



TOBACCO CONTROL ACTION PLAN FOR NIUE

2007-2012

DRAFT

Tobacco Control Action Plan for Niue

1.0 Background

1.1 Harms arising from tobacco use

1.1.1 Health impacts

Tobacco is the single largest preventable cause of death in the world and in the Western Pacific Region. The World Health Organization (WHO) estimates that there are currently 4.9 million deaths a year attributable to tobacco, a figure expected to rise to about 10 million a year by the early 2020s.¹

Tobacco kills half of all lifetime users, fifty percent in middle age. No other consumer product is as dangerous, or kills as many people. In many countries, tobacco kills more than AIDS, legal drugs, illegal drugs, road accidents, murder and suicide combined.

Smokers are exposed to over 4000 toxic substances in cigarette smoke. Over 25 of these are known human carcinogens. Tobacco causes over 40 diseases, many of them fatal or disabling. Smoking is responsible for over 90 percent of all lung cancer, 75 percent of chronic bronchitis and emphysema and nearly 25 percent of cases of ischemic heart disease.²

Exposure to second-hand smoke, or passive smoking, increases the risk of heart attack, stroke, cancer and sudden infant death syndrome (SIDS). The risk of lung cancer in non-smokers exposed to second-hand smoke is increased by between 20 and 30 percent, and the excess risk of heart disease is 23 percent.³ For children, the situation is particularly alarming, as involuntary exposure to tobacco smoke has been identified as a cause of respiratory disease, middle ear disease, asthma attacks and sudden infant death syndrome (SIDS).⁴

A recent study of the impact of non-communicable diseases (NCDs) in Tonga, Vanuatu, and Kiribati⁵ has found that:

- Approximately 10 percent of all current non-communicable disease admissions are the result of tobacco and alcohol-attributable conditions; and
- A similar proportion of money (10% of health expenditure) is devoted to treating these tobacco and alcohol NCDs.

¹ Downloaded on 22 June 2003 from http://tfi.wpro.who.int/country_specific_indicators.asp

² Ibid.

³ MacKay J, Eriksen, M. (2002). *The Tobacco Atlas*: World Health Organization, Geneva.

⁴ World Health Organization. (2000). *Second-hand smoke kills*: World Health Organization, Geneva.

⁵ Doran C. 2003. Economic impact assessment of non-communicable diseases on hospital resources in Tonga, Vanuatu and Kiribati. September 2003. Report funded by the Secretariat of the Pacific Community (unpublished at this time).

The transition towards an older demography, coupled with an epidemiological transition towards greater harm from current risk behaviour (ie smoking and excessive alcohol consumption) suggests that the burden of disease from NCDs in the Pacific will increase. Based on epidemiological transition towards the attributable fractions of more developed countries, Doran estimated that for Tonga, Vanuatu and Kiribati, up to 25 percent of all NCD admissions, and 20 percent of all NCD treatment costs, may be attributable to tobacco and alcohol consumption in the future.⁶

1.1.2 Environmental harms

Tobacco use also harms the environment. It has been estimated that in the year 2000, smoking caused 10 percent of all fire deaths (300,000 people), with the cost of fires caused by smoking amounting to US\$27 billion. Furthermore, it has been estimated that every year, one million fires are started by children using cigarette lighters.⁷

In many of the tobacco growing countries, evidence indicates negative environmental impacts of tobacco agriculture, particularly when associated with deforestation to increase farmland and cure tobacco plants.⁸

1.1.3 Economic costs

Tobacco's costs to governments, to employers and to the environment includes social, welfare and health care spending, loss of foreign exchange in importing cigarettes, costs of fire and damage to buildings caused by careless smoking, absenteeism, decreased productivity, higher numbers of accidents and higher insurance premiums.⁹

The economic costs of smoking to smokers and their families include money spent on buying tobacco, which could otherwise be used on food, clothing and shelter. As smoking kills a quarter of all smokers in their working years, smoking deprives the smoker's family of many years of income (see table below that calculates how much money a smoker spends each year on his or her habit). Smokers also suffer loss of income through illness. Following a smoker's premature death, a partner, children or elderly parents can be left destitute.

Family members of smokers lose income through time taken looking after smokers when they are sick, and time lost taking them to hospital. In some developing countries a hospital visit can take days.¹⁰

⁶ Ibid.

⁷ MacKay J, Eriksen, M. (2002). *The Tobacco Atlas*: World Health Organization, Geneva.

⁸ Downloaded on 22 June 2003 from http://tfi.wpro.who.int/country_specific_indicators.asp.

⁹ MacKay J, Eriksen, M. (2002). *The Tobacco Atlas*: World Health Organization, Geneva.

¹⁰ Ibid.

