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# The future of tobacco control in Australia



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## Key issues

- Tobacco control has been in the media spotlight recently, with increasing reports of a growing black market and associated crime and loss of tobacco excise revenue.
- Australia has committed to what tobacco control experts describe as a tobacco endgame; that is, the elimination of tobacco use.
- Australia's tobacco control efforts have proven highly successful in driving down rates of daily smoking for most groups. However, rates remain relatively high for Aboriginal and Torres Strait Islander people, older people, and people in socio-economically disadvantaged geographical areas.
- Successive tobacco excise increases above ordinary indexation have resulted in cigarette prices in Australia being among the highest in the world. There is some evidence to suggest that high cigarette prices have contributed to a growing trade in illicit tobacco.
- Australia is unlikely to achieve its endgame target using current tobacco control measures.
- Novel endgame measures could help Australia to realise its target, but few of these measures have been implemented and evidence for their efficacy and potential unintended consequences is limited.
- Tobacco endgame is most likely to be achieved using a comprehensive range of tobacco control measures, both existing and novel. Ideally, such an approach would target the needs of remaining, largely disadvantaged smokers.

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## Introduction

Australia, along with several other countries and regions, has committed to a tobacco endgame – that is, the goal of eliminating tobacco use within a specified timeframe. This is in recognition of the ongoing harms and costs associated with tobacco use. Tobacco use is [the second-highest risk factor contributing to disease burden in Australia](#) (see Table 1.2 in linked report) and it [imposes significant social costs on the Australian community](#).

The commitment to a tobacco endgame takes the country into largely uncharted waters and carries with it risks and challenges.

This article examines Australia’s current tobacco control situation and how its endgame strategy is playing out. It also considers the evidence base for novel endgame measures and the experience of some other countries that have introduced such measures.

## Tobacco endgame

There is no single definition of tobacco endgame. However, it is [generally understood](#) to refer to the goal of achieving a minimal level of tobacco use in a population ‘preferably with a measurable goal in a clearly defined time frame’ (pp. 1–2). The broadly agreed minimal level is

a smoking prevalence of 5% or less (p. 8). This is a threshold at which tobacco use could be said to be effectively obsolete and a jurisdiction ‘tobacco free’.

Setting a minimal level for smoking essentially amounts to a harm minimisation public health approach. It is informed by the pragmatic understanding that it is not possible to eliminate tobacco use altogether. Some tobacco use is due to dependence and benefits experienced by the user, and attempts at prohibition are not only unlikely to eliminate use, but may also create social harm.

The tobacco endgame concept is relatively new and marks a shift in thinking about tobacco control. Until recently, [McDaniel et al. argue](#), ‘most tobacco control goals were modest and expressed solely in terms of a foreseeably endless process of reducing uptake and aiding cessation, with little sense of an identifiable end point’ (p. 601). A combination of factors, including healthy international ‘competition’ stimulated by the World Health Organization (WHO) [Framework Convention on Tobacco Control](#) (FCTC), [have spurred many jurisdictions](#) to embrace the idea of not just controlling tobacco use, but making plans for ending it (p. 602).

As at June 2024, eighteen individual countries and 2 regions covering another 43 countries (the EU and Pacific Islands) [had set tobacco endgame targets](#), with most specifying a target of less than 5% smoking prevalence and a target year for achieving this goal of 2025, 2030 or 2040 (p. 1051).

## Australia’s endgame target

Australia’s endgame goal is to achieve a national daily smoking prevalence of less than 10% by 2025 and 5% or less by 2030 and a prevalence among Aboriginal and Torres Strait Islander people of 27% or less by 2030. This is set out in both the [National Tobacco Strategy 2023–2030](#) (p. 9) and the [National Preventive Health Strategy 2021–2030](#) (pp. 49–51).

