

DO YOU
KNOW
WHAT
YOU'RE
VAPING

Smoke Free Future

Northern Territory

Tobacco and Related Products Action Framework

2025 - 2030





Acknowledgement of Country

NT Health respectfully acknowledges the Traditional Custodians of the country on which we work and live throughout the Northern Territory. We recognise the deep connection Aboriginal people have with their lands, waters, and communities. We pay our respects to Elders past and present whose ancestral land we provide health services upon. Throughout this document the term Aboriginal should be taken to include Torres Strait Islander people. The term Aboriginal has been used in recognition that Aboriginal people are the Traditional Owners of the Northern Territory.

Northern Territory Tobacco Related Products Action Framework 2025-30

At a glance



Shared vision

Northern Territory (NT) stakeholders collaborate to create a supportive environment where people do not take up smoking (or vaping or other forms of nicotine consumption), and where help is provided to quit. A smoke-free NT means healthier lives for all.



Shared goal

To significantly improve the health and wellbeing of Territorians by reducing the prevalence of smoking and the harm it causes.



Shared outcomes

- More Territorians quit smoking
 - Fewer people start smoking
 - Reduced smoking in priority populations
 - Limited access to tobacco products
 - Smoke-free public and community environments
 - Improved access to information on smoking harms
-



Core principles

- Engaging communities
- Increasing equity
- Evidence-based and innovative approaches
- Working in partnership
- Robust evaluation

Priority areas

| FOCUS AREA | DESCRIPTION |
|--|---|
| 1. Prevent uptake of smoking among Territorians. | Implement early intervention and education to reduce smoking initiation. |
| 2. Support Territorians to quit for good. | Offer accessible, culturally relevant cessation services and community support. |
| 3. Prioritise high-risk and high-need groups. | Focus programs on populations disproportionately affected by smoking. |
| 4. Build smoke-free environments. | Create physical and social settings that support smoke-free living. |
| 5. Strategic marketing and messaging. | Use targeted campaigns to change perceptions and promote quitting. |
| 6. Use and strengthen evidence. | Apply data and evaluation to improve programs and policies. |



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Foreword

The NT has made important progress in reducing tobacco-related harm under the NT Tobacco Action Plan 2019–2023. However, smoking rates here remain the highest in Australia, particularly in remote regions, and continue to cause unacceptable levels of preventable illness and early death. The impact is especially profound in Aboriginal communities, where smoking is a leading contributor to health inequity.

We also face new and growing challenges. Vaping has rapidly emerged as a major concern, especially among young people. Evidence links youth vaping with increased risk of future cigarette smoking, and while we know vapes are harmful, the full extent of their long-term health effects is still unfolding. Protecting young Territorians from all forms of nicotine addiction is a clear priority and we will do so by working with communities and empowering families, educators and carers with reliable information and support.

At the same time, illicit tobacco continues to undermine our public health efforts. This illegal trade not only avoids Australia’s regulations and tax system, but it poses a significant threat to our economy and the effectiveness of tobacco control.

We recognise that the tobacco industry is constantly evolving to side-step regulation. The NT Government remains firm in its commitment to reduce access to harmful tobacco and vaping products, particularly for vulnerable populations. Through strong enforcement, tighter regulation, national coordination, and support for retailers to shift away from these products, we aim to strengthen the protective barriers around our communities.

Collaboration remains at the heart of our approach. The NT Strategic Tobacco Action Committee plays a central role in uniting government, health, and community stakeholders toward a shared goal: significantly reducing smoking and vaping rates across the Territory, especially in remote and high-risk populations.



This Framework outlines the NT Government's five-year roadmap to a healthier, stronger future. It reaffirms our commitment to preventing harm, protecting young people, and improving health outcomes for all Territorians.



Chris Hosking
Chief Executive, NT Health

Together, we can shape a future where smoke-free living is the norm rather than the exception.

Introduction

Tobacco smoking continues to weigh heavily on Australia’s health system, persisting as a leading cause of preventable illness and premature death. It is responsible for nearly 40% of respiratory diseases, 22% of cancers, and a significant proportion of cardiovascular conditions and other health burdens (AIHW, 2024). For Aboriginal Australians, the impact is even greater, with smoking contributing to one in five deaths – a preventable cause that exacerbates health inequities and reduces life expectancy (Department of HAC, 2023).

Over the years, sustained efforts have reduced smoking rates across the NT. The percentage of daily smokers across the NT has almost halved in the past two decades, reducing from 28% in 2001 to 13.1% in 2023 (AIHW, 2024.) Clinical records show a 4.3% decline in smoking rates in males who presented as smokers from 2016 to 2024 (62% compared to 57.7%) and 2.1% in women (68% compared to 66.9%). (NT Health, 2025).

The unique demographics of the NT result in the highest overall smoking prevalence of any Australian jurisdiction.

Tackling our challenges

While the overall smoking rate among Aboriginal adults has decreased from 52% in 2004 to 31% in 2023, the prevalence remains stubbornly high in remote areas (53%) (AIHW, 2024). While smoking rates amongst Aboriginal people remain high, the vast majority who smoke want to quit. Preventing and reducing smoking among Aboriginal Territorians through comprehensive planning and culturally tailored actions is a key priority of this framework and reflects the commitment from the NT Government to the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes. Additionally, a new challenge has emerged: the rapid uptake of e-cigarettes (vapes), particularly among

young people and urban Aboriginal populations. Vaping products were initially illegally marketed with colourful packaging and appealing flavours, to attract non-smokers—especially youth—into nicotine addiction. Now that vapes are only legally available through pharmacies, illegal supply through unscrupulous convenience stores and online channels persists.

