SOUTH AUSTRALIAN TOBACCO CONTROL STRATEGY 2005-2010

Government
of South Australia

This document was prepared by the Ministerial Reference Group on Tobacco taking into account the advice of Ms Lisa Wood, Health Promotion Consultant from Western Australia, who evaluated the first Tobacco Control Strategy 1998–2003.

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Preamble

I am pleased to present the *South Australian Tobacco Control Strategy: 2005–2010.*

Tobacco smoking is the single biggest cause of premature death, disease and disability in Australia. This imposes substantial economic and social costs on the South Australian community. Tobacco use has been estimated to cost Australia $21 billion a year in health care, lost productivity, life and other social costs. Smoking, more than any other identifiable factor, contributes to the gap in healthy life expectancy between those most advantaged and those most in need. Thirty South Australians die each week from diseases caused by smoking tobacco and smoking-related diseases account for 75 000 hospital bed days in the State each year.

This five-year strategy aims to improve the health of South Australians by reducing harm caused by tobacco smoking in the overall community. Special effort will focus on reducing the harm caused by tobacco smoking in three priority groups: Aboriginal people; young people; and people living with a mental illness.

This strategy is based on best practice in tobacco control and builds on the work of the first strategy. Significant progress has been made in the past year to strengthen and consolidate provisions for smoke-free workplaces and smoke-free enclosed public places, including hospitality settings, in South Australia. A total ban in all workplaces including hospitality venues will apply on 31 October 2007. Advertising of tobacco products at point of sale has been banned and measures to ensure that retailers do not sell to minors have been strengthened.

These measures, together with targeted mass media campaigns, have led to a reduction in smoking prevalence for people aged 15 years and above from 25% in 1999 to 21.9% overall (18% daily) in 2004. Smoking rates in 2004 were the lowest ever recorded.

Although there has been progress in tobacco control, this strategy highlights areas for further work. By 2010, our objective is to have reduced smoking prevalence to 17% among all adults. The strategy has also adopted a target in South Australia's Strategic Plan to reduce smoking prevalence in young people by 10% over 10 years. The strategy complements the National Tobacco Strategy, the National and SA Drug Strategy and the Youth Action Plan.

I commend the *South Australian Tobacco Control Strategy: 2005–2010* to you. I look forward to working with all South Australians to meet these challenges.

HON. CARMEL ZOLLO, MLC
Minister for Mental Health and Substance Abuse
December 2005

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Our Goal

Improve the health of South Australians by reducing the harm caused by tobacco smoking, especially among high prevalence groups.

Context

In South Australia, tobacco smoking, more than any other identifiable factor, contributes to the gap in healthy life expectancy between those most advantaged and those most in need. Tobacco use is a significant risk factor for death and disability with half of all long-term smokers dying prematurely in their middle age.

Since 1999, the South Australian Government has spent $3.9 million each year towards a variety of measures to reduce tobacco consumption. These have included targeted public awareness campaigns, reductions in the number of public places where people can legally smoke, and small grants for innovative approaches with high-prevalence smoking communities.

The Ministerial Reference Group on Tobacco developed this strategy to guide the direction of tobacco control initiatives in South Australia over the next five years. Based on best practice tobacco control, this strategy is comprehensive and balances activities for the South Australian population as a whole against those aimed at high-prevalence groups: young people; people living with a mental illness; and Aboriginal people.

Over the next five years firmer partnerships will be forged across Government and the Non-Government sector to sustain those gains achieved under the first strategy and to make even greater gains among the targeted high-prevalence groups through this strategy. The South Australian Government is committed to working closely with other Australian jurisdictions on measures to reduce tobacco consumption through the implementation of not only this strategy but also *South Australia's Strategic Plan*, the *National Tobacco Strategy 2004–2009*, the *National Drug Strategy 2004–2009*, the *South Australian Drug Strategy 2005–2010* and the *South Australian Youth Action Plan 2005–2010*.

At the end of 2010, through initiatives under this strategy, South Australia will see significant improvements in the health of all South Australians and a reduction in the social costs and inequities caused by tobacco in all its forms.