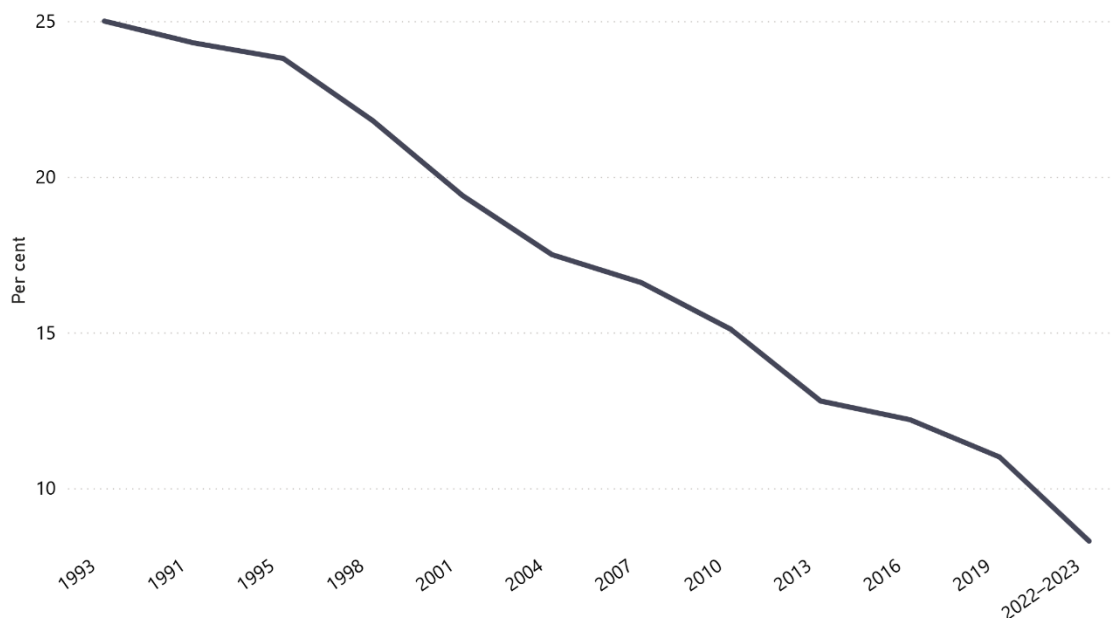
Australia is relatively well-placed to achieve a tobacco endgame, which, as set out in [this article in \*The Lancet Global Health\*](#), is generally considered ‘more feasible in countries with advanced tobacco control measures and a smoking prevalence of 15% or less’ (p. 1049). Australia is widely recognised as a world leader in tobacco control, having implemented a comprehensive range of FCTC measures and [pioneered the plain packaging of tobacco products](#). According to an assessment [published in the \*Journal of Global Health Reports\*](#), in 2018 Australia ranked fourth out of 195 countries in implementing policies and program measures based on critical articles of the FCTC (p. 4).

## Smoking in Australia

The National Drug Strategy Household Survey (NDSHS) shows that Australia’s tobacco control efforts [have contributed to a substantial decline in the prevalence of smoking](#), with the rate of daily smoking among Australians aged 14 years and older having reduced by

around two-thirds in the past 30 or so years (Figure 1). In the 3 years between 2019 and 2022–23 alone, there was a significant decrease in the daily smoking rate, from 11.0% to 8.3%.