In 2022–2023



25%

of NT residents had tried vapes at least once, up from 15.3% in 2019 and the proportion currently using cigarettes was 6.6% up from 2.2% in 2019 (AIHW, 2024).

Evidence indicates that youth who vape are at least three times more likely to smoke cigarettes than those who do not.

Control of illicit tobacco is also an important priority as the trade in illegal tobacco products is an impediment to the national commercial tobacco endgame goal of five percent or less smoking prevalence by 2030. The illicit tobacco market has uniquely harmful health, social, economic, and political implications. Easy access to illicit tobacco gives smokers an option to buy a much-cheaper illegal product rather than trying to quit smoking. There is a strong association between the illicit trade and organised crime.

The Smoke Free Future- NT Tobacco and Related Products Action Framework 2025–2030 (SFF 2025–30) acknowledges these challenges and expands its focus beyond traditional cigarettes to include related nicotine products, such as vapes. This broader scope aims to prevent vapes from becoming as entrenched as cigarettes, while continuing efforts to reduce conventional tobacco use. The SFF 2025–30 complements the principal current tobacco control investment in the NT, the Australian Government Tackling Indigenous Smoking (TIS) program, delivered through the major Aboriginal Community Controlled Health Services (ACCHOs).

Key themes

Education and prevention

National policies such as plain packaging, price indexation, and updated health warnings remain important tools to reduce tobacco use. For more than a decade, Aboriginal Community Controlled Health Services have provided education and prevention services to Aboriginal people across the NT, through the Tackling Indigenous Smoking program. Locally, efforts will continue to focus on raising awareness of smoking and vaping harms, as well as countering the tobacco industry's evolving marketing tactics. Training of the NT cessation support workforce is a major building block, along with better coordination of activity.

Support for quitting

Evidence-based cessation strategies remain at the heart of the NT's approach. These include:

- Behavioural support, including counselling and improved Quitline services.
- Nicotine replacement therapy (NRT) such as patches and oral forms.
- Pharmacological support with varenicline, bupropion and other newly available drugs (e.g. cytisine).
- Controlled use of vaping as a last-resort cessation tool for individuals who have failed first-line therapies but remain motivated to quit.

Culturally tailored approaches

Aboriginal people remain a central focus, with the NT Government working in close partnership with ACCHOs. Culturally informed actions aim to address unique barriers and provide tailored support to these communities.

Reducing supply through better enforcement

The SFF 2025-30 emphasises strong regulation of harmful tobacco and vape products. By reducing availability, the NT aims to diminish both harm and demand. Legislative updates are required to create increased deterrence, streamline enforcement and enable better public controls.

Learning as we go and adapting our approach

The tobacco market is constantly adapting and developing innovative products to appeal to new generations. Increasing recognition and understanding of the health harms of vaping is a key part of our policy and accompanying regulatory response both nationally and the NT.

While we have a clear understanding of the harms associated with cigarette smoking and know where we need to concentrate tobacco control efforts, the evidence-base for vape harms and cessation best-practice is still emerging. This framework seeks to prevent vapes becoming as entrenched as cigarettes, while acknowledging that conventional tobacco (including illicit supply) remains our ongoing challenge.

There is more limited evidence to support the use of vaping devices for smoking cessation. Current **GP guidelines** for supporting smoking cessation advise that vapes are not a first-line treatment for smoking cessation, and that the strongest evidence relates to pharmacological therapies (varenicline or combination NRT [a combination of a NRT patch and oral NRT]) and behavioural support. However, the guidelines also state that for people where first line therapy has failed but who are still motivated to quit, vapes may be a reasonable intervention in conjunction with adjunct supports.

