A TOBACCO CONTROL ACTION PLAN FOR THE COOK ISLANDS

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INTRODUCTION AND ACKNOWLEDGEMENTS

This Action Plan was developed by the Cook Islands Ministry of Health with input from government agencies, non-government organisations and civil society.

The *Cook Islands Tobacco Control Action Plan* forms one plank of a comprehensive tobacco control programme being developed and implemented in the Cook Islands. Funding from the New Zealand Agency for International Development (NZAID), and technical assistance from Allen & Clarke Policy and Regulatory Specialists Limited, contributed to the Action Plan's development.

The implementation of this Action Plan will be the responsibility of a broad range of agencies and individuals in the Cook Islands. Its strength will be recognised only in the combined efforts of all parties, working towards a common goal: the improvement of the health of Cook Islands people by reducing harm from tobacco use and exposure to second-hand smoke.

An Intersectoral Tobacco Committee, made up of government and non-government agencies, will help coordinate activities under this Action Plan. I hope that all interested parties will take the time to read the Plan and commit time and resources to its implementation.

Kia Manuia

Hon. Vaevaetaearoi Vaevae Pare
Minister of Health
Cook Islands

PART ONE: BACKGROUND

TOBACCO-RELATED HARMS

HARMS ARISING FROM TOBACCO USE

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. Disturbingly, by the 2020s, 70 percent of tobacco-related deaths will occur in developing countries. Globally, a person dies from a tobacco-related illness every seven seconds and one in five of the global tobacco-related deaths occur in the Western Pacific Region (WPRO).[1]

Tobacco kills half of all lifetime users, 50 percent in middle age (those aged between 35 and 69 years). 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.

There are currently over a billion smokers in the world. The largest single number is in Asia. The proportion of women who smoke is comparatively higher in Europe and North America than in other parts of the world. However, recent estimates suggest that there are growing numbers of smokers in developing countries, particularly amongst women and adolescents.

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 ischaemic heart disease. Chewing tobacco causes a significant proportion of oral cancers.[2]

There is a growing list of diseases and adverse health effects that are associated with cigarette smoking. The following table lists down some of the established and suspected health effects of smoking tobacco.

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

Table 1: Health effects from tobacco smoking

Body System or Organ	Established or Suspected Adverse Health Effect of Cigarette Smoking
Lungs	Lung cancer Chronic obstructive pulmonary disease Increased severity of asthma Increased risk of developing various respiratory infections
Heart	Coronary heart disease Angina pectoris Heart attack Increased risk of repeat heart attack Arrhythmia Aortic aneurysm Cardiomyopathy
Blood vessels	Peripheral vascular disease *Thromboangiitis obliterans* (Buerger's disease)
Skin	Earlier wrinkling Fingernail discoloration Psoriasis *Palmoplantar pustulosis*
Cancer	Lung cancer Esophageal cancer Laryngeal cancer Oral cancer Bladder cancer Kidney cancer Stomach cancer Pancreatic cancer Vulvular cancer Cervical cancer Colorectal cancer
Bones	Disc degeneration Osteoporosis Osteoarthritis Less successful back surgery Delayed fracture healing Muscoloskeletal injury
Reproduction	Infertility Impotence Decreased sperm motility and density Miscarriage Earlier menopause
The unborn child	Fetal growth retardation Prematurity Stillbirth Enhanced transmission of HIV to fetus Birth defects Intellectual impairment of offspring Sudden infant death syndrome
Brain	Transient ischaemic attack Stroke Worsened multiple sclerosis
Others	Cataracts Macular degeneration Snoring Periodontal disease Stomach and duodenal ulcers Crohn's disease Impaired immunity

SECOND-HAND SMOKE

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]

Since the 1970s, evidence on the detrimental effects of exposure to second-hand smoke has continued to accumulate. Second-hand smoke is a real and significant threat to public health. Supported by two decades of evidence, the scientific community now agrees that there is no safe level of exposure to second-hand smoke.

HEALTH COSTS

The already high costs of health care for tobacco-related diseases continue to increase as more smokers become ill. The indirect costs from premature death and lost productivity are even higher. Countries in the Western Pacific cannot afford this additional and significant drain on their governments' resources from tobacco use.

A recent study of the impact of non-communicable diseases (NCDs) in Tonga, Vanuatu, and Kiribati[5] has found that:

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

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]

ENVIRONMENTAL HARMS

[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).
[6] Ibid.

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]

ECONOMIC COSTS

To the economy

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]

To the smoker

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]

Table 2: Money spent by a smoker over one year

	Cost of a packet of 20 cigarettes									
Cigarettes per day	**$6.00**	**$6.50**	**$7.00**	**$7.25**	**$7.50**	**$7.75**	**$8.00**	**$8.50**	**$9.00**	**$9.50**
10	$1095	$1186	$1277	$1323	$1369	$1414	$1460	$1551	$1542	$1734
15	$1642	$1779	$1916	$1985	$2053	$2122	$2190	$2327	$2464	$2600
20	$2190	$2372	$2555	$2646	$2737	$2829	$2920	$3102	$3285	$3468
25	$2738	$2966	$3194	$3308	$3422	$3536	$3650	$4015	$4106	$4334
30	$3285	$3559	$3832	$3969	$4106	$4243	$4380	$4654	$4927	$5201

[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.

40	$4380	$4745	$5110	$5292	$5475	$5657	$5840	$6205	$6570	$6935
50	$5475	$5931	$6387	$6616	$6844	$7072	$7300	$7756	$8212	$8669

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 sets 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
- 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 tobacco control measures 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 prohibition 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

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

- mandatory reporting of toxic constituent levels in the smoke of manufactured tobacco products.[12]

TOBACCO ACTION PLANS IN THE WESTERN PACIFIC REGION

The World Health Organization's 1998 Regional Working Group on Tobacco or Health recommended that all countries develop national plans of action to control the tobacco epidemic. The action plans would also serve to promote national and regional support for the adoption and implementation of the Framework Convention on Tobacco Control (FCTC) – see next section.

It was expected by 2001 that all WPRO countries would have developed a national plan of action on which they would report annually. The plan would include best-practice health education, promotion and advocacy approaches, and include active support for the FCTC. The plan would also include policies, legislation and regulations that deter tobacco use and include the requirement for research, monitoring and evaluation.[13]

This document, *A Tobacco Control Action Plan for the Cook Islands*, has been designed to deliver on this expectation.

During 2004, the Western Pacific Regional Office will be revising the Western Pacific Regional Action Plan on Tobacco or Health. A representative from the Cook Islands Ministry of Health has been included in the preliminary discussions on the future format and scope of the regional plan and, accordingly, this Cook Islands Tobacco Control Action Plan has been drafted with a view to ensuring its consistency with the proposed regional plan.

[12] Ibid.
[13] World Health Organization. (1999). *Regional Action Plan on Tobacco or Health 2000-2004*: World Health Organization WPRO, Manila.

