

31 March 2026

Committee Secretary
Senate Legal and Constitutional Affairs Committee
PO Box 6100
Parliament House
Canberra ACT 2600

By Email: legcon.sen@aph.gov.au; seniorclerk.committees.sen@aph.gov.au

Dear Committee Secretary,

Re: Inquiry into the illegal tobacco crisis in Australia

The Royal Australian College of General Practitioners (RACGP) thanks the Legal and Constitutional Affairs References Committee for the invitation to respond to the Senate inquiry into the illegal tobacco crisis in Australia. The RACGP supports this important inquiry, particularly as the problem of illegal tobacco intersects primary care, public health and community safety.

General practitioners (GPs) are the most accessed health professionals in the country, visited annually by more than 22 million Australians.¹ They routinely ask patients about their smoking history and deliver smoking cessation advice, which centres on first-line smoking cessation medications, behavioural support and ongoing follow-up. GPs are also key to identifying and encouraging patients to participate in the National Lung Cancer Screening Program (NLCSP).

The RACGP produces and maintains world class [smoking cessation guidelines](#) which are accessed and used by a wide range of health practitioners.

The following comments address selected Terms of Reference (ToR):

ToR (b) - The impact of illegal tobacco on public health and government revenue

Smoking rates and risks to vulnerable populations

Whilst smoking rates across Australia are at the lowest in decades² this is by no means uniform across the country. Smoking remains significantly higher in remote and very remote areas compared to major cities (20% vs 7%) and in disadvantaged areas (a three -fold higher smoking rate). On average, smoking still kills 66 Australians daily, or 24,000 people per year. It is estimated that smoking costs the nation \$159.7 billion in health and social losses,³ with up to two thirds of smokers dying prematurely due to their habit.⁴

The RACGP is concerned that:

- illegal tobacco often has a higher than expected nicotine content, may contain unregulated ingredients with potentially higher levels of heavy metals, pesticides, or mould which may pose acute health risks.⁵
- the increased availability of cheap, unregulated tobacco disproportionately affects lower socioeconomic groups, regional / rural populations and First Nations Peoples, which may contribute to widening health inequity. The RACGP supports expanding existing state and national campaigns that assist vulnerable populations to cease tobacco use, including provision of nicotine replacement therapy (NRT) under [Closing the Gap on prescriptions](#) and targeted community campaigns.
- the ready availability of cheap, illicit tobacco may compound the problem of rising smoking rates in younger people who vape or are dual users, to become increasingly tobacco dependent.⁵

- as illegal tobacco bypasses regulatory safeguards, it undermines efforts on smoking cessation. For instance, illegal tobacco is significantly cheaper, undermining the price signal intended by tobacco excise to discourage uptake and to encourage quitting.
- as illegal tobacco is widely accessible through illicit sales at retailers and online, it has resulted in significant losses of government tobacco excise,⁶ which may have consequences for health funding. Smokers have significantly higher rates of healthcare utilisation and represent a multi-billion-dollar burden on the healthcare system and taxpayers.⁷ The current taxation on tobacco does not cover the costs to the health care system or the broader costs of the harm caused by tobacco.

ToR (d) Safety implications for communities affected by illegal operations

GPs are often the first point of contact for patients affected by community violence or stress-related disorders linked to local crime. Since 2023 more than 200 gangland related fire-bombings of tobacco shops nationwide have impacted local communities, likely resulting in increased anxiety and stress. GPs report increased presentations around mental health disorders, nicotine addiction management, and trauma-related care likely to be exacerbated by the illicit market.^{8 9}

ToR (f) Options for regulatory reform

Greater regulatory powers and enforcement

There is active lobbying to reduce tobacco excise as a solution to reduce the uptake of illegal tobacco. This is more likely to result in an increase in overall smoking rates.¹⁰ Global studies support taxation on tobacco as one mechanism for reducing health inequity.^{11 12}

The RACGP supports:

- increased efforts to reduce black market tobacco sales. In addition to strengthening enforcement, greater regulatory powers such as a national licensing scheme³ and uniform regulations across states may help to reduce the loopholes that benefit criminal groups.
- increased monitoring and enforcement to combat illegal importation of tobacco. Enforcement of existing legislation at state and territory level has been small-scale, such as shutting down retail stores or online sites. Further support is required by states and territories to enforce existing laws.

