



NSW Legislative Council

Inquiry into the Illegal Tobacco Trade

Response to Supplementary Questions

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1. What sources did the Heart Foundation rely on to assess the impact of illicit tobacco on cardiovascular health outcomes in NSW?

While the Heart Foundation did not rely on NSW-specific studies isolating the cardiovascular impacts of illicit tobacco as distinct from legal tobacco, our assessment reflects the well-established evidence that all tobacco products cause cardiovascular harm.

The Heart Foundation's submission relied on NSW mortality data demonstrating the causal relationship between tobacco smoking and cardiovascular disease. Tobacco smoking is a leading cause of preventable death in NSW, including from cardiovascular disease.¹ In 2022, cardiovascular disease was responsible for more than 15,200 deaths in the state, accounting for almost one quarter of all deaths.²

The cardiovascular harms of tobacco use are unequivocal. Large prospective Australian studies demonstrate that people who smoke are two-and-a-half times more likely to experience a heart attack, twice as likely to have a stroke, and at significantly increased risk of peripheral arterial disease and sudden cardiac death compared with people who have never smoked.^{3,4} These risks persist even at relatively low levels of daily consumption and translate into a substantial and preventable burden of cardiovascular mortality.

The relevance of illicit tobacco arises from evidence that its availability undermines tobacco control measures proven to reduce smoking prevalence and cardiovascular disease, particularly price-based interventions.⁵ In addition, evidence indicates that illicit and unregulated tobacco products may contain higher or variable levels of contaminants and toxic substances^{6,7}, including heavy metals, which are linked with increased cardiovascular risks.⁸

2. What evidence did the Heart Foundation rely on to conclude that increased enforcement of illicit tobacco reduces overall tobacco consumption, rather than shifting patterns of access?

The Heart Foundation's position is informed by international evidence demonstrating that effective action against illicit tobacco must occur alongside, not in place of, strong tobacco control measures. The World Bank's global review of country experiences concludes that maintaining high tobacco excise while strengthening supply-chain controls, including enforcement, licensing and track-and-trace systems, is critical to addressing illicit trade in tobacco products, reducing tobacco consumption and protecting public health.⁵

Evidence from a recent global rapid review of interventions to tackle illicit tobacco found that independent, government-led enforcement, when implemented as part of a multi-component strategy, is commonly associated with reductions in illicit market share and increases in tax-paid sales, indicating that such approaches can reduce overall tobacco consumption rather than merely displacing purchasing channels.⁹ Modelling studies further suggest that when cheap illicit supply is disrupted, a proportion of consumption is forgone rather than substituted, particularly in settings where high prices and cessation support are maintained.^{10,11}

3. How does the Heart Foundation account for the impact of illicit tobacco availability when assessing the effectiveness of tobacco control measures on cardiovascular health?

The Heart Foundation accounts for illicit tobacco as a factor that undermines, but does not negate, the effectiveness of tobacco control measures. High tobacco prices achieved through

regular excise increases are the single most effective intervention for reducing smoking prevalence and cardiovascular disease burden^{12,13}. The availability of cheap, unregulated tobacco products weakens these price signals by sustaining nicotine dependence and reducing quit attempts.⁵

Our assessment is further informed by evidence demonstrating that environmental factors, including the density and accessibility of tobacco retail outlets, are strongly associated with smoking behaviour and reduced cessation across populations.¹⁴ The presence of illicit tobacco outlets compounds these effects, particularly in disadvantaged communities where both smoking prevalence and cardiovascular disease burden are highest.^{15,16,17}

4. What evidence informed the Heart Foundation's views on youth tobacco uptake in the context of illicit supply?

The Heart Foundation's views are informed by consistent evidence that young people are particularly sensitive to tobacco price and availability. The World Health Organisation identifies tobacco taxation as one of the most cost-effective strategies for preventing smoking initiation among young people.¹⁰ By providing a cheaper alternative, illicit tobacco directly undermines this protective effect.

Evidence also shows that greater exposure to tobacco retail outlets is associated with increased experimentation and uptake among adolescents.¹⁴ Illicit tobacco, which is frequently sold outside regulated retail frameworks and without effective age-of-sale controls, further increases youth access.¹⁸

5. What indicators would the Heart Foundation regard as suggesting that current tobacco control settings are not delivering expected cardiovascular health benefits?

The Heart Foundation would regard stagnation or reversal in key population health indicators as signalling that current tobacco control settings are not delivering expected cardiovascular health benefits. These include any stabilisation or increase in the proportion of deaths attributable to cardiovascular disease in NSW, as well as a failure to achieve continued reductions in smoking prevalence, particularly among disadvantaged populations.¹

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