**Figure 1** Daily smoking, people aged 14 and over, 1991 to 2022–23



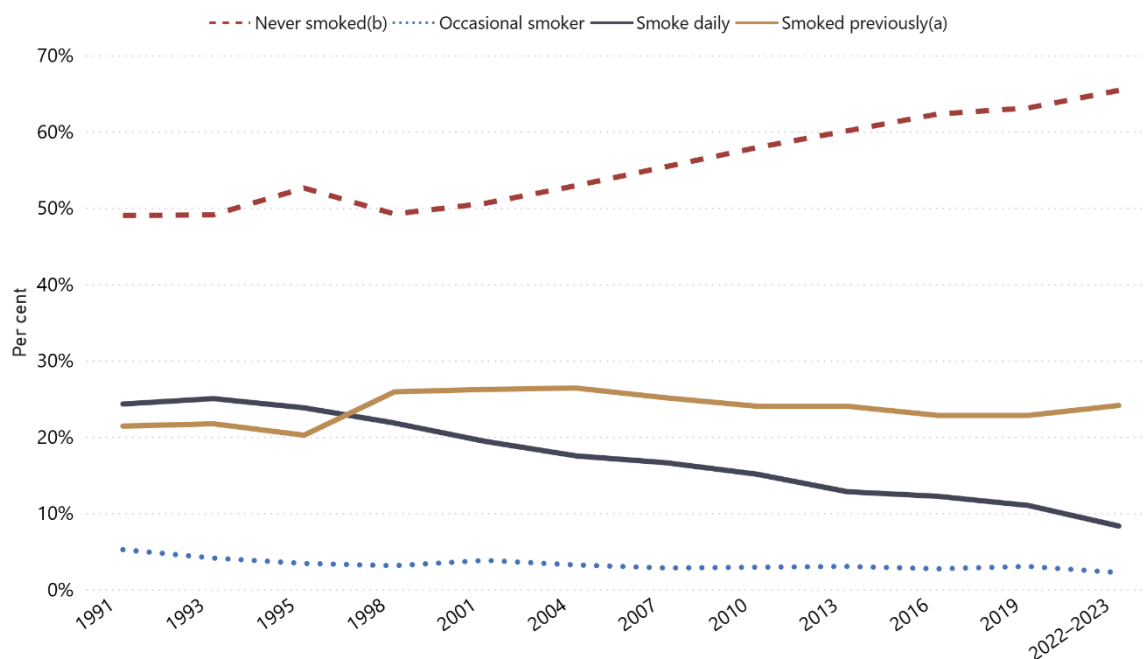
Source: ‘[National Drug Strategy Household Survey 2022–23: Tobacco Smoking in the NDSHS](#)’, Australian Institute of Health and Welfare (AIHW).

While the daily smoking rate among Aboriginal and Torres Strait Islander people is [considerably higher](#) than that of the general population – 20.0% in 2022–23 – this rate has also been declining over recent years.

Smoking rates are also higher for disadvantaged Australians. Despite a significant reduction in daily smoking among people living in the most disadvantaged socio-economic areas between 2019 and 2022–23 (from 18.1% to 13.4%), people in these areas are still more than 3 times more likely to be daily smokers than those in areas of highest socio-economic advantage (NDSHS, [Table 2.11](#)).

Much of the [long-term decline in smoking](#) has been a result of young people never taking up smoking rather than people quitting (Figure 2). And while far fewer young people are taking up smoking, the proportion of older people quitting smoking is not shifting. This has translated into Australia’s remaining smokers being generally older and more disadvantaged.

**Figure 2 Tobacco smoking status, people aged 14 and over, 1991 to 2022–23**



Source: [‘Alcohol, tobacco and other drugs in Australia’](#), Australian Institute of Health and Welfare (AIHW).

## ‘Reigniting’ tobacco control and excise increases

On 30 November 2022, the 10th anniversary of the introduction of plain packaging in Australia, the Minister for Health and Aged Care, Mark Butler, [announced a set of measures](#) aimed at ‘reigniting the fight against tobacco addiction’, claiming that ‘nine years of delay and inaction’ on tobacco reform had contributed to Australia losing its standing as a world leader in tobacco control (p. 1).

Among several new measures the government [subsequently introduced](#) was an [annual 5% increase](#) to the excise on tobacco over the 3 years from 1 September 2023 (pp. 141–142), in addition to ordinary biennial indexation and the GST. Prior to this increase, the last additional increase in tobacco excise and excise-equivalent customs duty on tobacco was on 1 September 2020.

Substantial tobacco excise increases since 2010 have contributed to [decreasing cigarette affordability](#), with cigarette prices in Australia now [among the highest in the world](#). Tobacco price increases are [the single most effective and cost-efficient means for reducing tobacco use](#) (pp. 7, 10) and the high price of cigarettes in Australia has [spurred many smokers to quit smoking or reduce their tobacco consumption](#). While [evidence for an association](#) between tobacco excise increases and illicit tobacco trade is mixed (p. 1930), some criminologists have argued that high cigarette prices have also [contributed to a growing market in illicit tobacco and declining tobacco excise revenue](#).