Greater investment in public health education and first-line smoking cessation medicines

The RACGP recommends:

- investment in public health education programs and GP-led smoking cessation and nicotine addiction programs.
- greater support within the Pharmaceutical Benefits Scheme (PBS) for first-line smoking cessation therapies. There is strong evidence that combination therapies such as a long-acting patch and faster-acting gum, lozenge, or nasal spray is more effective for smoking cessation than using a single form of NRT.¹³ Currently PBS subsidies are limited to single NRT formulations despite recommendations for expanding subsidies to include combination therapies and longer duration of treatments.
- consideration to include high quality nicotine vaping devices with known nicotine concentrations on the PBS to be available to people who have been unable to cease tobacco use with first-line NRT.

Thank you again for the opportunity to provide a submission to this important inquiry. If you have any questions, please contact Mr Stephan Groombridge, National Manager, Practice Management Standards & Quality Care at [REDACTED] or [REDACTED].

Yours sincerely

[REDACTED]
Dr Michael Wright
President

References

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- ² AIHW 2025 National Drug Strategy Household Survey 2022-2023 <https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey/contents/tobacco-and-e-cigarettes-vapes>
- ³ LSJ Online 2025. New national taskforce to target illegal tobacco. <https://lsj.com.au/articles/new-national-taskforce-to-target-illegal-tobacco/>
- ⁴ Banks E, Joshy G, Weber MF, Liu B, Grenfell R, Egger S, Paige E, Lopez AD, Sitas F, Beral V. Tobacco smoking and all-cause mortality in a large Australian cohort study: findings from a mature epidemic with current low smoking prevalence. BMC Med. 2015;13(1):281.
- ⁵ ABC News, September 2025 Doctors concerned easily accessible illegal cigarettes are causing smoking rates to increase. <https://www.abc.net.au/news/2025-09-23/act-easy-access-to-illegal-cigarettes-seeing-high-smoking-rates/105803450>
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- ⁸ ABC News January 2026 Why easing demand for illegal cigarettes will be a win-win situation for WA government. <https://www.abc.net.au/news/2026-01-25/illegal-cigarette-demand-challenge-for-wa-government/106259170>
- ⁹ Baranyi G, Di Marco MH, Russ T, et al, The impact of neighbourhood crime on mental health: A systematic review and meta-analysis. Soc Sci Med 2021 114106. doi: 10.1016/j.socscimed.2021.114106. Epub 2021 Jun 6. <https://pubmed.ncbi.nlm.nih.gov/34139480/#:~:text=Pooled%20associations%20were%20significant%20for,detrimental%20effect%20of%20neighbourhood%20stressors.>
- ¹⁰ Paraje G, Munoz MF, Wu D, and Jha P. Tobacco kills: stronger excise taxes would save lives. BMJ 2025 Sep12; 390:e085608. doi:10.1136/bmj-2025-085608
- ¹¹ Global Tobacco Economics Consortium. The health, poverty, and financial consequences of a cigarette price increase among 500 million male smokers in 13 middle income countries: compartmental model study. BMJ, 2018; 361:k1162. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/29643096>



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¹³ Theodoulou A, Chepkin SC, Ye W, Fanshawe TR, Bullen C, Hartmann-Boyce J, Livingstone-Banks J, Hajizadeh A, Lindson N. Different doses, durations and modes of delivery of nicotine replacement therapy for smoking cessation. *Cochrane Database of Systematic Reviews* 2023, Issue 6. Art. No.: CD013308. DOI: 10.1002/14651858.CD013308.pub2.