



Ms Peta Bryant
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Submitted via email: legislationconsultation@health.qld.gov.au

Dear Ms Bryant

We write jointly on behalf of Cancer Council Queensland, the National Heart Foundation of Australia, Lung Foundation Australia, the Australian Council on Smoking and Health (ACOSH) and the Queensland Branch of the Public Health Association of Australia (PHAA) in response to the Queensland Government's consultation on the Tobacco and Other Smoking Products and Other Legislation Amendment Bill 2025. We commend the Queensland Government for its continued leadership in tobacco control and for proposing a world-leading enforcement regime to combat the illicit trade of tobacco, vaping and other nicotine products.

Combined with nation-leading highest on-the-spot penalty infringement notices (PINs), these measures represent an important milestone in reducing the profitability of illicit trade, disrupting criminal networks, and restoring integrity to tobacco control efforts. The illicit trade of tobacco interrupts the implementation and success of tobacco control measures to reduce tobacco use in Australia, as recognised by the federal government in the *National Tobacco Strategy 2023-2030*.

Queensland has been recognised as one of the national leaders in tobacco and nicotine control. The 2025 ACOSH Tobacco Control Scorecard rated Queensland among the top-performing jurisdictions, alongside South Australia, for its decisive actions in cracking down on illegal sales, regulating vaping products, and strengthening enforcement powers. This national recognition reflects Queensland's policy leadership and investment in protecting communities from nicotine harm. However, as the illicit trade continues to evolve rapidly there is no room for complacency. Queensland must continue to strengthen enforcement and legislative protections to stay ahead of these shifting threats.

A robust, well-resourced enforcement framework is essential to reduce availability and normalisation of harmful nicotine products, particularly among young people and other population groups targeted by the tobacco and nicotine industry. This includes prioritising enforcement, prevention, and cessation strategies that are responsive to the specific needs of Aboriginal and Torres Strait Islander peoples, recognising their ongoing leadership in resisting tobacco industry harm and advancing

culturally grounded approaches to wellbeing and consistent with the World Health Organization Framework Convention on Tobacco Control (WHO FCTC).

Tobacco use remains the leading preventable cause of death in Australia, killing more than 24,000 people annually, with 66 lives lost every day.¹ The growing use of illicit tobacco and vaping products threatens to reverse decades of progress in tobacco control and exacerbate health inequities.

In Queensland in 2024, 8.9% of adults smoked daily and 4.3% of them were current smokers, who smoked less frequently than daily. The prevalence of daily smoking was three times higher among most disadvantaged than the most advantaged populations. Additionally, daily smoking is two times more prevalent in rural and remote areas than in major cities.²

This submission outlines our support for the Bill's objectives and includes recommendations to further strengthen public health outcomes and align Queensland's enforcement approach with global best practice. Our recommendations are informed by decades of evidence, the collective mandates of our organisations, and a shared commitment to reducing smoking and vaping-related harm in Queensland.

We collectively affirm the WHO FCTC, which was adopted on 21 May 2003 and came into force on 27 February 2005. As one of 183 parties to the Convention, Australia has committed to a comprehensive approach to tobacco control—including taxation, bans on promotion and advertising, smoke-free measures, and strong regulatory and enforcement frameworks.³ These components work synergistically to reduce demand and limit the harmful effects of tobacco and nicotine products. This includes implementing obligations that acknowledge the disproportionate burden borne by Aboriginal and Torres Strait Islander peoples, who continue to experience the intergenerational and structural harms of commercial tobacco due to colonisation, systemic racism, and targeted tobacco industry practices.⁴

Further, we note that that all tobacco control legislative reform should reflect Australia's obligations under Article 5.3 of the WHO FCTC, which requires parties to protect public health policies from the commercial and vested interests of the tobacco industry.

Commendation of reforms

We welcome the introduction of a suite of robust enforcement powers that signal Queensland's zero-tolerance approach to illicit tobacco and nicotine product supply, including:

- Extending temporary closure powers from 72 hours to three months;
- Introducing 12-month closure orders issued by the Magistrates Court;
- Allowing landlords to terminate leases linked to illicit supply and the imposition of penalties of up to \$161,300 or 12 months imprisonment for complicity in facilitating the operation of illicit trading;
- Enabling undercover investigations through controlled purchase operations;
- Expanding seizure powers to include legal smoking products co-located with illicit stock;
- Strengthening executive officer liability provisions to ensure corporate accountability.

