

ACOSH Response to Supplementary Questions

Introduction

The Australian Council on Smoking and Health (ACOSH) supports evidence-based tobacco control policies that prioritise population health, equity, and the protection of children and young people. Tobacco use kills 66 Australians every dayⁱ. Regardless of whether the tobacco is licit or illicit, it is a product that when used as directed, causes significant morbidity and mortality^{iv}. Illicit tobacco is not a new or external phenomenon, nor is its existence evidence of tobacco control failure. Rather, illicit tobacco operates within a broader commercial supply system that has long produced significant and preventable harm. Effective policy responses must therefore be assessed through population-level health outcomes and must focus on reducing total availability, visibility, and normalisation of tobacco and nicotine products across both licit and illicit markets.

ACOSH treats illicit tobacco as a persistent feature of a wider commercial supply system, not evidence of tobacco control failure.

What evidence exists that current tobacco control settings remain effective?

Australia's tobacco control settings remain highly effective when assessed against population-level health and behavioural outcomes.

Over several decades, Australia has experienced sustained declines in smoking prevalenceⁱⁱ, consumptionⁱⁱⁱ, and smoking-related morbidity^{iv} and mortality^v. These declines have occurred during periods in which illicit tobacco has always existed, indicating that the presence of illicit supply has not negated the effectiveness of core tobacco control measures such as taxation, plain packaging, advertising bans, smoke-free laws, and retail restrictions.

Multiple indicators demonstrate continued effectiveness, including reductions in daily smoking^{vi}, declines in cigarettes smoked per day^{vii}, increased quit attempts^{viii}, and sustained reductions in youth smoking prevalence^{viii}. These outcomes provide strong evidence that tobacco control settings continue to deliver substantial public health benefits at scale.

What evidence exists that illicit tobacco does not materially offset reductions achieved through tobacco control?

If illicit tobacco were materially offsetting Australia's tobacco control gains, we would expect to see consistent population-level signals — such as stalled or reversing smoking prevalence, increased initiation (particularly among young people), and declining cessation. These patterns are not observed.

Smoking prevalence, consumptionⁱⁱ, and youth uptake^{ix} have continued to decline during periods in which illicit tobacco has always existed.

The continued presence of illicit tobacco underscores the need for further action -- not policy retreat. Illicit supply contributes to oversupply, normalisation, and exposure, particularly for children and young people. These risks reinforce the importance of strengthening supply-side governance, reducing total availability and retail density, and protecting public health policy from commercial influence.

Recent evidence from Generation Vape highlights the continued high levels of never-smokers (94%) and never-vapers (85%), declining curiosity about vapes and reduced access to vapes in Australia over the time since e-cigarette supply strategies have been implemented^x.

In this context, tobacco control is working, and precisely because it is working, continued and coordinated action is required to address both licit and illicit supply within a comprehensive public health framework.

How can cessation be distinguished from substitution to illicit tobacco?

While individual-level surveillance cannot perfectly distinguish cessation from substitution, population-level indicators provide strong evidence that cessation has outweighed substitution.

Key indicators include declining average consumptionⁱⁱⁱ, reductions in heavy smokingⁱⁱⁱ, increased quit attempts^{vii}. Widespread substitution to illicit tobacco would be expected to stabilise or increase consumption levels, which has not occurred.

It is also important to note that substitution among adults can still increase household exposure and normalisation for children and young people. This further reinforces the need to reduce total availability rather than tolerating illicit leakage within the supply system.

What evidence exists in NSW regarding youth exposure and uptake in the context of illicit tobacco?

Whether obtained from licit or illicit sources, tobacco use causes health harms. Youth smoking prevalence in NSW has continued to decline^{xi}, reflecting the success of comprehensive tobacco control policies. However, ACOSH recognises that continued oversupply of both licit and illicit tobacco contributes to background normalisation, which poses ongoing risks for children and young people.

Illicit tobacco can undermine age-of-sale protections, increase product visibility, exacerbate smoking prevalence disparities in disadvantaged populations and weaken smoke-free norms in communities. These risks do not negate tobacco control success but highlight the importance of addressing total availability and visibility as key drivers of youth exposure and uptake.

Protecting children and young people requires reducing the normalisation and retail presence of all tobacco products in community environments.

What evidence supports retail or visibility interventions where supply is illicit?

Retail and visibility interventions remain effective and necessary even where some supply is illicit.

Illicit tobacco does not circulate independently of retail and social environments. These environments are shaped by retailers, wholesalers, landlords, and intermediaries whose practices influence availability, visibility, and compliance. It relies on physical locations, informal retail settings, and social distribution networks that contribute to product visibility and normalisation. ACOSH's 2025 audit of Western Australian tobacco retailers identified widespread illicit sales in both licensed and unlicensed retail outlets. Many outlets displayed products visibly and confidently on premises accessible to children and adults alike.

