

# **Inquiry into the Illegal Tobacco Crisis in Australia**

Lung Foundation Australia

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## About Lung Foundation Australia

For more than 30 years, Lung Foundation Australia (LFA) has walked alongside people living with lung disease and lung cancer, helping them navigate some of life's hardest moments with care, knowledge and hope. We provide trusted support through our nurses, peer support programs and social workers. We fund research that leads to better treatments. We speak out for people who need lung health to be taken seriously. Everything we do helps protect the gift of breath, so that more Australians can breathe easier, live well and feel less alone.

As a national peak health body, we advise governments on matters related to lung health, including under the *National Preventive Health Strategy 2021–2030*<sup>1</sup> (NPHS), and the *National Tobacco Strategy 2023–2030* (NTS).<sup>2</sup> Our work includes providing expert and consumer informed advice through submissions to federal, state, and territory consultations on tobacco and e-cigarette legislation and regulatory reforms, contributing to inquiries, and delivering programs and public health campaigns across Australia.

## Introduction

**Tobacco use remains the leading cause of preventable death in Australia, responsible for over 24,000 deaths annually equating to approximately 66 lives lost each day.**<sup>3</sup> Despite decades of progress in tobacco control, the increasing availability of illicit tobacco, vaping products and other nicotine-containing products poses a significant threat to public health and risks undermining these achievements. This trend also has the potential to widen existing health disparities. In 2024, smoking remained one of the leading causes of preventable death across Australia and was identified as the second most significant risk factor contributing to the national burden of disease.<sup>4</sup> Evidence indicates that up to **2 in 3 people who smoke will die of smoking related disease.**<sup>5</sup>

### Health harms of smoking

Legal tobacco products contain more than 7,000 toxic chemicals known to cause 16 cancers and significant organ damage.<sup>6–8</sup> Illicit tobacco products, produced without regulatory oversight, also carry the risk of higher concentrations of toxicants, additional contaminants, biological impurities and elevated nicotine levels.<sup>9,10</sup> Their lower price point further encourages uptake and undermines quitting attempts.

Smoking causes profound and irreversible lung damage by destroying alveoli, narrowing the airways, and driving chronic inflammation. It is the leading cause of Chronic Obstructive Pulmonary Disease (COPD) and lung cancer.<sup>11,12</sup> COPD affects around 1 in 13 Australians over 40<sup>13</sup> and is a major cause of preventable hospitalisations and the third leading cause of death among those aged 65–74.<sup>14</sup> Lung cancer is the 4<sup>th</sup> most diagnosed cancer in Australia but has the lowest 5-year survival rate at 27%.<sup>15</sup>

### The cost of smoking

In 2021, tobacco addiction cost Australians \$35 billion and remained the largest contributor to addiction-related costs.<sup>16</sup> In 2023, more than \$5.7 billion in health system expenditure was attributable to tobacco use across 39 diseases.<sup>17</sup>

The low cost of illicit tobacco poses behavioural risks by encouraging uptake among non-smokers and making quitting more difficult for those who smoke. It is critical that enforcement efforts are visibly upheld; failing to enforce existing laws signals that they are optional, perpetuating illegal activity and placing commercial profit ahead of community health. A zero-tolerance approach to the illicit tobacco market is critical to protecting public health and maintaining the integrity of Australia's tobacco control framework.

Strong action is required to uphold the integrity of existing tobacco control measures. While robust enforcement of the illicit trade is essential, it is equally important to recognise that **all tobacco products, legal or illicit, are inherently harmful and warrant strengthened regulation.**

It is also important to acknowledge that "legitimate retailers" selling legally manufactured tobacco products are nonetheless supplying goods that cause life-threatening harm. Tobacco products are uniquely addictive and hazardous. Their widespread commercial availability is the result of decades of industry misinformation, concealment of harms and manipulation of scientific evidence.<sup>18,19</sup> Smoking must not be renormalised in any form, and no smoking product should be widely accessible. With most Australians choosing not to smoke, it is vital to preserve and reinforce this public health success.

