

s22

From: BROWN, Karlie
Sent: Tuesday, 1 July 2025 8:22 PM
To: RAVEN, Anthea
Subject: FW: Press release on Roy Morgan website - 'Smoking increases among young Australians since 'vaping sales ban' in 2024 - Roy Morgan research
[SEC=OFFICIAL:Sensitive]

Hi Anthea – grateful for your thoughts on responses and sensitivities below, as discussed.

s47C

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By The Department Of Health, Disability And Ageing

s47C

Kind regards,
Karlie

Karlie Brown ([Ms/she/her](#))
Assistant Secretary
Tobacco and E-cigarette Control Branch

Population Health Division | Primary and Community Care Group
Australian Government Department of Health, Disability and Ageing
T: +612 5132 s22 E: Karlie.Brown@health.gov.au

This email comes to you from Ngunnawal Country
Location: Yaradhang Building
PO Box 9848, Canberra ACT 2601, Australia

The Department of Health, Disability and Ageing acknowledges First Nations peoples as the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to all Elders both past and present.

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From: [MCLACHLAN-BENT, Ashley](#)
To: [BEDFORD, Chris](#); [REBERA, Avi](#)
Cc: s22
Subject: Fwd: Press release on Roy Morgan website - "Smoking increases among young Australians since "vaping sales ban" in 2024 - Roy Morgan research [SEC=OFFICIAL:Sensitive]
Date: Tuesday, 1 July 2025 7:31:13 PM
Attachments: [image001.png](#)

Chris, s22 Avi

I don't have further detail at this stage but bringing the below release from Roy Morgan this afternoon re smoking and vaping rates to your earliest attention.

Karlie and team are onto it (see below). I will work with KB to keep you updated.

Ashley

Sent from [Workspace ONE Boxer](#)

----- Forwarded message -----

From: BROWN, Karlie
Date: 1 July 2025 at 7:25:00 pm AEST
Subject: FW: Press release on Roy Morgan website - 'Smoking increases among young Australians since 'vaping sales ban' in 2024 - Roy Morgan research [SEC=OFFICIAL:Sensitive]
To: MCLACHLAN-BENT, Ashley

FYI, as discussed.

From: s22
Sent: Tuesday, 1 July 2025 6:41 PM
To: BROWN, Karlie
Subject: Press release on Roy Morgan website - 'Smoking increases among young Australians since 'vaping sales ban' in 2024 - Roy Morgan research [SEC=OFFICIAL:Sensitive]

Dear Karlie

s47F just called to advise Roy Morgan has published the following press release - [Smoking increases among young Australians since 'vaping sales ban' in 2024 - Roy Morgan Research](#) that uses data from 2024 through to May 2024 to assert that smoking rates have increased since the vaping reforms – particularly among 18-24yrs.

s47G

Apologies for the late call (I did not leave a voice mail) and given the time perhaps we can wait for more information from s47F s47G

The quotes from Roy Morgan give a good sense of the overall press release:
Roy Morgan CEO Michele Levine says legislation banning the sale of single-use and non-therapeutic vapes in Australia introduced in 2024 has had little impact on the rate of vaping and coincided with an increase in smoking rates among young Australians:

"The latest Roy Morgan data on smoking and vaping rates in Australia shows rates of smoking have increased since the legislation was introduced in mid-2024 – driven almost entirely by younger Australians aged 18-24.

“The legislation was phased in over several months from July 2024 but has demonstrably failed to reduce overall rates of smoking and vaping – which are higher now than during the second half of last year.

“In particular, in the year to September 2024, over one-sixth of Australians (17.1%) were smoking or vaping – and after briefly dipping, the latest data shows the overall rate of smoking and vaping has now returned to the same level (17.1%) – and the raw number is now higher.

“A comparison of different age groups shows Australians aged 18-24 are driving this increase with the overall rate of smoking and vaping rising 2.9% points for this age group since September 2024. This is a striking contrast with the trends for other age groups with the rate for 25-34yr olds down 0.7% points, down 0.4% points for 50-64yr olds, and down 0.2% points for people aged 65+. The rate is unchanged for people aged 35-49.

“Digging into the data since September 2024 shows more 18-24yr olds are smoking Factory-Made Cigarettes (up 2.9% points to 11.1%), vaping (up 1.5% points to 20.5%), and smoking Roll Your Own cigarettes (up 0.5% points to 7.6%).”

Happy to chat as needed,

Kind regards

s22

[Ms/she/her](#)

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Tobacco & E-Cigarette Control Branch
Population Health Division

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 Australian Government, Department of Health, Disability and Ageing
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[SEC=OFFICIAL:Sensitive]

s22

From: RAVEN, Anthea
Sent: Tuesday, 1 July 2025 7:33 PM
To: DEVELIN, Liz
Cc: BROWN, Karlie; s22
Subject: FW: Press release on Roy Morgan website - 'Smoking increases among young Australians since 'vaping sales ban' in 2024 - Roy Morgan research [SEC=OFFICIAL:Sensitive]

Importance: High

See below.

We're expecting media on this tomorrow (s47G). KB is preparing holding lines to send to the office tonight. s47G

Will keep you posted.

Ta
 Anthea

From: BROWN, Karlie <Karlie.Brown@health.gov.au>
Sent: Tuesday, 1 July 2025 7:13 PM
To: RAVEN, Anthea <Anthea.Raven@health.gov.au>
Subject: FW: Press release on Roy Morgan website - 'Smoking increases among young Australians since 'vaping sales ban' in 2024 - Roy Morgan research [SEC=OFFICIAL:Sensitive]

Hi Anthea

FYI below, I will give you a call now to discuss.

Karlie

From: s22 @Health.gov.au>
Sent: Tuesday, 1 July 2025 6:41 PM
To: BROWN, Karlie <Karlie.Brown@health.gov.au>
Subject: Press release on Roy Morgan website - 'Smoking increases among young Australians since 'vaping sales ban' in 2024 - Roy Morgan research [SEC=OFFICIAL:Sensitive]

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“The legislation was phased in over several months from July 2024 but has demonstrably failed to reduce overall rates of smoking and vaping – which are higher now than during the second half of last year.

“In particular, in the year to September 2024, over one-sixth of Australians (17.1%) were smoking or vaping – and after briefly dipping, the latest data shows the overall rate of smoking and vaping has now returned to the same level (17.1%) – and the raw number is now higher.

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Happy to chat as needed,

Kind regards

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Ms/she/her)

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**Tobacco & E-Cigarette Control Branch
Population Health Division**

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Teams messages

2/7/2025 – 9:33am

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<https://www.roymorgan.com/findings/9936-introduction-of-vaping-bans-leads-to-increase-in-cigarette-smoking-in-australia>

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Evolution of nicotine product use in Ireland 2015–2023, and associations with quit intentions and attempts: an analysis of nationally representative repeated cross-sectional surveys



Margaret M. Brennan,^{a,b,h,*} Andrea K. Bowe,^{c,h} Aishling Sheridan,^d Frank Doyle,^e Fiona Boland,^f and Paul Kavanagh^{a,d,g}



^aNational Health Intelligence Unit, Health Service Executive, Jervis House, Jervis Street, Dublin 1, Ireland

^bDepartment of Public Health and Primary Care, Institute of Population Health, School of Medicine, Trinity College Dublin, Dublin, Ireland

^cThe Irish Centre for Maternal and Child Health Research, University College Cork, Cork, Ireland

^dTobacco Free Ireland Programme, Health and Wellbeing, Health Service Executive, Ireland

^eDepartment of Health Psychology, School of Population Health, RCSI University of Medicine and Health Sciences, Dublin 2, Ireland

^fData Science Centre, School of Population Health, RCSI University of Medicine and Health Sciences, Dublin 2, Ireland

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Summary

Background Nicotine product use (NPU; including combustible tobacco products and/or e-cigarettes) is changing rapidly worldwide. Aiming to inform an agile policy response, this study examined NPU trends, and associations with intentions and attempts to quit tobacco.

Methods Survey-weighted prevalences of NPU (tobacco and/or e-cigarette), tobacco, e-cigarette, and dual (tobacco and e-cigarette) use were estimated from 2015 to 2023 (excluding 2020 and 2021) using seven waves of the nationally representative Healthy Ireland survey (combined N = 52,167). Associations between sociodemographic factors and NPU, as well as between NPU and quit intentions and attempts, were examined using survey-weighted regression in the 2015 and 2023 waves.

Findings Between 2015 and 2023, decreases in NPU were non-significant (24.6% (1846/7502) to 22.9% (1688/7356), $p_{\text{trend}} = 0.120$), while tobacco use decreased (22.8% (1713/7502) to 17.7% (1303/7356), $p_{\text{trend}} = 0.012$), e-cigarette use increased (3.1% (230/7502) to 8.4% (614/7356), $p_{\text{trend}} = 0.001$) and dual use increased (1.3% (97/7502) to 3.1% (230/7356), $p_{\text{trend}} = 0.006$). Among those aged 15–24, NPU increased from 19.6% (214/1095) in 2015 to 30.0% (345/1149) in 2023. In 2015, dual use was strongly associated with higher odds of quit intentions and attempts to quit tobacco, compared to tobacco-only, but this was no longer the case in 2023.

Interpretation E-cigarette and dual use have more than doubled in Ireland, while tobacco declines have slowed. The most substantial changes occurred among 15–24-year-olds. Concurrently, the link between dual use and quit intentions and attempts attenuated. These findings underscore the need for stronger e-cigarette regulation and renewed policy efforts to achieve tobacco endgame in Ireland.

Funding None.

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Keywords: Tobacco use; E-cigarette use; Dual use; Quit attempts; Quit intentions; Tobacco control; E-cigarette regulation; Population health; Trends

Introduction

Tobacco use remains a leading public health challenge. Between 2000 and 2022, the estimated prevalence of

tobacco use across the World Health Organization (WHO) European region decreased from 34% to 25%, yet this remains the second-highest prevalence glob-

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E-mail address: Margaret.Brennan12@hse.ie (M.M. Brennan).

^hJoint first authors.

Research in context

Evidence before this study

We searched PubMed with the search terms: "e-cigarette*" OR "electronic cigarette*" OR "vape" OR "vaping" AND "tobacco" OR "cigarette*" OR "smok*" AND "dual use*" OR "concurrent use" OR "tobacco and e-cigarette" AND "quit*" AND "intention*" OR "attempt*" from database inception to 31st December 2024, for studies published in English. Google Scholar was also used. We identified seven studies on general adult populations: two from the United Kingdom (UK), one from Korea and four from the United States (US). These studies largely reported dual use was associated with increased quit attempts. However, none examined whether these associations have changed over time.

Added value of this study

First, we document pronounced increases in e-cigarette and dual use, while declines in tobacco use stalled from 2019 onwards in Ireland. Consequently, overall nicotine product

use has remained largely stable, but has increased substantially among 15–24-year-olds, particularly since 2021. Second, we identify important changes in the associations between dual use and quit intentions and attempts between 2015 and 2023. By 2023, the strength of the association between dual use, and quit intentions and attempts was substantially attenuated, suggesting that individuals using both tobacco and e-cigarettes were no longer more likely to intend to or to attempt quitting tobacco compared to those using tobacco only.

Implications of all the available evidence

Our findings from Ireland, considered alongside existing evidence, suggest that further population-level measures are necessary to restrict e-cigarette accessibility as consumer products, as they do not appear to support quit intentions or attempts in this context. Furthermore, renewed efforts to advance tobacco endgame are warranted.

ally.¹ Within the region, substantial intercountry variation exists: levels exceed 30% in central and eastern European countries, but are below 18% in the Nordic countries.¹ Advancing tobacco control offers significant potential for global health gains. For instance, full implementation of tobacco control policies is projected to prevent 1·65 million lung cancer cases over a 20-year period across 30 European countries.² As of 2024, 18 countries and two regions covering 43 countries—the European Union (EU, including Ireland) and the Pacific islands—have established tobacco endgame targets, typically aiming to reduce smoking prevalence to below 5%.³

Over the past two decades, the epidemiology of nicotine product use (NPU) has changed. Electronic cigarettes (e-cigarettes) entered the European consumer market in 2006, followed by disposable e-cigarettes between 2019 and 2021.⁴ In 2023, 3% of those aged 15 and older across the EU reported current e-cigarette use.⁵ At the national level, this varies significantly, with 9% reporting current use in Estonia, relative to just 1% in Sweden.⁵ In the United Kingdom (UK), there has been a sharp increase in e-cigarette use across all age groups, especially among young people who had never regularly smoked tobacco before—suggesting that e-cigarette availability as a consumer product may be introducing nicotine to those who might have avoided it otherwise.^{4,6} Long-term vaping (more than six months) has also substantially increased among adults (≥ 18 years old) in England from 1·3% in 2013 to 10·0% in 2023.⁷

Concerns about health risks associated with e-cigarette use are growing. A 2024 meta-analysis of observational studies found that e-cigarette use is associated with elevated risk for cardiovascular, respiratory and oral disease, as well as metabolic dysfunction,

compared to non-use.⁸ Moreover, emerging evidence shows that many who use e-cigarettes continue to smoke combustible cigarettes (dual use). Among e-cigarette users, 39·1% in the US,⁹ 66·7% in Sweden,¹⁰ and 85·3% in Korea were dual users.¹¹ Notably, dual use has been associated with 20–40% higher odds of cardiovascular disease, stroke, metabolic dysfunction, asthma, chronic obstructive pulmonary disease and oral disease compared to smoking tobacco alone.⁸ Emerging evidence also suggests that dual use may increase the risk of developing lung cancer.¹²

The role and impact of e-cigarettes in smoking cessation and initiation remain intensely debated.^{13–16} A 2025 Cochrane review reported high-certainty evidence that nicotine e-cigarettes increase quit rates compared to nicotine replacement therapy (NRT), such as patches or gum, in the context of randomised controlled trials of adults who are usually motivated to quit.¹⁷ However, this contrasts with real-world evidence. For example, a 2021 meta-analysis of observational studies found that when accessed as consumer products, e-cigarette use among adults who smoke was not associated with increased smoking cessation.¹⁸ Other studies suggest that e-cigarette use by adults and youth who intend to quit smoking may actually hinder rather than support cessation.^{19–21} Furthermore, transition from tobacco use only to dual use is a concern.^{22,23} Finally, a systematic review and meta-analysis of longitudinal observational studies found that e-cigarette use substantially increases the likelihood of smoking initiation among adolescents and young adults.²⁴

This evidence base creates a challenge for tobacco policy-makers. While progress has been made in global tobacco control policy, including workplace smoking bans (first implemented nationally in Ireland), and

restrictions on advertising, packaging and point of sale displays,²⁵ rates of tobacco use are declining relatively slowly,¹ and the impact of e-cigarettes remains unclear.¹⁴ Currently, most tobacco control policies do not yet apply to e-cigarettes, and national approaches vary substantially. For example, Public Health England have endorsed e-cigarettes as a harm-reduction method for established smokers,²⁶ whereas, in Ireland, national clinical guidelines for stop smoking care do not recommend e-cigarettes as a cessation support.²⁷ In many countries, e-cigarettes are widely available through general retail outlets. However, in July 2024, Australia implemented a more precautionary policy, restricting e-cigarette sales to pharmacies and solely for the stated purpose of supporting smoking cessation.²⁸ Other countries have taken even more stringent measures, as of 2023, the World Health Organization reported that 34 countries had banned the sale of e-cigarettes altogether.²⁵

In this context, there are several important gaps in the existing evidence base. Internationally, there has been limited longitudinal examination of trends in dual use of tobacco and e-cigarettes. There is insufficient knowledge about how dual use may affect quitting behaviours and whether this may be changing over time. In Ireland, research examining the changing epidemiology of nicotine use among the general adult population is lacking. Existing Irish studies have largely focused on adolescents and e-cigarette use,²⁹ and have been cross-sectional.^{30–34} This study aims to address these gaps, and provide evidence to support future national and international policy efforts.

