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Perspective

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Building love and justice, ending harms: a framework for abolishing the tobacco and nicotine industry

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Abstract

The tobacco and nicotine industry, embedded in colonial exploitation and racialised harm, remains a leading cause of preventable disease, death, and intergenerational trauma. This article presents a transformative abolitionist public health framework, grounded in Indigenous-led principles of sovereignty, truth-telling, love, and justice. It aims to dismantle the structural drivers of harm perpetuated by the industry. We centre abolition as a moral and ethical imperative, but also as a practical necessity to uphold the human right to health, restore Indigenous authority, and eliminate systems that commodify addiction and death. Drawing on Indigenous health paradigms and abolitionist theory, we outline practical, policy-facing pathways to abolition. These include divesting from harm, reinvesting in care, defunding industry influence, and embedding reparative justice. Examples include legal liability mechanisms, profit caps, truth-telling commissions, trade reform, and Indigenous-led health infrastructure. We distinguish abolition from prohibition, framing it as a strategic, relational, and system-wide response that invests in life-affirming alternatives rather than punitive control. At the heart of this framework is love, a radical commitment to healing, collective well-being, and restoring power and agency to communities most harmed. Rather than placing responsibility on individuals, this framework offers a systems-wide approach to public health that targets the structural drivers of harm. This article contributes a new model for health-generative public policy, advancing abolition as an urgent strategy for equity, truth, and planetary and human health.

Keywords: smoking; nicotine; smoking prevention; public policy; commercial tobacco

Contribution to Health Promotion

- Abolishing the tobacco and nicotine industry is a moral and practical imperative to uphold the right to health, dismantle structural violence, and restore Indigenous sovereignty free from addiction.
- Exposes the industry's role in colonialism, systemic racism, and environmental harm, driving addiction, disease, and death.
- Calls for truth-telling, reparative justice, and Indigenous-led health solutions, including sacred tobacco reclamation.
- Shifts investment towards care, equity, and self-determination, through divestment and reparations insulated from industry influence.
- Abolition is a transformative, not punitive, response—centred on love, healing, and community-led resurgence, not the criminalization of people who smoke.

INTRODUCTION

The tobacco and nicotine industry (TNI) profits from addiction, disease, and death, disproportionately impacting Indigenous populations. These harms are embedded in ongoing colonial histories, slavery, and racialized exploitation, targeting communities through predatory marketing, product availability, and policy manipulation. This article calls for a fundamental departure from gradual reform and instead embraces a transformational shift—one that moves beyond mitigation and regulation towards abolition. This work takes a systems-wide approach to abolition, shifting responsibility away from individuals and instead addressing the structural, political, and economic systems that enable the TNI to operate. In doing so, it (re)frames tobacco control as a structural justice intervention and decolonial project,

rather than a behavioural issue or incremental regulatory exercise.

Abolition is often misunderstood as a synonym for prohibition. Following Malone and Proctor (2022), we distinguish abolition as a systemic and strategic dismantling of the TNI's power, influence, and profit—not a punitive ban on individuals. This distinction is foundational to abolitionist public health and aligns with Indigenous approaches that prioritise healing, justice, truth-telling, and structural transformation.

We have known about the harms of commercial tobacco use for over 75 years (Doll and Hill 1950, Wynder and Graham 1950, Hill and Doll 1956, United States Department of Health Human Services 2014, 2024). The pervasive corruption and systemic protection of the TNI, including its ability to absorb litigation without significant loss to profitability or influence, exemplify an inexcusable failure to prioritize public health over profit (Gilsinan *et al*. 2023). Despite developments such as the U.S. Master Settlement Agreement, the industry has continued to grow in profitability and global reach, particularly in low- and middle-income countries. This structural resilience is further reinforced by weak or nonexistent lobbying regulations in many jurisdictions, including Aotearoa New Zealand, which allow the industry to operate with minimal scrutiny and sustained political influence (Hoek *et al*. 2024). While recent efforts such as the Tobacco Transparency Bill represent a belated attempt to address these gaps, the bill also underscores the broader systemic delay in holding the TNI accountable (New Zealand Labour Party 2025).

Incremental reforms have included regulation, taxation, education, and awareness-raising campaigns that have mitigated some harms over this time, but they have failed to dismantle the foundational structures of harms that perpetuate injustice and conflict with the human right to health (United Nations General Assembly 1948, 2007, 1989, United Nations 2006).

Abolition—a concept grounded in socio-political transformation—provides an essential framework for eradicating these harms while (re)imagining public health systems (Gilmore 2021). At the heart of abolition is love: a radical commitment to the human right to health and valuing human life, restoring power and agency, and centring community well-being (Gilmore 2021, Watego 2021). Indigenous love, interwoven in collective care, resistance, and resilience, offers transformative pathways to heal historical and ongoing harms caused by the TNI (Wilson 2020, Gilmore 2021, Watego 2021). Truth-telling, as an act of accountability and healing, complements these efforts by confronting the ongoing legacies of exploitation and amplifying the voices of those most impacted (Wilson 2020, Maddox and Morton Ninomiya 2025).

