māori Health Research Unit, University of Otago, Wellington, Aotearoa, New Zealand; [e]Ngāi Tāmanuhiri, Rongowhakaata, Ngāti Kahungunu, Aotearoa, New Zealand; [f]Pacific Institute for Research and Evaluation-California, Prevention Research Center, Berkeley, USA; [g]Cherokee Nation Citizen, Department of Biostatistics and Epidemiology, Hudson College of Public Health, University of Oklahoma Health Sciences Center, Oklahoma City, USA; [h]Non-Indigenous, Health Research Institute, University of Canberra, Canberra, Australia; [i]Navajo Nation (Diné), Black Hills Center for American Indian Health, Rapid City, USA; [j]Wiradjuri, School of Medicine and Public Health, University of Newcastle, Callaghan, Australia; [k]Hunter Medical Research Institute, Newcastle, Australia; [l]Samoa/Ngāti Tapuniu, AUT Pacific Health Research Centre, Auckland University of Technology, Auckland, Aotearoa, New Zealand; [m]Ngāti Tamaterā, Raukawa, PhD, Department of Public Health, Ōtepoti, University of Otago, Dunedin, New Zealand.; [n]Navajo Nation, Sheepsprings Chapter, Shiprock Agency, USA; [o]Southern California American Indian Health Center, San Diego, USA; [p]Consultant to the Commonwealth Department of Health, Disability and Ageing, Elder from the Kungarakan Tribal Group and a Member of the Iwaidja Tribal Group, Indigenous Tobacco Control Advocate, Canberra, Australia

ABSTRACT

Background: Commercial tobacco and nicotine harms are often framed as issues of individual behaviour, product risk, or disease burden. Such framings can obscure the settler colonial and corporate structures that produce and sustain structural inequities and disproportionate harms among Indigenous peoples. **Aim**: This critical essay (re) frames the commercial tobacco and nicotine industry as a structural mechanism of settler colonial violence, contributing to the systemic elimination of Indigenous peoples. It introduces the concepts of nico-colonialism and nico-genocide to name these harms with greater conceptual precision. **Critical analysis**: Drawing on Indigenous scholarship, genocide theory, and critical public health, we examine how industry practices, including the commodification of sacred plants, engineered addiction, regulatory manipulation, and targeted harms, function as interlocking forms of biological, cultural, legal, and economic violence. **Contribution**: Nico-colonialism describes the industry practices that sustain colonial control through addiction, policy interference, cultural appropriation, and commercial exploitation. Nico-genocide describes the cumulative outcomes of these practices, including addiction, premature death, cultural erasure, regulatory obstruction, and intergenerational harm. **Conclusion**: We call for an abolitionist public health response centred on Indigenous sovereignty, truth-telling, accountability, community-led transformation, and the right to health. Abolition is positioned not as a metaphor, but as a public health necessity. By shifting from regulation to structural dismantlement, this paper contributes to decolonising public health responses to corporate harm.

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Introduction

Commercial tobacco as structural violence

This critical essay interrogates the commercial tobacco and nicotine industry as a colonial and commercial determinant of health, introducing the terms 'nico-colonialism' and 'nico-genocide' to more accurately describe how commercial tobacco and nicotine products function as systems of structural violence

CONTACT Raglan Maddox raglan.maddox@anu.edu.au
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embedded within settler colonial systems and contemporary public health inequities. Rather than viewing tobacco-related harm solely as an issue of individual behaviour, consumer or personal choice, this paper examines how commercial tobacco and nicotine markets actively (re)produce structural inequities through addiction, political influence, cultural appropriation, and the targeting of communities. These concepts seek to name the industry's role in engineering addiction, undermining Indigenous sovereignty, obstructing life-saving regulation, and sustaining intergenerational harm through corporate and colonial power.

In this paper, the term 'tobacco and nicotine industry' refers collectively to transnational tobacco corporations, nicotine product manufacturers, affiliated entities, front groups, commercial retailers, and other actors involved in the production, promotion, distribution, scientific legitimisation, normalisation, and political protection of commercial addictive tobacco and nicotine products (Maddox et al., 2026). We deliberately use the singular term 'industry' rather than 'industries' to reflect the increasingly interconnected and convergent nature of commercial tobacco and nicotine markets, including overlapping corporate ownership, integrated product portfolios, shared political strategies, coordinated lobbying practices, common profit motives, and the growing integration of combustible tobacco and commercial nicotine products (Edwards et al., 2022; Gilmore et al., 2023; Legg et al., 2021; Maddox et al., 2026). This framing recognises the commercial tobacco and nicotine industry as a broader commercial ecosystem rather than as isolated or unrelated sectors (Hepi et al., 2026).