Model of Tobacco Control

Goal

Improve the health of South Australians by reducing the harm caused by tobacco smoking, especially among high prevalence groups

Overarching Principles

We will have a comprehensive and integrated strategy, which will occur through:

- decision-making and practice that is informed by available evidence, derived from previous achievements, rigorous research and critical evaluation
- encouraging innovation and the development of new approaches, which will also help to build the evidence base
- commitment to achieving population health outcomes
- making most progress with groups of least advantage to reduce the inequality in health outcomes between different socio-demographic groups
- fostering supportive environments, building capacity in communities, and ensuring initiatives are sustainable
- coherence and cooperation with national initiatives as well as intersectoral partnerships

Priority groups

The strategy aims to reduce smoking prevalence and exposure in the South Australian population generally. Special effort will focus on reducing harm caused by tobacco in three priority groups: young people; people living with mental illness; and Aboriginal people.

Strategy Area 1
Reduce smoking using a framework that addresses the social determinants of health

Strategy Area 2
Smoke-free legislation, regulations and policies

Strategy Area 3
Regulation to minimise commercial conduct that promotes tobacco products with attention to:
- place of sale
- taxation and pricing of products
- advertising / promotion
- product toxicity
- active surveillance and enforcement

Strategy Area 4
Knowledge about the health effects of smoking and community support for tobacco control

Strategy Area 5
Mass media led quit promotions

Strategy Area 6
Cessation support and relapse prevention

Strategy Area 7
Research, evaluation and monitoring

Outcomes

1 Community-wide access to cessation advice and support services.
2 More service providers trained to deliver cessation support.
3 Legislative changes implemented and evaluated.
4 Reduced availability and promotion of tobacco products.
5 Smoking prevalence to be reduced to 17% among adults.
6 Smoking prevalence to be reduced by 10% in young people*.
7 Increased community awareness of the health effects of smoking.
8 Elimination of passive smoking exposure in indoor workplaces.
9 20% reduction in exposure to passive smoking in confined public spaces.
10 Increase the proportion of smoke-free homes and cars.

* as stated in South Australia's Strategic Plan Objective 2: Improving Wellbeing Targets T2.5