APPLYING ABOLITIONIST FRAMEWORKS TO THE TOBACCO AND NICOTINE INDUSTRY

Reimagining public health

Abolition requires a shift away from industry-centred reforms—as the human-made vector of disease and death—towards systems of health and well-being grounded in care, compassion, and justice, rather than profit-driven solutions (Proctor 2013, Gilmore 2021, Malone and Proctor 2022). While public health systems play a crucial role in advancing equity, many have excluded or pathologized Indigenous peoples, reinforcing colonial structures rather than dismantling them. Indigenous communities have long practiced health promotion through collective care and mutual supports, offering models for a future free from commercial tobacco-related harms (Colonna *et al*. 2020, Maddox *et al*. 2022, 2024, Nez Henderson *et al*. 2022).

Public health systems have pathologized Indigenous peoples by misrepresenting cultural practices and ignoring structural causes of harm. For example, deficit-based epidemiological models frequently attribute health outcomes to individual behaviour or 'culture' rather than colonization, racism, or economic exclusion (Katz *et al*. 2020, Thurber *et al*. 2021). In some contexts, sacred tobacco use has been misclassified as misuse, and Indigenous knowledge has been sidelined in addiction treatment programmes (Katz *et al*. 2020, Nez Henderson *et al*. 2022). Addiction narratives commonly frame Indigenous peoples as inherently vulnerable, erasing the structural drivers of addiction, including poverty, dislocation, and targeted industry practices (Katz *et al*. 2020). Together, these approaches reinforce colonial structures by medicalizing Indigenous experience and failing to support Indigenous sovereignty, cultural continuity, and structural reform.

Immediate implementation of Indigenous-led health initiatives and culturally aligned tobacco resistance programmes is critical to achieving abolition (Maddox *et al*. 2022, 2024).

Our abolitionist framing builds on the work of Malone and Proctor (2022), but goes further by centring Indigenous-led definitions of abolition. For Indigenous peoples, abolition is not merely the end of cigarette sales, it is the dismantling of colonial, racialized systems of addiction and exploitation, and the (re)building of health systems grounded in sovereignty, cultural continuity, and love. It entails (re)claiming sacred tobacco practices, removing commercial tobacco from communities, and investing in Indigenous-led healing and well-being. We explicitly distinguish this approach from the prohibitionist framing often used by the tobacco industry to discredit public health efforts. Unlike blanket bans or punitive crackdowns on individuals, abolition is not about criminalizing people who smoke. Rather, it is a phased, systems-oriented strategy to dismantle a uniquely harmful industry while investing in life-affirming, community-led alternatives (Proctor 2013, Gilmore 2021, Malone and Proctor 2022).

One such example includes the transfer of funds, previously captured by commercial tobacco sales, into Indigenous-controlled cultural revitalization programmes, decolonizing land, return initiatives, and health services built on relational care, cultural safety, and nonaddictive healing practices.

These alternatives are explicitly designed to prevent corporate capture, avoid industry-led and co-opted harm reduction framings, and ensure that the TNI has no opportunity to profit from harm generation. Abolition is not reform under a different name—it is refusal, repair, and regeneration. This distinction is critical to protect the integrity of abolitionist public health and to ensure that the shift from gradual reform to structural transformation is not co-opted or misrepresented.

Transformative systems

The Transformative Systems approach dismantles systems of exploitation while fostering equitable access to resources, including healthcare, education, and economic opportunities (Gilmore 2021). Transformative systems can be health generative and prioritize community well-being, centring love as

a political and cultural act, and dismantling structures of harm while improving health outcomes and equity (Gilmore 2021). We define transformative systems as those that (re)structure the underlying political and economic conditions that enable harm, unlike the tobacco industry's co-opted use of 'transformation' to preserve market control and legitimacy. The industry's narrative of transformation is performative, positioning itself as a public health partner while continuing to profit from addiction and disease (Dell *et al*. 2022). These systems must address the structural and economic factors that sustain the industry's power, including the commodification of addiction, dependency, disease, and death (Gilmore 2021, Maddox *et al*. 2024).

Equity, justice, and love

The TNI's exploitation of communities and population groups necessitates reparative investments and the restoration of Indigenous sovereignty over sacred tobacco practices (Maddox *et al*. 2022, 2024, Nez Henderson *et al*. 2022). In practice, reparative investments include funding Indigenous-led health systems, restoring land and cultural practices, and supporting intergenerational healing and truth-telling initiatives. These processes should be governed by Indigenous-controlled bodies, such as Aboriginal Community Controlled Health Organizations, First Nations governance collectives, or regional reparations commissions with decision-making authority and long-term funding. Love, in this context, is restorative and transformational. It helps address historical and ongoing industry-generated harms, honours cultural practices, and creates spaces for healing and resurgence. In Indigenous health paradigms, love is a collective and relational force—expressed through kinship obligations, cultural ceremony, land stewardship, and community governance. In public health policy, love can be operationalized through reparative actions such as the return of land, investment in Aboriginal Community Controlled Health Organizations, the funding of Indigenous youth leadership programmes, and the protection of sacred tobacco practices. These are not just symbolic gestures; they are evidence-based, life-affirming strategies that repair structural violence and promote intergenerational well-being (Watego 2021, Maddox and Morton Ninomiya 2025).