Our research questions are as follows: i) What are the trends in overall NPU, tobacco use, e-cigarette use and dual use among the general adult population in Ireland between 2015 and 2023? ii) What are the sociodemographic factors cross-sectionally associated with different patterns of NPU in 2015 and 2023, respectively, and has the direction or magnitude of these associations changed over the nine-year period? iii) Do individuals who use tobacco only have different quit intentions or attempts from those who are dual users of tobacco and e-cigarettes? Does this vary by age group, and has the direction or magnitude of these associations changed over the nine-year study period?

Methods

Study design

This study is an analysis of seven waves of a repeated, nationally representative, cross-sectional survey, Healthy Ireland (HI).³⁵ HI uses probability sampling and provides survey weights based on Census population statistics (age by gender, education, work status and region) to adjust for differential non-response, thereby aligning the respondent profile with the source population. As a result, HI can be considered nationally representative of

the population aged 15 years and older in Ireland.³⁵ From 2015 to 2019, the sampling frame included all residential addresses from the Ordnance Survey Ireland Geodirectory and data was collected via Computer Aided Personal Interview.³⁵ From 2021, mobile phone numbers were randomly sampled and data was collected via Computer Aided Telephone Interviewing.³⁵ Ipsos B&A co-ordinates data collection on behalf of the Department of Health of Ireland.³⁵ Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) reporting guidelines were followed.

Participants

The overall study population used in the descriptive analysis of trends includes 52,167 individuals who participated in HI between 2015 and 2023. This excludes the 2020 and 2021 waves, as HI was not conducted in 2020 due to the Covid-19 pandemic, and 2021 lacked variables required for this analysis. Regression analyses were conducted using data from the 2015 and 2023 waves. Analyses examining associations with sociodemographic factors included 7502 participants from the 2015 wave and 7356 from the 2023 wave. Only participants who reported current tobacco use were asked about their intentions and attempts to quit tobacco, consequently, regression analyses examining these outcomes included 1639 participants from the 2015 wave and 1108 from the 2023 wave.

Variables

Nicotine product use

Tobacco use was assessed with the question “Do you smoke tobacco products?”. Participants could respond “Yes, daily”, “Yes, occasionally” or “No” which was dichotomised to “Yes” and “No” for this study. Those who answered “Yes, daily” or “Yes, occasionally” were further asked about their frequency of daily or weekly use, respectively, of specific products, including “Manufactured cigarettes”, “Hand-rolled cigarettes”, “Pipes full of tobacco”, “Cigars” and “Other”. To clarify the distribution of tobacco product use, an additional analysis was conducted, categorising the frequency of use across these product types.

E-cigarette use was assessed with the question “Which of the following statements best applies to you?”. Response options included “I have never tried e-cigarettes”, “I have tried e-cigarettes but do not use them (anymore)”, “I have tried e-cigarettes and still use them daily” and “I have tried e-cigarettes and still use them occasionally”. As with tobacco use, those reporting daily or occasional e-cigarette use were categorised as “Yes”, while all other responses were categorised as “No”. Of note the response options changed slightly for this question during the study period, as detailed in the data dictionary ([Methods S1](#)).

Dual use was defined as reporting tobacco and e-cigarette use at the time of interview. Total NPU was

defined as the use of either tobacco or e-cigarette use. For the regression, analyses focused on those who reported current tobacco use only, current e-cigarette use only and current dual use, to avoid double-counting participants.

Socio-demographics

We selected the following variables a priori. Age (years) was categorised as: 15–24, 25–34, 35–44, 45–54, 55–64, and 65+ for descriptive analyses and the regression examining sociodemographic factors. For regression analyses focused on quit intentions and attempts, age was grouped into broader categories: 15–34, 35–54 and 55+ years due to the smaller sample sizes available for these analyses. Sex was categorised as “Male” or “Female”, which were the only options available in HI 2015–2019. In 2022–2023, participants could also select “Other”, but very few identified this way. Due to HI statistical disclosure rules on minimum cell count frequency, these responses were classified as missing. Ethnicity was categorised as “White Irish” and “Other” due to the small numbers within categories other than “White Irish”. Highest level of education achieved was categorised as “Primary or less”, “Lower secondary”, “Upper secondary”, “Post-secondary non-tertiary” and “Tertiary”. Self-rated health was categorised as “Very good”, “Good”, “Fair” and “Bad/very bad” where “Bad” and “Very bad” were merged due to small numbers.

Quit intentions

Participants who reported current tobacco use were asked about their intentions to quit tobacco which were defined using a Likert scale with the following options: “Not thinking about quitting”, “Thinking about but not planning”, “Planning to quit” or “Trying to quit”.

Quit attempts

Participants who reported current tobacco use were asked about past-year quit attempts, defined as stopping smoking tobacco for one day or longer in an effort to quit. Response options were “No” and “Yes”. Notably, this measure does not capture individuals who had successfully quit smoking, as the question was only asked of those reporting current tobacco use at the time of survey.

For all variables, responses of “Don’t know” or “Refused” were categorised as missing. Further detail on variable categorisation is provided in [Methods S1](#).

Statistical analysis

R version 4.4.3 was used for all statistical analyses.

Survey-weighted prevalence of NPU, tobacco, e-cigarette and dual use was estimated separately for each of seven waves of the Healthy Ireland survey (2015, 2016, 2017, 2018, 2019, 2022 and 2023) overall, and stratified by sex, age group and highest level of education achieved using the R package “survey”. Linear

regression was used to assess the significance ($p < 0.05$) of linear trends in overall prevalence estimates.

Survey-weighted multinomial and binomial logistic regression models were used to examine associations using the R packages “nnet” and “survey”, respectively. First, multinomial regression to assess the relationship between sociodemographic factors and NPU. Second, multinomial regression to assess whether dual use is associated with different quit intentions relative to tobacco-only, and third, binomial regression to examine quit attempts, both overall and stratified by age group to assess for effect modification. These analyses were conducted separately for 2015 and 2023 waves, to evaluate whether the direction and strength of associations had changed. Additionally, we had planned to repeat these analyses using the combined dataset with two-way interactions between year, age and sex, but convergence issues prevented completion.

As an additional analysis to assess consistency with the main results, survey-weighted linear regression was conducted using the R package “survey” to examine the association between dual use (relative to tobacco-only) and quit intentions. Multicollinearity was assessed using variance inflation factors (VIF), with a threshold of ≥ 5 , calculated with the R package “performance”.

Since the proportion of incomplete cases within each wave was minimal (ranging from 0.3 to 1.2%, see [Tables S1 and S2](#)), all analyses were conducted using complete cases only.

Ethics approval

Ethical approval for the Healthy Ireland survey was granted by the Research Ethics Committee at the Royal College of Physicians of Ireland (approval ID number RECSAF 26), encompassing this secondary analysis of fully anonymised data. Informed consent was obtained from each participant before data collection began; for those under 18, parental consent was obtained.

Role of the funding source

No funding was received for this study.

Results

Descriptive statistics

Overall NPU did not decline significantly during the study period, from 24.6% in 2015 to 22.9% in 2023 ($p_{\text{trend}} = 0.120$) ([Fig. 1](#), [Table 1](#) and [Table S3](#)). Increases in NPU were particularly pronounced among those aged 15–24, rising from 19.6% in 2015 to 30.0% by 2023 ([Fig. 1](#) and [Table S4](#)).

Between 2015 and 2023, tobacco use declined significantly overall, from 22.8% to 17.7% ($p_{\text{trend}} = 0.012$) ([Fig. 1](#), [Table 1](#) and [Table S3](#)). Among those who reported tobacco use, the majority smoked manufactured cigarettes, followed by hand-rolled cigarettes. Very few reported smoking pipes or cigars, and

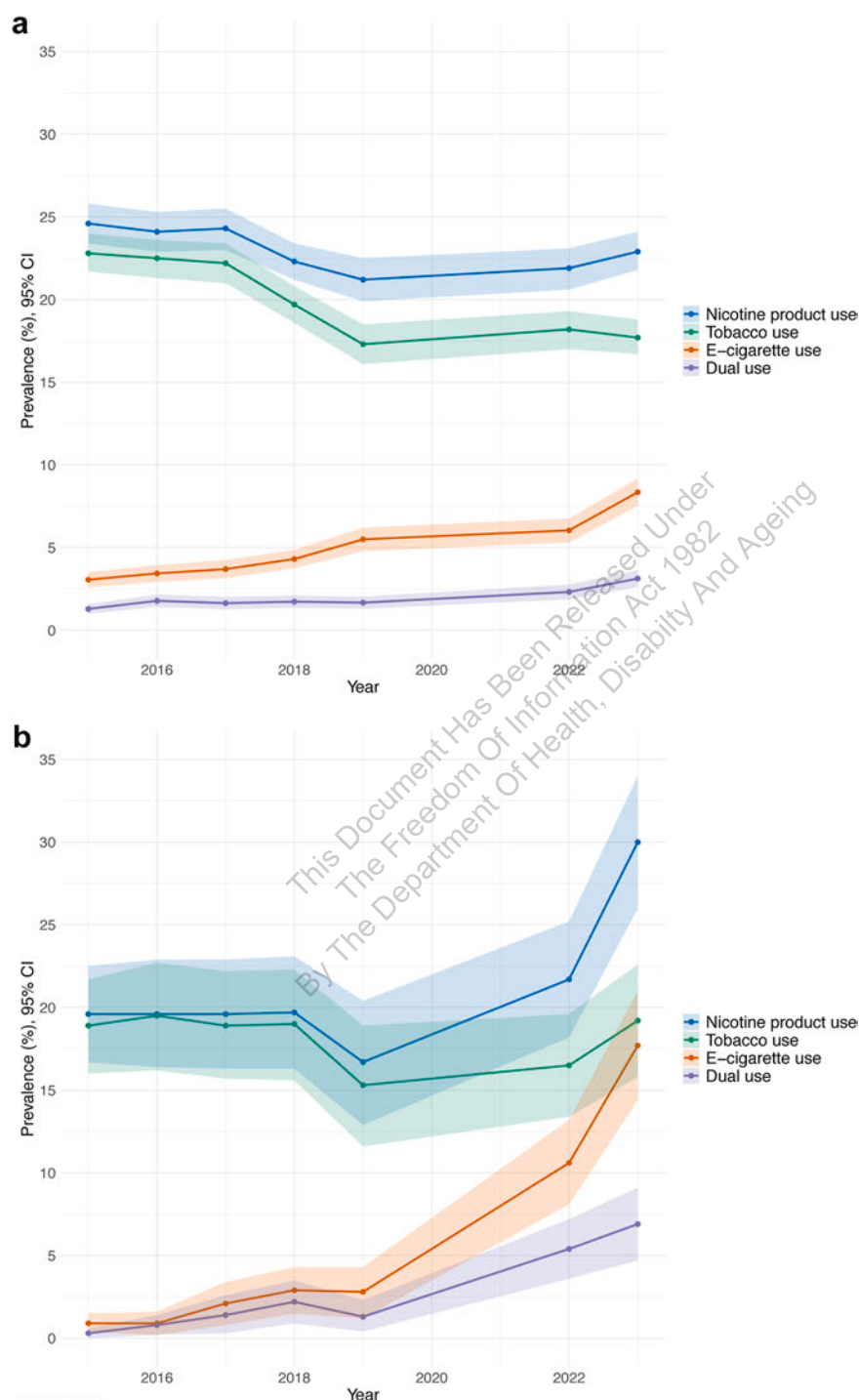


Fig. 1: Trends in survey-weighted prevalence and 95% confidence intervals for nicotine, tobacco, e-cigarette and dual use, 2015–2023 in the overall study population (a) and among those aged 15–24 (b).

almost none reported using other tobacco products (Tables S5 and S6). Declines in tobacco use were more pronounced among females (21.3% in 2015–14.9% in 2023) than males (24.4% in 2015–20.7% in 2023)

(Table S7). When examined by age group, tobacco use remained relatively static among those aged 15–24 (18.9% in 2015 Vs 19.2% in 2023) and those aged 55–64 (18.0% in 2015 Vs 16.9% in 2023). Substantial declines

	2015	2023
	% (N)	
	N = 7502	N = 7356
Nicotine product use (overall)^a		
No	75.4 (5656)	77.1 (5668)
Yes	24.6 (1846)	22.9 (1688)
Tobacco use^a		
No	77.2 (5789)	82.3 (6053)
Yes	22.8 (1713)	17.7 (1303)
E-cigarette use^a		
No	96.9 (7272)	91.6 (6742)
Yes	3.1 (230)	8.4 (614)
Dual use^a		
No	98.7 (7405)	96.9 (7126)
Yes	1.3 (97)	3.1 (230)
Nicotine product use^b		
No	75.4 (5656)	77.1 (5668)
Tobacco use only	21.6 (1616)	14.6 (1073)
E-cigarette use only	1.8 (133)	5.2 (384)
Dual use	1.3 (99)	3.1 (230)
	N = 1639	N = 1108
Quit intentions		
Not thinking about quitting	36.6 (599)	40.7 (451)
Thinking about quitting but not planning	31.3 (513)	26.6 (295)
Actively planning to quit	21.1 (345)	18.8 (208)
Trying to quit	11.1 (182)	13.9 (154)
Quit attempts in past-year		
No	55.5 (910)	55.9 (619)
Yes	44.5 (729)	44.1 (489)

^aParticipants may appear in the "yes" category for more than one of these variables, as they capture current use rather than exclusive use. ^bIn this variable, individuals are only represented once, in a mutually exclusive category.

Table 1: Survey-weighted descriptive statistics for nicotine product use, quit intentions and quit attempts in 2015 and 2023.

occurred among those aged 25–34 (32.4% in 2015–21.9% in 2023) and 35–44 (26.5% in 2015–20.5% in 2023) (Table S8). Across the study period, those with tertiary education consistently reported the lowest tobacco use (16.9% in 2015–13.1% in 2023) (Table S9).

