



30th October 2025

The Standing Committee on Health, Aged Care and Disability
PO Box 6021
Parliament House
CANBERRA ACT 2600

Dear Committee Members,

Re: Health impacts of alcohol and other drugs in Australia Inquiry

Lung Foundation Australia (LFA) is pleased to provide a submission to the above inquiry. We acknowledge the critical importance of a sustained, multi-faceted approach to reducing and preventing smoking, vaping, and nicotine use in Australia. This includes legislative measures, public education campaigns, prevention programs, and accessible cessation support services. We commend the government for its continued leadership and achievements in tobacco and vaping control, and we strongly encourage ongoing investment across all areas that support prevention and cessation efforts.

This submission focuses on addressing current inconsistencies and inequities in access to Nicotine Replacement Therapy (NRT) programs and highlights the need to strengthen cessation access and support for all individuals seeking to quit smoking, vaping, or overcome nicotine dependence.

LFA is the leading charity and health peak body for lung health in Australia. For more than 30 years, we have championed and funded life-changing research and delivered support services that give hope to people living with lung disease or lung cancer, so that they can live their best life. As a health peak we have a remit to advise governments on issues pertaining to lung health, specifically under the *National Preventive Health Strategy 2021-2030* which includes the *National Tobacco Strategy (NTS) 2023-2030*. We provide submissions to federal, state, and territory tobacco and e-cigarette legislation and regulation amendment consultations, and to inquiries.

Tobacco use remains one of the leading causes of preventable death in Australia, responsible for over 24,000 deaths annually equating to approximately 66 lives lost each day.¹ Tobacco use was also identified as the second most significant risk factor contributing to the national burden of disease.² Evidence indicates that up to 2 in 3 individuals who smoke across their lifetime will die from conditions associated with smoking.¹

Nicotine is a highly addictive substance, and many individuals who smoke or vape find it difficult to quit without support. Despite this, the majority of people who use nicotine products express a desire to quit.^{3,4} There are currently millions of Australians living with nicotine dependence, and this number has grown significantly due to the rapid increase



in vaping particularly among young people, and the expanded availability of tobacco and vaping products through the illicit market. These trends underscore the urgent need for accessible, evidence-based cessation services to support more individuals in overcoming addiction and improving public health outcomes.

A systematic review of perceived barriers to smoking cessation in vulnerable groups identified common barriers: smoking for stress management, lack of support from health and other service providers, and the high prevalence and acceptability of smoking in vulnerable communities.⁵ Unique group barriers included: cultural and historical norms for First Nations people, maintenance of mental health (self-treatment) for people living with a mental illness, and high accessibility of tobacco for at-risk youth. Additional barriers include the cost of accessing a GP to obtain prescriptions for nicotine replacement therapy (NRT) and the out-of-pocket expenses associated with NRT itself.⁶⁻⁸ These financial and structural challenges significantly limit access to effective cessation support and contribute to ongoing nicotine dependence.

People in low-socioeconomic status groups areas have higher rates of smoking than the overall population, both in Australia and internationally⁹ They also have lower success rates of smoking cessation.¹⁰ Data from the 2022-23 NDSHS found that disadvantaged smokers were significantly more likely to use NRT and cessation medications and just as likely as mid-high SES smokers to report that they were motivated by their doctor's advice to quit.¹¹ Data from the Victorian Quitline shows that low SES smokers were just as likely to have called the Quitline or visited the website to obtain cessation information.¹² However, barriers such as the cost and accessibility of seeing a GP and of NRT products provides an ongoing challenge in people accessing the support they need to quit smoking and vaping.

Currently Australians can access a 2x12-week supply of subsidised nicotine patches under the Pharmaceutical Benefits Scheme (PBS) on the condition that they undergo concurrent counselling for smoking cessation through a comprehensive support and counselling program or are about to enter such a program at the time PBS-subsidised treatment is initiated.¹³ They must have a prescription from a GP to access the subsidised supports. Aboriginal and Torres Strait Islander people enrolled in the Closing the Gap scheme¹⁴ can access NRT and cessation medications for free with a concession card or at a subsidised price without a concession card.

