SOUTH AUSTRALIAN TOBACCO CONTROL STRATEGY 2023-2027

Government of South Australia

Published February 2023

National Library of Australia Cataloguing-in-Publication entry

South Australian Tobacco Control Strategy 2023 – 2027
Drug and Alcohol Services South Australia.

ISBN 978-0-9805046-8-2 (paperback)

Tobacco--government policy--South Australia.
Tobacco--Social aspects--South Australia.
Smoking--Prevention--South Australia.
Smoking--Social aspects--South Australia.
Substance abuse--South Australia--Prevention.

Drug and Alcohol Services South Australia

A copy of this publication is available on the Internet at:
www.sahealth.sa.gov.au

'Aboriginal' is used in this document respectfully as an all-encompassing term for Aboriginal and Torres Strait Islander peoples, health and culture.

For more information

Tobacco Control Unit
Drug and Alcohol Services South Australia

75 Magill Road STEPNEY SA 5069

Tel: (08) 7425 5000
HealthDASSATobaccoControlUnit@sa.gov.au

If you require this information in an alternative language or format, please contact Drug and Alcohol Services South Australia on the details provided above and they will make every effort to assist you.

Contents

Hon Chris Picton MP
Minister for Health and Wellbeing

Preamble

South Australia has made significant progress in reducing smoking prevalence over many years.

A key factor in this success is the South Australian Government's commitment to implementing a suite of evidence-based tobacco control measures. In particular, there has been a sustained focus on social marketing campaigns encouraging smokers to quit, including an Aboriginal-specific campaign, providing accessible and engaging options for smokers who want to quit, and the expansion of smoke-free areas.

While the previous South Australian tobacco control strategy achieved important progress in reducing tobacco use, there are still significant challenges and opportunities ahead. We need to be moving to a point where we are achieving substantial progress in reducing tobacco-related death and disease and creating a smoke-free South Australia. Therefore, the *South Australian Tobacco Control Strategy 2023 - 2027* establishes an ambitious goal of reaching a daily smoking prevalence level of 6% by 2027, and to halve the daily smoking prevalence among 15-to-29-year-olds to 5%.

Considering the rapidly evolving market in e-cigarette products (also known as 'vapes') and other nicotine delivery systems globally, there are also a range of actions throughout the Strategy that focus attention on this important issue, particularly to reduce uptake by children and young people.

Efforts will also continue to focus on reducing the social inequalities associated with the use of tobacco products. This will occur by complementing population-wide approaches with more targeted strategies for vulnerable and high prevalence populations. An important example of this is the Strategy's emphasis on reducing smoking prevalence in Aboriginal communities as part of the Government's commitment to the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes.

The targets in this Strategy will only be achieved through determination, long standing commitment and investment, and productive partnerships and collaboration with key stakeholders and community members. By moving in this direction, we will continue to make significant gains in reducing the rate of preventable tobacco-related death and disease each year.

I commend the *South Australian Tobacco Control Strategy 2023 – 2027* to you.

Hon Chris Picton MP
Minister for Health and Wellbeing

Executive Summary

The *South Australian Tobacco Control Strategy 2023 – 2027* ('the Strategy') outlines a tobacco control framework that aims to improve the health and wellbeing of South Australians by reducing the impact of tobacco and e-cigarette products.

Targets and actions are included across seven priority areas:

1. Social marketing and public education
2. Evidence-based cessation services
3. Reducing smoking prevalence in Aboriginal communities
4. Smoke-free areas
5. Regulation of products, marketing and supply
6. Research, evaluation and enforcement
7. Preventing interaction with the tobacco industry

The Strategy focuses on the application of evidence-based initiatives to achieve a daily smoking prevalence of 6% by 2027, in addition to a range of other targets. To achieve this, the latest evidence on best practice interventions will continue to be applied to enhance the approach to priority areas, such as social marketing campaigns, cessation services and the expansion of smoke-free areas. These will be complemented by price measures nationally and the Australian Government's plain packaging legislation. Additionally, a new strategic focus is to strengthen oversight of where and how tobacco and e-cigarette products are sold. This focus aims to reduce the demand for and accessibility to tobacco and e-cigarettes among children and young people.