Some [economists now argue](#) that tobacco excise has reached a tipping point, with increases no longer reducing smoking rates, but rather forcing smokers (many of whom are nicotine-

dependent and socio-economically disadvantaged) into the black market. They propose as a response either freezing or lowering tobacco excise, in tandem with a crackdown on the illicit tobacco trade.

Several public health and other experts have [rejected the idea of reducing tobacco excise](#) in response to a growing black market in illicit tobacco, as has the Australian Government. Instead, these experts and the government have generally supported stronger policing of illicit tobacco and enhanced penalties for offenders.

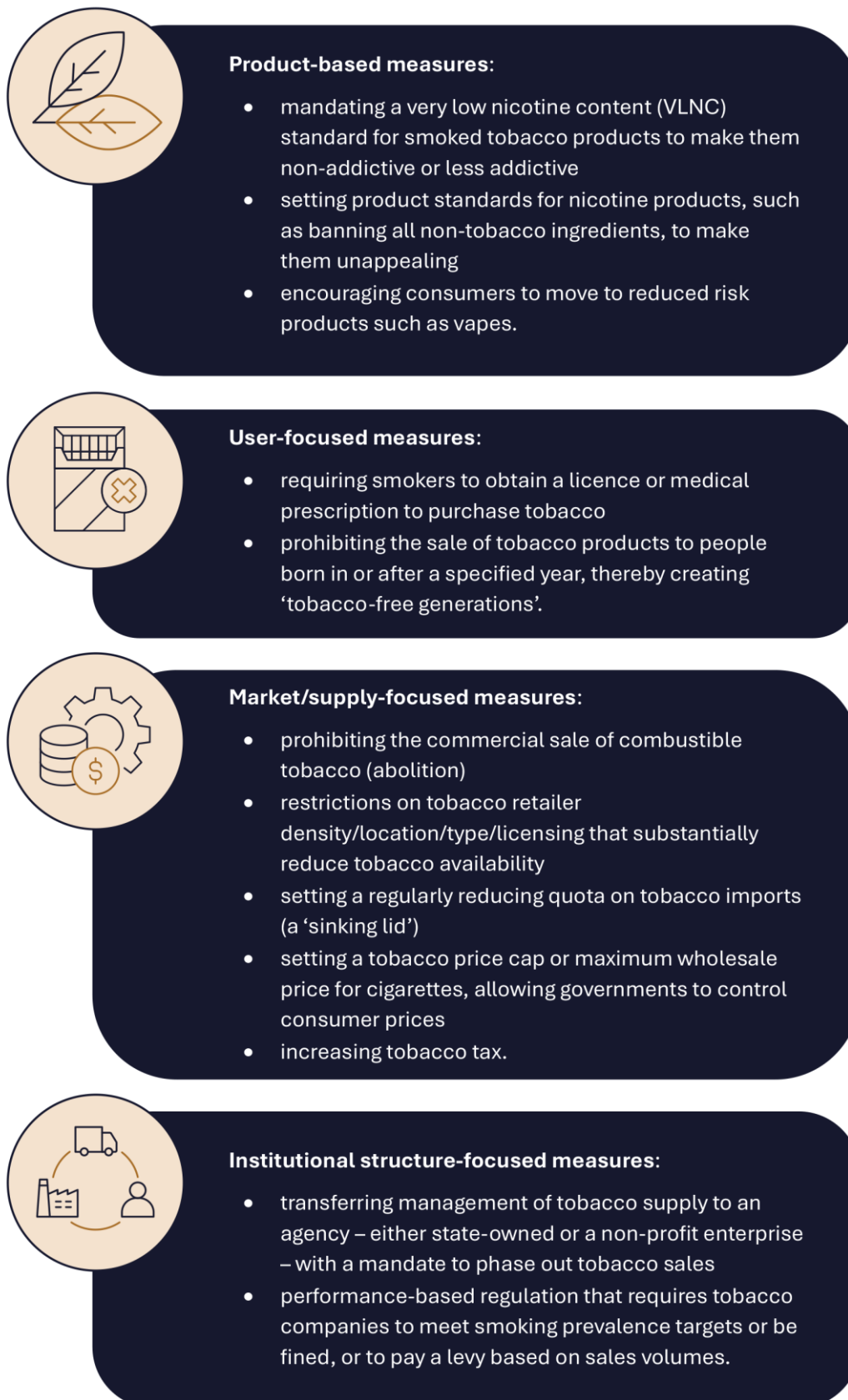
If tobacco excise increases have reached the limits of their effectiveness in driving down smoking rates without causing undue harms, then this suggests that a different strategy and new policy options will be required if Australia is to achieve its endgame target. [Simulation studies indicate](#) that FCTC measures alone will not be enough to achieve a prevalence target of 5% or less (p. 1056).

