

Tobacco Control

Policy Position Statement

Key messages: Due to public health efforts and bold policy action, there has been a steady decline in both non-Indigenous populations and Aboriginal and Torres Strait Islander populations who smoke in Australia. Smoking also continues to decline among children and adolescents, but action is required to counter industry strategies that promote nicotine addiction. In Australia, smoking is still responsible for approximately 24,000 premature deaths each year and is responsible for two out of three deaths among people who smoke regularly. There is more action to be taken.

Reducing smoking rates is essential to addressing the direct, indirect and systemic harms caused by the tobacco and nicotine industry and their products, improving health outcomes, and eliminating inequities driven by industry exploitation.

Working with partner organisations, PHAA will continue to advocate for all levels of government to maintain and build on evidence-based, comprehensive approaches to tobacco control and tobacco resistance, focusing on actions that will help to achieve the lowest possible smoking rates in Australia.

Key policy positions:

1. A comprehensive and sustained evidence-based approach to tobacco control and tobacco resistance is required, particularly among populations disproportionately targeted by the tobacco industry.
2. There has been substantial progress in action to reduce smoking nationally and in all jurisdictions, but the case for action remains urgent, especially in combating tobacco industry interference and addressing and eradicating disparities in smoking prevalence, tobacco-related disease, and premature death.

Audience: Federal, State and Territory Governments, policymakers and program managers, PHAA members, media.

Responsibility: PHAA Alcohol, Tobacco and Other Drugs Special Interest Group

Contact: [Alcohol, Tobacco and Other Drugs SIG](#)

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PHAA affirms the following principles:

1. The *World Health Organization (WHO) Framework Convention on Tobacco Control* (FCTC) was adopted on 21 May 2003 and formally came into force on 27 February 2005. To date, 183 countries (including Australia, in October 2004) have ratified the Convention and are Parties to the FCTC.⁽¹⁾
2. A comprehensive approach to tobacco control is required and is consistent with the FCTC.⁽¹⁾ A history of authoritative research has confirmed beyond doubt the importance of measures such as taxation; sustained, adequately funded media campaigns; bans on tobacco promotion; and smoke-free and nicotine-free measures as crucial components of a broader tobacco control program.⁽²⁻⁴⁾
3. The *National Preventive Health Strategy 2021–2030*,⁽⁵⁾ *National Aboriginal and Torres Strait Islander Health Plan 2021–2031*,⁽⁶⁾ the *National Drug Strategy 2017 – 2026*,⁽⁷⁾ and the *National Tobacco Strategy 2023–2030*,⁽⁸⁾ set out a comprehensive approach to tobacco control. This is consistent with the approach recommended by the National Preventative Health Taskforce⁽⁹⁾ and the WHO.⁽¹⁾
4. Federal, state and territory governments should maintain a strong focus on tobacco control and commercial tobacco resistance, implement consistent approaches, and provide adequate funding for components, such as Aboriginal and Torres Strait Islander specific tobacco control and commercial tobacco resistance measures, national media campaigns, cessation supports, and special programs for priority populations.^(5-8, 10)

PHAA notes the following evidence:

5. Tobacco remains the leading cause of Australia's largest preventable causes of death and disease.⁽¹¹⁻¹⁴⁾ WHO estimates that smoking kills more than 8 million people each year.⁽¹⁵⁾ Increasingly, the burden of mortality and morbidity is moving to low- and middle-income countries, which are being targeted by multinational tobacco companies.⁽¹⁵⁾
6. Australia has been a world leader in reducing smoking, with smoking rates continuing to decline in adults, children and adolescents. For example, 8.8% of adults aged 18 years and over smoked daily in 2022-23, a decline from 23.8% in 1995. Despite this reduction, smoking was still responsible for an estimated 24,000 deaths in 2018/19 alone,⁽¹¹⁾ and contributes to 8.6% of the total burden of disease in Australia.⁽¹¹⁻¹⁴⁾ Smoking is likely to cause the deaths of two thirds of people who currently smoke in Australia – or some 1.8 million Australians alive today.⁽¹⁶⁾ Every day, 66 Australians die from smoking-related illness.⁽¹¹⁾
7. There has been a significant reduction in smoking prevalence among Aboriginal and Torres Strait Islander people, down to 34.1% in 2022/23 from 50.0% in 2004/05.^(17, 18) This absolute decrease of 15.9% between 2004/05 and 2022/23 represents more than 50,000 fewer Aboriginal and Torres Strait Islander people who smoke than if prevalence had remained unchanged.^(17, 18) However, patterns of smoking prevalence are not uniform, and there is considerable variation in tobacco use and tobacco industry targeting by location, age group, sex and gender.^(18, 19)