Strategy Area 1

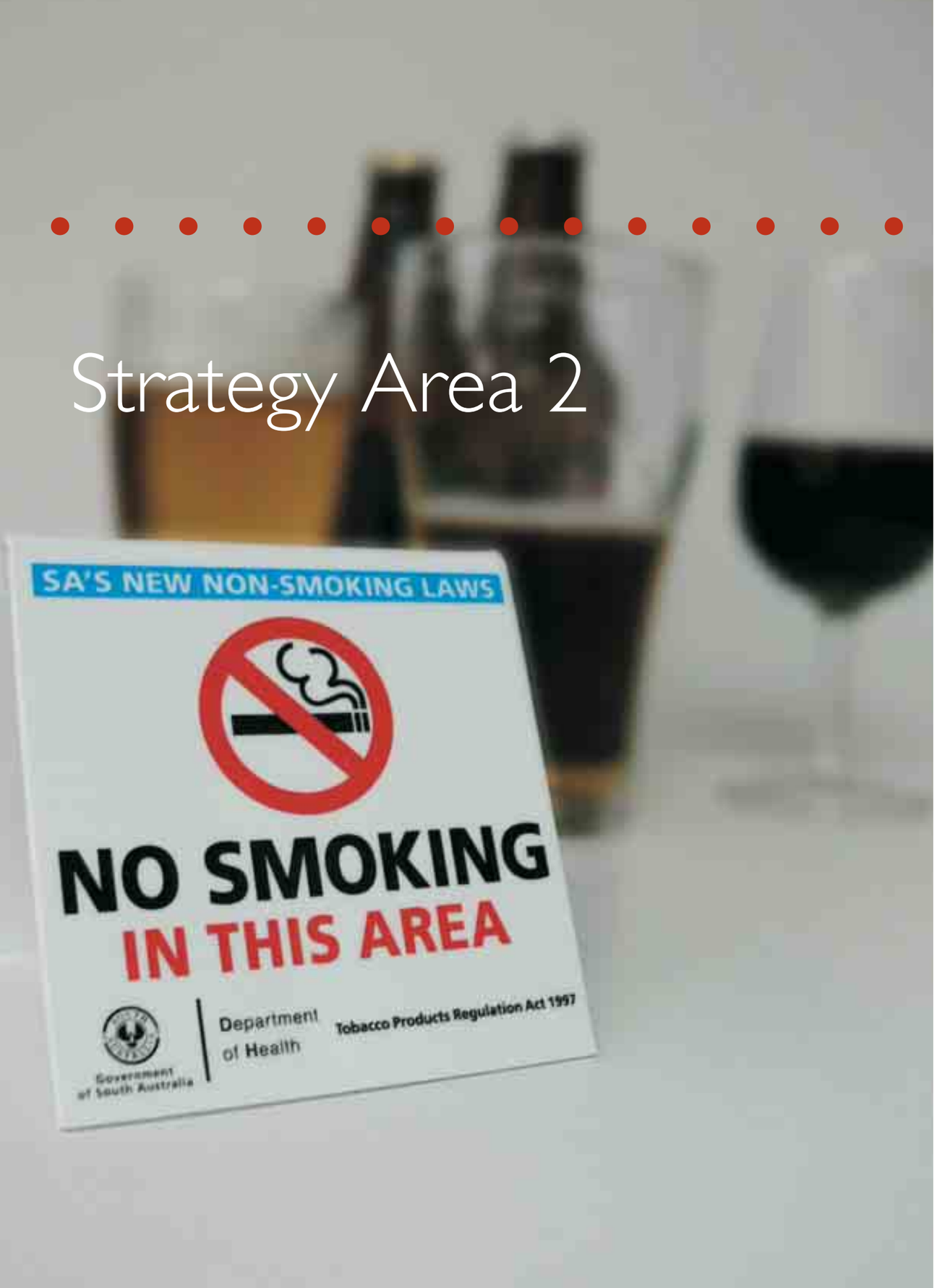
Artwork by
Abdul Aziz Hammad

Reduce smoking using a framework that addresses the social determinants of health

It has become clear that longer-term smoking is more prevalent among groups experiencing social disadvantage characterised, for example, by low income, high unemployment, poor housing, lack of transport, lower levels of educational attainment, experience of discrimination, racism and violence. These characteristics are commonly defined as the social determinants of health and are linked to social alienation. Smoking prevalence is particularly high among Aboriginal people and people experiencing mental illness. Programs that address the social determinants of health and social alienation may well reduce the uptake of smoking among young people and reduce smoking among high-prevalence groups.

	ACTIONS	LEAD AGENCIES
1	Involve priority groups in the development and implementation of a range of community-based tobacco control initiatives that address the social, economic and environmental determinants of disadvantage	Department of Health (DH), Quit SA
2	Collaborate with key Aboriginal agencies to develop and implement culturally sensitive and relevant strategies to address smoking among Aboriginal people taking into account the SA Substance Misuse Strategy Framework	DH, Quit SA
3	Collaborate with Government departments and other agencies to ensure that the educational and social inequalities that contribute to the uptake of smoking are addressed	DH, Quit SA
4	Collaborate with mental health services and providers to develop and implement policy and programs to address smoking cessation and uptake from a social, economic and environmental health perspective	DH, Regional Health Services, Quit SA
5	Invest in pilot projects to address prevention, the early uptake and cessation of smoking among the priority groups	DH, Regional Health Services, Quit SA
6	Coordinate tobacco control strategies and activities to maximise the impact of broad population-based policies and programs and those designed to reach priority groups	DH, Regional Health Services, Quit SA
7	Engage the prisoner population in anti-tobacco measures to reduce current smoking prevalence	DH, Correctional Services, Quit SA

Strategy Area 2



Smoke-free legislation, regulations and policies

Exposure to second hand smoke (passive smoking) causes a number of diseases including lung cancer and asthma in children. Reducing exposure to passive smoking is a public health priority and not merely an issue of comfort. Societal expectations have changed considerably over time and community support for restrictions on smoking in many places, including public places and workplaces, has increased. Smoking bans in the workplace, in enclosed public places and confined outdoor places will be enforced because smoking creates an unnecessary and unacceptable health risk. It is important that parents and carers understand the importance of preventing children from being exposed to tobacco smoke as well.