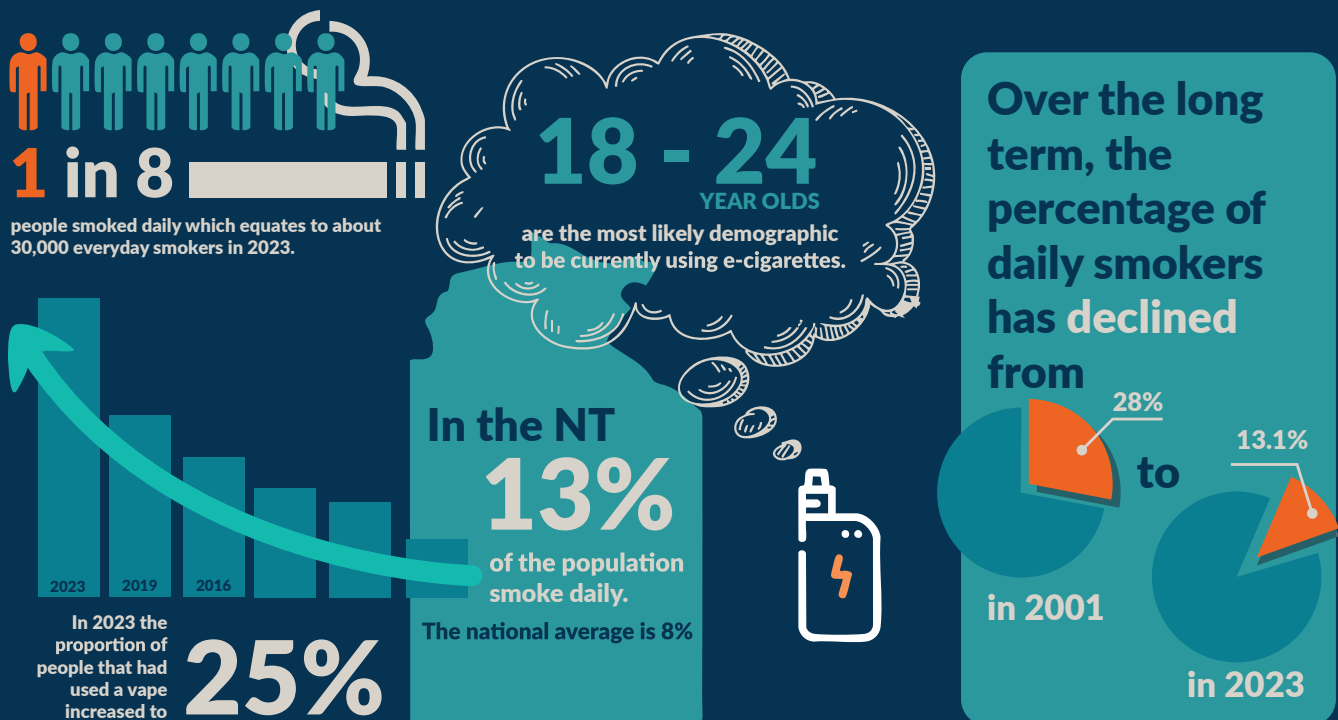
A call to action

The SFF 2025-30 builds on the successes and lessons of previous tobacco control efforts, laying out a comprehensive strategy to improve health outcomes for all Territorians, especially those in remote areas and Aboriginal communities. While the progress to date is promising, making more substantial gains is crucial. By collaborating with communities, health organisations, and other stakeholders, the NT is taking strong collective action on a smoke-free future.

The health and wellbeing of future generations will be ensured by reducing the substantial harms caused by tobacco and related products. Collaboration is key to making this vision a reality.

Northern Territory context

Key statistics from the **National Drug Strategy Household Survey 2023—Northern Territory** include the following:



There is limited data on the specific availability of illicit tobacco in NT. National industry estimates indicate that illicit tobacco consumption accounted for 28.6% of the total tobacco market in Australia in 2023, up from 11.8% in 2012 (AIHW, Cho et al. 2025.) Industry estimates are considered to be overinflated, but the Australian Taxation Office (ATO) estimates the illicit market is likely to account for at least 15% of overall tobacco consumption. Local intelligence suggests the NT mirrors the national situation.

In terms of Australian household spending on tobacco products, the 19th Household Income and Labour Dynamics in Australia (HILDA) survey report showed that Australian households spent an average of \$982 on tobacco products, with some consumers spending more than this amount per month. Given higher smoking rates and elevated prices in remote areas of the NT, this figure is likely to be greater locally.

Other data

Nicotine metabolite concentrations in wastewater from the two major population centres in the NT have consistently exceeded the national capital, regional and all site averages, not having the range of variation seen in other jurisdictions. This is consistent with nicotine use being higher in regional areas across Australia.

Overview of our framework

Shared vision



NT stakeholders work together to build a supported environment where people do not take up smoking (or vaping or other forms of nicotine consumption) and where help is provided for people to quit. A smoke free NT means healthier lives for all.

Shared goal



To significantly improve the health and wellbeing of Territorians by reducing the prevalence of smoking and the harm it causes.

Shared outcomes

More
Territorians
quit smoking

Fewer
Territorians
take up
smoking

Reduced
smoking
among priority
populations

Less access
to smoking
products

More
smoke free
environments

Better access
to information
on smoking
harms

Shared approach



A collaborative approach will be employed. All stakeholders are more effective when working together, complementing each other's efforts instead of duplicating. Working together across government and non-government organisations, regions, communities and sectors will ensure the greatest impact.

Guiding principles



Engaging
communities

Increasing
equity

Evidence based
and innovative
approaches

Working in
partnership

Robust
evaluation

Priority focus areas

Focus Area 1: Prevent Territorians from taking up smoking

Smoking has become less socially acceptable over the past 30 years

The adverse health effects of tobacco use, the danger of secondhand smoke and the addictiveness of nicotine are well established, yet the industry has continually evolved product development to maximise consumer appeal and de-escalate health risks. It constantly seeks to build new markets for its harmful products and maintains a history of poor transparency and limited disclosure.

Social acceptability of smoking is declining, and fewer young people are growing up in households where people smoke. Preventing the uptake of smoking in future generations is vital to reducing future smoking rates. Effort to continue the de-normalisation of smoking will be enhanced.

Further work is required to make vaping less socially acceptable, given the rapid uptake seen amongst our youth. Although long term impacts of vaping are still emerging, immediate serious health problems from vaping, including poisoning and seizures, have been observed. Increased vaping compliance at events will reinforce this is not a safe or acceptable practice.

Parental tobacco use has been linked with higher rates of child and adolescent smoking initiation (Loenardi-Bee, Jere, & Britton, 2011). Strategies to advance the creation of a smoke-free generation will need to involve parents and families, recognising their crucial role in limiting uptake.

Expanding the number of smoke-free events and smoke-free areas also helps to de-normalise smoking. Best practice will be to place designated smoking areas further away from the hub of activity. The intent is not to stigmatise or marginalise people who smoke, but to minimise secondhand smoke exposure.

Reducing commercial determinants can be achieved through restricting tobacco advertising, sponsorship, and promotion as well as constraining access through outlet numbers and placement of stores.