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8. For example, Aboriginal and Torres Strait Islander peoples in remote areas are more likely than those in non-remote areas to smoke.⁽¹⁹⁾ While there has been encouraging declines in smoking prevalence among the Aboriginal and Torres Strait Islander population, inequities in smoking prevalence and smoking related outcomes continue.⁽²⁰⁾ Despite significant improvements in smoking prevalence, tobacco use remains the leading contributor to mortality for Aboriginal and Torres Strait Islander peoples, accounting for 37% of all Aboriginal and Torres Strait Islander deaths, and half of all deaths at age 45 years and over.⁽¹²⁾
9. Individuals with mental health conditions have a higher prevalence of smoking, and those who smoke tend to smoke more heavily than the general population.⁽²¹⁾ Illnesses caused by smoking such as cardiovascular disease, respiratory disease and cancer account for a significant proportion of the life expectancy gap between people with and without a mental illness.⁽²²⁾ Smoking prevalence is also significantly higher among LGBTQIA+ peoples.⁽⁷⁾
10. The total cost of smoking in Australia was estimated for 2015/16 at \$136.9 billion (\$19.2 billion in tangible costs and \$117.7 billion in intangible costs).⁽²³⁾

Second-hand smoke

11. There is no safe or risk-free level of exposure to second-hand smoke.⁽²⁴⁾ People who do not smoke who are exposed to second-hand smoke at home or work are at increased risk of developing heart disease by 25-30% and lung cancer by 20-30%.⁽²⁴⁾
12. Australia's tobacco plain packaging legislation was fully implemented from 2012 and has been hailed internationally as a major win for public health despite ferocious opposition from the tobacco industry.⁽²⁵⁾ The primary aim of the legislation, as part of a comprehensive approach, was to influence children and young people to avoid or minimise uptake of smoking. Post-implementation research studies provide early evidence that plain packaging is achieving its objectives, including by lowering pack appeal, reducing satisfaction of cigarettes and contributing to declines in smoking prevalence.^(26, 27) Many countries have followed Australia's lead on this policy, and others have announced their intention to do so.⁽²⁸⁾ The tobacco industry has been active in seeking to undermine plain packaging, but all tobacco industry legal actions opposing plain packaging thus far have failed in national and international courts and tribunals.⁽²⁸⁾
13. Despite the measures introduced by Australian State and Territory governments, there is clear evidence that the tobacco industry, commercial tobacco profiteers and their collaborators are continuing to promote their products, including through retail outlets and other tobacco profiteers, and lobbying against any action that might reduce their sales.⁽²⁹⁻³¹⁾
14. Driven by aggressive industry marketing and promotion, vaping prevalence is of concern particularly among younger people and people who have never smoked. Industry promotion and sales enabled easy access, bypassing laws and regulations.⁽²⁹⁻³¹⁾ However, growing evidence highlights serious health issues, including nicotine addiction and respiratory harms,⁽³²⁾ prompting stronger regulatory responses and more appropriate enforcement.
15. Article 5.3 of the Convention states that "In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law".⁽¹⁾
16. Implementing this policy would contribute towards the achievement of UN Sustainable Development Goal 3 – [Good Health and Wellbeing](#).