Tackling this issue requires coordinated, simultaneous action across multiple areas. Key priorities include strengthening and adequately resourcing enforcement agencies, reducing the number of retail outlets licensed to sell tobacco products, and providing ongoing public education about the harms of tobacco and nicotine. Ensuring equitable access to effective cessation supports is essential, including the provision of free nicotine replacement therapy to remove barriers to quitting. Additional national measures such as tobacco tax excise, a comprehensive national licensing framework, progressing smoke- and vape-free generation policies, safeguarding public policy from industry interference, and addressing the risks posed by emerging novel nicotine products are also required to deliver a robust, future-focused response.

## Addressing the Terms of Reference for the Inquiry into the Illegal Tobacco Crisis in Australia

LFA welcomes the opportunity to provide feedback to the Senate Legal and Constitutional Affairs Committee Inquiry into the illegal tobacco crisis in Australia per the Terms of Reference (TOR) items:

- The impact of illegal tobacco on public health and on government revenue, including smoking rates and the loss of Commonwealth excise and customs revenue.
- Law enforcement, intelligence and regulatory responses, including the adequacy of:
  - Penalties and deterrence measures.
  - The current legislative and regulatory frameworks and the current levels of inter-government and inter-agency co-operation.
- The social and economic impacts, including on legitimate retailers, especially small businesses in regional and rural areas; the public health implications arising from the spread of unregulated tobacco products; and the safety implications for communities affected by illegal operations.
- Other related matters.

In line with the above TOR, LFA presents 11 key recommendations for the Committee's consideration to strengthen Australia's public health response to the illicit tobacco crisis

## Impact of illegal tobacco on public health and on government revenue, including smoking rates and the loss of Commonwealth excise and customs revenue

### ***i. Federal tobacco tax excise is a proven and effective public health measure***

The introduction of the Federal tobacco excise has by far become one of Australia's most effective tools for reducing smoking rates. International evidence consistently shows tobacco taxation is the most effective measure to reduce consumption, with a 10% price increase leading to a 4–5% fall in use.<sup>20</sup> Attempts to reduce taxes to curb illicit trade have proven ineffective. When Canada halved its excise in the 1990s, smoking rates (especially among young people) increased and cessation declined. Other countries with lower tobacco prices, including the United States, Vietnam, and the Philippines, continue to experience substantial illegal trade complications. Lower priced products do not stop illicit markets from thriving when illegal products continue to be readily accessible.

Illicit markets persist because illegal operators can make high profits for minimal risk. Claims that high prices cause the illicit trade overlook the real issue: inadequate enforcement. Without strong enforcement, illegal tobacco remains readily available, allowing consumers to substitute cheaper illicit products and undermining public health objectives. Weak licensing systems and limited enforcement have enabled illegal suppliers to keep prices artificially low, ignoring the significant health and social harms of tobacco use.

The function of the tobacco excise is to reduce smoking rates. When effective, excise revenue should naturally decline over time as smoking prevalence falls. To preserve this integrity, strengthened national enforcement is essential to restrict the supply of illicit products, support quitting, and ensure taxation continues to serve as a core pillar of Australia's tobacco control strategy.

Maintaining the federal excise in line with NTS Priority Area 3, alongside enhanced national enforcement efforts under NTS Priority Area 8, should remain a federal priority.<sup>20</sup>

## Law enforcement, intelligence and regulatory responses, including adequacy of penalties and deterrence measures

### ***ii. Strong and consistent penalties across states and territories will deter illicit tobacco and vaping activity***

Given the scale, profitability and increasing sophistication of illicit tobacco and vaping operations, penalties must substantially increase to act as an effective deterrent. Low penalties risk being absorbed as a routine cost of business, failing to curb illegal activity or disrupt supply chains. Consistent high penalties across jurisdictions can prevent the illicit trade from crossing borders where they perceive there is weaker legislation.

Harmonised high penalties would simplify communication with the public, reduce confusion, and support stronger, more coherent government messaging. Consistency also enables clearer monitoring and reporting of outcomes, allowing governments to demonstrate progress and the impact of reforms. A national uniformed approach to penalties across jurisdictions would close regulatory gaps and

prevent operators from shifting activities to jurisdictions with weaker enforcement consequences and provide a unified national approach to enforcement, aligning with the NTS Priority Area 8.<sup>2</sup>

**Law enforcement, intelligence and regulatory responses, including the adequacy of the current legislative and regulatory frameworks and the current levels of inter-government and inter-agency cooperation.**

### **iii. Strengthening tobacco control through a national licencing framework**

While LFA supports and commends the implementation of positive tobacco retail licensing schemes across states and territories, a key challenge is in the inconsistencies across jurisdictions on costs, licensing requirements, enforcement and consequences. These inconsistencies risk creating regulatory gaps that can be exploited by the tobacco industry, particularly in jurisdictions with weaker licensing frameworks.