We will:

- Strengthen and standardise our approach to education, to ensure consistency in messaging and increase awareness efforts.
- Increase the number of smoke-free events and areas and expand smoke-free areas at events.
- Implement further restrictions on where people can smoke publicly, particularly around vulnerable populations including youth.
- Promote family-based intergenerational strategies to increase resilience against smoking.
- Explore new measures such as implementation of exclusion zones for tobacco retail licenses in areas where youth are prevalent (i.e. schools, childcare centres, youth hubs, etc.).
- Build a stronger legislative base for regulation including safer licensing requirements for retailers.
- Investigate developing a better licensing regime in line with national and international best practice.
- Raise awareness of harms and tobacco industry strategy, including the shift to vapes and other emerging products.

Priority focus areas

Focus Area 2: Support Territorians who smoke to quit for good

Most people who smoke, want to quit smoking

Cigarettes and nicotine-containing products are highly addictive. Once someone has started smoking it can be difficult to quit, and relapse is common. However, many people can and do quit. Quitting can bring significant immediate and long-term benefits, no matter how long the person has smoked.

Cessation support services are available via the **NT Quitline** (13 78 48). The Australian Government is developing an **online smoking cessation hub** which will provide an increasing range of resources to support prevention and cessation of smoking and vaping. The NT will be able to provide resource materials for storage and accessibility on the hub.

National reform measures aimed to reduce rates of smoking and vaping may result in increased numbers of people withdrawing from nicotine. Support assistance via digital technology is being enhanced to include support for cessation across key audiences, including youth. The **My QuitBuddy App** has been redeveloped to help with this need.

Some people require additional support and assistance to make a sustained attempt to quit. Social determinants of health and individual circumstances need to be considered. **The Tobacco Control Guide** (AMSANT, 2022) assists health services to make achievable improvements in tobacco control and smoking prevalence. It recommends that consistent and individualised cessation support information be provided by health workers at every clinical consultation, not just at appointments related to a smoking health issue, or when raised by the person.

Increasing awareness of how NRTs and supportive pharmacotherapy can be used to assist a quit attempt is important. Health workers need training and clinical supervision to provide smokers with brief intervention and information and access to supportive therapies at every opportunity.

GPs often only get to spend a short amount of time with their clients, due to busy workloads. Brief interventions should form part of routine consultation with every client, and the **Royal Australian College of General Practitioners** recommend using the three-part brief intervention model (Ask, Advise, and Help). This involves asking (and recording) every client's smoking status, advising all people who smoke to quit and helping by providing behavioural support and smoking cessation pharmacotherapy. **The Quit Centre** website provides health professionals with the latest information on smoking and vaping cessation information.

Capacity building through evidence-based education and training of the existing NT primary health care workforce is needed so that they can confidently support smoking cessation and behavioural change programs for any people they care for who smoke.



Image credit: Big Rivers Tackling Indigenous Smoking Program

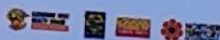
We will:

- Consider the different stages of a person's quit journey and respond appropriately, incorporating cultural practices and community engagement.
- Encourage supportive networks among family, social, workplace and the broader community to support quit attempts, working with a family-based model where possible.
- Maximise awareness of the free Quitline service to both consumers and service providers.
- Investigate all avenues to make the NT Quitline (13 7848) more accessible and useful.
- Upskill primary health care providers to be able to deliver evidence-based interventions and information.
- Work towards embedding smoking cessation activity and smoke free workplace requirements into government funding agreements.
- Promote and improve access to behavioural interventions (counselling and support programs) to enhance cessation attempts.
- Improve understanding of options, availability, and access to NRT and concurrent supportive pharmacotherapy including varenicline and bupropion.
- Seek to reduce or eliminate barriers to quit attempts (including out-of-pocket cost of NRT options) for consumers particularly for Territorians at greatest need and risk as identified in focus area 3.
- Explore the introduction of smoking cessation clinics and make appropriate digital tools accessible.
- Investigate programs offering incentives for quitting (e.g. rewards for remaining smoke-free).
- Strengthen efforts to work in partnership with ACCHOs, Community Controlled Stores, Regional Councils and Tackling Indigenous Smoking (TIS) teams to understand and target activities based on local needs.
- Seek to improve access to training for all staff offering cessation support.

THIS IS A
SMOKE FREE
HOME



what's your
smoke free story?



Priority focus areas

Focus area 3: Offer priority support for Territorians with greatest need and risk

There are population groups where smoking is more prevalent, or risks are high

Support for priority populations will be a key consideration throughout the life of this framework.

Youth (12-24 years)

Targeted support for youth will need to consider that adolescence (12-19 years) is a time of significant change and development inside the brain, when high-risk activities and impulsive decision-making may occur. The frontal lobe, the part of the brain that is responsible for future thinking, is still developing well into adulthood, and the prefrontal cortex, which helps with decision making and attributing consequences to actions, is still developing.

Young adults (20-24 years) will require a different approach to both messaging and supports, as they are less influenced by parents or carers, and dissemination of information through schools will not reach this target audience.

Aboriginal Territorians

There are high rates of smoking among Aboriginal Territorians in both remote and urban settings. Partnerships need to be expanded and strengthened to prevent and reduce smoking among Aboriginal people. Smoking rates in remote communities are up to four times higher than the general population.

In remote areas, community decision making needs to be empowered. Discussions with key community stakeholders will occur to decide on the specific local measures that can be used to reduce rates of smoking. These conversations need to note the role the tobacco industry has had in supplying and marketing harmful, addictive and ultimately deadly products, acknowledging that individuals and communities have been exploited by the industry. Smoking is an addiction that people need the proper support to overcome.

