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Ethical publishing in 'Indigenous' contexts

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ABSTRACT

Ethical publishing practices are vital to tobacco control research practice, particularly research involving Indigenous (*Indigenous peoples*: For the purposes of this Special Communication, we use the term Indigenous people(s) to include self-identified individuals and communities who frequently have historical continuity with precolonial/presettler societies; are strongly linked to the land on which they or their societies reside; and often maintain their own distinct language(s), belief and social-political systems, economies and sciences. The authors humbly acknowledge, respect and value that Indigenous peoples are diverse and constitute many nations, cultures and language groups. Many Indigenous peoples also exist as governments in treaty relations with settler-colonial societies, and all Indigenous peoples have inherent rights under international law. The language and terminology used should reflect the local context(s) and could include, but are not limited to, terms such as Aboriginal, Bagumani, Cherokee, First Peoples, First Nations, Inuit, Iwaidja, Kungarakan, Lakota, Māori, Métis, American Indian, Navajo, Wagadagam, Wiradjuri, Yurok, etc) people. These practices can minimise, correct and address biases that tend to privilege Euro-Western perspectives. Ethical publishing practices can minimise and address harms, such as appropriation and misuse of knowledges; strengthen mechanisms of accountability to Indigenous peoples and communities; ensure that tobacco control research is beneficial and meaningful to Indigenous peoples and communities; and support Indigenous agency, sovereignty and self-determination. To ensure ethical practice in tobacco control, the research methodology and methods must incorporate tangible mechanisms to include and engage those Indigenous peoples that the research concerns, affects and impacts. *Tobacco Control* is currently missing an ethical research and evaluation publishing protocol to help uphold ethical practice. The supporters of this Special Communication call on *Tobacco Control* to adopt publication practice that explicitly upholds ethical research and evaluation practices, particularly in Indigenous contexts. We encourage researchers, editors, peer reviewers, funding bodies and those publishing in *Tobacco Control* to reflect on their conduct and decision-making when working, developing and undertaking research and evaluation of relevance to Indigenous peoples. *Tobacco Control* and other publishers, funding bodies, institutions and research teams have a fundamental role in ensuring that the right peoples are doing the right work in the right way. We call for *Tobacco Control* to recognise, value and support ethical principles, processes and practices that underpin high-quality, culturally safe and priority-driven research, evaluation and science that

WHAT IS ALREADY KNOWN ON THIS TOPIC

⇒ Ethical publishing protocols are often missing, but are required to minimise harms and promote ethical research.

WHAT THIS STUDY ADDS

⇒ Indigenous peoples have always held knowledges, data and information generated through our ways of knowing, being and doing (ie, research and evaluation).

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

⇒ This study provides a publication protocol to explicitly uphold ethical research.

will move us to a future that is commercial tobacco and nicotine free.

INTRODUCTION

Contemporary research tends to be dominated by Euro-Western values that have influenced methodologies, what constitutes evidence and evidence hierarchies in which evidence is placed and the way research is carried out. This can lead to unsafe research design, conduct and analysis practices that marginalise Indigenous peoples and knowledges. To address this problem, ethical research and publication protocols that maintain accountability to the respective Indigenous peoples and our relations, such as the interconnectedness of all creation, from people, to animals and plants including tobacco plants, are required in tobacco control.

Evidence hierarchies used to gauge the scientific merit of research studies tend to favour those employing empiricist methods, usually focusing on individual behaviours.¹ Randomised controlled trials, meta-analyses and case-control studies are frequently championed as 'objective' and 'scientific', despite some significant limitations which include moral and ethical implications.²⁻⁴ However, in research that involves Indigenous peoples, questions about our underlying assumptions, whether (1) ontological (ways of being, what exists, what is real?); (2) epistemological (ways of knowing, what is knowledge(s) and how do we obtain it?); (3) axiological (ways of doing, value and conduct of research); and (4) methodological (how do we acquire knowledge(s)?), have generally been answered using Euro-Western ways of thinking. Non-white Euro-Western knowledges are subsequently positioned as inferior