Truth-telling is central to this framework, acknowledging and witnessing the lived experiences of those harmed, fostering transparency, and rebuilding trust. Indigenous love (*Box 1*) reinforces the collective right to health, sovereignty, and self-determination free from the TNI influence, and the disease and death they generate (Gilmore 2021, Watego 2021, Maddox *et al*. 2022, 2024, Nez Henderson *et al*. 2022).

Box 1: Indigenous love.

Indigenous love embodies the principles of care, reciprocity, resilience, and connection to land, community, and cultures. It is rooted in the wisdom and traditions of Indigenous peoples, reflecting relationships that prioritise collective wellbeing and interdependence. Indigenous love transcends romanticised notions, encompassing familial, communal, and ancestral ties, while standing as a form of resistance. By centring on healing, cultural continuity, and respect, Indigenous love serves as a transformative force for justice and sovereignty. Sources: Wilson (2020), Watego (2021).

Practical pathways to abolition

Consistent with the World Health Organization Framework Convention on Tobacco Control (WHO FCTC), (World Health Organization 2003) eradicating commercial tobacco-related disease and death requires a bold and transformative abolitionist framework (Maddox *et al*. 2024). This framework must dismantle the structures of harm perpetuated by the TNI while investing in systems that promote justice, equity, and health (see Table 1) (Gilmore 2021, Maddox *et al*. 2024). Guided by the principles of public health, equity, and love, practical pathways to abolition must address the root causes of harm, repair historical and ongoing injustices, and establish life-affirming alternatives (Gilmore 2021, Watego 2021, Maddox *et al*. 2024).

INVEST/DIVEST FRAMEWORK

Central to achieving abolition is the imperative to divest from harm and reinvest in systems of care. This strategy builds upon decades of evidence demonstrating the effectiveness of divestment from unethical industries, such as fossil fuels and apartheid-era enterprises, in catalyzing systemic change (Gilmore 2007, 2021, Hunt *et al*. 2016, van Schalkwyk *et al*. 2019). Commercial tobacco divestment provides a robust and ethical pathway that aligns with proven approaches to driving long-term transformation. Academic and civil society advocacy are critical to advancing divestment campaigns, amplifying their economic, social, and ethical benefits (Hunt *et al*. 2016, van Schalkwyk *et al*. 2019, Gilmore 2021). One powerful example is the advocacy of Dr Bronwyn King, who challenged tobacco investments in pension and superannuation funds. What began as a single conversation evolved into a global movement, influencing hundreds of financial institutions across more than 20 countries. Her work demonstrates how individual advocacy, anchored in moral clarity, can catalyse international divestment and institutional accountability (King *et al*. 2017). These efforts are complemented by growing community-level initiatives, including Indigenous health service advocacy and student-led divestment campaigns in tertiary institutions, which call for ethical investment strategies that reject profit from addiction and harm. Such grassroots leadership strengthens and legitimises broader institutional action (Shenkin Sánchez and Greer 2023).

Governments and institutions must sever all financial ties to the TNI, including indirect investments, political donations, partnerships, and subsidies that sustain industry-aligned programmes and infrastructure (World Health Organization 2003, van Schalkwyk *et al*. 2019, Gilmore 2021). Practical divestment strategies include conducting investment audits to identify and disclose tobacco-related holdings; enacting legislative or regulatory requirements for divestment across public and private funds; revising procurement and ethics policies to prohibit industry partnerships; and establishing independent monitoring bodies to oversee and report on institutional

Table 1. Comprehensive abolitionist frameworks and practical pathways.