Given tobacco consumption is a major contributor to poorer health outcomes, particularly amongst socio-economically disadvantaged and vulnerable populations, the Strategy has a balance of population-wide interventions combined with targeted approaches. Strong commitment is placed on the protection of children and young people. Additionally, priority is placed on supporting higher prevalence groups, particularly Aboriginal populations, people with a mental illness and socio-economically disadvantaged communities.

In accordance with the international treaty on tobacco control, the *World Health Organization's Framework Convention on Tobacco Control*, of which Australia is a signatory, this Strategy also emphasises the Government's commitment to preventing interaction with the tobacco industry in respect to tobacco control policies.

Background

Tobacco smoking is a leading risk factor contributing to disease burden and deaths in Australia.[1] Twenty-eight South Australians die every week from tobacco-related diseases, and an estimated $2.39 billion is lost to the State's economy each year in health costs associated with smoking.[2]

South Australian tobacco control strategies have been guiding the approach to reducing the prevalence and impact of tobacco smoking in this State since 1998. Since the release of the first iteration, the daily smoking prevalence has decreased significantly from 21.4% in 1998 to 9.8% in 2021.

The previous *Strategy (the South Australian Tobacco Control Strategy 2017 – 2020*) provided an evidence-based and comprehensive guide for reducing the impact of smoking on the health and wellbeing of South Australians over this time.

Areas of progress under the previous Strategy included the following:

- A significant reduction of daily smoking prevalence among the South Australian population (15 years and over) from 13.9% in 2017 to 9.8% in 2021.
- Significant declines in smoking (daily, weekly and less than weekly) among people living in the most socio-economically disadvantaged areas (first and second most disadvantaged quintiles) from 22.9% in 2017 to 16.8% in 2021 and among people residing in country South Australia from 21.8% in 2017 to 15.5% in 2021.
- A significant decrease in smoking during pregnancy (at first antenatal visit) among Aboriginal women from 50.5% in 2012 to 40.6% in 2019.
- Maintaining the downward trend of smoking (daily, weekly and less than weekly) among people with a mental illness from 28.8% in 2017 to 19.2% in 2021.

1. Australian Institute of Health and Welfare. (2019). *Australian burden of disease study: Impact and causes of illness and death in Australia 2015*. https://doi.org/10.25816/5ebca2a4fa7dc
2. Australian Institute of Health and Welfare. (2019). *Australian burden of disease study: Impact and causes of illness and death in Australia 2015*. https://doi.org/10.25816/5ebca2a4fa7dc

The previous Strategy was guided by a commitment to a comprehensive evidence-based approach to tobacco control. Actions during this period included:

- Amendments to tobacco control laws to regulate e-cigarette products in a similar way to tobacco products, including bans on the sale of e-cigarettes to children, the use of e-cigarettes in smoke-free areas, advertising and promotion of e-cigarette products, the display of e-cigarette products at the point of sale and the sale of e-cigarette products by indirect orders, including online. These amendments were broadly consistent with the recommendations from the South Australian Select Committee on E-Cigarettes.
- Public and stakeholder consultation processes undertaken to inform future legislative action in tobacco control, followed by the introduction of a range of enhancements to the tobacco control legislation, including increased penalty levels for offences.
- State-wide enforcement of tobacco control legislation, including compliance operations for the offence related to the sale of tobacco and e-cigarette products to minors.
- The introduction of a smoke-free policy across South Australian correctional facilities, including the provision of nicotine replacement therapy and a range of health and wellbeing activities for prisoners.
- State-wide and evidence-based social marketing campaigns, led by television, with supporting digital and outdoor media. Two South Australian-produced smoking cessation television advertisements were launched in 2019, which achieved strong campaign metric results, and an online advertising campaign was delivered in 2020 to highlight the risks associated with smoking during the COVID-19 pandemic and encouraging quitting.
- An Aboriginal-specific campaign led by community partnerships with Elders and Aboriginal people was also delivered, with outdoor and online advertising.
- Strengthening of the Closing the Gap smoking cessation program in Aboriginal community-controlled health services, including enhancements to the recording of smoking status and referrals to quitting support.
- The provision of Quitline services, including the implementation of online tools and services to increase the accessibility of this service.
- Public outdoor areas declared smoke-free under the *Tobacco and E-Cigarette Products Act 1997*, including Bowden Town Square and the Norwood Parade.