## Novel endgame measures

Tobacco control experts have proposed a wide array of novel measures (Figure 3), which typically go beyond those set out in the FCTC, to achieve endgame targets. These measures may be grouped according to whether they are focused on the product, user, market/supply or institutional structure.

Each of these measures carries a range of potential risks and the evidence base for many is limited. This is due to both their novelty and the fact that relatively few have been implemented, whether this be for reasons of practicality, legality or political feasibility. The National Health and Medical Research Council (NHMRC) [Centre of Research Excellence on Achieving the Tobacco Endgame](#) (CREATE), established in 2020, is currently developing an evidence base and optimal mix of measures to inform Australia's and other countries' endgames.

Figure 3 Possible novel endgame measures



Source: Otto Ruokolainen et al., ‘[Tobacco endgame measures and their adaptation in selected European countries: A narrative review synthesis](#)’, *Tobacco Prevention & Cessation* 10, no. 18 (April 2024): 5–6.

## Product-focused measures

In recent years, several reviews have summarised the synthesised evidence on measures considered to have potential in achieving a tobacco endgame. Most of the evidence syntheses conducted to date relate to product-focused measures, and of these, a majority deal with a VLNC standard or reduced risk products (mostly [vapes](#)).

[Evidence syntheses and modelling studies suggest](#) that mandating a VLNC standard would likely result in a significant reduction in smoking prevalence and related harm (p. 367). Despite potential limitations and the need for further research on aspects of the policy, [some commentators have argued](#) that remaining gaps in the evidence base ‘should not prevent regulators from progressing policy making on a VLNC standard’ (p. 370).

While a number of [evidence syntheses](#) support a potential role for vapes in achieving endgame goals, some also express concerns about possible unintended impacts associated with their use. Potential impacts of vaping include long-term health effects, renormalising smoking, maintaining smoking through dual use with tobacco cigarettes, and youth uptake of cigarettes. It was in response to such concerns and risks, and a significant increase in the use of vapes among children and young people, that in 2024, the Australian Government [banned the sale of vapes](#) other than in pharmacies. In what is another Australian world-first, vapes are now only legally available to people quitting smoking or managing nicotine dependence.

## User-focused measures

There are very few evidence syntheses dealing with user-focused measures and none in relation to proposals to require a licence or prescription to purchase tobacco. Simulation modelling studies of the ‘tobacco-free generations’ measure for Singapore, Solomon Islands and New Zealand each concluded that [the measure has the potential](#) to achieve an endgame and result in substantial population-level health improvements (p. 370). However, the incremental nature of the measure means that reaching an endgame target would take a significant amount of time without the implementation of other complementary measures.

## Market and supply-focused measures

Market and supply-focused measures are concentrated on excise increases and tobacco retailer restrictions.

Excise increases are not a novel endgame measure in the sense that they (along with price controls) form a key plank of the FCTC and are already being widely implemented. However, some commentators have argued that if used with sufficient intensity, excise increases could constitute an endgame measure.

Modelling of an endgame strategy relying solely on raising excise has indicated that [excise would need to be increased](#) by more than 20% annually above inflation for the target to be reached (p. 370). With the exception of a [one-off increase of 25% in 2010](#) (pp. 188–191), this far exceeds any of the additional annual excise increases introduced in Australia, including the [increases of 12.5%](#) between 2017 and 2020 (pp. 63–64).