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and 'othered' within the colonial racialised hierarchical ways of knowing and knowledges.⁵ This has suppressed and silenced Indigenous ways of being, knowing and doing, including some Indigenous ceremonies and sacred relationships with the tobacco plant, and undermined Indigenous autonomy over scientific narratives that can have tremendous impact on Indigenous lives. For example, tobacco is often framed as 'harmful' or 'unhealthy'. This is in contrast to some Indigenous understandings of health and well-being, in which the tobacco plant is part of health and well-being, moving beyond physical health and acknowledging the sacred relationship with tobacco.⁶

Indigenous worldviews are commonly hidden in plain sight under the invisibility cloak of 'subjugated knowledges'⁵ (p 7). Foucault⁵ deemed 'subjugated knowledges' were viewed as primitive within dominant-hegemonic Euro-Western sciences and thus lack investment.⁵ This lack of investment includes, but is not limited to, financial, human, intellectual and physical resourcing. Indigenous knowledges have been subjugated, minimised and othered. Further, research on Indigenous people has been justified through terms such as 'academic research', 'independent research', 'outsider research', 'white research',⁷ 'white washing'⁸ and 'best' or 'evidence based' practice. There is also an underlying set of assumptions that knowledge development is ordered, linear and hierarchical, that knowledge development is consistent, that 'higher' knowledge is superior and that all societies are on the same 'developing' trajectory, but at different stages.⁵ This logic is problematic and can decontextualise knowledge(s) development by, for example, minimising the colonial context which has actively aimed to eliminate Indigenous knowledges, silencing and undermining Indigenous ways of knowing, being and doing.^{5,9,10} Further, this hierarchical conceptualisation of knowledge lends itself to white racialised logics and ways of knowing that support the suppression and silencing of Indigenous ways of being, knowing and doing, including how plants such as tobacco should be considered, treated and managed.^{5,9} Such assumptions directly and indirectly inform programmes and policies that impact Indigenous peoples in a perpetual cycle.¹¹

Our knowledge systems and worldviews have been considered inferior to those of the Euro-Western world for centuries.⁵ This has led to research and evaluation grounded, and/or being used in ways that are harmful to Indigenous peoples and fundamental in the justification and rationalisations of colonisation. Colonialist practices create and reinforce purported Indigenous deficits in the eye of the (colonising) beholder, such as imposing Euro-Western education methods, banning Indigenous languages and ceremonies, removing children from Indigenous homes and communities and forcing enculturation to Euro-Western lifestyles, while ultimately providing limited benefits and bringing many harms to Indigenous peoples.⁹ For example, research on the subhumanness of Indigenous peoples was subsequently used to disqualify Indigenous peoples from property ownership, including land.¹² Further, such colonialist perspectives have prompted ongoing unsubstantiated hypotheses, research and evaluation about biological differences in risk between Indigenous and non-Indigenous groups (such as the risk of nicotine dependence, COVID-19 and whether such racialised differences represent inequities or inequalities¹³); discounted our lived experiences; and supported the exclusion of our realities in publications and evidence that shape programmes and policies that affect us.^{14–17} In contrast, Indigenous-governed and led research that upholds and follows nation-based Indigenous worldviews has greater potential to provide substantial sustained benefits to Indigenous communities, including informing programmes and policies.¹⁸

Any research, but especially research that aims to benefit Indigenous peoples, must take into account Indigenous systems and worldviews as well as the dominance of racialised logics held by research institutions and their agents (researchers and non-researchers), and how this may manifest in research activities. This is consistent with ethical approaches of doing no harm, or minimising harms, and the tobacco science goal of applying research to improve well-being. It requires an ethical approach to Indigenous engagement, prioritisation of research, governance and leadership including authorship, methodologies and methods, as well as how findings are interpreted and disseminated.¹⁹ As Wilson²⁰ states:

Indigenous researchers develop relationships with ideas in order to achieve enlightenment in the ceremony that is Indigenous research. Indigenous research is the ceremony of maintaining accountability to these relationships. For researchers to be accountable to all our relations, we must make careful choices in our selection of topics, methods of data collection, forms of analysis and finally in the way we present information.

