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Eradication of commercial tobacco related disease and death

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ABSTRACT

The eradication of the commercial tobacco industry is a crucial goal for health and well-being, particularly from a public health and health justice perspective. The term 'eradication' is applied in epidemiology to mean the process and outcome of elimination of the—commercial tobacco industry as a human-made—agent of disease and death. In this commentary, we outline why the eradication of the tobacco industry is necessary, urgent and realistic.

The potential impact of eradication of the industry is substantial. Without the industry and the commercial tobacco that it produces, it is expected that globally over 22 000 lives will be saved daily (over 8 million annually), and life expectancy will increase. The human right to health underscores the need for tobacco industry accountability for the harms it causes and given the enormous human and financial costs, it is time for action towards eradication of the industry.

The tobacco industry's opposition to tobacco control, particularly strategies focused on market supply and industry reform, has been fierce. Their strategies have involved circumventing, attacking and undermining public health measures to preserve profits. However, with insights learnt from over 70 years of incremental successes in reducing commercial tobacco use, we know that through comprehensive and locally tailored eradication strategies involving legislation, regulation and public health initiatives across multiple levels of governments, we can overcome the resistance from the tobacco industry and their affiliates. Given the cost of commercial tobacco and the ever-growing global consensus on its harms, the time to act is now.

ERADICATION OF COMMERCIAL TOBACCO-RELATED DISEASE AND DEATH

The eradication of commercial tobacco and the commercial tobacco industry is a necessary and urgent global health goal, especially from a public health and health justice standpoint. Globally, the realisation of this goal would result in over 22 000 lives saved every day, equivalent to over 8 million lives annually.¹ As the industry profits off the lives of the most marginalised, particularly Indigenous and underserved racial/ethnic populations,^{2,3} its eradication and the consequent removal of people-harming commercial tobacco products would significantly improve health outcomes and life expectancy and reduce persistent within-population life expectancy gaps.

In epidemiological vernacular, eradication refers to the elimination of a disease to the point where the disease-causing agent is no longer present, and

WHAT THIS STUDY ADDS

- ⇒ We present a case for why eradication of the commercial tobacco industry is a necessary, urgent and feasible global public health goal. As both a process and an outcome, eradication of the industry has the potential to save over 8 million lives annually worldwide and result in improvements in life expectancy, including reductions in persistent within-population life expectancy gaps.
- ⇒ We highlight key incremental successes in commercial tobacco control and tobacco reduction over the past 70 years that suggest that through multifaceted, locally tailored and coordinated cross-jurisdictional efforts, eradication of the industry is feasible and realistic.
- ⇒ Persistent challenges that have been and continue to be posed by the tobacco industry that aim to actively undermine tobacco control and eradication efforts are outlined, including the industry fiercely opposing tobacco resistance measures through litigation, lobbying and disinformation and misinformation campaigns to undermine public health.
- ⇒ Potential key strategies for the eradication of the tobacco industry are outlined, including codesign and coproduction of evidence-based policies to regulate tobacco and nicotine products to reduce addiction and phasing out the legal sale of tobacco and nicotine products.

intervention measures are no longer required.⁴ Using this definition, the commercial tobacco industry can be seen as a human-made, disease-causing agent that needs to be removed to achieve the eradication of commercial tobacco. This framing contrasts with the common perspective in tobacco control, often promoted by the industry itself, which positions certain tobacco products, particularly cigarettes, as the primary 'disease-causing agents'. While this product-centric view focuses on reducing harms through product modification or replacement (eg, introducing filtered, light, mild and low-tar cigarettes, e-cigarettes and heated tobacco products), it fails to address the root cause: the commercial tobacco industry itself, which drives addiction, perpetuates inequities and profits from harm. By isolating the problem to products, the framing shifts responsibility away from the tobacco industry and overlooks its historical and ongoing systemic role in exploiting addiction, people and communities.