Access to cessation services and supports will need to consider the remoteness of many communities across the NT. Workforce training and building community capacity is needed, to work within their local populations to provide education on harms associated with smoking. Working with local schools and sporting clubs is important to disseminate messaging, as well as local [Tackling Indigenous Smoking](#) programs, health workers and community managed stores.

Communities need to be in the driver's seat, with all stakeholders working together.

Pregnant women and families

Smoking during pregnancy can cause low birthweight, babies to be small for the gestational age, pre-term birth and perinatal death. Supporting women and family members to cease smoking during pregnancy remains a priority and should be considered across supply, demand and harm reduction actions outlined within this framework.

People with mental illness

According to [Sane Australia](#), smoking rates for people with mental illness are 2 to 3 times higher than the general population.

It's a common belief that smoking helps people relax and relieves stress and anxiety, however research has shown that smoking actually increases anxiety and tension (NHS, 2024). When a craving hits, lighting up a cigarette or vaping may temporarily relieve the feeling of irritability or anxiousness associated with nicotine withdrawal giving an immediate sense of relaxation, however the effects are short-lived. It is also common for people to remove themselves from stressful situations to have a cigarette, making it seem like the act of smoking has provided the relief when it is simply the separation from the situation that is the stress reliever.

There are studies that have established a link between vaping among adolescents and depressive symptoms, stress, anxiety, and suicide-related behaviours. (Truong & Cotton, 2023)

People who are incarcerated

All NT Correctional Services facilities are tobacco and smoke free. In 2018, the National Prisoner Health Data Collection showed that 4 in 5 of people (78%) entering NT prisons were smokers. People exiting prison have all been in an environment of abstinence, and maximising on this unique opportunity remains a priority, to support the maintenance of a smoke free lifestyle.

We will:

- Seek ideas and input from the populations and communities where there is the greatest need.
- Provide targeted support and develop initiatives specific to communities, in partnership with communities, where there are high levels of smoking and vaping.
- Develop capacity in community service organisations to support at risk populations.
- Provide tobacco education as part of school curricula, particularly in priority communities.
- Address smoking prevalence among people who work with priority populations, including supporting staff in schools, health, and community services to quit smoking. This limits potential negative role modelling.
- Improve access to behavioural support and NRTs along with appropriate pharmacotherapies for those in priority populations transitioning off tobacco and vapes.
- Deliver the 'Brief Interventions Training Program' to people who work with priority populations, including school staff, Family as First Teachers (FaFT) program providers and those working with people exiting prisons.
- Develop and implement targeted initiatives to support pregnant women, particularly those under the age of 24 where smoking prevalence is highest, to quit smoking. Utilise available programs like iSISTAQUIT to provide wrap-around support for pregnant Aboriginal women who are wanting to quit smoking.

- Explore integrated approaches to providing continuity of support from pre-release to post-release for people in prison to remain smoke-free.
- Embed smoking cessation support into preventative health initiatives within the mental health sector as part of our focus on improving physical health of people living with mental illness.



Image credit: Big Rivers Tackling Indigenous Smoking Program

Priority focus areas

Focus area 4: Create supportive environments that protect Territorians from the harms of smoking

Increasing smoke free areas at events and improved regulatory compliance by industry will protect Territorians from smoking harms

The **NT Tobacco Control Act 2002 (the Act)** aims to minimise the harms from smoking through:

- Restricting smoking in specified public places and workplaces.
- Regulating the packaging, advertising, and sponsorship of tobacco products.
- Removing tobacco products from display.
- Regulating the conduct of premises at which tobacco products are sold.
- Prohibiting the sale and supply of tobacco products to children.

Amendments to the Act in 2019 added e-cigarettes (vapes) and their accessories as regulated products. In October 2021, national laws were introduced, regulating the sale and use of vapes containing nicotine and restricting dispensing to a qualified pharmacist.

Further changes in 2024 now prevent licensed tobacco retailers from legally selling, supplying, or possessing any vaping products. Given that in 2025, vapes can only be legally purchased through pharmacies, the enforcement focus is shifting more to the control of illegal sales, and this requires stronger legislation for effective regulation. Due to the high profitability of illegal sales, available penalties need to be very substantial to act as a deterrent. A revised Act will bring enforcement of tobacco (legal and illicit), vapes and novel nicotine products together.

The NT laws interact with national legislation and the recently introduced federal tobacco control measures. Consequently, the Act requires updating as soon as practicable to ensure it is fit for purpose. Amendments will provide greater deterrence and streamline enforcement particularly for illicit tobacco.

In the NT, smoking is not permitted in enclosed workplace areas, enclosed public areas such as pubs, clubs and casinos, and any outdoor eating and drinking areas (excluding licensed premises). However, there are exceptions and eliminating these exceptions aligns with priorities detailed in the National Tobacco Strategy.

Smoking in public places exposes non-smokers to the harmful chemicals contained in tobacco products. Measures to protect people, particularly children, from second-hand smoke exposure are an important harm reduction measure.

While continued efforts to reduce demand for smoking are important, this framework also aims to reduce the supply and availability through close monitoring of retail tobacco outlets. Licensed tobacco retailers have an obligation to fully understand and comply with the requirements of the **Tobacco Control Act 2002** and the **Tobacco Control Regulations 2002**. A review of the regulatory and legislative requirements for selling tobacco products will consider the introduction of enhanced requirements for retailers.