THE FRAMEWORK CONVENTION ON TOBACCO CONTROL

The Framework Convention on Tobacco Control (FCTC) is the first public health treaty initiated by the World Health Assembly, the governing body of the WHO. Negotiations began in October 1999 and concluded on 1 March 2003. All members of the WHO are eligible to sign and ratify the treaty following its adoption by the World Health Assembly in May 2003.

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, in recognition of 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."

While the Cook Islands is not yet a party to the FCTC, the Minister of Health has indicated the Cook Islands' intention to sign the FCTC in the near future. This Tobacco Control Action Plan for the Cook Islands has therefore been modeled on the measures and initiatives outlined in the FCTC.

THE NEED FOR A COOK ISLANDS TOBACCO CONTROL ACTION PLAN

According to WHO statistics from 1998, 56.8 percent of Cook Islanders aged over 15 years smoke (34.4 percent of males and 71.1 percent of females).[14] A survey of 321 adults in Rarotonga, carried out in 2002, similarly found that 34 percent of those surveyed smoked.[15]

More recently, the Cook Islands participated in the Global Tobacco Youth Survey, involving ten schools from Rarotonga and the Outer Islands (736 students aged 13 to 15). Preliminary results, provided at the time of this Action Plan going to print[16], suggest that approximately:

- 40 percent of boys and 47 percent of girls are current cigarette smokers
- 56 percent of students have been taught the dangers of smoking and 35 percent have discussed (in class) the reasons why young people smoke
- 94 percent of young smokers wish to stop smoking and 85 percent have tried to quit over the last year.

The Cook Islands has also recently participated in the WHO STEPwise NCD Risk Factor Survey. The data from this survey was not available at the time of this Action Plan going to print. However, the survey will provide a more recent and precise estimate of adult smoking prevalence in the Cook Islands.

The extremely negative impact of tobacco use on individuals' health, on communities and on the economy is the primary reason for the development of a tobacco control action plan for the Cook Islands.

Why an action plan?

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.

Coordinated policies and interventions make a real difference to tobacco prevalence and consumption, and associated health outcomes. Most of the documented successes in reducing harms associated with tobacco have occurred in developed countries like Australia, Finland, Canada and New Zealand, where effective, evidence-

[14] World Health Organization. (2000). *Western Pacific Region Country Profiles: Tobacco or Health 2000*.
[15] Cook Islands Ministry of Health. (2002). *Puaikura Vaka NCD Survey*: Public Health Division, Ministry of Health, Cook Islands.
[16] Preliminary results of the Global Youth Tobacco Survey in the Cook Islands. Draft report November 2003. Ministry of Health (unpublished).

based approaches have been implemented for many years. In more recent years, several developing countries (for example, Brazil and Thailand) have introduced similar measures. Early indications are that these countries are benefiting from these initiatives.

Coordinated and comprehensive tobacco control is desirable in every country – whether to reduce already numerous tobacco-related deaths or to prevent the development of a serious public health problem in countries where the use of tobacco is not yet widespread. In many developing countries, there is still time to avoid repeating the experience of industrialised countries where tobacco use quickly became widespread, long before the serious health effects of smoking were known.[17]

Unless strong tobacco control measures are taken now in countries like the Cook Islands, countless lives will be lost as new generations of adolescents and young adults take up smoking.

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

CURRENT TOBACCO CONTROL ACTIVITIES IN THE COOK ISLANDS

LEGISLATION

Current controls imposed on tobacco products

Tobacco legislation exists[18] but is not uniformly enforced. The sale and supply of tobacco products to those aged under 15 years is prohibited. No legal requirements exist for maximum acceptable levels of toxic substances in cigarettes. There is a requirement for all tobacco products to display a health warning and a power for the Minister to prescribe the form of health warnings. Most cigarettes are imported from New Zealand and the New Zealand warnings exceed these requirements. Tobacco advertisements and sponsorships are permitted, but must incorporate or appear in conjunction with prescribed health warnings. However, there appears to be little advertising of tobacco products in the Cook Islands.

Current legislated protection from second-hand smoke

Legislation prohibits smoking in aircraft, buses and taxis. Provisions in the legislation also enable regulations to be made designating public areas as non-smoking areas. The Act requires owners and managers of restaurants to provide non-smoking areas in restaurants, the area of which can be designated by Notice in the Gazette by the Minister of Health.

The Tobacco Products Control Act

A Tobacco Bill has been drafted and is awaiting introduction to the Cook Islands Parliament. This Bill would, among other matters:

- ban tobacco sponsorship and the advertising of tobacco products
- require 'Smoking kills' warnings at point of sale
- prohibit 'brand stretching' (use of tobacco trademarks on non-tobacco goods) by tobacco companies
- ban the sale of tobacco to people under 18
- set a minimum pack size for tobacco products, and ban sales of single cigarettes
- prohibit vending machine sales and sales in educational facilities
- prohibit the free distribution of tobacco products, or prizes or rewards for purchasing tobacco
- require testing of products and reports on the constituents and additives
- require health messages and information about constituents and additives on packages
- require inserts in tobacco packs containing health warnings

[18] Tobacco Products Control Act 1987.

- prohibit the use of misleading words or terms on tobacco packages
- set minimum requirements for non-smoking areas in restaurants, licensed premises and certain other institutions
- require no smoking signs in non-smoking areas
- prohibit smoking on public transport and aircraft
- provide enforcement powers for health inspectors.

The Bill has been drafted to be consistent with the obligations under the FCTC, which the Cook Islands Government is considering ratifying.

HEALTH EDUCATION AND MEDIA

World No-Tobacco Day is celebrated annually. Other health education events, such as mass media workshops and school-based campaigns, also take place, usually in co-ordination with the Health Education Unit of the Health Ministry. Participants at a strategy workshop in Avarua in July 2003 identified the following specific activities as having taken place to date:

- one-off tobacco education sessions in some schools
- smokefree policies in some schools and government departments
- anti-tobacco activities and awareness programmes in some youth groups
- some anti-tobacco advertising by the Ministry of Health
- some 'no smoking' signs erected
- annual participation in World No Tobacco Day
- limited distribution of brochures and pamphlets on the harms caused by smoking.

In addition, two of the churches in the Cook Islands take strong anti-smoking positions.

While health education activities have been somewhat limited in nature because of scarcity of funds, it is pleasing to note that preliminary results from the Cook Islands segment of the Global Youth Tobacco Survey suggest that 81 percent of young people aged 13 to 15 have seen anti-smoking messages in the media.[19]

CO-ORDINATION AND ADVOCACY

There is commitment to tobacco control at a government level and the Cook Islands has begun to augment its tobacco control efforts. The Ministry of Health was recently identified as the national co-ordinating body for anti-tobacco activities. Workshops were held in Avarua in order to inform the development of this national strategy. A non-governmental committee, the Tobacco Control Coordinating Committee, was formed at one of these workshops to press for tobacco control measures.

[19] Preliminary results of the Global Youth Tobacco Survey in the Cook Islands. Draft report November 2003. Ministry of Health (unpublished).