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Goals to eradicate the commercial tobacco industry are consistent with Indigenous perspectives and worldviews that may view the industry as a colonial constant, reflecting its sustained and pervasive exploitation of Indigenous peoples and lands across colonial contexts. The industry is a symbol of colonialism, representing the commodification, exploitation and cultural dislocation perpetuated by colonial powers.^{5–7} European settlers industrialised and modified the sacred tobacco plant, transforming it into a plantation crop and mass-producing adulterated tobacco products. Modifications—such as adding chemicals to increase addictiveness and reduce costs—have not only amplified health risks but also undermined the sacred nature of tobacco for many Indigenous peoples. The tobacco industry continues this manipulation through products like e-cigarettes and nicotine pouches, which further distance commercial tobacco from its original cultural and spiritual significance.⁸ For many, (re)claiming Indigenous sovereignty involves the removal of commercial tobacco products but also dismantling the industry that instigated and continues to perpetuate such harms. Research from Aotearoa New Zealand suggests strong public support, and in particular from Māori, for stricter regulation on the tobacco industry and reflecting a broader recognition of the need to hold the industry accountable and dismantle its influence.⁷

The paper was led by Indigenous interests, needs and rights as Indigenous peoples. The authors are community members, epidemiologists, tobacco control activists and academics who are accountable to communities and work in commercial tobacco resistance, public health and Indigenous health research in Australia and Aotearoa New Zealand. From our perspective, interrogation of the *causes* of disease and death, such as social, cultural and commercial determinants of health, is vital to address inequities, inequalities and improve health and well-being outcomes.⁸ Modification of these root, upstream influences may present significant challenges but promise the most public health benefits.⁹ For tobacco control and resistance, it is imperative that we shift the focus away from individual blame which disproportionately places responsibility on individuals for tobacco use and addiction while obscuring the broader systemic and structural factors at play. This narrative serves to deflect attention from the tobacco and nicotine industry, whose aggressive marketing, product design and lobbying strategies deliberately target people and populations to maximise profits. Blaming individuals masks the systemic failures of successive governments and public health to implement and sustain effective public health policies that address the root causes of commercial tobacco-related death and disease and uphold the human right to health.⁷

Focusing on individuals and individual behaviours also undermines the acknowledgement of structural determinants such as socioeconomic inequality, inadequate regulation of the industry and the historical and ongoing exploitation of communities by tobacco corporations. Shifting the focus to upstream influences exposes the tobacco industry as the primary agent of harm and highlights the need for robust policy measures, accountability frameworks and structural interventions to dismantle the systems perpetuating tobacco-related harm. Recognising this broader context is essential to fostering equitable, effective and sustainable solutions for commercial tobacco resistance.

Eradication of the commercial tobacco industry is a necessary, urgent and realistic goal for global public health and an essential part of (re)claiming Indigenous sovereignty. While interference from the tobacco industry and a lack of sustained political will for eradication are significant threats to the success of any such efforts, a concerted and coordinated focus across regional,

national and international levels may be the key to realising the goal of eradication.

ERADICATION IS REALISTIC AND FEASIBLE

Globally in tobacco control, we have witnessed notable progress and trailblazing public health strategies over the last 70 years, including a combination of demand and supply reduction measures.⁹ The sum of these measures has resulted in a sustained reduction in the prevalence of tobacco use and suggests that the eradication of commercial tobacco-related disease and death is feasible.

