

# Smokefree Aotearoa 2025

## Next Steps Action Plan

2013 -2015



ASPIRE2025



# Smokefree Aotearoa 2025 - Next Steps Action Plan for 2013-2015

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## **Purpose**

This action plan describes the work, from 2013 to 2015, the National Smokefree Working Group (NSFWG -see Appendix A) thinks is most important to support the achievement of the *Smokefree Aotearoa 2025* goal. The action plan, developed with sector consultation (Appendix B), builds on and relates to the Logic Plan developed in early 2012(Appendix C). Three action streams support a reduction in smoking rates to below 5 percent (adult daily smoking)by:

- increasing successful cessation
- regulation and legislation to restrict the demand and supply of tobacco
- increasing public support to reduce the number of New Zealanders, especially children, starting to smoke

Increasing Successful Cessation	Effective Legislation & Regulation	Increasing Public Support
<ol style="list-style-type: none"><li>1. Smokers make more quit attempts.</li><li>2. More smokers use NRT</li><li>3. Full access to excellent cessation support and treatments.</li><li>4. Smokers know about the support they need.</li><li>5. Smokers are regularly nudged toward quitting.</li></ol>	<ol style="list-style-type: none"><li>1. Tax increases more than 50% per year</li><li>2. Mandatory retail licence</li><li>3. Plain packaging</li><li>4. Smokefree cars</li><li>5. Effective pack warnings</li><li>6. Full FCTC implementation</li><li>7. Full industry disclosure</li></ol>	<ol style="list-style-type: none"><li>1. New Zealanders know about and support 2025 goal and the steps needed to achieve it.</li><li>2. New Zealanders anti-tobacco and pro-smokefree attitudes increase.</li><li>3. More smokefree settings.</li></ol>



Immediate and medium term priorities for 2013, 2014 and 2015 have been set. Further actions will be identified and prioritized as progress is made and as needs change.

The aim of the plan is to define the goals and desired outcomes of tobacco control sector activity and to set performance indicators so that progress can be measured.

## ***How to use this action plan***

The plan describes what the sector needs to achieve and in what order. It also provides a summary of the key roles of different stakeholders in achieving those outcomes.

Everybody has a role in achieving the Smokefree Aotearoa 2025 Next Steps. Groups may wish to adapt and change the work areas in the actions plans to suit their situation, but the Logic Model and Action Plans should help groups decide what they should do and how to do it in order to achieve the outcomes.

This document will change as more information becomes available and ideas are adopted. The role of stakeholders can be changed to meet the needs of different groups. It is intended to help explain roles, planning and delivery of activities and actions in order to achieve main cessation, regulation, legislation and public support outcomes.

Whatever your role, you should be able to understand and define exactly how you are contributing to the desired outcomes, and in turn to making New Zealand Smokefree by 2025.

***Note: Most attention should be focused, on working with Māori and Pacific communities and low socioeconomic status groups.***

## ***National Smokefree 2025 Working Group priorities and communicating with the sector***

The Logic Model and Action Plan have many proposed outcomes. To achieve these, the NSFVG will regularly monitor success and decide which actions are most important to do first based on how much can be achieved, when it can be done and what is known .

Regular action plans and summaries will be sent out following the two monthly NSFVG meetings. These will provide an update on progress, priorities and ideas for action. These will be sent every two months, and more regularly where action is required.

Updates also include a request for feedback on the action plans.

This will be done via the [smokefree2025@smokefreenz.org.nz](mailto:smokefree2025@smokefreenz.org.nz) email list. To join this, please email [eu@ash.org.nz](mailto:eu@ash.org.nz).

## PART 1

# INCREASING SUCCESSFUL SMOKING CESSATION

### Cessation Goals

- Smokers make more quit attempts
- More smokers use NRT
- Full access to excellent cessation support and treatments
- Smokers know about the support they need
- Smokers are regularly nudged toward quitting

### Achieved by the Cessation Objectives

1, 2, 3, 4, 5, 6  
1, 2, 3, 4, 5, 6  
3, 4, 5  
1, 5  
1, 3, 4, 5

### Cessation Objectives:

1. Understanding the smoker and their stop smoking needs
2. Putting developments from research and innovation into practice
3. Layering cessation for clients for best outcomes
4. Integrating cessation into the health sector
5. Raising awareness of cessation services
6. Developing the cessation workforce.

### 1) **Understanding the smoker and their stop-smoking needs**

*Rationale:* Key to making New Zealand Smokefree by 2025 is understanding how to engage smokers so they will be ready, willing and able to quit, particularly within priority populations. This work will examine why people smoke, their need for support and how this can be provided by the cessation sector.

Outcome	Target	Indicator used	Deadline
<ul style="list-style-type: none"> <li>Better understanding of smokers, including how, where and what makes people smoke and their quit smoking needs so that what they need can be designed and targeted to meet those needs.</li> <li>Better quit rates and more people successfully quit</li> </ul>	<ul style="list-style-type: none"> <li>Smoking rates steadily going down to Smokefree 2025 target levels (less than 5%), with faster declines for Māori and Pacific peoples.</li> <li>Create new, and improve existing, cessation services to address identified needs of smokers</li> </ul>	<ul style="list-style-type: none"> <li>Smoking prevalence data</li> <li>Monitoring of sector tracking data, service evaluations and research</li> </ul>	By Dec 2014

WORK AREA	ACTION REQUIRED	OUTCOME OF ACTION	BY WHO	PROGRESS
<b>Research and evaluation</b>	Academic and practice-based research with the smoker population and what they need to quit smoking. Research on the best services to provide for different to support different smokers. Specialist tracking systems, such as the HPA's Continuous Monitor, are improved to deliver information on smokers and quitters. Engage smokers in helping to guide research and service implementation.	Evidence provides information so services can be developed to meet a wide range of smokers' stop-smoking needs. Analysis of existing data and new research is undertaken to address identified information gaps.	Researchers, HPA, MOH, cessation providers	
<b>Policy</b>	MOH consider the data available in the wider health sector surveys and their ability to inform the sector of the size, characteristics and trends of smoking and stop-smoking activity.	National surveys are providing the primary information on the smoker population on a timely and regular basis.	MOH	
<b>Cessation</b>	Cessation providers (by monitoring, seeking feedback, evaluation and research etc.) Work to understand their clients and what they need, what works for them, and what else might support them to quit.	Strong understanding of the current users of cessation services, and what else might work for them.	Cessation providers and educators	

## 2) Putting developments from research and innovation into practice

*Rationale:* Cessation service work has improved as new techniques and advances have taken place. The New Zealand cessation sector needs to build on what we can do now to quickly put the latest cessation knowledge and innovation into practice.