TOBACCO TAX AND PRICING POLICIES

Tobacco products are relatively highly priced, at approximately NZ$7 to $8 per packet of 20 cigarettes at the time of this action plan going to print. This compares favourably with many other Pacific countries and ensures that price acts as a deterrent for smokers, particularly young people. There is room for further tax increases, and most importantly, for the allocation of funding from tobacco tax revenue to be allocated to tobacco control activities, particularly health promotion, cessation services and research.

SMOKING CESSATION ACTIVITIES

There has been limited smoking cessation activity in the Cook Islands to date. While some health education materials have encouraged people to give up smoking, there has been no coordinated effort by doctors or other medical personnel to encourage smokers to quit, no government-funded cessation providers for people to consult, and no national quitline for people to contact for advice or information. Nicotine replacement therapy is sold in a limited fashion in the Cook Islands but it is expensive and thus beyond the reach of many.

RESEARCH AND SURVEILLANCE

The Ministry of Health currently lacks information on the extent of tobacco smoking, particularly among population sub-groups, or the extent of social and economic harms caused by tobacco use in the Cook Islands. There is no formal national public health research or surveillance plan. However, World Health Organization-funded surveillance activities have been undertaken in 2003:

- the Cook Islands segment of the WHO Global Youth Tobacco Survey for young people aged 13 to 15 years undertaken in 2003[20]
- the Cook Islands/WHO STEPwise approach to NCD Risk Factor Surveillance: Survey of those aged 25 to 65 years undertaken in Rarotonga in 2003.[21]

A further survey, extending the STEPwise Survey to the Outer Islands is proposed for 2004.

[20] Preliminary results of the Global Youth Tobacco Survey in the Cook Islands. Draft report November 2003. Ministry of Health (unpublished).
[21] Results not available at time of publication.

HEALTHY ISLANDS AND THE STEPWISE FRAMEWORK FOR NON-COMMUNICABLE DISEASE CONTROL

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. This meeting was convened by the World Health Organization Regional Office for the Western Pacific and co-organised by the Secretariat of the Pacific Community.

At previous 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. At the 2001 conference in Madang PNG, a further commitment to "Healthy Islands" was made with specific emphasis being given to future action. In view of this progress, it was decided that the 2003 Health Ministers' Conference should have one unifying theme of "Healthy Lifestyle", while also building on risks to health and the Healthy Island Vision as articulated in the 2002 World Health Report.

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 Ministry 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
- governments, through the Ministries of Health, should:
  - develop a national NCD plan based on a template
  - set up intersectoral mechanisms (including with other government ministries, NGOs and the private sector), for informing society of these commitments and involving them in implementing the plan[22]
  - assess the potential health impact of proposed policies as an integral part of public decision making
  - report on progress at the next Ministers and Directors of Health meeting in 2005
- appropriate financial resources should be re-allocated for NCD control according to the framework of the STEPwise approach to NCD prevention and control.

[22] In the Cook Islands, consideration is being given to the reactivation of the Healthy Islands Committee, and this action plan recommends the establishment of an inter-sectoral (officials) tobacco control committee and a non-government tobacco coordinating committee.

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 the Cook Islands, recognising that resources are limited and thus must be applied in the most effective manner.

Table 3: Modified STEPwise framework for tobacco control in the Cook Islands

	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

KEY RECOMMENDATIONS FROM THE JULY 2003 TOBACCO STRATEGY WORKSHOP

In July 2003 a community workshop, hosted by the Ministry of Health and open to all interested agencies and individuals, was held in Rarotonga. The purpose of this workshop was to gather interested people together to discuss possible strategies for inclusion in a Cook Islands Tobacco Control Action Plan.

The initiatives outlined in this action plan were developed either at this workshop or subsequently identified as a result of further discussions within and between government departments and community agencies.

The workshop participants, which included government agencies and representatives from non-government organisations, including the churches, agreed on a series of five priority areas for action, and addressed these to Ministers, respectfully requesting that Ministers give urgent consideration to the suggestions.

The five areas for urgent action were:

- increase the tax on tobacco products
- allocate 50 percent of the increased revenue from the tax increase to fund ongoing tobacco control programmes to discourage young people from taking up smoking (for example, media campaigns), and to assist smokers to quit smoking (for example, a quitline)
- commit additional (new) funding for tobacco control activities
- ratify the Framework Convention on Tobacco Control as soon as possible
- pass the new Tobacco Products Control Bill as soon as possible to ensure that the Cook Islands complies with the Framework Convention on Tobacco Control, and puts in place effective legislation to discourage smoking, particularly by young people.

This action plan gives emphasis to these strategies.

PART TWO: TOBACCO CONTROL ACTION PLAN

GOAL

The goal of this action plan is:

To improve the health of Cook Islands people by reducing harm from tobacco use and exposure to second-hand smoke.

OBJECTIVES

The following are the objectives of this action plan:

Objective 1:	To strengthen community action and advocacy 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 the Cook Islands

Objective 4:	To reduce tobacco promotion and regulate tobacco products

Objective 5:	To reduce exposure to second-hand smoke

Objective 6:	To develop sound and sustainable tobacco monitoring, evaluation and surveillance programmes.

KEY GROUPS

The following target groups have been identified:

Young people:

- discouraging young people from taking up smoking
- assisting young smokers to quit 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
- emphasising to smokers the impact of their continued smoking on their families
- encouraging smokers not to place the health of others at risk by smoking around them (particularly around children).

Note: Gender analysis will inform decisions made for the provision of promotional and support services under this Action Plan.

TERM OF ACTION PLAN

It is recommended that the *Tobacco Control Action Plan for the Cook Islands* be for the period 2004 to 2008, after which time it will be evaluated, amended and updated.

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 bureaucrats, decision-makers and the community
- implementation of the action plan by the health and other sectors of government
- implementation of the action plan by non-governmental organisations, Churches, and the community
- whether the initiatives set out in the action plan have been implemented successfully, and in the time-frames specified.

Note: the inter-agency committee referred to in the next section will be charged with reporting against these indicators.

Quantitative indicators should also be set that directly measure:

- changes in the prevalence of smoking by Cook Islanders (and perhaps within sub-population groups)

  It is expected that the Action Plan will contribute to a slowing of the uptake of smoking, and ultimately a decrease in smoking prevalence in the Cook Islands
- changes in the amount of tobacco smoked by Cook Islanders (and perhaps by sub-population groups)

  It is expected that the Action Plan will contribute to a reduction in the total amount of tobacco consumed in the Cook Islands, and on a per capita basis
- 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 the Cook Islands, 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, the census and other government agencies (such as Customs). It will be important that good benchmark data be established and that there is ongoing data collection to enable trends to be measured. This action plan contains proposals for collecting this information (see the research section).

It is hoped that the Global Youth Tobacco Survey and STEPwise NCD Risk Factor Survey can both be repeated in the Cook Islands in three years. With two sets of comparable survey data, the next Tobacco Control Action Plan (2009 to 2013) would then be able to incorporate targets for reducing smoking rates, tobacco consumption and related harm.