A key example of hard-won and successful demand reduction measures is the banning or restricting of tobacco advertising. While this goal was initially claimed to be unattainable and legally challenged by the industry, it became a reality when Norway enacted such a ban in 1973.^{10–11} Similarly, the introduction of rotating health warnings in Sweden in 1977, which were initially criticised, paved the way for stronger and more impactful warning labels on harmful products around the world.¹² Another landmark policy initiative in tobacco control was the smoking bans for eating and drinking establishments in 1973, followed by many other countries. These were initially implemented in Ireland and some jurisdictions of the USA and Canada, despite industry opposition, and have now extended to multiple other countries.^{3–13}

Other examples of successful strategies adopted in Australia, Aotearoa New Zealand and elsewhere include tobacco tax increase, which was implemented with public support and the resultant revenue used to replace tobacco sponsorship;¹⁴ highly effective hard-hitting media campaigns¹⁵ and Aotearoa New Zealand's successful implementation of smoke-free prisons.¹⁶ Tobacco plain packaging is perhaps one of the most fiercely contested measures of recent times and was eventually implemented in Australia in 2012 and then rapidly adopted by many countries.^{2–17} Overall, the pattern has been consistent: tobacco control measures were deemed impossible until they were successfully implemented and in turn lead to broader acceptance and implementation of the measures and significant improvements in health outcomes.¹⁰

Previous legislation that has been successfully enacted to remove other harmful products from commercial sale provides potential precedence for the eradication of commercial tobacco products and the industry. In Australia, for example, asbestos was phased out in the 1980s reducing exposure risks;¹⁸ gun reforms in 1996 rapidly curbed firearm-related deaths and mass shootings;¹⁹ the removal of leaded petrol in 2002 lowered lead emissions and improved public health;²⁰ solariums were banned in 2015 being linked to skin cancer,²¹ a prohibition on the use of engineered stone²² and products in violation of safety standards set by regulatory bodies, such as the Australian Competition and Consumer Commission and consumer protection agencies, are recalled and removed from circulation. However, we note that these examples also show industries can adapt by producing new products. The continued existence of a tobacco industry is fundamentally inconsistent with public health's role in eradicating tobacco-related disease and death. Trusting an industry that has knowingly profited from killing its customers to be part of the solution is inherently flawed, particularly when its so-called 'solutions' such as new products, continue to generate harms. Allowing the tobacco industry to persist and adapt undermines efforts to address the root causes of tobacco-related disease and death, as it sustains the very structures and incentives that fuel this global epidemic.

Table 1 Example of key tactics used by the tobacco industry to deflect tobacco control efforts