Outcome	Target	Indicator used	Deadline
<ul style="list-style-type: none"> <li>A close link between practitioners and researchers so that practical service developments can be easily done</li> <li>Ways of doing things can be changed to improve services.</li> </ul>	<ul style="list-style-type: none"> <li>The large amount of research that can be done in New Zealand's supports cessation service development. This includes using new ideas and adding to the development of new knowledge.</li> <li>Tobacco Innovation Fund is used to support projects we know will work, have worked in the past and are likely to work in the future; especially those that help priority populations quit smoking.</li> </ul>	<ul style="list-style-type: none"> <li>Researchers take part in key sector discussions</li> <li>Tobacco Innovation Fund is used on projects with greatest ability to drive long term change</li> </ul>	By Dec 2013

WORK AREA	ACTION REQUIRED	OUTCOME OF ACTION	BY WHO	PROGRESS
<b>Research and evaluation</b>	Research that improves cessation services, limits tobacco supply, slows down the numbers taking up smoking and raises awareness of smoking as a public health issue. Research on new cessation methods such as fast-application NRT and e-cigarettes.	Quality research can be used to develop and improve services Independent research that is understood/makes sense and can be used by to cessation practitioners.	Researchers Cessation sector to explain what they want researched	
<b>Policy</b>	Use of the Tobacco Innovation Fund on projects that will make long term gains. Actively manage and update such key documents as the New Zealand Smoking Cessation Guidelines so they always reflect current best-practice.	Tobacco Innovation Fund applied to projects that will make the biggest difference in the long term.	MOH	
<b>Mass Media</b>	Smokers are told about new smoking-related information and improved ways to quit.	Public understand that there are new ways to better help people to quit.	Researchers, cessation providers	
<b>Cessation</b>	Cessation providers are ready to improve their service and try new ways to help smokers quit.	People are ready to try something new to improve cessation rates.	Cessation providers and educators	

### 3) **Layering cessation for clients for best outcomes**

*Rationale:* Quitline evidence suggests that clients that use a range of cessation services have better quit rates than those that use one service (increased intensity = increased quit rates). As an active response, to improve the chances of smokers quitting, cessation providers should work together to ensure clients can use the full ranges of services (e.g. face to face, phone, on-line, text, NRT, pharmaceutical) so clients can pick and choose the cessation support that will work best for them.

Outcome	Target	Indicator used	Deadline
<ul style="list-style-type: none"> <li>• More clients using many different services to support their quitting efforts.</li> <li>• Increased referral of clients between cessation providers</li> <li>• MOH states clearly that it wants cessation supporters to work together.</li> </ul>	<ul style="list-style-type: none"> <li>• Cessation providers routinely suggest that their clients use the range of other cessation services available to complement the services they provide</li> <li>• MOH, in statements and in contractual arrangements, strengthens support for cessation providers to enable clients to use many different cessation services</li> <li>• Pharmaceuticals are well used, always with other support services, particularly behavioral support</li> </ul>	<ul style="list-style-type: none"> <li>• Include 'other services used' as a measure collected from clients by cessation providers</li> <li>• Data reported on service use, including pharmaceutical and NRT use</li> </ul>	By Dec 2013

WORK AREA	ACTION REQUIRED	OUTCOME OF ACTION	BY WHO	PROGRESS
<b>Cessation</b>	Cessation providers clearly understand how they can support clients to quit, and they suggest clients use other services that can complement (and add value to) the services they provide.	Smokers are always provided with the best range of services to support them to quit.	Cessation providers, Quitcard providers, pharmaceutical prescribers	
<b>Policy</b>	Ensure cessation service contracts support the approach where clients are guided to the most appropriate service, or services, for their needs.	Policy makers are supporting providers to work with clients to make sure they have the option to use the best range of cessation services available to them to support their quitting efforts.	MOH	
<b>Research and evaluation</b>	Set up a way of tracking cessation service use, including through Tier 1 reporting, NHI number analysis, sector surveys and provide operating data.	Trial of the 'layered-service' concept in practice. Evidence of cessation service use across the sector, including of the ways in which clients are using the range of cessation services that are available to them.	MOH, Quitline, NSFWG, HPA.	

#### 4) **Integrating cessation into the health sector**

*Rationale:* The health sector is where stop-smoking conversations should be most often held as required by the ABC programme. There are further gains to be achieved from successfully fitting/joining/adding cessation services into the health sector to streamline the provision of the most appropriate support to patients.

Outcome	Target	Indicator used	Deadline
<ul style="list-style-type: none"> <li>Increased referring to cessation support as part of the ABC programme.</li> <li>NHI number access enabled for qualifying cessation providers.</li> <li>Providers getting referrals give feedback to those referring clients.</li> </ul>	<ul style="list-style-type: none"> <li>Each ABC conversation results in a cessation decision being made</li> <li>The NHI number is always used in the cessation sector for clients referred from the health sector</li> <li>All cessation providers that receive referrals from the health sector provide as much information in return on the progress of the referred party.</li> </ul>	<ul style="list-style-type: none"> <li>ABC reporting includes data on the cessation support used or referred to</li> <li>Cessation providers report on number of referrals received</li> <li>Analysis of NHI data</li> <li>Cessation service providers report on progress of the referred party</li> </ul>	By Dec 2013

WORK AREA	ACTION REQUIRED	OUTCOME OF ACTION	BY WHO	PROGRESS
<b>Policy</b>	MOH to advance policy process to enable qualifying cessation service providers to use the NHI number. The health sector to ensure that people who smoke are offered effective evidence-based smoking cessation services and access/referral to such services is seamless.	NHI number able to be used as the common identifier for clients and for the reporting of outcomes to the referring parties.	MOH Primary and secondary care, non-health sector	
<b>Cessation</b>	Cessation providers to develop links with the health sector to raise awareness of nature and effectiveness of the services they provide. Cessation providers to develop ways to feedback to referring parties to assist building good relationships.	More quitting activity from patients referred from within the health sector.	Quitline, AKP, other cessation providers, Whanau Ora providers, health	
<b>Research and evaluation</b>	Act and send results from, the sector tracking including of referral activity and outcomes of services provided to referred clients.	Robust data to track progress.	MOH, DHB, PHOs, referring parties, cessation providers	



### 5) Raising awareness of cessation services

*Rationale:* Smokers need to know the services (and combination of services) available to them to quit smoking, particularly as the intensive, layered service project happens. With this information, smokers will be better able to use the services available. This will likely increase their confidence in their ability to quit.

Outcome	Target	Indicator used	Deadline
<ul style="list-style-type: none"> <li>New Zealand smokers are more aware of the services available for them to use and know that they can improve their chances of quitting by using the mix of services that work best for them.</li> </ul>	<ul style="list-style-type: none"> <li>Smokers have a good understanding of the services available to them</li> <li>More smokers use a wider range of the cessation services available to them.</li> </ul>	<ul style="list-style-type: none"> <li>'Awareness of cessation services' question included in HPA surveys.</li> <li>Data on the use of services as collected by cessation service providers.</li> </ul>	By Dec 2013

WORK AREA	ACTION REQUIRED	OUTCOME OF ACTION	BY WHO	PROGRESS
<b>Mass Media</b>	Marketing campaigns promote quitting and the full range of cessation services. Quitline and other parties to consider how such a campaign could be done based on existing resources, and without weakening the primary objective of each of the current campaigns of each agency.	Increased awareness among smokers of the support available to them that results in increased quit attempts, and quit attempts that use a range of services.	Quitline, HPA, other cessation providers	
<b>Community Engagement</b>	Grass-root groups are provided with correct information on the cessation sector and how to support smokers.	Local communities are talking about the range of cessation support available for the people in their communities, and encourage their use.	Cessation providers and educators	
<b>Policy</b>	MOH to move ahead with policy process and consider offering extra/more marketing funds for such campaigns. Look at options for a 'triage' first assessment/early care/treatment service that links smokers with the best support, or combination of support.	Policy makers to look at the value of supporting more marketing of the benefits of quitting and the range of cessation services.	MOH	
<b>Cessation</b>	Cessation services promote the benefits of the range of cessation services when talking to clients, stakeholders and communities.	Better understanding of the services available and less rivalry / more cooperation across the sector.	Cessation providers and educators	

## 6) Developing the cessation workforce

*Rationale:* Key to improving the effectiveness of the cessation sector is to enable those working in the sector to be both skilled in their particular areas and aware of the wider context so there is a sound understanding of the services available and how clients can receive the best support.