Framework	Action	Description	Relevant WHO FCTC articles	Potential indicators
Abolition through investment	Divestment from Harm	Governments and institutions must sever all ties with the tobacco and nicotine industry by divesting investments, eradicating conflicts of interest, and prioritizing funding for initiatives that dismantle systemic harms and exploitation perpetuated by the tobacco and nicotine industry. Establish independent monitoring mechanisms to verify the removal of conflicts of interest and publish regular accountability reports	Article 5.3: Protecting policies from tobacco influence	Number and percentage of institutions with disclosed and implemented divestment policies Public availability of institutional investment portfolios free from tobacco industry holdings Existence and publication of annual independent Conflict of Interest (COI) monitoring and accountability reports Documented removal of tobacco and nicotine industry representatives or funding from advisory committees, universities, or research bodies
Abolition through investment	Investment in love, care, and equity	(Re)direct resources to public health infrastructure that centres love, care, equity, and justice. Indigenous-led health initiatives must take precedence, enabling cultural healing and sovereignty free from addiction. Specific investments should support sustainable, locally driven economic alternatives for communities reliant on tobacco production	Article 6: Price and tax measures for health	Amount and percentage of public health funding allocated to Indigenous-led and community-driven programmes Evidence of cultural alignment and community control (e.g. governance, evaluation methods) in funded initiatives Number of sustainable local economic projects supported in former tobacco-reliant communities Community-reported outcomes on well-being, autonomy, and healing in funded programmes (e.g. through community accountability frameworks)
Defunding the tobacco industry	Prohibition of industry influence	Enforce international mandates, such as the WHO FCTC Article 5.3, to exclude the industry from influencing public policies and practices. Introduce severe penalties for deceptive practices and corporate social responsibility campaigns that undermine eradication efforts	Article 5.3: Protecting policies from tobacco influence	Legislation enacted; penalties imposed; reduction in tobacco industry presence in policymaking spaces
Defunding the tobacco industry	Progressive taxation	Institute aggressive taxation policies to fund eradication efforts and reparative campaigns led by and for communities harmed by the tobacco and nicotine industry, including Indigenous and Black populations	Article 6: Price and tax measures for health	Documented reallocation of tax revenue to community-led initiatives; reduction in industry lobbying expenditure
Defunding the tobacco industry	Capping and reducing industry profits	Legislate profit caps for the tobacco and nicotine industry to ensure no financial incentive remains for perpetuating addiction, dependance, and harms. Implement global oversight mechanisms to ensure compliance and transparency. (Re)direct profits above the capped threshold into reparations funds and community health and well-being initiatives	Article 15: Illicit trade in tobacco	Legislation enacted; penalties imposed; reduction in tobacco industry presence in policymaking spaces. Declared industry earnings fall within capped range; public disclosure of redirected funds
Defunding the tobacco industry	Liability-driven accountability	Establish comprehensive legal frameworks that hold the tobacco and nicotine industry financially and criminally accountable for industry-generated harms, including impacts on physical health; social, emotional and mental well-being; spiritual health; environmental degradation; economic exploitation; intergenerational trauma; and the erosion of community sovereignty and resilience. Liability payments should be directed into community-led commercial tobacco resistance, prevention and cessation programmes	Article 19: Liability	Number of jurisdictions enacting comprehensive legal frameworks addressing tobacco industry accountability Legal proceedings initiated or concluded against the tobacco and nicotine industry for health and cultural harms Amount of liability payments collected and percentage allocated to community-led resistance and cessation programmes Public availability of legal settlement agreements and community-directed investment plans

Table 1. Continued

Framework	Action	Description	Relevant WHO FCTC articles	Potential indicators
Defunding the tobacco industry	Compulsory public health contributions	Mandate contributions from the tobacco and nicotine industry to global public health reparations funds aimed explicitly at improving health and well-being outcomes, including addressing inequities exacerbated by their products and practices. This should also include contributions for funding youth-led prevention programmes and policies, to support the implementation of nicotine free generations. Models such as the Truth Initiative in the United States provide a useful precedent for managing and distributing such funds independently of industry influence	Article 6: Price and tax measures for health	Legislation enacted mandating industry reparations contributions at national, regional or local levels Total value and disbursement rate of contributions collected annually Proportion of funds allocated to youth-led initiatives and Indigenous-led health programmes Existence of an independent governance body (e.g. modelled on the Truth Initiative) overseeing fund distribution and evaluation
Dismantling structural dependance	Sustainable economic alternatives	Provide comprehensive transition programmes for farmers and workers dependent on tobacco production, fostering local economic resilience through investment in sustainable industries and practices that promote equity and environmental stewardship. This should include funding for education and skills development to ensure long-term economic resilience	Article 17: Economically viable alternatives	Number of transition programmes operationalised in former tobacco-reliant regions Percentage of former tobacco farmers/workers enrolled in skills development or alternative livelihood initiatives Longitudinal economic data showing income stability or improvement in transitioned communities Environmental sustainability metrics linked to funded industries (e.g. reduced land degradation, water use reduction)
Restorative justice and healing	Truth-telling commissions	Launch truth-telling initiatives to expose the historical and ongoing exploitation by the tobacco industry, amplifying the voices of communities who have suffered the greatest harms. This process is foundational for accountability and healing	Article 12: Education and public awareness	Establishment and scope of national or regional truth-telling commissions focused on tobacco industry harms Number and diversity of testimonies collected from communities impacted by tobacco industry exploitation Public reports issued and cited in policy reform or reparation efforts Community-reported impacts on trust, healing, and empowerment following truth-telling processes
Restorative justice and healing	Reparative justice for communities	Establish reparations programmes funded by the industry to restore health, well-being, and cultural sovereignty for communities disproportionately affected by commercial tobacco	Article 4.1: Protecting human health	Number of community-led reparations programmes funded and implemented Total amount of industry-derived funds directed towards reparative initiatives Community-defined outcomes achieved (e.g. cultural healing, improved well-being, return of land or assets) Reports of improved trust and relationships between harmed communities and public institutions
Restorative justice and healing	Cultural reclamation and sovereignty	Empower Indigenous communities to continue/(re)claim sacred tobacco practices, removing commercial tobacco products and restoring cultural and spiritual connections to tobacco	Article 8: Protection from exposure to tobacco smoke	Educational and ceremonial programmes initiated that distinguish sacred from commercial tobacco Reduction in commercial tobacco use in contexts where cultural reclamation is actively supported Evidence of strengthened cultural sovereignty in health governance or protocols