Current e-cigarette use more than doubled, rising from 3.1% in 2015 to 8.4% in 2023, $p_{\text{trend}} = 0.001$ (Fig. 1, Table 1 and Table S3), with minimal sex differences observed (Table S7). E-cigarette use increased across all age groups between 2015 and 2023, with a particularly sharp rise among those aged 15–24, from 0.9% to 17.7% (Table S8).

The prevalence of dual use also more than doubled across the study period, from 1.29% to 3.1%, $p_{\text{trend}} = 0.006$ (Fig. 1, Table S3). There were minimal differences by sex (Table S7). In 2023, the prevalence of dual use was highest among the youngest, and decreased sequentially across age groups: 6.9% among those aged 15–24, 4.2% among those aged 25–34, 3.1% among 35–44, 2.4% among 45–54, 1.6% among 55–64 and 1.1% among those aged 65+ (Table S8).

Lastly, the proportion of individuals who reported "not thinking about quitting" tobacco increased, from 36.6% in 2015 to 40.7% in 2023, however the proportion of respondents who attempted to quit tobacco use in the past-year remained relatively stable, at 44.5% in 2015 and 44.1% in 2023 (Table 1). Sociodemographic characteristics of participants in Healthy Ireland 2015 and 2023 are presented in Table S10.

Associations between sociodemographic factors and NPU in 2015 and 2023

Tobacco use only

Males had higher odds of tobacco use in both years, compared to females, with the association strengthening from 2015 (aOR 1.2, 95% CI 1.03–1.3) to 2023 (aOR 1.5, 95% CI 1.3–1.7). In 2015, individuals of "Other" ethnicity had lower odds of tobacco use (aOR 0.8, 95% CI 0.7–0.98), compared to "White Irish", but this was no longer evident in 2023 (aOR 1.0, 95% CI 0.8–1.2). A clear education gradient was observed in 2015, with progressively higher odds of tobacco use associated with lower levels of attainment, relative to tertiary education. This gradient was less pronounced in 2023, however those with the lowest education level (primary or less) still had the highest odds of tobacco use (aOR 2.8, 95% CI 2.1–3.6). Those who had reported bad or very bad health status had significantly elevated odds of tobacco use (2015: aOR 3.1, 95% CI 2.2–4.5, 2023 aOR 2.4, 95% CI 1.7–3.3) at both time points (Table 2).

E-cigarette use only

In 2015, those aged 15–24 had the lowest odds of e-cigarette use (aOR 0.2, 95% CI 0.1–0.3), but by 2023, they had the highest (aOR 2.1, 95% CI 1.5–2.9), compared to those aged 35–44. Ethnicity was not significantly associated with e-cigarette use in 2015 (aOR 0.7, 95% CI 0.4–1.2), but in 2023, those of "Other" ethnicity had reduced odds (aOR 0.6, 95% CI 0.5–0.8), compared to "White Irish". Lower educational status was associated with higher odds of e-cigarette use in both years, with stronger associations observed in 2023. Unlike tobacco and dual use, e-cigarette use was not associated with sex or bad health status (Table 2).

Dual use

Similar to e-cigarette use, those aged 15–24 had the lowest odds of dual use in 2015 (aOR 0.1, 95% CI 0.02–0.3), but by 2023, they had the highest (aOR 2.4, 95% CI 1.6–3.6), relative to those aged 35–44. Sex was not associated with dual use in 2015 (aOR 0.9, 95% CI 0.6–1.4), but in 2023, males had higher odds than females (aOR 1.3, 95% CI 1.02–1.7). Bad or very bad self-reported health status was strongly associated with elevated odds of dual use in both years (2015: aOR 4.8, 95% CI 1.9–12.2, 2023: aOR 6.8, 95% CI 4.0–11.6) (Table 2).

	2015			2023		
	Tobacco use only Vs No use (ref)	E-cigarette use only Vs No use (ref)	Dual use Vs No use (ref)	Tobacco use only Vs No use (ref)	E-cigarette use only Vs No use (ref)	Dual use Vs No use (ref)
	aOR (95% CI)					
Age						
15–24	0.53 (0.43–0.65)	0.15 (0.07–0.33)	0.08 (0.02–0.29)	0.66 (0.52–0.84)	2.11 (1.54–2.89)	2.42 (1.63–3.59)
25–34	1.47 (1.24–1.74)	0.76 (0.47–1.22)	1.15 (0.68–1.96)	1.21 (0.97–1.50)	1.22 (0.85–1.76)	1.54 (1.00–2.37)
35–44	Ref	Ref	Ref	Ref	Ref	Ref
45–54	0.76 (0.63–0.91)	0.61 (0.37–0.98)	0.54 (0.29–0.98)	0.71 (0.58–0.88)	0.59 (0.41–0.86)	0.60 (0.37–0.97)
55–64	0.37 (0.30–0.46)	0.25 (0.12–0.49)	0.23 (0.11–0.52)	0.56 (0.44–0.71)	0.53 (0.35–0.78)	0.32 (0.18–0.59)
65+	0.17 (0.13–0.22)	0.21 (0.10–0.43)	0.15 (0.06–0.34)	0.27 (0.21–0.35)	0.15 (0.09–0.25)	0.18 (0.09–0.34)
Sex						
Female	Ref	Ref	Ref	Ref	Ref	Ref
Male	1.15 (1.03–1.30)	1.26 (0.89–1.78)	0.94 (0.62–1.41)	1.46 (1.27–1.67)	1.07 (0.86–1.32)	1.33 (1.02–1.74)
Ethnicity						
White Irish	Ref	Ref	Ref	Ref	Ref	Ref
Other	0.82 (0.69–0.98)	0.70 (0.41–1.21)	0.81 (0.45–1.48)	1.01 (0.84–1.21)	0.61 (0.45–0.83)	0.95 (0.68–1.33)
Highest education level						
Tertiary	Ref	Ref	Ref	Ref	Ref	Ref
Post secondary non tertiary	1.84 (1.45–2.34)	1.57 (0.75–3.28)	0.29 (0.06–1.47)	2.34 (1.76–3.11)	2.63 (1.72–4.00)	1.70 (0.97–2.97)
Upper secondary	2.13 (1.82–2.49)	2.60 (1.66–4.08)	1.86 (1.11–3.12)	2.10 (1.76–2.50)	1.74 (1.31–2.30)	1.27 (0.91–1.78)
Lower secondary	2.37 (1.97–2.85)	2.24 (1.29–1.91)	2.36 (1.29–4.31)	2.59 (2.10–3.19)	2.54 (1.82–3.54)	1.67 (1.09–2.55)
Primary or less	3.36 (2.69–4.21)	1.64 (0.75–3.59)	1.87 (0.82–4.27)	2.76 (2.12–3.59)	4.07 (2.69–6.15)	1.75 (0.96–3.18)
Self-rated health status						
Very good	Ref	Ref	Ref	Ref	Ref	Ref
Good	1.59 (1.40–1.81)	1.33 (0.92–1.93)	1.19 (0.74–1.91)	1.29 (1.10–1.52)	1.51 (1.17–1.93)	1.55 (1.12–2.14)
Fair	2.43 (2.02–2.92)	1.06 (0.55–2.06)	3.11 (1.73–5.59)	2.11 (1.73–2.58)	2.26 (1.65–3.10)	2.95 (1.96–4.43)
Bad/very bad	3.13 (2.20–4.46)	0.69 (0.12–3.94)	4.76 (1.86–12.20)	2.37 (1.70–3.32)	1.63 (0.89–2.99)	6.82 (4.00–11.60)

N = number of participants included in the analysis, Ref = reference category, Vs = versus, aOR = adjusted odds ratio, CI = confidence interval. *Both models were adjusted for all variables listed within the table.

Table 2: Associations between sociodemographic factors and nicotine product use among the Healthy Ireland study populations from 2015 (N = 7502) and 2023 (N = 7356), estimated with survey-weighted multivariable^a multinomial logistic regression models.

Associations between dual use and quit intentions in 2015 and 2023

In 2015, dual use was strongly associated with higher odds of quit intentions, with effect estimates increasing progressively with greater seriousness of quit intentions, relative to those who used tobacco only. By 2023, however, this strong positive association had diminished across most levels of quit intentions. When stratified by age, no significant differences in quit intentions were observed between age groups in either 2015 or 2023, suggesting that age does not modify the relationship. However, in 2023, effect estimates for quit intentions were elevated among dual users aged 55 and older, though this finding did not reach statistical significance (Table 3). This analysis was repeated using linear regression (Table S11), and yielded consistent results.

Associations between dual use and quit attempts in 2015 and 2023

In 2015, dual use was strongly associated with increased odds of having attempted to quit tobacco in the past-year compared to tobacco-only users (aOR 3.3,

95% CI 2.0–5.4). When stratified by age group, dual use was consistently associated with past-year quit attempts across all groups, with the strongest effect observed among those aged 55 and older (aOR 7.0, 95% CI 2.6–18.4). By 2023, this association was no longer apparent overall (aOR 1.2, 95% CI 0.8–1.7), or within any specific age group (Table 4).

These analyses examining quit intentions and quit attempts were repeated using a more granular age categorisation (15–24, 25–34, 35–44, 45–54 and 55+). Due to small sample size, some estimates were unstable and most had wide confidence intervals including the null, suggesting insufficient power (Tables S12 and S13). Despite this, the overall pattern was consistent with the original analyses (Tables 3 and 4): in 2015, dual use was associated with elevated odds of quit intentions and attempts but by 2023, these effects were substantially attenuated (Tables S12 and S13).

Discussion

Ireland has set a tobacco endgame goal of reducing smoking prevalence to less than 5%.³⁶ It has not actively

2015			2023			
	Thinking about quitting but not planning Vs not thinking about quitting (ref)	Actively planning to quit Vs not thinking about quitting (ref)	Trying to quit Vs not thinking about quitting (ref)	Thinking about quitting but not planning Vs not thinking about quitting (ref)	Actively planning to quit Vs not thinking about quitting (ref)	Trying to quit Vs not thinking about quitting (ref)
aOR (95% CI)						
Overall	N = 1639			N = 1108		
Tobacco only	Ref	Ref	Ref	Ref	Ref	Ref
Dual use	1.61 (0.78-3.31)	3.59 (1.81-7.11)	9.24 (4.71-18.1)	0.93 (0.61-1.42)	1.12 (0.72-1.76)	1.72 (1.08-2.75)
Age: 15-34	N = 553			N = 307		
Tobacco only	Ref	Ref	Ref	Ref	Ref	Ref
Dual use	1.78 (0.43-7.38)	4.57 (1.24-16.8)	10.5 (2.81-39.5)	0.81 (0.39-1.67)	1.49 (0.74-3.00)	1.96 (0.95-4.05)
Age: 35-54	N = 658			N = 468		
Tobacco only	Ref	Ref	Ref	Ref	Ref	Ref
Dual use	1.24 (0.46-3.31)	2.92 (1.15-7.41)	4.99 (1.85-13.5)	0.84 (0.43-1.66)	0.89 (0.43-1.87)	0.96 (0.42-2.19)
Age: 55+	N = 428			N = 333		
Tobacco only	Ref	Ref	Ref	Ref	Ref	Ref
Dual use	2.07 (0.38-11.10)	4.14 (0.62-27.5)	53.3 (11.6-244.0)	1.49 (0.62-3.62)	1.39 (0.42-4.62)	1.84 (0.58-5.85)

Vs – versus, Ref – reference category, aOR – adjusted odds ratio, CI – confidence interval, N – number of participants included in the analysis. ^aThis question was only asked of those who reported current tobacco use therefore those who only reported e-cigarette use or no use are not included in these analyses. ^bAll models were adjusted for sex, ethnicity, highest education level and health status. Models in the overall study populations were also adjusted for age.

Table 3: Quit intentions^a among those who dual use relative to those who use tobacco only, overall and stratified by age-group, in 2015 and 2023 estimated using survey-weighted multinomial regression.^b

promoted e-cigarettes as a smoking cessation aid and restrictions on e-cigarette sales to minors were only enacted in 2023.³⁷ Within this context, we identified two major findings of interest. Firstly, while tobacco use declined between 2015 and 2023 (22.8% to 17.7%), reductions largely stalled from 2019 to 2023 (17.3% to 17.7%). Concurrently, e-cigarette use has increased almost three-fold (3.0% to 8.4%), with an especially

pronounced increase of almost 20-fold (0.9% to 17.7%) among those aged 15–24 years, arising largely in the period post 2019. Similarly, dual use increased overall, with a more than 20-fold (0.3% to 6.9%) rise among those aged 15–24 years.

Internationally, similar trends have been observed. A surge in e-cigarette use was reported in England following the introduction of disposable e-cigarettes, aligning with the substantial increases we document from 2022 onwards.⁴ In the USA, declines in current cigarette smoking among youth (ages 11–18) slowed following the introduction of e-cigarettes,³⁸ mirroring the plateau in tobacco use prevalence we describe among adults in this study. Most recently, evidence from adolescents aged 14–15 in New Zealand shows rapid increases in ever-, regular- and daily-e-cigarette use, alongside a significant slowing in the decline of ever- and regular-tobacco smoking.³⁹

While not the focus of this manuscript, the COVID-19 pandemic occurred during the study period and may have influenced the nicotine product use trends we describe. Like many countries, Ireland experienced major disruptions to healthcare during this time, and a decline in the use of smoking cessation services was observed in 2020 and 2021.³⁶ The pandemic also affected the administration of the Healthy Ireland survey.³⁵ However, since then, both the utilisation and funding of smoking cessation services have increased substantially.⁴⁰ Internationally, evidence on the impact of COVID-19 on nicotine use is mixed, with some studies reporting increased use and others showing declines.⁴¹

2015		2023
aOR (95% CI)		
Overall	N = 1639	N = 1108
Tobacco only	Ref	Ref
Dual use	3.25 (1.96–5.39)	1.19 (0.82–1.74)
Age: 15–34	N = 553	N = 307
Tobacco only	Ref	Ref
Dual use	4.59 (1.54–13.7)	1.16 (0.66–2.06)
Age: 35–54	N = 658	N = 468
Tobacco only	Ref	Ref
Dual use	2.42 (1.22–4.82)	1.62 (0.85–3.12)
Age: 55+	N = 428	N = 333
Tobacco only	Ref	Ref
Dual use	6.98 (2.64–18.4)	0.72 (0.32–1.62)

Vs – versus, aOR – adjusted odds ratio, CI – confidence interval, N – number of participants included in the analysis, Ref – reference category. ^aThis question was only asked of those who reported current tobacco use therefore those who only reported e-cigarette use or no use are not included in these analyses. ^bModels all adjusted for sex, ethnicity, highest education level and health status, models in overall study population additionally adjusted for age.