Money spent by a smoker over one year

	Cost of a packet of 20 cigarettes								
Cigarettes per day	\$5.50	\$6.00	\$6.50	\$7.00	\$7.25	\$7.50	\$7.75	\$8.00	\$8.50
10	\$1,004	\$1095	\$1186	\$1277	\$1323	\$1369	\$1414	\$1460	\$1551
15	\$1,506	\$1642	\$1779	\$1916	\$1985	\$2053	\$2122	\$2190	\$2327
20	\$2,007	\$2190	\$2372	\$2555	\$2646	\$2737	\$2829	\$2920	\$3102
25	\$2,510	\$2738	\$2966	\$3194	\$3308	\$3422	\$3536	\$3650	\$4015
30	\$3,011	\$3285	\$3559	\$3832	\$3969	\$4106	\$4243	\$4380	\$4654
40	\$4,015	\$4380	\$4745	\$5110	\$5292	\$5475	\$5657	\$5840	\$6205
50	\$5,019	\$5475	\$5931	\$6387	\$6616	\$6844	\$7072	\$7300	\$7756

1.2 Best Practice Tobacco Control

1.2.1 WHO Guidelines on tobacco control

The World Health Organization, in its 1998 publication *Guidelines for Controlling and Monitoring the Tobacco Epidemic*¹¹ has emphasised the need for countries to implement a comprehensive approach to tobacco control. The WHO stresses that the goal of tobacco control efforts should be to reduce the mortality and morbidity caused by the use of tobacco products. This could be done through a combination of the following:

- Helping those who do not use tobacco to stay tobacco-free;
- Promoting cessation of tobacco use by encouraging and assisting in cessation efforts;
- Protecting the health and rights of children and adults by preventing involuntary exposure to environmental tobacco smoke.

The WHO guidelines call for countries to develop a national plan of action that set out initiatives to be undertaken in the following areas (in no particular order of priority):

- The establishment and maintenance of an active national focal point to stimulate, support and co-ordinate tobacco control activities;
- The establishment of an adequately financed and staffed national co-ordinating organisation on tobacco and health issues;
- Monitoring of trends in smoking and other forms of tobacco use, tobacco-related diseases and the effectiveness of national smoking control actions;
- Effective promotion and education programmes aimed at smoking prevention and cessation of smoking;
- Effective protection from involuntary exposure to tobacco smoke in transit vehicles, public places and workplaces;

¹¹ World Health Organization. (1998). *Guidelines for controlling and monitoring the tobacco epidemic*: World Health Organization, Geneva.

- Health care institutions that are smokefree, and health care workers who set a good example by not smoking and through their own training and counselling and advocacy activities emphasise the benefits of a smokefree lifestyle;
- Tobacco taxes that increase faster than price and income growth;
- A portion of tobacco taxes used to finance health promotion and other tobacco control activities, and to sponsor sports and cultural events;
- A ban on all forms of tobacco advertising, promotion and sponsorship;
- A legal requirement for strong, varied health warnings on cigarette packages;
- Restriction of access to tobacco products, including a ban on the sale of tobacco products to young people;
- Effective and widely available support for cessation of smoking;
- Limitations on the levels of tar and nicotine permitted in manufactured cigarettes;
- Mandatory reporting of toxic constituent levels in the smoke of manufactured tobacco products.¹²

1.2.2 The Framework Convention on Tobacco Control

The Framework Convention on Tobacco Control is the first public health treaty initiated by the World Health Assembly, the governing body of the WHO.

The objective of the FCTC is to:

“... protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke.”

The Preamble to the FCTC recognises the need for countries to give priority to their right to protect public health, the unique nature of tobacco products and the harm that companies that produce them cause. Parties to the FCTC are encouraged to implement measures that are stronger than the minimum standards required by the Treaty.

The FCTC also requires each Party to the convention to:

“... develop, implement, periodically update and review comprehensive multisectoral tobacco control strategies, plans and programmes.”

Niue ratified the FCTC in 2004.

This tobacco control action plan for Niue has been modeled on the measures and initiatives outlined in the FCTC.

1.3 The situation in Niue

From surveys undertaken in 2001 and 2002, it has been determined that:

¹² Ibid.

- Between 31% and 37.5% of adult males, and 14% of adult females, smoke;
- Approximately 300 Niueans smoke;
- The number of cigarettes imported per adult (whether smoker or not) increased 11% from 1995/96 to 2001;
- Tobacco smoking kills one in six Niueans. Studies of Niuean death registers show that over the age of 40, Niuean smokers have a 300% excess death rate compared with non-smokers. Smokers have a 700% excess rate of dying (early) from lung or airways disease.
- The 300 Niueans who are smokers in total pay NZ\$350,000 per year for cigarettes and tobacco, including approximately \$180,000 in tobacco tax. The cost of cigarettes is approximately \$5.50 for a pack of 20, a price which has not changed much over recent years. Thus the price of tobacco has become cheaper compared with the price of other goods over time.