While our organisations strongly support the proposed legislative reforms as critical steps in reducing the availability and harms of illicit tobacco and nicotine products, we emphasise the importance of

complementary public health measures to maximise their effectiveness. To deliver sustained health outcomes and reduce disparities, these powers should be implemented alongside culturally appropriate education initiatives and accessible cessation support.

Health impacts of tobacco

While we strongly support decisive legislative action to reduce the health burden caused by illicit tobacco, vapes, and other nicotine products, it is imperative to highlight that all tobacco—whether legally sold or illicit—causes devastating public health harm.

Commercial tobacco was systematically introduced through colonisation and has been used as a tool of dispossession, addiction, and structural violence. Aboriginal and Torres Strait Islander peoples continue to face these ongoing consequences, while also leading powerful movements for health justice, tobacco resistance, and cultural reclamation. Two out of every three people who smoke will die from tobacco-related illness,⁵ with tobacco use responsible for approximately 37% of all deaths among Aboriginal and Torres Strait Islander peoples—and more than 50% of deaths among those aged 45 years and older.⁶

Tobacco is a Group 1 carcinogen and is responsible for more than 20 types of cancer. There is no safe level of exposure.

In 2024, smoking remained the leading preventable cause of death in Australia and the second highest risk factor contributing to the total burden of disease.⁷ Up to half of all long-term smokers will die prematurely from smoking-related disease, and on average, smokers lose 10 years of life compared to non-smokers.⁸

The individual disease burden attributable to tobacco use is substantial, causing:

- 73% of lung cancer cases,
- 78% of chronic obstructive pulmonary disease (COPD),
- 68.3% of laryngeal cancers, and
- 47% of lip and oral cancers.⁹

Additionally, tobacco is a leading contributor to cardiovascular disease. People who smoke are:

- 2.5 times more likely to have a heart attack,
- Twice as likely to suffer a stroke, and
- 5 times more likely to develop peripheral arterial disease.¹⁰

Illicit tobacco products often evade regulatory oversight, meaning users may be exposed to even greater health risks. For instance, "chop-chop" tobacco—commonly sold on the illegal market—is frequently stored in unhygienic conditions, such as moist plastic bags, which can lead to mould contamination. Inhaling these contaminants can cause serious respiratory issues and compound the already severe health impacts of smoking.¹¹

Health impacts of vapes and novel nicotine products

The emergence of vaping and novel nicotine products has introduced new and concerning challenges for public health, especially among younger Queenslanders. Daily vaping has increased significantly

since 2018, with over one-third of Queensland high school students having tried vaping at least once.¹²

Alarming, First Nations peoples are disproportionately affected, with the most recent National Drug Strategy Household Survey (2022-2023) showing that Aboriginal and Torres Strait Islander people are 1.5 times more likely to be current vape users compared to non-indigenous Australians. These trends threaten to unwind decades of progress in tobacco control.¹³

Despite claims from the tobacco industry and associated lobbyists, scientific evidence clearly demonstrates that vapes are not a safe alternative to smoking. They are highly addictive, contain numerous carcinogenic substances, and have been shown to increase the risk of initiation of cigarette smoking as well as causing independent health harms.¹⁴

The long-term health risks of vaping are still emerging, but current evidence link e-cigarette usage to acute lung damage such as EVALI (E-cigarette or Vaping Product Use-Associated Lung Injury); impaired lung function; respiratory disease; poisoning (including seizures and loss of consciousness caused by nicotine overdose);¹⁵ cardiovascular harm, and potential cancer risk.¹⁶

National Heart Foundation of Australia also note a 2023 systematic review found that vaping increased the risk of heart attack by 33%,¹⁷ and a 2024 study found that people who had ever used vapes were 19% more likely to develop heart failure.¹⁸

