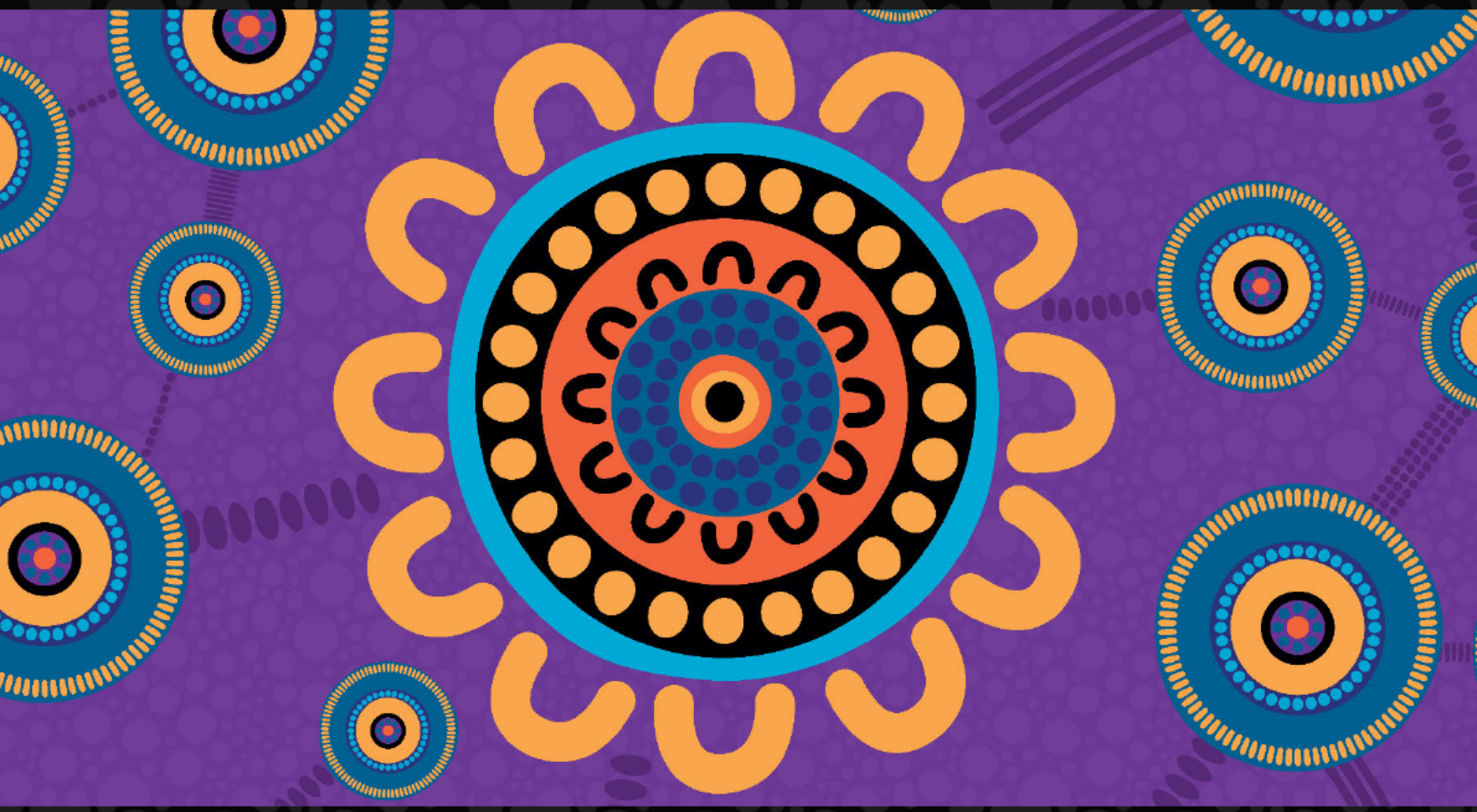
Submission on the Productivity Commission Interim Report: *Delivering quality care more efficiently*