The commercial tobacco and nicotine industry has fuelled millions of deaths globally (Siddiqi et al., 2020; U.S. Department of Health & Human Services, 2014). Some populations, including Indigenous peoples, are disproportionately affected. For example, in Australia, 34% of Aboriginal and Torres Strait Islander adults smoke (Australian Bureau of Statistics, 2024), compared to less than 10% of the non-Indigenous population. In Aotearoa New Zealand, 18% of Māori adults currently smoke, compared to just 8% of the total population (New Zealand Ministry of Health, 2025). In the United States, American Indians and Alaska Natives have the highest smoking prevalence of any population, at 19% compared to the national average of 12% (US Centers for Disease Control and Prevention, 2024).

Naming nico-colonialism and nico-genocide

These disparities are not coincidental. They are not simply the product of individual behaviour or lifestyle "choice". They reflect the ongoing effects of settler colonialism: a structure, rather than a singular historical event, that seeks the elimination of Indigenous peoples in order to secure land, power, and social control (Wolfe, 2006). Settler colonialism operates through interlocking systems of legal, cultural, political, and economic violence that undermine Indigenous sovereignty, disrupt cultural continuity, and produce conditions that harm health and wellbeing across generations (Short, 2014; Wolfe, 2006).

Within this framework, elimination of peoples does not occur solely through direct physical violence. It also operates structurally through dispossession, forced dependency, cultural erasure, policy exclusion, and the imposition of harmful social and commercial conditions (Short, 2014; Wolfe, 2006). These cumulative processes can contribute to what scholars have described as structural genocide: the systemic undermining of a people's ability to survive and thrive through interconnected biological, cultural, legal, and economic harms (Short, 2014).

This paper argues that the commercial tobacco and nicotine industry functions as one such structure of colonial harm. To conceptualise these processes more precisely, we introduce the terms 'nico-colonialism' and 'nico-genocide' (see Appendix A). Nico-colonialism describes the historical and contemporary processes through which the commercial tobacco and nicotine industry uses addictive products, policy interference, targeted marketing, corporate lobbying, and the commodification of Indigenous cultures to profit from and maintain colonial systems of control over Indigenous peoples and communities (Maddox et al., 2022; Nez Henderson et al., 2022; Waa et al., 2020a, 2020b).

Nico-genocide describes the outcomes of nico-colonialism, functioning as a commercial driver of systemic elimination through addiction, disease, premature death, cultural erasure, and the erosion of Indigenous continuity and well-being (Maddox et al., 2022; Nez Henderson et al., 2022; Waa et al., 2020a, 2020b).

Table 1. Foundational terms—understanding industry harms and Indigenous resistance.

Term	Definition
Abolition (public health)	A justice-based approach to dismantling harmful industries and systems, prioritising healing, truth-telling, and community-controlled and Indigenous-led alternatives over reform.
Nico-colonialism	The interconnected systems, corporate actors, political strategies, commercial practices, and market structures of the commercial tobacco and nicotine industry, including combustible tobacco, nicotine products, affiliated entities, and front groups, including the development, marketing, and distribution of addictive products; the appropriation of public policy as a tool of corporate power and colonial control; and the targeting of Indigenous peoples.
Nico-genocide	The outcome of nico-colonialism—tobacco and nicotine industry-driven elimination of Indigenous peoples through addiction, premature death, cultural destruction, and other forms of systemic and structural genocide.
Sacred tobacco	Tobacco used ceremonially and medicinally by Indigenous peoples, recognised as a spiritual gift with relational and cultural significance.
Settler colonialism	An ongoing structure that seeks to eliminate Indigenous peoples to replace them with a settler population, operating through legal, economic, and cultural systems.
Structural genocide	The systemic destruction of a people's ability to survive and thrive through interlocking forms of harm(s)—biological, cultural, legal, and economic.
Truth-telling	The process of publicly acknowledging and confronting historical and ongoing injustices more accurately as a foundation for justice, healing, and reparative action.