ACTIONS	LEAD AGENCIES
1 Enforce measures to:	
1.1 Prohibit smoking in enclosed workplaces	DH
1.2 Ensure the effective implementation of smoking bans at all workplaces by the end of 2007	DH, Workplace Services
1.3 Remove passive smoking exposure in enclosed public places	DH, Non-Government Organisations (NGOs), Workplace Services
2 Increase further community awareness and support of the harmful effects of passive smoking and the need for smoke-free areas via community education strategies by:	
2.1 Monitoring workplaces and enclosed public places to ensure that they are smoke-free	DH, Quit SA
2.2 Promoting smoke-free confined outdoor public areas (e.g. restaurants; sporting stadia; public transport queues; building entrances; and major community events)	DH, Quit SA, NGOs
2.3 Working proactively with all services and settings frequently used by people from priority groups, to assist them to develop smoke-free strategies	DH, Regional Health Services, NGOs
3 Reduce harm to children caused by passive smoking exposure by:	
3.1 Encouraging and enabling people (particularly parents) to make their homes and cars smoke-free	DH, Quit SA
3.2 Working with relevant sporting and cultural agencies to extend the number of smoke-free stadia and outdoor events	DH
3.3 Supporting local councils to make playgrounds and other public spaces smoke-free	DH, Regional Health Services, NGOs
4 Pursue evidence-based measures to reduce passive smoking exposure in confined or covered outdoor public places, via:	
4.1 Investigating policy options to expand smoke-free areas to include confined outdoor spaces (e.g. restaurants; sporting stadia; public transport queues; building entrances; and major community events)	DH
4.2 Modelling smoking restrictions around entrances to Government buildings	State Government agencies
4.3 Including a provision for funded bodies to institute smoke-free areas in relevant Government contracts and sponsorships.	DH, NGOs
5 Support national legislative and policy measures creating smoke-free places	DH

Strategy Area 3

Photo courtesy of John P Fletcher,
Professor of Surgery, University of Sydney and Westmead Hospital

Regulation to minimise commercial conduct that promotes tobacco products with attention to:

- place of sale
- taxation and pricing of products
- advertising / promotion
- product toxicity
- active surveillance and enforcement

Regulation of the advertising, sale and display of tobacco products by business entities will lead to a reduction in the attractiveness of smoking. Active surveillance and enforcement measures will ensure that breaches of the requirements of the *Tobacco Products Regulation Act 1997* are addressed.

ACTIONS	LEAD AGENCIES
1 Advocate for the strengthening of the *Tobacco Advertising Prohibition Act 1992* to broaden the prohibition of tobacco advertisements and remove exemptions for international events of significance	Australian Department of Health & Ageing (DoHA), DH
2 Advocate to limit the placement of tobacco products in mass media, including movies	DoHA, DH
3 Support the introduction of graphic images on cigarette packets and new health warnings	DoHA, DH
4 Advocate for and support the strengthening of tobacco product labelling regulations, requiring effective consumer information disclosure by tobacco companies	DoHA, DH
5 Advocate for stricter regulation of tobacco product manufacturing, especially in order to make tobacco products less harmful	DoHA, DH
6 Enforce bans on mobile display units and mobile sales such as tobacco trays	DH
7 Enforce measures to ensure that prohibited tobacco advertising at point of sale has been eliminated	DH
8 Legislate to reduce the visibility of tobacco products at point of sale	DH
9 Legislate to ban the sale of fruit flavoured cigarettes	DH
10 Enforce restrictions on tobacco vending machines	DH
11 Encourage the taxation and pricing of tobacco to prevent tobacco products from becoming more affordable	DH
12 Monitor and enforce all aspects of tobacco legislation including the application of best practice approaches to sales to minors, smoke-free workplaces and smoke-free public places	DH
13 Implement the new licensing scheme for sellers of tobacco products	DH
14 Enforce expiation fees for illegal sales to children and other breaches under the legislation	DH

Strategy Area 4

We acknowledge the Aboriginal Health Council SA for contributing to the development of this poster

Knowledge about the health effects of smoking and community support for tobacco control

It is important to ensure that all members of the community are aware of the harm caused by tobacco and the measures that they can take personally and collectively to reduce that harm. Young people in schools and community settings are a high priority to reach, as they are potential future smokers. Parents and carers can play an important role in preventing uptake, and the community generally needs to be informed about the need for tobacco control measures.