In the 2006 census, approximately 270 residents smoke, and of the resident population 15 years older and over, 23% of the population smoke whereas smoking was twice as prevalent amongst men (30.7%) than women (16.2%).

By comparing the 2001 census and 2006 census results on smoking, it seems that the total prevalence and the prevalence in male and female smokers have not change at all. What has changed is the total population, declining. It is assumed that during the population decline, some smokers migrated, while new smokers started smoking. There may be several factors as to why people started smoking. However, the lack of health education campaigns is a possible contributing factor to unchanged smoking prevalence.

2.0 Introduction

This Action Plan has been developed because:

- to be effective, tobacco control is dependent on a multi-sectoral, coordinated and comprehensive approach and an action plan provides a mechanism for achieving such an approach; and
- the WHO recommends that all countries develop tobacco control strategies and action plans, and the Framework Convention on Tobacco Control imposes an obligation on Parties to that Convention to do so.

2.1 Healthy Islands and the STEPwise Framework for Non-communicable Disease Control

At past conferences held in Fiji, the Cook Islands, Palau and Papua New Guinea (PNG), the concept of “Healthy Islands” as a unifying theme for health promotion and protection in the Pacific was adopted and advanced.

The fifth bi-annual regional meeting of Ministers of Health for the Pacific Island countries was held in Tonga between 9 and 13 March 2003. The unifying theme of “Healthy Lifestyle” was adopted for this meeting, while also building on risks to health and the Healthy Island Vision. During the Ministers’ conference in Tonga in March 2003, three working groups were constituted and asked to discuss and provide recommendations on the following themes:

- stewardship and the role of the Department of Health
- enabling environments for healthy lifestyles
- surveillance and the management of diabetes and other NCDs.

Key recommendations for future action from these working groups included that:

- the STEPwise framework for NCD prevention and control be recommended as the fundamental basis for risk reduction for the priority NCDs in the Pacific Island Countries and areas; and
- appropriate financial resources should be re-allocated for NCD control according to the framework of the STEPwise approach to NCD prevention and control.

This action plan has been developed to be broadly consistent with the STEPwise approach to NCD prevention and control. Under each objective in the action plan, there are a series of *core*, *expanded* and *optimal* initiatives. The settings for implementation of these initiatives are also identified where appropriate: *national*, *community* and *individual (clinical)*. This nine-cell matrix (see diagram below) can provide a basis for prioritisation of tobacco control initiatives for Niue, recognising that resources are limited and thus must be applied in the most effective manner.

Table 3: Modified STEPwise framework for tobacco control in Niue

	Core Initiatives (undertaken within existing resources, within two years)	Expanded Initiatives (undertaken within five years and that frequently require additional resources)	Optimal Initiatives (aspirational in nature: the Action Plan may propose steps that can be taken towards their future implementation)
National Setting (Actions taken a national level)	Core national initiatives	Expanded national initiatives	Optimal national initiatives
Community Setting (Actions taken at a community level)	Core community initiatives	Expanded community initiatives	Optimal community initiatives
Clinical Setting (Actions taken with individuals)	Core clinical initiatives	Expanded clinical initiatives	Optimal clinical initiatives

2.2 The process for developing this Action Plan

A consultant from *Allen & Clarke Policy and Regulatory Specialists*, New Zealand, assisted the Department of Health with the development of the first draft of this Action Plan. This draft was developed after discussions with several government and non-government agencies in August 2006.

The draft Plan was then consulted on further, with a wider selection of the community during <<<< dates >>>>.

This consultation exercise identified some key themes for inclusion in the Action Plan, including:

-
- <<add key outcomes of the consultation with community groups>>>
-
-

The Action Plan was then finalised by the Department of Health, with the Assistance of *Allen & Clarke*, and was endorsed by Cabinet on <<date>>.

The Action Plan was then launched by the Premier on <<date>>.

3.0 The Action Plan

3.1 Goal

The goal of this action plan is:

To improve the health of the Niuean people by reducing the harms caused by tobacco use and exposure to second-hand smoke.

3.2 Objectives

The following are the objectives of this action plan:

Objective 1: To strengthen community actions to discourage tobacco use and encourage protection of non-smokers from exposure to second-hand smoke

Objective 2: To promote cessation of tobacco use

Objective 3: To reduce the availability and supply of tobacco in Niue

Objective 4: To reduce tobacco promotion and regulate tobacco products

Objective 5: To reduce exposure to second-hand smoke

Objective 6: To implement a sustainable tobacco surveillance programme.

3.3 Key Groups

The following target groups have been identified:

Young people: discouraging young people from taking up smoking

Pregnant women: assisting pregnant women to quit smoking due to the risks of smoking to the unborn child, themselves and their families.

Smokers: assisting smokers to quit smoking and encouraging smokers not to place the health of others at risk by smoking around them (particularly around children).

Community leaders: emphasizing to community leaders (Village Councils, church leaders, political leaders) that they have a role in encouraging a smokefree Niue.