INTER-AGENCY IMPLEMENTATION AND MONITORING OF THE ACTION PLAN

An interagency committee will be established, chaired by the Secretary of Health and comprising representatives from the Departments / Ministries of Health, Education, Justice, Police, Finance, Customs, Internal Affairs and Social Services, and the community. The committee will be serviced by the Ministry of Health and 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.

OBJECTIVE 1:

TO STRENGTHEN COMMUNITY ACTION AND ADVOCACY TO DISCOURAGE TOBACCO USE AND ENCOURAGE PROTECTION OF NON-SMOKERS FROM EXPOSURE TO SECOND-HAND SMOKE

RATIONALE

To achieve significant population-wide reductions in tobacco use, there need to be changes in Cook Islanders' knowledge, beliefs, attitudes, and behaviour related to tobacco and health. This requires well informed, committed health / tobacco control workers who can contribute their knowledge and skills. This in turn informs and mobilises the community to become involved in tobacco control projects.

While in many countries less emphasis is given to health promotion than to other initiatives, in developing countries health promotion activities are a cornerstone of tobacco control. These activities can build support for other activities, including tobacco control legislation.

For communication to be effective it must be credible, consistent and constant. Information must be understood by all sections of the community, including those with low literacy levels.

It is well documented that information on its own is unlikely to create behaviour change. If the community is to play a significant role in tobacco control, it must also be involved in the planning and development of community-based programmes. Community leaders, community groups, churches, schools, the youth sector and parents are all well placed to contribute to action, complementing support already provided through community health professionals such as general practitioners, pharmacists and health promotion and protection workers.

While funding for such activities may be limited, it is recommended that steps be taken to divorce all health promotion or education programmes from the tobacco industry. The Tobacco-Free Initiative Western Pacific Region "strongly urges all governments, NGOs, academic and health institutions or other entities to refuse all offers from the tobacco industry to provide funding support, assistance and/or expert consultations to help you in designing and implementing a tobacco control programme".[23]

[23] Tobacco Free Initiative. (2002). *Seeing Beneath the Surface: The Truth about the Tobacco Industry's Youth Smoking Prevention Programmes*. Tobacco Free Initiative, WPRO.

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	Each Party shall promote: • 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 strategies[24] Each Party shall establish or reinforce and finance a national co-ordinating mechanism or focal point for tobacco control[25]	<u>Core activities</u> • Strengthen partnerships between government agencies with an interest in tobacco (Health, Education, Police, Justice, Customs, Finance, Youth Division) by establishing an Intersectoral Tobacco Committee to meet six monthly to review progress with the action plan and propose new initiatives • Establishment of a community tobacco working group to support local efforts to encourage a smokefree Cook Islands, regular meetings to plan activities <u>Expanded activities</u> • Strengthen partnerships between community groups, youth groups, church groups, and vaka districts by encouraging the establishment of local community smokefree groups to promote a smokefree Cook Islands • Technical and writing assistance for community groups who wish to apply for funding from international donors for smokefree programmes and initiatives	• Intersectoral Tobacco Committee (led by Ministry of Health, other agencies to contribute) • The Tobacco Control Coordinating Committee • Ministry of Health to lead initiation of groups • Ministry of Health	• Establish committee by July 2004 and meet every six months • Group to meet every 2-3 months • Initiate from June 2004 • As required (but could publicise offer to help)

[24] World Health Organization. (2003). Framework Convention on Tobacco Control. Article 12
[25] Ibid, Article 5.

Action	FCTC requirements*	Initiatives	Responsibility for implementation	Timeframe for Implementation
		<u>Optimal activities</u> • Provision of support for the establishment and ongoing work of local smokefree groups: education resources, media kits, smokefree banners, media time	• Ministry of Health to coordinate (would require new funding)	• Subject to availability of funding
		• Expand local community smokefree groups to the Outer Islands	• Ministry of Health to coordinate (would require new funding)	• Subject to availability of funding
		• Provision of training in health promotion for church youth leaders, teachers, counsellors, public health nurses	• Ministry of Health to run training (would require new funding)	• Subject to availability of funding
Increase public awareness of the harm associated with tobacco use and exposure to second-hand smoke	• 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 the tobacco industry • Public awareness of and access to information regarding the adverse health, economic, and environmental consequences of tobacco	<u>Core activities</u> • Run broad-based media campaign (TV, radio, print) on the health risks of smoking and second-hand smoke, and the value of quitting for health and family	• Ministry of Health, with funding from NZAID	• Nov 2003 – Dec 2004
		• Develop health education resources as required to support and extend reach of the media campaign	• Ministry of Health, with funding from NZAID	• Nov 2003 – May 2004
		• Revision of the school curriculum to incorporate specific health education on tobacco at all ages: focusing on health risks, and also on strategies to avoid peer pressure to smoke	• Ministry of Education	• 2003/04
		• Continue promotion of World No Tobacco Day to focus public and	• Ministry of Health to	• 31 May each year

Action	FCTC requirements*	Initiatives	Responsibility for implementation	Timeframe for Implementation
	production and consumption[26]	media attention on tobacco control issues: ensure local tailoring of messages	lead, with participation by other Departments and community	
		• Re-printing of 'No Smoking' signs and circulation to businesses	• Ministry of Health	• Aug 2004
		<u>Expanded activities</u>		
		• Ensure continued media coverage of tobacco-related issues throughout the year – including news stories, paid advertising, etc.	• Ministry of Health	• 2005 and continuing
		• Development and distribution of health education materials as required (brochures, posters, pamphlets)	• Ministry of Health	• 2005 and continuing
		• Inclusion of health education training within the teacher training programme	• Ministry of Education	• By 2005 training year
		<u>Optimal activities</u>		
		• Expansion of the media campaign so that it includes new advertisements and has a presence in the media on an ongoing basis	• Ministry of Health (would require new funding)	• Subject to availability of funding
		• Development and playing of televised documentary about the impact of tobacco use on the Cook Islands, presenting experiences of Cook Islanders	• Ministry of Health (would require new funding)	• Subject to availability of funding
		• Training of NGOs, church leaders and the Religious Advisory Council, health workers, teachers, athletes associated with the Sports and Olympics	• Ministry of Health (would require new funding)	• Subject to availability of funding

[26] Ibid, Article 12.

Action	FCTC requirements*	Initiatives	Responsibility for implementation	Timeframe for Implementation
		Committee, local media, and other opinion leaders to lead debate on tobacco issues and promote smokefree lifestyles • Promotion of smokefree lifestyles at sporting and cultural events, including Te Maeva Nui celebrations: branding of events, smokefree banners, stalls, competitions and free giveaways (t-shirts, drink bottles etc)	• Ministry of Health (would require new funding)	• Subject to availability of funding
Establish a mechanism for the provision of long-term tobacco control programmes		<u>Expanded activities</u> • Initiate planning and policy proposals for a Health Promotion Fund, funded from an increase in tobacco taxation <u>Optimal activities</u> • 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 Ministry of Health to run programmes, including surveillance and research	• The Inter-sectoral Tobacco Committee • Departments of Finance, Customs and Health • Ministry of Health	• Aug – Dec 2004 • By Dec 2005 • Commence funding programmes from 1 Jan 2006

*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.pdf.