ACTIONS	LEAD AGENCIES
1 Schools / Universities / TAFE	
1.1 Work with the Department of Education & Children's Services, Association of Independent Schools of SA Inc and Catholic Education Office to address smoking in schools as a health issue and a behaviour management issue	DH, Department of Education & Children's Services (DECS), Quit SA
1.2 Develop and promote materials to support the inclusion of tobacco harm across curriculum areas and all levels of schooling	DH, DECS, Catholic Education Office (CEO), Association of Independent Schools of SA Inc (AISSA), Quit SA
1.3 Collaborate with all education sectors to increase teacher awareness of tobacco harm, available tobacco resources, and effective interventions	DH, DECS, CEO, TAFE, AISSA, Universities, Quit SA
2 Young people in community settings	
2.1 Engage statewide youth networks and services in developing community-based initiatives	DH, Regional Health Services, Quit SA, TAFE, Universities
2.2 Support a range of activities that help to make non-smoking the norm	DH, Regional Health Services
3 Parents / carers	
3.1 Increase the skills of parents and carers to discourage children from smoking and protect them from passive smoking	DH, Quit SA
3.2 Advocate for 'early years' interventions that address parental smoking and other parenting and environmental issues that influence the uptake of smoking	DH, Quit SA, DECS, CEO, AISSA
4 Community	
4.1 Include tobacco control information or strategies in other programs where there is potential for joint benefit (e.g. physical activity, gambling, household budget management, diabetes, sexual health, asthma etc)	DH, Regional Health Services
4.2 Provide free access to information and support for quitting in all areas of South Australia on request from the Quitline or via websites	Quit SA
4.3 Inform the public about the harmful effects of active and passive smoking and benefits of quitting through news reporting, mass media campaigns and a wide range of print and electronic sources	Quit SA
4.4 Engage community groups in anti-tobacco programs	DH
5 Policy makers	
5.1 Include tobacco control measures in Government contracts, policies and practice where possible	DH, Regional Health Services

Strategy Area 5

Photo courtesy of Quit SA

Mass media led quit promotions

The mass media provide a cost-effective way to encourage smokers throughout the State to take action to stop smoking, to promote the most effective ways to quit, and to promote the support services available to help. Through the use of both paid and unpaid media, information reaches most people, including smokers, in ways that can be personally relevant and motivate action.

ACTIONS	LEAD AGENCIES
1 Statewide mass media campaigns and targeted messages to promote quitting	
1.1 Advertise regularly and effectively in a range of electronic and print media to reach smokers in metropolitan, regional and remote areas and in Aboriginal communities	Quit SA
1.2 Use campaign materials that personalise the dangers of smoking, increase knowledge of the quitting process, and motivate quitting action	Quit SA
1.3 Promote the Quitline as a source of further information and support for quitting in all media campaigns	Quit SA
1.4 Collaborate with other States and/or the National Tobacco Strategy in the development of new media campaigns	Quit SA
1.5 Advocate for, contribute to, and provide local support for National Tobacco Strategy media campaigns	Quit SA
2 Innovative media options for priority groups	
2.1 Investigate mass media consumption by priority groups	Quit SA
2.2 Develop and implement strategies in partnership with priority groups	Quit SA
3 Release information to media outlets on new research about effects of smoking and methods for quitting	
3.1 Monitor research and provide media releases on issues judged to be good opportunities to promote cessation	Quit SA