Evidence consistently shows that reducing retail density and visibility lowers initiation, reduces impulse purchasing, and supports cessation^{xii}.

These effects are particularly important for children and young people, whose risk is driven by exposure and normalisation rather than price alone. Retail reform therefore functions as a critical public health and youth protection measure.

How should surveillance limitations be accounted for in assessing effectiveness?

ACOSH acknowledges that no surveillance system can fully capture illicit tobacco consumption, informal supply, or household exposure. For this reason, assessments should rely on triangulation across multiple indicators rather than single data sources.

These indicators include smoking prevalence, consumption intensity, quit behaviour, health outcomes, and equity trends. Taken together, they provide a robust and coherent picture of continued tobacco control effectiveness.

Uncertainty should not be misinterpreted as evidence of policy failure or used to justify deregulation, delayed reform, or reduced taxation, particularly where children and young people are concerned and in the absence of population-level evidence of harm reduction. In such contexts, a precautionary approach that reduces supply and visibility is warranted.

Is illicit tobacco occurring at a scale sufficient to influence population outcomes?

Illicit tobacco is a serious and evolving public policy problem, as documented in the Illicit Tobacco and E-cigarette Commissioner's report^{xiii}, with clear implications for enforcement capacity, regulatory integrity, and community safety. However, when assessed against population-level health indicators, there is not yet evidence that illicit tobacco has reversed or stalled the long-term declines in smoking prevalence, youth initiation, or smoking-related harm observed in NSW or nationally.

Population indicators continue to show downward trends in prevalence and consumptionⁱⁱ. If illicit tobacco were occurring at a scale sufficient to overwhelm tobacco control, these trends would be expected to stabilise and/or reverse. That pattern has not been observed to date.

This does not diminish the seriousness of illicit supply. Rather, it underscores the importance of responding in ways that address the systemic drivers of availability, oversupply, and normalisation, particularly to protect children and young people. While illicit supply remains a significant concern from equity, enforcement, and governance perspectives, claims that it has overwhelmed tobacco control should not be treated as a sufficient basis for weakening core tobacco control measures in the absence of population-level evidence of harm reversal.

Illicit trade is primarily facilitated by weak tax administration and lack of enforcement^{xiv, xv, xvi}. This, together with sustained population indicators for smoking prevalenceⁱⁱ, confirms the need to maintain and strengthen current policy responses and allow for agility and responsiveness to emerging products and trends.

What indicators would warrant reassessment of tobacco control settings?

Reassessment of tobacco control settings should be guided by health-centred and equity-focused indicators rather than market claims. Indicators that would warrant review include sustained increases in smoking prevalence or initiation, increased youth experimentation or

exposure, declining quit attempts, widening health inequities linked to tobacco use, or evidence that illicit supply is systematically undermining age-of-sale protections.

In addition, reassessment would be warranted where monitoring indicates changes in industry behaviour or supply-side conditions that increase total availability or normalisation, including increases in retailer numbers or density, growth in unregulated or informal points of sale, reduced compliance with licensing or traceability systems, or adaptive strategies that shift harm across product categories.

Any reassessment should focus on strengthening supply-side governance, reducing availability and visibility, and protecting children and young people, rather than weakening core tobacco control measures.

Illicit tobacco presents real challenges, particularly through its contribution to oversupply and normalisation. However, these challenges reinforce, rather than undermine, the need for strong, comprehensive tobacco control policies that reduce total availability, protect children and young people, and prioritise population health over commercial interests.

To further protect tobacco control, and more broadly health, policy, increased transparency is required regarding the influence of commercial interests. In line with Australia's commitment to the World Health Organisation's Framework Convention on Tobacco Control Article 5.3^{xvii}, conflict of interest disclosures should be mandated for government consultations, records of meetings should be made public and guidance from commercial interests should be received with caution.

Closing remarks

ACOSH reiterates its call on the Committee to take a strong public health approach to tackling illicit tobacco, ensuring that all recommendations are grounded in evidence and aligned with Australia's international obligations.

The approach should include adopting clear safeguards against industry influence, strengthening enforcement and regulatory frameworks, and ensuring sustained investment in prevention and cessation support.

A coordinated, whole-of-government response is essential, with particular attention to supporting communities most affected by tobacco-related harms, including First Nations peoples. Through these actions, the Committee can help protect Australians from the significant health risks associated with illicit tobacco while reinforcing national tobacco control efforts.

Thank you for the opportunity to contribute to this discussion.

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