Table 4: Past-year quit attempts^a among those who dual use relative to those who use tobacco only, overall and stratified by age-group in 2015 and 2023, estimated using survey-weighted logistic regression.^b

Secondly, we document a substantial and important change in the association between dual use, and quit intentions and attempts over time. In 2015, dual use was strongly associated with both quit intentions and attempts, but this was no longer the case in 2023. Our 2015 results align with findings from several existing studies, including two UK studies using data from 2012 to 2013 and 2015–2018,^{42,43} respectively, a 2018 Korean survey,⁴⁴ and multiple US studies using data gathered between 2012 and 2016.^{45–48} To our knowledge, no prior studies have reported findings consistent with our 2023 results or documented a similar shift in such associations with quit intentions or attempts over time. These findings contribute to a growing evidence base suggesting that e-cigarette availability as a consumer product is not associated with increased smoking cessation.^{18–21,49}

The plateau in tobacco use prevalence among adults, alongside the rapid rise in e-cigarette and dual use, has stalled declines in overall nicotine use and led to a sharp increase among those aged 15–24. These trends pose a significant public health concern. E-cigarettes have been a disruptive development in tobacco control and most policy-makers are struggling to find an approach which balances “promise and peril” in the context of uncertainty and scientific debate.¹³ On one hand, guided by a harm minimisation principle,¹⁶ countries like the UK and New Zealand have been keen to leverage the potential demonstrated in some trials for e-cigarettes to support quitting,¹⁷ albeit the translation of these effects in self-supported quit attempts have been more uncertain.¹⁸ Ireland and other countries have taken a more precautionary approach, underpinned by an accumulating volume of evidence linking e-cigarette use among young people with subsequent smoking.²⁴ Meanwhile, some countries, such as Brazil, have banned the sale of e-cigarettes completely.²⁵

Analyses, like this study, of repeated population-level cross-sectional studies make an important contribution of real-world evidence for tobacco policy and practice,⁵⁰ albeit inferences need to be drawn with care. The rapid increase in e-cigarette use in a context of stalling smoking prevalence and increasing dual use, especially among younger age groups, does not suggest that the diffusion of e-cigarettes into the market in Ireland and their subsequent uptake is leading to displacement or reduction in tobacco use that could chart a path to tobacco endgame. This is supported by the novel finding in this study of the marked attenuation in the quitting intention and behaviour of dual users across the study period.

Given the explicit goal of protecting children stated in Ireland’s tobacco policy, a principle shared with other countries, our study supports recent Irish legislation that restrict e-cigarette retail to people under 18 years, license tobacco and e-cigarette retailers,³⁷ and the 2024

enactment by the Irish government of the first law across the EU to restrict tobacco product retail to people under 21 years (“Tobacco 21”).⁵¹ Although we were unable to examine e-cigarette product type in this study, disposable e-cigarettes may be a key driver of the recent increase in e-cigarette use in Ireland, as in other countries.⁴ Ireland is joining other countries with legislative plans to ban disposable e-cigarettes, and is also planning restrictions on promotion, packaging and flavours.⁵² However, the trends we highlight raise questions about the effectiveness of a piecemeal approach to nicotine product policy in Ireland and provide a mandate for the full implementation of existing policies, as well as more comprehensive, coherent and decisive action. This will need to include a review of public health communication with people who smoke about the use of e-cigarettes as a support to stop smoking and a careful examination of Australia’s legislation restricting e-cigarette sales to pharmacies.²⁸

Our study also highlights the importance of enhanced population health surveillance to support implementation of tobacco endgame, including longitudinal studies, to inform decisions and to evaluate real-world policy impact, including the distributional effects across population groups. While heated tobacco products (HTPs) use in Ireland is lower than other EU countries,⁵ absence of this nicotine product in the Healthy Ireland surveys used in this study must be addressed to future-proof surveillance.

This study has a number of strengths. First, our study population was large and second, is considered nationally representative, meaning results can be generalised to the entire adult population in Ireland. Third, we described trends in the survey-weighted prevalence of NPU, tobacco use, e-cigarette use and dual use across seven waves of data collected over nine years. Additionally, we used two waves, the first and last from the study period, to assess whether associations between sociodemographic factors, quit intentions, quit attempts and NPU, had changed over time.

However, we must also acknowledge some limitations. First, there were slight changes in the wording of some questions between waves. Decisions on measure harmonisation were made through consensus discussions within the research team and are detailed in our data dictionary. Second, changes in sampling and data collection between waves may have introduced mode effects that could impact our prevalence estimates. Third, given cross-sectionality, we describe associations but cannot infer directionality, and as with any observational study, residual confounding remains possible. Fourth, as only those who reported current tobacco use were asked about past-year quit attempts, this outcome does not capture individuals who successfully quit smoking. Fifth, we had planned to repeat our models with interaction terms between year, age, and sex in the

combined dataset as supplementary analyses. However, convergence issues arose, likely due to the relatively small number of individuals reporting e-cigarette use only or dual use, limiting power to estimate interaction effects. Sixth, we did not have access to measures of nicotine dependence or type of e-cigarette product used which may have different effects on behaviour due to marketing and nicotine concentration. Lastly, the use of self-reported data may have introduced measurement error.

Conclusion

This study documents stalling reductions in overall nicotine and tobacco use, alongside a rise in e-cigarette and dual use over a nine-year period among adults in Ireland. Of particular concern are trends among the youngest age group (15–24 years), where nicotine consumption has risen substantially, particularly since 2022. We also describe important changes in the associations between dual use, and quit intentions and attempts, indicating that dual use is no longer linked to efforts to quit tobacco. Overall, these trends threaten progress toward achieving a tobacco-free Ireland. In line with the precautionary principle and evolving evidence, further population-level policies to reduce e-cigarette use—particularly among young people—should be urgently advanced in Ireland in the context of a renewed tobacco endgame plan.

Contributors

PK: Conceptualization, Methodology, Supervision, Writing—review and editing. MMB: Conceptualization, Methodology, Formal analysis, Writing—original draft. AKB: Conceptualization, Writing—original draft. AS: Data Curation, Writing—review and editing. FD: Methodology, Writing—review and editing. FB: Methodology, Writing—review and editing. PK, MMB, AKB and AS accessed and verified the data and all authors were responsible for the decision to submit the manuscript.

Data sharing statement

We cannot share the data analysed in this study directly. However, we have provided a data dictionary detailing each of our variables in [Supplementary files](#). Researchers wishing to access the data directly can make an application to the Irish Social Science Data Archive for access to the Anonymised Microdata File (more information here: <https://www.ucd.ie/issda/data/healthyireland/>) or to the Department of Health for access to the Researcher Microdata File (more information here: <https://www.gov.ie/en/collection/231c02-healthy-ireland-survey-wave/>).

Declaration of generative AI and AI-assisted technologies in the writing process

During the preparation of this work, one of the first authors (MMB) used OpenAI's ChatGPT (version GPT-4o) to enhance readability and language. MMB reviewed and edited all AI-assisted text as needed and takes full responsibility for the content of the publication.

Declaration of interests

FD has received research funding from the Health Services Executive to explore tobacco use. FD has received research funding from the Health Research Board to explore tobacco use. PK is a Member of the Organising Committee for 9th European Conference on Tobacco or Health 2023 and was supported with travel, accommodation and registration fee for this conference by the organisers incl European

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Appendix A. Supplementary data

Supplementary data related to this article can be found at <https://doi.org/10.1016/j.lanepe.2025.101352>.

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s22

From: BROWN, Karlie
Sent: Thursday, 3 July 2025 6:28 PM
To: RAVEN, Anthea; s22
Subject: FW: RM data [SEC=OFFICIAL]

Categories: Red Category

Hi both – FYI below.

I have just spoken with s47F and you will note the press release has already been removed from the Roy Morgan website.

s47G
I suggested that a s47G to point to should the press release be referenced again in the future.

I've also let s47F know and I will email the broader group now.

Karlie

s47F, s47G

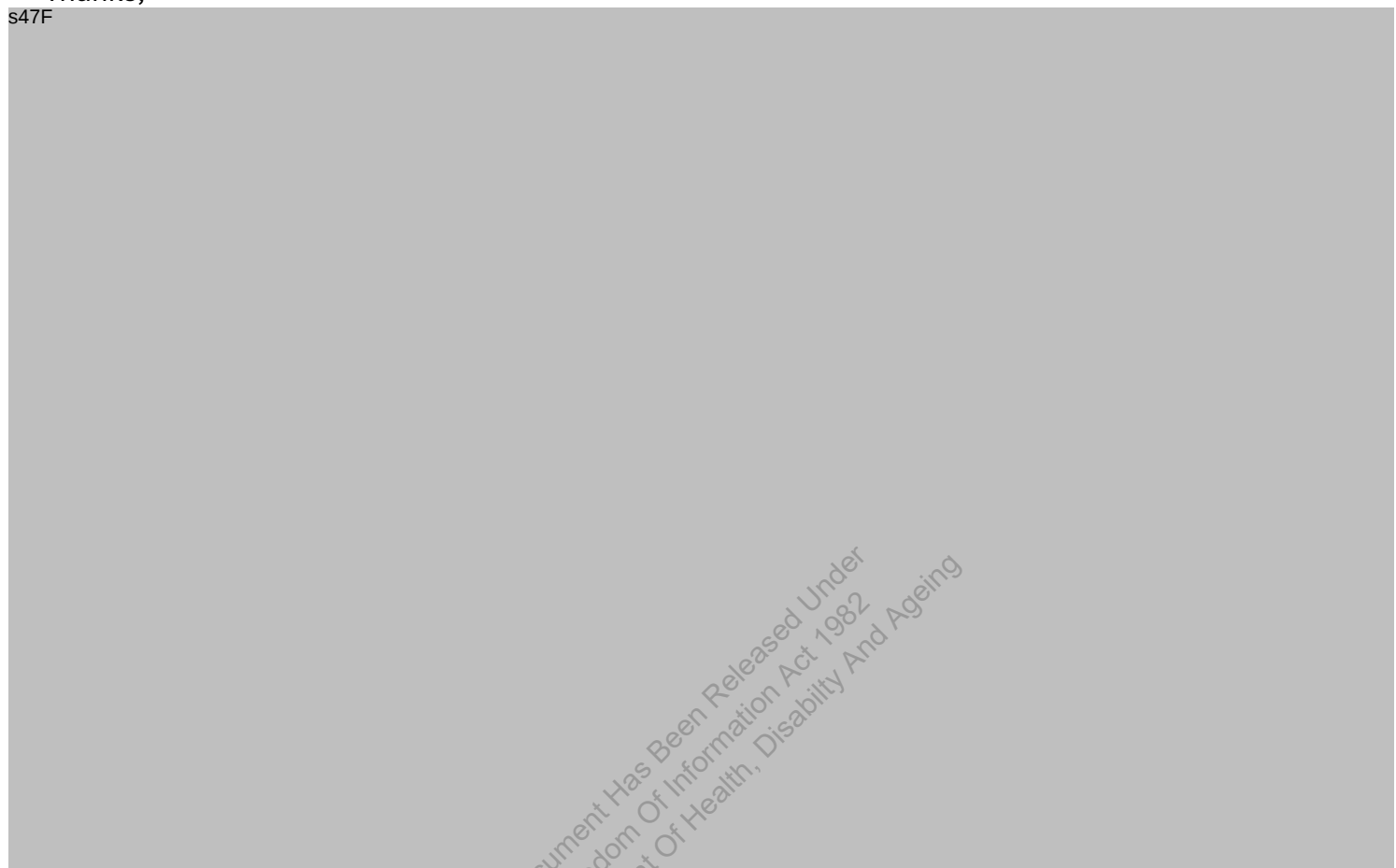
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Thanks,

s47F

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From: BROWN, Karlie
Sent: Friday, 4 July 2025 10:15 AM
To: s22
Subject: RE: Campaigns- sharing data [SEC=OFFICIAL]

It's in one of the email chains we received. I'll forward to you s22

Karlie Brown ([Ms/she/her](#))
Assistant Secretary
Tobacco and E-cigarette Control Branch

Population Health Division | Primary and Community Care Group
 Australian Government Department of Health, Disability and Ageing
 T: +612 5132 s22 E: Karlie.Brown@health.gov.au

This email comes to you from Ngunnawal Country
 Location: Yaradhang Building

PO Box 9848, Canberra ACT 2601, Australia

The Department of Health, Disability and Ageing acknowledges First Nations peoples as the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to all Elders both past and present.

From: s22 @Health.gov.au>
Sent: Friday, 4 July 2025 9:51 AM
To: s22 @health.gov.au>; BROWN, Karlie <Karlie.Brown@health.gov.au>
Subject: RE: Campaigns- sharing data [SEC=OFFICIAL]

A quick afterthought - s22 you could reach out to s47F who may have a copy.

From: s22
Sent: Friday, 4 July 2025 9:50 AM
To: s22 @health.gov.au>; BROWN, Karlie <Karlie.Brown@health.gov.au>
Subject: RE: Campaigns- sharing data [SEC=OFFICIAL]

Thanks s22 no – I had not appreciated it would be taken down until Karlie's advice. I do not have a copy.

Kind regards

s22

(Ms/she/her)

s22
Tobacco & E-Cigarette Control Branch
Population Health Division

Population Health Division | Primary and Community Care Group
 Australian Government, Department of Health, Disability and Ageing
 T: +61 2 5132 s22 @health.gov.au

PO Box 9848, Canberra ACT 2601, Australia

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From: s22 <[REDACTED]@health.gov.au>
Sent: Friday, 4 July 2025 9:40 AM
To: BROWN, Karlie <Karlie.Brown@health.gov.au>; s22 <[REDACTED]@Health.gov.au>
Subject: RE: Campaigns- sharing data [SEC=OFFICIAL]

Thanks Karlie- since the release has been taken down- does anyone have copies of the tables? Were they included in briefing for the office or anything like that, or do we just rely on the s47G [REDACTED]? I would like to send this ASAP this morning so appreciate anything you may have to help s22 [REDACTED] ?

s22 [REDACTED]

From: BROWN, Karlie <Karlie.Brown@health.gov.au>
Sent: Thursday, 3 July 2025 8:28 PM
To: s22 <[REDACTED]@health.gov.au>
Cc: s22 <[REDACTED]@Health.gov.au>
Subject: RE: Campaigns- sharing data [SEC=OFFICIAL]

Hi s22 [REDACTED]

I'm comfortable with the s22 [REDACTED] and RM work being shared on an in-confidence/embargo basis.

The separate press release has been removed from the RM website today because of the concerns around accuracy of the links to the vaping reforms. I would be supportive of sharing the tables extracted from the press release with stakeholders for contextual visibility but cautious about sharing the full press release – as far as we are aware the calculations/trends are sound, but the linkages to policy impacts were unfounded.

s47C [REDACTED]

Karlie

From: s22 <[REDACTED]@health.gov.au>
Sent: Thursday, 3 July 2025 1:06 PM
To: BROWN, Karlie <Karlie.Brown@health.gov.au>
Cc: s22 <[REDACTED]@Health.gov.au>
Subject: Campaigns- sharing data [SEC=OFFICIAL]

Afternoon Karlie

Hoping for confirmation that you don't have any issues with us sharing the embargoed s22 [REDACTED] and Roy Morgan summary with the campaign and market research teams to inform next steps for the s22 [REDACTED]

s22 [REDACTED]

Happy to discuss – but would be good if you could please advise any issues today so we can progress in line?