For young people, early exposure to nicotine through vaping can interfere with brain development, affecting areas responsible for attention, learning, and impulse control. This exposure increases the risk of lifelong addiction to nicotine and other substances, as the developing brain is more vulnerable to addictive behaviours.¹⁹

There is also compelling evidence that vaping acts as a gateway to tobacco use. According to Cancer Council's Generation Vape research, young people aged 12–17 who had vaped were five times more likely to take up smoking than their peers, and 12-year-olds who had vaped were 29 times more likely to go on to smoke cigarettes.²⁰ Moreover, vapes themselves deliver a toxic cocktail of chemicals and heavy metals, including formaldehyde, acrolein, arsenic, lead, and cadmium—many of which are known or probable carcinogens.²¹

Emerging research indicates that former smokers who transition to e-cigarettes face significantly higher risks of developing lung cancer and associated mortality compared to those who remain abstinent from all nicotine products.²² These findings support the public health position that nicotine replacement therapy (NRT) should remain the first-line therapeutic option provided to smokers attempting to quit, supported by structured, evidence-based cessation counselling.

Evidence-based enhancements to the Bill

Introduce Retail Licensing Caps and Location Restrictions

Substantial evidence supports tobacco retailer density reduction as an effective, equitable tobacco control strategy.²³

We strongly recommend amendments to enable:

- Local caps on the number of tobacco retail licenses per suburb or region;
- Prohibition of tobacco sales within prescribed distances from schools and youth services;
- Licensing exclusion zones based on health vulnerability indicators.

Introducing tobacco retail licensing caps and proximity restrictions to sensitive sites (such as schools and youth services) would reduce exposure and limit availability to tobacco products. Currently, many international examples support this approach.²⁴ Queensland would be the first Australian jurisdiction to implement such measures, positioning itself as a national pioneer and aligning with international benchmarks in tobacco control policy. This reform would demonstrate a proactive, health-first regulatory model and provide a template for other states and territories to follow.

Implement a tiered licensing system based on sales volume

The current QLD licensing framework imposes a flat annual fee, irrespective of the volume of tobacco products sold.²⁵ To better align with public health objectives, we recommend transitioning to a tiered licensing system where fees are scaled according to sales volume. This approach, successfully implemented in international jurisdictions, ensures that retailers profiting more from harmful products contribute proportionately to the costs of public education and harm reduction initiatives.²⁶ The flat-fee model fails to account for the differing levels of harm associated with higher-volume sales. A volume-based system would contribute to more sustainable funding for tobacco control efforts as well as create a financial disincentive for large-scale sales and reinforce retailer accountability for the broader health impacts of their business practices.

Prohibiting tobacco sales in pharmacies

In practice, pharmacies in Queensland do not sell tobacco products, in accordance with professional guidelines and ethical standards that reflect their role as health-promoting institutions. To formalise this practice and prevent future policy reversals, it is recommended that the Queensland Government legislate a ban on the sale of tobacco products in pharmacies. Similar laws have been successfully implemented in other countries and received strong backing from public health organisations.²⁷

Public transparency of closures

We urge the Queensland Government to consider adopting flexible public disclosure powers that would enable the publication of closure orders issued against retailers found to be trading in illicit tobacco, vape, and nicotine products. South Australia's *Statutes Amendment (Tobacco and E-Cigarette Products—Closure Orders and Offences) Act 2025* provides a precedent for such transparency, allowing certain information about the closure of premises engaged in illicit trade to be made publicly available. Public disclosure serves as both a deterrent—by signalling the serious consequences of unlawful conduct—and a consumer protection tool, by alerting the public to non-compliant retailers.

Prohibition of online sales of tobacco and nicotine products

Consistent with the WHO FCTC, which recommends banning internet sales due to their inherent role in promoting and advertising tobacco products, we urge the Queensland Government to prohibit all online sales of tobacco and nicotine products

Even with age verification systems in place, such measures are insufficient to prevent youth from accessing tobacco via online sales, as minors can often bypass or evade verification processes.

We recommend that pharmaceutical vapes are only dispensed in person by a pharmacist and combined with cessation support information.