NRT is available for purchase without a prescription from pharmacies, supermarkets, and online retailers in Australia, in various forms including patches, gum, lozenges, and mouth spray. However, the cost remains a significant barrier for many individuals. For example, a 28-pack of patches costs approximately \$60, a 150-spray cartridge of mouth spray around \$39, a 160-pack of lozenges around \$70, and a 210-piece pack of gum around \$54 (Major Australian retailers, 2025). While the broad availability of these products increases accessibility, the out-of-pocket expense is prohibitive for many people particularly during



a period of heightened cost-of-living pressures. Addressing the affordability of NRT is essential to ensure equitable access to effective cessation support.

Some states and territories offer expanded subsidised quit smoking programs to their residents. For example, Queensland offers 12 weeks free NRT through participation in Quitline counselling for pregnant women (and those planning a pregnancy in the next 6 months) and their partner, Aboriginal and Torres Strait Islander people, parents or carers/guardians of children aged three years and under, and Queenslanders aged 12-30. Tasmania offers 12 weeks free NRT to Tasmanians aged 12-25, Aboriginal and Torres Strait Islander peoples, and pregnant individuals and their partners.

Recommendation 1: NRT and cessation medications should be free to all Australians participating in cessation counselling to remove cost as a barrier.

Analysis of Pharmaceutical Benefits Scheme data shows that subsidy of NRT and cessation medications was associated with a substantial increase in use of these products in Australia, particularly among concession card holders (80% of all NRT prescriptions in 2020 were for concession patients).¹⁵ The higher prevalence of smoking among groups who are more likely to be concession card holders supports a strategy to provide free NRT and cessation medications to these groups and, for equality, to all Australians seeking to quit smoking. This recommendation aligns with *Article 14 of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC)*, which encourages the provision of accessible, evidence-based interventions including behavioural support and pharmacological treatments such as Nicotine Replacement Therapy (NRT) and recommends that these services be made available at low or no cost.

Recommendation 2: Enhanced availability of NRT through Quitline Services

We commend the governments of Queensland and Tasmania for their leadership in expanding access to Nicotine Replacement Therapy (NRT) for multiple priority populations. These jurisdictions serve as strong examples of how Quitline services can be tailored to better meet the needs of diverse groups. However, inconsistencies across states and territories in the provision of cessation support highlight inequities in access to treatment for nicotine dependence. The cost of NRT, prescription cessation medicines, and general practitioner consultations can create significant barriers particularly for individuals experiencing socioeconomic disadvantage.

To address these disparities, we strongly recommend that all states and territories are encouraged to adopt consistent and cost-effective approaches to NRT provision through Quitline services using Queensland and Tasmania as exemplars in addressing inequities across populations. The need for consistent communications, programs and more cost-effective ways of accessing NRT and medicines is vital to reduce inequities and support more people to quit smoking and vaping. This recommendation aligns with the Australian Government's *National Tobacco Strategy 2022-2030 Priority Area 11*, and the *National Preventive Health Strategy 2021-2030*.



Recommendation 3: Expand digital access to Quitline services

Recent engagement by LFA with young people aged 18-24 has highlighted that traditional Quitline service models are not well aligned with the communication preferences of this demographic. Many young people rely on digital technologies and have expressed a clear preference for accessing cessation support through digital and chat-based platforms, rather than traditional phone-based services. At present, jurisdictions primarily offer phone-based Quitline services which may act as a barrier to access, particularly for younger individuals who are more comfortable with messaging and online chat formats.

To improve the accessibility, engagement, and effectiveness of tobacco and vaping cessation support, all states and territories should be encouraged to expand their Quitline services to include digital and chat-based options. This could include 24-hour online chat services and text-based support, which are more likely to meet the needs of young people and other priority populations. Tailoring cessation services to reflect the communication preferences of different groups will help ensure equitable access and better health outcomes across the population and aligns with the Australian Government's *National Tobacco Strategy 2022-2030 Priority Area 11* and the *National Preventive Health Strategy 2021-2030*.