Outcome	Target	Indicator used	Deadline
<ul style="list-style-type: none"> <li>Study of the need for, and ability to provide, formal cessation training set out/completed for the cessation sector.</li> <li>Greater understanding of the cessation sector by those involved in the sector directly as cessation workers, and more widely as those with an interest in cessation activity.</li> </ul>	<ul style="list-style-type: none"> <li>All staff providing cessation services are trained to recognized standards</li> <li>Clear understanding of the smoking cessation environment by all workers in the sector, including the range of services available for clients to get the best support for their needs</li> </ul>	<ul style="list-style-type: none"> <li>Number of cessation sector staff receiving agreed cessation sector training</li> </ul>	By Dec 2014

WORK AREA	ACTION REQUIRED	OUTCOME OF ACTION	BY WHO	PROGRESS
<b>Policy</b>	Cessation training provider appointed. All cessation providers add to the content and format of the curriculum to ensure it is fit for purpose across all services. Recognition (credit) (for prior Learning(RPL) is possible The sector is supported to complete training	Structured training that is used across the cessation sector, and designed for the types of services provided.	MOH, cessation providers and educators	
<b>Cessation</b>	In addition to above, cessation providers give ongoing training to their staff including knowledge of the wider sector and all other services available. Establish a web-based forum for cessation workers to Blog, have access to latest research and practice development, and to foster professional development.	Training conducted to meet individual service needs, and to raise awareness of the overall cessation sector and the services available. Web-based cessation worker portal set up and supported by the sector.	Cessation providers and educators	
<b>Research and evaluation</b>	Evaluation to be established to assess the effectiveness of training programmes.	Evidence to inform development and enhancement of sector training.	MOH	

## PART 2

# EFFECTIVE LEGISLATION AND REGULATION

### Priority Objectives:

1. Tax increases of 40% followed by 20% per annum until 2015
2. Mandatory Registration for all those involved in the Tobacco supply chain
3. Plain Packaging
4. Increased warnings on Tobacco Packaging
5. Protection of Children from Secondhand Smoke in Cars
6. Full Implementation of the Framework Convention on Tobacco Control (FTCT) in New Zealand
7. Enhanced Disclosure of the Tobacco Industry Product Constituents, Sales, Volumes and Activities

**1 Tax increases of 40% in 2012 followed by 20% per annum until 2015.**

*Rationale:* Increasing the price of tobacco makes many smokers want to quit and supports long term smoking cessation.

Outcome	Target	Indicator used	Deadline
<ul style="list-style-type: none"> <li>Drop in numbers using tobacco, increased quitting and drop in numbers of young people taking up smoking.</li> <li>Reduced tobacco consumption, increased quitting and reduced uptake by Māori.</li> </ul>	<ul style="list-style-type: none"> <li>A further 3 year schedule of tobacco tax increases are passed in Parliament in 2012 under the Customs and Excise Amendment Bill.</li> <li>Per stick prices for the lowest cost widely sold cigarette brand reaches \$1 by January 2014, \$1.25 by January 2015 and \$1.45 by January 2016.</li> <li>Per stick prices for the lowest cost RYO brand exceed \$1.20 by January 2014.</li> </ul>	<ul style="list-style-type: none"> <li>Tax increase on statute book.</li> <li>Retail price of tobacco.</li> <li>Tobacco industry annual returns Prevalence surveys show decline.</li> <li>Quitline and cessation provider data.</li> </ul>	Annual tax increases required.

WORK AREA	ACTION REQUIRED	OUTCOME OF ACTION	BY WHO	PROGRESS
<b>Research and evaluation</b>	Measure impact of existing and proposed tax increases on smoking behaviour Publication of tobacco returns, and detailed data on sales is made public. Data is analysed systematically and regularly (monthly).	Evidence informs large tax increases and maximises health benefit of tax for all populations, and minimises unintended harms.	MOH, DHB research	
<b>Policy</b>	Decisions makers are provided with clear evidence of the effects of increasing tobacco tax.	Policy makers are well informed and have access to the best possible evidence, and confident of health benefits and public support.	NGO's researchers and policy groups	
<b>Community Engagement</b>	Grass root groups are given research evidence to help in planning and actions which support smokers in their area. Communities are asked to become part of: <ul style="list-style-type: none"> <li>Campaigns to put tax revenue back into supporting the most vulnerable. In particular Māori and Pacific.</li> <li>Understanding the impact of Tax increases on Māori.</li> <li>Identifying cause champions that have mana with Māori.</li> </ul>	Local communities support tax increases and understand how to positively support members affected by the cost of tobacco	Communities, health providers, researchers, NGO's	

<b>Monitoring and enforcement</b>	Identify step-by-step approach to checking non-duty paid tobacco, and strong enforcement of current illegal tobacco laws. Explore whether the whānau ora health impact assessment tool can be used to monitor the impact of tax policies on Māori.	Illicit tobacco trade is kept minimal	Treasury, Customs, MOH	
<b>Mass Media</b>	Coordinated approach in national and local paid and unpaid media of tobacco tax	Public understand and support tobacco tax as a health policy	HPA, NGO's DHB's cessation services	
<b>Cessation</b>	Cessation services discuss price with clients and actively promote effective support when tobacco prices increase	Smoker who quit due to price are successful.	Cessation providers and educators	

## 2 Mandatory Registration for all those Involved in the Tobacco Supply Chain

*Rationale:* There are no central or regional lists of tobacco sellers in New Zealand that can be viewed by regulator or policy makers. This makes communicating and enforcing retail laws difficult. A registration scheme paves the way for better understanding about the distribution of tobacco. It will also be a better way of controlling how tobacco is supplied with information from the health and community wellbeing, rather than commercial interests.

Outcome	Target	Indicator used	Deadline	
<ul style="list-style-type: none"> <li>A central register/license of all tobacco retailers, wholesalers, importers and manufacturers operating in New Zealand</li> <li>Tobacco is less accessible to children.</li> <li>Foundation set for sinking lid on tobacco supply</li> </ul>	<ul style="list-style-type: none"> <li>By 2015 an amendment to the Smokefree Environments Act (SFEA) is passed. This will require mandatory retail licensing or registration to manufacture, import, wholesale or sell tobacco products.</li> <li>By 2015 a centrally administered list of all tobacco retailers, suppliers, wholesalers, importers and manufacturers is in place.</li> </ul>	<ul style="list-style-type: none"> <li>SFEA amendment is passed.</li> <li>A central register shows exactly how many sellers there are.</li> <li>ASH Year 10 Survey shows fewer children are purchasing, or attempting to purchase tobacco.</li> <li>Fewer tobacco outlets and no new outlets added.</li> </ul>	2015	
WORK AREA	ACTION REQUIRED	OUTCOME OF ACTION	BY WHO	PROGRESS
Research and evaluation	Review international practices to identify most important information required from a scheme. Publication of tobacco returns, and detailed data on sales Data analysed regularly (monthly).	A way for New Zealand developed that meets health objective to reduce tobacco use, and provides valuable tobacco data to inform and monitor progress.	Researchers, MOH NGO's	
Policy	Identify costs and benefits of registration and licensing schemes and implementation	Registration/licensing is understood by policy makers as a tool to reach 2025, and reduce bureaucracy.	Researchers and NGO's	
Community Engagement	Understand relationships between how many outlets there are, tobacco use, and the controls on how people can get tobacco. Help communities understand the impact of supply on Māori.	Registration/licensing set the foundations for 'sinking lid' (no new registrations or licenses granted) policies to tobacco supply, starting with communities with the greatest need.	Communities DHB's researchers	
Monitoring and enforcement	Find reasons why enforcement isn't working in the current climate. Find better ways of organising, and talk about the benefits of, national registration	Smokefree enforcement officers take part in discussions on the need for registration / licensing	MOH, DHB's	
Mass Media	Make more people aware of the issue with media.	Public understand and support rational for register/licensing.	NGO's media, researchers	
Cessation	Offer/provide suggestions, for example, scripts to retailers so they will be able to give brief advice, sell small 'abstinence' packs of NRT.	Retailers take part in supporting communities to be smokefree	Retailers, cessation providers	

### 3. Plain Packaging

*Rationale:* Branded cigarette packets are a powerful marketing tool which attracts young people. Research shows that plain packaging reduces the attractiveness of tobacco products to children and will help them to stay Smokefree.