OBJECTIVE 2:

TO PROMOTE CESSATION OF TOBACCO USE

RATIONALE

Smoking cessation is a major means of reducing smoking-related mortality. It prevents the occurrence of disease and reduces the risk of further disease in those who quit.[27] Therefore, promoting smoking cessation to the community is essential.

Many of the diseases associated with smoking are chronic and disabling, placing a large burden on the community. Surveys show that 75 to 80 percent of smokers want to quit and about a third have made at least three serious attempts to do so.[28] However, success is often limited due to the strength of the smoker's addiction, or because adequate smoking cessation services are not available.

A strategy that is aimed at cessation for all age groups is required for several reasons. First, quitting smoking improves the health and quality of life of individuals most at risk, as well as the health and quality of life of their families and work colleagues. Secondly, cessation can reduce premature death rates in as little as five years; it delivers rapid and measurable public health outcomes in terms of disease reduction. Finally, cessation supports prevention strategies; adults who quit smoking set an example for children and young people[29] – thereby 'denormalising' smoking.

Smoking cessation policies should contain activities to strengthen smokers' motivation to quit (health education, public information, price policies, smokefree policies, behavioural treatments etc.) and activities to reduce dependence-related difficulties for smokers to quit (behavioural and pharmacological treatment).[30]

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[27] World Health Organization. (1998). *Guidelines for controlling and monitoring the tobacco epidemic*. World Health Organization: Geneva, p18.
[28] Ibid.
[29] Commonwealth Ministry of Health and Aged Care. (1999). National Tobacco Strategy 1999 to 2002-03: A framework for action: Commonwealth of Australia, Canberra.
[30] World Health Organization. (1998). *Guidelines for controlling and monitoring the tobacco epidemic*. World Health Organization: Geneva, p19.

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[31]	<u>Core activities</u> • Undertake a stocktake of current smoking cessation activities, and a needs analysis	• Ministry of Health, with funding from NZAID	• Feb 2004
		• Run a workshop for health promoters and health professionals on the value of smoking cessation interventions and opportunities for intervention	• Ministry of Health, with funding from NZAID	• Mar 2004
		• Run a training course for health professionals on smoking cessation – brief interventions	• Ministry of Health, with funding from NZAID	• Mar 2004
		• Run a train-the-trainers smoking cessation course for identified future local trainers of health professionals	• Ministry of Health, with funding from NZAID	• Mar 2004
		• Focus on quitting for World No Tobacco Day 2005	• Ministry of Health	• 31 May 2005
		• Include a cessation focus in the media campaign proposed under Objective 1 of this Action Plan	• Ministry of Health, with funds from NZAID	• Nov 2003 - Dec 2004
		• Request all clinicians and health workers to ask all pregnant women who present to them whether they smoke and to encourage pregnant women to quit	• Ministry of Health to write to all	• By July 2004
		<u>Expanded activities</u> • Encourage people in hospital, mothers, and pregnant women to quit.	• All health workers and clinicians	• On an ongoing basis

[31] World Health Organization. (2003). Framework Convention on Tobacco Control. Article 14.

Action	FCTC requirements*	Initiatives	Responsibility for implementation	Timeframe for implementation
		• Run a cessation training course for health professionals in the Northern and Southern Groups	• Those people trained as cessation trainers	• 2004 / 05 and ongoing as required
		• Run brief workshops (2-hour meetings) for those interested in quitting – focusing on strategies for quitting, and encouraging the establishment of mutual support pairs / groups	• Ministry of Health	• 2 workshops each year for up to 30 people
		• Run a Smokefree Challenge: Quit to Win competition (Quit <u>and</u> Win? That's what the international competition's called)	• Ministry of Health & local businesses	• 31 May 2005
		• Establish a volunteer-run Quit-line operating for at least four hours a week	• Community initiated	• ASAP
		• Promote use of radio talkback to encourage people to quit and as a potential support mechanism	• Ministry of Health	• 2005 / 06
		• Run a smoking cessation workshop for church leaders and ministers	• Ministry of Health	• 2004 / 05
		<u>Optimal activities</u>		
		• Further train physicians, nurses and teachers in cessation advice	<u>Note</u>: all optimal activities would require additional funding	<u>Note</u>: timing for optimal activities is subject to availability of funds
		• Develop a Smoking Cessation Guideline for clinicians to use		
		• Establish a community smoking cessation clinic, with at least 0.5 FTE committed to coordinate cessation activities		

Action	FCTC requirements*	Initiatives	Responsibility for implementation	Timeframe for implementation
		• Establish community-based health workers who provide cessation advice • Establish peer support groups for ex-smokers • Consider the subsidisation of nicotine replacement therapy for smokers • Establish a national quitline for people to call for advice, and development of health education resources to support the quitline • Encourage businesses to help their staff quit smoking • Develop a youth-based smoking cessation programme • Hold onsite cessation programmes for community role models (at school, government offices and churches)		

OBJECTIVE 3:

TO REDUCE THE AVAILABILITY AND SUPPLY OF TOBACCO IN THE COOK ISLANDS

RATIONALE

The availability of tobacco products depends on their accessibility and affordability. Where and how tobacco products are sold, along with the cost of purchasing them are factors that determine the overall availability of these products in the community.

An extremely effective way of reducing the availability of tobacco products is to increase their price. Price is a powerful determinant in an individual's decision to smoke. Price sensitive consumers respond to increases in the price of cigarettes by either quitting or lowering their consumption.[32]

Research shows that a 10 percent price increase will, on average, reduce tobacco consumption by between 5 and 7 percent. Among young people, the same 10 percent price increase will, on average, reduce demand by 14 percent.[33]

Increasing tobacco taxes above the rate of inflation and earmarking a proportion of the proceeds to finance other tobacco control measures is recommended.

Access to tobacco products is also an important factor in the uptake of smoking. Teenage smokers often purchase their cigarettes through illegal sales. This, coupled with the fact that smoking behaviour is often well established before the end of teenage years, means that reducing teenagers' access to tobacco products is likely to contribute to an overall reduction in the prevalence of smoking. Efforts to reduce children's access to tobacco products may include increasing the minimum age at which people can be sold tobacco to 18 years and restricting or banning the use of tobacco vending machines.[34]

Cigarette smuggling greatly increases the accessibility and affordability of tobacco. International brands became affordable to low-income consumers and to image-conscious young people in developing countries. Illegal cigarettes evade legal restrictions and health regulations, and mean that governments lose tax revenue.