Sources: (Bracka, 2024; Gilmore, 2021; Maddox & Morton Ninomiya, 2025; Nez Henderson et al., 2022; Short, 2014; Wolfe, 2006).

Indigenous resistance and the limits of reform

Introducing these terms is critical for naming, describing, and challenging the commercial tobacco and nicotine industry's practices, which are frequently sanitised through depoliticised public health language. Without precise terminology, corporate violence risks being (re)framed as individual choice, behavioural failure, or unavoidable disparity, which in turn risks obscuring the structural and colonial conditions that produce harm. The failure to use strong and accurate language can individualise structural responsibility, weaken accountability, normalise Industry harms, and constrain transformative public health responses. In this sense, language is not merely descriptive; it is political. It shapes which harms become visible, which actors are held responsible, and which futures become imaginable. The commercialisation and commodification of Indigenous plant knowledges and tobacco practices reflect broader colonial processes of extraction and dispossession. This appropriation of Indigenous knowledges and plant medicines can be understood as an early form of colonial biopiracy (Fairholt, 1876; Nez Henderson et al., 2022). By (re)framing these practices as forms of colonial harm, we move beyond individual blame and towards an abolitionist approach grounded in equity, justice, truth-telling, love, and decolonisation. This approach seeks to dismantle harmful industries, systems, and structures of corporate colonial power while prioritising the human right to health, healing, accountability, Indigenous sovereignty, and community-controlled and Indigenous-led alternatives over incremental reform(s) (Hepi et al., 2026; Maddox & Bradbrook, 2025).

The use of strong terminology in this paper is deliberate. Public health language has often softened, neutralised, or individualised the harms caused by the commercial tobacco and nicotine industry. Yet the Industry knowingly profits from addiction, premature death, cultural destruction, and policy obstruction on a global scale. As early as 1971, the British College of Physicians referred to the global tobacco epidemic and resulting death toll as a 'holocaust', and in 2012, Robert Proctor described the tobacco epidemic as a form of genocide (Proctor, 2012). While such terminology may be confronting, sanitising corporate violence through weaker language risks obscuring accountability, normalising structural harm, and constraining transformative public health action. Transitional justice and Indigenous epistemic justice scholarship emphasise that truth-telling and the accurate naming of violence are necessary preconditions for accountability, healing, reparative justice, and structural transformation (Maddox & Morton Ninomiya, 2025; Ochs, 2022; Smith, 2012).

Key foundational concepts used throughout this paper are summarised in Table 1.

Figure 1 illustrates how the concepts of nico-colonialism and nico-genocide expand conventional public health understandings of tobacco and nicotine industry harms beyond individual behaviour and disease burden to foreground settler colonialism, Industry power, structural violence, and abolitionist responses.

Comparison domain	Conventional public health approaches	Expanded structural and decolonial public health approaches incorporating nico-colonialism and nico-genocide* *Builds on conventional public health by incorporating
Primary framing	Individual behaviour, disease burden, and product risk	Structural, colonial and commercial harms
How harm is understood	Disease burden, addiction and prevalence	Biological, cultural, legal, and economic violence, dispossession, and elimination
View of inequities	Health disparities and unequal outcomes	Inequities produced through settler colonialism, Industry power, and racism
Main focus of action	Individuals, products, education and cessation	Industry power, policy interference, cultural appropriation, and engineered dependence
Type of response	Regulation, cessation supports, treatment, and harm reduction	Truth-telling, accountability, divestment, reparative justice, Indigenous sovereignty, structural transformation, and abolition
Likely end point	Harms reduced, but Industry remains	Structural transformation, Indigenous sovereignty, liberation from Industry harm, and dismantling of Industry power
Role of Industry	Commercial actor profiting from harmful and addictive tobacco and nicotine products	Structural and colonial actor sustaining systems of addiction, dispossession, and inequity

Figure 1. What nico-colonialism and nico-genocide add to public health approaches to tobacco and nicotine industry harms.

The concepts of nico-colonialism and nico-genocide are intended to expand, rather than replace, conventional public health understandings of tobacco and nicotine industry harms by incorporating structural, colonial, commercial, and political dimensions of harm.