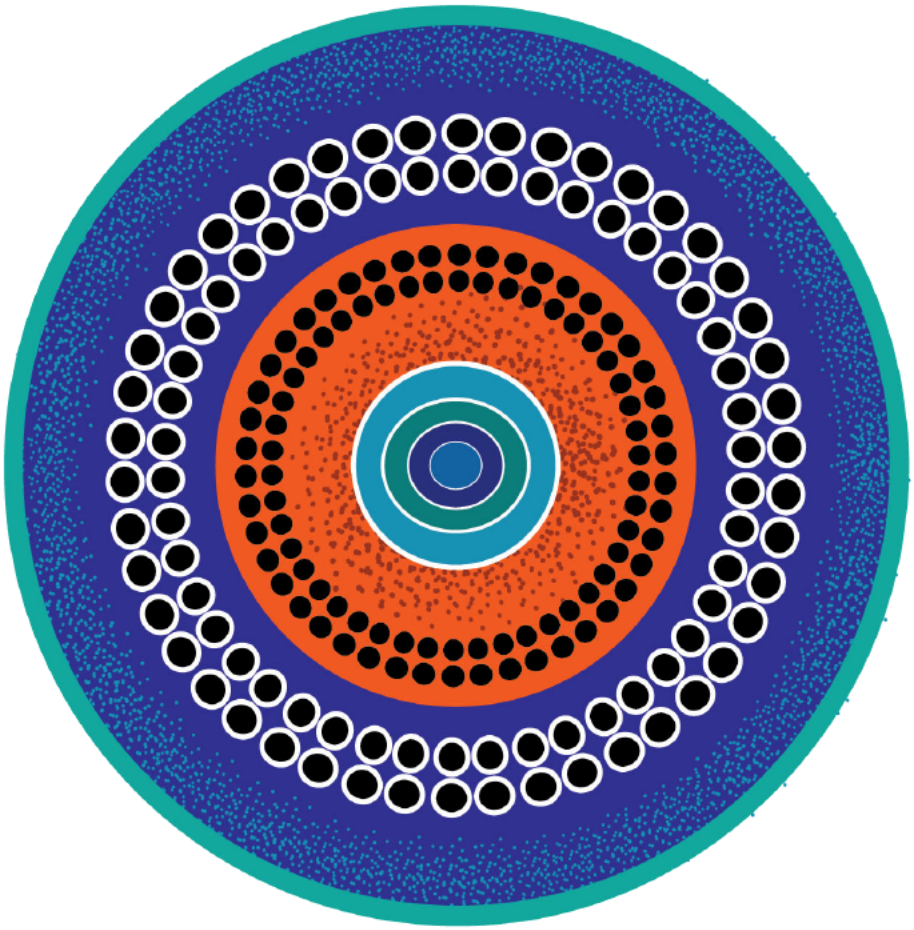
15 September 2025



Tobacco Free Program
Yardhura Walani | National Centre for Aboriginal and Torres Strait Islander Wellbeing Research
National Centre for Epidemiology and Population Health
College of Law, Governance and Policy
The Australian National University

Acknowledgements

The authors acknowledge and respect the diversity among Aboriginal and Torres Strait Islander peoples, including the many nations, language groups, cultures and protocols. We pay our respects to all Elders past, present and future.



'Unified' created by Jasmine Sarin, a proud Kamilaroi and Jerrinja woman

Artwork elements: the outside circles consist of figures, signifying that people come first and should be consulted and included in services that affect their health and wellbeing. These are also symbolic of the people and community who have been a part of the project. The subsequent layer of circles represents the journey of research and cycle of collecting, analysing, interpreting, and presenting information. It shows the process of research in community. The innermost circles represent the impact and the change that we are seeing on the ground through sharing stories, knowledge, and success.

Funding Declaration

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No funding was received from any tobacco, nicotine, or related industry, directly or indirectly.