A national licensing framework would not only ensure a consistent and robust approach to tobacco control across Australia but will also lay the foundation for a generational phase-out of tobacco and vape products, supporting the goal of a smoke-free generation. Tobacco remains one of the leading causes of preventable death in Australia, and a tobacco and vape-free generation policy represents a critical step towards reducing both health and economic burdens, while safeguarding the lives of future generations. This has been successfully adopted in some other countries and international jurisdictions, and if implemented in Australia it provides another opportunity to strengthen Australia's profile as a world leader in tobacco and vape control.

The establishment of a national licensing framework, consistent with Priority Area 8.5 of the NTS, and clear objectives to progressively reduce licence availability, with the goal towards a 50% reduction in retail licences by 2030, aligning with Priority Area 8.6 of the NTS is recommended.

Cancer Council Australia outlines licence eligibility requirements in their submission in Recommendation 1 (c); Lung Foundation Australia fully supports these recommendations.

### **iv. Tobacco and vape-free generation Regulatory Impact Statement (RIS) to inform development of a best-practice framework for a generational sales ban**

A tobacco and vape-free generation policy is a generational ban on tobacco and nicotine sales, designed to protect young people, prevent addiction before it starts, and progressively phase out smoking across society. LFA supports the introduction of a generational tobacco and vape-free policy to ensure that no young person born after a specified year can legally purchase tobacco, smoking or nicotine products.

In support of a tobacco and vape-free generation policy, LFA recommends the Government undertake a RIS to identify and design a best-practice regulatory approach including the most appropriate corporate governance structures to hold a tobacco retail licence and the various requirements including training and education of staff selling legal products. A tobacco and vape-free generation policy is possible, and LFA are committed to supporting this policy.

The social and economic impacts, including on legitimate retailers, especially small businesses in regional and rural areas; the public health implications arising from the spread of unregulated tobacco products; and the safety implications for communities affected by illegal operations.

**v. Reduce tobacco retail licenses by 50% by 2030 to reduce availability, address harm and protect the health of all Australians**

The continued sale of products known to cause serious disease and premature death cannot be regarded as an acceptable or sustainable business model. Reducing the number of retail licences for tobacco products is a critical measure to reduce the visibility and social acceptability of smoking and reinforce that these products are uniquely harmful. A lower number of licences would limit availability, encourage cessation, strengthen public health messaging, and help prevent future generations from becoming addicted to nicotine.

There is strong evidence supporting this approach. A 2024 systematic review and meta-analysis of 62 studies found that greater tobacco retail availability is associated with higher smoking rates among young people, adults, and pregnant women.<sup>21</sup> Illicit tobacco further increases points of sale outside regulated environments, expanding retailer density and ease of access. Research shows that higher retailer density around homes and schools is linked with increased smoking, higher initiation rates, sustained smoking behaviour, and reduced quitting success.<sup>22</sup>

High densities of tobacco retailers are a significant environmental factor contributing to smoking initiation and sustained nicotine dependence. Reducing the number of tobacco retail licences is endorsed by the World Health Organization (WHO)<sup>23</sup> and reflected in NTS Action 8.6<sup>20</sup> as an effective strategy to mitigate these risks. Lowering tobacco availability helps decrease smoking prevalence, prevents uptake, and supports Australia's broader tobacco control objectives. Consistent with WHO guidance and the NTS, the Federal government should commit to reducing retail tobacco licences by 50% by 2030.

## Other related matters

### *Strengthening national cessation support for all Australians who want to quit*

Cessation support is essential for Australian's experiencing nicotine addiction, whether from tobacco, vapes, or other nicotine products. Many effective initiatives are being delivered nationwide, and we acknowledge the significant efforts of the Government, states and territories, and other partners in providing evidence-based and innovative services.

