Centre of Research Excellence:
Indigenous Sovereignty & Smoking

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To the **Australian Select Committee on Tobacco Harm Reduction**

This submission is being made on behalf of Professor Marewa Glover, Director, Centre of Research Excellence: Indigenous Sovereignty & Smoking,

I wish to make a public submission to the **Australian Select Committee on Tobacco Harm Reduction.**

My submission mostly speaks to the related importance of reducing inequitable smoking prevalence rates between non-Indigenous Australians and the Aboriginal and Torres Strait Island peoples of Australia.

Thank you for the opportunity to contribute.

Dr Marewa Glover

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Introduction

Tobacco smoking is a leading cause of chronic disease and premature death amongst several colonised Indigenous peoples in the world, including the Aboriginal and Torres Strait Islander people of Australia.

Aboriginal and Torres Strait Islander peoples have had disproportionately high rates of use of multi-national tobacco company cigarette and loose tobacco products dating back to the early days of European arrival and colonisation of Australia.

As in New Zealand, in addition to men, Aboriginal and Torres Strait Islander women were encouraged to become consumers of tobacco by the missionaries, entrepreneurial settlers, and plantation and station employers (who used tobacco to pay for labour) (Brady, 2002). Thus, the smoking of European introduced mass manufactured tobacco, and later cigarettes, was established among both Aboriginal and Torres Strait Islander fathers AND mothers for about a century before European / Western women took up smoking (i.e. in the 1920s-30s). This is important for understanding higher uptake of smoking among Indigenous youth over generations – there is a dose response relationship between youth initiation to smoking and parental smoking. The risk of uptake is higher if one parent smokes, and doubles if both parents smoke (Scragg & Glover, 2007).[1]

A further historical factor contributing to higher smoking prevalence among Australian Indigenous people is that there were cultural precedents for the use of smoke in cultural meetings and celebrations, spiritual, birthing and protection ceremonies, funeral ceremonies and healing. Some plants endogenous to the land also contained nicotine and some tribes used these plants for various purposes. The work of Moana Tane, that reports on the relationship of tobacco to the Yolŋgu people in East Arnhem Land, Northern Territory is important for understanding that a very different story from that told by the small number of Anglo-Australian academics who dominate the tobacco control narrative exists and should be heard (Tane, 2020; Tane et al., 2020; Tane et al., 2019; Tane et al., 2018). On pituri, I recommend the committee refer to Sylvia Lockyer's work: 'From nature to addiction: Nicotine use in Aboriginal Australia, an indigenous perspective on the literature' (2013).

Having said that there was a cultural precedent for the use of smoke, and for the use of nicotine or tobacco among some of the Indigenous tribes of Australia – similar disproportionately high smoking rates exist among Māori in New Zealand (who did not have a nicotine containing plant or a native tobacco), and First Nations people of Canada, and Native American tribes of North America (Glover, Patwardhan & Selket,

[1] This research determined whether parental smoking is a consistent risk factor for adolescent smoking in a multi-ethnic sample, and whether maternal and paternal effects combine additively or multiplicatively. Maternal smoking and paternal smoking were associated separately with increased risk of daily adolescent smoking in all ethnic groups, except paternal smoking in Asian youth. The relative risk of adolescent daily smoking was significantly higher for maternal only smoking. The net effects of maternal and parental smoking are additive among European, Māori and Pacific Island students, but multiplicative in Asian. Overall, about 40% of adolescent daily smokers could be attributed to parental smoking.

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2020). The two main types of tobacco smoked globally today originated in South America (Russell & Rahman, 2016). Rather than there being pre-existing use of nicotine or tobacco, the devastating effects of colonisation and Anglo-Western dominance over all of societies institutions is the most likely common denominator explaining the ongoing inequity in smoking prevalence rates between Indigenous people and non-Indigenous in these colonised nations (Glover, Patwardhan & Selket, 2020).

Improving physical health is a priority for all Indigenous peoples but health is conceived of more broadly by Indigenous cultures. An Indigenous worldview of health and well-being understands that 'good' health is an outcome of the interdependent physical, mental, familial, social, spiritual and environmental realms (for example see Glover 2013).

The contemporary availability of greatly risk-reduced alternatives to smoking tobacco, such as electronic nicotine vaporisers, oral pouched nicotine/tobacco products, and tobacco heating devices have the potential to deliver a disproportionate benefit to Indigenous people – because of the higher smoking rates among them. One Indigenous success story is that of the Saami (of Sapmi lands spanning what has now been divided between Norway, Sweden, Finland and the Russian Federation). Saami reportedly use the greatly risk-reduced Swedish snus (a pasteurised powdered pouched tobacco product) at a higher rate than non-Saami. This is partly due to climate and historic familiarity (The Scandinavian Magazine Tobak & Mer, 2019). In New Zealand, Māori (the indigenous people making up 15% of the population) have a higher rate of having tried vaping, though recent prevalence of current and daily use have been found to be similar between Māori and non-Māori in the 2016-2018 ITC survey (Edwards et al., 2020).