Challenges

Despite the strong downward trend in overall smoking prevalence in South Australia, smoking uptake among some young people remains an issue of concern, with approximately 10% of people aged 15-29 years smoking daily. It is critically important to address smoking uptake among young people, to reduce the impact of smoking in the younger generations of South Australians.

There are also other population groups in our community with higher smoking prevalence, particularly Aboriginal people, people experiencing mental illness and socio-economically disadvantaged communities. These higher smoking prevalence levels are a significant contributor to poorer health outcomes in these communities. To ensure we are making progress in reducing these inequalities, further inroads need to be made into reducing smoking rates in these groups. Additionally, progress to an 'end game' for tobacco (the concept of achieving smoking rates near zero) in South Australia will require, over the course of the Strategy, significant investment in these higher prevalence groups, with tailored and evidence-based approaches for reducing smoking prevalence.

Another challenge is the threat emerging from alternative forms of nicotine-delivery products, particularly e-cigarettes. As these products are frequently marketed as being less harmful, they carry the risk of capturing the interest of young smokers and non-smokers. These products present a significant potential risk for adolescents and young adults in their own right, both in terms of health risks and the risk of nicotine addiction. They can also act as a 'gateway' to more traditional tobacco product consumption.

The experience in the United States and New Zealand show how e-cigarette products can quickly become very popular among young people, where approximately one in four secondary school students vape.[3,4] Survey figures indicate a similar level of vaping may also be emerging among teenagers in South Australia.[5] The Strategy highlights the need to remain vigilant in response to these products and to implement appropriate responses to protect the health of children and young people, in accordance with advice from peak bodies such as the World Health Organization and the National Health and Medical Research Council.

Exposure to second-hand smoke continues to be an area of concern, with such exposure commonly reported in a range of public areas.[6] This can pose a significant health risk, particularly as young people and other vulnerable communities are frequently in these areas. Therefore, a significant focus of the Strategy is to expand smoke-free areas to reduce the exposure to second-hand smoke in the community.

Commitment and partnerships

Actions under the *South Australian Tobacco Control Strategy* are part of a long-standing commitment to tobacco control led by SA Health to improve the health and wellbeing of South Australians. While the Strategy is published by the Government of South Australia, the strength and success in tobacco control relates to strong partnerships with, and contributions from, government and non-government sectors.

The actions under the current Strategy will be implemented with the involvement, collaboration and contribution of a variety of stakeholders, including government agencies, research networks, non-government organisations, the university and education sectors, and industry and businesses.

3. Miech, R., Johnston, L., O'Malley, P. M., Bachman, J. G., & Patrick, M. E. (2019). *Adolescent Vaping and Nicotine Use in 2017–2018 — U.S. National Estimates*. New England Journal of Medicine, 380(2), 192–193. https://doi.org/10.1056/nejmc1814130
4. Asthma+Respiratory Foundation NZ and Secondary Principals' Association of New Zealand Inc. (2021). *A 2021 Report into youth vaping: The ARFNZ/SPANZ vaping in NZ youth survey*
5. Connolly, H. Commissioner for Children and Young People, South Australia (2022) Vaping Survey: Key Findings – What do young people in South Australia think about current responses to vaping and how to better respond? July 2022.
6. South Australian Health and Medical Research Institute (SAHMRI). (2021, May). *Report on progress against the 'South Australian Tobacco Control Strategy 2017–2020'*.

Context and development

The Strategy builds on the achievements of, and learnings from, the previous Strategy and highlights current and emerging issues and opportunities to achieve progress in tobacco control. It is informed by key policy frameworks including the National Preventive Health Strategy, and the National Tobacco Strategy's goal "to improve the health of all Australians by reducing the prevalence of tobacco use and its associated health, social, environmental and economic costs, and the inequalities it causes". The Strategy is also aligned with the S*outh Australian Health and Wellbeing Strategy 2020 – 2025* and the *Wellbeing SA Strategic Plan 2020 – 2025*.

As Australia is a signatory to the World Health Organization's Framework Convention on Tobacco Control, this Strategy is consistent with the obligations outlined in this international treaty.

The development of the Strategy has also been informed by significant feedback and valuable contributions from experts in the tobacco control field, key stakeholders and community members, as well as the analysis of peer-reviewed literature and developments in other Australian jurisdictions.