**vi. Free Nicotine Replacement Therapy (NRT)**

Expanding access to cessation supports is essential to help Australians overcome nicotine dependence. Analysis of Pharmaceutical Benefits Scheme (PBS) data shows that subsidising NRT and cessation medications significantly increases uptake, particularly among concession card holders, who account for the majority of NRT prescriptions and also experience higher smoking prevalence.<sup>24</sup> Providing free NRT and cessation medicines to all Australians seeking to quit would reduce financial barriers and support more successful quit attempts. This approach aligns with Article 14 of the WHO *Framework Convention on Tobacco Control* (WHO FCTC),<sup>25</sup> which recommends making behavioural and pharmacological cessation support available at low or no cost.

LFA considers the provision of free NRT and pharmacotherapies a critical enabler of engagement with cessation services. The leadership shown in Queensland and Tasmania in offering free NRT to priority populations through Quitline demonstrates best practice and provides a strong foundation for national consistency. However, variations across states and territories create inequities, particularly for people facing socioeconomic disadvantage, for whom the cost of NRT, prescription medicines, and GP consultations can be significant barriers.

To address these disparities, we recommend that all jurisdictions adopt consistent, cost-effective models of NRT provision through Quitline services, drawing on the successful approaches of Queensland and Tasmania. Establishing national consistency which could be supported through federal funding agreements would reduce inequities, enhance access to treatment for nicotine dependence, and advance the priorities of the NTS Priority Area 11<sup>2</sup> and the NPHS.<sup>1</sup>

### **vii. Introduce bulk-billed GP consultations for smoking cessation support**

From July 2021 to December 2023, temporary Medicare Benefits Scheme (MBS) items were introduced for nicotine and smoking cessation counselling, including face-to-face, telephone, and telehealth services. These items were widely utilised, with over 188,000 claims processed nationally and a 16-fold increase in demand for face-to-face services during the period.<sup>26</sup> Their removal has left a gap in accessible, affordable cessation support.

The introduction of telehealth MBS items provided an important alternative to face-to-face consultations, particularly for individuals in rural and remote areas where access to in-person services is limited. Evidence indicates that people living in these regions found telehealth-based smoking cessation counselling both acceptable and beneficial, with potential to improve quit rates.<sup>27,28</sup> Given that smoking prevalence remains disproportionately high in rural and regional Australia,<sup>29</sup> and access to GPs is often constrained, the discontinuation of these MBS items may negatively impact cessation outcomes in these communities.

Reinstating a dedicated MBS item would allow GPs to deliver structured behavioural support and prescribe pharmacotherapy without financial barriers for patients. This aligns with Australia's WHO FCTC obligations and supports the goals of the NTS Priority Area 11<sup>20</sup> and the NPHS<sup>1</sup> by reducing smoking prevalence, improving equity, and lowering long-term health costs. Establishing a permanent bulk-billed MBS item for nicotine-dependence treatment would ensure consistent, prioritised cessation care, addressing the current gap created by the absence of a dedicated consultation item.

### **viii. Addressing the emergence of nitrous oxide, nicotine pouches, and other emerging nicotine products to address legislative loopholes**

In response to Australia's world leading laws on tobacco and vaping, the industry continues to evolve and develop new products, strategically market them, and illegally import and sell them. Nicotine pouches are one of the latest examples of this. Nicotine pouches present a risk, particularly to young people as these products are very discreet for users and can contain high levels of nicotine which can result in immediate term health impacts and critically nicotine addiction.

We note that the South Australian Government took a forward-looking approach in 2024, passing legislation enabling the prohibition of any new or novel nicotine product that may emerge in the future.<sup>30</sup>

The Queensland Government recently expanded its regulatory framework to include nitrous oxide (commonly known as nangs), allowing Queensland Health officers to seize nitrous oxide bulbs and canisters as “compromised goods” when found in premises associated with the illegal tobacco or vaping trade.<sup>31</sup> Nitrous oxide can cause frostbite to the airways and rupture lung tissue. Faulty or repeatedly used dispensers can also explode or cause cold burns. Mixing nitrous oxide with other drugs increases health risks, including damage to the heart.<sup>32</sup> Often used recreationally, readily available, and frequently sold alongside smoking products, we consider nitrous oxide to be an issue that warrants inclusion within the broader regulatory context of tobacco and related products.