Industry tactic	Examples of tobacco industry arguments	Counter arguments: tobacco control and resistance
Individuals are to blame and therefore solutions should be focused on individual behaviour change	▶ Commercial tobacco use is a 'personal choice', a 'freedom' and a 'right'. Individuals are responsible for quitting. ▶ Public health efforts should focus on helping people make better decisions.	▶ Commercial tobacco and nicotine is addictive. Most people who smoke start as adolescents, often before they fully understand the risks, indicating the need for broader preventive measures. ▶ Industry actively promotes and markets its products in ways that undermine individual choice, especially targeting priority populations, including adolescents. ▶ Structural and regulatory approaches, including supply reduction, are necessary to address the commercial, social and environmental factors that lead to smoking initiation.
Eradication of the industry is futile and potentially dangerous	▶ Lack of evidence base for control strategies (eg, plain packaging). ▶ Cost to retailers in implementing measures. ▶ Eradication will lead to a growth in illicit trade and the illicit market. ▶ Eradicating all sources of non-therapeutic nicotine would cause suffering for people addicted to nicotine, despite the immense suffering caused by tobacco and nicotine-related death and diseases.	▶ Evidence, including from plain packaging measures, demonstrates a significant reduction in smoking rates and tobacco use. ▶ The cost to retailers is minimal compared with public health gains and cost savings from reducing tobacco-related diseases. ▶ There is no clear evidence that eradication efforts lead to a substantial increase in the illicit tobacco trade by the industry as a scare tactic. The availability of therapeutic nicotine products to help address the immense suffering caused by tobacco and nicotine-related death and diseases and the need to focus on eliminating the industry's role in perpetuating and sustaining addiction under the guise of 'harm reduction'.
Eradication of the industry and commercial tobacco is an infringement on individual rights and free will	▶ The 'pursuit of happiness and enjoyment' argument: the tobacco industry claims that tobacco use contributes to happiness and enjoyment, even quantifying the 'loss of consumer surplus' if people quit despite the addictive nature of tobacco and nicotine products. ▶ Smoking is an adult choice, a 'personal choice', a 'freedom' and a 'right'. ▶ People are aware of risks and choose to smoke regardless. ▶ Education on harms is the best option so people can choose for themselves if they wish to smoke.	▶ Recognising the addictive nature of tobacco and nicotine products and evidence indicates that people generally report improved well-being, reduced anxiety and greater happiness after overcoming nicotine addiction, indicating that quitting is a gain, not a loss once withdrawals are overcome. ▶ Most people start smoking as children. ▶ Most people who smoke underestimate risks or do not fully understand the causal pathway, possibly due to confusing industry messages. ▶ Education alone is insufficient and works best when combined with regulatory measures, such as reduced retail outlets, taxation and advertising bans and education campaigns. This approach leads to more equitable outcomes.
Illicit market will expand as regulations tighten	▶ The 'laws will be broken' argument: the claim that laws banning the commercial production and sale of tobacco and nicotine products should not be enacted because some individuals may break them undermines the fundamental purpose of laws, which is to establish societal standards and reduce harms, disease and death. All laws are broken to some extent (eg, speeding, theft) and do not exempt industries from regulation. ▶ Tightening regulations will push smokers to illicit products. ▶ Increased taxes and plain packaging fuel the illegal tobacco market.	▶ The focus of eradication is on the tobacco and nicotine industry, not individuals, making it essential to hold the industry accountable for the immense burden of death and disease it causes. ▶ Evidence indicates that the growth of the illicit market is exaggerated by the tobacco industry and remains minimal in countries with strong regulatory frameworks. ▶ Most people who use tobacco purchase products legally, and enforcement of existing laws can further reduce the illicit trade. ▶ Governments can combat the illicit market by strengthening enforcement and supporting international cooperation while maintaining public health policies to uphold the human right to health.

Sources^{7 10 24–31}

While there have been noteworthy successes in past tobacco control measures, the tobacco industry has proven remarkably adaptable and pernicious to policy and regulation changes. The implementation of nicotine-free and other tobacco control measures has not been without challenges. Eradication of the industry requires an understanding of the tools they use (see [table 1](#) for examples) to preserve their global influence.^{7 10 23–32}

The industry and its affiliates have a long history of manipulation of scientific evidence, exerting lobbying and political influence, running misinformation campaigns, engaging in tax avoidance and illicit trade, leveraging corporate social responsibility initiatives, undermining international agreements and initiating litigation, as well as targeting population groups and promoting purported 'harm reduction' or 'lower

risk' products.^{23–31} Akin to political propagandistic tools, the commercial tobacco industry has in the past used, and likely will continue to use, persuasive language and moral panic to convince the public that eradication of tobacco-related disease and death is a futile and potentially dangerous goal.^{24 25} Based on past experience, we can expect the industry to push the narrative that individuals who smoke are to blame and to (re)direct our attention from holding the industry accountable.^{7 25 33} Despite the majority of people taking up smoking in childhood and most adults wanting to quit (70%) or wishing they never started (78%),³⁴ any attempt by communities and public health to support individuals to make healthy decisions will likely be demonised by the commercial tobacco industry by appealing and twisting societal values around addiction and 'free will'.²⁸

Another smoke-and-mirrors defence tactic employed by the commercial tobacco industry to discredit and deflect from tobacco control efforts is to claim that any effort to shut down the industry would only result in the rise of an 'illicit market' or lead to an exponential rise in home-grown tobacco.^{7 27} Likewise, they may also claim that new generation products are still viable even in the context of eradication.²⁷ However, promises of 'smoke-free', 'non-combustible' and 'harm reduction' products are vague and are arguably an appropriation of genuine public health concepts of harm reduction. In addition to grave concerns that these new commercial products are highly addictive, any claims that their use lowers the risk for disease or death is speculative,^{35 36} there is concern that the shift to such products maintains the industry's vitality and influence and (re)normalises commercial tobacco use and therefore would be counter to eradication efforts.³⁶