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[32] US Ministry of Health and Human Services. (1994). *Preventing tobacco use among young people: A report of the Surgeon General: Atlanta*, Georgia.
[33] US Ministry of Health and Human Services 1989. *Reducing the health consequences of smoking: 25 years of progress*. A report of the Surgeon General in Winstanley et al 1995.
[34] Commonwealth Ministry of Health and Aged Care. (1999). *National Tobacco Strategy 1999 to 2002-03*: *A framework for action*: Commonwealth of Australia, Canberra.

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[35]	<u>Core activities</u> • 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, $1 per packet) <u>Expanded activities</u> • Increase the price of all tobacco products by a further significant amount	• Ministry of Finance & Intersectoral Tobacco Committee • Ministry of Finance in consultation with Ministry of Health and Customs • Ministry of Finance in consultation with Ministry of Health and Customs	• As soon as practicable • By Dec 2004 • 2006
Funding of tobacco control		<u>Expanded activities</u> • A portion of the increased tax take should be allocated to a contestable fund that agencies could apply to for tobacco control programmes *See steps under Objective 1 for working towards this initiative*	• Ministry of Finance / Health to lead	• 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[36]	<u>Core activities</u> • Ban the sale of tobacco products to persons under 18 years of age (sales currently prohibited to those under 15)	• Ministry of Health to include provisions in new legislation	• Via current Bill - as soon as practicable

[35] World Health Organization. (2003). Framework Convention on Tobacco Control. Article 6
[36] Ibid, Article 16.

Action	FCTC requirements*	Initiatives	Responsibility for implementation	Timeframe for implementation
		• Require (by law) the placement of clear notices in tobacco retail outlets indicating that tobacco products cannot be sold to those under 18 years of age • Collaboration between Police and Health Inspectors to actively enforce the ban on sales to under 15yr olds (now) and under 18 yr olds (when new law passed)	• Ministry of Health to include provisions in new legislation • Ministry of Health / Police	• 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[37] Alternatively Parties can ban vending machines altogether	<u>Core activities</u> • Monitor vending machines to ensure that sales are not occurring to people under 15 years of age • Ban vending machines under law	• Ministry of Health • Ministry of Health to include provisions in new legislation	• Immediate • 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[38]	<u>Core activities</u> • Ban the manufacture and sale of toy and confectionary tobacco products	• Ministry of Health to include provisions in new legislation	• 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[39]	<u>Core activities</u> • Ban the distribution of free tobacco products	• Ministry of Health to include provisions in new legislation	• Via current Bill - as soon as practicable

[37] Ibid.
[38] Ibid.
[39] 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[40]	Core activities • Ban the sale of cigarettes in packs of less than 20, and packs of loose tobacco under 30 grams in weight	• Ministry of Health to include provisions in new legislation	• Via current Bill - as soon as practicable
Chewing tobacco		Core activities • Ban the advertising or labelling of tobacco products as suitable for oral use other than smoking	• Ministry of Health to include provisions in new legislation	• Via current Bill - as soon as practicable
Duty-free sales	Parties may prohibit or restrict duty-free sales of tobacco products[41]	Expanded activities • Give consideration to restrictions or a ban on the importation and sale of duty-free tobacco products	• Tobacco Interagency Committee (especially Health, Finance, Customs)	• 2006 / 07
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[42]	Core activities • Ensure all products are labeled as being able to be legally sold on the Cook Islands market • Enforce requirement to pay excise, duties and other taxes on tobacco products • Collaboration with regional and international Customs organisations	• Ministry of Health to include provisions in new legislation • Customs, Police, Finance • Customs, Police	• Via current Bill - as soon as practicable • Ongoing • Ongoing

[40] Ibid.
[41] Ibid, Article 7
[42] Ibid, Article 15.

Action	FCTC requirements*	Initiatives	Responsibility for implementation	Timeframe for implementation
		<u>Expanded activities</u> • 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	• Customs / Statistics • Customs / Justice / Crown Law	• 2004 / 05 • ASAP, and then ongoing

OBJECTIVE 4:

TO REDUCE TOBACCO PROMOTION AND REGULATE TOBACCO PRODUCTS

RATIONALE FOR REDUCING TOBACCO PROMOTION, AND REGULATING THE PRODUCTS THEMSELVES

Tobacco promotion

There is little cigarette advertising in the Cook Islands at present, but the laws restricting cigarette advertising require strengthening to prevent any future increase in tobacco promotional activity.

The evidence linking tobacco advertising and promotion with tobacco consumption, and hence death and disease, has been reviewed by a number of authoritative bodies such as the US Surgeon General,[43] the British Government,[44] the World Health Organization,[45] and the World Bank.[46] The evidence is based largely on inter-country comparative studies and before and after studies within countries. The authoritative bodies are unanimous on the effectiveness of comprehensive bans on advertising and promotion, covering all media and all uses of brand names and logos, in reducing demand for tobacco products.[47]

The 1989 report by the US Surgeon General summarised the impact of tobacco advertising as follows:

> Tobacco advertising increases consumption by:
>
> - encouraging children or young adults to experiment with tobacco and thereby slip into regular use
> - encouraging smokers to increase consumption
> - reducing smokers' motivation to quit
> - encouraging former smokers to resume

[43] US Department of Health and Human Services. Reducing the health consequences of smoking: 25 years of progress. A report of the Surgeon General. US Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National, Office on Smoking and Health. Atlanta, GA: US Government Printing Office; 1989.
[44] Dobson F, Dewar D, Mowlam M, Michael A. Smoking kills: a white paper on tobacco. 1998. London: The Stationery Office.
[45] World Health Organization, Western Pacific Regional Office, *Country Profiles on Tobacco or Health 2000*; World Health Organization, Geneva, *Guidelines for Controlling and Monitoring the Tobacco Epidemic*, 1998.
[46] World Bank. Curbing the epidemic: Governments and the economics of tobacco control. Washington: The World Bank; 1999.
[47] Durham G, Allen M, Price L, Stribling J, Lin D. Advertising bans and cigars. 2000. NZ Med J 2000;113:294-6.

- discouraging full and open discussion of the hazards of smoking as a result of media dependence on advertising revenues
- muting opposition to controls on tobacco as a result of the dependence of organisations receiving sponsorship from tobacco companies
- creating through the ubiquity of advertising, sponsorship, etc. an environment in which tobacco use is seen as familiar and acceptable and the warnings about its health are undermined.[48]

The World Bank has estimated that comprehensive advertising bans can reduce demand for tobacco products by about 7 percent in high-income countries. The Bank's analysis has shown, however, that partial advertising bans have little or no effect on smoking. This is because the tobacco industry can substitute advertising in other media with little or no effect on overall marketing expenditures.[49,50]

Research has confirmed that young people are more sensitive to tobacco advertising and promotion than adults[51] and suggests that children's exposure and receptivity to tobacco advertising and promotion is an important factor in determining future smoking behaviour.[52]

Tobacco regulation

Unlike some other consumer products (such as alcohol or fatty foods, for example), there is no safe level of tobacco use. After prolonged exposure, even low levels of tobacco smoke may cause serious health problems to smokers and people exposed to passive smoke. Length of use of tobacco is a greater predictor of morbidity and mortality than the amount of smoke inhaled.