Strategic approach

GOAL

Improve the health and wellbeing of South Australians by reducing the impact of tobacco and e-cigarette products

VISION

South Australia has the lowest rate of smoking nationally, for both the general population and high prevalence groups, as well as the lowest rate of e-cigarette use among young people

VALUES

- Commitment to reduce the health, social and economic inequalities associated with tobacco smoking
- Application of evidence-based and innovative approaches
- Engagement in collaborative relationships with key partners and communities
- Sustainable outcomes through systems change and policy adoption
- Tobacco control remains a priority with strong community support

PRIORITY GROUPS

- Children and young people
- Aboriginal people, particularly Aboriginal pregnant women
- People experiencing mental illness
- People living in socio-economically disadvantaged areas

OBJECTIVES

- Reduce smoking prevalence in the South Australian population
- Reduce daily smoking prevalence among Aboriginal people
- Reduce daily smoking prevalence among high prevalence groups
- Reduce the prevalence of e-cigarette use among young people
- Reduce exposure to second-hand smoke
- Increase quit attempts and intention to quit among smokers
- Increase the proportion of smokers who report being asked about their smoking status by health professionals and are provided support to quit

1

Priority areas and actions

Social marketing and public education

Social marketing campaigns are highly cost-effective components of tobacco control programs and continue to be important elements in the comprehensive tobacco control framework in this Strategy.

The South Australian Government has sustained its investment in effective social marketing campaigns over a number of years, and this has contributed to quitting, preventing relapse and discouraging uptake by young people.

This Strategy outlines an evidence-based model for the implementation of effective cessation campaigns, that ensures impact in high prevalence populations. This approach is led by video-based advertising across traditional linear television, streaming services and video-sharing platforms, with support media such as digital, radio and outdoor advertising used to extend the reach and frequency of the campaign messaging. It is also complemented with specific campaign advertisements for Aboriginal communities, with tailored messaging on outdoor and online advertising that is guided by community insights.

Actions

1. Fund, develop and implement state-wide social marketing campaigns, led by video-based advertising across traditional linear television, streaming services and video-sharing platforms, and supported by secondary media channels, in order to optimise their impact on smoking prevalence in the community.
2. Analyse the most appropriate and effective public messaging for communicating the potential harms from the use of e-cigarette products, with a view to examining the merits of a public campaign.
3. Combine the use of both threat-appeal advertisements and motivational advertisements, in accordance with the evidence in this field, to optimise impact on smokers at different points of quitting contemplation.
4. Enhance the connections between social marketing campaigns and cessation support options to make it as easy as possible for smokers to respond to campaign material and access the information and tools they need to make a quit attempt.
5. Ensure the social marketing campaign strategy is focused on reaching and having a strong resonance with higher prevalence audiences, particularly socio-economically disadvantaged populations, people living with mental illness, Aboriginal people and other high smoking prevalence groups.
6. Ensure population engagement is maintained through the creation of new and engaging social marketing content that smokers are looking for, including the production of new locally-made television advertisements as required.
7. Continue to strengthen collaboration with the Australian Government, other Australian jurisdictions and non-government organisations to develop and evaluate campaign materials, maximising their effectiveness.
8. Provide education in schools to create an environment aimed at minimising the uptake and use of tobacco and e-cigarette products by young people.

2 Priority areas and actions

Evidence-based cessation services

Quitting is beneficial at any age and can add as much as 10 years to life expectancy.[7] Smoking cessation not only yields significant immediate and long-term health benefits; it also reduces smoking-attributable healthcare expenditure.

Consistent with research in this area and Article 14 of the World Health Organization's Framework Convention on Tobacco Control[8], the Strategy maintains a strong commitment to fund and promote Quitline telephone and information services.

It also emphasises the need for the healthcare workforce to be adequately trained and skilled to routinely record smoking status and provide brief advice and other cessation support.

This Strategy also recognises the need to provide support for addressing all nicotine dependence, including ceasing e-cigarette use. It also emphasises the implementation of innovative approaches to increase the engagement of smokers in quit attempts, including heavily-dependent smokers and those in disadvantaged populations.