The adaptability of the industry to resist tobacco control initiatives and resist change has been perhaps most notably demonstrated by the recent repeal of the Smokefree Environments and Regulated Products Act 1990 in Aotearoa New Zealand. This legislation, which initially came into effect on 1 January 2023, was widely regarded as one of the most comprehensive tobacco control laws globally. It had introduced substantial changes, including:

- ▶ Drastically reducing the number of retailers permitted to sell smoked tobacco products.
- ▶ Lowering the allowable nicotine content to non-addictive levels in smoked tobacco products.
- ▶ Prohibiting the sale of smoked tobacco products to individuals born after 1 January 2009.

Additional amendments were also made to the Act, aligning with the ongoing implementation of the WHO's Framework Convention on Tobacco Control (FCTC).^{37 36} However, in 2024, the legislation was repealed by the incumbent government, reflecting both the persistent influence of the tobacco industry and the financial conflict-of-interest faced by governments. Notably, concern about the loss of excise tax revenue from declining tobacco consumption was explicitly cited by the then new Aotearoa New Zealand government as a reason for weakening the comprehensive tobacco control.³⁸

As seen in the challenges faced by Aotearoa New Zealand, quarantining tobacco tax revenue for programmes and policies does not inherently protect against conflicts of interest. When vital programmes and policies are funded by tobacco taxes, their advocates may face financial conflicts of interest, resisting policies that could reduce tobacco tax revenue, despite health and well-being benefits. To avoid this, revenues could be specifically allocated to transition programmes for people addicted to tobacco, retailers and prevention education—though such

measures often lack political support, risking perpetuation of the status quo at the expense of meaningful progress.

Eradicating commercial tobacco goes beyond merely shifting the focus of tobacco control to product substitution (eg, e-cigarettes) or reduction in prevalence and consumption of commercial tobacco.³⁹ To systematically end all aspects of the tobacco epidemic, including dismantling the tobacco industry, a visionary, comprehensive and multifaceted approach involving legislation changes, implementation of regulatory measures and the introduction of sanctions is needed.^{38 39} A global approach with flexibility for local needs and opportunities will be necessary and should involve collaborative and coordinated strategies involving local, state and national governments, international organisations and financial institutions. Moreover, in order to ensure eradication is implemented in equitable ways, the codesign and coproduction of strategies for eradication with the communities most affected will be needed.³⁹

Some specific eradication actions may include:^{7 28 40 41}

- ▶ Reduction of the number of retail licenses and outlets of tobacco and nicotine products.
- ▶ Increasing taxation of tobacco and nicotine products and quarantining tobacco tax revenues for health programmes and policies.
- ▶ Regulation of tobacco and nicotine products to reduce their appeal and addiction, including the mandate of very low nicotine content for tobacco and nicotine products to non-addictive levels.
- ▶ Phase out of the legal sale of cigarettes to eliminate nicotine dependence in current and upcoming generations.
- ▶ Use of criminal and/or civil actions to hold the industry, including Boards and Executives, legally accountable for the harms they caused historically and the ongoing harms they continue to generate.
- ▶ Divestment and/or delisting the tobacco industry from stock exchanges. Delisting is the removal of a company's shares from public trading, which happens when a company fails to meet listing requirements, violates regulations or voluntarily chooses to delist. For industries like the tobacco industry, delisting could be pursued by groups advocating for ethical investment practices, holding the industry accountable for harmful activities.
- ▶ Dissolving, dismantling or unincorporating commercial tobacco companies should be explored within the framework of each country's legal system. Another approach could involve transitioning tobacco production, distribution and sales to a non-profit or government entity with strict guardrails to reduce use and addictiveness. However, this approach includes risks which generate substantial government revenue and undermine national tobacco control and resistance efforts.