Regulation of online sales

While online sales are permitted to continue, we recommend that the Queensland Government strengthen its regulation of online sales of nicotine products, including enhanced monitoring and enforcement capabilities in collaboration with federal regulators. The rise of international vendors exploiting the personal importation scheme—such as the New Zealand-based company *Pouch Australia*, which advertises and facilitates the supply of oral nicotine pouches to Queenslanders—highlights urgent enforcement gaps.

Such advertising appears to breach Commonwealth law (*Therapeutic Goods Act 1989, s42DL*) and contravenes Queensland legislation prohibiting the commercial supply of oral nicotine pouches.

We recommend:

- Routine monitoring of online platforms and pharmacy websites;
- Legal authority to seize or disable unlawful digital storefronts;
- Clarification that state prohibitions apply to products supplied online from overseas;

While we recognise that a nationally coordinated approach is needed, the Queensland Government has a responsibility to take proactive action to safeguard the health of Queenslanders from harms arising in the digital retail environment.

Public health reinvestment

Revenue collected from enforcement should be transparently reinvested into:

- Targeted public health and culturally safe cessation programs for priority populations, including Aboriginal and Torres Strait Islander peoples, LGBTIQ+ communities, rural and remote Queenslanders, and people with other combinations of disadvantage.
- Expand the availability of nicotine replacement therapy (NRT) statewide at no cost to the user when provided with structured support from a Quitline service.
- Provide targeted training for general practitioners and pharmacists to deliver brief interventions and evidence-based cessation support.
- Deliver targeted smoking and e-cigarette education campaigns and interventions focused on both prevention and cessation, tailored to schools, young adults, and the general population aged over 35.

Other considerations

Public reporting

Public reporting mechanisms are essential for effective tobacco control enforcement, as they empower community members to actively participate in monitoring and upholding tobacco laws. Evidence from best-practice tobacco control highlights that transparent, accessible public reporting systems not only encourage compliance but also enable timely identification and action against non-compliant businesses.

Currently, Queensland Health provides avenues for the public to report suspected breaches of smoking laws, including the supply of illicit tobacco and vaping products, through online forms and complaint mechanisms.²⁸ However, improving the accessibility and publicity of these reporting portals—for example, by making them more visible on public health websites, through targeted campaigns, and with clear guidance for users—would further engage the community in enforcement efforts.

Enforcement

Laws are only effective when properly enforced. Enforcement efforts must be well resourced and consistently used to make sure that businesses who to sell products illegally are caught and unable to continue to trade. If a licensee has been found to be selling illicit products, their licence should be permanently revoked.

Maintain the Federal Tobacco Excise to Support Long-Term Health and Enforcement Outcomes

The federal tobacco excise remains one of the most effective policy mechanisms to reduce smoking rates and generate sustainable revenue to reinvest in health. Maintaining the current excise framework is critical to both deterring tobacco use and enabling states and territories to meet their tobacco control and enforcement responsibilities.

Tobacco excise increases are directly correlated with reductions in smoking prevalence, especially among youth and low-income Australians. Tobacco taxation is the single most effective intervention to reduce tobacco consumption, with modelling suggesting that a 10% increase in price results in a 4–5% reduction in consumption.²⁹

International evidence shows that reducing tobacco taxes is ineffective and counterproductive. When Canada halved its cigarette excise in the 1990s to address smuggling, smoking rates increased—particularly among young people—and cessation rates declined. Similarly, countries like the United States, Vietnam, the Philippines, and Senegal have lower tobacco prices yet continue to experience significant levels of illicit trade. These examples demonstrate that low prices do not prevent illicit markets.

Our organisations support the Queensland Government’s ongoing commitment to strengthening—not weakening—tobacco excise policy, and urge continued advocacy through Health Ministers Meeting (HMM) processes and federal forums. Reducing tobacco excise would undermine public health objectives and is not supported by international evidence.

Industry interference

As enforcement against illicit tobacco and nicotine products is strengthened, we urge the Queensland Government to remain vigilant against increased lobbying by the tobacco industry and its affiliated or proxy organisations. This includes potential efforts to influence policy through political donations or other

forms of indirect advocacy. Safeguarding public health policy from industry interference is essential to maintaining the integrity and effectiveness of tobacco control measures.