Outcome	Target	Indicator used	Deadline
<ul style="list-style-type: none"> <li>Children in New Zealand are not exposed to tobacco branding and experimentation and fewer children start smoking.</li> <li>Fewer Maori experiment or start smoking at a</li> </ul>	<ul style="list-style-type: none"> <li>Amendment of the SFEA in 2013 mandating plain tobacco packaging.</li> <li>By 2014, all tobacco is in plain packs.</li> </ul>	<ul style="list-style-type: none"> <li>SFEA amendment passed and tobacco is in generic packaging.</li> <li>ASH Year 10 Survey shows youth smoking declining at an increased rate by 2015.</li> <li>NZYT M shows sharply reduced brand awareness by 2015.</li> </ul>	<ul style="list-style-type: none"> <li>2013.</li> </ul>

WORK AREA	ACTION REQUIRED	OUTCOME OF ACTION	BY WHO	PROGRESS
<b>Research and evaluation</b>	Further New Zealand evidence demonstrates the impact of policy changes.	Detailed plain packs policy is informed by public health priorities	Researchers, MOH, NGO's	
<b>Policy</b>	Public consultation reflects evidence and community perspectives including: <ul style="list-style-type: none"> <li>Reduction of pack sizes</li> <li>Including SF 2025 on plain packs.</li> </ul>	Policy discussions are well informed by the health evidence and arguments.	MOH, NGO's , communities	
<b>Community Engagement</b>	Build understanding of plain packs, and high engagement in policy process by: <ul style="list-style-type: none"> <li>Engaging communities in understanding the impact of plain packs on Māori.</li> <li>Finding champions who believe in the cause that have mana with Māori and are admired in their communities.</li> </ul>	Public support policy and rationale.	Health providers, NGO's, communities	
<b>Monitoring and enforcement</b>	Watch illicit trade and counterfeit (fake) product	Understand, manage and have solutions ready for problems that could occur.	Customs, MOH, Treasury, Police	
<b>Mass Media</b>	<i>Raise profile of issue with media by:</i> <ul style="list-style-type: none"> <li>Simplifying the messages on plain packaging.</li> </ul>	Media editorial is supportive, covers health benefits and undermines tobacco industry positions.	NGO, media, Communities	
<b>Cessation</b>	<ul style="list-style-type: none"> <li>Build discussion about packs into conversations with clients where relevant.</li> </ul>	Increased understanding of the reasons for plain packs	Cessation providers & educators	

#### 4. Increased warnings on Tobacco Packaging

*Rationale:* Picture warnings appeared on tobacco packs in New Zealand four years ago. Smokers are not affected by them anymore. Plain packs present an opportunity to increase warnings, so changing these images will have impact with smokers.

Outcome	Target	Indicator used	Deadline
<ul style="list-style-type: none"> <li>More smokers make quit attempts because of graphic warnings</li> <li>Graphic warnings have meaning for high risk communities where many smoke so they trigger quitting.</li> </ul>	<ul style="list-style-type: none"> <li>By 2014 government uses existing regulatory powers to introduce new picture warnings. These will increase the size on the pack and include a schedule for changing pictures.</li> <li>By 2014 there is a new published regulatory schedule of picture warnings and rotations.</li> </ul>	<ul style="list-style-type: none"> <li>Published updated regulations and warnings.</li> <li>New warnings appear on packs and are larger.</li> <li>Warnings have been tested for impact.</li> <li>Quit service data shows increased quitting.</li> </ul>	2014

WORK AREA	ACTION REQUIRED	OUTCOME OF ACTION	BY WHO	PROGRESS
Research and evaluation	Test graphic images with key demographics (groups)	High impact, effective picture warnings replace current images.	MOH ,researchers	
Policy	Include review of graphic warnings in plain pack considerations	Plain packs legislation includes a review of graphic warnings	MOH	
Community Engagement	Ask communities to test pack warnings to ensure work.	Revised warnings work with target audiences	MOH ,researchers, communities, cessation services	
Cessation	Test graphic images for how effective they are in making people quit, and how well they promote cessation support. Work with all cessation services to test with a range of clients.	Graphic warnings prompt quitting and direct people to effective quit support.	Researchers, graphic designers, cessation services	



### 5. Protection of Children from Secondhand Smoke in Cars

**Rationale:** The ASH Year 10 Survey shows that a quarter of 14-15 year olds are still regularly exposed to secondhand smoke (SHS) in cars. Public support for this measure is high with 90% of the public agreeing children must be protected from smoke in cars. The highest support is from Māori parents. SHS is a significant health hazard.

Outcome	Target	Indicator used	Deadline
<ul style="list-style-type: none"> <li>Children are not exposed to secondhand smoke in cars.</li> </ul>	<ul style="list-style-type: none"> <li>By 2014 an amendment to the Smokefree Environments Act makes it an offence to smoke in a car whilst carrying children.</li> </ul>	<ul style="list-style-type: none"> <li>By 2015: &lt;2% of Year 10 students in cars are exposed to SHS. (In 2010 approx 24% were exposed in last 7 days).</li> </ul>	2014

WORK AREA	ACTION REQUIRED	OUTCOME OF ACTION	BY WHO	PROGRESS
<b>Research and evaluation</b>	<ul style="list-style-type: none"> <li>Update and agree best measures of exposure and scale of problem.</li> <li>Evaluate how our work is affecting health inequalities.</li> </ul>	<ul style="list-style-type: none"> <li>Consensus on levels of exposure and clear measure of public health benefit</li> <li>Mitigate any potential unintended consequences on health inequality</li> </ul>	MOH and researchers	
<b>Policy</b>	<ul style="list-style-type: none"> <li>Review best legislative / regulatory / voluntary course to achieve smokefree cars.</li> </ul>	<ul style="list-style-type: none"> <li>Clear draft Bill that outlines enforcement mechanism and penalties.</li> </ul>	MOH, NGO's researchers,	
<b>Community Engagement</b>	<ul style="list-style-type: none"> <li>Build and measure public support in important settings, for example preschool, school, marae, churches and agencies eg. VTNZ, AA, Plunket, iwi health providers.</li> </ul>	<ul style="list-style-type: none"> <li>Policy makers see and understand how much public support there is</li> </ul>	MOH, NGO's researchers	
<b>Mass Media</b>	<ul style="list-style-type: none"> <li>Establish and agree setting as protecting children, SHS etc.</li> <li>Develop unpaid media strategy and approach</li> <li>Review need for paid media</li> </ul>	<ul style="list-style-type: none"> <li>Media editorial support measure and understand key health issues.</li> <li>Public understand and support</li> <li>Policy makers understand and support.</li> </ul>	NGO researchers. Media, communities	

## 6. Full Implementation of the Framework Convention on Tobacco Control (FCTC-Appendix D) in New Zealand

*Rationale:* The Framework Convention on Tobacco Control (FCTC) is the UN's first global health treaty and sets the benchmark for effective tobacco control policies. New Zealand has signed this treaty and has been a leader in starting work on this convention, and is now beginning to work on policies that exceed its requirements. However, some outstanding, but important areas of compliance are remaining. Implementing these will both protect health, and ensure New Zealand can continue to be a world leader on tobacco control best practice.