We also need to take into account that Indigenous peoples and communities are diverse and as such, engagement can be time consuming and complex. Local Indigenous protocols and practices that are grounded in lived experience must be acknowledged and upheld. Indigenous autonomy must be acknowledged, and Indigenous governmental systems to regulate research must be observed.

INDIGENOUS DIVERSITY: NATIONS, LANGUAGES AND KNOWLEDGES

Indigenous peoples represent great diversity. We constitute many nations, language groups, political systems, knowledges, experiences, practices and relationships. This includes diversity in relation to country^{21,22} and traditional medicines,²³ such as the tobacco (*Tobacco*: We recognise that many Indigenous peoples have a sacred relationship with the tobacco plant. Ceremonial tobacco is grown, harvested and prepared for specific ceremonial and cultural purposes, with the intent and spirit to promote wellness for individuals and communities. In contrast to ceremonial tobacco, commercial tobacco is a colonised, adulterated and appropriated commodity—it has been modified, mass produced and distributed for recreational use or 'misuse', often in return for profit⁶) plant. Indigenous relationships, knowledges and ways of knowing, being and doing have been in existence for millennia and have involved generations of observations, analysis and synthesis, experiences and information sharing. In this context, our knowledges are relational; our knowledges can be sacred; and our knowledges are based on careful research and evaluation that is evidenced by the fact that we have continued to survive and adapt to diverse and ever-changing environments, even harmful ones such as our experiences of colonisation.^{24–27}

Just as there is great diversity among Indigenous peoples, there is also diversity in experiences of colonisation and coloniality.²⁸ For many Indigenous peoples, our experience of colonisation is not just in the past—it continues in contemporary society. However, there is much common ground. Coloniality fundamentally, and continually, undermines Indigenous sovereign interests and rights of Indigenous peoples. Consistent with the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP),¹⁷ this includes our rights to 'health' and our own intellectual sovereignty,²⁹ Indigenous data sovereignty, sciences and traditional medicines.²³

THE COLONIAL CONTEXT: TOBACCO AND NICOTINE RESEARCH

Studies on interventions to address commercial tobacco use are often framed within Euro-Western worldviews on perspective, ontology, epistemology, axiology and methodologies. For instance, Euro-Western academic research and evaluation typically frames tobacco as harmful due to its commercialisation and use as a recreational product. Thus 'tobacco' has come to mean 'commercial tobacco'. However, in Indigenous contexts, the term 'tobacco' can have very different meanings. In Turtle Island (North America), for example, 'tobacco' commonly means 'ceremonial tobacco'.⁶ It is crucial to use precise language that reflects the research realities within Indigenous contexts and cultures.³⁰ If there is no common understanding of the word 'tobacco' then it is challenging to fully appreciate that the *Tobacco Control* journal aims to 'study the nature and consequences of tobacco use worldwide; tobacco's effects on population health, the economy, the environment, and society; efforts to prevent and control the global tobacco epidemic through population level education and policy changes; the ethical dimensions of tobacco control policies; and the activities of the tobacco industry and its allies'.³¹ While it is important to acknowledge differences between Euro-Western and Indigenous research inquiry paradigms, these are not dichotomous or binary, and there can be common ground. For example, the intersection between Indigenous research paradigms and the Euro-Western transformative paradigm, with its focus on social justice and human rights, has been described.³² This paradigm has been successfully used to address inequities and injustices for a range of population groups and communities in various contexts. In this sense, common ground may be found by more appropriately recognising the impacts of the *global commercial tobacco epidemic* and the activities of the *commercial tobacco industry and its allies*. This nomenclature clarifies the research focus on the detrimental and cascading effects of commodification of the tobacco plant rather than the plant itself.