PHAA seeks the following actions:

17. Ensure a strong and continuing focus on tobacco control, commercial tobacco resistance, and eradicating tobacco related disease and death by adopting and maintaining comprehensive evidence-based approaches, including:
 - a. Develop, implement, monitor and evaluate forward-looking tobacco control and resistance measures to eradicate tobacco-related death and disease.
 - b. Legislate to enable strict regulation of the product itself, mandating comprehensive and easily understood warnings about the product and to outlaw all features, names and implicit claims likely to falsely reassure those who smoke or vape or make products more attractive to children.
 - c. Eliminate all forms of tobacco and vape advertising and promotion, including any remaining promotions at point of sale and elsewhere.
 - d. In accordance with Australia's obligations under the World Health Organization's Framework Convention on Tobacco Control (WHO FCTC) by protecting public health policies from the commercial and other vested interests of the tobacco industry at all levels of government. This includes regulating all forms of tobacco and vape industry, such as retail, lobbying, and public relations, as well as prohibit political donations from these sectors.
 - e. Require tobacco manufacturers to report on any remaining promotional activities, lobbying efforts, marketing expenditure, expenditure and on sales volumes.
 - f. Ensure that all sectors of government are aware of, comply with and actively enforce Article 5.3 of the FCTC.
 - g. Maintain excise and customs duty on tobacco products.
 - h. Support the introduction and enforcement of national, state, and territory licensing schemes for tobacco sales to improve oversight, reduce illicit trade, and ensure accountability in retail supply chains.
 - i. Strengthen enforcement action to stop illegal imports of e-cigarette and vaping products.
 - j. Ensure that public health and evidence-based, culturally safe smoking cessation supports are widely available and accessible, particularly for priority groups.
 - k. Ensure strong support and substantially increased funding to encourage and assist in reducing smoking among people experiencing mental health challenges.
 - l. Mandate the exclusion of smoking and vaping from all health care facilities, including psychiatric and drug and alcohol treatment services.
 - m. Ensure that all inmates and staff in adult and juvenile correctional facilities have smoke-free environments with access to effective cessation supports.
 - n. Implement all possible measures to protect people who smoke and who do not smoke, especially children, from the dangers of smoking.
 - o. Continue to grow and mature the Tackling Indigenous Smoking Program nationally and alongside culturally safe Aboriginal and Torres Strait Islander-specific programs and policies, including supports

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for Aboriginal Community Controlled Health Services to reduce smoking and nicotine dependence. This includes growing Aboriginal and Torres Strait Islander-specific tobacco control evidence, led by Aboriginal and Torres Strait Islander peoples.

- p. Sustain and expand funding for the national tobacco campaign, supported by complementary components at state/territory levels.
- q. Sustain and expand funding for tobacco-related research and evaluation to inform tobacco control and resistance measures to eradicate commercial tobacco related disease and death.

PHAA resolves to:

- 18. PHAA will work collaboratively with other health organisations to advocate for prevention and intervention programs to eradicate tobacco related death and disease in Australia and internationally.

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References

1. World Health Organization. World Health Organization Framework Convention on Tobacco Control. Geneva, Switzerland: World Health Organization,; 2003.
2. Wakefield MA, Coomber K, Durkin SJ, Scollo M, Bayly M, Spittal MJ, et al. Time series analysis of the impact of tobacco control policies on smoking prevalence among Australian adults, 2001? 2011. *Bulletin of the World Health Organization*. 2014;92:413-22.
3. Wakefield MA, Loken B, Hornik RC. Use of mass media campaigns to change health behaviour. *The lancet*. 2010;376(9748):1261-71.
4. Colonna E, Maddox, R., Marmor, A., Doery, K., Thurber, K, A., Thomas, D., Guthrie, J., Wells, S., Lovett, R. Review of tobacco use among Aboriginal and Torres Strait Islander peoples. *Australian Indigenous Health Bulletin*. 2020;20(2):62.
5. Department of Health. National Preventive Health Strategy 2021–2030. In: Department of Health, editor. Canberra, Australia2021.
6. Department of Health. National Aboriginal and Torres Strait Islander Health Plan 2021–2031. In: Department of Health, editor. Canberra, Australia2021.
7. Australian Government. National Drug Strategy 2017 – 2026. 2017.
8. Australian Government. National Tobacco Strategy 2022–2030. In: Department of Health, editor. Canberra, Australia2022.
9. National Preventive Health Taskforce. Australia: The Healthiest Country by 2020 - National Preventive Health Strategy - the roadmap for action. In: Australia. Co, editor. Canberra2009.
10. Maddox R, Telford RM, Waa A, Diaz A, Bradbrook SK, Calma T, et al. Eradication of commercial tobacco related disease and death. *BMJ Publishing Group Ltd*; 2024.
11. Joshy G, Soga K, Thurber KA, Egger S, Weber MF, Sarich P, et al. Relationship of tobacco smoking to cause-specific mortality: contemporary estimates from Australia. *BMC medicine*. 2025;23(1):115.
12. Thurber KA, Banks E, Joshy G, Soga K, Marmor A, Benton G, et al. Tobacco smoking and mortality among Aboriginal and Torres Strait Islander adults in Australia. *International Journal of Epidemiology*. 2021;50(3):942-54.
13. Australian Institute of Health and Welfare. Australian Burden of Disease Study 2018 – Key findings, In: Australian Institute of Health and Welfare, Canberra; 2019.
14. Australian Institute of Health and Welfare. Australian Burden of Disease Study: impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2018. Canberra: Australian Institute of Health and Welfare. 2022.
15. World Health Organization. Tobacco fact sheet. 2025.