Improving regulation, monitoring and enforcement of tobacco and vape supply is constrained by the current level of resourcing dedicated to this area and will need to be bolstered to achieve significant improvements.

We will:

- Work towards zero exceptions to smoke-free workplaces, public spaces, and other settings.
- Increase awareness of smoke-free places and spaces.
- Increase awareness among people who use vapes, that they must use designated smoking areas just like cigarette smokers.
- Encourage all NT Government departments and funded organisations to implement smoke-free policies.
- Continue our efforts to create smoke-free spaces: homes, workplaces, public settings and explore new ideas to reduce passive smoking impact in multi-unit residential settings and public housing.
- Encourage reporting of corporate non-compliance with smoking laws.
- Ensure widespread and clear messaging about tobacco and vaping legislative reforms.
- Work with law enforcement and other agencies to minimise the availability of illicit tobacco.
- Explore a reduction in retailer density, particularly in low socioeconomic areas.
- Reduce the appeal of selling tobacco products by exploring an increase in licensing fees.
- Review legislation and strengthen laws to eliminate gaps in powers and offer a sufficient level of penalty to deter illegal behaviours.
- Undertake regular compliance monitoring activities to ensure our laws are enforced.
- Seek to increase resources available to facilitate the required level of compliance and enforcement activity.

Priority focus areas

Focus area 5: Marketing and messaging

Marketing campaigns can form part of prevention and smoking cessation activities

Consistent messaging around harms of the smoking cigarettes and/or vaping use is important. While it is well known that smoking tobacco is harmful, reiterating the message and ensuring that health professionals ask about smoking status is crucial. Educating the community on harms associated with vapes can empower people to make informed choices and address the misconception of the 'harmlessness' of vaping in some consumer groups.

Marketing and messaging needs to consider the local context and needs of target groups. The Aboriginal Medical Alliance of the NT (AMSANT) has developed The Tobacco Control Guide (AMSANT, 2022) for use in the Tackling Indigenous Smoking (TIS) Program. Engagement of local Aboriginal people in discussions to start conversations and build messaging for communities is a key step.

Tobacco advertising laws are part of Australia's tobacco control activities. Advertising and sponsorship regulations are adapting to capture vapes and other nicotine products as part of national tobacco reform. Historically tobacco advertising has had a powerful influence, increasing the use of tobacco products, particularly by children and young people. It is important that social media advertising of tobacco (or tobacco-like) products is limited as much as possible.

Understanding how social media can be better used to enhance tobacco control strategies among Aboriginal Territorians is a significant opportunity. This may include the use of relatable people and frequent messaging that is regularly updated. The use of multiple social media platforms as well as conventional electronic media, billboards, posters, support teams and smoke free signage can all be methods used concurrently to reiterate the benefits of quitting.

We will:

- Deliver regular messaging focused on issues raised by NT consumers.
- Work with current (and new) providers to audit existing training and develop locally relevant information toolkits for NT Health workers.
- Upskill and support relevant workers across the health sector to ensure consistent messaging is being delivered.
- Increase visibility and accessibility of appropriate resources for consumers and service providers.
- Ensure messaging is easily accessible and available online, via the national cessation hub and local websites.
- Improve promotion of Quitline resources and encourage **World No Tobacco Day** activities along with other smoke-free initiatives
- Utilise all available avenues for public communication, including radio and TV broadcasting, social media, digital and traditional media.

Priority focus areas

Focus area 6: Strengthen and effectively use available evidence

Evidence will inform our actions to reduce smoking in the Territory.

Drawing upon the latest evidence available, both locally, nationally, and internationally, will inform our actions to reduce smoking in the NT.

The harms associated with smoking cigarettes are well known. The evidence on harms associated with vaping is increasing, and further monitoring of the research into effective cessation methods and how to reduce uptake will be required. We will continue to monitor the growing evidence and take our learnings from the history of the tobacco industry to ensure that a new generation of people who smoke is not created.

The National Health and Medical Research Council's Centre of Research Excellence on Achieving the Tobacco Endgame brings together a multidisciplinary team of experts to develop the evidence base for tobacco endgame strategies. This, along with other research both locally, nationally, and internationally will be monitored.

We will continuously strive for improvements to our data collections to ensure our efforts are measurable and our actions are targeted to the areas of greatest need.

We will:

- Use local, national, and international research and data to assist with evaluation and best-practice principles, with an available local directory of curated resources drawing the best resources together.
- Raise awareness of smoke free futures by facilitating conversations with individual communities, sharing evidence and encouraging ambitious goal setting.
- Expand knowledge for health professionals, advocates, and the general public on tobacco related issues through publicly available, plain language, up-to-date evidence briefs and fact sheets.
- Continue to monitor the recording of smoking status on all clinical records.
- Encourage screening for use of vapes to improve local data availability.
- Commit to robust monitoring of wholesale/retail data collection to improve a benchmark of overall tobacco use.
- Increase quality, coverage, and frequency of qualitative and quantitative data about smoking, including information on vapes and other related products, to better guide and evaluate local tobacco actions.
- Remain up to date with international and national research, including forward looking measures to reduce smoking appeal, availability, and harm.
- A NT Tobacco Control Community of Practice will facilitate the use of evidence-informed, coordinated approaches to smoking cessation support.



Not Ready to Quit

What do I like about smoking?

What worries me about smoking?

Have you ever tried nicotine replacement therapy?

If you can't manage the cravings alone, we can give you nicotine replacement therapy to help

IF YOU SMOKE THIS IS WHAT YOU CAN LOOK FORWARD TO!