Studies on commercial tobacco use often focus on the individual level and offer little to address structural factors such as basic causes of smoking-related inequities. For example, structural/population-level causes such as Indigenous peoples being excluded from the cash economy and education system are often associated and embedded with histories and ongoing experiences of racism and discrimination.^{12 33 34} The active exclusion from the cash economy and education systems (eg, Aboriginal and Torres Strait Islander peoples were excluded from the cash economy and education systems in Australia until the 1960s) continues to manufacture extensive but preventable health harms, including implication of racism and associated racialised difference,^{35–39} as socioeconomic status and education are well-documented risk factors for a range of health-related outcomes. This includes commercial tobacco use and tobacco-related health outcomes, considering, for example, the ongoing impact of commercial tobacco promotion and disproportionate rates of use in contributing to premature mortality and lack of intergenerational wealth, and/or levels of education among many Indigenous populations.^{35–37} Basic causes such as colonisation, ongoing coloniality and their associated impacts, including appropriation of land and resources and imposition of colonial societal structures (eg, penal systems, assimilationist educational systems and the cash economy), have eroded Indigenous agency, self-determination and sovereignty at an individual, community and population level.

Euro-Western academic research brings to any study 'of' Indigenous peoples a Euro-Western cultural orientation,⁷ social

constructs,⁴⁰ power structures and hierarchy, values, attitudes, notions and approaches to commonly expressed foundational concepts.^{7 34} It also brings its own discourse. Differences in hierarchical and racialised logics, structures and systems are reflected in our discourse; manufacturing and rationalising truths, structures of truth and the commercialisation of knowledges and the knowledge economy which feeds capitalism, while perpetuating white Euro-Western racialised logics and continuing to actively marginalise Indigenous knowledges and ways of knowing and doing.^{7 9 40 41} Indigenous knowledges and definitions that can be fundamentally important have been marginalised, including through academic discourse and peer review processes, referred to as 'catch phrases' and 'buzz words'.⁴² If research and evaluation involving Indigenous peoples is to lead to meaningful and contextualised results, then it must actively use and engage with the perspectives, worldviews and discourse of those respective peoples. In other words and as numerous population groups have stated, 'nothing about us, without us in writing'.¹⁶ Moreover, to be both ethical most broadly and fundamentally beneficial, research and evaluation involving Indigenous peoples must acknowledge and abide by systems and structures which Indigenous peoples have formed to better regulate research.

ETHICAL RESEARCH, EVALUATION AND PUBLICATION REQUIREMENTS

Ethical research, evaluation and publication protocols include the Society for Research on Nicotine and Tobacco Oceania Ethical Principles, OCAP,⁴³ National Health and Medical Research Council Ethical Conduct in Research with Aboriginal and Torres Strait Islander Peoples and Communities,⁴⁴ Aboriginal Health and Medical Research Council of New South Wales Ethical Guidelines,⁴⁵ the CONSolidated critERTia (CONSIDER) statement,⁴⁶ and others detailed elsewhere.^{47 48} Many tribal Nations have formed their own protocols for research review and oversight by, for example, tribal institutional review boards, tribal research review boards, tribal governmental agencies and/or community advisory groups.^{48–51} So is another ethical protocol needed? Ethical research and publication protocols are required to better support and ideally ensure ethical publishing practices.⁵² Upholding ethical standards and accountability to Indigenous peoples can help address the power imbalance which has resulted from colonisation and coloniality. Ethical standards acknowledge Indigenous rights must be upheld and that there must be ethical approval(s) and application of ethical processes. This requires Indigenous leadership, collaboration, meaningful engagement and dialogue between the researchers, editors, peer reviewers, funding bodies and respective populations.^{19 22}

We need to implement and uphold ethical publishing practices that foster safer spaces for Indigenous peoples, privileging Indigenous peoples' intellectual sovereignty by valuing Indigenous knowledges and ways of knowing, being and doing, and abiding by research protocols established by Indigenous people. Ethical principles can help minimise harms, including the appropriation and misuse of knowledges, and ensure mechanisms of accountability to Indigenous peoples and communities, supporting Indigenous agency, sovereignty and self-determination in ethical publication processes.