The concepts of nico-colonialism and nico-genocide build upon and expand conventional public health understandings of tobacco and nicotine-related harms beyond individual behaviour, disease burden, and disparities to foreground settler colonialism, industry power, structural violence, cultural appropriation, and engineered dependence. This broader framing supports truth-telling, accountability, Indigenous sovereignty, reparative justice, divestment, structural transformation, and abolitionist public health responses.

Nico-colonialism: colonial practices used by the commercial tobacco and nicotine industry

The commercial tobacco and nicotine industry frequently operates within and reinforces settler colonial systems that continue to structure Indigenous dispossession, dependency, and inequity (Nez Henderson et al., 2022; Wolfe, 2006). This elimination of Indigenous Nations is not always enacted through direct

violence. It also operates through systemic means, including legal erasure, cultural destruction, and the imposition of harmful conditions (Wolfe, 2006). This eliminatory logic is exemplified by the commercial tobacco and nicotine industry's persistent targeting of Indigenous peoples using addictive products and known colonial strategies (Maddox et al., 2022; Pousini-Hilton et al., 2025; Wolfe, 2006).

These strategies can be understood as nico-colonial practices. They include: the use of tobacco as part of ration systems to induce dependence and compliance; compensating Indigenous labour with tobacco instead of wages; aggressive marketing and price targeting in Indigenous communities; the deliberate embedding of tobacco in the context of trauma and socio-economic disadvantage; the appropriation and commodification of sacred cultural symbols and traditional tobacco; and consistent lobbying against regulatory measures that would reduce harm (Ait Ouakrim et al., 2024; Colonna et al., 2020; Daube & Maddox, 2021; Waa et al., 2020a, 2020b). While these mechanisms are designed to increase corporate profit (Edwards et al., 2022; Gilmore et al., 2023; Legg et al., 2021) their cumulative effects operate as interconnected systems of structural violence, manifesting as nico-genocide.

It is important to distinguish the commercial tobacco and nicotine industry from the sacred use of tobacco in many Indigenous cultures (Nez Henderson et al., 2022). For numerous Indigenous Nations, tobacco is a plant medicine, a gift with ceremonial, spiritual, and relational significance that predates colonisation. The Industry's co-optation, appropriation, and commodification of this sacred plant represents a profound form of cultural violence (Fairholt, 1876; Nez Henderson et al., 2022). This strategy has been seen in both historical and contemporary Industry marketing, which positions tobacco as a

Co-optation of the sacred tobacco plant as a form of structural violence: a summary

The tobacco plant is native to Turtle Island ("the Americas"). Its many varieties had been identified, cultivated, traded, and used by Indigenous people in ceremonial, medicinal, and social practices for millennia. Like a great many other Indigenous plant medicines, the tobacco plant was "discovered" and appropriated by Europeans when they invaded these lands. The first Europeans to observe tobacco smoking were two sailors sent by Christopher Columbus in 1492 to scout the island they had stumbled onto, later called Cuba. Europeans, who had no prior habit of smoking, referred to the plant by an Indigenous name for the smoking pipe (tabaco) and then by the name of the European man (Jean Nicot) who first brought seeds of the plant to European aristocrats (Fairholt, 1876). This appropriation of Indigenous plant knowledges and tobacco practices can be understood as an early form of colonial biopiracy (Sutton, 2025). The smoking habit and the plant, which grows easily in many soils and climates, became wildly popular and quickly spread across Europe and to Asia. The first tobacco control efforts included an import tax and a ban on tobacco cultivation in Europe by King James (Fairholt, 1876). By the 1620s, Europeans had established tobacco plantations in the Virginia colony, using Indigenous cultivation methods that they initially scorned before appropriating (Salmon & Salmon, 2013; Sutton, 2025). The Crown granted "empty" lands to settlers, who were left to claim these lands by violence, as the Crown also forbade them from purchasing lands from Native people (Rountree, 1990; Salmon & Salmon, 2013). The global demand for tobacco led to a boom, bringing more settlers to the American colonies and intensifying the dispossession of Native lands and suppression of Indigenous resistance (Rountree, 1990). Ethnohistorian Helen Rountree identified this dispossession as the beginning of four phases of Indigenous land loss in Virginia: initial contact and territorial encroachment; cyclical wars and coercive treaty-making; forced confinement to reservations; and allotment and termination policies designed to fragment Indigenous lands and erase Native sovereignty (Rountree, 1973; 1990). Together, these phases facilitated settler colonial expansion while consolidating the tobacco economy through land theft, Indigenous displacement, and racialised systems of labour exploitation (Rountree, 1973; 1990). At the same time, the commercial tobacco industry drove the early transatlantic trade in enslaved Africans: tobacco cultivation, harvest, and preparation were more labour-intensive than the supply of indentured servants from Europe and enslaved Indigenous people could support (Salmon & Salmon, 2013). The demand for enslaved labour expanded alongside the growth and global profitability of the tobacco industry over the following centuries.