Outcome	Target	Indicator used	Deadline
<ul style="list-style-type: none"> <li>No tobacco companies blocking policy making</li> <li>Non-duty paid tobacco use is less than 1%</li> <li>Article 4.2 (c) of the FCTC that states groups' duties to indigenous peoples is fully met with regard to Māori</li> </ul>	<ul style="list-style-type: none"> <li>Full Framework Convention on Tobacco Control has been completed in New Zealand by 2013.</li> <li>Publication of tobacco industry meetings according to article 5.3 across government.</li> <li>Duty free sales banned</li> </ul>	FCA monitoring shows NZ is 100% compliant	2014

WORK AREA	ACTION REQUIRED	OUTCOME OF ACTION	BY WHO	PROGRESS
<b>Research and evaluation</b>	<ul style="list-style-type: none"> <li>Identify areas in New Zealand where laws are not being followed</li> <li>Evaluate tobacco industry tactics and arguments</li> </ul>	<ul style="list-style-type: none"> <li>Clear understanding on what needs to be done by policymakers</li> <li>Clear understanding of safeguards needed to protect policy and public interest from tobacco companies.</li> </ul>	NGO and researchers	
<b>Policy</b>	<ul style="list-style-type: none"> <li>Groups taking part in FCTC conference are well-informed and active</li> <li>MOH leads cross government action with article 5.3</li> <li>Duty free ban considered as next step to plain packs and excise increase</li> </ul>	<ul style="list-style-type: none"> <li>New Zealand takes leadership on robust FCTC being put into action.</li> <li>All Government bodies have FCTC 5.3 policy that is enforced.</li> <li>Ban on duty free progresses with government support</li> </ul>	MOH, NGO's	
<b>Monitoring and enforcement</b>	<ul style="list-style-type: none"> <li>WHO and FCA monitoring resourced and kept up to date.</li> </ul>	<ul style="list-style-type: none"> <li>New Zealand demonstrates commitment to global FCTC parties.</li> </ul>	MOH, NGO's	

### 7. Enhanced Disclosure of the Tobacco Industry Product Constituents, Sales Volumes and Activities

*Rationale:* There is a large amount of international evidence on the wide use of tobacco additives by the tobacco industry to change the flavour and smell of cigarettes. Adding things like eugenol and menthol creates milder, sweeter smoke and lessens discomfort, for example, coughing caused by smoking. Full disclosure (admitting everything they do) allows regulators to watch trends in the design of tobacco products and properly respond to any new developments taking place in the manufacturing of tobacco products. It can also provide information of what cigarettes can contain in the future.

Outcome	Target	Indicator used	Deadline
<ul style="list-style-type: none"> <li>Regulation require full disclosure of tobacco product ingredients their purpose, and allow for controlling those that have greatest impact on health, how easy they are to smoke and addictiveness.</li> <li>Fewer children start smoking and more smokers make successful quit attempts.</li> </ul>	Current SFEA regulations are reviewed to find out how strong/effective current powers are. Any extra regulatory powers needed are added through amendments to the Act alongside plain packaging.	Annual tobacco industry returns Customs returns on import volumes	2014

WORK AREA	ACTION REQUIRED	OUTCOME OF ACTION	BY WHO	PROGRESS
<b>Research and evaluation</b>	<ul style="list-style-type: none"> <li>Challenge the lack of the statistics NZ data</li> <li>Agree health priorities for regulatory powers. For example reducing nicotine, sugars, citrates and banning menthol.</li> </ul>	<ul style="list-style-type: none"> <li>Tobacco sale data is released in the public interest</li> <li>Regulatory powers are shaped in the best interest of health</li> </ul>	NGO's researchers MOH	
<b>Policy</b>	<ul style="list-style-type: none"> <li>Review current regulatory powers in the SFEA and how these can be used more effectively</li> </ul>	<ul style="list-style-type: none"> <li>Establish legislative changes needed to achieve public health objectives.</li> </ul>	NGO's MOH, researchers	
<b>Monitoring and enforcement</b>	<ul style="list-style-type: none"> <li>Review the tobacco industry returns and how this data can be presented more usefully to achieve public health outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>Effective disclosure regime developed that prioritizes public health and useful data for monitoring tobacco trends.</li> </ul>	Researchers, NGO's, NGO's	

## **PART 3**

# **INCREASING PUBLIC SUPPORT FOR SMOKEFREE NEW ZEALAND BY 2025**

### **Priority Objectives:**

1. New Zealanders know about and support the Smokefree 2025 (SF2025) goal and the steps needed to achieve it
2. New Zealanders have anti-tobacco and pro smokefree attitudes
3. More smokefree settings

**1) New Zealanders know about and support the Smokefree 2025 (SF2025) goal and the steps needed to achieve it**

*Rationale:* By increasing knowledge of the SF2025 goal and the continued steps needed to achieve the goal, public support for the goal will increase. Decision makers are more likely to make positive changes if public opinion is supportive.

Outcome	Target	Indicator used	Deadline
<ul style="list-style-type: none"> <li>Parents and caregivers show increased support for Smokefree 2025 goal</li> <li>Young people show increased support for Smokefree 2025 goal</li> <li>The public taking part more in tobacco control activities.</li> <li>Increased workforce through partnerships between stakeholders (including those outside the health sector)</li> </ul>	<ul style="list-style-type: none"> <li>All media and resources from the Tobacco Control sector integrate the SF2025/ AK2025 logo and messages where appropriate</li> <li>Develop National SF2025 communication plan</li> <li>Sector to look for opportunities to include more public participation in Tobacco Control activities such as events and submissions</li> <li>Tobacco control sector work with other community/ government stakeholders to promote Smokefree 2025</li> </ul>	<ul style="list-style-type: none"> <li>ASH Year 10 Snapshot survey</li> <li>New Zealand Smoking Monitor</li> <li>Health and Lifestyles Survey – HPA</li> <li>SF2025 communication plan will be published online at smokefree.org.nz</li> <li>Anecdotal: People in the sector informally sharing and talking about the issues</li> </ul>	<p>Continuous</p> <p>By Dec 2013</p>

WORK AREA	ACTION REQUIRED	OUTCOME OF ACTION	BY WHO	PROGRESS
Research and evaluation	<ul style="list-style-type: none"> <li>Add questions relating directly to support of SF2025 goal</li> <li>Continue to monitor public support across tobacco control issues</li> </ul>	<ul style="list-style-type: none"> <li>Data gathered over time to show trends</li> </ul>	Researchers	
Policy	<ul style="list-style-type: none"> <li>Work with decision makers at all levels to inform people about SF2025 goal and positive effects of policy change</li> </ul>	<ul style="list-style-type: none"> <li>Increase support from decision makers</li> <li>Policies are developed relating to the overall SF2025 goal.</li> <li></li> </ul>	Tobacco Control sector	