To make sure that proper engagement occurs, we need ethical research and publication protocols that are accountable to the respective Indigenous peoples. Ethical research and publishing protocols help ensure scientific excellence and community relevance and can lead to more nuanced understandings and interpretation of findings.²¹ If research involving Indigenous peoples

Table 1 Reporting guide for meaningfully Indigenous engagement*

1	Did Indigenous people(s) inform the research question?
2	How have researchers engaged with the respective Indigenous peoples in their research? (ie, what is the relationship with the Indigenous peoples?)
3	How did the research have Indigenous leadership?
4	Was the research guided by an Indigenous research paradigm?
5	Did the research have Indigenous governance?
6	Did the researchers negotiate agreements in regard to rights of access to Indigenous peoples' intellectual and cultural property?
7	How were local Indigenous protocols and approvals adhered to and respected? (ie, how was consensus researched or any conflicts resolved?)
8	Did the research respond to a need or priority determined by the respective Indigenous peoples, community or communities?
9	Does the research have the relevant Indigenous-specific ethics approval, such as that from the associated ethics committee, tribal institutional review board (IRB), independent ethics committee (IEC), ethical review board (ERB), research ethics board (REB), research review board or tribal council?
10	Did Indigenous peoples and communities have control over the collection and management of research materials?
11	Did the research demonstrate growth, capacity strengthening, or contribute to Indigenous peoples and/or Indigenous flourishing (eg, knowledges, informing programmes and policies, workforce development, etc)?
12	How will the researchers translate the findings into tangible changes in policy and/or practice?
13	How were the findings returned to the respective communities?
14	How has/may the research benefit the Indigenous community?

Modified from ref 16 44–46 54–56.

*We humbly acknowledge, respect and value that Indigenous peoples are diverse and constitute many nations, cultures, protocols, practices and language groups. This guide is not intended to be a checklist, but aims to support critical reflection in undertaking and publishing ethical research with the respective language, terminology, protocols and practices ultimately reflecting the local context(s) of the respective research.

is to be valuable, research publications and journals like *Tobacco Control* need publication policies that explicitly uphold ethical research and evaluation practices.

Tobacco Control and other publications play a huge part in ensuring that research is done 'in the right way'.⁵³ We call for the *Tobacco Control* and *BMJ journals* to incorporate Indigenous-specific research ethics practices in its publication policies. This should include requiring authors of submitted articles regarding Indigenous peoples to report how the respective Indigenous communities were meaningfully engaged throughout each stage of the research process by answering the questions below (table 1).

We respectfully urge researchers, editors, peer reviewers, funding bodies and those publishing in *Tobacco Control* to consider their conduct and decision-making when working, developing and undertaking research and evaluation of relevance to Indigenous peoples.

Tobacco Control editors, peer reviewers and those in the publication process need to ensure that such practice is followed, including managing peer reviews that do not reflect ethical principles. For example, this could include consideration of appropriate peer reviewers' knowledges, expertise and, where possible, lived Indigenous experience to help minimise harms caused through the peer review process, especially harms due to racist peer review feedback. The reporting guide for meaningfully Indigenous engagement (table 1) must apply to all research and evaluation, especially in Indigenous contexts regardless of who is leading the research or whether it involves primary or secondary data. The author must explain how the interpretation and contextualisation of the results take into account the knowledges of the respective Indigenous peoples that the research or evaluation includes, and respects tribal research governance.

Authorship is often seen as an indicator of engagement, involvement and leadership. However, authorship is not always prioritised by Indigenous peoples and communities. The level of inclusion and influence implied by authorship is not always commensurate to need, and does not always reflect the reality, sophistication of meaningful Indigenous engagement, involvement and leadership.⁵³ Indigenous engagement, involvement and leadership can be complex and needs to reflect local Indigenous

protocols and practices including conflict resolution processes, which can commence from preconception and governance of a research study or evaluation, through to dissemination of findings.