Table 1. Continued

Framework	Action	Description	Relevant WHO FCTC articles	Potential indicators
Market rradication tools	Comprehensive ban on products	Phase out all commercial tobacco and nicotine products through escalating regulatory measures, culminating in eradication	Article 13: Comprehensive bans on advertising	Legislation passed to phase out commercial tobacco and nicotine products Decrease in product availability and retail access by region Industry noncompliance rates and corresponding penalties enforced Public opinion data supporting product bans and policy progression
Market eradication tools	Public control of residual products	Transition tobacco production and sales to public health authorities or non-profit entities tasked with eradicating harms and addiction, ensuring transparency and accountability during the eradication process	Article 14: Demand reduction measures	Governance body established for managing transitional supply and sales under public mandate Evidence of transparent and accountable handling of residual product supply chains Reduction in commercial promotion, branding, or price manipulation Transition plan milestones met (e.g. closures of retail outlets, replacement programmes in place)
Global coordination	Aligning international trade Agreements	Establish and/or reform trade agreements to eliminate protections for the tobacco and nicotine industry, ensuring abolitionist policies are not undermined	Article 15: Illicit trade in tobacco	Trade clauses reformed or withdrawn that previously protected tobacco industry interests Inclusion of tobacco industry exclusion clauses in new international trade agreements Number of countries adopting or referencing abolitionist-aligned trade policies Intergovernmental declarations or resolutions in support of trade reform to protect health
Youth leadership	Youth-led programmes and initiatives	Support youth-led programmes and initiatives that actively disrupt new nicotine users. Programmes must prioritise leadership by youth, for youth, to ensure their needs and perspectives are centred. Invest in capacity-building programmes that equip young leaders with the skills and resources to drive systemic change	Article 12: Education and public awareness	Number of youth-led initiatives funded and sustained over time Representation of youth in programme design, delivery, and governance (e.g. percentage of youth-led leadership roles) Youth-reported outcomes related to empowerment, knowledge, and impact on peer behaviour Reduction in uptake of commercial tobacco and vaping products among youth cohorts in targeted regions Creation and dissemination of youth-generated resources (e.g. campaigns, toolkits, digital platforms)
Environmental justice	Addressing environmental harm	Address the environmental destruction caused by commercial tobacco cultivation, production, and waste, including deforestation, pollution, and soil degradation. Reinvest in sustainable practices and restoration efforts and collaborate with environmental organizations to develop restoration projects that prioritize local ecosystems	Article 18: Protection of the environment	Number of environmental restoration or remediation projects funded through redirected TI-related resources Reduction in land use for commercial tobacco cultivation (hectares transitioned) Environmental quality metrics improved in affected areas (e.g. water, soil, biodiversity) Partnerships established with Indigenous-led and environmental organizations Public documentation of TI-linked environmental violations and reparative actions

Table 1. Continued

Framework	Action	Description	Relevant WHO FCTC articles	Potential indicators
Surveillance and monitoring	Monitoring and compliance mechanisms	Implement surveillance systems to monitor compliance with abolition policies, measure progress, and ensure transparency in enforcement. Leverage technology and international partnerships to strengthen monitoring and accountability	Article 20: Research, surveillance, and exchange	Existence of a national or regional surveillance system explicitly tracking abolition policy compliance Annual reporting on industry violations, enforcement actions, and policy progress Integration of community and Indigenous data governance principles in surveillance systems Use of monitoring data to inform resource allocation and policy refinement Cross-border data-sharing agreements or coalitions to coordinate monitoring at regional and global levels

Sources: Gilmore (2007, 2021), Malone (2010, 2013), Proctor (2013), Malone and Proctor (2022), Maddox *et al.* (2024).

commitments. Another example includes superannuation or pension fund investments in tobacco manufacturing, which persist despite overwhelming ethical and health-based evidence for divestment (World Health Organization 2003, van Schalkwyk *et al.* 2019, Gilmore 2021).