Thanks
s22



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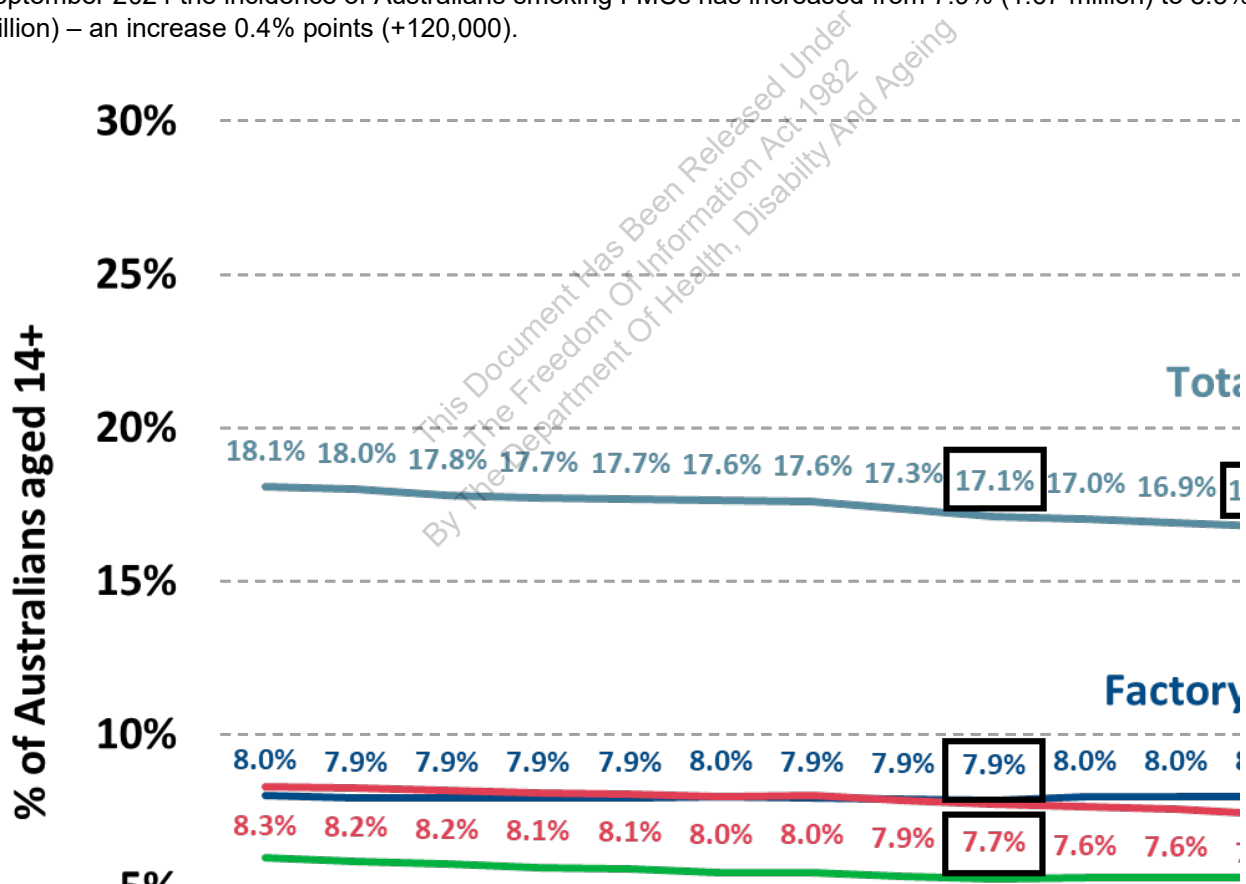
s22

From: s22
Sent: Friday, 4 July 2025 10:25 AM
To: s22
Cc: s22
Subject: RE: s22 and Roy Morgan [SEC=OFFICIAL]

See below some details from the Articles- these should be reviewed with caution. As noted- we have no reason to question the actual analysis of the data- but do not have visibility of the approach/methodology. The s47G

The Roy Morgan survey shows the incidence of Australians aged 18+ smoking Factory Made Cigarettes (FMCs), Roll-Your-Own (RYO Cigarettes) or vaping bottomed at 16.8% (3.59 million) in the year to December 2024. Since then, the incidence of Australians smoking (or vaping) has increased to 17.1% (3.7 million) – an increase of 0.3% points (+110,000).

Driving the increase has been increased smoking rates of Factory-Made Cigarettes (FMCs). Since the year to September 2024 the incidence of Australians smoking FMCs has increased from 7.9% (1.67 million) to 8.3% (1.79 million) – an increase 0.4% points (+120,000).

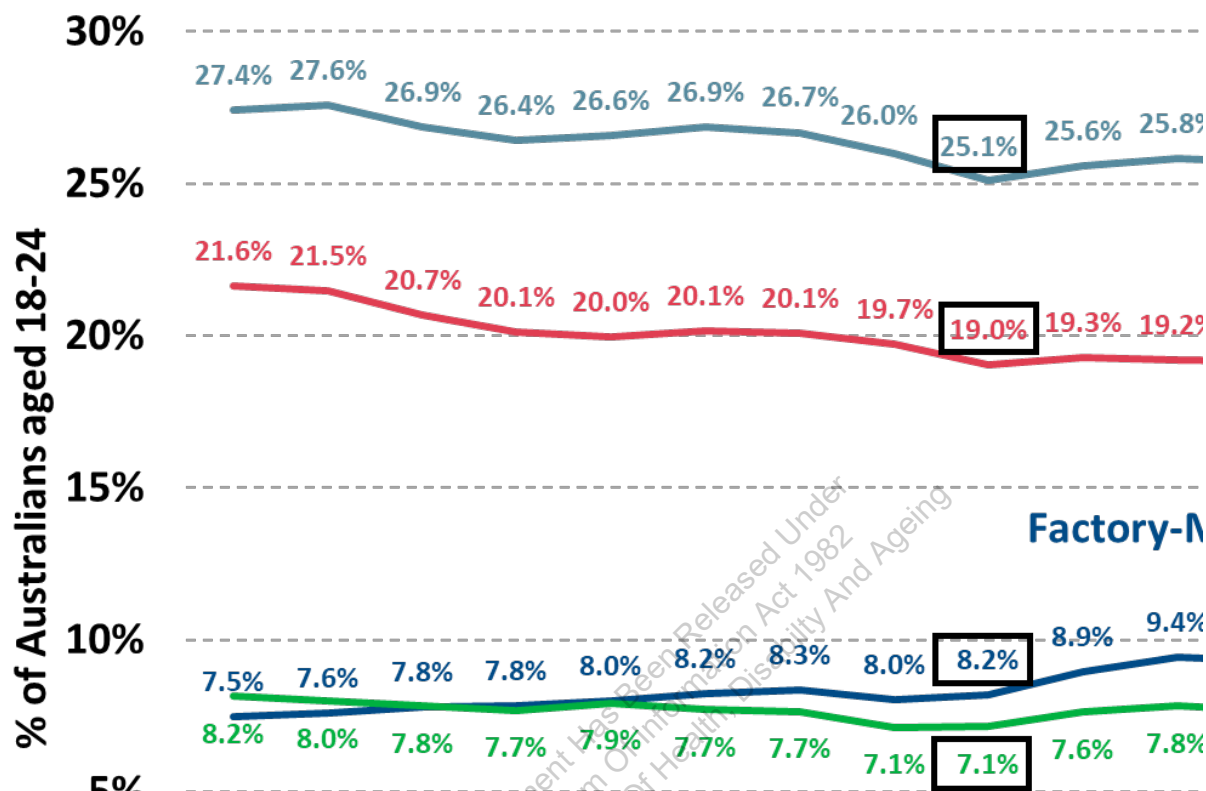


The incidence of Australians aged 18-24 smoking Factory Made Cigarettes (FMCs), Roll-Your-Own (RYO) Cigarettes) or vaping bottomed at 25.1% (620,000) in the year to September 2024. Since then, the incidence of 18-24yr olds smoking (or vaping) has increased to 28% (700,000) – an increase of 2.9% points (+80,000). **This is the highest rate of smoking (or vaping) among any age group.**

There have been increased rates of both smoking and vaping for 18-24yr olds. Now over a fifth of 18-24yr olds vape – 20.5% (510,000), up from a low of 19% (470,000) in the year to September 2024. This is an increase of 1.5% points (+40,000) in less than a year. This is the highest rate of vaping for 18-24yr olds since the year to March 2024 – 20.7% (500,000).

In addition, now 11.1% (280,000) of 18-24yr olds report smoking Factory-Made Cigarettes (FMCs), up from 8.2% (200,000) in the year to September 2024 – an increase of 2.9% points (+80,000).

There has also been a slight increase in the rate of 18-24yr olds smoking Roll-Your-Own (RYO Cigarettes) from 7.1% (180,000) in the year to September 2024 to 7.6% (190,000) now – an increase of 0.5% points (+10,000) since mid-2024.



From: s22
 Sent: Friday, 4 July 2025 9:54 AM
 To: s22 @Health.gov.au>; s22 @health.gov.au>; s22 @health.gov.au>; s22 @Health.gov.au>
 Cc: s22 @Health.gov.au>; s22 @Health.gov.au>; s22 @Health.gov.au>
 Subject: RE: s22 and Roy Morgan [SEC=OFFICIAL]

Hi all

As discussed- **both the s22 and Roy Morgan data reports are embargoed- they cannot be shared beyond MRU until published (expected to occur on 16 July- we can confirm).**

I have attached:

- s22
- the Summary Report of the Roy Morgan data – developed by CCV and will be published on our website. The Roy Morgan article that was shared by s47F yesterday has been removed from the RM website as the claims about the results being directly linked to the reform were unfounded- however, as far as we are aware the calculations/trends are sound, s47C. Since the article is no longer available – I am trying to obtain an extract of the tables that were included- will provide them back when we get them!

s22

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Of course- happy to keep discussing

s22

Australian Government Department of Health, Disability and Ageing
T: 02 5132 s22 @health.gov.au

From: s22 @Health.gov.au>

Sent: Thursday, 3 July 2025 12:37 PM

To: s22 @health.gov.au>; s22 @health.gov.au>; s22 @Health.gov.au>

Cc: s22 @health.gov.au>; s22 s22 @Health.gov.au>

Subject: s22 and Roy Morgan [SEC=OFFICIAL]

Hi s22 and team

As discussed this morning I've include:

Roy Morgan published article:

<https://www.roymorgan.com/findings/9936-introduction-of-vaping-bans-leads-to-increase-in-cigarette-smoking-in-australia>

We don't have a copy of the Roy Morgan report that s22 mentioned that analyses these results and being released on 16 July. We hope to be able to share that soon but it would only be available internally.

s22

Thanks

s22

My working days are: Tue, Wed, Thur and Fri

Tobacco and E-Cigarette Control Branch
Population Health Division
Australian Government Department of Health, Disability and Ageing
Phone: 02 5132 s22

s22 [@health.gov.au](mailto:s22@health.gov.au)

This email comes to you from Ngunnawal and Ngambri Country
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The figures that prove the Albanese government's vaping ban is a failure

- Number of young Australians smoking and vaping rises after ban introduced
- **READ MORE: Disposable vapes release MORE cancer chemicals than cigarettes**

By [NICHOLAS COMINO FOR DAILY MAIL AUSTRALIA](#)

PUBLISHED: 01:30 AEST, 3 July 2025 | UPDATED: 02:13 AEST, 3 July 2025

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New data has revealed a sharp rise in smoking and vaping among young Australians, casting doubt on the effectiveness of the Albanese Government's vape crackdown.

Australians aged 18 to 24 now have the highest rate of smoking or vaping of any age group, with 28 per cent (700,000 people) reporting they engage in one or both habits.

That's up from 25.1 per cent (620,000) in September 2024, a steep 2.9 percentage point rise in less than a year.

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00:00

02:24

Vaping alone is now undertaken by 20.5 per cent (510,000) of this age group, up from 19 per cent (470,000).

It marks the highest vaping rate recorded for young adults since early 2024.

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More worryingly, there has been a significant jump in factory-made cigarette (FMC) use.

In the same period, the proportion of 18 to 24-year-olds smoking FMCs climbed from 8.2 per cent (200,000) to 11.1 per cent (280,000).

Use of roll-your-own (RYO) tobacco also ticked up slightly, from 7.1 per cent to 7.6 per cent.



The number of Australians vaping has risen since bans were introduced last year



The numbers follow a surge of illegal tobacco shops, which are booming across the country

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The rise comes despite the federal government's sweeping anti-vape legislation.

The laws, which came into effect on July 1, last year, banned the importation, production, supply, advertisement, and commercial possession of disposable, non-therapeutic vapes.

However, the latest figures from Roy Morgan released this week suggest the policy has had minimal impact on curbing nicotine use, and may even be pushing young people toward more harmful tobacco products.

Roy Morgan CEO Michele Levine said the data paints a worrying picture.

'The legislation was phased in starting from July 2024, but the data clearly shows that it has failed to reduce the overall incidence of smoking and vaping,' she said.

'In fact, rates are now higher than they were during the latter half of last year, and the raw number of Australians who smoke or vape has increased.'

The crackdown is also driving a rise in illegal tobacco shops, which are surging in number across the country, particularly in Melbourne and Sydney.

One major Sydney newspaper reported there are now 60 tobacco retailers for every McDonald's restaurant in New South Wales, many operating outside the law.



The number of Aussies aged 18-24 who smoke is up almost 3 per cent since the ban started

In response, the NSW Opposition announced plans on Sunday to introduce new legislation aimed at tightening enforcement and targeting the black market trade in

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tobacco and vapes.

NSW Shadow Health Minister Kellie Sloane said the government's lack of action was allowing organised crime to flourish.

'We can't risk a new generation getting hooked on cheap cigarettes and destroying their health because the Minns Government failed to act on enforcement and tougher penalties,' she said.

According to the new data overall, 17.1 per cent of Australians aged 18 and over now smoke cigarettes, RYO tobacco, or vapup from 16.8 per cent at the end of 2024.

That equates to an additional 110,000 people, bringing the total number of smokers and vapers to 3.7 million.

The increase follows a low point in usage recorded just months earlier, and has been driven largely by a resurgence in factory-made cigarette use.

Between September 2024 and now, the number of Australians smoking FMCs rose from 7.9 per cent (1.67 million) to 8.3 per cent (1.79 million), an increase of 120,000.

Vaping rates, meanwhile, saw only a modest decline. Currently, 7.5 per cent of the adult population (1.61 million) vape, down just 0.2 percentage points from September 2024.

Notably, the rise in smoking and vaping is not seen across all age groups.