3.4 Term of the Action Plan

It is recommended that the *Tobacco Control Action Plan for Niue* be for the period 2007 to 2012, after which time it will be evaluated, amended and updated.

3.5 Monitoring and Evaluation of the Action Plan

Short term (qualitative) indicators used to monitor the success of this action plan will include:

- whether there is a high level of awareness and acceptance of the action plan among government and non-government agencies
- whether the initiatives set out in the action plan have been implemented successfully (by government agencies, non-governmental organisations, churches, village councils, and other community partners), and in the time-frames specified.

Quantitative indicators should also be set that directly measure:

- changes in the prevalence of smoking by Niueans
It is expected that the Action Plan will ultimately contribute to a decrease in smoking prevalence in Niue
- reduction in key tobacco-related morbidity and mortality statistics (rates of, and deaths from, heart disease, lung cancer, strokes, etc).
If tobacco use and/or uptake reduces in Niue, then after a transition period (while previous and continuing smokers continue to experience the morbidity and early mortality associated with that tobacco use), the amount of illness, and number of deaths, from smoking should also reduce.

In order to measure these indicators, information will have to be gathered through health surveys (eg future STEPwise survey), the census and other government agencies (such as Customs).

3.6 Inter-agency Implementation and Monitoring of the Action Plan

It is proposed that a small interagency committee be established, chaired by the Department of Health and comprising representatives from the Departments / Ministries of Education, Finance, Customs, Internal Affairs, and the community (including churches, youth groups, village councils). The committee will be charged with:

- overseeing and guiding the implementation of the action plan
- measuring the success of the action plan
- reporting to the Minister of Health on a six-monthly basis on how implementation is proceeding
- recommending new initiatives to the Government, consistent with the Goal and Objectives of this Action Plan.

STRENGTHENING COMMUNITY ACTION

Action	FCTC requirements*	Initiatives	Responsibility for implementation	Timeframe for Implementation
Increase in the capacity of health workers and the community to contribute to tobacco control activity at the local level	<p>Each Party shall promote:</p> <ul style="list-style-type: none"> • Effective and appropriate training and awareness programmes on tobacco control to health workers, community workers, social workers, media professionals, educators, decision-makers, administrators and other concerned persons • Awareness and participation of public and private agencies and NGOs in developing and implementing tobacco control programmes and strategies¹³ <p>Each Party shall establish or reinforce and finance a national co-ordinating mechanism or focal point for tobacco control¹⁴</p>	<p><u>Core activities</u></p> <ul style="list-style-type: none"> • Strengthen partnerships between government and non-government agencies with an interest in tobacco (Health, Education, Treasury, Customs, N.A.N.G.O, Women's groups, Youth Council, Council of Churches) by establishing an Inter-sectoral Tobacco Committee to meet six monthly to review progress with the action plan and propose new initiatives • Consider supporting the establishment of a Health Committee under N.A.N.G.O to promote health initiatives, including tobacco control <p><u>Expanded activities</u></p> <ul style="list-style-type: none"> • Provide technical and writing assistance to community groups who wish to apply for funding from international donors for smokefree programmes and initiatives <p><u>Optimal activities</u></p> <ul style="list-style-type: none"> • Identify a dedicated funding allocation for tobacco control activities • Provision of support for the establishment and work of local smokefree groups: education 	<ul style="list-style-type: none"> • Intersectoral Tobacco Committee (led by Department of Health, other agencies to contribute • N.A.N.G.O, with funding assistance (NZ AID, WHO?) • Dept of Health • Dept of Health • Department of Health to coordinate (would require new 	<ul style="list-style-type: none"> • Establish committee by December 2006 and meet every six months • Late 2006 • As required (but could publicise offer to help) • Subject to availability of funding

¹³ World Health Organization. (2003). Framework Convention on Tobacco Control. Article 12

¹⁴ Ibid, Article 5.