Actions

1. Continue to promote and provide best practice and culturally-appropriate cessation support services in South Australia, including the Quitline and other tools and services. These will be widely available, accessible, affordable and responsive to the needs of South Australian smokers from diverse and disadvantaged backgrounds, and will include interpreter services.
2. Support community service organisations to develop smoke-free workplace policies that address tobacco and e-cigarette use, as well as support staff and people who access their services to quit tobacco and e-cigarette use.
3. Increase accessibility to tools and aids for quitting, including affordable nicotine replacement therapy and quitting medications where appropriate, online tools and services.
4. Continuously enhance healthcare workers' knowledge and skills to effectively provide cessation services and brief advice. As part of this, increase the number of healthcare and other service workers completing online cessation training to 1000 by 2027, particularly in mental health, Aboriginal health, and alcohol and other drug treatment services.
5. Integrate the routine recording of patient smoking and vaping status, the provision of brief advice and referral to Quitline across all SA Health services.
6. Encourage and support the implementation of evidence-based cessation programs, including recording of smoking and vaping status, the provision of brief advice and referral to Quitline as part of routine care across the social and community service sector.
7. Develop and implement initiatives for engaging high prevalence groups and supporting hard-to-reach smokers to quit smoking and vaping.
8. Implement a pilot to measure the effectiveness of providing financial incentives for quitting smoking and vaping, particularly for high prevalence groups, and assess mechanisms for linking quitting services with financial wellbeing and resilience programs to minimise the financial impact of smoking.
9. Encourage the implementation of cessation initiatives at workplaces, particularly for key industry groups with high prevalence of smoking, such as in the 'blue collar' industries. This approach may include the development of industry-specific communications and engagement strategies.
10. Enhance the implementation of the SA Health Smoke Free Policy Directive as standard practice. This includes the development and implementation of a cessation protocol, including the provision of brief advice and referral for ongoing support to quit, and free or affordable nicotine replacement therapy and quitting medication where appropriate.
11. Develop and implement cessation support initiatives to assist prison inmates to prevent relapse and remain smoke-free as they transition back into the community.

7. U.S. Department of Health and Human Services. (2020). *Smoking Cessation. A Report of the Surgeon General*. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
8. World Health Organization. (2010). *Guidelines for implementation of Article 14. Framework Convention on Tobacco Control*.

3 Priority areas and actions

Reduce smoking prevalence in Aboriginal communities

Tobacco smoking is the most preventable cause of illness and early death in Aboriginal communities, being responsible for 23% of the gap in disease burden between Aboriginal and non-Aboriginal Australians.[9]

While significant gains have been achieved in reducing smoking prevalence among Aboriginal people in South Australia, smoking rates remain much higher in Aboriginal communities. For example, 40.4% of Aboriginal people reported being smokers in 2018/2019 and 42.2% of Aboriginal pregnant women reported smoking during pregnancy in 2017.

To help reduce the inequalities caused by smoking among Aboriginal people, this Strategy commits to support a community-controlled approach for supporting quitting and preventing uptake. The actions in this Strategy are underpinned by partnerships and collaboration with the Aboriginal community-controlled health service sector, Elders and the wider Aboriginal population. These approaches encompass culturally-appropriate ways to successfully engage with Aboriginal people residing in metropolitan, rural and remote communities of South Australia. Additionally, the Strategy highlights the need to continue to complement and collaborate with the Australian Government's Tackling Indigenous Smoking program, as part of the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes, to maximise the impact of the actions.

Actions

1. Continue to support the delivery of culturally-appropriate cessation services by Aboriginal community-controlled health organisations and other culturally-appropriate services.
2. Deliver innovative and community-led social marketing campaign material that takes an evidence and strengths-based approach to encourage cessation and create smoke-free environments in Aboriginal communities.
3. Continuously enhance healthcare workers' knowledge and skills to effectively provide culturally-appropriate cessation services and brief advice to Aboriginal people. This aims to ensure cessation support is routinely provided for Aboriginal communities across the healthcare and Aboriginal community-controlled health service sectors.
4. Continue to support, assist and provide care for smoke-free Aboriginal pregnancies, particularly through the routine assessment and recording of smoking status, provision of brief advice and referral to Quitline.
5. Ensure the provision of cessation support for Aboriginal pregnant women who have difficulty accessing maternal health services, particularly those living in rural and remote areas.
6. Ensure Aboriginal cessation programs funded by the South Australian Government collaborate with and complement the Australian Government's Tackling Indigenous Smoking program.
7. Continue to build and strengthen partnerships and meaningful collaboration with the Aboriginal community-controlled health sector, Elders and communities to guide tobacco control initiatives in South Australia.