<b>Community Engagement</b>	<ul style="list-style-type: none"> <li>Involve Māori leaders in SF2025</li> <li>Involve Pacific leaders in SF2025</li> <li>TC sector (as well as social and health sectors) are informed and updated with 2025 activities and information.</li> </ul>	<ul style="list-style-type: none"> <li>Increase in iwi, hapū commitment to SF2025</li> <li>Increase in Pacific communities commitment to SF2025</li> <li>Informed sector geared for action on SF2025 activities.</li> <li>Increase in partnership and participation in National campaigns and activities from the Tobacco Control sector</li> </ul>	Tobacco Control Sector	
<b>Monitoring and enforcement</b>	<ul style="list-style-type: none"> <li>Continue to monitor attitudes towards SF2025</li> </ul>	<ul style="list-style-type: none"> <li>Work is continued</li> </ul>	Researchers	
<b>Marketing &amp; Communications</b>	<ul style="list-style-type: none"> <li>Involve the media in 2025 and initiatives needed to achieve it.</li> <li>SF2025/ AK2025 logo and messages are included across all projects, communications and resources</li> <li>Increase and improve key agencies and their ability to take part or lead work in SF2025.</li> </ul>	<ul style="list-style-type: none"> <li>More positive stories are told about SF2025</li> <li>All national and local campaigns carry SF2025/ AK2025 logo and messages</li> <li>All documentation has the SF2025 logo</li> <li>Evidence of other stakeholders adopting and SF2025/ AK2025 logo and messages</li> </ul>	Tobacco Control Sector  SFC Members	
<b>Cessation</b>	<ul style="list-style-type: none"> <li>SF2025/ AK2025 logo and messages are included across all projects, communications and resources</li> <li>Smoking cessation competencies/training includes education and awareness of the SF2025 goal.</li> </ul>	<ul style="list-style-type: none"> <li>SF2025 becomes a reason for quitting, a new norm.</li> <li>Smokers awareness of end game is increased</li> <li>Knowledge of SF2025 amongst wider smoking cessation sector is increased</li> </ul>	Cessation providers and educators	

## **2) New Zealanders have anti-tobacco and pro smokefree attitudes**

*Rationale:* Anti-tobacco attitudes include a negative attitude towards smoking, tobacco products and the tobacco industry. Attitude change in partnership with an increase in knowledge will lead to behaviour change.

Outcome	Target	Indicator used	Deadline
<ul style="list-style-type: none"> <li>Increase in number of parents and caregivers who praise and express smokefree behaviors and attitudes</li> <li>Increase the number of young people who hold anti-tobacco attitudes</li> </ul>	<ul style="list-style-type: none"> <li>Encouraging parents and caregivers to have confidence to express their smokefree attitudes and behaviors</li> <li>Every opportunity is taken to expose the sly marketing and lobbying tactics of the tobacco industry.</li> <li>Continue to make the link between the smoker's addiction and poor health outcomes and the tobacco industry profits.</li> </ul>	<ul style="list-style-type: none"> <li>New Zealand Smoking Monitor</li> <li>Health and Lifestyles Survey – HPA</li> <li>Anecdotal reports from sector</li> <li>NZ Youth Tobacco Control Monitor</li> </ul>	Continuous

WORK AREA	ACTION REQUIRED	OUTCOME OF ACTION	BY WHO	PROGRESS
<b>Research and evaluation</b>	<ul style="list-style-type: none"> <li>Do analysis that compares New Zealand's tobacco industry and other states.</li> </ul>	<ul style="list-style-type: none"> <li>New Zealand Government is seen to not allow tobacco industry interference.</li> </ul>	Researchers	
<b>Policy</b>	<ul style="list-style-type: none"> <li>New Zealand government puts into place article 5.3 of the Framework Convention on Tobacco Control.</li> <li>New Zealand government puts into place a monitoring system with key agencies to hold itself accountable to article 5.3</li> </ul>	<ul style="list-style-type: none"> <li>New Zealand government becomes a partner in exposing tobacco industry interference.</li> <li>There is greater trust between the government and the community.</li> </ul>	MOH, TPK, Pasifika Affairs, MSD	

<b>Community Engagement</b>	<ul style="list-style-type: none"> <li>• Continue to promote Smokefree messages</li> <li>• Involve Māori leaders to increase their knowledge of the tactics of the Tobacco Industry</li> <li>• Involve Pacific leaders to increase their knowledge of the tactics of the Tobacco Industry</li> </ul>	<ul style="list-style-type: none"> <li>• A number of smokefree stories in the media</li> <li>• Smokefree events held by community</li> <li>• Matariki activities continue to incorporate Auahi Kore kaupapa</li> <li>• Māori leaders champion anti-tobacco messages within whānau, hapū and iwi.</li> <li>• Pacific leaders champion anti-tobacco messages within pacific communities.</li> </ul>	IWI, NGO's, Pharmacies, PHU.	
<b>Monitoring and enforcement</b>	<ul style="list-style-type: none"> <li>• Constant OIA during legislative process.</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Contact between the government and the tobacco industry is counted and open.</li> </ul>	NGO's	
<b>Marketing &amp; Communications</b>	<ul style="list-style-type: none"> <li>• Increasing public awareness of the tactics of the Tobacco Industry</li> <li>• Increasing awareness of parents and caregivers of their role in creating a Smokefree world.</li> <li>• Continue to connect or involve local/national media on tobacco</li> </ul>	<ul style="list-style-type: none"> <li>• National Smoking Not Our Future adverts carry messages about tobacco industry.</li> <li>• Working with National bodies continues to work together on national campaign messages e.g. CANTOBACCO.</li> <li>• Tobacco Industry tactics highlighted and myths exposed through local/national campaigns e.g. Plain Packs.</li> <li>• A number of media releases released on topical tobacco control issues</li> </ul>	Tobacco Control Sector & Media	
<b>Cessation</b>	<ul style="list-style-type: none"> <li>• Tobacco industry tactics and interference is acted on in cessation intervention and best practice.</li> <li>• Smoking cessation competencies/training includes education and awareness of the tobacco industry tactics and interference.</li> </ul>	<ul style="list-style-type: none"> <li>• The link between the smoker's addiction and poor health outcomes and the tobacco industry profits is used in cessation intervention.</li> <li>• Smokers are informed throughout their quitting attempt about the tobacco industry and its tactics.</li> </ul>	Cessation providers and educators	



### **3) More smokefree settings**

*Rationale:* An increase in the number smokefree settings reduces exposure of smoking behaviours to children and young people. Reducing exposure of smoking behaviours continues to normalise smokefree and smokefree behaviours. The increase in smokefree settings also creates an environment of tension and triggers for smokers to encourage them to quit.

<b>Outcome</b>	<b>Target</b>	<b>Indicator used</b>	<b>Deadline</b>
<ul style="list-style-type: none"> <li>• Increase in the number of local government agencies adopting smokefree policies for outdoor areas.</li> <li>• Continued increase in the number of homes &amp; cars reported as being smokefree</li> </ul>	<ul style="list-style-type: none"> <li>• Local government sees and understands that it's a partner in the road map to achieve the SF2025 goal.</li> <li>• Every community sees and understands its role as a partner in the road map to achieve the SF2025 goal.</li> <li>• Every whānau member feels ready to act and make their car and home Smokefree.</li> </ul>	<ul style="list-style-type: none"> <li>• People discuss what has happened in their community</li> <li>• New Zealand Smoking Monitor</li> <li>• NZ Youth Tobacco Monitor</li> <li>• Health and Lifestyles survey</li> <li>• Census</li> </ul>	By 2015