Redirected funds should be prioritized for investments in community-led initiatives that address the structural drivers of harm through culturally grounded approaches centred on love, care, and collective resilience. Such initiatives include Indigenous-led Tackling Indigenous Smoking programmes, Māori tobacco resistance strategies, and culturally governed healing and youth leadership initiatives. These programmes demonstrate promising outcomes when adequately resourced and grounded in Indigenous knowledge systems. By learning from historical successes, divestment becomes a catalyst for equitable and just solutions. Sustained investment in public health infrastructure and education—centred on equity and justice—is essential to building a society free from commercial tobacco and nicotine-related harms.

Investing in public health infrastructure and education, with a sharp focus on equity and justice, is crucial for constructing a society free from commercial tobacco and nicotine-related harms (van Schalkwyk *et al.* 2019, Gilmore 2021, Maddox *et al.* 2024). Targeted investments should prioritize sustainable, locally driven economic alternatives that empower communities previously reliant on commercial tobacco production, ensuring resilience, and equity (van Schalkwyk *et al.* 2019, Gilmore 2021, Maddox *et al.* 2024).

To support policy adoption and advocacy, additional examples, including divestment models and community initiatives, are provided in the Table 1.

Defund the tobacco and nicotine industry

Abolition demands the removal of industry influence but also the creation of policies and mechanisms that eliminate the TNI's ability to profit while perpetuating harms (Gilmore 2021, Malone and Proctor 2022, Maddox *et al.* 2024). Strengthened implementation and enforcement of international frameworks, such as the WHO FCTC, is critical for excluding TNI influence from public health policy and exposing deceptive practices (World Health Organization 2003, Gilmore 2021, Malone and Proctor 2022, Maddox *et al.* 2024, United States Department of Health and Human Services 2024). This requires regulating lobbying and political donations by tobacco industry entities, an expanded definition of the 'tobacco and nicotine industries' that includes front groups and third-party influencers, and the creation of independent international mechanisms to monitor and enforce FCTC compliance. One example of such an initiative is Dr Ayesha Verrall's Tobacco Transparency Bill in Aotearoa New Zealand, which aims to improve transparency in tobacco industry lobbying and political influence (New Zealand Labour Party 2025). While limited in scope and belated in its timing, it provides a precedent for legislative approaches that directly target industry interference. These should be supported by sanctions for noncompliance and incentives for governments that actively divest and eliminate conflicts of interest.

Practical tools to defund the TNI include progressive taxation, with revenues allocated to eradicate harms, supporting cessation and community-led health campaigns (World Health Organization 2003, Colonna *et al.* 2020, Gilmore

2021, Malone and Proctor 2022, Maddox *et al*. 2024, United States Department of Health and Human Services 2024). Regulatory measures, such as capping industry profits which can curb the industry's ability to amass wealth at the expense of public health, while 'surplus revenues' can be (re)directed to commercial tobacco resistance programmes, reparations, and community development (World Health Organization 2003, Gilmore *et al*. 2010, Malone 2010, van Schalkwyk *et al*. 2019, Branston and Gilmore 2020, Colonna *et al*. 2020, Gilmore 2021, Malone and Proctor 2022, Maddox *et al*. 2024, United States Department of Health and Human Services 2024). Profit caps, linked to legally enforceable health impact assessments, could limit profiteering and reduce policy evasion, while redirecting profits towards health equity initiatives. Additionally, comprehensive legal frameworks are essential to help hold the industry financially and criminally accountable for harms to health, cultural integrity, and environmental sustainability (Proctor 2013, Gilmore 2021, Malone and Proctor 2022, Maddox *et al*. 2024). These frameworks must include mandated reparations for intergenerational harms caused by the industry. However, we acknowledge the risk that such reparations and contributions may be co-opted by the TNI as examples of corporate virtue. To prevent this, all reparations and compulsory public health contributions must be administered through government or independent public health mechanisms, with no scope for the industry to allocate funds, claim credit, or imply moral absolution. These time-limited contributions must be transparently managed and earmarked for reparations, public health, tobacco control, cessation programmes, and sustainable, community-led health initiatives, explicitly insulated from industry influence or branding (Proctor 2013, Daube 2020, Malone and Proctor 2022).

Market reforms, including price controls and liability-driven profit redirection, serve as additional mechanisms to disincentivise harm. By holding the industry accountable for the health costs of its products, these measures reduce profitability while reinforcing public health priorities (Proctor 2013, Daube 2020, Gilmore 2021, Malone and Proctor 2022, Maddox *et al*. 2024). (Re)investment in sustainable alternatives for commercial tobacco farmers and workers is necessary to ensure that those economically dependent on the industry can transition to livelihoods aligned with equity and environmental stewardship (Proctor 2013, Daube 2020, Malone and Proctor 2022).