LFA recommends amending future legislation to include nitrous oxide, nicotine pouches, and any emerging nicotine products within offence provisions, consistent with NTS Priority Area 9.<sup>20</sup> This would prevent industry attempts to bypass regulations by introducing new or substitute nicotine products. Given ongoing efforts by tobacco and nicotine companies to innovate around tightening controls, proactively capturing all future nicotine-containing products is essential. Broadening legislation in this way will strengthen long-term regulatory effectiveness and ensure comprehensive protection against evolving industry practices.

Cancer Council Australia provides detailed recommendations under Recommendation 5 on addressing illegal sales of non-therapeutic vaping products and oral nicotine pouches, which Lung Foundation Australia supports.

#### **ix. *Protecting public health policy against industry interference by banning all political donations from tobacco and vaping related industries***

Australian is a signatory to the FCTC, which states that public policy should be free from influence from the tobacco industry. All Australian jurisdictions should amend relevant legislation to include the banning of political donations from both the tobacco and vaping industries to protect public health policy from vested interests.

While the Australian Labor Party and the Liberal Party have voluntarily ceased accepting donations from the tobacco industry, other parties including the National Party and the Liberal Democrats have continued to receive such contributions. In 2023, during the introduction of the *Therapeutic Goods and Other Legislation Amendment (Vaping Reforms) Act 2024*, British American Tobacco donated \$55,000 to the National Party, and Philip Morris International donated \$75,000.<sup>33,34</sup> Shortly thereafter, the National Party publicly supported regulating vapes as a retail product akin to tobacco, an approach that risks increasing accessibility and uptake of a harmful and addictive product.

To ensure that public health policy is guided by evidence and free from commercial influence, a mandatory ban on political donations from the tobacco and vaping industries, as well as third-party entities acting on behalf of tobacco interests, is essential. This reform would prevent conflicts of interest and uphold the integrity of health policymaking.

#### **x. *Ban online sales of smoking and nicotine products to reduce availability, increase quit attempts and strengthen tobacco control measures***

Restricting online sales would reduce availability, support cessation efforts, and strengthen Australia's broader tobacco and nicotine control framework. Anecdotal evidence also indicates that businesses selling illicit products may shift to online trading during temporary closures; banning online sales would simplify enforcement and limit opportunities for continued illegal activity. Online purchasing increases accessibility, convenience, and anonymity, making it easier for people to obtain these products and harder for those attempting to quit to avoid exposure and temptation.

LFA recommends that the Government consider prohibiting the online sale of tobacco, smoking products, and nicotine products in line with the NTS Priority Area 8.3.<sup>2</sup>

#### **xi. Prohibiting ATMs in Tobacco Retail Premises**

Privately operated ATMs in tobacco retailers present a significant financial crime risk. Law-enforcement and financial intelligence investigations show these machines are routinely used to enable cash-only illicit tobacco transactions and to launder criminal proceeds through self-loaded ATM mechanisms.<sup>35,36</sup>

A major regulatory gap exists around self-filled private ATMs, which allow merchants to load “dirty” cash into machines and receive the equivalent value as “clean” electronic deposits. AUSTRAC has warned that non-bank ATMs and associated payment technologies are being used to buy illicit tobacco and launder proceeds, placing banks at risk of handling criminal funds.<sup>36,37</sup>

Legislation that prohibits ATMs within premises primarily licensed to sell tobacco would reduce opportunities for cash-based illicit transactions, limit a known money-laundering pathway, and encourage a shift toward traceable digital payments, strengthening enforcement and regulatory oversight.

