



**AUSTRALIAN MEDICAL ASSOCIATION
(SOUTH AUSTRALIA) INC.**

ABN 91 028 693 268

21 July 2021

Ms Marina Bowshall
State Director
Drug and Alcohol Services South Australia
E: HealthDASSATobaccoControlUnit@sa.gov.au

Dear Ms Bowshall

Re: Response to the draft South Australian Tobacco Control Strategy 2021-2025

Thank you for the opportunity to respond on behalf of the Australian Medical Association SA (AMA(SA)) to the draft 'South Australian Tobacco Control Strategy 2021-2025'. Tobacco and its aligned substances and applications are known to cause or worsen a range of medical conditions across specialty areas, so our Council welcomes the Strategy and this invitation to provide feedback.

The feedback from AMA(SA) Council is summarised below. However, as a general comment, we believe that there are many sections in which targets, penalties and restrictions do not go far enough in curtailing the use, availability and promotion of tobacco and related substances.

In particular, our Councillors – including those who represent the state's medical schools and are more familiar with the nicotine-related behaviours and attitudes of young people – suggest that the Strategy should be stricter in limiting access to and the availability of e-cigarettes and similar items in South Australia and online. Despite e-cigarettes being marketed as a smoking cessation tool, many non-smokers, including young people, are using them.¹ Increasing evidence indicates that the use of e-cigarettes is a path to tobacco use and addiction; however, there are emerging suggestions that users may also become addicted to the e-cigarettes and inherent chemicals themselves. The fact that these products are sold in appealing flavours and are so readily available in South Australia – including on popular social media platforms as Facebook Marketplace, where a post can be easily found that advertises what appear to be fruit salad kebabs but are in fact nicotine products – is an example of how purveyors of nicotine products will not stop looking for ways to reinvent their products to attract new audiences. We strongly suggest your Strategy ensure that its policies, initiatives, targets and punitive measures must be applicable not only to the products and tactics of today, but those that may emerge during the life of the Strategy.

As a general point in terms of language, we also recommend that the word 'enhance' (which can be read as 'boost what is already in place') be replaced by more precise and measurable terms such as 'increase' in actions throughout the strategy.

1. Social marketing and public education

AMA(SA) commends the strong focus on social marketing and public education, including in schools. We recommend that action is taken to deter use of tobacco and e-cigarettes in all

¹ The Evolving Landscape of e-Cigarettes: A Systematic Review of Recent Evidence - ScienceDirect. Accessed 18 July 2021

forms, with direct messages targeted at specific cohorts and at-risk groups distributed in digital and mainstream advertising, health advice, and other materials. In particular, as mentioned above, we believe urgent action, including evidence-based health warnings, is needed to curb the increasing use of e-cigarettes and tobacco.

However, we question the strong focus on television for the distribution of advertising. Increasing numbers of people, and particularly young people, are watching less television in traditional ways; they opt for streaming services when they do watch it; and avoid advertising if they watch mainstream commercial television. We recommend that exploration of the evidence into the best platforms for the distribution of these messages for specific age groups is undertaken before there is significant investment into television advertising.

It is also recommended that the South Australian Government include in all contracts for television, film, video and online materials to be produced in the state that are publicly funded – including, but not limited to, the SA Film Corporation – that vaping (and ideally any form of tobacco use) must not be portrayed in any way that suggests it is 'cool'; it has social, physical, psychological or other benefits; or is harmless.

2. Evidence-based cessation services

AMA(SA) Council welcomes and commends the focus on evidence-based cessation services. However, we strongly recommend that any mention of 'tobacco' or 'smoking' in relation to cessation in this section should also include reference to 'e-cigarettes and other related practices' or similar language. This will become increasingly important as evidence emerges about the risks of vaping during the life of this Strategy.

We also question some of the smoking prevalence targets, as outlined on page 20 of the draft Strategy – for example, those that pose a reduction in prevalence among young people from 10.9 per cent in 2020 to 6 per cent in 2023 – that is, a reduction of 4.9 per cent in three years – yet only 1 per cent in the two years from 2023 to 2025.