Action	FCTC requirements*	Initiatives	Responsibility for implementation	Timeframe for Implementation
		<p>resources, media kits, smokefree banners, media time</p> <ul style="list-style-type: none"> • Provision of training in health promotion for church leaders, teachers, public health nurses 	<p>funding)</p> <ul style="list-style-type: none"> • External consultant to Dept of Health (would require new funding) 	<ul style="list-style-type: none"> • Subject to availability of funding
<p>Establish a mechanism for the provision of long-term tobacco control programmes</p>		<p><u>Core activities</u></p> <ul style="list-style-type: none"> • Initiate policy proposal for a Health Promotion Fund, funded from an increase in tobacco taxation <p><u>Expanded activities</u></p> <ul style="list-style-type: none"> • Establish a Health Promotion Fund, funded from an increase in tobacco taxation • Initiate funding round, open to community agencies to apply for funding, as well as for the Department of Health to run programmes, including surveillance and research 	<ul style="list-style-type: none"> • The Inter-sectoral Tobacco Committee • Departments of Finance, Customs and Health • Department of Health 	<ul style="list-style-type: none"> • August 2006 • By Dec 2006 • Commence funding programmes from 1 Jul 2007
<p>Increase public awareness of the harm associated with tobacco use and exposure to second-hand smoke</p>	<ul style="list-style-type: none"> • Broad access to effective and comprehensive educational and public awareness programmes on the health risks including the addictive characteristics of tobacco consumption and exposure to tobacco smoke • Public access to a wide range of information on 	<p><u>Core activities</u></p> <ul style="list-style-type: none"> • Revision of the school curriculum to incorporate specific health education on tobacco in both primary and secondary school: focusing on health risks, and also on strategies to avoid peer pressure to smoke • Continue promotion of World No Tobacco Day to focus public and media attention on tobacco control 	<ul style="list-style-type: none"> • Ministry of Education, with assistance of Ministry of Health • Department of Health 	<ul style="list-style-type: none"> • 2007 • May 31st yearly

¹⁵ Ibid, Article 12.

Action	FCTC requirements*	Initiatives	Responsibility for implementation	Timeframe for Implementation
	<p>the tobacco industry</p> <ul style="list-style-type: none"> Public awareness of and access to information regarding the adverse health, economic, and environmental consequences of tobacco production and consumption¹⁵ 	<p>issues: ensure local tailoring of messages</p> <ul style="list-style-type: none"> Promote media coverage of tobacco-related issues throughout the year – including news stories, paid advertising, etc. Promotion of smokefree lifestyles at sporting and cultural events Secure rights to use Australian <i>Every Cigarette is Doing You Damage</i> campaign elements in media campaigns in Niue <p><u>Expanded activities</u></p> <ul style="list-style-type: none"> Run media campaign (TV, radio, print) on the health risks of smoking and second-hand smoke, and the value of quitting for health and family Develop health education resources as required to support and extend reach of the media campaign Health education training of the teachers Use of youth venues to target tobacco control messages to young people (village youth groups, churches, sports activities, schools). Consider use of video / DVD evenings and drama as vehicles for delivering smokefree messages 	<ul style="list-style-type: none"> Department of Health, Ministry of Education All communities, encouraged by Dept of Health Ministry of Health, via Allen & Clarke Dept of Health to lead, with community (would require funding) Dept of Health, with community (would require funding) Ministry of Health, with teachers Inter-sectoral committee to identify strategies. 	<ul style="list-style-type: none"> Ongoing from 2007 Ongoing from 2007 2006 Subject to funding Subject to funding Mid 2007 2006

Action	FCTC requirements*	Initiatives	Responsibility for implementation	Timeframe for Implementation
		<ul style="list-style-type: none"> • Engagement of the Council of Churches in tobacco control efforts: workshop to identify strategies for encouraging a smokefree Niue (consider declaration by the churches, calling for a smokefree Niue; workshops; church-facilitated activities for young people) <p><u>Optimal activities</u></p> <ul style="list-style-type: none"> • Development and playing of televised documentary about the impact of tobacco use on Niue, presenting experiences of Niue citizens • Ongoing health promotion activities in all media, and run by communities themselves. 	<ul style="list-style-type: none"> • Churches, with support of the Inter-sectoral committee • Dept of Health • All 	<ul style="list-style-type: none"> • From 2007 (would require funding for an initial workshop to plan activities) • Subject to funding • Subject to funding

*See WHO Framework Convention on Tobacco Control for complete information on the requirements of the Treaty. The full text can be found at www.who.int/gb/fctc/PDF/inb6/einb65

PROMOTING CESSATION OF TOBACCO USE

Action	FCTC requirements*	Initiatives	Responsibility for implementation	Timeframe for implementation
Provide appropriate and accessible smoking cessation programmes	Parties shall develop guidelines and take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence ¹⁶	<p><u>Core activities</u></p> <ul style="list-style-type: none"> • Run a short workshop for health professionals on the value of smoking cessation interventions and opportunities for intervention <p><u>Expanded activities</u></p> <ul style="list-style-type: none"> • Run a training course for health professionals on smoking cessation – brief interventions • Include a cessation focus in the media campaign proposed under Objective 1 of this Action Plan • Provide a more intensive programme of support for pregnant women, asking them to quit smoking <p><u>Optimal activities</u></p> <ul style="list-style-type: none"> • Establish smokers' support groups in villages, providing peer support for quit attempts • Run a national Smokefree "Quit to Win" competition 	<ul style="list-style-type: none"> • Dept of Health • Consultant to Dept of Health • Dept of Health • Clinicians • Dept of Health to encourage groups to establish • Intersectoral committee 	<ul style="list-style-type: none"> • Requires funding • Requires funding • See objective 1 • From 2007 • From 2007 • World No Tobacco day 2008

¹⁶ World Health Organization. (2003). Framework Convention on Tobacco Control. Article 14.