16. Banks E, Joshy G, Weber MF, Liu B, Grenfell R, Egger S, 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.
17. Australian Bureau of Statistics. National Aboriginal and Torres Strait Islander Health Survey, 2022-23. In: Australian Bureau of Statistics, editor. Canberra, Australia 2024.
18. Thurber K, Walker J, Maddox R, Marmor A, Heris C, Banks E, et al. A review of evidence on the prevalence of and trends in cigarette and e-cigarette use by Aboriginal and Torres Strait Islander youth and adults. 2020.
19. Heris C, Lovett R, Barrett EM, Calma T, Wright A, Maddox R. Deadly declines and diversity—understanding the variations in regional Aboriginal and Torres Strait Islander smoking prevalence. 2022.
20. van der Sterren A, Greenhalgh E, Knoche D, Winstanley M, Scollo M. Greenhalgh, EM | Scollo, MM | Winstanley, MH. 2021.
21. Australian Institute of Health and Welfare. (2024, February 29). *National Drug Strategy Household Survey 2022–2023*. AIHW: Use of Illicit Drugs. <https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey/contents/use-of-illicit-drugs>
22. Lawrence D, Hancock KJ, Kisely S. The gap in life expectancy from preventable physical illness in psychiatric patients in Western Australia: retrospective analysis of population based registers. *Bmj*. 2013;346.
23. Whetton S, Tait R, Scollo M, Banks E, Chapman J, Dey T, et al. Identifying the social costs of tobacco use to Australia in 2015/16. 2019.
24. General USPHS OotS. The health consequences of involuntary exposure to tobacco smoke: a report of the Surgeon General: US Department of Health and Human Services, Public Health Service; 2006.
25. Freeman B. Thinking outside the box: Tobacco plain packaging and the demise of smoking. *Successful Public Policy*. 2019:303.
26. Department of Health. (2016). Post-Implementation Review Tobacco Plain Packaging 2016.
27. Greenhalgh, E., & Scollo, M. (2022). 11A.9 Real-world research on the effects of plain packaging. In E. Greenhalgh, M. Scollo, & M. Winstanley (Eds.), *Tobacco in Australia: Facts and issues*. Cancer Council Victoria. <https://www.tobaccoinaustralia.org.au/chapter-11-advertising/indepth-11a-packaging-as-promotion/11a-9-real-world-research-on-the-effects-of-plain->
28. World Health Organization. Plain packaging of tobacco products: evidence, design and implementation. 2016.
29. Bayly M, Scollo M, Wakefield M. The proliferation of ‘We Sell Tobacco Here’ signs at the point-of-sale of tobacco retailers in Melbourne, Australia. *Tobacco Control*. 2018;27(3):334-.
30. Maddox R, Kennedy M, Waa A, Drummond A, Hardy B-J, Soto C, et al. Clearing the air: conflicts of interest and the tobacco industry’s impact on indigenous peoples. *Nicotine and Tobacco Research*. 2022;24(6):933-6.
31. Legg T, Hatchard J, Gilmore AB. The science for profit model—how and why corporations influence science and the use of science in policy and practice. *Plos one*. 2021;16(6):e0253272.
32. Banks E, Yazidjoglou A, Brown S, Nguyen M, Martin M, Beckwith K, et al. Electronic cigarettes and health outcomes: umbrella and systematic review of the global evidence. *Medical Journal of Australia*. 2023;218(6):267-75.