RESTORATIVE AND TRANSFORMATIVE JUSTICE

Achieving abolition also requires a commitment to restorative and transformative justice (Gilmore 2021, Malone and Proctor 2022). Accountability, framed through the lens of love, is central to this process. Reparative justice mechanisms, litigation, and truth-telling commissions are essential for addressing decades of systemic harms, disease, and death (Wilson 2020, Watego 2021). Truth-telling and the associated witnessing of the harms caused by the industry can be a powerful tool for healing. Culturally grounded truth-telling includes community-led testimonies, public inquiries, health impact commissions, and storytelling practices that honour lived experience and cultural knowledges. Governments, health officials, and public institutions must lead and resource these processes, while explicitly acknowledging the historic and ongoing exploitation caused by the TNI. The industry itself must also be compelled to acknowledge its role through legal accountability frameworks. Amplifying the voices of Indigenous peoples and acknowledging the industry's exploitation fosters transparency, accountability, and collective healing (Gilmore 2021, Maddox *et al*. 2022, 2024, Gilsinan *et al*. 2023).

Healing communities requires culturally grounded truth-telling, commercial tobacco resistance and cessation programmes, and where appropriate, sacred tobacco practices (Colonna *et al*. 2020, Maddox *et al*. 2022, 2024). These efforts must honour Indigenous sovereignty and resilience, empowering communities to (re)claim their health, cultural traditions, and well-being (United Nations General Assembly 2007, Wilson 2020, Watego 2021). Centring love in this work reinforces a vision of accountability and care, ensuring that justice is not merely punitive but also reparative and transformative (Wilson 2020, Watego 2021, Maddox *et al*. 2022, Nez Henderson *et al*. 2022).

YOUTH LEADERSHIP

Youth must play a central role in the abolition of the TNI. Youth-led programmes, designed, and implemented for youth, by youth, are crucial in disrupting efforts to generate new nicotine users and (re)shaping societal norms around commercial tobacco and vaping products (World Health Organization 2003, Colonna *et al*. 2020). Youth-led programmes inherently amplify youth voices and empower young leaders to drive meaningful policy and community change (World Health Organization 2003, Colonna *et al*. 2020)

ENVIRONMENTAL JUSTICE

The TNI has caused significant environmental destruction, including deforestation, pollution, and soil degradation. Environmental justice is important to abolition, demanding action to repair harms caused by commercial tobacco cultivation, production, and waste (Lecours *et al*. 2012, Colonna *et al*. 2020, Gilmore 2021, Nez Henderson *et al*. 2022). Reinvesting in sustainable practices, restoration of damaged ecosystems, and the enforcement of environmental accountability measures are essential to align public health with environmental justice. Recognizing the interconnectedness of environmental health and human well-being strengthens the foundation for systemic change (Lecours *et al*. 2012, Colonna *et al*. 2020, Gilmore 2021).

GLOBAL COORDINATION AND TRADE REFORM

Abolition efforts must extend beyond national boundaries. Reforming trade agreements to eliminate protections for the TNI ensures that abolitionist policies are not undermined on a global scale (World Health Organization 2003, Shaffer *et al*. 2005, Gilmore *et al*. 2015, van Schalkwyk *et al*. 2019, Gilmore 2021, Malone and Proctor 2022). The World Trade Organization (WTO) plays a critical role in this context, often acting as a protector of multinational corporate interests. Its policies and rulings have shielded businesses, including the tobacco industry, from comprehensive public health measures (Shaffer *et al*. 2005, Gilmore *et al*. 2015). Addressing the WTO's influence is essential to dismantling these systemic barriers and prioritising public health over profit (Shaffer *et al*.

2005, Gilmore *et al*. 2015). International cooperation is essential for establishing consistent policies that prioritize health over corporate interests and foster collective action against an industry built on exploitation, disease, and death (Shaffer *et al*. 2005, Gilmore *et al*. 2015).

SURVEILLANCE AND MONITORING

Implementing robust surveillance systems is necessary to monitor compliance with abolition policies, measure progress, and ensure transparency in enforcement (World Health Organization 2003, Malone 2010, Gilmore 2021, Malone and Proctor 2022, Maddox *et al*. 2024). These systems should include comprehensive data collection, analysis, and reporting mechanisms to evaluate the effectiveness of abolition efforts and guide future strategies (World Health Organization 2003, Gilmore 2021, Maddox *et al*. 2024).

Accelerating the path to abolition

Abolition of the TNI is a moral and practical necessity, one that helps eradicate tobacco and nicotine-related harms, while addressing long-standing health inequities and honouring government obligations to Indigenous peoples and all peoples. It upholds the human right to health and redresses systemic injustices that disproportionately harm Indigenous peoples and marginalized communities. It is also a practical solution for eliminating preventable death and disease caused by a profit-driven industry (Maddox *et al*. 2024). Abolition provides a transformative framework for honouring government responsibilities to protect health, fulfilling obligations to Indigenous peoples under international human rights instruments, and reducing long-standing inequities sustained by industry tactics. Together, these intersecting moral and practical dimensions compel a shift from incremental reform to systemic transformation (Malone 2013, Malone and Proctor 2022, Maddox *et al*. 2024).