Declaration of Conflict of Interest

Associate Professor Raglan Maddox and the Tobacco Free Program declare no conflicts of interest. There are no financial or non-financial relationships with the tobacco or nicotine industry, its affiliates, or any front groups. The Tobacco Free Program adheres to Article 5.3 of the World Health Organization Framework Convention on Tobacco Control, which requires the protection of public health policy from the commercial and other vested interests of the tobacco industry.

EXECUTIVE SUMMARY

The Tobacco Free Program at Yardhura Walani, National Centre for Aboriginal and Torres Strait Islander Wellbeing Research, within the Australian National University, welcomes the opportunity to contribute to the Productivity Commission's interim report, *Delivering Quality Care More Efficiently*.

This submission is made by a program accountable to Aboriginal and Torres Strait Islander peoples and provides an Indigenous-led, evidence-based response to the draft report.

We focus our submission on embedding structural reforms that end commercial tobacco and nicotine harms imposed on Aboriginal and Torres Strait Islander peoples and all communities, by centering Indigenous self-determination, knowledge, and leadership in shaping a National Prevention Framework and related system-wide reforms.

Tobacco is responsible for over a third (37%) of all deaths among Aboriginal and Torres Strait Islander people and 50% of all deaths among those aged 45 and over [1]. Although smoking prevalence is declining [2], tobacco accounts for 12% of the total preventable health burden for Aboriginal and Torres Strait Islander peoples and remains the single largest preventable cause of mortality and morbidity [3].

Effective prevention is possible and should include a transformative approach that sees our national health care system divest from industries that profit from addiction and harm and invest in Indigenous led, culturally safe initiatives embedded within a sustained prevention framework. The National Prevention Framework must be recognised as critical infrastructure for health and wellbeing, with equity, truth-telling, and justice at its centre.

Overview

The structural, social and commercial determinants of health, including housing, socio-economic position, racism and trauma, underpin higher rates of tobacco related harms and preventable chronic disease, morbidity and mortality while entrenching inequities[4]. A national prevention framework must address the broad commercial determinants of health including how the normalisation of the Tobacco and Nicotine Industry and targeted Industry marketing have shaped long-term addiction patterns while undermining the human right to health.

Meaningful engagement with Aboriginal and Torres Strait Islander people is critical to ensuring their voices and perspectives inform reforms, consistent with the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) [5]. When reforms are designed to meet the needs of Aboriginal and Torres Strait Islander peoples they are also more likely to be effective for all Australians, upholding the human right to health [5].

PC recommendation area 1: *Reform of quality and safety regulation to support a more cohesive care economy*

Public health systems are crucial to advancing equity [6].To ensure better quality of life, reforms must address the existing racialised systems within health care that pathologise Indigeneity, entrench deficit-based narratives, and marginalise Indigenous peoples [6]. Reforms must align with the National Agreement and human rights obligations (such as UNDRIP), embedding cultural safety, truth-telling, and Indigenous-led governance throughout care systems. This presents an opportunity to explore ways to dismantle the structures that continue to drive inequities and embed racism across care systems, structures and processes [6].

Health narratives often describe Indigenous people as 'vulnerable', ignoring the structural drivers of poor health such as poverty, dislocation and intergenerational trauma [7]. Medicalising Indigenous experiences in this way has reinforced colonial structures while failing to support Indigenous self-determination and cultural continuity through structural reform [6]. Systemic changes that provide culturally safe health care environments while shifting responsibility from individuals to the structural determinants will make real progress towards improving health outcomes and economic position.

PC recommendation area 2: *Embed collaborative commissioning to increase the integration of care services*

Consistent with several Sustainable Development Goals (SDGs) [8], and UNDRIP [5], collaborative commissioning provides a mechanism for Aboriginal and Torres Strait Islander organisations to lead and deliver prevention initiatives within an enabling health system structure with consistent funding. Community-led programs can be more culturally acceptable and deliver better health outcomes. However, effectiveness can be undermined by fragmented systems across sectors and jurisdictions, alongside short-term or piecemeal funding cycles. These structural barriers limit program longevity, weaken workforce capacity, and erode community trust. Long-term, secure, and equitable funding is critical for

Aboriginal and Torres Strait Islander organisations to lead prevention initiatives within an enabling health system architecture.