Recommendation 4: Introduce bulk-billed GP consultations for smoking cessation support

To improve access to structured smoking and vaping cessation support, particularly for priority populations, the Australian Government should establish a permanent Medicare Benefits Schedule (MBS) item for bulk-billed GP consultations focused on nicotine dependence treatment. While general consultations may include cessation advice, the absence of a dedicated item limits the consistency and prioritisation of this care.

From July 2021 to December 2023, temporary 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.¹⁶ 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.^{17,18} Given that smoking prevalence remains disproportionately high in rural and regional Australia,¹⁹ and access to GPs is often constrained, the discontinuation of these MBS items may negatively impact cessation outcomes in these communities.



Reinstating and making these items permanent would enable GPs to provide tailored behavioural support and prescribe pharmacotherapy without financial barriers for patients. This measure aligns with Australia's obligations under the WHO *Framework Convention on Tobacco Control* and supports the goals of the *National Tobacco Strategy Priority Area 11* and the *National Preventive Health Strategy 2021-2030* by reducing smoking prevalence, improving health equity, and lowering long-term healthcare costs.

Recommendation 5: Ban political donations from the tobacco and vaping industries

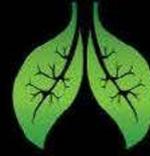
Although recommendation 5 is out of the scope of this inquiry, we stress the importance of this recommendation in ensuring all tobacco and vaping related policies and activities in Australia remain free from all industry interference.

All Australian jurisdictions should amend relevant Acts to ban political donations from the tobacco and vaping industry in line with Article 5.3 of the World Health Organization *Framework Convention on Tobacco Control (FCTC)*, the Australian Government's *National Tobacco Strategy 2022-2030 Priority Area 9*, and the *National Preventive Health Strategy 2021-2030*.

Australia 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 industry to protect public health policy from vested interests.

Australia signed the World Health Organization *Framework Convention on Tobacco Control (FCTC)* in 2003 and since then has achieved milestones in reducing tobacco use by strengthening regulatory control, creating awareness through health campaigns, and enhancing smoking cessation services. Despite this, we must do more to meet the articles outlined in the FCTC and protect the health of Australians into the future. Article 5.3 of the WHO FCTC relates to protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry²⁰.

Australia's obligations under Article 5.3 extend to new and emerging products, such as e-cigarettes and heated tobacco products, due to the increasing integration between their manufacturers and the tobacco industry. We note Australia supports the decision of the Sixth Conference of the Parties to the WHO FCTC, which invited parties to consider taking measures to: "protect tobacco-control activities from all commercial and other vested interests related to ENDS/ENNDS (i.e. e-cigarettes or electronic nicotine delivery systems/electronic non-nicotine delivery systems), including interests of the tobacco industry".²¹ Each jurisdiction has the power to do this, and New South Wales has taken a positive stance by prohibiting political donations from the tobacco industry (amongst others) or a 'close associate', as outlined in the Electoral Funding Act 2018 (NSW). This legislation replaced the previous Election Funding, Expenditure and Disclosures Act 1981, and is a valuable example of protecting public health interests.



We welcome the opportunity to contribute to the Inquiry into the Health Impacts of Alcohol and Other Drugs in Australia, specifically in relation to nicotine replacement therapy (NRT) programs. NRT plays a critical role in supporting individuals who smoke or vape to quit. However, access to cessation support remains inequitable across priority populations, and key barriers such as the cost of treatment and limited availability of subsidised services must be addressed. Ensuring that all Australians who wish to quit smoking or vaping have the opportunity and encouragement to do so is essential to improving public health outcomes and reducing nicotine dependence nationwide.