REDUCING THE AVAILABILITY AND SUPPLY OF TOBACCO

Action	FCTC requirements*	Initiatives	Responsibility for implementation	Timeframe for implementation
Tobacco taxation	Each Party should take account of its national health objectives concerning tobacco control in its tobacco tax and price policies ¹⁷	<p><u>Core activities</u></p> <ul style="list-style-type: none"> • Give consideration to linking tobacco tax to the consumer price index and adjusting tax annually to keep the real price of tobacco consistent over time • Increase the tax on all tobacco products by a significant amount (for example, 50cents or \$1 per packet) <p><u>Expanded activities</u></p> <ul style="list-style-type: none"> • Increase the price of all tobacco products by a further significant amount 	<ul style="list-style-type: none"> • Ministry of Finance & Intersectoral Tobacco Committee • Ministry of Finance in consultation with Dept of Health and Customs • Ministry of Finance in consultation with Department of Health and Customs 	<ul style="list-style-type: none"> • Dec 2006 • April 2007 • April 2008
Funding of tobacco control		<p><u>Expanded activities</u></p> <ul style="list-style-type: none"> • A portion of the increased tax take should be allocated to a contestable fund that agencies could apply to for tobacco control programmes <p><i>See steps under Objective 1 for working towards this initiative</i></p>	<ul style="list-style-type: none"> • Ministry of Finance / Health to lead 	<ul style="list-style-type: none"> • As soon as practicable
Sales to minors	Parties shall prohibit the sales of tobacco products to persons under the age set by domestic law, national law or 18 ¹⁸	<p><u>Core activities</u></p> <ul style="list-style-type: none"> • Ban the sale of tobacco products to persons under 18 years of age • Require (by law) the placement of 	<ul style="list-style-type: none"> • Dept of Health to include provisions in new legislation 	<ul style="list-style-type: none"> • Via current Bill - as soon as practicable

¹⁷ World Health Organization. (2003). Framework Convention on Tobacco Control. Article 6

¹⁸ Ibid, Article 16.

Action	FCTC requirements*	Initiatives	Responsibility for implementation	Timeframe for implementation
		<ul style="list-style-type: none"> clear notices in tobacco retail outlets indicating that tobacco products cannot be sold to those under 18 years of age Collaboration between Police and EHOs to actively enforce the ban on sales to under 18 yr olds (when new law passed) 	<ul style="list-style-type: none"> Dept of Health to include provisions in new legislation Department of Health / Police 	<ul style="list-style-type: none"> Via current Bill - as soon as practicable Immediate
Tobacco vending machines	Measures may include ensuring that tobacco vending machines are not accessible to minors and do not promote the sale of tobacco products to minors ¹⁹ Alternatively Parties can ban vending machines altogether	<u>Core activities</u> <ul style="list-style-type: none"> Ban self-service vending machines 	<ul style="list-style-type: none"> Dept of Health to include provisions in new legislation 	<ul style="list-style-type: none"> Via current Bill - as soon as practicable
Toy or confectionary tobacco products	Parties may prohibit the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors ²⁰	<u>Core activities</u> <ul style="list-style-type: none"> Ban the manufacture and sale of toy and confectionary tobacco products 	<ul style="list-style-type: none"> Dept of Health to include provisions in new legislation 	<ul style="list-style-type: none"> Via current Bill - as soon as practicable
Distribution of free tobacco products	Each Party shall prohibit or promote the prohibition of the distribution of free tobacco products ²¹	<u>Core activities</u> <ul style="list-style-type: none"> Ban the distribution of free tobacco products 	<ul style="list-style-type: none"> Dept of Health to include provisions in new legislation 	<ul style="list-style-type: none"> Via current Bill - as soon as practicable

¹⁹ Ibid.

²⁰ Ibid.

²¹ Ibid.

Action	FCTC requirements*	Initiatives	Responsibility for implementation	Timeframe for implementation
Sale of single cigarettes or small amounts of tobacco	Each Party shall endeavour to prohibit the sale of cigarettes individually or in small packets ²²	<u>Core activities</u> <ul style="list-style-type: none"> Ban the sale of cigarettes in packs of less than 20, and packs of loose tobacco under 30 grams in weight 	<ul style="list-style-type: none"> Dept of Health to include provisions in new legislation 	<ul style="list-style-type: none"> Via current Bill - as soon as practicable
Chewing tobacco		<u>Core activities</u> <ul style="list-style-type: none"> Ban the advertising or labelling of tobacco products as suitable for oral use other than smoking 	<ul style="list-style-type: none"> Dept of Health to include provisions in new legislation 	<ul style="list-style-type: none"> Via current Bill - as soon as practicable
Duty-free sales	Parties may prohibit or restrict duty-free sales of tobacco products ²³	<u>Expanded activities</u> <ul style="list-style-type: none"> Give consideration to restrictions or a ban on the importation and sale of duty-free tobacco products 	<ul style="list-style-type: none"> Tobacco Interagency Committee (especially Health, Finance, Customs) 	<ul style="list-style-type: none"> 2007
Smuggling	Action is required to eliminate tobacco smuggling. Measures required include marking all tobacco packages in a way that signifies the origin and final destination or the legal status of the product, and co-operating with one-another in anti-smuggling, law enforcement and litigation efforts ²⁴	<u>Core activities</u> <ul style="list-style-type: none"> Ensure all products are labeled as being able to be legally sold on the Niue market Enforce requirement to pay excise, duties and other taxes on tobacco products Collaboration with regional and international Customs organisations 	<ul style="list-style-type: none"> Dept of Health to include provisions in new legislation Customs, Police, Finance Customs, Police 	<ul style="list-style-type: none"> Via current Bill - as soon as practicable Ongoing Ongoing