# RECOMMENDATIONS

LFA recommends consideration of the following actions to support the reduction of impact that the legal and illegal tobacco have on the public health of all Australians:

- i. Maintain the federal tobacco excise and enhance national enforcement measures to eliminate the availability of illicit tobacco.
- ii. Implement a nationally consistent penalty framework to close regulatory gaps, prevent operators from relocating to jurisdictions with weaker consequences, and strengthen a unified, nationwide enforcement approach.
- iii. Development of a national tobacco licensing framework to support a unified approach to tobacco availability and consequences.
- iv. Explore the development of a Tobacco and vape-free generation RIS, to build out a best-practice framework for a generational sales ban on tobacco and vaping products.
- v. Commit to the reduction of retail tobacco licences of 50% by 2030.
- vi. Establish a national consistent and cost-effective model of NRT provision through Quitline services that reduces barriers to accessing services that support people to quit smoking and nicotine.
- vii. Improve access to structured smoking and vaping cessation support through permanent MBS items to enable primary care bulk billing physicians to support people to quit smoking.
- viii. Amend legislative offence provisions to incorporate nitrous oxide and nicotine pouches within offence provisions, alongside measures to capture any future nicotine products.
- ix. Amend the *Electoral Act 1918* to ban political donations from the tobacco and vaping industry, as well as third-party entities acting on behalf of tobacco interests.
- x. Amend legislation to prohibit the online sale of tobacco, smoking products, and nicotine products.
- xi. Amend legislation to prohibit the placement of ATMs within premises primarily licenced to sell tobacco and nicotine products.

Maintaining a comprehensive, sustained, and well-coordinated tobacco control framework is essential to address the addictive nature of tobacco products, the tobacco industry's ongoing efforts to sustain use, and the challenges posed by the illicit market. These measures must be fully implemented, rigorously enforced, continually strengthened, and adequately funded to be effective. Their core aims are to prevent initiation, deter unlawful activity through meaningful penalties, and support people who smoke to quit. Tobacco control extends beyond excise policy; it is fundamentally about reducing the availability of a uniquely harmful product. The goal is not cheaper or more accessible cigarettes, but to protect vulnerable communities, support cessation, and prevent future generations from smoking.

A comprehensive approach combining taxation, regulation, licensing, enforcement, ongoing public education and cessation support is essential to safeguarding public health and achieving long-term reductions in smoking prevalence. We look forward to continuing to work with the government in protecting the lung health of all Australians. To discuss our submission further, contact Paige Preston, General Manager of Policy, Advocacy and Prevention at [paigep@lungfoundation.com.au](mailto:paigep@lungfoundation.com.au).

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Mark Brooke', with a stylized flourish at the end.