There is, therefore, a need for caution when considering efforts to regulate the contents of tobacco as a means of reducing the harm associated with tobacco use. This is because the promotion of a 'safer cigarette' could persuade people that there is an alternative to giving up smoking.

However, the FCTC and other international work, such as the work of the WHO-sponsored Scientific Advisory Committee on Tobacco (SACTob),[53] provides an opportunity for the design of best-practice tobacco regulation that can then be applied by individual countries.

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[48] US Department of Health and Human Services. Reducing the health consequences of smoking: 25 years of progress. A report of the Surgeon General. US Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National, Office on Smoking and Health. Atlanta, GA: US Government Printing Office; 1989. As reported in ASH UK. Tobacco Advertising and Promotion. Fact Sheet 19. December 2002. Available at: http://www.ash.org.uk/html/factsheets/html/fact19.html

[49] World Bank. Curbing the epidemic: Governments and the economics of tobacco control. Washington: The Bank; 1999.

[50] Durham G, Allen M, Price L, Stribling J, Lin D. Advertising bans and cigars. 2000. NZ Med J 2000;113:294-6.

[51] Pollay R, Diddarth et al. (1996) The Last Straw? Cigarette advertising and realised market shares among youths and adults, 1979-1993. *AMA Journal of Marketing*. April 1996.

[52] Evans N, Farkas A et al. (1995). Influence of tobacco marketing and exposure to smokers on adolescent susceptibility to smoking. *Journal of the National Cancer Institute*, vol 87, no 20, pp 1538-45.

[53] See http://www5.who.int/tobacco/page.cfm?sid=82

Disclosure of tobacco contents

'Disclosure' refers to measures taken to provide for the provision, to the public and/or the regulator, of information on the contents of tobacco products (ie: the constituents of tobacco products or the additives added, or both) and the emissions from the burning of tobacco.

The rationale for disclosure is two-fold:

- to obtain information that can be used by the regulator to monitor the risks associated with tobacco use and to inform future policy development to reduce hazards experienced by smokers and other users of tobacco

- to provide information that can be shared directly with the public (via the tobacco packet) or indirectly (via the use in media campaigns, for example) with consumers and the public generally as a way of:
  - informing consumers of the risks of using tobacco products
  - encouraging people not to smoke
  - discouraging people from taking up smoking
  - meeting accepted obligations to provide factual information to consumers of what is in the products they choose to smoke.

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[54]	<u>Core activities</u>		
		• Ban all forms of tobacco advertising, promotion and sponsorship (with minimal exceptions)	• Ministry of Health to include provisions in new legislation	• Via current Bill - as soon as practicable
		• Require a 'Smoking Kills' sign to be displayed at tobacco product points of sale, in English and Cook Islands Maori	• Ministry of Health to include provisions in new legislation	• Via current Bill - as soon as practicable
		• Active investigation of any breaches of the ban	• Ministry of Health / Police	• Ongoing
		<u>Expanded activities</u>		
		• Provision of free 'Smoking Kills' signs to retailers for display in their shops	• Ministry of Health	• When legislation in place
		• Look at removing legislated exceptions as bans on advertising internationally become stronger (eg: as restrictions on internet and cross-border advertising increase)	• Ministries of Health / Justice	• Maintain a watching brief
		• Participate in any future negotiations for an FCTC Protocol on Cross Border Tobacco Advertising	• Health / Foreign Affairs	• Maintain a watching brief
Packaging and labeling	Parties are required to implement health warning labels that cover, at a minimum, 30% of the principal display areas	<u>Core activities</u>		
		• Introduce health warning requirements for tobacco products that take up a sizeable area of tobacco packets	• Ministry of Health to include provisions in new legislation	• Via current Bill - as soon as practicable

[54] World Health Organization. (2003). Framework Convention on Tobacco Control. Article 13
[55] Ibid, Article 11.

Action	FCTC requirements*	Initiatives	Responsibility for implementation	Timeframe for implementation
	Countries are encouraged to ban misleading or descriptive terms such as 'light' or 'mild'[55]	• Warnings to be in English and Cook Islands Maori	• Ministry of Health to include provisions in new legislation	• Via current Bill - as soon as practicable
		• Ban misleading or deceptive labelling of tobacco products	• Ministry of Health to include provisions in new legislation	• Via current Bill - as soon as practicable
		<u>Expanded activities</u>		
		• Consider further changes to tobacco labelling requirements, including pictorial health warnings	• Ministry of Health	• 2007 / 08
		• Consider banning specific misleading or descriptive terms such as 'light' or 'mild'	• Ministry of Health / Internal Affairs	• 2007 / 08
		• Consider introduction of a requirement to include inserts on health effects inside tobacco packets	• Ministry of Health	• 2007 / 08
		• Consider requiring the display of a quit-line number on tobacco packaging (if and when a quitline is established)	• Ministry of Health	• 2006 or sooner if quitline established
Disclosure of constituents	Ingredients are to be disclosed. Parties shall require manufacturers to disclose to the government the contents and emissions of their tobacco products[56]	<u>Core activities</u>		
		• Requiring tobacco companies whose products are available for sale in the Cook Islands to provide a list of tobacco product ingredients	• Ministry of Health to include provisions in new legislation	• Via current Bill - as soon as practicable
		• Publish this information for access by the public	• Ministry of Health	• As available (annually)

[56] World Health Organization. (2003). Framework Convention on Tobacco Control. Article 10

Action	FCTC requirements*	Initiatives	Responsibility for implementation	Timeframe for implementation
		Expanded activities • Use the published material in media campaigns and education of young people (requires new funding)	• Ministry of Health	• As funding available
Regulation of additives / constituents	Tobacco products are to be regulated. The Parties agree to establish guidelines that all nations may use in regulating the contents of tobacco products[57]	Core activities • Put in place legislation that enables future regulations to be made to regulate tobacco content • Monitor international research and international practices in product regulation Expanded activities • Amend legislation to regulate the contents of tobacco products to reduce associated harm • Amend legislation to restrict what producers of 'less harmful products' may say about them	• Ministry of Health to include provisions in new legislation • Ministry of Health, in liaison with WHO, Pacific countries, New Zealand and Australia • Ministry of Health • Ministry of Health / Internal Affairs	• Via current Bill - as soon as practicable • Ongoing • Once best practice approach is clear • Once best practice approach is clear

[57] Ibid, Article 9.

OBJECTIVE 5:

TO REDUCE EXPOSURE TO SECOND-HAND SMOKE

RATIONALE

A complex mixture of chemicals is generated from the burning of tobacco. The non-smoker (or passive smoker) breathes 'sidestream' smoke from the burning tip of the cigarette and 'mainstream' smoke that has been inhaled and then exhaled by the smoker.

Women who smoke during pregnancy are more likely to lose the fetus through spontaneous abortion. Babies born to smoking mothers are significantly more likely than the babies of non-smokers to have a low birth weight and up to 35 percent more likely to die in infancy. They also face higher risks of respiratory disease.