To discuss our recommendations further, please contact Paige Preston, General Manager of Policy, Advocacy and Prevention at [REDACTED]

Sincerely,



Mark Brooke
Chief Executive Officer
Lung Foundation Australia

References

1. 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
2. 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>
3. National Institute on Drug Abuse. Is nicotine addictive? | National Institute on Drug Abuse (NIDA). 2020. Accessed October 24, 2025. <https://nida.nih.gov/publications/research-reports/tobacco-nicotine-e-cigarettes/nicotine-addictive>
4. Quit. New Survey: Majority of People Who Vape Want to Quit. Quit. Accessed October 27, 2025. <https://newsroom.quit.org.au/news/new-survey-shows-most-people-who-vape-want-to-quit-and-bill-before-parliament-must-be-supported-to-end-non-therapeutic-vape-sales>
5. Twyman L, Bonevski B, Paul C, Bryant J. Perceived barriers to smoking cessation in selected vulnerable groups: a systematic review of the qualitative and quantitative literature. *BMJ Open*. 2014;4(12):e006414. doi:10.1136/bmjopen-2014-006414
6. McLeod C. Even wealthy Australians avoiding GP visits as cost of living hurts access to healthcare. *The Guardian*. <https://www.theguardian.com/australia-news/2024/oct/23/even-wealthy-australians-avoiding-gp-visits-as-cost-of-living-hurts-access-to-healthcare>. October 22, 2024. Accessed October 27, 2025.
7. Australian Bureau of Statistics. More people putting off seeing health professionals due to cost | Australian Bureau of Statistics. November 21, 2023. Accessed October 27, 2025. <https://www.abs.gov.au/media-centre/media-releases/more-people-putting-seeing-health-professionals-due-cost>
8. Carlson S, Widome R, Fabian L, Luo X, Forster J. Barriers to Quitting Smoking Among Young Adults: The Role of Socioeconomic Status. *Am J Health Promot*. 2018;32(2):294-300. doi:10.1177/0890117117696350
9. 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 October 24, 2025. <https://www.aihw.gov.au/reports/smoking/tobacco-smoking-ndshs>
10. Melbourne, Greenhalgh EM, Scollo MM, Greenhalgh EM, Scollo MM, Winstanley MH. Greenhalgh, EM | Scollo, MM | Winstanley, MH. Published online June 1, 2022. Accessed October 24, 2025.



- <https://www.tobaccoinaustralia.org.au/chapter-9-disadvantage/9-6-tailored-and-targeted-interventions-for-low-socioeconomic-groups>
11. Australian Institute of Health and Welfare. National Drug Strategy Household Survey 2019, Summary. Australian Institute of Health and Welfare. July 16, 2020. Accessed October 24, 2025. <https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019/contents/summary>
 12. Greenhalgh E, Scollo, M. *Quitting Behaviours and Use of Cessation Aids among Priority Groups in Victoria: Results from the 2018–2019 Victorian Smoking and Health Survey*. Centre for Behavioural Research in Cancer, Cancer Council Victoria; 2021.
 13. Department of Health, Disability and Ageing. Pharmaceutical Benefits Scheme (PBS) | PBS Medicine Search. Accessed October 24, 2025. <https://www.pbs.gov.au/pbs/search?term=nicotine&analyse=false&search-type=medicines>
 14. Australian Government Department of Health, Disability and Ageing. Pharmaceutical Benefits Scheme (PBS) | Closing the Gap (CTG) PBS Co-payment Program. Accessed October 24, 2025. <https://www.pbs.gov.au/info/publication/factsheets/closing-the-gap-pbs-co-payment-measure>
 15. 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->
 16. 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
 17. 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
 18. 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
 19. Australian Institute of Health and Welfare. National Drug Strategy Household Survey 2022–2023: Tobacco smoking in the NDSHS. February 29, 2024. Accessed October 27, 2025. <https://www.aihw.gov.au/reports/smoking/tobacco-smoking-ndshs>
 20. 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))
 21. World Health Organisation. Decisions. FCTC WHO Framework Convention on Tobacco Control. Accessed October 7, 2025. <https://fctc.who.int/convention/conference-of-the-parties/sessions/sixth-session-of-the-conference-of-the-parties-to-the-who-fctc/decisions>