Strategy Area 6

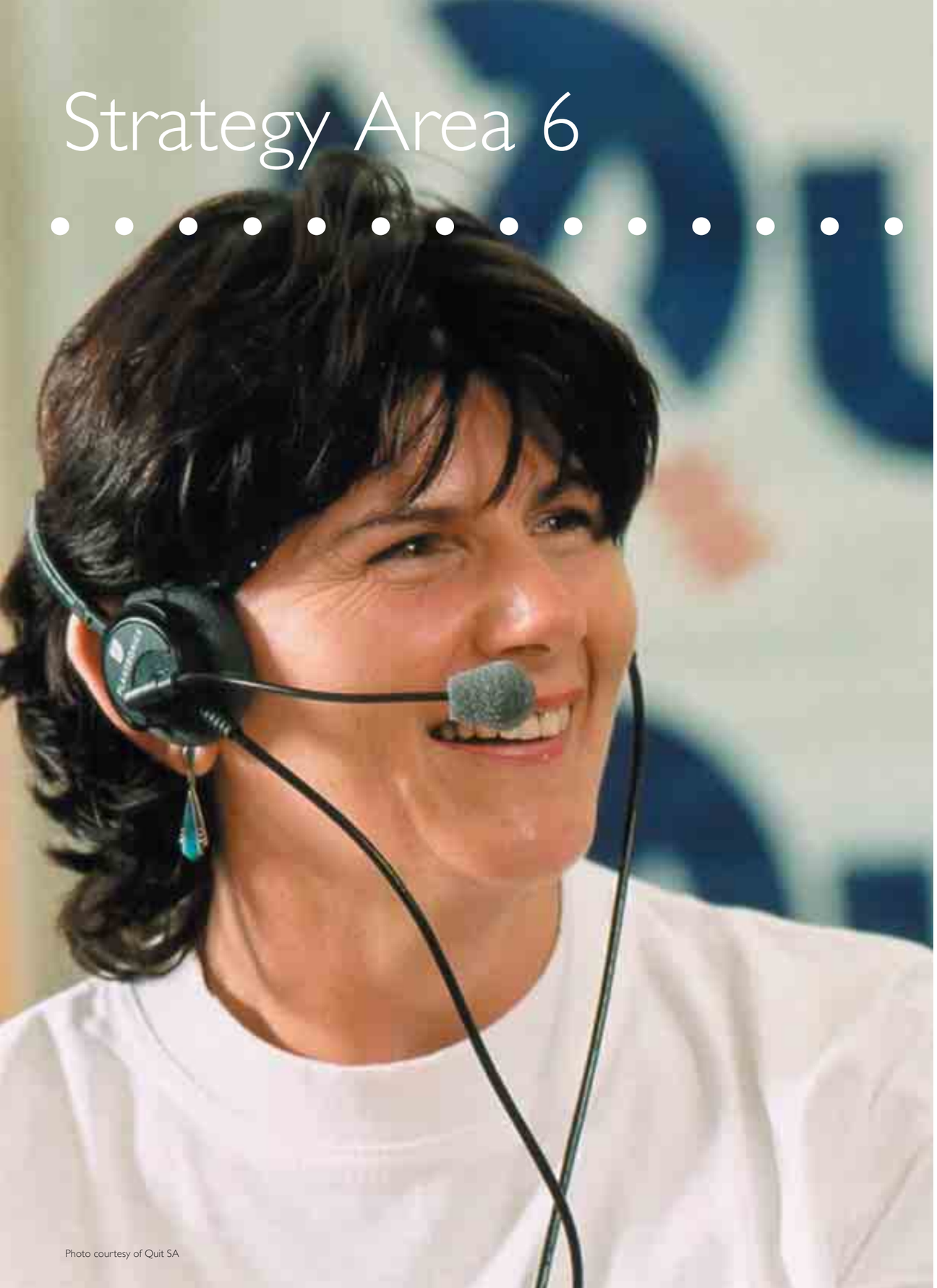


Photo courtesy of Quit SA

Cessation support and relapse prevention

Many people find quitting difficult, and the relapse rate from quit attempts is very high. It is important to provide information and support to smokers to quit in order to maximise their chances of success. This may involve low intensity support such as self-help materials, through to more intensive telephone or group support programs. Health services and health and community workers also need to be trained and supported to provide cessation assistance as part of their routine service delivery.

ACTIONS	LEAD AGENCIES
1 Quitline	
1.1 Provide reactive and proactive telephone advice to support smokers interested in quitting, and for community members inquiring about tobacco issues	DH, Regional Health Services, Quit SA
1.2 Ensure that the telephone service is readily accessible, high quality, and able to meet the needs of smokers from diverse backgrounds	Quit SA
1.3 Collaborate in the development of a national internet-based Quit support service	Quit SA
1.4 Promote knowledge of the Quitline	Quit SA, DH, Regional Health Services
2 Group cessation courses	
2.1 Provide effective group cessation programs in community settings accessible to priority groups for smokers who need extra help to quit	Quit SA, DH, Regional Health Services, workplaces
3 Health and community workers	
3.1 Increase the range and number of health and community workers with skills to help smokers quit through routine brief intervention, individual counselling, and group courses	Quit SA, DH, Regional Health Services, SA Divisions of General Practice Inc (SADI)
3.2 Provide ongoing support for trained health and community workers to improve the effectiveness of their interventions	Quit SA, DH, Regional Health Services
4 Health services	
4.1 Reduce the cost and barriers for smokers to use effective cessation methods including nicotine replacement therapy products through public hospitals, community health centres, GPs and other health services that have frequent contact with members of priority groups	DH, Regional Health Services, Quit SA
4.2 Establish mechanisms for all health and community workers to refer smokers to Quitline services	Quit SA, DH, Regional Health Services
4.3 Support health services in implementing guidelines for routinely and systematically identifying and treating all clients using tobacco	Quit SA, DH, Regional Health Services, SADI
4.4 Support national and state evidence-based initiatives to reduce smoking among pregnant women and their partners	Quit SA, DH, Regional Health Services, Child & Youth Health Services
4.5 Support a subsidised nicotine replacement therapy trial program in South Australia	DH, Quit SA

SMOKING PREVALENCE FOR ADULTS AGED 15 YEARS AND OVER, OVER TIME
(3 YR MOVING AVERAGE EXCEPT 04, AGE STANDARDIZED TO 2001)

Source: Tobacco Control Research & Evaluation, 2005

Strategy Area 7

Research, evaluation and monitoring

Comprehensive research, evaluation and monitoring help us to ensure that our policies and programs are appropriate and effective and that we are achieving our objectives. It is important that decision-making and practice are informed by available evidence, derived from previous achievements, rigorous research and monitoring and critical evaluation. There is a wealth of published studies assessing the effectiveness of various tobacco control and health promotion strategies, including those operating and evaluated in South Australia. South Australia also has a well-developed monitoring system in place. In addition, new research and evaluation findings can contribute to the development of strategies and knowledge where the evidence base is not well developed.