<b>WORK AREA</b>	<b>ACTION REQUIRED</b>	<b>OUTCOME OF ACTION</b>	<b>BY WHO</b>	<b>PROGRESS</b>
<b>Research and evaluation</b>	<ul style="list-style-type: none"> <li>• Measure the increase of smokefree environments.</li> <li>• Measure public support for expanding outdoor smokefree areas</li> </ul>	<ul style="list-style-type: none"> <li>• A national data map the public can use that shows the increase of Smokefree environments.</li> </ul>	Researchers	
<b>Policy</b>	<ul style="list-style-type: none"> <li>• Support and encourage the putting in place and development of smokefree policies by territorial local authorities and educational institutions</li> </ul>	<ul style="list-style-type: none"> <li>• Local government is supported to adopt Smokefree outdoor policies</li> <li>• Education institutions are supported to develop Smokefree policies</li> </ul> <p>A 'joining up' process takes place with each current local government to direct them towards SF2025.</p>	MOH, TPK, Pasifika Affairs, MSD	

<b>Community Engagement</b>	<ul style="list-style-type: none"> <li>Support and encourage the following groups to develop and implement Smokefree policies <ul style="list-style-type: none"> <li>Māori/iwi leaders</li> <li>Pacific leaders.</li> <li>Government agencies</li> <li>Community groups, churches, centers</li> <li>All workplaces</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>The groups identified have developed Smokefree policies within their communities.</li> <li>Those who have already developed Smokefree policies are encouraged to share their experience and information.</li> </ul>	IWI, Pasifika, Communities, Maori providers, Schools, Pharmacies, PHU, PHO,	
<b>Monitoring and enforcement</b>	<ul style="list-style-type: none"> <li>Develop systems to guard the community including children and youth.</li> <li>Empower children and youth to act as smokefree advocates.</li> </ul>	<ul style="list-style-type: none"> <li>Every child knows their right to Smokefree air and acts on it when it is being breached.</li> <li>Every community understands its responsibility to protect children from the exposure of tobacco smoking.</li> </ul>	Communities City Councils	
<b>Marketing &amp; Communications</b>	<ul style="list-style-type: none"> <li>Engage with local/national media over importance of smokefree policies particularly in relation to keeping our children safe.</li> </ul>	<ul style="list-style-type: none"> <li>A number of media releases released on tobacco control policy change</li> </ul>	NGO's, Media, Social Networks	
<b>Cessation</b>	<ul style="list-style-type: none"> <li>Increase the number of smokefree settings to support smokers to make a quit attempt.</li> <li>Encourage children to advocate to their parents to live a Smokefree lifestyle</li> </ul>	<ul style="list-style-type: none"> <li>Successful quit attempts are increased</li> <li>Smokers are making more quit attempts more often.</li> </ul>	All New Zealanders	

**NB: Data Trends, benchmarks for measures will need to be established to give clear indications of short, medium and long term targets.**

## Appendix A:

### About the National Smokefree 2025 Working Group

#### Purpose

The purpose of the National Smokefree 2025 Working Group (the working group) is to provide a forum for national leadership on tobacco control initiatives toward the Smokefree Aotearoa 2025 goal. The group also acts as an organising and planning body for national multi-stakeholder projects. The spirit of the group is one of cooperation and sharing.

#### Role

The role of the working group is to:

- provide national strategic leadership on tobacco control issues including identifying gaps/needs and working to fill them.
- facilitate communication and information sharing within the sector nationally.
- undertake national collaborative projects.

#### Members

Current membership of the group is:

Dr Jan Pearson	Cancer Society	Chair
Ben Youdan	ASH New Zealand	
Bruce Bassett	Quitline	
Dave Gibbs	Health Promotion Agency	Secretary
Kath Blair	Health Promotion Agency	
Louisa Ryan	Tala Pasifika	
Maggie McGregor	Heart Foundation	
Paula Snowden	Quitline	
Professor Janet Hoek	ASPIRE 2025	
Professor Richard Edwards	ASPIRE 2025	
Prudence Stone	Smokefree Coalition	
Sharlaine Chee-Keil	Inspiring Limited	
Skye Kimura	Cancer Society	
Stephanie Erick-Peleti	Tala Pasifika	
Sue Taylor	Te Reo Marama	
Te Pora	Hapai Te Hauora Tapui	

The Ministry of Health and Tobacco Control Research Turanga are observers.

## **Appendix B:**

### **Development of the Plan**

Development of this document involved:

Bruce Bassett, Quit Group (Part 1: Increasing Successful Cessation)  
Ben Youdan, ASH, (Part 2: Effective Legislation and Regulation), and  
Skye Kimura, Cancer Society of New Zealand, (Increasing Public Support), in  
consultation with members of the National Smokefree Working Group.

Drafts of each of the three sections were discussed at workshops held at the Tobacco-Free Aotearoa Conference 2012 in November 2012.

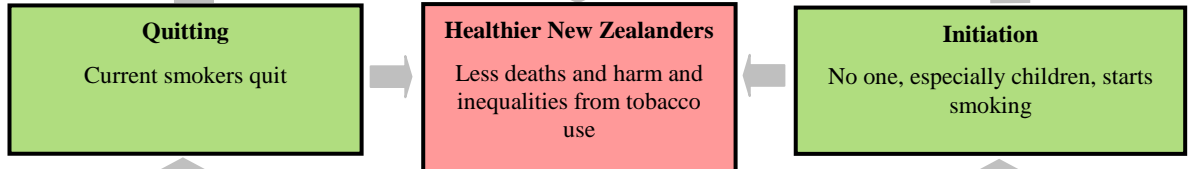
The final draft was edited by Dr Jan Pearson, Chair NSFVG and Sarah Stacy-Baynes, Information Manager, Cancer Society of New Zealand.