Europeans observed Native people mixing tobacco with other plants for flavouring and medicinal effects, and almost immediately they also added flavourings and fillers to smoked tobacco (Fairholt, 1876). The commercial tobacco and nicotine industry has continued the practice of adding fillers and flavourings, as well as genetically manipulating the tobacco plant, to increase the addictive potential of tobacco products and drive up sales (Rabinoff et al., 2007). Examples include manipulating nicotine delivery to increase addictiveness and flavour technologies such as menthol, fruit, confectionery, and mint flavourings that reduce harshness and increase appeal among young people and racialised populations. Additional product engineering strategies include the use of sugars, ammonia compounds, and chemical additives to alter nicotine absorption and taste. Ventilation systems have also been designed to create misleading perceptions of "lighter" or "safer" cigarettes. More recently, vaping products and nicotine pouches have been engineered to maximise appeal, conceal harshness, and sustain long-term nicotine dependence and corporate profit.

Commercial tobacco products have been embedded within international trade agreements. This has constrained formerly colonised nations from implementing stronger regulatory protections known to mitigate harms. These protections include taxation, retail restrictions, and plain packaging measures. At the same time, trade systems have facilitated the continued expansion of commercial tobacco and nicotine markets (Assunta et al., 2017; Egbe et al., 2022; Shaffer et al., 2005; Zeigler, 2006). Meanwhile, in the USA, Indigenous people were banned from using ceremonial or sacred tobacco and all traditional medicines until 1970 (Nez Henderson et al., 2022).

product of 'modernisation' while dismissing Indigenous tobacco practices as primitive or outdated (Nez Henderson et al., 2022).

Co-optation and cultural misappropriation of the sacred tobacco plant in Turtle Island (North America)

Nico-genocide: the outcome of nico-colonialism

Currently, the nico-colonial practices of the commercial tobacco and nicotine industry operate as structural and systemic forms of colonial violence (Colonna et al., 2020; Legg et al., 2021; Waa et al., 2020a, 2020b; Wolfe, 2006). These practices result in nico-genocide through the systemic undermining of Indigenous survival via death, disease, economic dependency, and cultural erasure (Colonna et al., 2020; Thurber et al., 2021; U.S. Department of Health & Human Services, 2014; Waa et al., 2020a, 2020b). Wolfe's framework of settler colonial structure (Wolfe, 2006) as an ongoing rather than a one-time event, provides a useful lens for categorising these impacts. Within this framework, nico-genocide can be understood as occurring across three levels. These interconnected forms of harm are summarised conceptually in Figure 1:

- *Biological nico-genocide* occurs as the industry deliberately engineers products that cause addiction, disease, and premature death, disproportionately affecting Indigenous populations (Ait Ouakrim et al., 2024; Maddox et al., 2022; Thurber et al., 2021; U.S. Department of Health & Human Services, 2014). Examples include manipulating nicotine delivery systems to maximise addictiveness; using menthol, confectionery, fruit, and mint flavourings to reduce harshness and increase appeal among young people and racialised populations; and engineering vaping and nicotine pouch products to sustain long-term nicotine dependence and corporate profit (Rabinoff et al., 2007). The impact is particularly evident in countries such as Aotearoa New Zealand, Australia, Canada, and the United States, where smoking-related illnesses remain among the leading causes of preventable death for Indigenous peoples (Maddox et al., 2019; World Health Organization, 2003).
- *Cultural nico-genocide* occurs as the industry commodifies and distorts sacred tobacco use, disrupting traditional healing and ceremonial practices. By bastardising traditional tobacco with highly addictive commercial products, the industry erodes Indigenous relationships with tobacco, distorting its cultural significance while entrenching dependency on commercial substitutes (Nez Henderson et al., 2022).
- *Legal and economic nico-genocide* occurs as the industry uses regulatory, scientific and political strategies to maintain market dominance, ensuring that Indigenous self-determination remains undermined by addiction and disease (Assunta et al., 2017; Edwards et al., 2022; Legg et al., 2021). The industry has consistently opposed and sought to delay, weaken or challenge tobacco control measures, including plain packaging laws, excise taxes, and retail restrictions, arguing that such policies infringe on economic freedoms (Daube & Maddox, 2021; Assunta et al., 2017). For example, the industry has used lobbying, third-party groups, coordinated public relations campaigns, and legal or regulatory pressure to delay, weaken or challenge plain packaging, tax increases, and retail reduction measures across multiple jurisdictions, while disregarding their disproportionate impact on Indigenous health and wellbeing (Zeigler, 2006; World Health Organization, 2003). Additionally, corporate influence over government policies can create barriers to Indigenous-led tobacco control measures, preventing efforts to reduce smoking rates through culturally safe and community-led programs and policies (Assunta et al., 2017; Colonna et al., 2020).

While the term nico-genocide may be confronting and require evaluation against legal frameworks, the concept is intended to capture how the cumulative effects of addiction, premature death, cultural erasure, regulatory obstruction, and intergenerational harm operate as systemic mechanisms of elimination rather than isolated public health outcomes (Short, 2014; Wolfe, 2006; Colonna et al., 2020; Nez Henderson et al., 2022). Importantly, the purpose of this terminology is not rhetorical provocation, but

conceptual precision and structural accountability (Maddox & Morton Ninomiya, 2025; Ochs, 2022; Proctor, 2012; Smith, 2012).

The commercial tobacco and nicotine industry is a public health menace that contributes to the systemic and structural destruction of Indigenous lives, wellbeing, and spirit (Colonna et al., 2020; Nez Henderson et al., 2022; Proctor, 2012). We must not allow debates over legal semantics, as we have observed with the application of the word 'genocide' to the industry's behaviour, to obscure the core issue: the commercial tobacco and nicotine industry knowingly perpetuates the global tobacco epidemic through mass addiction, disease, and preventable death for profit (Colonna et al., 2020; Proctor, 2012; Siddiqi et al., 2020; Legg et al., 2021; Thurber et al., 2021). The harms caused by the commercial tobacco and nicotine industry must be recognised not merely as public health issues locally and globally but as expressions of entrenched corporate and colonial violence (Ait Ouakrim et al., 2024; Colonna et al., 2020; Proctor, 2012; Siddiqi et al., 2020; Thurber et al., 2021). Thus, there is a health, moral, political, and decolonial imperative for the industry's abolition (Maddox et al., 2024).

The path forward: abolition and truth-telling

Public health measures alone cannot dismantle the interlocking systems and structures of violence sustained by the commercial tobacco and nicotine industry, particularly while the industry continues to protect and (re)produce its own power (New Zealand Parliament, 2010). We must, therefore, centre solutions that address both the role of the industry and the ongoing impacts of nico-colonialism simultaneously.

Examples of truth-telling approaches may include public inquiries into industry interference, Indigenous-led historical documentation projects, exposing industry targeting practices, and formal recognition of the industry's role in colonial and racialised harms (Bracka, 2024; Colonna et al., 2020; Dudgeon et al., 2024; Maddox & Morton Ninomiya, 2025). Such approaches help challenge the normalisation of corporate violence while creating pathways toward accountability, healing, and structural transformation (Maddox & Morton Ninomiya, 2025; Ochs, 2022; Smith, 2012).