Mark Brooke  
**Chief Executive Officer**  
**Lung Foundation Australia**

## References

1. Australian Government Department of Health and Aged Care. National Preventive Health Strategy 2021–2030. Australian Government Department of Health and Aged Care. December 8, 2021. Accessed April 11, 2024. <https://www.health.gov.au/resources/publications/national-preventive-health-strategy-2021-2030?language=en>
2. Department of Health and Aged Care. National Tobacco Strategy 2023–2030. Published online 2023. <https://www.health.gov.au/sites/default/files/2023-05/national-tobacco-strategy-2023-2030.pdf>
3. Joshy G, Soga K, Thurber KA, et al. Relationship of tobacco smoking to cause-specific mortality: contemporary estimates from Australia. *BMC Medicine*. 2025;23(1):115. doi:10.1186/s12916-025-03883-9
4. Australian Institute of Health and Welfare. Australian Burden of Disease Study 2024, Summary. December 12, 2024. Accessed October 1, 2025. <https://www.aihw.gov.au/reports/burden-of-disease/australian-burden-of-disease-study-2024/contents/summary>
5. Banks E, Joshy G, Weber MF, 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 Medicine*. 2015;13(1):38. doi:10.1186/s12916-015-0281-z
6. Winnall W. 12.4 Emissions from tobacco products. Tobacco in Australia: Facts and issues. 2022. <https://www.tobaccoinaustralia.org.au/chapter-12-tobacco-products/12-4-emissions-from-tobacco-products>
7. Quit. Smoking causes 16 cancers. <https://assets.quit.org.au/uploads/general/Quit-16-Cancers-fact-sheet-v3.pdf>
8. Greenhalgh E, Scollo M, Winstanley M. Chapter 3- The Health Effects of Active Smoking. *Tobacco in Australia: Facts and Issues*. Cancer Council Victoria; 2021. Accessed March 4, 2024. <https://www.tobaccoinaustralia.org.au/chapter-3-health-effects>
9. Pappas RS, Polzin GM, Watson CH, Ashley DL. Cadmium, lead, and thallium in smoke particulate from counterfeit cigarettes compared to authentic US brands. *Food and Chemical Toxicology*. 2007;45(2):202-209. doi:10.1016/j.fct.2006.08.001
10. Winnall W, Scollo MM, Winstanley MH. 12.3 Chemicals and contaminants in tobacco products. Tobacco In Australia Facts and Issues. January 1, 2022. Accessed February 3, 2026. <https://www.tobaccoinaustralia.org.au/chapter-12-tobacco-products/12-3-chemicals-and-contaminants-in-tobacco-products>
11. Australian Government Department of Health D and A. Effects of smoking and tobacco. May 8, 2024. Accessed March 11, 2026. <https://www.health.gov.au/topics/smoking-vaping-and-tobacco/about-smoking/effects>
12. InformedHealth.org. Overview: Chronic obstructive pulmonary disease (COPD). December 28, 2022. Accessed March 11, 2026. <https://www.ncbi.nlm.nih.gov/books/NBK315789/>
13. Toelle BG, Xuan W, Bird TE, et al. Respiratory symptoms and illness in older Australians: the Burden of Obstructive Lung Disease (BOLD) study. *Medical Journal of Australia*. 2013;198(3):144-148. doi:10.5694/mja11.11640
14. Fong L, Sukkar MB, Ahmed R, Bhasale A. Establishing a national standard to achieve better outcomes for people living with chronic obstructive pulmonary disease. *Australian Prescriber*. 2024;47(6). doi:10.18773/austprescr.2024.053
15. Australian Institute of Health and Welfare. Cancer data in Australia, Overview of cancer in Australia, 2025. October 8, 2025. Accessed March 11, 2026. <https://www.aihw.gov.au/reports/cancer/cancer-data-in-australia/contents/overview>
16. Rethink Addiction, KPMG. *Understanding the Cost of Addiction in Australia*. Rethink Addiction and KPMG; 2022:4. Accessed January 8, 2026. <https://indd.adobe.com/view/c8bdf583-cb36-4c16-bf79-e8730aa04a1c>
17. Australian Institute of Health and Welfare. Health system spending per case of disease and for certain risk factors, Risk factors. Australian Institute of Health and Welfare. April 5, 2022. Accessed September 2, 2025. <https://www.aihw.gov.au/reports/health-welfare-expenditure/health-system-spending-per-case-of-disease/contents/risk-factors>
18. World Health Organisation. Tobacco: Industry tactics to attract younger generations. Accessed March 11, 2026. <https://www.who.int/news-room/questions-and-answers/item/tobacco-industry-tactics-to-attract-younger-generations>
19. Tan ASL, Bigman CA. Misinformation About Commercial Tobacco Products on Social Media—Implications and Research Opportunities for Reducing Tobacco-Related Health Disparities. *Am J Public Health*. 2020;110(Suppl 3):S281-S283. doi:10.2105/AJPH.2020.305910
20. Dutta. Confronting tobacco illicit trade: a global review of country experiences. January 31, 2019. Accessed March 12, 2024. <https://blogs.worldbank.org/health/confronting-tobacco-illicit-trade-global-review-country-experiences>
21. Martin-Gall V, Neil A, Macintyre K, et al. Tobacco retail availability and smoking—A systematic review and meta-analysis. *Drug and Alcohol Review*. 2024;43(7):1718-1732. doi:10.1111/dar.13936
22. Huang D. *Tobacco Retailer Density*. Change Lab Solutions; 2019. [https://changelabsolutions.org/sites/default/files/CLS-BG214-Tobacco\\_Retail\\_Density-Factsheet\\_FINAL\\_20190131.pdf](https://changelabsolutions.org/sites/default/files/CLS-BG214-Tobacco_Retail_Density-Factsheet_FINAL_20190131.pdf)
23. World Health Organisation. *Compilation of Information Briefs on Forward-Looking Tobacco Control Measures Developed by the Experts*. World Health Organisation; 2025. <https://storage.googleapis.com/who-fctc-cop11-source/Supplementary%20documents/fctc-cop11-supp-inf-10-compilation-of-information-briefs-on-forward-looking-tobacco-control-measures-developed-by-the-experts-en.pdf>
24. Greenhalgh E, Scollo M, Pearce M. 9.9 Are there inequalities in access to and use of treatment for dependence on tobacco-delivered nicotine? In: Greenhalgh E, Scollo M, Winstanley M, eds. *Tobacco in Australia: Facts & Issues*. Cancer Council Victoria; 2024. <https://www.tobaccoinaustralia.org.au/chapter-9-disadvantage/9-9-are-there-inequalities-in-access-to-and-usage->