Aboriginal Australians similarly have shown a keenness for switching from smoking to vaping. One of the first workplace programmes to support staff to switch from smoking to vaping – in the world – was run by an Aboriginal Drug and Alcohol Service (Glover, 2018).

Fatally for many Australians, the Anglo-Western dominated tobacco control sector in Australia appear to have decided that any risk-reduced alternative to smoking, any harm reduction approach, anything but continuing to smoke till death or quitting via the less effective business-as-usual cessation methods (Walker et al, 2020; Hajek et al., 2019; Hartmann-Boyce et al., 2020) is the only option they will allow. Obstructing Aboriginal and Torres Strait Islander people of Australia from switching to risk-reduced noncombustible alternatives should be viewed as a breach of their human and Indigenous right to health (Glover, 2018).

The decision to employ a tobacco harm reduction approach, such as vaping nicotine, should be a decision that Aboriginal and Torres Strait Islander communities get to make for themselves. But, this would necessitate that they have access to the most up-to-date unbiased scientific assessments of the evidence, such as those conducted by Public Health England (available at:

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https://www.gov.uk/government/publications/vaping-in-england-evidence-update-march-2020). It is my experience that this information is being deliberately kept from Aboriginal and Torres Strait Island communities by non-Indigenous tobacco control leaders. In 2018, Associate Professor Colin Mendelsohn and I, with Scott Wilson of the 5th National Indigenous Drug & Alcohol Conference, presented a special workshop on vaping. A non-Indigenous Australian Government health official (representing the sponsors of the conference) attended the workshop and after, expressed strong disapproval that the topic was included on the programme. The following year I, and other Indigenous, speakers were prevented from speaking about tobacco harm reduction at the International City Health Conference in Melbourne. The threat of reprisals that could impact funding, speaking engagements, reputational damage and potentially future employment, has created a "chilling effect" which has caused some influential Aboriginal spokespeople I know to stay publicly silent on the topic. The use of bullying by some of the tobacco control leaders in Australia has been documented in a PhD thesis by Hoepner (2017). I am personally aware of a lot of Aboriginal stakeholders who do want nicotine vaping to be an option – some of them have successfully stopped smoking or have family members who have successfully stopped smoking thanks to vaping. I expect the Select Committee will not hear from many of them because of the professional risk they face if they speak in opposition to the dominant Anglo-tobacco control people who also control the Tackling Indigenous smoking funding policies.

Of high relevance to Australia - the New Zealand Government has weighed the evidence and decided that, on balance, confirming legal secure access to quality vaping products would most likely deliver a positive net benefit to public health. The New Zealand Parliament concluded that legalising nicotine vaping is more likely, than business-as-usual (tax + shaming mass media campaigns + environmental bans on smoking), to get New Zealand closer (and more rapidly) to its aspirational goal of 'Smokefree 2025' (i.e. a smoking prevalence of 5% or below by 2025). One of the deciding factors was that allowing nicotine vaping would have a disproportionately higher impact on reducing Māori smoking rates, thus assisting to reduce the persistent and widening inequity between Māori smoking rates and NZ European smoking rates. Thus, in August Parliament passed the Smokefree Environments and Regulated Products (Vaping) Amendment Bill (available at: http://legislation.govt.nz/bill/government/2020/0222/latest/LMS313857.html).

Aboriginal and Torres Strait Islander health

A health gap exists between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians, this is despite efforts to bridge this gap and address health inequities. These inequalities exist because of ongoing colonization (Kairuz et al., 2020) and institutional racism (Glover, Dudgeon & Huygens, 2009). As for many other Indigenous communities globally, the effects of colonisation involving ongoing stigmatisation, institutionalised racism, and multiple negative economic and social

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determinants present a significant barrier to quitting for Aboriginal and Torres Strait Islander peoples (Glover, 2018; Glover, Patwardhan & Selket, 2020).

Smoking rates have been on the decline among Indigenous people in Australia - from 49% in 2002 to 39% among those aged 15 years and older in 2014–15, though rates continued to be approximately three times higher compared to the general non-Indigenous population (Chamberlain et al., 2017). More recent figures for 2018-19 of 40% for adult current daily smoking prevalence confirm that smoking prevalence rates have stagnated with **no reduction** since 2014-15 (Maddox et al., 2020).