We continue to recommend that the Queensland Government consider the introduction of legislative amendments in the *Electoral Act 1992* (Qld) to permanently ban political donations from the tobacco industry, in line with existing bans on property developer donations. This would safeguard the integrity of tobacco control policy and align Queensland with best practice.

Such policy reform is not without precedent. New South Wales bans tobacco industry donations through the *Electoral Funding Act 2018* (NSW), which explicitly includes tobacco industry business entities within its definition of ‘prohibited donors.’

Tobacco-free generation policies

In addition to the above recommendations, we urge the Queensland Government to pursue ambitious public health policies aimed at phasing out tobacco and nicotine use—both through state-level action and by advocating for a coordinated national approach. The generational phasing out of tobacco and nicotine would deliver significant benefits for individuals and society while easing pressures on the health system. Such measures would significantly accelerate the *National Tobacco Strategy 2023–2030*. Recent research published in *The Lancet* estimated that implementing such policies could prevent up to 40% of lung cancer deaths among people born between 2006 and 2010.³⁰

Conclusion

The Tobacco and Other Smoking Products and Other Legislation Amendment Bill 2025 is a significant step forward in Queensland’s leadership in tobacco control. It reinforces public health protections, disrupts criminal trade, and strengthens the state’s ability to protect young people and priority populations.

We commend the government for its decisive action and urge consideration of the above recommendations to fully realise the Bill’s potential.

In implementing these reforms, we recommend that the Queensland Government engage meaningfully with Aboriginal and Torres Strait Islander peoples and organisations to ensure enforcement, education, prevention and cessation strategies are cultural safety, and consistent with the WHO FCTC.

We appreciate the opportunity to contribute and provide feedback on this reform package. Please contact Dr Danielle Jackman on 0455 219 008 or daniellejackman@cancerqld.org.au to discuss these recommendations in more detail.



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¹ Joshy, G., Soga, K., Thurber, K. A., Egger, S., Weber, M. F., Sarich, P., Welsh, J., Korda, R. J., Yazidjoglou, A., Nguyen, M. T. H., Paige, E., Gourley, M., Canfell, K., & Banks, E. (2025). Relationship of tobacco smoking to cause-specific mortality: contemporary estimates from Australia. *BMC medicine*, 23(1), 115. <https://doi.org/10.1186/s12916-025-03883-9>

² Queensland Government (2025). The health of Queenslanders: Report of the Chief Health Officer Queensland. <https://choreport.health.qld.gov.au/our-lifestyle/smoking#>. Accessed 5 June 2025

³ World Health Organisation. Tobacco: WHO Framework Convention on Tobacco Control. <https://who.int/news-room/questions-and-answers/item/tobacco-and-the-who-framework-convention-on-tobacco-control>. Accessed 4 June 2025.

⁴ Maddox R, Telford RM, Waa A, *et al* Eradication of commercial tobacco related disease and death *Tobacco Control* Published Online First: 27 December 2024. doi: 10.1136/tc-2023-058547

⁵ Banks, E., Joshy, G., Weber, M.F. *et al*. Tobacco smoking and all-cause mortality in a large Australian cohort study: findings from a mature epidemic with current low smoking prevalence. *BMC Med* **13**, 38 (2015). <https://doi.org/10.1186/s12916-015-0281-z>

⁶ Thurber KA, Banks E, Joshy G, Soga K, Marmor A, Benton G, White SL, Eades S, Maddox R, Calma T, Lovett R. Tobacco smoking and mortality among Aboriginal and Torres Strait Islander adults in Australia. *Int J Epidemiol*. 2021 Jul 9;50(3):942-954. doi: 10.1093/ije/dyaa274. PMID: 33491081; PMCID: PMC8271186.

⁷ Australian Institute of Health and Welfare. (2025). Alcohol, tobacco & other drugs in Australia. <https://aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/drug-types/tobacco>. Accessed 5 June 2025.

⁸ Paraje, G.R., Jha, P., Savedoff, W., & Fuchs, A. (2023). Taxation of tobacco, alcohol and sugar-sweetened beverages: reviewing the evidence and dispelling the myths. *BMJ Global Health*8: e011866. <https://doi.org/10.1136/bmjgh-20230011866>.