Implementing these strategies is expected to curtail industry profit while addressing systemic harms, disease, and death (Malone 2013, Malone and Proctor 2022, Maddox *et al*. 2024, United States Department of Health and Human Services 2024). As with effective tobacco control and resistance, implementation must be rigorously planned, phased, and adequately resourced. Government-led strategies with clear accountability mechanisms and equity-focused planning are essential to ensure sustained outcomes and avoid unintended harms. At the same time, investments in community-led solutions, youth leadership, truth-telling, and restorative justice can accelerate the creation of health generative and life-affirming systems that prioritize health outcomes, equity, and collective care. While abolition may seem radical to some, there is precedent. Legislative action to restrict or ban tobacco has occurred throughout history, including municipal and regional bans that asserted the right of communities to protect public health. Although examples such as state-level bans in the U.S. (1890–1927) predate strong epidemiological evidence, they nonetheless demonstrate that governments have long held the authority to end the sale of harmful products. Our proposal differs by being grounded in contemporary evidence, human rights frameworks, and community-led approaches designed to heal, not punish (Proctor 2013). These pathways provide a comprehensive framework for dismantling an industry sustained by exploitation and creating a future free from commercial tobacco-related disease and death (Malone 2010, 2013, Proctor 2013, Gilmore 2021, Malone and Proctor 2022, Maddox *et al*. 2024, United States Department of Health and Human Services 2024).

WHY IS ABOLITION ESSENTIAL?

The abolition of the TNI is critical for local, national, and international health and well-being (Gilmore 2021, Malone and Proctor 2022, Maddox *et al*. 2024). The TNI's operations are a direct and indirect conflict with the human right to health (Malone and Proctor 2022, Maddox *et al*. 2024). Abolition is a moral and ethical imperative but also an act of love—a practical solution to improving health and well-being, addressing health inequities and fostering justice. Truth-telling and healing are central to this process, ensuring that historical and ongoing harms, disease and death are recognized and witnessed (Wilson 2020, Watego 2021, Malone and Proctor 2022, Maddox *et al*. 2024).

CONCLUSION

Abolishing the TNI demands transformative systemic change, prioritising health, justice, equity, truth-telling, and love (Wilson 2020, Gilmore 2021, Watego 2021, Malone and Proctor 2022, Maddox *et al*. 2024). Following abolitionist principles, this framework envisions a future free from exploitation today, where health generating and life-affirming alternatives replace structures of harm and people harming products (Gilmore 2021, Malone and Proctor 2022, Maddox *et al*. 2024). At its heart, this vision is guided by love: a deep commitment to healing, collective care, justice, and improving health and well-being outcomes for 'all' peoples, including Indigenous peoples. Through abolition, truth-telling, and healing, we move closer to a world where health and well-being systems are built not on harm, but on love, transparency, and resilience to improve health and humanity (United Nations General Assembly 1948, 2007, Wilson 2020, Gilmore 2021, Watego 2021, Malone and Proctor 2022, Maddox *et al*. 2024).

We anticipate that the TNI and its affiliates and supporters may seek to co-opt, misinterpret, or discredit the principles and recommendations outlined in this paper. This pattern of industry interference, including the strategic appropriation of public health language and the mischaracterization of structural reforms as punitive prohibition, has long been used to undermine meaningful progress (Gilmore *et al*. 2015, Dell *et al*. 2022, Malone and Proctor 2022). We therefore attempt to write with clarity and intentionality, grounded in love, abolitionist, decolonial, and Indigenous-led public health to prevent distortion and reaffirm the collective mandate to dismantle systems of harm.

In doing so, we also help to guard against industry distortion or misinterpretation, ensuring this framework is understood as both principled and practical in its commitment to justice and the human right to health.

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Authors contributions

All authors contributed to this work. Their contributions align with the Contributor Roles Taxonomy (CRediT) as follows. Conceptualization: R.M. and S.K.B. Methodology: R.M. and S.K.B. Investigation: R.M. and S.K.B. Formal analysis: not applicable. Data curation: not applicable. Writing—original draft: R.M. Writing—review and editing: R.M. and S.K.B. Supervision: R.M. and S.K.B. Project administration: R.M. and S.K.B. Funding acquisition: not applicable. All authors have read and approved the final manuscript.

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Ethics and declarations

The project upholds ethical principles of research with Indigenous peoples consistent with the National Health and Medical Research Council Guidelines for ethical conduct in Aboriginal and Torres Strait Islander Health Research. Indigenous peoples were involved in the conceptualizing, write up, and dissemination of this manuscript. This is consistent with the established standards for conducting ethical research including the National Health and Medical Research Council Values and Ethics Guideline for conducting ethical research with Aboriginal and Torres Strait Islander people (National Health and Medical Research Council 2018). This 'Perspective' article did not require human ethics committee approvals.

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