9. Australian Institute of Health and Welfare. (2018). *Alcohol, tobacco & other drugs in Australia*. https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/priority-populations/older-people

4

Priority areas and actions

Smoke-free areas

There is no safe level of exposure to second-hand smoke. Smoke-free environments are an essential part of a comprehensive approach to tobacco control. They protect people from passive smoking, encourage smokers to quit and have the potential to reduce uptake among young people[10].

This Strategy commits to proactively reducing exposure to second-hand smoke among non-smokers by working with key stakeholders to create smoke-free areas. This is particularly focused on outdoor public areas and events, especially around places frequented by children, young people and other vulnerable populations.

Actions

1. Increase the provision of smoke-free public areas, particularly in settings frequently attended by children, young people and other vulnerable populations, to reduce exposure to second-hand smoke and continue to de-normalise smoking.
2. Enhance the provision of smoke-free areas in outdoor dining and drinking areas of hospitality venues.
3. Work with local council, communities, and relevant business and other peak bodies to assess opportunities for creating smoke-free areas (including no vaping) in outdoor public places such as those near children's education and child-care centres, near non-residential building entrances, at hospitals and health facilities, within outdoor public swimming pools, within government precincts, at major sports or events facilities, during organised under-18 sporting events, and on patrolled beaches and under jetties.
4. Encourage and support communities and organisations to adopt smoke-free policies, particularly around places frequented by children, young people and vulnerable populations, to reduce their exposure to second-hand smoke.
5. Encourage local governments to implement smoke-free by-laws across local government areas, including rural and remote locations, to protect vulnerable communities from exposure to second-hand smoke and encourage smokers to quit.
6. Assist Aboriginal community-controlled health organisations in their efforts to support smoke-free initiatives in public places and events, and in homes.
7. Encourage the implementation of smoke-free by-laws, policies and guidelines across public housing and multi-unit buildings to reduce smoke-drift among residents of high-density housing, in partnership with SA Housing Authority and community and strata peak bodies.
8. Continue to enhance the implementation of the SA Health Smoke-Free Policy Directive across the healthcare system, particularly in settings attended by groups with a high prevalence of smoking, such as mental health facilities, to continue to de-normalise smoking and motivate people to quit smoking.
9. Continue to include 'no-smoking on site and in the workplace' clauses in all government funding contracts, to ensure funded organisations are smoke-free, and conduct monitoring of implementation.

10. US Department of Health and Human Services. (2006). The health consequences of involuntary smoking: a report of the Surgeon General. US Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2006/index.htm.

5

Priority areas and actions

Regulation of products, marketing and supply

A range of approaches are used by the tobacco industry to increase the attractiveness of tobacco and e-cigarette products, particularly to young people. This includes the use of strategic promotional activities in the retail setting to build product familiarity and encourage purchases. The Strategy outlines the importance of considering options to regulate such activities, to ensure that the success in reducing smoking rates in the community is not reversed.

Tobacco is readily available to the community through a range of retail avenues, including supermarkets, service stations, hotels and clubs, and corner stores. In response, the Strategy highlights the need to analyse options for enhancing oversight of how and where tobacco and e-cigarette products are sold in South Australia to ensure there is a regulatory framework aimed at protecting young people and vulnerable communities.

Actions

1. Explore options to further reduce the accessibility of tobacco and e-cigarette products to children and young people.
2. Consider approaches to enhance regulatory oversight of the number, type and location of tobacco and e-cigarette outlets, particularly near schools and in areas of social disadvantage.
3. Consider approaches to enhance the regulation of tobacco vending machines so as to reduce both smoking initiation and relapse.
4. Explore options to adopt evidence-based measures to enhance the tobacco and e-cigarette licensing scheme, including ensuring licence fee levels fund a strong monitoring and enforcement framework.
5. Explore legislative options to regulate flavours in tobacco and e-cigarette products, such as menthol, fruit, candy and spices, to reduce the potential for harms and attractiveness of tobacco and e-cigarette products to children and young people.
6. Consider options to strengthen the regulation of gifts and benefits in connection with tobacco and e-cigarette sales, including benefits provided to retailers for selling certain products and bulk-purchase discounting for customers.
7. Explore the merits of introducing a wholesaler tobacco licence to provide a mechanism for collecting local sales data and allow greater oversight as to where new sellers might operate.
8. Examine options for strengthening controls on the promotion and sale of tobacco and e-cigarette products to young people, particularly at the point of sale. These options include restricting price board promotions and requiring that tobacco and e-cigarette vendors are 18 years of age or over.
9. Conduct a close examination of the merits of the legislative measures being proposed in New Zealand, including the ‘smoke-free generation’ model which proposes a lifetime ban on selling cigarettes to those born after a certain date.