- ⁹ Australian Institute of Health and Welfare. (2025). Alcohol, tobacco & other drugs in Australia. <https://aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/drug-types/tobacco>. Accessed 5th June 2025.
- ¹⁰ Banks, E., Joshy, G., Korda, R. J., Stavreski, B., Soga, K., Egger, S., Day, C., Clarke, N. E., Lewington, S., & Lopez, A. D. (2019). Tobacco smoking and risk of 36 cardiovascular disease subtypes: fatal and non-fatal outcomes in a large prospective Australian study. *BMC medicine*, 17(1), 128. <https://doi.org/10.1186/s12916-019-1351>
- ¹¹ Puljevic, C., King, M., Mecia, I., & Gartner, C. (2024). Smoking out Australia's growing illicit tobacco market: Current trends and future challenges. *International Journal of Drug Policy* 127(2024) 104424. <https://doi.org/10.1016/j.drugpo.2024.104424>
- ¹² Queensland Health. *The health of Queenslanders. Report of the Chief Health Officer Queensland*. Queensland Government. Brisbane 2025.
- ¹³ Australian Institute of Health and Welfare. (2025). *National Drug Strategy Household Survey 2022–2023*. Retrieved from <https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey>
- ¹⁴ See Winnall, W, Greenhalgh, EM and Scollo, MM. 18.6.4 E-cigarette use and possible cancer risk. In Greenhalgh, EM, Scollo, MM and Winstanley, MH [editors]. *Tobacco in Australia: Facts and issues*. Melbourne : Cancer Council Victoria; 2023. Available from <https://www.tobaccoinustralia.org.au/chapter-18-e-cigarettes/18-6-the-health-effects-of-e-cigarette-use/18-6-4-e-cigarette-use-and-possible-cancer-risk>
- ¹⁵ Banks E, Yazidjoglou A, Brown S, Nguyen M, Martin M, Beckwith K, Daluwatta A, Campbell S, Joshy G. Electronic cigarettes and health outcomes: systematic review of global evidence. Report for the Australian Department of Health. National Centre for Epidemiology and Population Health, Canberra: April 2022.
- ¹⁶ Winnall, W, Greenhalgh, EM and Scollo, MM. 18.6.4 E-cigarette use and possible cancer risk. In Greenhalgh, EM, Scollo, MM and Winstanley, MH [editors]. *Tobacco in Australia: Facts and issues*. Melbourne : Cancer Council Victoria; 2023. Available from <https://www.tobaccoinustralia.org.au/chapter-18-e-cigarettes/18-6-the-health-effects-of-e-cigarette-use/18-6-4-e-cigarette-use-and-possible-cancer-risk>
- ¹⁷ Sharma, A., Gupta, I., Venkatesh, U., Singh, A. K., Golamari, R., & Arya, P. (2023). E-cigarettes and myocardial infarction: A systematic review and meta-analysis. *International journal of cardiology*, 371, 65–70. <https://doi.org/10.1016/j.ijcard.2022.09.007>
- ¹⁸ Bene-Alhasan Y, Mensah SO, Almaadawy O, et al. Electronic nicotine product use is associated with incident heart failure – the All of Us research program. Presented at: The American College of Cardiology Scientific Sessions; April 6–8, 2024; Atlanta, GA. Accessed April 2, 2024. https://accmedia.org/wp-content/uploads/2024/03/Bene-Alhasan_Nicotine_PRO_Abstract.pdf
- ¹⁹ Courtney KE, Baca R, Thompson C, Andrade G, Doran N, et al. The effects of nicotine use during adolescence and young adulthood on gray matter cerebral blood flow estimates. *Brain Imaging Behav*, 2024; 18(1):34-43. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/37851272>
- ²⁰ Egger, S., David, M., Watts, C., Dessaix, A., Brooks, A., Jenkinson, E., Grogan, P., Weber, M., Luo, Q., & Freeman, B. (2024). The association between vaping and subsequent initiation of cigarette smoking in young Australians from age 12 to 17 years: a retrospective cohort analysis using cross-sectional recall data from 5114 adolescents. *Australian and New Zealand journal of public health*, 48(5), 100173.
- ²¹ Winnall, W, Greenhalgh, EM and Scollo, MM. 18.6.4 E-cigarette use and possible cancer risk. In Greenhalgh, EM, Scollo, MM and Winstanley, MH [editors]. *Tobacco in Australia: Facts and issues*. Melbourne : Cancer Council Victoria; 2023. Available from <https://www.tobaccoinustralia.org.au/chapter-18-e-cigarettes/18-6-the-health-effects-of-e-cigarette-use/18-6-4-e-cigarette-use-and-possible-cancer-risk>
- ²² Kim Y, Park E, Kwak K, et al. Association of Electronic Cigarette Use After Conventional Smoking Cessation with Lung Cancer Risk: A Nationwide Cohort Study. *American Journal of Respiratory and Critical Care Medicine* 2024;209:A3051. (Abstract presented at American Thoracic Society 2024 International Conference.)
- ²³ Smyth, C., Freeman, B., & Maag, A. (2015). Tobacco retail regulation: the next frontier in tobacco control?. *Public health research & practice*, 25(3), e2531529. <https://doi.org/10.17061/phrp2531529>
- ²⁴ The University of Edinburgh. (2020). News: Tobacco sales near schools cuts licensed shops by 70 per cent. <https://ed.ac.uk/news/2020/tobacco-sales-ban-near-schools-cuts-licensed-shops#>. Accessed 7 June 2025; Centers for Disease Control and Prevention. (2022). Reducing Retailer Density in Philadelphia. <https://cdc.gov/reach/media/pdfs/Philadelphia-Tobacco-success-story-508.pdf>. Accessed 7 June 2025.
- ²⁵ Queensland Government. (2025). Business Queensland: Smoking product supplier licensing scheme. <https://business.qld.gov.au/industries/manufacturing-retail/retail-wholesale/smoking-products-licence>. Accessed 7 June 2025.
- ²⁶ American Heart Association. (2024). Fact Sheet: Tobacco Retail Licensure. <https://cpr.heart.org/-/media/Files/About-Us/Policy-Research/Fact-Sheets/Tobacco-and-Clean-Air/Tobacco-Retail-Licensure-Fact-Sheet-pdf>. Accessed 7 June 2025; Health Bridge Canada. Factsheet: Tobacco Taxation. https://healthbridge.ca/distance-library/Factsheet_2_-_Taxation_final.pdf. Accessed 7 June 2025; Marzan MB, Callinan S, Livingston M, Jiang H. (2024). Modelling the impacts of volumetric and minimum unit pricing for alcohol on social harms in Australia. *International Journal of Drug Policy* 12:104502. <https://doi.org/10.106/j.drugpo.2024.104502>