25. World Health Organisation. WHO Framework Convention on Tobacco Control (WHO FCTC). WHO Framework Convention on Tobacco Control. 2020. Accessed March 28, 2024. [https://www.who.int/europe/teams/tobacco/who-framework-convention-on-tobacco-control-\(who-fctc\)](https://www.who.int/europe/teams/tobacco/who-framework-convention-on-tobacco-control-(who-fctc))
26. Bogale Odo D, Buchanan T, Varlow M, Maddox R. Deadly trends. *Australian Journal of General Practice*. 2025;54(7). doi:10.31128/AJGP-04-24-7247
27. Byaruhanga J, Wiggers J, Paul CL, et al. Acceptability of real-time video counselling compared to other behavioural interventions for smoking cessation in rural and remote areas. *Drug Alcohol Depend*. 2020;217:108296. doi:10.1016/j.drugalcdep.2020.108296
28. Byaruhanga J, Paul CL, Wiggers J, et al. The short-term effectiveness of real-time video counselling on smoking cessation among residents in rural and remote areas: An interim analysis of a randomised trial. *J Subst Abuse Treat*. 2021;131:108448. doi:10.1016/j.jsat.2021.108448
29. Australian Institute of Health and Welfare. National Drug Strategy Household Survey 2022–2023: Tobacco smoking in the NDSHS. Australian Institute of Health and Welfare. February 29, 2024. Accessed March 14, 2025. <https://www.aihw.gov.au/reports/smoking/tobacco-smoking-ndshs>
30. Preventive Health SA. New laws to restrict sale and use of nicotine pouches. Preventive Health SA. Accessed March 2, 2026. <https://www.preventivehealth.sa.gov.au/about/news-announcements/new-laws-to-restrict-sale-and-use-of-nicotine-pouches>
31. Queensland Government. *Tobacco and Other Smoking Products (Dismantling Illegal Trade) and Other Legislation Amendment Act 2025 - Queensland Legislation - Queensland Government*. Accessed March 2, 2026. <https://www.legislation.qld.gov.au/view/whole/html/asmade/act-2025-027>
32. Alcohol and Drug Foundation. Nitrous oxide – uses, impacts and risks. Alcohol and Drug Foundation. Accessed March 3, 2026. <https://adf.org.au/insights/nitrous-oxide/>
33. Melbourne, Greenhalgh EM, Scollo M, et al. 10A.7 Mechanisms of influence - political lobbying. February 5, 2026. Accessed March 11, 2026. <https://www.tobaccoin australia.org.au/chapter-10-tobacco-industry/indepth-10a-strategies-for-influence/10a-7-the-mechanisms-of-influence-political-lobbyi>
34. Davey M, editor MDM. British American Tobacco makes first donation to Nationals in over a decade amid vaping crackdown. *The Guardian*. March 6, 2024. Accessed October 13, 2025. <https://www.theguardian.com/business/2024/mar/06/british-american-tobacco-donation-national-party-vape-ban>
35. ABC News. Payments to ATMs in tobacconists to be cut off after ABC investigation. ABC News. July 17, 2025. Accessed March 24, 2026. <https://www.abc.net.au/news/2025-07-17/tobacconist-atms-cut-off-payment-networks-efte/105539942>
36. AUSTRAC. Banks to keep a closer eye on retailers peddling illicit tobacco | AUSTRAC. November 2025. Accessed March 24, 2026. <https://www.austrac.gov.au/banks-keep-closer-eye-retailers-peddling-illicit-tobacco>
37. ABC News. Macquarie Group-backed private ATMs are helping fuel the illegal tobacco trade. ABC News. June 17, 2025. Accessed March 24, 2026. <https://www.abc.net.au/news/2025-06-18/macquarie-group-next-atm-illegal-tobacco-trade/105399234>