²² Ibid.

²³ Ibid, Article 7

²⁴ Ibid, Article 15.

Action	FCTC requirements*	Initiatives	Responsibility for implementation	Timeframe for implementation
		<p><u>Expanded activities</u></p> <ul style="list-style-type: none"> • Improve surveillance by computerisation of all excise and duty payment records • Establish (and publish) a policy that the Government will actively seek confiscation of any assets associated with any large event, or wide-scale practice, involving the illicit traffic in tobacco products 	<ul style="list-style-type: none"> • Customs / Statistics • Customs / Justice / Crown Law 	<ul style="list-style-type: none"> • 2007 / 08 • ASAP, and then ongoing

REDUCING TOBACCO PROMOTION AND REGULATING TOBACCO PRODUCTS

Action	FCTC requirements*	Initiatives	Responsibility for implementation	Timeframe for implementation
Advertising	All Parties to undertake a comprehensive ban on tobacco advertising, promotion and sponsorship within five years of ratifying the Treaty. Includes cross-border advertising and direct and indirect advertising ²⁵	<p><u>Core activities</u></p> <ul style="list-style-type: none"> Ban all forms of tobacco advertising, promotion and sponsorship (with minimal exceptions) Require a 'Smoking Kills' sign to be displayed at tobacco product points of sale, in English and Niuean Active investigation of any breaches of the ban <p><u>Expanded activities</u></p> <ul style="list-style-type: none"> Provision of 'Smoking Kills' signs to retailers for display in their shops Participate in any future negotiations for an FCTC Protocol on Cross Border Tobacco Advertising 	<ul style="list-style-type: none"> Dept of Health to include provisions in new legislation Dept of Health to include provisions in new legislation Dept of Health / Police Dept of Health Dept of Health 	<ul style="list-style-type: none"> Via current Bill - as soon as practicable Via current Bill - as soon as practicable Ongoing When legislation in place As required, subject to support from WHO
Packaging and labeling	<p>Parties are required to implement health warning labels that cover, at a minimum, 30% of the principal display areas</p> <p>Countries are encouraged to ban misleading or descriptive terms such as 'light' or 'mild'²⁶</p>	<p><u>Core activities</u></p> <ul style="list-style-type: none"> Introduce health warning requirements for tobacco products that take up a sizeable area of tobacco packets Ban misleading or deceptive labelling of tobacco products <p><u>Expanded activities</u></p> <ul style="list-style-type: none"> Issue a Gazette notice identifying 	<ul style="list-style-type: none"> Dept of Health to include provisions in new legislation Dept of Health to include provisions in new legislation Dept of Health , with 	<ul style="list-style-type: none"> Via current Bill - as soon as practicable Via current Bill - as soon as practicable Once Bill

²⁵ World Health Organization. (2003). Framework Convention on Tobacco Control. Article 13

²⁶ Ibid, Article 11.

Action	FCTC requirements*	Initiatives	Responsibility for implementation	Timeframe for implementation
		<p>Australian and New Zealand health warnings as being an acceptable standard for Niue, thus providing for the adoption of pictorial warnings</p> <p><u>Optimal activities</u></p> <ul style="list-style-type: none"> • Consider banning specific misleading or descriptive terms such as 'light' or 'mild' (by regulations) 	<p>Crown Counsel</p> <ul style="list-style-type: none"> • Dept of Health, with Crown Counsel 	<p>passed</p> <ul style="list-style-type: none"> • 2007 / 08
Disclosure of constituents	<p>Ingredients are to be disclosed. Parties shall require manufacturers to disclose to the government the contents and emissions of their tobacco products²⁷</p>	<p><u>Core activities</u></p> <ul style="list-style-type: none"> • Requiring tobacco companies whose products are available for sale in the Niue to provide a list of tobacco product ingredients • Publish this information for access by the public 	<ul style="list-style-type: none"> • Dept of Health to include provisions in new legislation • Dept of Health 	<ul style="list-style-type: none"> • Via current Bill - as soon as practicable • As available (annually)
Regulation of additives / constituents	<p>Tobacco products are to be regulated. The Parties agree to establish guidelines that all nations may use in regulating the contents of tobacco products²⁸</p>	<p><u>Core activities</u></p> <ul style="list-style-type: none"> • Put in place legislation that enables future regulations to be made to regulate tobacco content • Monitor international research and international practices in product regulation <p><u>Expanded activities</u></p> <ul style="list-style-type: none"> • Amend legislation to regulate the contents of tobacco products 	<ul style="list-style-type: none"> • Dept of Health to include provisions in new legislation • Dept of Health, in liaison with WHO • Dept of Health 	<ul style="list-style-type: none"> • Via current Bill - as soon as practicable • Ongoing • Once best practice is clear