We are calling for transparency and accountability of evidence production. We acknowledge that meaningful research results (from primary and secondary analyses) about Indigenous peoples must include some mechanism to assist in contextualising the results by those they concern, affect and impact to uphold ethical practice and in upholding UNDRIP, Article 31.19 (box 1).^{16 54 55}

CONCLUSIONS

Indigenous communities have long voiced concerns about their misrepresentation in academic literature, such as that which specifically promotes settler privilege at the expense of Indigenous knowledges, lived experiences and realities and, in turn, commonly reinforces racialised logics and associated deficit discourse. Consistent with the *Tobacco Control* values,³¹ it is fundamentally important that *Tobacco Control* implement policies that move away from colonial practices of research, evaluation, publishing and sharing of Indigenous stories, knowledges and perspectives. We strongly recommend the inclusion of ethical publishing protocols which will help ensure accountability and transparency. Editors should enforce such

Box 1 United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), Article 31

'Indigenous peoples have the right to maintain, control, protect and develop their cultural heritage, traditional knowledge and traditional cultural expressions, as well as the manifestations of their sciences, technologies and cultures, including human and genetic resources, seeds, medicines, knowledge of the properties of fauna and flora, oral traditions, literatures, designs, sports and traditional games and visual and performing arts. They also have the right to maintain, control, protect and develop their intellectual property over such cultural heritage, traditional knowledge, and traditional cultural expressions.' (Sewell, p11)¹⁷

protocols through ensuring, for example, that authors of work concerning Indigenous peoples have through their responses to the guideline questions amply demonstrated that they privilege Indigenous perspectives, knowledges and worldviews in any research and evaluation concerning Indigenous-related tobacco control.⁵³

THE FOUNDATION OF THIS SPECIAL COMMUNICATION

This Special Communication was led by Indigenous interests, needs and rights as Indigenous peoples, consistent with UNDRIP, the WHO Framework Convention on Tobacco Control and ethical practice. The Special Communication was conceptualised with Indigenous leadership and engagement, including but not limited to our Indigenous lived experience (RM, AD, MK, SAM, AW, PNH, HC, E-ST, SB, TC and LJW), to better ensure ethical publishing practices.

It is important to recognise relationality and our credentials, founded in our respective relational roles, community accountability and responsibilities, acknowledging our connections, biases and worldviews.⁵⁴ Relationality is a distinct Indigenous social research presupposition and forms the ‘epistemic scaffolding shaping’ (p 69) and supporting the possibility for coming to know and generating knowledge(s) in the respective time, place and land.²¹ By privileging and following our logic(s) of knowledge(s), we come to know who we are and who we claim to be, as well as who claims us and how we are connected to our lands. This is a matter of ontology and epistemological consideration, our being and how relationality informs an Indigenous social research paradigm and critical to this Special Communication and how it was informed—not merely a matter of identity.^{20 21 27}

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REFERENCES

- Burns PB, Rohrich RJ, Chung KC. The levels of evidence and their role in evidence-based medicine. *Plast Reconstr Surg* 2011;128:305–10.
- Lokuge K, Thurber K, Calabria B, et al. Indigenous health program evaluation design and methods in Australia: a systematic review of the evidence. *Aust N Z J Public Health* 2017;41:480–2.
- Handley MA, Lyles CR, McCulloch C, et al. Selecting and improving quasi-experimental designs in effectiveness and implementation research. *Annu Rev Public Health* 2018;39:5–25.
- Biglan A, Ary D, Wagenaar AC. The value of interrupted time-series experiments for community intervention research. *Prev Sci* 2000;1:31–49.
- Foucault M, Ewald F. “Society must be defended”: lectures at the collège de france, 1975–1976. Macmillan, 2003.
- Nez Henderson P, Lee JP, Soto C, et al. Decolonization of tobacco in Indigenous communities of turtle island (North America). *Nicotine Tob Res* 2022;24:289–91.
- Tuhiwai Smith L. *Decolonizing methodologies: research and indigenous peoples*. Bloomsbury Publishing, 2021.
- Eggleton K, Anderson A, Harwood M. The whitewashing of contracts: unpacking the discourse within Māori health provider contracts in Aotearoa/New Zealand. *Health Soc Care Community* 2022;30:e2489–96.
- Moreton-Robinson A. *The white possessive: property, power, and indigenous sovereignty*. U of Minnesota Press, 2015.
- Voyce M. Māori Healers in New Zealand: the Tohunga Suppression Act 1907. *Oceania* 1989;60:99–123.
- Morton Ninomiya ME, Maddox R, Brascoupé S, et al. Knowledge Translation approaches and practices in Indigenous health research: A systematic review. *Soc Sci Med* 2022;301:50277–9536(22)00204-0:114898..
- Joanne B. Gender, sovereignty, rights: native women’s activism against social inequality and violence in Canada. *American Quarterly* 2008;60:259–66.
- Thurber KA, Barrett EM, Agostino J, et al. Risk of severe illness from COVID-19 among Aboriginal and Torres Strait Islander adults: the construct of “vulnerable populations” obscures the root causes of health inequities. *Aust N Z J Public Health* 2021;45:658–63.
- Truth and Reconciliation Commission. *Canada’s Residential Schools: the final report of the truth and reconciliation commission of Canada*. McGill-Queen’s Press-MQUP, 2015.
- Jayasuriya L, Walker D, Gothard J. *Legacies of White Australia: Race, Culture and Nation*. UWA Press, 2003.
- Marsden N, Star L, Smylie J. Nothing about us without us in writing: aligning the editorial policies of the Canadian Journal of public health with the inherent rights of Indigenous peoples. *Can J Public Health* 2020;111:822–5.
- Sewell EM. American indian religious freedom act, the. *Ariz L Rev* 1983;25:429.