One such approach is to adopt abolitionist strategies. Unlike reformist approaches, which primarily seek to regulate, manage, or mitigate the harms caused by the commercial tobacco and nicotine industry while allowing industry structures and markets to continue operating, abolitionist approaches seek to dismantle the systems, structures, political relationships, and commercial practices that fundamentally depend on addiction, exploitation, and structural harm (Gilmore, 2021; Maddox et al., 2024). As outlined in Figure 1, abolitionist responses can differ from reformist approaches by centring structural transformation, Indigenous sovereignty, truth-telling, and the dismantling of industry power. Importantly, abolition is distinct from prohibition. It focuses on dismantling corporate systems that sustain addiction and harm, rather than punishing individuals who use nicotine products. Examples of reformist approaches may include limited harm-reduction partnerships with industry actors, voluntary corporate responsibility initiatives, or policies that focus solely on reducing harm while preserving long-term commercial nicotine markets. In contrast, abolitionist approaches seek to progressively reduce industry power, denormalise commercial tobacco and nicotine products, eliminate industry influence over policy and science, and ultimately eradicate the structural conditions that allow corporate addiction markets to persist (Maddox & Bradbrook, 2025).

Importantly, abolition should not be understood as a singular event or immediate endpoint but as a staged structural transition grounded in decolonisation, justice, and Indigenous sovereignty (Maddox & Bradbrook, 2025). Intermediate abolitionist strategies may include progressively reducing retail availability, ending industry political donations and lobbying access, removing industry influence from science and policymaking, implementing stronger protections under Article 5.3 of the WHO Framework Convention on Tobacco Control, expanding Indigenous-led prevention and cessation initiatives, supporting community-controlled health responses, advancing institutional divestment, and denormalising the social and political legitimacy of the commercial tobacco and nicotine industry. Together, these strategies function not simply as reforms but as transitional mechanisms that reduce industry power while building the foundations for long-term structural eradication (Maddox et al., 2024; Maddox & Bradbrook, 2025).

Importantly, divestment should not be understood solely as an economic or financial strategy. Within abolitionist and decolonising public health frameworks, divestment also functions as a form of truth-telling, institutional accountability, and refusal of complicity in corporate harm. By withdrawing financial, political, scientific, and social legitimacy from the commercial tobacco and nicotine industry, divestment challenges the normalisation of industry influence while helping to dismantle the institutional foundations that sustain corporate colonial violence. In this sense, divestment represents economic disengagement but also a practical pathway toward justice, healing, Indigenous sovereignty, reparative transformation, and collective liberation.

Liberation from the harms of nico-colonialism is being actively fought for through Indigenous resistance, sovereignty, truth-telling, and collective action. Indigenous-led movements, community-driven policies, and abolitionist strategies offer pathways to a future free from industry-driven exploitation. Examples include Māori-led Tupeka Kore strategies in Aotearoa New Zealand, Indigenous-led commercial tobacco eradication and abolition initiatives, resistance to industry sponsorship and interference, community-controlled cessation programmes, and Indigenous advocacy that helped advance world-leading tobacco endgame policies. These efforts demonstrate that abolition is not hypothetical but already emerging through Indigenous sovereignty, resistance, and collective action. This is not just a fight for health. This is a fight for justice, for sovereignty, and for generations to thrive beyond the reach of corporate colonial violence.

Conclusion

The industry's strategic targeting of Indigenous communities, its manufacture of addiction and disease, and its role in obstructing life-saving policies make it a direct threat to Indigenous sovereignty and survival. Moving beyond rhetoric and incremental reform requires us to dismantle the structural and colonial systems that continue to normalise corporate addiction and preventable death.

The fight against the commercial tobacco and nicotine industries is a public health intervention but also an urgent project of decolonisation, justice, sovereignty, and collective liberation.

The time for reform has passed. The path forward is abolition.

The foundation: no reform for genocide

This paper was led by Indigenous interests, rights, and obligations, consistent with the United Nations Declaration on the Rights of Indigenous Peoples, the WHO Framework Convention on Tobacco Control, and Indigenous sovereignty principles. The conceptualisation, development, and writing of this paper were Indigenous-led and informed by the lived experience and relational accountability of the authors.

We recognise that our academic and community contributions are grounded in our responsibilities to kin, Country, and communities (Moreton-Robinson, 2016). Relationality, understood as an epistemic and ontological framework, shapes our orientation to knowledge production, ensuring that this work arises from, and is accountable to, Indigenous ways of being, knowing, and doing (Moreton-Robinson, 2016). Our positionalities, community obligations, and connections inform how this manuscript was conceived, not merely as a reflection of identity, but as an assertion of Indigenous sovereignty in research and practice.