ACTIONS	LEAD AGENCIES
1 Encourage priority-driven research (qualitative and quantitative) into areas where the need is urgent and the evidence base is not strong, including:	
1.1 Reasons for differentials in smoking rates in the community and priority groups and the bestmethods to reduce inequalities	Tobacco Control Research & Evaluation (TCRE)
1.2 Research to underpin the South Australian and National Tobacco Control Strategies	TCRE
2 Continue to collect, analyse, and act on data about the impact and effectiveness of our activities by:	
2.1 Evaluating major legislative changes and policy initiatives	TCRE
2.2 Evaluating major new initiatives and campaigns	TCRE
2.3 Monitoring existing programs and legislation	TCRE
2.4 Developing capacity within programs to ensure all initiatives are evaluated appropriately to their scope and scale	TCRE, TCU, funded programs
3 Monitor progress in tobacco control through surveillance tools developed over the past decade including:	
3.1 Annual monitoring of key indicators of progress through Health Omnibus Surveys	TCRE
3.2 Triennial Australian Secondary School Alcohol and Drugs Survey	TCRE
3.3 Develop new tools where appropriate	TCRE
4 Maintain partnerships and networks with relevant researchers interstate and overseas to inform research, evaluation and monitoring strategies and practice	TCRE
5 Publish and disseminate findings from the South Australian Tobacco Control activities to ensure rigour and contribute to the broader pool of evidence	TCRE
6 Advocate for more research funding for tobacco control from agencies funding health research	DH, NGOs, Universities

Outcomes

By the end of 2010 we aim to see significant reductions in the harm caused by tobacco smoking in South Australia. We aim to make most progress among priority groups and to reduce the gaps between more and less advantaged sectors of society.

As proxies for this change, we will monitor (through quantitative and qualitative methods) the extent to which strategy areas are implemented (process evaluation). We will also measure whether the objectives are met (impact evaluation), and progress towards achieving the overall goal, using the same outcome indicators.

We will measure the following strategy areas through process evaluations:

- All community members have access to a range of relevant and effective cessation advice and support services.
- An increase in the number of service providers trained to deliver cessation support for clients/patients.
- Legislative changes are implemented well and evaluated.
- A reduction in the availability and promotion of tobacco products.

Targets to be achieved by the end of 2010 are as follows:

- Smoking prevalence to be reduced to 17% among adults.
- Smoking prevalence to be reduced by 10% in young people, as stated in South Australia's Strategic Plan Health Objective 2: Improving Wellbeing Targets – *Reduce the percentage of young cigarette smokers by 10% within ten years (T2.5)*.
- Increased community awareness of the health effects of active smoking and support for tobacco control measures, including:
  - community awareness of the health effects of smoking maintained at 98%
  - increase community awareness of the health effects of passive smoking to 95%
  - community support for smoking bans in hospitality venues to be maintained at or higher than 75%
- Exposure to passive smoking in indoor workplaces is eliminated (0% of employees, including hospitality, report exposure at their workstation).
- Public exposure to passive smoking in confined public spaces such as sporting stadia and alfresco dining to be reduced by 20%.
- Increase the proportion of smoke-free homes and cars.

Outstanding issues: Measurement of smoking rates in people with mental illness and Aboriginal and Torres Strait Islanders. Investigations will be made into models and mechanisms to develop appropriate measurement tools.

Acronyms

AISSA	Association of Independent Schools of SA Inc
CEO	Catholic Education Office
DECS	Department of Education & Children's Services
DoHA	Australian Department of Health & Ageing
DH	Department of Health
NGO	Non-Government Organisation
SADI	South Australian Divisions of General Practice Inc
TAFE	Institutes of Technical & Further Education
TCRE	Tobacco Control Research & Evaluation
TCU	Tobacco Control Unit

Glossary

Best practice
On the evidence available, the best model and/or intervention to produce improved outcomes for an identified issue/s.

Licit drug
A drug whose production, sale or possession is not prohibited. An alternative term is 'legal drug'.