6 Priority areas and actions

Research, evaluation and enforcement

The World Health Organization's Framework Convention on Tobacco Control requires signatories to 'regularly collect data on the magnitude, patterns, determinants and consequences of tobacco use and exposure'. The Strategy upholds this commitment by emphasising the collection and analysis of data for evaluating programs and policy in this State. This process enables knowledge to feed into future initiatives, thereby continuing the strong tradition in tobacco control of evidence-based practice.

In accordance with the World Health Organization, the Strategy recognises that the success of tobacco control legislation depends on its effective implementation, enforcement and compliance mechanisms. The Strategy includes the implementation of a framework for best practice surveillance and enforcement of tobacco control legislation in South Australia.

Actions

1. Monitor and evaluate tobacco control trends in the community to contribute to the development of evidence-based approaches for further reducing smoking prevalence in South Australia.
2. Conduct ongoing monitoring and research regarding the use and impact of e-cigarette products, particularly on young people and other vulnerable communities to inform policy and programmatic responses to e-cigarette products.
3. Monitor the effectiveness of campaign strategies, including analysis of media use trends, to optimise campaign impact.
4. Evaluate the effectiveness of other key interventions aimed at encouraging quitting and reducing uptake of smoking.
5. Explore options to enhance surveillance and enforcement frameworks to optimise the effectiveness of South Australian tobacco legislation, particularly to reduce sales to minors.
6. Examine approaches for standardising routine operations for enforcing the law against the sale of tobacco and e-cigarette products to minors.
7. Continue to assess ways to enhance surveillance and enforcement approaches in response to new and emerging methods of industry marketing and sales, including online. This includes examining options for enhancing enforcement powers and ensuring penalty levels provide a strong deterrent for offences.
8. Review and, where appropriate, make amendments to the *Tobacco and E-Cigarette Products Act 1997* to enhance the effectiveness of this regulatory framework.
9. Monitor state, national and international developments in relation to tobacco control, particularly the emergence of novel nicotine delivery products, to ensure evidence-based policy and program response to these products.

7

Priority areas and actions

Prevent interaction with the tobacco industry

As a signatory of the World Health Organization's Framework Convention on Tobacco Control, Australia is required to protect public health policies in relation to tobacco control from commercial and other vested interests of the tobacco industry. These efforts should also extend to individuals and organisations whose interests may be aligned with the tobacco industry. This Strategy continues the commitment of the South Australian Government to uphold this important obligation under this international treaty.

Actions

1. Apply existing policies and enhance procedures to prevent interactions with the tobacco industry on tobacco control policy matters.
2. Protect South Australia's public health policies, including those related to tobacco control, from the interference of the tobacco industry, in line with the Australian Government's *Guidance for Public Officials on Interacting with the Tobacco Industry*.

Targets

Reduce smoking prevalence in the South Australian population

Targets	Baseline	2024 Estimate*	2027 Target*
1. Reduce daily smoking prevalence in the South Australian population (15 years and over) from 9.8% in 2021 to 6% in 2027. Source: Population Health Survey Module System (PHSMS), annually.	9.8% (2021)	7.5%	6%
2. Among South Australians aged 14 – 24 years who smoke a full cigarette, delay the age that they do so from 16.2 years in 2019 to 17.0 years in 2027. Source: National Drug Strategy Household Survey (NDSHS), every three years.	16.2 years (2019)	16.6 years (2023)	17.0 years
3. Reduce the prevalence of secondary school students (aged 12 – 15 years) who had ever smoked from 7.7% in 2017 to 2.6% in 2027. Source: Australian School Students' Alcohol and Drugs Survey (ASSAD), every three years.	7.7% (2017)	3.9% (2023)	2.6%
4. Reduce daily smoking prevalence in young people (aged 15 – 29 years) from 9.7% in 2021 to 5.0% in 2027. Source: Population Health Survey Module System (PHSMS), annually.	9.7% (2021)	6.2%	5.0%
5. Reduce daily smoking prevalence in the South Australian population among those aged 30-59 years from 11.8% in 2021 to 9.3% in 2027. Source: Population Health Survey Module System (PHSMS), annually.	11.8% (2021)	10.7%	9.3%