In line with calls from the Aboriginal Community Controlled Health sector, removing consultation from systems and processes and instead ensuring true collaboration and co-design is an important step towards decolonising the health system. Implementation of Aboriginal and Torres Strait Islander led health initiatives and culturally safe programs is critical to improving Aboriginal and Torres Strait Islander health outcomes [6, 9].

Preventative health policy must be grounded in principles of care, compassion and justice [6]. Truth-telling initiatives promote accountability and healing [9, 10] by recognising and acknowledging the lived experience of those who have been harmed, building trust and transparency [6].

PC recommendation area 3: *A national framework to support government investment in prevention*

A national framework for prevention must be established as the foundation of care reform, not a supplementary measure. Prevention should aim for more than diverting people from avoidable acute care or reducing government expenditure. It must embed long-term commitments to equity and justice, ensuring all populations can live well, free from addiction, structural harms, and preventable disease.

Cost savings from reducing preventable hospitalisations are important but represent only one dimension of prevention. The framework must pursue the broader goal of enabling all communities to live well, free from commercial and structural drivers of disease, as an objective in its own right.

This requires a transformative, system-wide change that not only dismantles commercial structures driving harm but also embeds a strong National Prevention Framework. Such a framework must set measurable equity goals, ensure sustained investment in Indigenous-led prevention initiatives, and establish accountability mechanisms across government and industry. By shifting the focus from individual responsibility to structural reform(s), prevention becomes both a public health imperative and a pathway to justice [6].

(Re)designing health systems to ensure care is delivered with compassion and justice, focused on wellbeing, requires divestment from harmful structures and sectors and (re)investing in prevention, redirecting resources from industry-aligned systems and into life-affirming, Aboriginal and Torres Strait Islander-led alternatives [6]. Structural reforms such as industry profit caps, stronger regulatory safeguards, and divestment from harmful industries could remove the financial incentive to perpetuate harms. Redirected funds should be reinvested in reparative, Aboriginal and Torres Strait Islander-led initiatives, ensuring that communities most affected by tobacco and nicotine harms directly benefit from prevention and healing strategies.

A prevention framework that centres equity, justice, and truth-telling could be the catalyst for wider reforms that free society from commercial tobacco and nicotine harms. By shifting investment into life-affirming, Indigenous-led prevention initiatives, governments can reduce the cost to the health system, strengthen workforce capacity, and improve productivity by preventing lives lost to tobacco-related disease and death. Properly structured and funded, prevention is the most effective path to health system sustainability and community wellbeing [6].

CONCLUSION

System-wide reforms anchored in a National Prevention Framework that centres equity, Indigenous self-determination, and Aboriginal and Torres Strait Islander-led solutions are essential to promote health and wellbeing. Prevention must be embedded across all policy and funding decisions as the core organising principle of the care economy.

Embedding holistic, culturally safe, and justice-oriented prevention within national frameworks will not only improve outcomes for Aboriginal and Torres Strait Islander peoples but also strengthen health equity for all Australians.

Genuine inclusion of Aboriginal and Torres Strait Islander approaches that prioritise healing, justice, and truth-telling is critical to ensuring prevention is transformative. Positioning prevention as the cornerstone of policy design will create a more equitable, sustainable, and just health system, one that delivers long-term wellbeing for Aboriginal and Torres Strait Islander peoples and all Australians.

A/Prof Raglan Maddox PhD MPH

Tobacco Free Program
Yardhura Walani
National Centre for Aboriginal and Torres Strait Islander Wellbeing Research
National Centre for Epidemiology and Population Health
The Australian National University

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