Ministerial Council on Drug Strategy
The peak policy and decision-making body in relation to licit and illicit drugs in Australia. It brings together Commonwealth, State and Territory Ministers responsible for health and law enforcement to collectively determine national policies and programs to reduce drug-related harm.

Ministerial Reference Group on Tobacco
An advisory body supporting the South Australian Minister for Health and the Minister for Mental Health and Substance Abuse on policy matters relating to tobacco control.

National Drug Strategy
The National Drug Strategy 2004–2009 is a policy framework that provides a coordinated, integrated approach to prevent and reduce the harms caused by drugs in the Australian community. It is the responsibility of the Ministerial Council on Drug Strategy, which is the peak policy and decision making body on licit and illicit drugs.

Prevention
Within the context of the South Australian Tobacco Control Strategy, prevention refers to measures that delay the onset of tobacco use as well as measures that discourage tobacco use and reduce the harm associated with the supply or use of tobacco products.

Regional Health Service/s
A network of health services managing the provision of health-related services in regional areas of South Australia.

South Australia's Strategic Plan
Marks out the path for South Australia for the coming decade. It is for the whole of our State and all of our people, not just Government. The fundamental premise of the Plan is 'creating opportunity' for our people wherever they are and whatever they do – building on our strengths, creating new abilities and ensuring that our citizens and our State thrive.

South Australian Tobacco Control Strategy
The South Australian Tobacco Control Strategy provides a comprehensive and integrated approach to tobacco control.

Tobacco Control Research & Evaluation
A service that provides research and evaluation services about aspects of tobacco control. It is funded by the Department of Health.

Tobacco-related harm
Any adverse health, social, physical or other consequence of tobacco use that is experienced by a person using tobacco or by people living with or otherwise affected by the actions of a person who smokes tobacco.

Uptake
The age at which the person first smoked tobacco.

Appendix 1

Organisations and individuals consulted about the strategy

Aboriginal Health Council of SA Inc
AIDS Council of SA Inc, Gay Men's Health
Association of Independent Schools of SA Inc
Asthma Foundation of SA Inc
Australian Association of Convenience Stores
Australian Hotels' Association (SA) Inc
British American Tobacco Australia Vending (SA)
Business SA
Catholic Education Office
Central Northern Adelaide Health Service
Children, Youth & Women's Health Service, Board of Directors
Cigvend Pty Ltd
Coles Myer Ltd
Department of Education & Children's Services
Department for Families & Communities, Office for Women
Department of Further Education, Employment, Science & Technology
Department of Health
Department of Premier and Cabinet, Social Inclusion Board
Eastern Mental Health Service
Eyre Regional Health Service
Flinders University, Department of Public Health
Flinders University, Department of General Practice
Health Alliance for Smoke-free SA
Hills Mallee Regional Health Service
Hospitality Vending
Imperial Tobacco Australia Ltd (SA)
Light Regional Council
Local Government Association of SA Inc
Loxton Hospital Complex Inc
Mental Illness Fellowship of SA
Mid North Regional Health Service
Migrant Health Service
National Heart Foundation (SA Div)
Northern and Far Western Regional Health Service
Office for Youth
Peregrine Corporation
Riverland Health Authority
Quit SA
South East Regional Health Service
Southern Adelaide Health Service
SPARK Resource Centre
State Retailers' Association
Statewide Vending Philip Morris Ltd
St John's Youth Service
Stuart Alexander
Swedish Match
The Cancer Council of SA
Tobacco Control Research & Evaluation
Tobacco Group At the Gully
Tobacco Group Club 68
United Trades & Labour Council of SA Inc
University of South Australia, Division of Health Sciences
Wakefield Regional Health Service
Western Consumer and Carer Forum
Western Rehabilitation Team
Wood, Lisa (Consultant, WA)
Youth Affairs Council

Appendix 2

Websites of interest

ASH (Action on Smoking and Health) Australia
www.ashaust.org.au

Centre for Excellence in Indigenous Tobacco Control
www.healthinfonet.ecu.edu.au/ceitc

Drug & Alcohol Services South Australia
www.dassa.sa.gov.au

National Drug Strategy
www.nationaldrugstrategy.gov.au

Quit SA
www.quitsa.org.au

Social Inclusion Unit
www.socialinclusion.sa.gov.au

Tobacco Control in South Australia
www.tobaccolaws.sa.gov.au

Youth views about tobacco control
www.oxygen.org.au/index.cfm