²⁷ World Health Organization. (2003). Framework Convention on Tobacco Control. Article 10

²⁸ Ibid, Article 9.

REDUCING EXPOSURE TO SECOND-HAND SMOKE

Action	FCTC requirements*	Initiatives	Responsibility for implementation	Timeframe for implementation
Exposure to second-hand smoke	All Parties to implement effective measures to protect non-smokers from tobacco smoke in public places, including workplaces, public transport and indoor public places ²⁹	<p><u>Core activities</u></p> <ul style="list-style-type: none"> • Prohibit smoking in all schools (inside and outside areas) • Encourage teachers to not smoke in front of children: building emphasis on status of teachers as role models into teacher training • Prohibit smoking in indoor workplaces and public transport; and restrict smoking in restaurants and bars • Provide signage to businesses so they can display signs in areas where smoking is not allowed • Churches to go smokefree <p><u>Expanded activities</u></p> <ul style="list-style-type: none"> • (see Objective 1) Media campaign to raise public awareness about health effects of second-hand smoke, and not smoking around children • Complete ban on smoking in bars and restaurants. • Community workshop on second-hand smoke: risks, strategies for reducing exposure (particularly children) • Development and publishing of 	<ul style="list-style-type: none"> • Dept of Health to include provisions in new legislation • Ministry of Education • Dept of Health to include provisions in new legislation • Dept of Health • Council of Churches • Dept of Health • Dept of Health • Dept of Health to review legislation 	<ul style="list-style-type: none"> • Via current Bill - as soon as practicable • Immediately • Via current Bill - as soon as practicable • Once Bill is through • ASAP • Requires additional funding • Via transition period in Bill • 2007

²⁹ World Health Organization. (2003). Framework Convention on Tobacco Control. Article 8

Action	FCTC requirements*	Initiatives	Responsibility for implementation	Timeframe for implementation
		editorials and articles on second-hand smoke – the right to a smokefree life <ul style="list-style-type: none"> • Pilot a smokefree village <u>Optimal activities</u> <ul style="list-style-type: none"> • Village Councils to consider declaring their villages to be smokefree villages 	<ul style="list-style-type: none"> • Dept of Health • Inter-sectoral Committee, with a Village • Village Councils, with support of Dept of Health 	<ul style="list-style-type: none"> • From 2007 • Early 2007 • 2008

MONITORING, EVALUATION AND SURVEILLANCE

Action	FCTC requirements*	Initiatives	Responsibility for implementation	Timeframe for implementation
Collection of monitoring, evaluation and surveillance data	Each Party shall establish, as appropriate, programmes for national, regional and global surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke ³⁰	<p><u>Core activities</u></p> <ul style="list-style-type: none"> • Complete analysis of the 2007 census questions about smoking • Pass legislation to require tobacco companies to disclose (to the government) the amount of tobacco products they import into Niue, their recommended retail prices, and associated information • Report to the FCTC Conference of the Parties as required, on a range of matters • Report on progress with implementing this Action Plan <p><u>Expanded activities</u></p> <ul style="list-style-type: none"> • Continue to seek inclusion of a question on smoking in the regular census (or every second census) • Seek funding for implementation of the WHO STEPWise survey <p><u>Optimal activities</u></p> <ul style="list-style-type: none"> • Expand the surveillance programme to include the following data: <ul style="list-style-type: none"> ○ the health impact/disease burden of tobacco in Niue ○ the economic costs to Niue 	<ul style="list-style-type: none"> • Dept of Health • Dept of Health to include provisions in new legislation • Dept of Health, with input from other Ministries and NGOs • Intersectoral Tobacco Committee • Dept of Health / Statistics • Dept of Health • Dept of Health / Statistics / Customs (note: funding would be required) 	<ul style="list-style-type: none"> • By December 2006 • Via current Bill - as soon as practicable • Ongoing, as per direction of the FCTC CoP • 6-monthly. • Ongoing • 2007 / 08 • If funding available.

³⁰ World Health Organization. (2003). Framework Convention on Tobacco Control. Article 20