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Author contributions

CRediT: **Raglan Maddox**: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing; **Rohan M. Telford**: Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing – review & editing; **Lani Teddy**: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing – review & editing; **Andrew Waa**: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing – review & editing; **Shane Kawenata Bradbrook**: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing – review & editing; **Juliet P. Lee**: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing – review & editing; **Sydney A. Martinez**: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing – review & editing; **Penney Upton**: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing – review & editing; **Patricia Nez Henderson**: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing – review & editing; **Michelle Kennedy**: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing – review & editing; **El-Shadan (Dan) Tautolo**: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing – review & editing; **Christina Heris**: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing – review & editing; **Robin Quigg**: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing – review & editing; **Chase Kornacki**: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing – review & editing; **Tom Calma**: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing – review & editing; **Abbey Diaz**: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing.

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ORCID

Raglan Maddox http://orcid.org/0000-0002-2770-0686
Rohan M. Telford http://orcid.org/0000-0002-1723-2559
Lani Teddy http://orcid.org/0009-0009-1393-7736
Andrew Waa http://orcid.org/0000-0002-8078-0283
Juliet P. Lee http://orcid.org/0000-0001-5207-515X
Penney Upton http://orcid.org/0000-0002-6453-9510
Patricia Nez Henderson http://orcid.org/0000-0002-7166-2496
Michelle Kennedy http://orcid.org/0000-0001-9691-068X
Christina Heris http://orcid.org/0000-0003-3857-6817
Robin Quigg http://orcid.org/0000-0001-8214-5876
Tom Calma http://orcid.org/0000-0002-3015-4620
Abbey Diaz http://orcid.org/0000-0002-8637-311X

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Appendix A: Glossary of terms and concepts

Abolition (public health context)*:* The dismantling of institutions, industries, or systems that produce harm(s), embedded in justice, truth-telling, and healing. This can go beyond regulation to enact non-carceral, community-controlled and Indigenous-led alternatives.

Addiction engineering*:* The deliberate design of products, formulas, and delivery mechanisms to maximise dependency and compulsion, and can include marginalised populations.

Carceral solutions/non-carceral alternatives: Carceral solutions rely on punishment and surveillance (e.g. policing, incarceration), whereas non-carceral approaches centre healing, accountability, and community-defined responses.

Corporate colonialism: The entrenchment of colonial power relations through corporate actors who profit from extraction, dispossession, and the undermining of Indigenous sovereignty.

Truth-telling: A process of confronting and publicly acknowledging historical and ongoing injustices caused by colonial institutions, including the commercial tobacco and nicotine industry, as a path toward justice and repair.

Cultural violence: Symbolic or discursive harm that naturalises or legitimises structural or physical violence, often through the erasure or appropriation of Indigenous culture.

Dispossession: The removal or denial of land, rights, culture, or resources from Indigenous peoples as part of the settler colonial project.

Elimination (Settler Colonialism): The process—structural, legal, cultural, or biological—by which settler regimes seek to remove Indigenous peoples to secure land and power.

Health Sovereignty: The right of Indigenous communities to define, manage, and control health knowledge(s), systems, and interventions in accordance with cultural values and priorities.

Intergenerational harm: The transmission of trauma, addiction, illness, and disadvantage across generations due to systemic oppression.

Nico-colonialism*:* The use of commercial tobacco and nicotine markets, products, policies, and corporate influence as mechanisms of colonial control, specifically targeting Indigenous peoples through addiction, disease, economic dependency, and cultural erasure.

Nico-genocide: The outcome of nico-colonialism – systemic, Industry-driven elimination of Indigenous peoples through addiction, disease, cultural erasure, and policy obstruction.

Sacred Tobacco: The traditional and ceremonial use of tobacco by Indigenous peoples, where tobacco is a medicine and spiritual gift with cultural and healing significance.

Settler colonialism*:* A structure, not a singular historical event, that seeks the elimination of Indigenous peoples to Replace them with a settler population. It operates continuously through legal, cultural, and economic systems.

Structural genocide*:* The systemic undermining of a people's ability to survive and thrive through interconnected forms of violence, biological, cultural, legal, and economic, without necessarily involving overt or direct killing.

Sources: (Bracka, 2024; Dudgeon et al., 2024; Gilmore, 2021; Maddox & Morton Ninomiya, 2025; Nez Henderson et al., 2022; Short, 2014; Wolfe, 2006).