While rates jumped among 18-to 24-year-olds, they declined in several other demographics.

Usage fell by 0.7 per cent among 25-to-34-year-olds, 0.4 per cent in the 50-64 bracket, and 0.2 per cent among those aged 65 and over.

No change was recorded for people aged 35 to 49.

The figures suggest the government's efforts to restrict access to non-therapeutic vapes have been a failure, particularly for younger Australians.

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Inside the booming black market behind those mysterious tobacco stores popping up across the country - and the black market cigarettes driving record profits

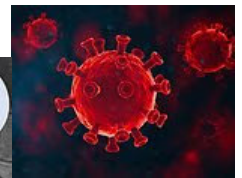


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Boy, 14, tragically dies in horror e-bike crash at Arncliffe in front of traumatised witnesses



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Lizzo strips down to her underwear to showcase incredible body transformation after weight loss



Team messages**4/7/2025 - 12:58 - 1:05pm**

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Publication: [The figures that prove the Albanese government's vaping ban is a failure | Daily Mail Online](#)

Publication Date: 3 July 2026

s47C

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QTB is ready to go (pending any edits on that article spiel)

--

yes, just getting edits on the above

Karlie wants to see it - so send to her in PDMS

will send update in 20 secs, just proofing

--

Publication: [The figures that prove the Albanese government's vaping ban is a failure | Daily Mail Online](#)

Publication Date: 3 July 2026

s47C

← Back to Findings

July 01, 2025

Smoking
increases among
young
Australians since
‘vaping sales ban’
in 2024

Topic: Press
Release

Finding No:
9936



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The latest data from Roy Morgan shows Australian smoking rates have increased since the ‘vaping sales ban’ was introduced in mid-2024 – especially Factory-Made Cigarettes (FMCs); and driven primarily by increased smoking rates for 18-24yr olds.

Related Findings

June	Finding
24,	No:
2025	420



Own (RYO Cigarettes) or vaping bottomed at 16.8% (3.59 million) in the year to December 2024. Since then, the incidence of Australians smoking (or vaping) has increased to 17.1% (3.7 million) – an increase of 0.3% points (+110,000).

Driving the increase has been increased smoking rates of Factory-Made Cigarettes (FMCs). Since the year to September 2024 the incidence of Australians smoking FMCs has increased from 7.9% (1.67 million) to 8.3% (1.79 million) – an increase 0.4% points (+120,000).

On July 1, 2024, new legislation prohibited the importation, domestic manufacture, supply, commercial possession and advertisement of disposable single use and non-therapeutic vapes in Australia. However, this legislation has had only a small impact on overall vaping rates which are now at 7.5% of the population (1.61 million) – down by only 0.2% points (-40,000) since the year to September 2024.

Incidence of Australians aged 18+ who smoke or vape

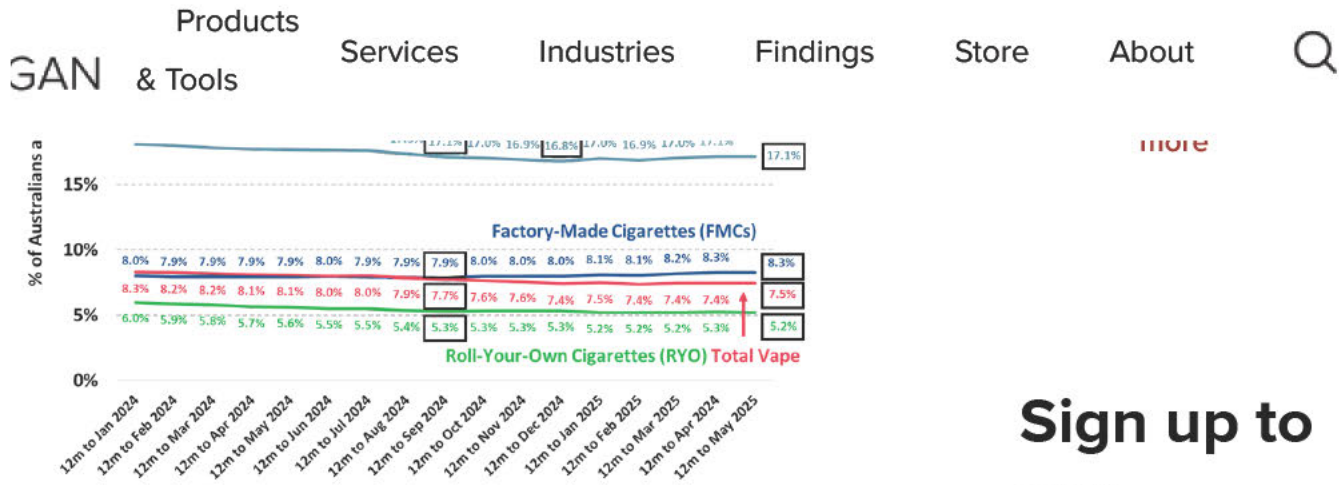
**now
support
marijuana
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– up 15
percentage
points
this
decade**

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February Finding
No:
04, 9776
2025

**The
number
of
smokers
in
Indonesia
has
surged
since the
pandemic,
but
fewer are
coming
from
younger**



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Source: Roy Morgan Single Source

Australia: 12m to January 2024 – 12m to May 2025. **Base:** Australians aged 18+, average interviews per 12m period of n=63,273. *FMC = Factory Made Cigarettes. **RYO = Roll Your Own.

28% of Australians aged 18-24 now smoke or vape

Since the introduction of legislation in mid-2024 prohibiting the importation, domestic manufacture, supply, commercial possession and advertisement of disposable single use and non-therapeutic vapes in mid-2024, rates of smoking – and vaping – have increased among 18-24yr olds.

The incidence of Australians aged 18-24 smoking Factory Made Cigarettes (FMCs), Roll-Your-Own (RYO Cigarettes) or vaping bottomed at 25.1% (620,000) in the year to September 2024. Since then, the incidence



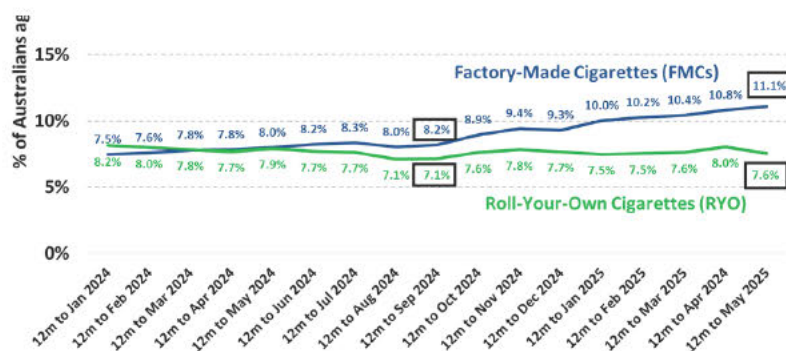
highest rate of smoking (or vaping) among any age group.

Despite the new legislation, there have been increased rates of both smoking and vaping for 18-24yr olds. Now over a fifth of 18-24yr olds vape – 20.5% (510,000), up from a low of 19% (470,000) in the year to September 2024. This is an increase of 1.5% points (+40,000) in less than a year. This is the highest rate of vaping for 18-24yr olds since the year to March 2024 – 20.7% (500,000).

In addition, now 11.1% (280,000) of 18-24yr olds report smoking Factory-Made Cigarettes (FMCs), up from 8.2% (200,000) in the year to September 2024 – an increase of 2.9% points (+80,000).

There has also been a slight increase in the rate of 18-24yr olds smoking Roll-Your-Own (RYO Cigarettes) from 7.1% (180,000) in the year to September 2024 to 7.6% (190,000) now – an increase of 0.5% points (+10,000) since mid-2024.

Incidence of Australians aged 18-24 who smoke or vape



Source: Roy Morgan Single Source

Australia: 12m to January 2024 – 12m to May 2025. **Base:** Australians aged 18-24, average interviews per 12m period of n=5,393. *FMC = Factory Made Cigarettes. **RYO = Roll Your Own.

Roy Morgan CEO Michele Levine says legislation banning the sale of single-use and non-therapeutic vapes in Australia introduced in 2024 has had little impact on the rate of vaping and coincided with an increase in smoking rates among young Australians:

“

“The latest Roy Morgan data on smoking and vaping rates in Australia shows rates of smoking have increased since the legislation was introduced in mid-2024 – driven

“The legislation was phased in over several months from July 2024 but has demonstrably failed to reduce overall rates of smoking and vaping – which are higher now than during the second half of last year.

“In particular, in the year to September 2024, over one-sixth of Australians (17.1%) were smoking or vaping – and after briefly dipping, the latest data shows the overall rate of smoking and vaping has now returned to the same level (17.1%) – and the raw number is now higher.

“A comparison of different age groups shows Australians aged 18-24 are driving this increase with the overall rate of smoking and vaping rising 2.9% points for this age group since September 2024. This is a striking contrast with the trends for other age groups with the rate for 25-34yr olds down 0.7% points, down 0.4% points for 50-64yr olds, and down 0.2% points for people aged 65+. The rate is unchanged for people aged 35-49.

“Digging into the data since September 2024 shows more 18-24yr

smoking Roll Your Own cigarettes (up 0.5% points to 7.6%).”

For comments or more information about Roy Morgan’s smoking data including for Factory Made Cigarettes (FMCs), Roll-Your-Own (RYO Cigarettes) vaping and other consumer data please contact:

Roy Morgan Enquiries

Office: +61 (3) 9224 5309

askroymorgan@roymorgan.com

Related research findings

View detailed profiles on different smoker types including **Factory-Made Cigarette (FMC) Smokers Profile**, **Roll-Your-Own (RYO Cigarettes) Smokers Profile**, **Pipe Smokers Profile**, or the **Cigar Smokers Profile**.

Please click on this link to the Roy Morgan Online Store to view additional in-depth reports and profiles on consumer data across several industries.

Compiled with data from Roy Morgan’s Single Source survey (the largest of its kind in the world, with 65,000 respondents each year), these ready-made profiles provide a broad understanding of the target



About Roy Morgan

Roy Morgan is Australia's largest independent Australian research company, with offices in each state, as well as in the Indonesia, U.S. and U.K. A full-service research organisation, Roy Morgan has over 80 years' experience collecting objective, independent information on consumers.

Margin of Error

The margin of error to be allowed for in any estimate depends mainly on the number of interviews on which it is based. Margin of error gives indications of the likely range within which estimates would be 95% likely to fall, expressed as the number of percentage points above or below the actual estimate. Allowance for design effects (such as stratification and weighting) should be made as appropriate.

Sample Size	Percentage Estimate			
	40% – 60%	25% or 75%	10% or 90%	5% or 95%
1,000	±3.0	±2.7	±1.9	±1.3

10,000	±1.0	±0.9	±0.6	±0.4
20,000	±0.7	±0.6	±0.4	±0.3
50,000	±0.4	±0.4	±0.3	±0.2

Related Products



PRODUCT

Single Source

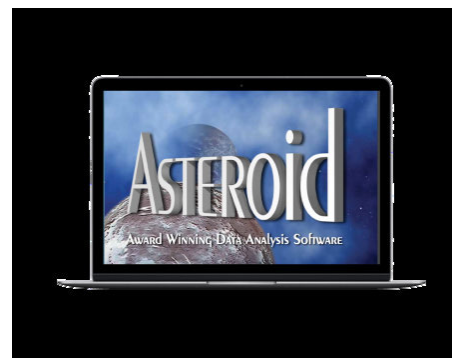
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By The Department Of Health, Disability And Ageing

FRI 4 JUL

Friday, 4 July 2025

5:38 PM

s47F

s47G(1)(a)

- Will send the CCV RM analysis to s47F confidential/under embargo in case of media comments

s47G(1)(a)

s22

From: BROWN, Karlie
Sent: Monday, 7 July 2025 8:20 AM
To: s47F
Subject: Roy Morgan analysis [SEC=OFFICIAL]

Hi s47F – Daily Tele article below, as discussed.

Thanks,
 Karlie

Vape crackdown fail as more yo

Rory Williams

Shocking smoking statistics which show young people are lighting up cigarettes in growing numbers ever since a crackdown on vapes was introduced has ignited renewed criticism of the federal government's attempts to curb e-cigarette use.

Recent data revealed more than one-in-10 of 18 to 24 year olds are smoking cigarettes, a 36 per cent spike in less than a year. The figures come despite Health Minister Mark Butler

the back" when young people are smoking and vaping more than they were before the ban came into effect.

"These statistics are an absolute indictment on the Albanese government, which has blatantly lied to Australians by saying that their vaping reforms are working," she said.

"Not only has the government failed to crack down on this serious issue, but it has only become worse under their failed approach

harms of illicit tobacco products."

The latest research by Roy Morgan shows vaping among young people has risen sharply since the ban began in July 2022.

At the same time, the number of people increased who smoked factory-made cigarettes. The number of people who began vaping more than doubled, climbing from 19 per cent in 2022 to 38 per cent.

There was also a significant increase in the number of people who used both cigarettes and

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ISSUE: TOBACCO SMOKING AND VAPING

QUESTION: What is the Government doing to protect young people and other at-risk groups from tobacco smoking and vaping and address illicit trade in tobacco and vapes?

Topline response:

- Tobacco remains the leading cause of preventable death in Australia and is estimated to kill over 24,000 Australians a year.
- This is why the Australian Government is taking strong action to reduce smoking and vaping rates through stronger legislation, enforcement, education and support.
- The Government is investing in measures to support people to quit smoking and vaping, and to discourage them from taking it up in the first place – including campaigns, cessation support and upskilling of health professionals.
- The vaping laws make it easier to identify, deter and disrupt the illicit supply of vapes and include strong penalties for non-compliance including imprisonment and significant fines.
- From 1 July 2025, full compliance with the *Public Health (Tobacco and Other Products) Act 2023* is required – this includes new health warnings, health promotion inserts, on-product health messages printed on cigarettes, and restrictions on flavours, product brand and variant names for tobacco products.
- The Government uses a range of data sources to monitor vaping and smoking trends in the general population.
 - We are aware of the analysis of smoking and vaping data published by Roy Morgan Research on 1 July, which was subsequently revised and re-released on 8 July 2025.
 - Neither the Government nor the department had advance knowledge of the analysis or the decision to revise it. Those decisions were made by Roy Morgan Research.

Illicit tobacco

- Tobacco excise remains a central component of Australia's comprehensive tobacco control response to reduce tobacco consumption.