STRENGTHEN YOUR SUPPORT

LIFETIME

Image credit: Jabiru-Tiwi Tackling Indigenous Smoking Program

Public health context

The activities from the six priority action areas note the broad population-wide strategies needed to significantly reduce the prevalence of smoking and vaping in the NT including:

Price signals

Graphic health warnings and plain packaging

Wide-reaching media campaigns

Smoke free policies

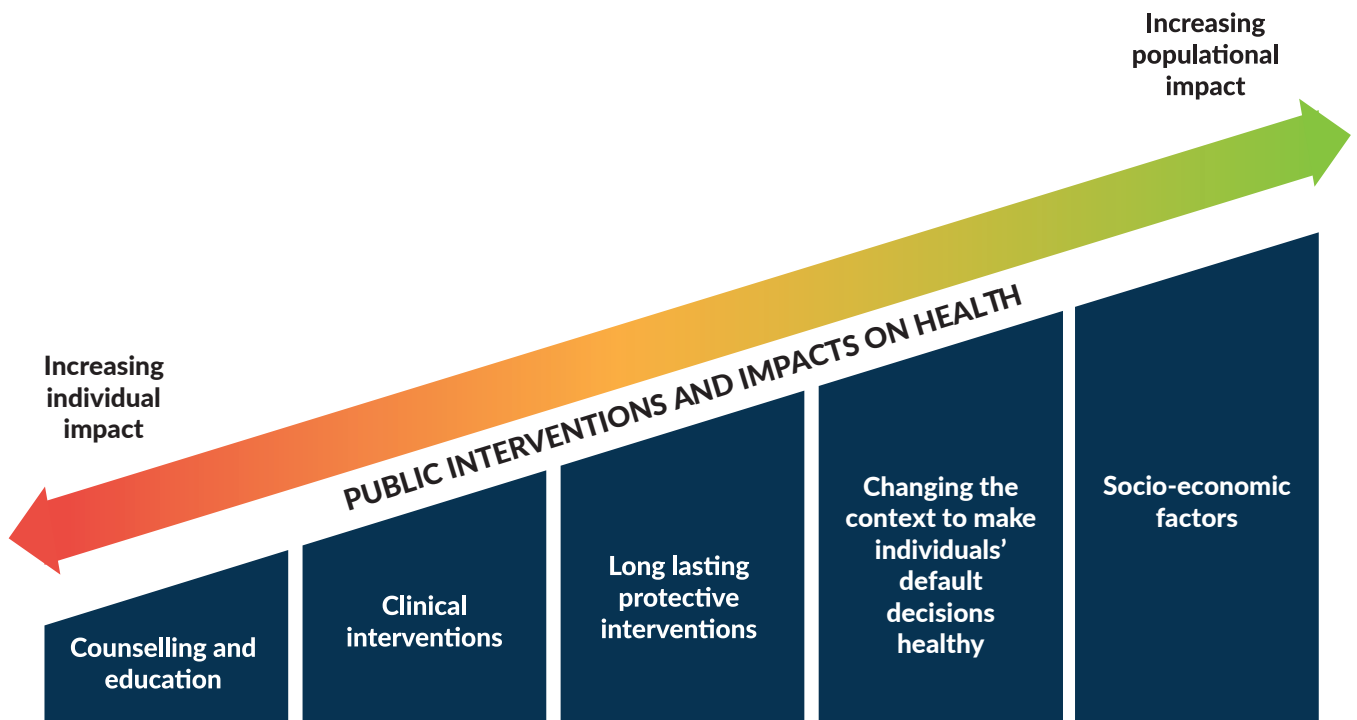
Harm reduction approaches

These are incorporated as specific activities where they are within scope of NT legislation, noting areas such as pricing and packaging laws are driven by national policy.

Additionally, it is acknowledged there is further potential to reduce tobacco consumption utilising ideas that have been proposed over an extended period but not widely implemented yet due to the complex politics involved. Such initiatives include an approach of gradually reducing the nicotine in cigarettes to non-addicting levels (Benowitz and Henningfield 1994) and a ‘sinking lid on supply’ approach (Thomson

et al. 2010; Wilson et al. 2013) as well as prohibiting the supply of cigarettes to people born in 2000 or later (Khoo et al. 2010; Berrick 2013.) These are ideas for the ongoing national policy debate as part of the **'tobacco endgame'** movement.

It is important to keep in mind that different types of public health interventions have different levels of impact on the overall population and the degree of individual effort needed. This is summarised in the (inverted) health impact pyramid below (Frieden 2009):



Population health activity examples by domain

| Domain | Approach | Actions |
|----------------|--|--|
| Socio-economic | 1. Increase access to education | Strengthen and standardise our approach to education, to ensure consistency in messaging and increase awareness efforts. |
| | | Provide tobacco education as part of school curricula, particularly in priority communities. |
| | | Promote family-based intergenerational strategies to increase resilience against smoking. |
| | 2. Reduce economic barriers | Investigate programs offering incentives for quitting (e.g. rewards for remaining smoke-free). |
| | | Increase access to healthcare, including free or low-cost cessation programs. |
| | 3. Address housing insecurity and other triggers | Support policies to reduce social factors such as homelessness and other contextual triggers for smoking. |