THE NEED FOR EXPLICIT ERADICATION GOALS AND CONSENSUS SUPPORT

As described above, eradication is, and likely will continue to be, fiercely opposed by the tobacco industry and the cadre of tobacco industry lobbyists, lawyers, front groups and affiliates. However, we anticipate that the tobacco industry tactical playbook will continue to be exposed, including through the media and court documents²⁶ and expand as they face existential threats. However, strategies to overcome can be devised. Success is likely to require two key ingredients: clear eradication goals focused on the dismantling of the commercial tobacco industry

Table 2 Commercial tobacco prevalence goals and targets

Commercial tobacco prevalence goals and targets:	
Aotearoa New Zealand	<5% daily smoking for all population groups by 2025
Australia	<27% among Aboriginal and Torres Strait Islander peoples by 2030 and <5% among all adults in Australia by 2030
Bangladesh	'tobacco free' by 2040
Canada	<5% by 2035
Denmark	'none of the children born today smoking in 2030'
Finland	<5% by 2030 and 2% by 2040
Ireland	<5% by 2025
Scotland	<5% by 2030
Sweden	<5% by 2025
UK	'smoke-free' by 2030
USA	6.1% by 2030
Source, ^{42–46}	

and cross-party supports and/or consensus to enable the sustainable implementation of strong policy measures.

True eradication of commercial tobacco will require the dismantling of the industry itself. The legal requirements of the tobacco industry and its affiliates to operate in the best interests of their shareholders and the inherent conflict with public health are well recognised.²⁷ This is reflected in the WHO FCTC³⁷ recognition that there is a fundamental and irreconcilable conflict between the tobacco industry's interests and public health policy's interests. Further, the WHO FCTC,³⁷ Article 5.3 states:

'In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law.'^{3, p.7}

Despite such challenges in eradicating the industry and commercial tobacco-related disease and death, it is essential to establish clear goals and targets to effectively drive meaningful change and uphold accountability. There are currently a range of commercial tobacco control and resistance targets and goals, which generally aim to reduce prevalence to <5% (table 2).^{42–46} On a global scale, commercial tobacco prevalence of <5% would equate to approximately 300 000 000 people or less aged 15 years and older continuing to use commercial tobacco, of which two-thirds will die prematurely unless they quit. As such, these targets will still allow for a high level of death and disease and enable the profitability of a thriving commercial tobacco industry and, therefore, are not eradication goals. Sustained political will for eradication and cross-party support and consensus of clear eradication goals and the human right to health are required to resist industry influence. By removing tobacco control and resistance from political footbaling and short term political cycles, we can foster the creation of effective and sustainable public health policies.

CONCLUSION

Consistent with the case for commercial tobacco-related disease and death eradication,^{24 47} it is time to raise the bar and aim for eradication through the eradication of the industry that produces these products and profits from their harm. Commercial tobacco products are highly addictive and have a large and inequitable human, financial and environmental costs. The industry's production and commercialisation of commercial tobacco results in the wholesale manufacture of death, taking

over 8 million lives each year globally.^{1 47} We can—and must—uphold the human right to health, including holding the tobacco industry, their collaborators and associates accountable to stop the sale of commercial tobacco. Understanding and countering industry tactics to undermine and deflect public health efforts is essential.^{7 10 23–32}

Achieving eradication requires clear eradication goals, universal and targeted approaches to supply and demand reduction,^{7 27 36} and coordinated and collaborative public health efforts spanning local, regional, national and international levels.^{7 27 36} Eradication is not only feasible—it is essential. The time for action is now if we want a future free from commercial tobacco and nicotine-related disease and death.⁷ This is a critical step for caring and supporting the health and well-being of our families, communities and the wider population.

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