A) The treatment of nicotine vaping products (electronic cigarettes and smokeless tobacco) in developed countries similar to Australia (such as the United Kingdom, New Zealand, the European Union and United States), including but not limited to legislative and regulatory frameworks;

Denormalisation

In western countries, denormalization-led legislation to deter smoking, use of oral nicotine, and tobacco products (e.g. snus) and vaping is frequently accompanied by public health campaigns drawing on a 'pedagogy of disgust' (Lupton, 2015). Consequently, anti-smoking and anti-vaping campaigns reinforce negative class, race, gender, and unwellness perceptions (Frohlich et al., 2012). This contributes to stigmatising people who smoke or vape, thereby becoming the target of abuse and isolation, which can lead to feelings of shame and further isolation from support services (Glover, Patwardhan & Selket, 2020).

The potential harms that could result from placing further restrictions on vaping will be particularly harmful to groups who already experience multiple marginalities e.g. Aboriginal and Torres Strait Islanders as well as other marginalised communities and people with mental health conditions (Glover, Patwardhan & Selket, 2020).

The decline in tobacco smoking is not taking place across all populations at an equitable rate. Marginalised groups are being left behind. This is especially true for Indigenous peoples who need to be far better supported and given greater opportunities to develop their own culturally-based solutions to reduce harm from smoking tobacco amongst their people. If Australia truly wants health for all people then they must reject all regressive tobacco control policies, stigmatising, shaming, and or socially isolating people who smoke. We recommend more humane approaches that acknowledge and respect Aboriginal and Torres Strait Island peoples and that relate to people with dignity (Glover, Patwardhan & Selket, 2020).

b) the impact nicotine vaping products have had on smoking rates in these countries, and the aggregate population health impacts of these changes in nicotine consumption

The rate of decline of smoking in Australia is slower than in England (Public Health England, 2017) and the United States, where smokers are now vaping in their millions. If Australia continues on its trajectory of obstructing smokers from switching to nicotine vaping with the implementation of the proposed draconian policy,

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Australians will face major barriers to smoking abstinence (e.g. Morphett et al., 2019; Yuke et al., 2017).

Smoking and pregnancy

The harms of smoking during pregnancy are well established. A review of smoking in pregnancy among Indigenous women in four high income countries including Australia (Gould et al., 2017) suggested that strategies to support abstinence from smoking in this group needed to be multifactorial and consider the social determinants of smoking, including historical antecedents, community norms, cultural strengths and the needs of individuals and communities.

A recent review of the effects of nicotine on pregnancy outcomes concluded that there was insufficient evidence to quantify any risks of the use of noncombustible tobacco and nicotine products during pregnancy (Glover & Phillips, 2020). We concluded: "The use of smoke-free nicotine products almost certainly has less effect than smoking on pregnancy outcomes (most of which are negative, but there are some positive effects), but any use of nicotine is probably worse for the fetus than none. This review reinforces both the validity of that advice and the fact that more precise advice cannot be offered. There is certainly no basis for offering the advice that the benefits of avoiding these products exceed the costs without understanding the costs for any particular individual. This review demonstrates that the evidence does not support denying pregnant women the use of smoke-free products if the alternative is that she would continue to smoke."

Recommendations

I strongly recommend that the Australian Government align with New Zealand's adoption of a harm reduction approach to reduce smoking. This means ensuring that quality nicotine vaping products and tobacco heating devices be confirmed legal for import, at least in-store marketing, and sale to adults.

All people who smoke should be encouraged to stop smoking or to switch to any, or a combination of, the greatly risk-reduced nicotine and tobacco products that exist.

Access to risk reduced alternatives to smoking needs to be as convenient as, and cheaper than, buying a pack of cigarettes is now. That is, the products should not be regulated harsher than smoking tobacco products are.

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Disclosures

This submission was prepared by Dr Marewa Glover, Director of the Centre of Research Excellence: Indigenous Sovereignty & Smoking in New Zealand. Dr. Glover is a Professor of Public Health with 30 years experience in smoking cessation and tobacco control. Dr Glover is an Indigenous behavioural scientist, and the most senior Indigenous expert on the reduction of smoking harms in the world. She has been involved in, and or led the conduct of, many studies and intervention trials to reduce tobacco smoking and she is a lead author or co-author on over 100 scientific journal articles. In 2019, Dr Glover was one of three finalists in the prestigious New Zealander of the Year Awards.

After 17 years in academia, with the help of a researcher-initiated grant from the Foundation for a Smoke-Free World, Dr. Glover established her own research centre focused on reducing the harms of tobacco use amongst Indigenous peoples worldwide. The research produced by the Centre of Research Excellence: Indigenous Sovereignty & Smoking, the contents, selection, and presentation of facts, as well as any opinions expressed on the Centre's website, or in its presentations and publications are the sole responsibility of the Centre and its authors and under no circumstances shall be regarded as reflecting the position of the Foundation for a Smoke-Free World, Inc. The Foundation for a Smoke-Free World has no input into the conception, conduct, analysis or decision to publish any of the Centre's work.

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