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- ²⁷ San Francisco Department of Public Health. (2019). San Francisco Tobacco Control Laws. <https://sanfranciscotobaccofreeproject.org/wp-content/uploads/San-Francisco-Tobacco-Control-Laws-2019.pdf>. Accessed 15 June 2025.
- ²⁸ Queensland Health. (30 April 2024). *Reporting a possible breach of smoking laws*. <https://www.health.qld.gov.au/public-health/topics/tobacco-laws/penalties/reporting-a-possible-breach-of-smoking-laws>. Accessed 16 June 2025.
- ²⁹ World Health Organization. (n.d.). WHO report on the global tobacco epidemic, 2008: The MPOWER package (Brochure). <https://cdn.who.int/media/docs/default-source/tobacco-hq/en-tfi-mpower-brochure-r.pdf>. Accessed 20 June 2025.
- ³⁰ Rey Brandariz, J., Runggay, H., Ayo-Yusuf, O., Edwards, R., Islami, F., Liu, S., Pérez-Ríos, M., Rodrigues Pinto Corrêa, P. C., Ruano-Ravina, A., & Soerjomataram, I. (2024). Estimated impact of a tobacco-elimination strategy on lung-cancer mortality in 185 countries: a population-based birth-cohort simulation study. *The Lancet. Public health*, 9(10), e745–e754. [https://doi.org/10.1016/S2468-2667\(24\)00185-3](https://doi.org/10.1016/S2468-2667(24)00185-3)