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- We know illicit tobacco is funding organised crime, and our efforts must really focus on enforcement at the Australian border as well as law enforcement efforts across the nation. A simplistic focus on excise is not the solution when you consider the profit margins of illicit tobacco.
- The main driver that reduces use of illicit tobacco and nicotine is the same one that reduces use of legal products – declining consumption.
 - There is no “healthier” smoking option between legal or illicit tobacco.
- The Government’s 2025-26 Budget includes a \$156.7 million Illicit Tobacco Compliance and Enforcement Package. Of this, \$40 million will be distributed to states and territories to establish local level capability to respond to their own unique compliance and enforcement challenges.
- International experiences show cutting excise in response to illicit trade in tobacco historically caused smoking prevalence to increase, particularly among young people, while revenue decreased.ⁱ

Vaping enforcement and compliance activities

- Enforcement of the vaping reforms is a priority – the Therapeutic Goods Administration (TGA), Australian Border Force (ABF), Australian Federal Police (AFP), and state and territory health departments and police forces collaborate on vape enforcement consistent with the National Vaping Enforcement Framework.
 - Since 1 January 2024, more than **10 million illicit vaping products** with an estimated street value of approximately **\$500 million** have been kept out of the community by the TGA and ABF.
- This includes close to a million vaping products have been voluntarily surrendered from businesses without the need for enforcement action as part of a scheme administered by the TGA.
- Since 1 July 2024, in relation to unlawful vape advertising, the TGA has commenced one civil proceeding, with a total of 2 civil cases before the courts

Lawful patient access to therapeutic vapes

- To support the reforms, enhanced product standards for therapeutic vaping goods supplied by pharmacies commenced on 1 July 2025.
- The standards have been in place since October 2024 and require vaping products supplied by pharmacies for smoking cessation in Australia meet minimum safety, quality and performance requirements.

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- Importantly, the standards have been designed to minimise the risks associated with the use of therapeutic vapes.
- People should speak to their healthcare practitioner or pharmacist about the range of options and supports available for the management of nicotine dependence.
- The TGA is unable to report on the number of individual patients who may have accessed a therapeutic vape from a pharmacy.
- The Government has funded the TGA to collect a range of data to demonstrate the lawful supply of vaping goods in Australia, this work is underway.

Vaping prevalence and smoking prevalence estimates

- Recent analysis shows currentⁱⁱ vaping rates among people aged 14+ years have significantly declined for the first time in 2024, to 8.2% (from 9.1% in 2023).ⁱⁱⁱ
- The latest Generation Vape Project research (April, 2025) shows that 14–17-year-olds are vaping less with those who report never vaping increasing to 85.4% from 84.3% in July 2024.^{iv}
- The research also shows the proportion of 14–17-year-olds who have never smoked is at 94%, its highest level.^v
- Between 2019 and 2022-23, daily smoking among people aged 14 and over decreased from 11.0% to 8.3%.^v

Facts & Figure**Tobacco compliance and enforcement**

- During the transition period up to 30 June 2025, compliance and enforcement was an educative approach regarding the changes under the Tobacco Act. This included sending 1,053 warning letters to retailers.

Vaping compliance and enforcement data

From 1 January 2024 to 13 June 2025	
Advertising	
Requests to social media platforms for post takedowns	8,639
Number of posts taken down	8,448
Requests to social media platforms for profile takedowns	55
Number of profiles taken down	54
Warnings issued (from 1 July 2024)	396

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Advertising	
Infringement notices issued	20 (\$195,312 total)
Websites blocked	271
Import and supply	
Vaping goods seized by the ABF	8,550,589
Vaping goods seized by or surrendered to the TGA	1,020,507
Total	9,571,096
Estimated minimum street value of goods seized by ABF and TGA	\$478.5 million
Infringement notices issued	58 (\$1,131,240 total)
TGA joint operations with states and territories	28
Patient access – special access scheme (SAS C)	
Schedule 3 pharmacist notifications of supply from 1 October 2024 (required for each instance of supply)	52,780
Schedule 4 health practitioner notifications from 1 January 2024 to 30 September 2024 (required for each course of treatment)	5,763

Budget commitments to reduce smoking, vaping and address illicit tobacco

- The 2025-26 Budget included \$156.7 million to address illicit tobacco and nicotine products, including compliance and enforcement.

	2023-24 Estimate (\$m)	2024-25 Estimate (\$m)	2025-26 (Estimate) (\$m)	2026-27 (Estimate) (\$m)	2027-28 (Estimate) (\$m)	Total 2023-24 to 2027-28 (\$m) ^{vi}
Vaping and smoking cessation activities	\$7.0	\$7.8	\$9.0	\$7.3	-	\$31.0 ^{vii,viii}
Tobacco control reforms	\$2.7	\$3.9	\$3.5	\$3.2	-	\$13.3 ^{ix}
Public health campaigns on vaping and tobacco control	\$18.6	\$14.8	\$17.1	\$13.0	-	\$63.4 ^x
Enhanced regulatory model for vaping products	\$20.6	\$36.4	-	-	-	\$56.9 ^{xi}
Tackling Indigenous Smoking incl. extension to vaping	\$10.0	\$10.3	\$59.5	\$61.4	-	\$141.2 ^{xii}
Vaping Regulation Reform Package [‡]	-	\$19.4	\$71.3	\$61.7	-	\$152.4 ^{xiii,xiv}
Illicit Tobacco Compliance and Enforcement Package ^{**‡}			\$39.6	\$39.3		\$78.9 ^x

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Note: Table reflects investments from 2023-24 Budget up to and including the 2025-26 Budget (not actuals). Totals reflect Department of Health, Disability and Ageing and Federation Funding Agreement impacts. ⁺ Amounts include additional funding for public health campaigns on vaping and tobacco control, which is not included in the \$63.4m campaign funding line above. ^{**} This reflects investment from 2025-26 Budget for Department of Health, Disability and Ageing and Commonwealth Department of Public Prosecutions.^{xv}

Background**Vaping reforms and access to therapeutic vapes**

- The *Therapeutic Goods and Other Legislation Amendment (Vaping Reforms) Act 2024* which commenced on 1 July 2024 prohibits the importation, domestic manufacture, supply, commercial possession and advertisement of disposable single use and non-therapeutic vapes. It does not ban all vapes.
- From 1 July 2024, retailers such as tobacconists, vape shops and convenience stores were prohibited from selling any type of vape in Australia.
- A strengthened advertising framework for vapes was introduced from 1 July 2024 banning advertising of vapes, except where specifically authorised by the TGA.
- The vaping reforms introduced new and stronger penalties for the unlawful importation, manufacture, advertising, supply and commercial possession of vaping goods, which could result in criminal penalties per contravention of up to seven years in jail.
- While the 1 October 2024 laws allow for pharmacies to supply therapeutic vapes without a prescription subject to state and territory arrangements, pharmacies are not obligated to stock or supply therapeutic vaping goods – and individual pharmacies determine the costs of therapeutic vaping goods and any associated private fee.
- In all instances, access to therapeutic vapes must be clinically appropriate as determined by a health professional for the treatment of smoking cessation or the management of nicotine dependence.
 - People who are 18 years or over can only access therapeutic vapes with a nicotine concentration of 20 mg/mL or less from a participating pharmacy if the pharmacist is satisfied that supply is clinically appropriate.
 - If the person is under 18 years of age, requires a therapeutic vape with a nicotine concentration greater than 20 mg/mL or has complex medical needs, a doctor or nurse practitioner must determine it is clinically appropriate to prescribe a therapeutic vape.
- The TGA issued a statement on 27 June 2025 addressing inaccurate media reports that TGA data indicate more than 10 million vapes are sold nationally every month on the black market. The TGA does not hold information on the number of illicit vapes sold in Australia and the data referred to was not from the TGA.

Tobacco control reforms

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- The *Public Health (Tobacco and Other Products) Act 2023* (the Tobacco Act) commenced on 1 April 2024 – and streamlines and modernises existing laws and introduces new measures to discourage smoking and tobacco use and prevent the promotion of e-cigarettes.
- Full compliance has been required from 1 July 2025.
 - A transition period from commencement of the Tobacco Act until 31 March 2025 applied for manufacturers, importers and distributors and a further three-month transition period for retailers to sell-through was provided until 30 June 2025.
- The new laws also introduced reporting requirements for tobacco manufacturers and importers to submit reports to the Secretary of the Health for tobacco product ingredients, tobacco product volumes, and marketing and promotional expenditure.
 - Reports for the FY2024-25 are due to be submitted by 30 July 2025.
- Guidance material to understand the requirements under the Act was published on the department's website on 6 November 2024.
- Resources for consumers and retailers have been developed and distributed in all states and territories.
- Tailored resources for First Nations communities are also available.
- On 28 November 2024, the Health Legislation Amendment (Improved Medicare Integrity and Other Measures) Bill 2024 was introduced.
 - This legislation amends the Tobacco Act to clarify the intended operation of the provisions and are necessary in the implementation phase of the legislation.
 - Government amendments were agreed to on 5 February 2025 prior to the Bill lapsing with the dissolution of Parliament. The Bill is planned to be reintroduced in the Winter sitting of Parliament.

Monitoring of the vaping and tobacco reforms

- The Government has committed \$10.9 million from 2025-26 over 2 years to support monitoring and evaluation of the vaping and tobacco reforms and is working closely with states and territories to do this.
- This includes expanding data collection activities, developing monitoring and evaluation programs and a mid-point review of the National Tobacco Strategy 2023-2030.

OFFICIAL**Prevention
QB25-000158****Illicit tobacco in Australia**

- The Government is concerned about illicit trade in tobacco products (products on which taxes have been avoided) as it impacts the effectiveness of health policies to reduce smoking prevalence and tobacco consumption.
- The Government ensures strong enforcement against the production and importation of illicit tobacco through the Australian Taxation Office (ATO), the ABF and the Illicit Tobacco Taskforce (ITTF).
- Funding of \$156.7 million provided under the Illicit Tobacco Compliance and Enforcement Package measure builds on the Government's \$188.5 million commitment announced in January 2024 for ABF crackdown and strengthened cooperation between the Commonwealth, states and territories to combat illicit tobacco.
- On 31 October 2024 the ATO published the 'Tobacco Tax Gap Analysis' which estimates the expected excise duty collected from all tobacco consumed within Australia, compared with the actual excise duty that was collected.
 - The Net Gap for 2022-23 was estimated to be 1,656 tonnes or \$2.71B (14.3%); this is an increase of 13% from 2021-22 estimate of 1,455 tonnes or \$2.34B.
 - The 2023-24 Tobacco Tax Gap Analysis is due to be released late 2025.

Tobacco excise

- From 1 September 2023, tax on tobacco products was increased by 5% per year for 3 years in addition to normal indexation.
 - The final 5% increase is scheduled for 1 September 2025.
 - Indexation of the tobacco excise occurs on 1 March and 1 September each year, in line with the Average Weekly Ordinary Time Earning (AWOTE).
- Increasing tobacco costs through increases to excise duty for tobacco products is widely recognised as one of the most effective and efficient ways that Government can reduce tobacco consumption.
- As of March 2025, tobacco excise rates are:
 - \$1.40312 per cigarette
 - \$2,158.62 per kilogram.

Latest e-cigarette estimates

- According to recent analysis from Cancer Council Victoria of Roy Morgan survey data, the prevalence of current vaping for the overall population aged 14+ years significantly declined for the first time in the 2024 calendar year, to 8.2%, from 9.1% in 2023.ⁱⁱⁱ
- After a three-fold increase in youth vaping rates in 2021 and another increase in 2022, the prevalence of current vaping plateaued across 2023-2024 among young people aged 14-24 yearsⁱⁱⁱ and:

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- significantly declined among adults aged 25-34 years from 2023 (17.3%) to 2024 (14.2%)
- significantly increased for people aged 35-49 years from 2022 (5.2%) to 2024 (7.2%).

Latest tobacco estimates

- The Australian Bureau of Statistics (ABS) National Health Survey 2022 and the Australian Institute of Health and Welfare National Drug Strategy Household Survey 2022-23 show that young people are smoking less than ever before.
 - However, the Australian Secondary School Students' Alcohol and Drug (ASSAD) survey showed that there were concerning increases in susceptibility to smoking among Australian secondary school students who have never smoked between 2017 and 2022-23.
- Recent studies have shown an ongoing decline in overall smoking rates:
 - One in ten (10.6%) adults aged 18 and over in the general population were daily smokers in 2022, down from 13.8% in 2017-18 (ABS National Health Survey).
- Latest estimates show that in 2022–23 among First Nations people:^{xvi}
 - 28.8% aged 15+ reported daily smoking (down from 37.4% in 2018-19).

MEDIA COVERAGE

Publication: [Teenage vaping has 'turned a corner' in Australia, says Mark Butler, as data shows falling rates | Health | The Guardian](#)

Date: 16 July 2025

Key issues raised: Article reported data contained in Cancer Council's latest Generation Vape research published on 16 July 2025, which shows that vaping rates fell from 17.5% at the start of 2023 to 14.6% in April 2025 among children aged 14-17 years, suggesting vaping rates may have peaked among teenagers. The article also reports that 10 million illicit vapes have been seized since January 2024.

Publication: [The figures that prove the Albanese government's vaping ban is a failure | Daily Mail Online](#)

Publication Date: 3 July 2025

Key issues raised: Article reported data contained in a Roy Morgan press release of 1 July 2025, which shows a rise in smoking rates among people aged 18-24 years in 2025, asserting the vaping reforms have had minimal impact on curbing nicotine use and may even be pushing young people toward more harmful tobacco products. **Note:** *The Roy Morgan press release/data was removed from Roy Morgan's website late on 3 July 2025. Similar reporting appeared in the Daily Telegraph on 7 July 2025.*

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QB25-000158

Publication: [Australia illegal cigarettes: Authorities must act to save gains made against tobacco addiction](#)

Publication Date: 1 July 2025

Key issues raised: Public health expert Professor Becky Freeman highlights the growing visibility and accessibility of tobacco retail outlets, including those selling illicit cigarettes, and calls for stronger regulatory action. Freeman argues enforcement powers must extend to shutting down non-compliant retailers and prosecuting landlords who lease to illicit sellers.

Publication: [Australia risks losing 'war on nicotine' in same way as war on drugs as illegal tobacco sales explode | Australian economy | The Guardian](#)

Publication Date: 23 June 2025

Key issues raised: Experts have raised concerns that Australia's current approach to nicotine regulation may be replicating the unintended consequences of past prohibition-style policies. Criminologist James Martin and epidemiologist Edward Jegasothy advocate for a harm reduction model, including temporary removal of tobacco excise and broader access to vapes as cessation tools. Professor Becky Freeman supports maintaining strong restrictions and improving enforcement, citing lower youth vaping rates in Australia compared to countries with retail access.

Publication: [From whisper to warrant: \\$4.4 million of illicit tobacco seized - News Hub](#)

Publication Date: 9 June 2025

Key issues raised: The ATO, with support from Victoria Police, seized and destroyed over 20 tonnes of illicit tobacco from a property near Shepparton, Victoria. The crop, spanning nearly 6 acres, was uncovered during a search warrant executed on 5 June under Operation Ocean, with an estimated excise value of \$4.4 million. Assistant Commissioner Jade Hawkins stated that these operations target criminal syndicates, not farmers, and warned of penalties including up to 10 years' imprisonment. The ATO has completed 90 enforcement actions since 2018 and urges the public to report suspicious activity.