| Domain | Approach | Actions |
|---|--|--|
| <p>Changing the context - making healthy decisions easier</p> | <p>1. Legislation and regulation</p> | <p>Strengthen smoke-free policies in public spaces, workplaces, and multi-unit housing.</p> |
| | | <p>Increase the number of smoke-free events and areas and expand smoke-free areas at events.</p> |
| | | <p>Implement further restrictions on where people can smoke publicly, particularly around vulnerable populations including youth.</p> |
| | | <p>Explore new measures such as implementation of exclusion zones for tobacco retail licenses in areas where youth are prevalent (i.e. schools, childcare centres, youth hubs etc.).</p> |
| | <p>2. Restrict promotion</p> | <p>Reduce tobacco promotion and associations, especially targeting youth.</p> |
| | | <p>Raise awareness of harms and tobacco industry strategy, including the shift to vapes and other emerging products.</p> |
| | <p>3. Improve access to alternatives</p> | <p>Subsidise nicotine replacement therapies (NRTs) for those quitting tobacco and vapes.</p> |

| Domain | Approach | Actions |
|---------------------------------------|---|---|
| Long-lasting protective interventions | 1. Support programs | Consider the different stages of a person’s quit journey and respond appropriately. Enhance approach by incorporating cultural practice and community engagement. |
| | | Encourage supportive networks, among family, social, workplace and broader community to support quit attempts. Work on a family-based model where possible. |
| | | Offer free or low-cost cessation counselling and medications through community health centres. |
| | 2. Offer priority support for other Territorians with greatest need and risk – youth, Aboriginal Territorians, pregnant women, people with mental illness and people who are incarcerated | Deliver ‘never smoker’ campaigns in schools and via social media, emphasising the risks of tobacco and vapes. |
| | | Provide targeted support and develop initiatives specific to communities, in partnership with communities, where there are high levels of smoking and vaping. |
| | | Address smoking prevalence among people who work with priority populations, including supporting staff in schools, health, and community services to quit smoking. This limits potential negative role modelling |
| | | Provide Brief Interventions Program Training to people who work with priority populations, including school staff, Family as First Teachers (FaFT) program providers and those working with people exiting prisons. |
| | 3. Employer incentives | Encourage workplace cessation programs with rewards for employees who quit smoking |
| | | Work towards embedding smoking cessation activity and smoke free workplace requirements into government funding agreements. |

| Domain | Approach | Actions |
|------------------------|-----------------------------|---|
| Clinical interventions | 1. Primary care involvement | Upskill primary health care providers to be able to deliver evidence based brief interventions and information. |
| | | Improve understanding of options, availability, and access to NRT. |
| | | Explore the introduction of smoking cessation clinics and make appropriate digital tools accessible. |
| | 2. Access to medications | Ensure widespread availability of proven cessation aids, such as bupropion and varenicline and other newly available drugs (e.g. cytisine). |
| | 3. Behavioural therapy | Offer cognitive-behavioural therapy (CBT) and other supports tailored to individual needs. |

| Domain | Approach | Actions |
|---------------------------|-------------------------------|--|
| Education and counselling | 1. Self-help resources | Investigate all avenues to make the NT Quitline (13 7848) more accessible and useful. |
| | | Develop and distribute mobile apps and online tools for smoking cessation. |
| | 2. Community support groups | Promote participation in peer-led group programs based on acceptance and commitment therapy or similar approaches. |
| | 3. Health promotion campaigns | Run effective marketing campaigns showcasing success stories and strategies for quitting smoking. |

Policy context

The Smoke Free Future Northern Territory Tobacco and Related Products Action Framework 2025 - 2030 is informed by relevant policy frameworks:



International frameworks and legislation

- World Health Organisation (WHO) Framework Convention on Tobacco Control



National frameworks and legislation

- National Tobacco Strategy 2023-30
- Public Health (Tobacco and Other Products) Act 2023
- Public Health (Tobacco and Other Products) Regulations 2024
- Therapeutic Goods and Other Legislation Amendment (Vaping Reforms) Act 2024
- National Drug Strategy 2017–2026
- National Agreement on Closing the Gap
- National Health Reform Agreement 2020–25
- Aboriginal and Torres Strait Islander Health Plan 2021–2031
- National Aboriginal and Torres Strait Islander Peoples Drug Strategy



Northern Territory frameworks and legislation

- NT Healthy Well and Thriving Framework 2024 - 2030
- NT Health Promotion Framework
- Tobacco Control Act 2002
- Tobacco Control Regulations 2002
- Northern Territory Health Aboriginal Health Plan 2021-2031
- Northern Territory Health Aboriginal Cultural Security Framework 2016-2026
- The NT Health Strategic Plan 2023-28

**WARNING
STRICTLY FOR
21 YEARS AND OVER**

BLACKBERRY POMEGRANATE CHERRY



Batch No. 202501
Exp. Date: 12/2025



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NT Health gratefully acknowledges various Aboriginal Community Controlled Health Organisations (ACCHOs) for their generous contribution of images used throughout this framework. We extend our sincere thanks to ACCHO's management and staff for their ongoing collaboration with NT Health and steadfast commitment to a smoke free future for the Northern Territory.



Northern Territory Tobacco and Related Products Action Framework: A Smoke Free Future 2025–2030

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The Department of Health is grateful for the advice of a diverse range of stakeholders whose expertise, insights and commitment have been critical in shaping this document. We particularly acknowledge the invaluable contributions from Aboriginal Community Controlled Health Services, Non-Government Organisations, Peak Bodies, and fellow Northern Territory Government agencies.

Collaborative input from our partners has helped this document to reflect the priorities, experiences and needs of communities across the Territory. This is a reflection of their ongoing dedication to improving health outcomes for all Territorians and is greatly appreciated.

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