Various systematic reviews and simulation modelling studies have found that [tobacco retailer restrictions](#) are likely to prove effective in reducing smoking prevalence (p. 373). These findings have been borne out to some degree by the real-world experience of Hungary, which has decreased the nationwide availability of licensed tobacco retailers by 85% since 2013, from 4.1 to 0.6 per 1,000 persons. [One study found](#) this restriction contributed to significant short-term reductions in cigarette use among Hungarian youth. However, for such gains to be sustained, and endgame goals reached, the study authors argue retailer restrictions need to be accompanied by additional sustained and comprehensive tobacco control measures.

## Implementation of novel endgame measures

Several jurisdictions have either implemented or attempted to implement novel endgame measures, most frequently tobacco-free generation bans, with varying degrees of success.

To date, Bhutan is the only country to have [banned tobacco sales](#) altogether, although the measure was ultimately temporary. In 2004, a nationwide ban was imposed on sales and smoking in public places and in 2010, a comprehensive ban was placed on all tobacco products. In 2021, the ban was lifted in response to fears that already rampant tobacco smuggling could result in cross-border transmission of COVID-19. Perhaps unsurprisingly given the size of Bhutan's black market for tobacco, tobacco use was found not to have decreased significantly in response to the ban.

Tobacco-free generation bans have been attempted and achieved at both subnational and national levels. In Australia, bills to enable tobacco-free generation bans have been introduced in [Tasmania](#) and [South Australia](#), with the former having lapsed and the latter currently before the state's House of Assembly.

In 2022, New Zealand became the [first country to enact legislation](#) imposing a tobacco-free generation ban, prohibiting the sale of tobacco products to individuals born on or after 1 January 2009. The legislation also provided for 2 other novel endgame measures – a 90% reduction of tobacco retailers and a VLNC standard. In February 2024, the newly-elected government [repealed these measures](#), arguing that [they were unnecessary](#), and would promote illicit trade and crime and reduce public safety and freedom. These arguments are similar to those [typically used by tobacco companies](#) in opposition to tobacco control policies.

In the United Kingdom, a [government Bill](#) that would enact a tobacco-free generation ban is currently in the House of Lords.

A tobacco-free generation ban came into effect [in Maldives](#) on 1 November 2025.

## Conclusion

Tobacco endgame represents a new frontier in public health policy. With few novel endgame measures having been implemented, there is limited real-world evidence to determine their effectiveness and weigh their benefits and harms.

Based on current tobacco control experience and simulation modelling, a comprehensive and integrated endgame approach, such as that briefly realised in New Zealand, is most likely to prove successful. An endgame approach that focuses exclusively on one strategy would leave gaps. For example, a tobacco-free generation ban would not address current smokers. Approaches could, however, combine individual strategies: reduced-risk products such as vapes, under an appropriate model of regulation, could potentially complement measures calculated to eliminate smoking.

Measures to achieve tobacco endgame will need to account for a range of challenges and possible unintended consequences. One obvious possible consequence of any measure that reduces tobacco supply or access, or substantially changes the product to make it less attractive, is a growth in illicit trade. With remaining smokers increasingly likely to be socio-economically disadvantaged, any truly comprehensive endgame strategy would also need to consider the equity impacts of measures introduced.

## Further reading

- Elizabeth Greenhalgh, Michelle Scollo and Margaret Winstanley, [Tobacco in Australia: Facts and Issues](#), (Melbourne: Cancer Council Victoria, 2024).
- Department of Health and Aged Care, [National Tobacco Strategy: 2023–2030](#), (Canberra: Department of Health and Aged Care, 2023).
- World Health Organization (WHO), [WHO Framework Convention on Tobacco Control](#), (Geneva: WHO, 2003).
- Australian Institute of Health and Welfare (AIHW), [National Drug Strategy Household Survey 2022–23](#), (Canberra: AIHW, 2025).
- Cheneal Puljević, Kylie Morphett, Marita Hefler et al., ‘[Closing the Gaps in Tobacco Endgame Evidence: A Scoping Review](#)’, *Tobacco Control* 31 (2022): 365–75.

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