Publication: [Pharmacies barely get a whiff of legal vapes](#)

Publication Date: 16 June 2025

Key issues raised: The Daily Telegraph reported only one in every 1686 vape sales is occurring legally through pharmacies, with the rest occurring through the black market. It also reported the withdrawal of Phillip Morris International from the legal therapeutic vape market on 1 July 2025 as it is unable to meet the TGA's new product standards.

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Date last updated by Dept:	17 July 2025	Cleared by Adviser/date:	s47F 18 July 2025
Contact Officer: Assistant Secretary	Karlie Brown (PHD) Ashley McLachlan-Bent (RPSD)	(02) 5132 s22 (02) 5132 s22	s47F -
Cleared by: First Assistant Secretary	Trish Clancy (PHD)	(02) 5132 s22	s22

ⁱ Source: https://www.economicsforhealth.org/uploads/misc/2019/11/Illicit-Tobacco-White-Paper_v1.5-2.pdf

ⁱⁱ Current use defined as “any use of an e-cigarette in the past month”

ⁱⁱⁱ Cancer Council Victoria, Current vaping and current smoking in the Australian population aged 14+ years, February 2018 - December 2024. Report Prepared for the Department of Health, Ageing and Disability. Available here: [Current vaping and current smoking in the Australian population aged 14+ years 2018–2024](#)

^{iv} Cancer Council NSW, Generation Vape. Freeman B, Egger S, Rose S, Brooks A, Madigan C and Dessaix A, Vaping and young people: Assessing early impacts of Australia’s comprehensive approach to vaping product control, July 2025. Report available here: <https://www.cancercouncil.com.au/wp-content/uploads/2025/07/GenerationVape-Wave8-14-17s-short-report-July-2025.pdf>

^v Available here <https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey/contents/summary>

^{vi} All totals include administered, departmental costs and Federation Funding Agreements.

^{vii} Source: Vaping Regulation Reform and Smoking Cessation Package, Budget 2023-24, Budget Paper No. 2, page 154; and Preventive Health, Wellbeing and Sport Payment Measure, Budget 2025-26, Budget Paper No. 2, page 53 (in relation to \$1.5m Quit Centre funding for 2025-26).

^{viii} Includes \$16m administered and departmental costs allocated to Program 1.5 and \$15 million allocated for National Partnership Payments to states and territories to support quit services. Discrepancies in total are due to rounding

^{ix} 2023-24 Budget paper No2 - [Budget Paper No. 2: Budget Measures](#) - p154

^x Source: Vaping Regulation Reform and Smoking Cessation Package, Budget 2023-24, Budget Paper No.2, page 154. Note: this is not the total campaign funding across all tobacco and vaping measures subsequently announced.

^{xi} Source: Enhanced Regulatory Model for Vaping Products, MYEFO 2023-24, page 259

^{xii} Source: Vaping Regulation Reform and Smoking Cessation Package, Budget 2023-24, Budget Paper No. 2, page 154

^{xiii} Source: Vaping Regulation Reform Package, MYEFO 2024-25, pp271-272

^{xiv} This total does not include the \$8.7m provisioned in the 2024-25 Budget for the OurFutures measure.

^{xv} Available here: <https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/action-to-combat-the-trade-of-illicit-tobacco?language=en>, 12 March 2025.

^{xvi} National Aboriginal and Torres Strait Islander Health Survey, 2022-23 financial year, Australian Bureau of Statistics (abs.gov).

s22

From: BROWN, Karlie
Sent: Monday, 7 July 2025 2:25 PM
To: DEVELIN, Liz
Subject: RE: FOR CLEARANCE: QB25-158 - Tobacco smoking and vaping [SEC=OFFICIAL]

Thanks Liz

You haven't missed anything. We are proposing the QTB is updated once points on the Roy Morgan data are settled offline, as I understand there is no further extension to timeframes.

I'll share the updated points for the media interest in the RM data separately, we are working on them now.

Happy to discuss.

Karlie

From: DEVELIN, Liz <Liz.DEVELIN@Health.gov.au>
Sent: Monday, 7 July 2025 1:55 PM
To: BROWN, Karlie <Karlie.Brown@health.gov.au>
Subject: RE: FOR CLEARANCE: QB25-158 - Tobacco smoking and vaping [SEC=OFFICIAL]

Karlie – sorry if I missed it, conscious we haven't covered anywhere the Daily Tele running the Roy Morgan research....

Do we need a pretty simple line saying there was some data published which Roy Morgan retracted when the errors of their ways was shown?

Liz

From: BROWN, Karlie <Karlie.Brown@health.gov.au>
Sent: Monday, 7 July 2025 1:09 PM
To: DEVELIN, Liz <Liz.DEVELIN@Health.gov.au>
Cc: s22 <[REDACTED]@Health.gov.au>; RAVEN, Anthea <Anthea.Raven@health.gov.au>; s22 <[REDACTED]@Health.gov.au>; s22 <[REDACTED]@Health.gov.au>
Subject: FOR CLEARANCE: QB25-158 - Tobacco smoking and vaping [SEC=OFFICIAL]

Hi Liz

Please find attached the tobacco smoking and vaping QTB for your clearance outside of PDMS given IT issues today.

s22

This version has been cleared by a/g Dep Sec HPRG. Anthea has reviewed as a/g FAS PHD and her comments incorporated.

We had been granted an extension in PDMS for clearance of this QTB by COB today.

Thanks,
Karlie

Karlie Brown ([Ms/she/her](#))
Assistant Secretary
Tobacco and E-cigarette Control Branch

Population Health Division | Primary and Community Care Group
Australian Government Department of Health, Disability and Ageing
T: +612 5132 5222 E: Karlie.Brown@health.gov.au

This email comes to you from Ngunnawal Country
Location: Yaradhang Building
PO Box 9848, Canberra ACT 2601, Australia

The Department of Health, Disability and Ageing acknowledges First Nations peoples as the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to all Elders both past and present.



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Response points

Vaping reforms

- When the vaping reforms were first implemented, it was clear that the rates of vaping in Australia had skyrocketed.
- There is strong and consistent evidence that vaping is a strong predictor of future smoking, particularly among young people.
- The evidence is also clear about the highly addictive nature of nicotine.
 - E-cigarettes were marketed in flavours and colourful packaging and targeted at young people.
- This evidence informed the Government's decision to take world-leading actions to protect the Australian community from the harms of vaping.
 - The growth in vaping, particularly among youth, and the unknown safety of vapes represented an unacceptable risk to population health.
 - The vaping and tobacco reforms are complementary, mutually reinforcing and evidence-based approaches aimed at preventing further nicotine addiction, especially among young people.
- Changes to behaviour take time.
 - It is 12-months since the commencement of the *Therapeutic Goods and Other Legislation Amendment (Vaping Reforms) Act 2024* – the cornerstone of Australia's vaping reforms.
 - There are positive early signs that we have arrested the steep increases in youth vaping.
 - More than 9.5 million vapes have been seized by the Australian Border Force (ABF) and the Therapeutic Goods Administration (TGA), keeping millions of illegal vapes out of the community and out of the hands of young people.
 - Understanding the full impact of the reforms will require more data over the longer term.

Broader tobacco reforms and support for people to quit

- The Government is aware that smoking and nicotine dependence is a powerful addiction and it often takes multiple attempts to successfully quit.
 - For many people a combination of methods will be most successful but quitting takes time.

- This is why the Government has taken such strong action to reduce smoking and vaping rates – particularly among young Australians. Not just through the vaping reforms but also through stronger tobacco legislation, education and support.
- Changes under the Government's new tobacco legislation reduce the appeal of tobacco products, ensure the harms of smoking are clear, and help to make it easier for people to quit.
 - This is through measures like plain packaging, new health warnings, health promotion inserts, health messages printed on cigarettes, and restrictions on flavours.
 - Full compliance with the Act is required from 1 July 2025.
- Australia's tobacco and vaping reforms have been accompanied by substantial investment in cessation and prevention efforts to reduce nicotine and tobacco consumption.
- The Government has invested more than \$75 million for smoking and vaping public health education campaigns.
 - The 'Give Up For Good' campaigns aim to reduce smoking and vaping rates, particularly among priority and at-risk groups, including young Australians.
 - The Youth Vaping Education Campaign in particular has achieved high reach amongst young Australians.
 - More than 1 million people visited the campaign website between June-December 2024.
 - In addition, influencers have been able to reach young people in their own unique style and tone, communicating authentically about the risks of vaping- with more than 8 million views over 34 posts.
 - The next phase of the campaign has commenced with new influencers and new videos that will continue to spark the conversation with young people on the harms of vaping and nicotine addiction.
- Since 2023-24, the Government has committed more than \$31 million to expand specialised programs and health services to support Australians to quit smoking and vaping, including:
 - An online national cessation support platform now live at quit.org.au;
 - A redeveloped My QuitBuddy app that provides updated, evidence-based smoking and vaping cessation support;
 - Support to states and territories to scale up cessation support services, including for Quitlines, to help to meet increased demand; and

- Continued funding to the National Best Practice Support Service for Nicotine and Smoking Cessation (Quit Centre) and updates to clinical guidance to upskill frontline health professionals to support their patients to quit.

Illicit tobacco

- We know illicit tobacco is funding organised crime, and our efforts must really focus on enforcement at the Australian border as well as law enforcement efforts across the nation.
 - A simplistic focus on tobacco excise is not the solution when you consider the profit margins of illicit tobacco.
- Through the 2025-26 Budget, the Government is providing \$156.7 million over two years from 2025-26 to strengthen compliance and enforcement action in relation to the trade of illicit tobacco, e-cigarettes and other nicotine products.
 - This includes funding for states and territories to establish local level capability to respond to their own unique compliance and enforcement challenges.
- The main driver that reduces use of illicit tobacco and nicotine is the same one that reduces use of legal products – declining consumption.
 - There is no “healthier” smoking option between legal or illicit tobacco.
- Reducing the availability of lower-priced illicit tobacco and nicotine products is especially important to tackle the harms of smoking and nicotine dependence for young people, who are often price sensitive.
- The Government will continue to monitor e-cigarette and tobacco use very carefully and work closely with states and territories to do so.



07 JUL, 2025

Vape crackdown fail as more young Aussies light up

Daily Telegraph, Sydney

Vape crackdown fail as more young Aussies light up

Rory Williams

Shocking smoking statistics which show young people are lighting up cigarettes in growing numbers ever since a crackdown on vapes was introduced has ignited renewed criticism of the federal government's attempts to curb e-cigarette use.

Recent data revealed more than one-in-10 of 18 to 24 year olds are smoking cigarettes, a 36 per cent spike in less than a year. The figures come despite Health Minister Mark Butler insisting to The Daily Telegraph that the Albanese government's "world leading" vaping reforms are working.

A spokeswoman for Coalition health spokeswoman Anne Ruston slammed Mr Butler for "patting himself on

the back" when young people are smoking and vaping more than they were before the ban came into effect.

"These statistics are an absolute indictment on the Albanese government, which has blatantly lied to Australians by saying that their vaping reforms are working," she said.

"Not only has the government failed to crack down on this serious issue, but it has only become worse under their failed approach.

"Kids are being targeted by a dangerous black market, which has exploded out of control.

"The Albanese government has made it clear that they are not up to the job of cracking down on these criminals and protecting our kids from the

harms of illicit vaping and tobacco products."

The latest research from Roy Morgan shows nicotine use among young adults rising sharply since the national ban began in July 2024.

At the same time as young people increased smoking factory-made cigarettes, they also began vaping more – with a climb from 19 per cent to 20.5 per cent.

There was also a slight rise in roll-your-own tobacco use.

In total, 28 per cent of young adults now smoke or vape, the highest rate of any age group.

Roy Morgan CEO Michele Levine said the federal government's laws "demonstrably failed to reduce overall rates of smoking and vaping".



Mark Butler

s22

From: BROWN, Karlie
Sent: Tuesday, 8 July 2025 4:38 PM
To: s47F
Cc: s22 RAVEN, Anthea; DEVELIN, Liz; BEDFORD, Chris; MCLACHLAN-BENT, Ashley; s22
Subject: RE: Article 4 July (Daily Telegraph) - 'Vape crackdown fail as more young Aussies light up' [SEC=OFFICIAL]
Categories: Red Category

Hi all

FYI updated Roy Morgan analysis has now been published here: <https://www.roymorgan.com/findings/9936-cigarette-smoking-in-australia-press-release>

Results should be interpreted with caution in the absence of confidence intervals however there are reported increases in the incidence of smoking and vaping among young people across the first half of 2025. We will prepare a short summary of the findings to circulate.

Kind regards,
 Karlie

From: BROWN, Karlie
Sent: Monday, 7 July 2025 8:25 PM
To: s47F @Health.gov.au>; s47F @Health.gov.au>
Cc: s22 @Health.gov.au>; RAVEN, Anthea <Anthea.Raven@health.gov.au>; DEVELIN, Liz <Liz.DEVELIN@Health.gov.au>; BEDFORD, Chris <Chris.Bedford@health.gov.au>; MCLACHLAN-BENT, Ashley <Ashley.MCLACHLAN-BENT@health.gov.au>; s22 @Health.gov.au>
Subject: Article 4 July (Daily Telegraph) - 'Vape crackdown fail as more young Aussies light up' [SEC=OFFICIAL]

Hi s47F

Please find proposed response points regarding the Daily Telegraph article today (as attached). Responses address factors that could influence smoking rates among youth, including the evidence that vaping is a strong predictor of future smoking, and availability of illicit tobacco.

s47G is the most comparable 2024 data we have access to, in the absence of national survey data. There is not any directly comparable data from the states and territories.

The Daily Telegraph article appears to reference the Roy Morgan media release of 1 July which includes the period of Jan – May 2025. s47G which is only to the end of 2024.

s47G

Kind regards,
 Karlie

s22

From: CLANCY, Trish
Sent: Tuesday, 15 July 2025 7:32 PM
To: BROWN, Karlie
Cc: s22
Subject: RE: Timeline: Engagement with Roy Morgan Research [SEC=OFFICIAL:Sensitive]

Small suggested edits below. s22

Trish

From: BROWN, Karlie <Karlie.Brown@health.gov.au>
Sent: Tuesday, 15 July 2025 7:22 PM
To: CLANCY, Trish <Trish.CLANCY@Health.gov.au>
Cc: s22 @Health.gov.au
Subject: Timeline: Engagement with Roy Morgan Research [SEC=OFFICIAL:Sensitive]

Hi Trish

As discussed, Minister Butler's office has received enquiries regarding their engagement and the department's engagement in relation to analysis of smoking and vaping data by Roy Morgan Research. With thanks to s22 s47 G

Grateful for your review ahead of sharing with Minister Butler's office.

Thanks,
 Karlie

s47C

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s22, s47C

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Karlie Brown ([Ms/she/her](#))
Assistant Secretary
Tobacco and E-cigarette Control Branch

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