3. Reduce smoking prevalence in the Aboriginal community

AMA(SA) Councillors, including those who have worked in rural and remote communities in South Australia, strongly support this focus – although we suggest 'Aboriginal communities' as used in other sections of the document – is a more appropriate term for the varied Indigenous groups and communities in the state.

However, in line with the first four objectives as provided on page 10 of the draft Strategy, we recommend that the Strategy include a more targeted approach to reducing smoking and e-cigarette use among Indigenous children within this priority area, including through the advertising and promotion activities mentioned elsewhere.

4. Smoke-free areas

AMA(SA) Council supports the activities outlined in this section. However, as noted above, we recommend 'increase' instead of 'enhance' as the more appropriate and measurable term for actions (1), (2) and (8).

5. Regulation of products, marketing and supply

AMA(SA) Council strongly supports any moves to tighten restrictions on the availability of and access to tobacco and vaping products, particularly for young people. We also support the use of data to understand where and how products are marketed and sold. However, while we support the actions outlined in this priority area, we would also welcome stronger restrictions, particularly in preventing sales in supermarkets, service stations and other similar outlets. We

also recommend that the number of outlets permitted to sell e-cigarettes be limited by increasing the licence fee and capping the number of licences issued.

In regard to the fourth action, as outlined on page 17, we strongly recommend that this does not go far enough in reducing the appeal of e-cigarettes, and that much stronger action is needed to deter young people from adopting this dangerous practice.

6. Research, evaluation and enforcement

AMA(SA) Council supports evidence-based actions that aim to support smoking cessation and the uptake of nicotine-related activities. We welcome and support all measures and actions that will capture data and ensure the actions in this Strategy and related programs and policies are and continue to be based on the latest evidence and research.

We suggest action (8) is strengthened so that instead of 'monitoring' developments, it enables the State government to respond to emerging evidence about the risks of vaping and related activities.

7. Limit interaction with the tobacco industry

AMA(SA) Council strongly supports any action to limit interaction with the tobacco industry, including as mentioned elsewhere in this response. We recommend action to prohibit donations from the tobacco industry and organisations associated with the tobacco industry.

We also suggest that the language in this priority and actions are altered so the roles and responsibilities of the South Australian Government, rather than 'Australia', are clear.

In addition, AMA (SA) Council recommends additional emphasis and action in relation to the points below.

(a) A stronger and more specific focus on e-cigarettes

It is the Council's view that the younger generation of today know and understand the risks associated with tobacco use. However, our medical student representatives report that misinformation about e-cigarettes is 'rife' among their age group, with users believing 'there are no concrete risks' rather than understanding that 'no concrete risks have yet been identified'. We have heard that schools are having to ban the use of toilets during class, as students use these opportunities to use e-cigarettes. As such, we strongly recommend additional actions that aim to limit the promotion of and access to e-cigarettes as an increasingly dangerous and alarming form of nicotine use and addiction.

(b) The role of general practitioners

AMA(SA) Council welcomes the inclusion of the objective:

Increase the proportion of smokers who report being asked about their smoking status by health professionals and are provided support to quit.

However, this is an objective that relies heavily on general practitioners, the relationships they have with their patients, and their opportunities to discuss smoking and its impacts during consultations. AMA(SA) Council suggests that achievement of this objective is unlikely unless changes in Federal and State Government support for GPs is implemented. Doctors across Australia are increasingly frustrated at the limited Medicare funding for extended consultations, including telehealth consultations, during which these conversations can and must occur. At the same time, rural GPs – those in geographical locations best placed to support many at-risk

patients, including Indigenous patients – are leaving their communities because of the lack of support from SA Health.

In summary, AMA(SA) strongly recommends investment in strategies now to promote cessation and avoid uptake of tobacco use and e-vaping. Such investment will be much less expensive in both economic and social terms than the costs of tobacco addiction on individuals, their families and carers, and the South Australian health system. Please contact me at any time to discuss this, via Executive Assistant Mrs Claudia Baccanello on 8361 0109 or at claudia@amasa.org.au.

Yours sincerely

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke at the end, representing the name Michelle Atchison.

Dr Michelle Atchison
President