- 18 Morton Ninomiya ME, Atkinson D, Brascoupé S, *et al.* Effective knowledge translation approaches and practices in Indigenous health research: a systematic review protocol. *Syst Rev* 2017;6:34.
- 19 Nilson C. A journey toward cultural competence: the role of researcher reflexivity in Indigenous research. *J Transcult Nurs* 2017;28:119–27.
- 20 Wilson S. *Research is ceremony: indigenous research methods*. Fernwood Publishing, 2008.
- 21 Moreton-Robinson A. Relationality: A key presupposition of an indigenous social research paradigm. In: *Sources and methods in Indigenous studies (Routledge guides to using historical sources)*. 2017: 69–77.
- 22 Martin K, Mirraoopa B. Ways of knowing, being and doing: A theoretical framework and methods for indigenous and indigenist re-search. *Journal of Australian Studies* 2003;27:203–14.
- 23 United Nations. United Nations Declaration on the Rights of Indigenous Peoples; 2008.
- 24 Truth Reconciliation Commission of Canada. Truth and Reconciliation Commission of Canada: House of Commons; 2015.
- 25 Human Rights and Equal Opportunity Commission. Bringing Them Home. Sydney, Human Rights and Equal Opportunity Commission. Toomelah report: report on the problems and needs of Aborigines living on the New South Wales-Queensland border. Canberra Australian Government Publishing Service; 1988.
- 27 Nakata MN. *Disciplining the savages, savaging the disciplines*. Aboriginal Studies Press, 2007.
- 28 Axelsson P, Kukutai T, Kippen R. The field of Indigenous health and the role of colonisation and history. *J Pop Research* 2016;33:1–7.
- 29 Watego C, Whop LJ, Singh D, *et al.* Black to the Future: Making the Case for Indigenist Health Humanities. *Int J Environ Res Public Health* 2021;18:8704.
- 30 Katz AS, Hardy B-J, Firestone M, *et al.* Vagueness, power and public health: use of "vulnerable" in public health literature. *Critical Public Health* 2020;30:601–11.
- 31 Tobacco Control. Tobacco control about homepage. 2022. Available: <https://tobaccocontrol.bmj.com/pages/about/> [Accessed 3 Aug 2022].
- 32 Held MBE. Decolonizing research paradigms in the context of settler colonialism: an unsettling, mutual, and collaborative effort. *International Journal of Qualitative Methods* 2019;18:160940691882157.
- 33 Maddox R, Kennedy M, Waa A, *et al.* Clearing the air: conflicts of interest and the tobacco industry's impact on Indigenous peoples. *Nicotine Tob Res* 2022;24:933–6.
- 34 Watego C, Singh D, Macoun A. Partnership for Justice in Health: Scoping Paper on Race, Racism and the Australian Health System. 2021.
- 35 Maddox R, Waa A, Lee K, *et al.* Commercial tobacco and Indigenous peoples: a stock take on framework convention on tobacco control progress. *Tob Control* 2019;28:574–81.
- 36 World Health Organization. World Health Organization Framework Convention on Tobacco Control. Geneva, Switzerland World Health Organization; 2003.
- 37 Firestone M, Smylie J, Maracle S, *et al.* Unmasking health determinants and health outcomes for urban First Nations using respondent-driven sampling. *BMJ Open* 2014;4:e004978.
- 38 Crocetti AC, Cubillo Larrakia B, Lock Ngjyampaa M, *et al.* The commercial determinants of indigenous health and well-being: a systematic scoping review. *BMJ Glob Health* 2022;7:e010366:11..