Adults exposed chronically to others' tobacco smoke also face the risk of cardiovascular disease and lung cancer, while the children of smokers suffer a range of health problems. Non-smokers who are exposed to smoke include the children and spouses of smokers, often within their own homes. Also, a substantial number of non-smokers work with smokers, or in smoky environments, where their exposure over time is significant.[58]

Preliminary results from the Global Youth Tobacco Survey, undertaken in the Cook Islands in 2003[59] suggest that young people are heavily exposed to second-hand smoke in their homes and public places. Furthermore, only 53 of never-smokers and 39 percent of currently smoking young people definitely believed that the smoke from others was harmful to health.

However, the good news is that 82 percent of non-smoking young people, and 69 percent of smoking young people in that survey believed that smoking should be banned from public places.

A number of cities and states around the world have introduced smokefree laws banning smoking in all indoor workplaces, including bars and restaurants. This has the potential to increase patronage, and provides health benefits for non-smokers. As other jurisdictions like New Zealand, Australia, and parts of the United States and Europe ban indoor smoking from workplaces, including restaurants and bars, tourists will come to expect that Cook Islands restaurants and bars also ban indoor smoking.

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[58] World Bank. (1999). *Curbing the Epidemic: Governments and the Economics of Tobacco Control*: The World Bank, Washington p 26-7.

[59] Preliminary results of the Global Youth Tobacco Survey in the Cook Islands. Draft report November 2003. Ministry of Health (unpublished).

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[60]	<u>Core activities</u> • Prohibit smoking in all schools (inside and outside areas)	• Ministry of Health to include provisions in new legislation	• Via current Bill - as soon as practicable
		• Encourage teachers to not smoke in front of children: building emphasis on status of teachers as role models into teacher training	• Ministry of Education	• ASAP
		• Prohibit smoking in indoor workplaces (with limited exceptions), and public transport; and restrict smoking in restaurants and bars	• Ministry of Health to include provisions in new legislation	• Via current Bill - as soon as practicable
		• (see Objective 1) Media campaign to raise public awareness about health effects of second-hand smoke, and not smoking around children	• Ministry of Health with NZAID funding	• Nov 2003 – Dec 2004
		• Provide signage to businesses so they can display signs in areas where smoking is not allowed	• Ministry of Health	• Mid 2004
		• Community workshop on second-hand smoke: risks, strategies for reducing exposure (particularly babies and children)	• Ministry of Health	• 2005
		<u>Expanded activities</u> • Complete ban on smoking in bars and restaurants.	• Ministry of Health to review legislation	• 2007 / 08

[60] World Health Organization. (2003). Framework Convention on Tobacco Control. Article 8

Action	FCTC requirements*	Initiatives	Responsibility for implementation	Timeframe for implementation
		• Churches encouraged to provide information to parishioners about effects of second-hand smoke	• Ministry of Health	• Mid 2004
		• Development and publishing of editorials and articles on second-hand smoke – the right to a smokefree life	• Ministry of Health	▪ 2005 onwards
		• Expanded local advocacy for smokefree areas and venues, including private homes and vehicles	• Tobacco Control Coordinating Committee	▪ 2004 onwards

OBJECTIVE 6:

TO DEVELOP SOUND AND SUSTAINABLE TOBACCO MONITORING, EVALUATION AND SURVEILLANCE PROGRAMMES

RATIONALE

Research and data collection is essential to provide a current and reliable picture of the tobacco control situation in the Cook Islands. This information is needed to support and inform action to improve tobacco control measures.

Research is also a valuable tool in a health sector with a limited budget as it can help determine priority areas for expenditure. Research is essential for evaluating tobacco control programmes, helping to direct scarce resources into programmes that have the potential for significant impact, and highlighting areas that require more specific interventions.

Without adequate research, government agencies and other programme funders and providers do not have a clear indication of where to target resources and interventions for the maximum benefit.[61]

The WHO report *Guidelines for Controlling and Monitoring the Tobacco Epidemic*[62] states that it is desirable to have a minimum set of data and information capable of delineating the population groups most affected by the tobacco epidemic, the presence and significance of the tobacco industry in the country and the policy responses that have already been implemented or are in the process of being implemented.

Based on many countries' experiences with tobacco control measures, the WHO has prepared a list of indicators which should be monitored by each country in order to effectively support the health policy process. These indicators are grouped under six broad headings:

- sociodemographic characteristics
- tobacco production, trade and industry
- tobacco consumption
- prevalence of tobacco use
- mortality and morbidity
- tobacco control measures, organisations and institutions.[63]

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[61] Tobacco Control Research Strategy Steering Group. (2003). *A tobacco control research strategy for New Zealand*: Tobacco Control Research Strategy Steering Group, Wellington.
[62] World Health Organization. (1998). *Guidelines for controlling and monitoring the tobacco epidemic*. World Health Organization: Geneva.
[63] World Health Organization. (1998). *Guidelines for controlling and monitoring the tobacco epidemic*. World Health Organization: Geneva.

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[64]	<u>Core activities</u>		
		• Analyse, and widely disseminate, the results of the Global Youth Tobacco Survey and STEPwise NCD Survey	• Ministry of Health	• By May 2004
		• Undertake an initial (rough) assessment of the disease burden for the Cook Islands that is attributable to tobacco use	• Ministry of Health, with funding from NZAID	• By Mar 2004
		• Pass legislation to require tobacco companies to disclose (to the government) the amount of tobacco products they import into the Cook Islands, their recommended retail prices, and associated information	• Ministry of Health to include provisions in new legislation	• Via current Bill - as soon as practicable
		• Report to the FCTC Conference of the Parties as required, on a range of matters	• Ministry of Health, with input from other Ministries (Justice, CLO, Statistics, Customs, Finance, etc) as required	• Ongoing, once Conference of the Parties is established
		<u>Expanded activities</u>		
		• Continue to seek inclusion of a question on smoking in the regular census (or every second census)	• Ministry of Health / Statistics	• Ongoing
		• Develop a surveillance plan that includes regular (3-5 yearly) collection of the following data: o the percentage of the adult population and young people who smoke	• Ministry of Health / Statistics / Customs (note: funding assistance from donors would be required)	• Next surveying in 2007 / 08

[64] World Health Organization. (2003). Framework Convention on Tobacco Control. Article 20

Action	FCTC requirements*	Initiatives	Responsibility for implementation	Timeframe for implementation
		○ percentage of adults, young people and children exposed to second-hand smoke ○ the average number of cigarettes smoked per day for adult smokers ○ smoking prevalence and consumption, by age, sex, ethnicity, island group, and socio-economic status ○ the level of public knowledge of the health risks of smoking and exposure to second-hand smoke <u>Optimal activities</u> • Expand the surveillance programme to include the following data: ○ the health impact/disease burden of tobacco in the Cook Islands ○ the economic costs of tobacco to the Cook Islands	• Ministry of Health (note: funding assistance from donors would be required)	• Seek funding for work to be undertaken in 2004 / 05