Reduce daily smoking prevalence among Aboriginal people

Target	Baseline	2022-23 Estimate*	2026-27 Target*
6. Reduce daily smoking prevalence in the Aboriginal and Torres Strait Islander population from 40.4% in 2018-19 to 29% in 2026-27. Source: Australian Bureau of Statistics (ABS) National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)/National Aboriginal and Torres Strait Islander Social Survey (NATSISS), approximately every three years.	40.4% (2018-19)	35.0%	29.0%

* Estimates and targets were calculated by projecting the existing trend between 2010 and 2020 (or nearest available years) to 2027. Linear or exponential trends were used based on the trendlines that best fit the data. If trends did not surpass targets set in the previous Strategy, stretched targets were presented.

Targets

Reduce smoking prevalence among Aboriginal pregnant women

Target	Baseline	2024 Estimate*	2027 Target*
7. Reduce smoking during pregnancy (smoking status in second half of pregnancy) among Aboriginal women from 42.1% in 2019 to 29.0% in 2027. Source: Pregnancy Outcome Unit, annually.	42.1% (2019)	33.0%	29.0%

Reduce smoking prevalence among high prevalence groups

Targets	Baseline	2024 Estimate*	2027 Target*
8. Reduce daily smoking prevalence among people living in the most socio-economically disadvantaged areas (first and second most disadvantaged quintiles) from 14.6% in 2021 to 8.3% in 2027. Source: Population Health Survey Module System (PHSMS), annually.	14.6% (2021)	10.7%	8.3%
9. Reduce daily smoking prevalence among people living with mental illness from 16.6% in 2021 to 10.5% in 2027. Source: Population Health Survey Module System (PHSMS), annually.	16.6% (2021)	13.5%	10.5%

Reduce e-cigarette prevalence among youth

Target	Baseline	2024 Estimate*	2027 Target*
10. Maintain the prevalence of those aged 12 – 17 years who have used e-cigarettes in the past month at 2.4% or lower. Source: Australian School Students' Alcohol and Drugs Survey (ASSAD), every three years.	2.4% (2017)	≤ 2.4%	≤ 2.4%

* Estimates and targets were calculated by projecting the existing trend between 2010 and 2020 (or nearest available years) to 2027. Linear or exponential trends were used based on the trendlines that best fit the data. If trends did not surpass targets set in the previous Strategy, stretched targets were presented.

Targets

Reduce exposure to second-hand smoke

Targets	Baseline	2024 Estimate*	2027 Target*
11. Reduce the proportion of the population exposed to second-hand smoke in public places to less than 50%. Source: Population Health Survey Module System (PHSMS), annually.	58.8% (2021)	< 50%	< 50%
12. Reduce the proportion of the population exposed to second-hand smoke in their own or anothers' home or car to less than 19%. Source: Population Health Survey Module System (PHSMS), annually.	20.7% (2021)	< 19%	< 19%

Increase quit attempts and intention to quit

Targets	Baseline	2024 Estimate*	2027 Target*
13. Increase the proportion of South Australian smokers aged 15 years and over who made a quit attempt in the past 12 months from 42.5% in 2021 to 45.0% in 2027. Source: Population Health Survey Module System (PHSMS), annually.	42.5% (2021)	43.5%	45.0%
14. Increase the proportion of South Australian smokers aged 15 years and over who intend to quit smoking in the next six months from 66.2% in 2021 to 72.5% in 2027. Source: Population Health Survey Module System (PHSMS), annually.	66.2% (2021)	68.5%	72.5%

Increase proportion of smokers who report being asked previously about smoking status and are provided brief advice

Target	Baseline	2024 Estimate*	2027 Target*
15. Increase the proportion of smokers aged 15 years and over who report being advised to quit by a health professional in the past year from 51.9% in 2021 to 52.0% in 2027. Source: Population Health Survey Module System (PHSMS), annually.	51.9% (2021)	50.0%	52.0%

* Estimates and targets were calculated by projecting the existing trend between 2010 and 2020 (or nearest available years) to 2027. Linear or exponential trends were used based on the trendlines that best fit the data. If trends did not surpass targets set in the previous Strategy, stretched targets were presented.

Government of
South Australia