# Appendix C: Smokefree Aotearoa/New Zealand 2025 Logic Plan

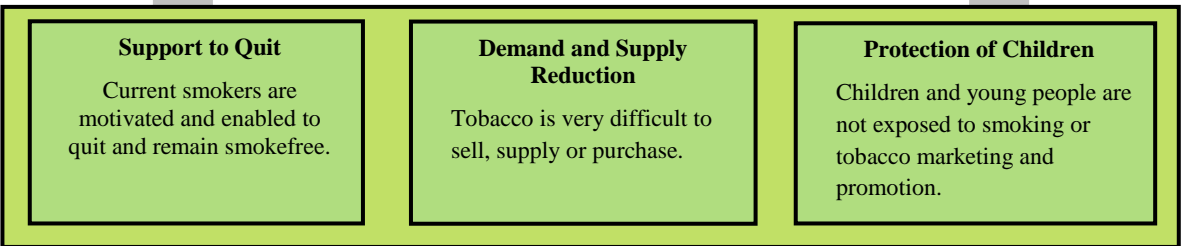
NZ Government Goal

**SMOKEFREE AOTEAROA/NEW ZEALAND 2025**

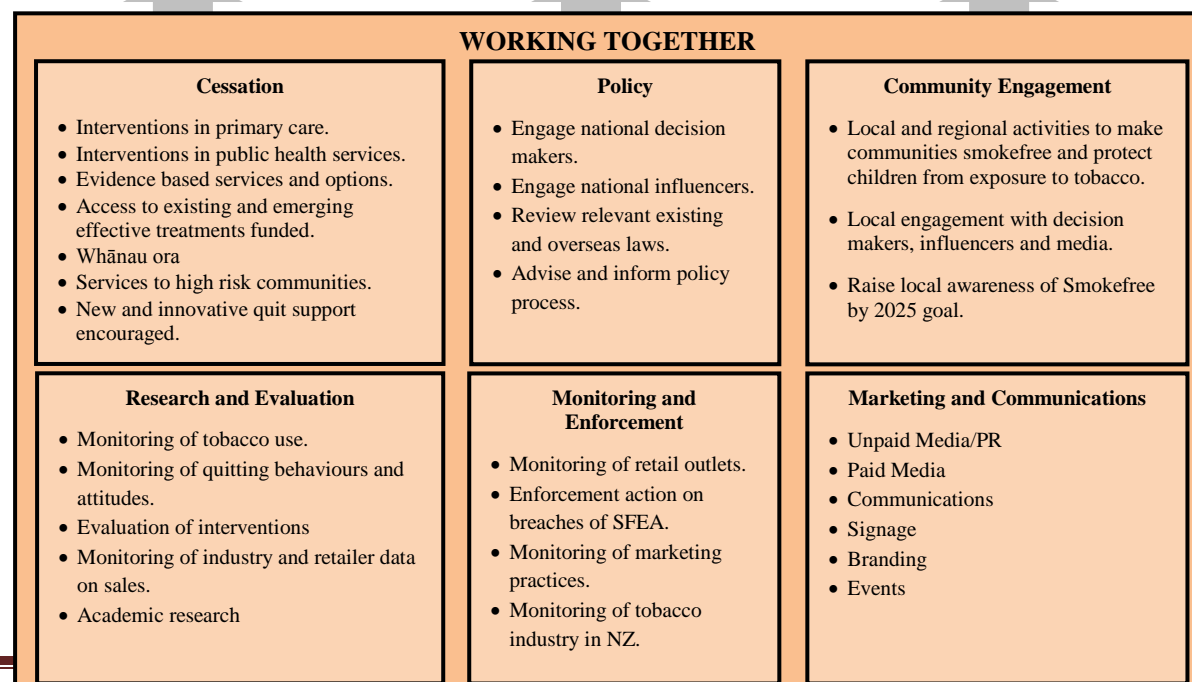
RESEARCH AND EVALUATION  
Outcomes



Impacts of Tobacco Control Sector Activities By 2015



Tobacco Control Sector Activities



NB: The impacts and activities are not listed in any particular order of priority.

## **Appendix D: The Framework Convention on Tobacco Control**

### **What is the Framework Convention on Tobacco Control (FCTC)?**

The FCTC is a legally binding treaty which was negotiated by the 192 member states of the World Health Organization (WHO). The world's first public health treaty, the FCTC contains a host of measures designed to reduce the devastating health and economic impacts of tobacco. The final agreement, reached in May 2003 after nearly four years of negotiations, provides the basic tools for countries to enact comprehensive tobacco control legislation. Key provisions in the treaty encourage countries to:

- enact comprehensive bans on tobacco advertising, promotion and sponsorship;
- obligate the placement of rotating health warnings on tobacco packaging that cover at least 30 per cent (but ideally 50 per cent or more) of the principal display areas and can include pictures or pictograms;
- ban the use of misleading and deceptive terms such as "light" and "mild";
- protect citizens from exposure to tobacco smoke in workplaces, public transport and indoor public places;
- combat smuggling, including the placing of final destination markings on packs; and
- increase tobacco taxes

The FCTC also contains numerous other measures designed to promote and protect public health, such as mandating the disclosure of ingredients in tobacco products, providing treatment for tobacco addiction, encouraging legal action against the tobacco industry, and promoting research and the exchange of information among countries.

### **The New Zealand Government is a ratified party to the FCTC.**

How could the FCTC further international tobacco control?

In addition to specific obligations contained within the FCTC, the process of negotiating the FCTC has already strengthened tobacco control efforts in scores of countries by:

- giving governments greater access to scientific research and examples of best practice;
- motivating national leaders to rethink priorities as they respond to an ongoing international process;
- engaging powerful ministries, such as finance and foreign affairs, more deeply in tobacco control;
- raising public awareness about the strategies and tactics employed by the multinational tobacco companies;
- mobilising technical and financial support for tobacco control at both national and international levels;
- making it politically easier for developing countries to resist the tobacco industry;

- mobilising non-governmental organisations (NGOs) and other members of civil society in support of stronger tobacco control.

### **What relevance is the FCTC to Indigenous Peoples?**

The FCTC has two specific references to Indigenous Peoples.

#### **The Pre-Amble which states:**

The Parties to this Convention are: Deeply concerned about the high levels of smoking and other forms of tobacco consumption by indigenous peoples

The Guiding Principles - Article 4, 2 (c):

To achieve the objective of this Convention and its protocols and to implement its provisions, the Parties shall be guided, inter alia, by the principles set out below:

2. Strong political commitment is necessary to develop and support, at the national, regional and international levels, comprehensive multi-sectorial measures and coordinated responses, taking into consideration:

(c) the need to take measures to promote the participation of indigenous individuals and communities in the development, implementation and evaluation of tobacco control programmes that are socially and culturally appropriate to their needs and perspectives.

### **What is the timetable for the FCTC?**

The FCTC was adopted unanimously by the World Health Assembly on 21 May 2003 and was closed for signature on 29 June 2004. On November 29, 2004, Peru deposited the fortieth instrument of ratification at the UN in New York, the minimum number required for the treaty to enter into force. Within a year of entering into force, a subsidiary body - the Conference of the Parties - will begin meeting to review national reports, provide further guidance on proper implementation of the FCTC, initiate protocol negotiations and promote the mobilization of financial resources.

### **Will the FCTC be legally binding and enforceable?**

Framework conventions and protocols are legally binding only on countries which ratify them. The onus will be on national governments to implement the FCTC and protocols. How effective the FCTC will be in reversing the tobacco epidemic will be determined by the how fully governments implement the obligations contained in the FCTC.

### **Why do we need an international treaty on tobacco control? Isn't national action sufficient?**

International action to tackle the tobacco epidemic is needed for a number of reasons:

- The tobacco epidemic is an international problem. Developing countries are set to bear the brunt of the problem in the future. At present there are about 5 million deaths a year worldwide due to tobacco-related disease, with the balance split approximately between developed and developing countries. By 2030, if present

trends continue unchecked, the figure will have increased to 10 million deaths per year, with 70 % of these deaths taking place in developing countries.

- The tobacco industry is a global industry. Faced with increased regulation and greater awareness of the health risks of smoking in Europe and North America, the tobacco multinationals are stepping up their activities in developing countries in search of new markets.
- A number of aspects of the tobacco problem are particularly trans-boundary in nature and can only be dealt with effectively by international action, including:
- Tobacco industry marketing campaigns executed across a number of different countries simultaneously, including through satellite television;
- Smuggling of cigarettes, often coordinated by the tobacco industry on an international level, involving operations in numerous countries.
- How will the FCTC affect the economies of countries which are heavily dependent on growing tobacco?
- In its landmark report, *Curbing the Epidemic: Governments and the Economics of Tobacco Control*, the World Bank states that:
- "...the negative effects of tobacco control on employment have been greatly overstated. Tobacco production is a small part of most economies. For all but a very few agrarian countries heavily dependent on tobacco farming there would be no net loss of jobs, and there might even be job gains if global tobacco consumption fell. This is because money once spent on tobacco would be spent on other goods and services, thereby generating more jobs."

However, the report concludes that there are a small number of countries whose economies are heavily dependent on tobacco farming, mostly in Sub-Saharan Africa, for whom a global fall in tobacco demand would result in job losses. But such a decline, the Bank points out, will not take place for decades, even under the most optimistic scenarios giving governments' ample time to plan an orderly transition away from tobacco.

**For more information:**

For further information go to the Framework Convention Alliance [www.fctc.org](http://www.fctc.org)

For information on tobacco from the World Bank, see [www.worldbank.org/tobacco/](http://www.worldbank.org/tobacco/)

For more information on the Framework Convention, see the World Health Organization's website at [www.who.int/tobacco/en/](http://www.who.int/tobacco/en/)