- 39 Greenwood M, De Leeuw S, Lindsay NM, *et al.* *Determinants of Indigenous peoples' health*. Canadian Scholars' Press, 2015.
- 40 American Sociological Association. The importance of collecting data and doing social scientific research on race. 2003. Available: https://www.asanet.org/sites/default/files/race_statement.pdf
- 41 Maddox R, Blais G, Mashford-Pringle A, *et al.* Reviewing health service and program evaluations in Indigenous contexts: a systematic review. *American Journal of Evaluation* 2021;42:332–53.
- 42 Wang HH. Email: the Lancet - simulation modelling of tobacco endgame interventions and their impact on Māori:non-Māori health inequity in Aotearoa-New Zealand. 2022.
- 43 Mcreedy G, Sutherland R, Jones C. First Nations Data Governance, Privacy, and the Importance of the OCAP® Principles. *IJPDS* 2018;3.
- 44 National Health and Medical Research Council. Ethical Conduct in Research with Aboriginal and Torres Strait Islander peoples and communities; 2018.
- 45 Aboriginal Health and Medical Research Council of New South Wales. AH&MRC ethical guidelines: key principles (2020) V2. 0; 2020.
- 46 Huria T, Palmer SC, Pitama S, *et al.* Consolidated criteria for strengthening reporting of health research involving Indigenous peoples: the CONSIDER statement. *BMC Med Res Methodol* 2019;19:173.
- 47 Hudson M, Milne M, Reynolds P, *et al.* *Te Ara Tika: Guidelines for Māori Research Ethics: A Framework for Researchers and Ethics Committee Members*. Auckland: Health Research Council of New Zealand, 2010.
- 48 Buffalo M, Heinzmann J, Kenyon DB, *et al.* Not a one-size-fits-all approach: Building Tribal Infrastructure for Research through CRCAIH. *Am Indian Alsk Native Ment Health Res* 2019;26:42–70.
- 49 Haozous EA, Lee J, Soto C. Urban American Indian and Alaska Native Data Sovereignty: Ethical Issues. *Am Indian Alsk Native Ment Health Res* 2021;28:77–97.
- 50 Kuhn NS, Parker M, Lefthand-Begay C. Indigenous Research Ethics Requirements: an Examination of Six Tribal Institutional Review Board Applications and Processes in the United States. *J Empir Res Hum Res Ethics* 2020;15:279–91.
- 51 Brugge D, Missaghian M. Protecting the Navajo people through Tribal Regulation of Research. *Sci Eng Ethics* 2006;12:491–507.
- 52 Watego C. *Another Day in the Colony*. Queensland, Australia: University of Queensland Press, 2021.
- 53 Griffiths KE, Blain J, Vajdic CM, *et al.* Indigenous and Tribal Peoples Data Governance in Health Research: A Systematic Review. *Int J Environ Res Public Health* 2021;18:10318.
- 54 Potvin L. No research about "them" without "them": CJPH policy with regard to publication of health research on first nations, Inuit, Métis and Indigenous peoples. *Can J Public Health* 2020;111:818–21.
- 55 Smylie J, Marsden N, Star L, *et al.* Requirement for Meaningful Engagement of First Nations, Inuit, Métis, and Indigenous peoples in Publications About Them. *Can J Public Health* 2020;111:826–30.
- 56 Harfield S, Pearson O, Morey K, *et al.* Assessing the quality of health research from an Indigenous perspective: the Aboriginal and Torres Strait Islander quality appraisal tool. *BMC Med Res Methodol* 2020;20:79.